Paper Collection

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1. 构建中医学专业认证模式，提高教育教学质量

To Construct TCM Professional Accreditation Mode, and to Promote Educational and Teaching Quality

张伯礼
Zhang Boli

摘要：中国中医学高等教育发展迅速，开展中医学专业认证的条件已基本具备。开展专业认证是专业标准化发展需要，构建中医学专业认证模式是促进中医学高等教育标准化发展的重要途径。中医学高等教育应在一定的标准或模式的规范下持续、健康发展，确保中医学高等教育教学质量，并为世界中医学教育的发展提供借鉴。

Abstract: With the rapid development of Chinese medicine higher education in China, it is the time to conduct Chinese medicine professional accreditation. Accreditation is the requirement for professional standardization development. The construction of professional accreditation mode is an important channel for the promotion of standardization, and Chinese medicine higher education should guarantee educational quality and provide experience for the development of world Chinese medicine education with the guidance of a certain standard or mode.

关键词：中医学；专业；高等教育；认证
Key words: Chinese medicine, professional, higher education, accreditation

一、中国开展中医学专业认证的背景

1. 中医学高等教育面临的机遇和挑战

半个世纪以来，中国中医学高等教育得到了迅速发展，建立了符合高等教育规律，具有中医学特色的现代教育模式。与此同时，随着我国举办中医学专业的院校办学主体的多元化、招生规模的扩大，也出现了生均教学资源相对不足、学生的中医思维、实践能力和创新能力弱化、人才培养模式需进一步改革等问题。为解决这些问题，就需要中医学高等教育必须建立起具有院校自律、行业主导、政府监督相结合的质量保障体系，以保证中医学人才培养质量的提高和中医学教育的可持续发展。

2. 执业注册资格制度的需要

执业注册资格制度是政府对执业责任重大、社会通用性强、关系公共利益的专业技术人
员实行的准入控制制度。我国1999年开始实行执业中医师准入制度，一是要求申请执业资格的人
员必须首先在经过专业认证的院校学习并获得相应的专业学位，二是要求中医学
专业毕业生在进入执业领域前经过系统而规范的专业与职业训练。因此，执业教育认证制度是
执行注册资格制度的基础。

3. 借鉴国际医学认证的经验

1998年世界医学教育联合会（WFME）启动了“国际医学教育标准”研制项目，2001年
月颁布了《本科医学教育全球标准》，为医学教育的专业评估和认证提供了可供借鉴的全球
标准。1999年国际医学教育专门委员会（IIME）立项“全球医学教育最基本原则(GMER)”的研
究制定，2001年11月，出台《全球医学教育最基本原则》（GMER）文件，为各国在医学教育
标准方面的互认搭建了一个国际性平台。目前，世界卫生组织（WHO）在全球六大区域开展各区域内的医学教育认证研究与实践，医学专业认证已成为国际通行做法。

在国际间的现实背景下，中国教育部确定了中医学专业认证的研究与实践等相关工作，中医学专业认证旨在建立政府、学校和行业有机结合的专业教育质量保障体系，注重专业人才培养与行业人才标准的适应性，加强对专业教育的规范和指导，促进学校内部质量保障体系的建立，推动专业的持续改革与发展，保证教学质量。

为此，2007年我国教育部印发了《关于实施高等学校本科教学状态与教育教学工程的指导意见》（教高〔2007〕2号）和《关于进一步深化本科教学改革全面提高教学质量的若干意见》（教高〔2007〕2号），文件重点指出“要积极开展专业评估和工程教育认证，医学教育认证等试点工作，逐步建立高等学校、政府和社会共同参与的中等高等教育质量保障体系”。同年，教育部高等学校中医学教学指导委员会（以下简称“中医教指委”）成立。受教育部委托，中医教指委启动了中医学专业认证试点工作，通过5年左右的研究工作，中医学专业认证试点取得的成果。

