



**MEDICAL EDUCATION RESEARCH AND DEVELOPMENT UNITS  
IN  
THE PEOPLE'S REPUBLIC OF CHINA :  
A PRELIMINARY STUDY**

BY

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THESIS

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I WISH TO DEDICATE THIS THESIS TO MY BELOVED GREAT MOTHERLAND:

THE PEOPLE'S REPUBLIC OF CHINA

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## LIST OF ABBREVIATIONS

<b>CED</b>	Center for Educational Development at the University of Illinois at Chicago
<b>DORIME</b>	Division of Research in Medical Education at Western Reserve University School of Medicine
<b>DRME</b>	Division of Research in Medical Education at the University of Southern California
<b>EDJME</b>	the Editorial Department of <i>the Journal Of Medicine Abroad: Medical Education</i>
<b>MC</b>	Medical College
<b>MERAD</b>	Medical Education Research and Development
<b>MOPH</b>	Ministry of Public Health
<b>MU</b>	Medical University
<b>OMER</b>	Office of Medical Education Research
<b>OMERAD</b>	Office of Medical Education Research and Development at Michigan State University
<b>PMP</b>	Patient Management Problems
<b>RIME</b>	Research in Medical Education
<b>RMB</b>	Renminbi(Chinese Currency)
<b>TCM</b>	Traditional Chinese Medicine
<b>US</b>	United States
<b>USSR</b>	Union of Soviet Socialist Republics
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization

## SUMMARY

The purpose of this study is to describe the characteristics of the Medical Education Research and Development(MERAD) units in China to provide some background information about the units upon which to help explore the direction of China's MERAD units. A nationwide survey was conducted during the 1985-86 academic year. A historical review of evolution of MERAD units in the United States and Canada as well as in China is provided. The general characteristics of American MERAD units are identified and are the basis upon which the China's MERAD units are described. All of China's 118 officially recognized medical schools were surveyed. Data were analyzed using descriptive statistical techniques, such as percentage and mean, where appropriate. The major findings of the study are: 1) The government's interest in learning about recent development in the world ("Open Policy") and its emphasis on education led to the establishment of MERAD units along the lines of Western models to improve the training of health professionals in China. 2) Eighty three MERAD units were established during the period of October, 1978 to June, 1986. 3) There are two kinds of supervision-subordination relationships in these units, one in which the unit director reports to the president and the other the unit head reports to the dean of the medical school. The eighty three units, with a total of 194 full-time staff, including 175 faculty, and 593 part-time faculty, were classified into three types: a) national centers; b) regional centers; and c) parent school oriented units. 4) Funds are very limited in the units. 5) No area of the country had more or fewer units than expected from the geographic distribution of schools. Old schools have proportionally more units than new ones. Traditional Chinese Medical schools have proportionally more units than Western-type schools. 6) Two primary forms of communications among 83 units are: a)



formal and informal publications; b) MERAD meetings and the meetings related to MERAD activities. 7) Sixty three units completed 196 projects before the 1985-86 academic year and sixty five units were conducting 146 projects during the 1985-86 academic year. The projects addressed primarily the topics of evaluation, curriculum development, instructional methods and materials, medical education planning and policy, educational administration, reform in medical education, comparative medical education, educational principles, academic textbook writing, faculty development, history of medical education, selection and assignment of students. The number of projects in the units had increased in TCM schools and decreased in Western-type schools. Evaluation and curriculum development activities had increased while instructional methods and materials activities had decreased from past to the present. 8) The major problems for MERAD are lack of or no full-time staff and lack of or no funds. 9) The most common comment from the units is that the Ministry of Public Health should strengthen its leading, organizing, and planning roles in the development of MERAD in China. The conclusions and recommendations were based on the analysis of the findings.

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## Chapter I

### INTRODUCTION

#### 1.1 *BACKGROUND*

It is claimed that medical education significantly influences the development of the health care delivery system. A lot of effort has been made to improve medical education, therefore, in order to accelerate the improvement of the health care delivery system. In turn, medical schools have established Medical Education Research and Development (MERAD) units to improve medical education.

