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Observership in China – an opinion about current and future collaboration

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Abstract: China offers great opportunities for Europe in thoracic surgery training and research. Thoracic surgeons from Europe might profit from intense collaborations and on the other hand provide assist in academic structures, creating guidelines and patient follow-up strategies. With an observership award the AME Publishing Group and the ESTS enable another unique kind of collaboration for thoracic surgery trainees. This year the observership allows a bridge between Zurich in Switzerland and Beijing in China. The current situation of thoracic surgery in Switzerland and the chances of collaboration are discussed in this opinion paper.

Keywords: Collaboration; Europe; China; observership; thoracic surgery training

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Introduction

In regard of the observership in China this is an opinion paper with a personal perspective. The observership was awarded by the AME Publishing Group for the best overall performance by a trainee member in the postgraduate course Master's Cup competition at the 24th European Conference on General Thoracic Surgery in Naples, Italy. It offers a four week observership at the Chinese Academy of Medical Sciences Cancer Hospital in Beijing, China. Therefore the training in thoracic surgery in Switzerland is discussed and the chances and challenges in travelling to China as a trainee are reflected.

Thoracic surgery in Switzerland

Until 2015 trainees in thoracic surgery had already to be board certified for general surgery. With its long tradition of small rural hospitals Switzerland is still hiring a big amount of general surgeons capable of fixing a fracture as well as operating on a perforated colon. Being certified as general surgeon one could achieve a subtitle in vascular-, thoracic-, visceral- or trauma surgery. With more than 100

acute care hospitals for only about 8 million inhabitants and with about 1,100 certified general surgeons there are still many hospitals caring for thoracic surgery patients (1). Since 2015 thoracic surgery has now been having its own primary special title which offers postgraduate doctors a new curriculum without the circuit through training in general surgery. Postgraduate training includes 2 years in general surgery and 4 years in thoracic surgery (2). This development allows a profounder perception of thoracic surgery as a necessarily own and required speciality. Although experiencing centralization all over Switzerland there are still five university hospitals, seven large non-university hospitals and about three private hospitals performing a relevant amount of thoracic surgery procedures. Compared to other European countries the Swiss thoracic surgery curriculum contains a relatively high amount of operative procedures for one to become board certified (2-4). This secures highly trained certified thoracic surgeons but offering enough teaching cases for residents remains a struggle even in times of centralization (5). The Swiss federalism with its 26 districts does not improve this situation as every hospital is financed by its district (6). The university hospitals introduced thoracic surgery as an own

speciality long before the new board certification was born and therefore always maintained a firm collaboration with abroad thoracic surgery units to ensure some additional postgraduate teaching. These fellowships offer insights to other practices, serve as a maturation process and special skills from the visited institution may be facilitated to the home unit. There is an increasing interest among European trainees in working in a different country and the European Society of Thoracic Surgeons (ESTS) strongly encourages exchange programs, fellowships and international trainee surveys (7).

China—opportunity for the West

Nowadays there is no doubt about the growing influence of China on the world. The world has changed dramatically since Henry Kissinger's secret trip to Beijing in 1971. But back in these days it already was felt this was intrinsically important because of China's size and inevitable importance. As the world's most populous country China offers one of the most relevant aspects in generating knowledge and practice in medicine (8). It is a simple as it sounds, the more people the more cases. Together with its rapid social development and concentration of resources in its large cities this becomes a unique combination for surgical training and research. Excitingly reviewed and commented in this journal by Alan D. L. Sihoe there are not only great opportunities offered by China there is also a substantial role European can play in assisting its Asian colleagues (9). Systemizing clinical practice and raising the academic standard may be part of it but also providing the platform for exchange must be assisted by Europe. As mentioned above the ESTS contains many platforms and therefore as the worldwide largest association for only Thoracic Surgery it has enough power to open fellowship borders between Asia and Europe.

Living out intercultural competence

For a successful collaboration between China and Europe the latter should consider several claims (10). A culture of cooperation must be maintained and the exchange in training and research must be promoted actively. The interconnection of own cultural perceptions with foreign conceptions allows new chances but modern Europe has to justified frequently its own moral concepts. Our wealth historically founds in our advance of innovation and therefore innovation always should be our incitement—

collaboration plays a major key in not missing the affiliation.

Conclusions

This forthcoming exchange not only offers an insight in one of the largest institutions for thoracic surgery in China it also might establish a future bridge in clinical training and research between Beijing and Zurich. Several collaborations have already successfully been raised between Europe and China and this one should proceed as example of great intercultural competence. Collaboration in research and bringing innovation into practice allows maintaining and improving the high standards in modern medicine and developing each country. The care for our patients is by far the highest aim of our daily work and mutual support in providing thoracic surgery across continents must be one of its fundamentals.

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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