二、中医学的认证体系的建立与实施

在“遵循高等教育和医学教育规律，根据中医学教育特点，为国家开展中医学专业认证工作提供依据，也为世界中医学本科教育提供参考”思想指导下，2007年，教指委制定的《中医学专业认证标准（试行）》和《中医学专业认证工作规定（试行）》。该标准的制定依据国家高等教育政策及相关法规，广泛吸取了学校、社会和行业的意见和建议，通过定性与定量相结合，在保证基本办学条件的前提下，给学校和专业留下足够的发展空间，切实引导与促进中医学专业的教育教学改革，建立与管理，最终使人才培养能够满足医药卫生事业发展的需要。

《标准》包括“保证标准”与“发展标准”两个层次。“保证标准”是保证中医学专业办学的最基本条件，确保中医学专业人才培养质量；“发展标准”是根据学校在办学理念、服务定位、学科水平等方面的不同发展需求，鼓励特具自身特色，推动改革，以促进专业建设水平不断提升，专业特色不断凝练，保障中医学专业的合理可持续发展。标准的可识别性和多样性，构成了国家对中等教育质量的完整地意志，不同的层次也体现了多样化的教育质量观。

为了检验《标准》的专业性、普适性与可操作性，本着边试点边完善《标准》和建立认证模式的宗旨，2007年，教指委启动了中医学专业认证试点项目，以“强化内涵建设、注重过程管理、加强教学改革、推动专业发展”为指导思想，着手中医学专业认证体系的构建与研究。工作程序是：

1. 制定了《中医学专业认证办法》（试行）
2. 成立了认证组织机构
3. 建立了《中医学专业认证工作委员会章程》（试行）等相关制度
4. 规范了认证的程序

中医学专业认证以自愿申请为原则，共分为“认证申请、专家评审、审阅报告、入校考察、结论建议、审议并作出认证结论、认证状态的保持与回访”七个阶段。认证工作以保证中医学专业教育质量为核心，力求将先进的教育理念引入认证学校，推动专业在人才培养目标、教学方法、教学内容与课程整合、师资培养、教育资源、教育评价、质量保障等教
学环节的改革，促进专业的可持续发展。2007-2010年，教指委对黑龙江中医药大学、上海中医药大学等8所独立设置的中医药院校和开设中医学专业的医学院校和综合性大学进行认证试点工作。通过认证试点工作，基本建立了具有中医学特色，符合社会、行业需求与高等教育规律的比较完善的《标准》与专业认证的体系和模式，为正式开展中医学专业认证工作打下理论与实践基础。

三、认证的效果及意义

1. 保证与促进了中医学专业内涵质量建设

认证有两个层次的含义，首先是质量保证，确保社会教育机构进入高等教育行业的入门质量；其次是质量改进，对高等学校和学术项目进行详细的检查，以确保它们具有能够使自身做得更好的程序。从总体来看，通过试点认证的学校，能够以先进的教育理念指导办学、教育投入不断加大，教学改革步伐加快，内部管理逐步增强，教育质量也有不同程度的提高，专业认证的效果正在显现。

2. 以认证为导向，推动中医专业教学改革

通过认证试点工作，以学生为中心和利益方参与专业建设的教育理念正在被认证院校广为宣传并逐步得到落实，更加注重教师在学生学术能力和素质教育过程中的引导与作用，注重以培养学生自主学习与终身学习能力教学方法改革，着力培养学生的中医思维、传承与中医临床能力。推动以知识系与知识体系为核心的课程内容整合，引进国际先进的教育评价模式与方法，注重形成性与综合性评价，注重内部质量保障体系中管理制度的积极实施，加强通过外部保障机制推动内部保障体系的建设与完善。同时，认证工作更加注重对专业持续发展的关注，鼓励学校根据“发展标准”的要求，进一步更新理念，加强改革，注重质量，凝练特色，逐步将中医专业水平推向新的高度。

3. 以认证为平台，促进中医高等医学示范与交流

开办中医学专业的院校通过学习《标准》，检验本校中医学专业人才培养质量，并通过各种方式与已经认证的学校进行学习与交流，根据自身特点，借鉴成功经验，推动本校中医学专业的教育教学改革。同时，已经参与认证试点工作的学校更多以中医学专业认证为示范和契机，推动学校其他专业评估工作，加快了全校教育教学整体质量的提升。