The development of China's medical education occurred quite differently than medical education in the rest of the world. Although the medical education of traditional Chinese medicine (TCM) has a history of thousands of years in which physician training took the form of apprenticeship, medical education for western medicine was introduced in China less than 200 years ago by missionaries (Huang,1981). The first western-type medical school in China was the Canton medical school established by missionaries in Guangzhou in 1866(Chan,1972; Gong,1983). Since then, the apprenticeship as the major vehicle of medical education in China has been gradually replaced by formal medical school training. Individual medical schools sought to introduce and assimilate the Western medical education model. Activities to improve medical education, which were organized by the government, began after the 1949 liberation. Decisions about the nature of medical education usually depended excessively upon political motivations as opposed to scientific fact.

The idea of establishing a formal organizational structure within medical schools to help promote the quality of medical education gained favor after China implemented the

"Open Policy"<sup>1</sup> in 1978. Since that time, like all facets of Chinese society, the health care system has been seeking modernization. Obviously related to achieving this goal is the modernization of medical education. "Modernization" is usually seen as the identification of new knowledge of science and technology which exists elsewhere in the world and applying such new knowledge to achieving China's goal. In China, MERAD units have been seen as a means to this modernization of medical education and, therefore, have been introduced and accepted by Chinese medical educators. The first MERAD unit was set up in the late 1970's, and, as a "fashionable" subunit of a medical school, other units were formed in most of China's medical campuses in the early eighties.

## 1.2 *STATEMENT OF THE PROBLEM*

Medical Education Research and Development(MERAD) units are a new concept. It was less than three decades ago that the potential applications of educational science to medicine were first seriously and systematically explored in the United States(US)(Miller,1973). Coinciding with the rapid expansion of medical schools in the United States, MERAD units were established at a rapid pace. Richards and Bussigel (1983) suggest that the pace at which units were established may reflect the prevalent faith that problems can be solved by applying advanced technology and knowledge, in this case, new educational technology and knowledge about the teaching/learning process.

About twenty years after the establishment of the first MERAD unit in the world, the first MERAD unit was set up in the People's Republic of China. The early 1980's was the expansionary period for the MERAD units in China. There are 83 MERAD units in the 129 medical schools in China(Huang, 1986). Thus, there are more than two units for

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<sup>1</sup> "Open Policy" is one of the main policies of the People's Republic of China since 1978, which was made by the Communist Party of China in her Third Plenary Session of the Eleventh Central Committee. "Open Policy" encourages international exchanges in all aspects to advance China's modernization.(Zhao,1987).



every three medical schools, whereas there were none established prior to 1978. Not surprisingly, the Western model of establishing MERAD units appears to have been accepted without adequate knowledge of the differences, successes, and failures of these units in Western countries. Little is known, however, about the characteristics of these Chinese MERAD units, such as their purposes, structure, faculty composition, funding, and activities. Acquiring additional information on China's MERAD units is the focus for the study.

### 1.3 *PURPOSE OF THE STUDY*

The purpose of this study is to describe the characteristics of MERAD units in China. Such description will provide some background upon which to explore further the future activities and purposes of MERAD units in China.

### 1.4 *NEED FOR AND SIGNIFICANCE OF STUDY*

In Western countries, especially in the United States and Canada, the establishment of MERAD units tends to have been based on the premise that such units would contribute to the improvement of medical education. The ways in which these units are structured to achieve this objective seems to vary considerably from unit to unit(Richards 1987). However, such units usually provide some types of technical support especially in evaluation and media, faculty development and curriculum development, and conduct some research about the factors influencing the quality of medical education and ways in which medical education can increase its contributions to improving health care(Richards, 1987).

The eighty three units in China appear to have been influenced by the above Western model. Yet there was no systematic data about the origins, structures and functions of the units. This study was undertaken to assist in meeting this need for more information