



Original Contribution

American-trained Chinese anesthesiologists: how are they doing? ☆, ☆ ☆



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Abstract More than 60 years have passed since 3 pioneer Chinese anesthesiologists were trained by American physicians. After returning to China, they applied their new knowledge and skills to develop a new anesthesia specialty in their own country. Over the past 2 decades, close to 600 Chinese medical graduates have been trained in the United States and have become part of the American anesthesia workforce. Unlike their elder generation, they did not go back to China after their training. People are always wondering how this new generation of American-trained Chinese anesthesiologists is doing in a different culture and different health care and political systems. This review indicates that these newly American-trained Chinese anesthesiologists not only provide high-quality patient care but also conduct outstanding anesthesia teaching and research. In addition, as their pioneer anesthesiologists did in China, they use professional organizations and publications as 2 major means to advance professional development and promote academic exchanges between Chinese and American anesthesiologists, through which American anesthesiology continues to have influence on modern Chinese anesthesiology.

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1. Background

In the late 1940s, the first Chinese anesthesiologists, Drs. Jone J. Wu (吴珏), Deyan Shang (尚德延), and Yung Shieh (谢荣), completed anesthesia training in the United States.

Between 1949 and 1950, they returned to China to establish structured anesthesia departments and formal residency

training programs based on the American model [1]. They founded an anesthesia specialty journal and established a national professional society, which was eventually invited to join the World Federation of Societies of Anesthesiologists. This early generation of American-trained Chinese anesthesiologists (ATCAs) did tremendous work and successfully transformed anesthesia into a medical specialty in China. However, the 10-year “Cultural Revolution,” a political turmoil started in the mid-1960s, disrupted normal life of Chinese people and impeded development of all medical fields, including anesthesiology. During culture revolution, high school graduates and even middle school students were sent to countryside. National college admission examinations were canceled, and college classes were stopped for a period of time as well (Chinese newspaper, People’s daily October 25,

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1967). A lot of doctors, including Dr. Jone J. Wu, were stopped to practice medicine [1]. Acupuncture anesthesia was very popular at that time.

In December 1978, Deng Xiaoping, Chairman of the Chinese Communist Party and Central Military Commission, announced a new “open door” policy which allowed many foreign companies to launch new businesses in China. The “open door” policy also allowed thousands of young people to venture out of China and explore the Western world. Among those who came to the United States were many new graduates from medical schools and young physicians. Most found basic biomedical research positions in various laboratories. At that time, obtaining a PhD was fascinating to this new generation of college graduates who had entered colleges or universities after 1977¹ when standardized college admission examinations resumed after 11 years of discontinuation (1966-1976).

Many of these graduates pursued their PhDs in biomedical sciences. Later, their strong clinical interests and ever-increasing mastery of English encouraged them to take the US Medical License Examination. Of these individuals, many passed the US Medical License Examination and subsequently entered US residency programs, although some had to pursue different specialties than they had practiced in China.

According to the Chinese Medical Graduate physician database [2], at the time this article was written, there are 6764 American-trained Chinese physicians, including 585 ATCAs, practicing in the United States. Thirty-six percent of these American-trained Chinese physicians and 21% (121/585) of ATCAs hold a PhD (personal communication with Dr. Roy Zhang, MD, the founder of the Chinese Medical Graduate physician database).

2. Aims

In this article, we seek to answer 2 important questions. First, how well are ATCAs performing in the United States? Second, do American physicians still have an influence on modern Chinese anesthesiology?

3. Materials and methods

Information from the personal experiences of various ATCAs, official Web site information, and publications from peer-reviewed journals were compiled and summarized.

¹ On October 12, 1977, the China’s State Council announced restart of national standardized college admission examinations. The examinations were taken at different times between November and December in different provinces. Students actually entered colleges in the end of February or beginning of March 1978.

4. Results

4.1. Chinese American Society of Anesthesiologists

In the mid-1990s, after Abt Associates incorrectly predicted the need for less American anesthesiologists, American medical graduates lost their interest in the specialty of anesthesiology [3]. This gave international medical graduates an opportunity to enter anesthesia training programs. As more Chinese medical graduates finished anesthesia training and started practicing in the United States, an organization was needed to enhance communication among peers and promote professional development. On February 9, 2003, 10 ATCAs (Appendix A) in the state of New York formed the first professional organization for Chinese American anesthesiologists, the Chinese American Society of Anesthesiologists (CASA) [4]. Dr. Hai-ming Wang (王海明), MD, a board-certified anesthesiologist in Kingston, New York, was the first president of CASA. The purpose of CASA is “to create a platform to enhance the exchange among the anesthesiologists and related research scientists in the United States and a world-wide exchange of the anesthesiology” [5].

One of CASA’s tasks is to provide review courses and mock oral examination practices to help its members pass the American Board of Anesthesiology examinations. CASA also offers financial planning seminars given by professionals within the Chinese community [6]. To promote the development of anesthesiology in their homeland, CASA members regularly return to China and lecture at annual meetings of the Chinese Society of Anesthesiology (CSA). Recently, CASA has been organizing anesthesia conferences in rural areas of China to help anesthesiologists in underserved areas.

CASA has received support from the American Society of Anesthesiologists (ASA). In October 2003, Dr. James Cottrell, then ASA president, attended the first CASA meeting during an annual ASA meeting in San Francisco [7]. In 2006, during its annual meeting held in Chicago, CASA received a congratulatory letter from then Illinois US Senator Barack Obama [8].

4.2. International Chinese Academy of Anesthesiology

Fifteen percent of ATCAs practice in academic institutions [2]. To further promote international academic exchanges, 12 academic anesthesiologists (Appendix B) from across the country established the International Chinese Academy of Anesthesiology (ICAA) on April 15, 2012. ICAA was registered in New Jersey on July 18, 2012. Dr. Zhiyi Zuo (左志义), MD, PhD, Robert M. Epstein Professor of Anesthesiology, Professor of Neurological Surgery and Neuroscience at University of Virginia School of Medicine, Charlottesville, Virginia, was elected as the first president of ICAA. ICAA has strict membership criteria but encourages Chinese anesthesiologists from all over the world to join. Many CASA members joined ICAA to show their interest and lend support to ICAA’s academic missions. At present, approximately 100 ICAA members are

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