4. 促进全球中医教育准入制度的建立

在教育国际化背景下，教育质量与学历互认已经成为教育国际竞争力的有效体现。建立推行全球中医药教育标准与认证框架，对规范全球中医学教育，实现国际间中医学教育质量的互认，促进中医药事业的国际交流具有重要意义。中国的中医学专业认证试点学校，为规范全球中医学教育质量起到了参考。2009年，世界中医药学会联合会教育指导委员会制订了《世界中医学本科（CMDQ）教育标准》，为建立国际中医教育准入制度和开展学历互认工作奠定了理论基础，同时，国内中医学专业认证模式的建立也为全球开展中医学教育认证工作总结了的经验。

朋友们，中医学是中华民族的医学瑰宝，更是世界文化之林的辉煌。今天我们在会召开第二届世界中医药教育大会，分析世界中医药教育所面临的形势与机遇，研讨国际中医药
教育发展战略，进行中医药教育、管理、合作等方面的经验交流和学术研讨。让我们以本次会议为契机，互相切磋，深入交流，进一步推动中医药教育的规范化、标准化与国际化进程，为全球中医药事业的不断腾飞、造福人类而努力。
2. The Function of Examination, Measurement and Assessment on the Culture of Chinese Medicine Talents

Gao Sihua, Zhai Shuangqing, Wu Yufeng, Jiao Nan

Abstract: Chinese Medicine is the treasure of all human kinds, which shoulders the mission of maintaining and improving our health. The culture of Chinese medicine talents is the foundation stone of Chinese medicine project for robust and steady progress. With the ascensive internationalization of Chinese medicine education, the problem is waiting for figuring out that Chinese medicine doctors and practitioners should receive training after formal schooling, qualification identification and level grading. This paper tries to illuminate the unshakable position and heading direction of examination, measurement and assessment on training after formal schooling, qualification identification and level grading.

Keywords: Chinese medicine, culture of talent, examination, measurement and assessment

Chinese Medicine as the treasure of all human kinds, shoulders the mission of maintaining and improving our health. The culture of Chinese medicine talents is the foundation stone of Chinese medicine project for robust and steady progress. With the ascensive internationalization of Chinese medicine education, the problem is waiting for figuring out that Chinese medicine doctors and practitioners should receive training after formal schooling, qualification identification and level grading. This paper tries to illuminate the unshakable position and heading direction of examination, measurement and assessment on training after formal schooling, qualification identification and level grading.

Keywords: Chinese medicine, culture of talent, examination, measurement and assessment

1. Current Situation of Chinese Medicine Talents

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1. Beijing University of Chinese Medicine, Professor, Doctoral Supervisor
2. Beijing University of Chinese Medicine, Higher Education Research and Evaluation Center
中医药事业的发展，中医药的国际化最需要的是人才。截至 2010 年，我国中医药普通高等院校有 46 所，在校生共计 460939 人。从中医药国际教育方面来看，在我国学习中医的在校留学生截至 2010 年共有 5860 人，其中有 5186 人是亚洲学生，数据表明中医教育亚洲化达到相当水平，但是离国际化还有很大差距。在这 5860 名学生中，只有 223 人是受到我国或其本国政府资助前来学习中医。[1] 其他外国学生，不远万里，来到中国求学中医，这些学生毕业后如果回国就业，有不少国家还不承认他们的在中国获得的中医学历。

中医药教育培养了这么多的中医药人才，其中有相当一部分直接或间接从事中医药行业工作，如何帮他们获得行业准入资格？在他们获得行业准入资格之后，如何对其从事中医药工作的水平能力进行科学而公正的评价，促使其能力水平的进一步提高？我们知道，有教育就应该有考试，无论是在大学，还是在社会，对于已经为社会公众提供医疗服务的中医药工作者来说，考试不仅是对其已接受的继续教育培训进行客观的评判，更重要的是，考试对其医疗实施行为的评价、诊断、预测具有重要的作用。

另一方面，随着全球经济一体化进一步加深，交通工具的飞速发展，人员流动性大大加强。劳动力与资本跨行业、跨区域、跨国界的加速流动，形成新的社会需求格局。在政策上，国家支持健全再岗培训制度，强化继续医学教育，培育壮大中医药人才队伍，稳步提高医务人员的合理流动，促进不同医疗机构之间人才的纵向和横向交流，探索探索注册医师多点执业。[2] 我国中医药人才不断走出国门，走向世界；国外中医学子求学于我国，或留在我国行医，或回国教学、行医。但是，我们了解到，目前有不少国家如非洲很多国家，欧洲的丹麦等国家，中医药人才无法获得资格证书，这对中医药国际化发展极为不利，其它如澳大利亚、泰国，美国等国家，虽然有类似的大医学教育，但学生毕业后的继续教育、终身教育途径很少，知识更新很困难，要使中医药国际上站稳脚跟，能够使各国政府承认其合法性，能够使中医药纳入保险范围，我们认为首先要有一批医术高超的中医药人才。而不是先办学，培养学习中医的学生，再等他们将来去争取中医地位，这就好比不是先有了 MBA 这种教育，才培养出成熟的公司经理，其实是先有了成熟的经理人，在经济活动快速发展，亟需大量经理人才时，才使得 MBA 教育逐步得到广泛认同。那么，这批医术高超的中医药人才从哪里来？如何选拔？

2. 中医药考试与测评现状

考试是中医药人才培养工作的重要组成部分，也是评价中医药人才继续教育的重要载体，在中医药人才培养过程中合理组织和安排考试，能有效地了解和考察中医药再教育效果，提高和加强教育学的针对性。

我国一直重视考试在中医药人才培养方面的作用。1989 年底由国家中医药管理局批准
成立了“国家中医药考试中心”和“国际针灸考试中心”，分别承担中医师资格考试、高等中医药院校教学质量检测、留学生毕业统考和国际针灸专业人员的水平考试。1999年国家中医药管理局中医师资格认证中心成立，主要承担国内中医师资格准入考试，同时承担中医、针灸的国际水平考试工作。中医执业医师考试是中国医疗行业准入考试，全国性的对医师执业水平能力的评价考试目前只有中级职称（主治医师）有，西医高级职称有考试，但考试由各地区自行组织，没有全国统一标准。目前中医药行业高级职称评审还没有全国或地方组织的考试。自2004年起，国家中医药管理局中医师资格认证中心不再组织开展境外的各种考试。中医药国际考试“由世界中联与世界针联协商，按照双方协定，对考试工作归口世界中联负责的原则，合作处理好对外考试工作”[3]。

3. 考试与测评机构与职能

中医药教育已走向国际化的背景下，制定中医药行业人才的分级评定标准已不仅是我国行业发展的内在需求，更是当今社会发展的外部要求。社会的发展要求有别于正规中医药院校教育测评以外的权威学术机构对参加社会上的考试和培训的中医药人才进行科学和公正的测评。考试与测评将是中医走向世界的重要依托，在本土化的基础上，必须和国际接轨。中医药行业考试与测评逐渐形成国际通用标准。“理无专在，而学无止境。”中医药学会举办考试与测评委员会正是在中医药人才的发展为第一需要这种背景下的产生的，对中医药人才的素质、知识、技能提供科学、公正的考核与测评服务。

建立考试与测评委员会的目的是中医药专业学生毕业后进入行业准入、继续教育、终身教育提供技术支持；为资格认证、学术水平的衡量提供技术支持。

其作用是为世界中医药学会联合会提供参谋和咨询，从理论、方法、技术等方面进行研究，推动和提高中医药高等教育；探索和研究国际中医药人才培养体系和机制，以此促进行业的规范化建设、学术水平的提高。

考试与测评委员会的功能定位是以服务为主，指导为辅的体系，框架（PASS）是以计划（Plan）、评价（Assessment）、支持（Support）和研究（Study）四部分构成。计划（Plan）是帮助中医药人才尽早确定自己职业目标，使个人目标与社会对中医药各类人才的需求相适应；评价（Assessment）是通过考试审定等手段评价中医药从业者执业水平能力；支持（Support）是帮助中医药人才提高执业水平而提供服务和资源，包括继续教育、培训、评价反馈等；研究（Study）是委员会对以上目标进行研究，探索出更适合中医药人才培养的体系机制。所以，PASS就是让中医药行业从业者都能够“通过”考试与测评来达到提高从业能力，更好的服务于中医药事业这一最终目标。

考试与测评在对象上，针对的是不同年龄、不同中医层次的个人或社会中医药团体机构；
在形式上，以资格认证、技能测试、知识文化水平考试作为标志；在内容上，它更注重社会发展和人们用于提高生存质量所需要的医药相关知识，强调的是素质和能力的培养。

4. 考试与测评发展建议

为了充分利用考试与测评在中医药人才培养方面所起到的推动作用，为中医药事业的发展提供强大动力。提出以下四点建议：

首先，我们要树立“以人为本”的考试评价理念。中医人才的发展是目的，考试和评价只是手段，考评活动应该以人为本，致力于中医药人才的全面发展。不是简单地对他们进行中医药知识了解多少，从业素质高低的测量，而应该看对他们的进行中医药学取向的导向。树立“以人为本”的评价理念，就是要把尊重每位中医药工作者的特长和个性，帮助他们发挥个人的优势与潜能，使其发挥最大的中医药行业发展水平。引导他们把平浅的、功利的为了更高一级的医师或者药师的资格而进行的进修培养的动机变为内在的、深层次的对中医药知识的渴求，培养他们独立获取知识的能力和探索创新的意识。

再者，要建立健全考试质量分析与评价反馈机制。通过对中医药人才考试作答信息的详细分析，向他们提供能够反映其知识、能力、特长和潜力的诊断评价报告，即对其应掌握的知识、学科能力做出具体的诊断，让他们知道自己掌握了从事中医药相关工作所必备的哪些知识，哪些方面是强项，哪些方面是弱项，哪些方面需要加强等；尤其对于考试结果不佳的，我们应该帮助其补足中医药知识的漏洞，提高医疗水平等。我们对参与考试测评的人提供这种笔试和操作考核分析，不仅帮助了参与考试的从业者，也是检测我们笔试和操作命题指导思想正确与否和中医药行业继续教育效果好坏的必不可少的重要手段，从命题和继续教育过程中存在的问题及我们自己存在的问题，对进一步改进测评方法与手段提供建设性意见。

第三，构建科学的中医药人才综合评价体系。提高中医药人才从业水平最有效的方法，就是制订并完善考试与测评标准与办法等。最重要的是要保证这个标准是规范统一的，再有，要改变单纯以考试成绩或从业年限为标准的传统做法。评价体系必须对中医药人才的知识、能力、素质做出全面的综合评价，要加大对中医药工作者医疗水平等实践能力考核的比重，同时尊重有特殊专长的中医药工作者个性发展。

最后，要不断拓展新的考试测评项目。从实际情况来看，中医考试与测评的项目明显少于其社会分工种类，远远不能满足中药行业的需求。中医药行业的主体是医疗，今年5月世界中联已经发布了《国际中医师专业技术职称分级标准》，这是第一部中医医师分级的国际标准，考试与测评委员会成立以后，要在这个基础上，继续研究制定新的国际标准，包括中药、中医护理、中医养生康复、中医翻译、中医教育、中医美容等，这些都是在医
医疗之外，发展中医药事业不可或缺的部分。

世界中医药学会联合会于 2010 年 4 月 12 日在北京世界中联会议室召开了考试与测评
委员会第一次筹备会议。经过一年多的筹备工作，筹备委员会组织拟定了《考试与测评委员会
工作细则》、《国际中医医师水平评测办法（草案）》中英双语文件。昨日召开了考试与测评
委员会成立大会预备会议。会议布置了近期委员会的工作任务和拟研究制订的新评测办
法，内容包括修订《国际中医医师水平评测办法（草案）》，研究制订《国际中药师（士）
水平评测办法》、《国际中医护理师（士）水平评测办法》、《国际中医养生康复师水平评测办
法》等。

5. 结语

我国南北朝颜之推曾说过：“夫闻言而信，信其所亲；同命而行，行其所服。”建立全球
中医药工作者支持的中医药考试与测评标准，不仅需要各国家、各地区中医人相互之间良
好的互动沟通，更重要的是，考试与测评委员会能够科学、严肃、客观的通过研究来制订出
适合中医药行业发展，促进中医药人才发展的管理方法和人才培养要求、标准以及大纲等，
以此引领世界中医药人才健康稳步发展。

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Introduction: Since the 1972 resumption of diplomatic relation between China and the United States, acupuncture has been spreading around the world extensively for about 40 years. This is the largest cultural export in the history of China. At the end of the 20th century and the beginning of the 21st century, the United States, Canada, Britain, Australia, and other developed countries have been enacting regulations and policies for acupuncture and traditional Chinese medicine. In the next several years, more countries will establish legislation, giving acupuncture and traditional Chinese medicine its legal status. Internationalization of acupuncture and Chinese medicine becomes the developing trend of this century. Grasp the pace of historical development of the next century. Integrating the strength of acupuncture and Chinese medicine in the international community has unprecedented opportunities, but also it faces many new issues and challenges.

Keywords: Chinese medicine; internationalization; trends

Regulation as the trend in the development of internationalization of Chinese Medicine
The development of overseas Acupuncture and Chinese Medicine, just like the process of prdation, has gone through 3 historical stages from germination, growth to maturation; having regulation of Chinese Medicine indicate a symbol of maturation in the field of any country. United States, Australia, Canada and other immigration nations are leaders in this act and are the first among to regulate Acupuncture and Chinese Medicine at the end of last century. It is predicated that the wave of regulation of Acupuncture and Chinese Medicine will continue through the mid and towards the end of this century.

By taking Canada and the province of Ontario for example (according to the constitution, Canada has three levels of governments, and each level of government has its own jurisdiction and responsibility. Regulation of Acupuncture and Chinese Medicine is in the jurisdiction of each provincial government; whereas the regulation of Chinese herbs is in the jurisdiction of federal level of government): Chinese Medicine began the request for regulation since 1974, and over thirty some years, only till 2006 has the provincial assembly passed the legislation. The transitional period between the legislation and the enforcement of licensing period can be expected to last for another ten years of work ahead. The process of final regulation of Chinese Medicine from legislation, registration and enforcement of legislation require a long time, and this is the pathway to walk through for other non-regulated province and countries that needs regulation of Chinese Medicine.
Countries around the world are all in the efforts of seeking and enforcing regulations in the mid 20\textsuperscript{th} century. However due to many different factors affecting the development level of each country, some may achieve regulation by mid 20\textsuperscript{th} century or even delay to the next century. The outcome of development depends on the qualified levels of practitioners and popularity of Acupuncture and Chinese Medicine, recognition from the government and political parties, and factors affecting the global environment. From seeking regulation to enforcement is a long and arduous road which require efforts from not only one generations, and internationalization of Acupuncture and Chinese Medicine is an inevitable trend.

From a historical perspective, the four greatest inventions of ancient China have deeply impacted the progress of mankind. However the most technological advanced “compass” (radar) nowadays is not made in China; we can consider Acupuncture and Chinese Medicine to be the fifth greatest invention of China, with its international widespread, superiority of the condition of countries and its impact, it may form a new school of teaching excelling and rising from the past. Will China be still in advocacy of traditional medicine after fifty or hundred years, is a question worth considering and to look forward to.

二、中医药理论/剂型/临床等的改革是中医国际化发展的趋势

The reform in the theory of Chinese Medicine, Herbal Formulas, and Clinical Study is the trend in the internationalization of Traditional Chinese Medicine
1）中医理论方面:

Theoretical Aspect of Chinese Medicine:

如舌淡红、苔薄白是以中焦黄种人参照系的正常人舌诊；而黑人朋友正常舌伸出来是
粉红色。如何确定不同人种（舌）诊断的正常值参照系等类似问题，是我们中医理论今后需
研究的许多新课题之一。

The theory of Chinese Medicine must be adapted to cultural contexts. For example, a light red
color tongue with a thin white coating is considered to be a normal human tongue in the Chinese
population. However, for most of the African population, the color of a normal tongue is pink.
How to determine a normal frame of reference for tongue diagnosis amongst different populations
will be one issue in the future studies of Traditional Chinese Medical theory.

2）中药剂型的改革:

The Alternatives to Chinese Medicine Herbal Formulas:

中国文化的背景及习惯，使中国人从小就知道树叶、虫草、矿石可以入药，也习惯于喝
汤药；而中药输出到国外，遇到异族文化和饮食习惯差异的冲突。多数外国人如目睹这些草
根、树皮、昆虫、矿石等中药后，很难接受和喝下它们。煎煮中药的过程本身亦是学问，
况且煎煮过程中所散发出的药味，也易招致家人和邻里们的投诉。中药剂型改革是解决中药
国际化的关键问题之一，免煎浓缩药剂是中药剂型改革的良好尝试。

Due to the unique Chinese cultural background and dietary habits, most Chinese people from
childhood know that leaves, grasses, worms, and minerals can be used as a medication, and they
are used to take in the herbal formulas. However when Traditional Chinese Medicine came abroad,
it conflicted with cultural differences in eating habits of the western world. When people see the
growths, bark, insects, and minerals in Chinese medicine, it is difficult to accept and swallow
them. Decoction and processing of Chinese herbs is also a challenge for most people due to the
strong smell, which easily leads to complaints from the family and neighbors. Alternatives to the
Traditional Chinese Medicine formulas is one of the key point in the reform of internationalization
of Chinese Medicine, using concentrated powder for example, is the solution to the beginning of
transformation.

3）中产临床方面:
The clinical aspects:

在中国做针灸1次/天，十次一个疗程已成常规；而在国外，因时间和金钱的原因，许多病人每周只能来三次、二次或一次。我们选服西药，为达到起作用的“血药浓度”，必须按时（8h或24h）服药。那么针灸到底间隔多长时间为宜，如何维持“针效”在体内持续发挥作用？如何用耳针、皮内针等补充治疗，亦是临床需要研究的课题。

In China, routine treatment with Acupuncture of once a day, for ten times has become a standard course of treatment. However in overseas, due to time and financial reasons, many patients can only come for treatment one to three times per week. We can compare this to the concept of “blood drug concentration” when taking western medication. In order to be able to achieve the maximum pharmaceutical effect, medications must be taken on time (every 8h or 24h) repeatedly. How long of an interval between Acupuncture treatments is appropriate to maintain the sustainability of the “effect of Acupuncture in body” will be an interesting topic to study. The application of alternative auricular or skin micro-needles treatment instead of body Acupuncture to supplement for the lack of regular treatment is also a research topic in the clinical study of Chinese Medicine.

三、标准化是中医国际化发展的趋势，求同存异才可统一标准

Standardization is the trend in the development of internationalization, achieved on the basis of co-existing commonality and differences

随着中医药国际化进程的发展，中医药针灸标准化的问题也被提到日程上来。2010年6月7-8日，在北京召开了首届“国际中医药标准化工作会议”，15个国家和3个国际组织派代表参加。参会之前，各国标准委员会（局）还组建了各自的“中医标准委员会”，以研究和审批适用于各国的“中医标准”。

针灸、中药、中医的各标准化是一个很细致的工作，是一项很大的工程，要与所有成员国反复切磋；而各国的利益和国情不同，有时存在着严重的分歧，而求同存异是国际间合作的策略；中医国际标准化还要走一段很长时间的路，预计本世纪上叶都在进行，也许要到中叶。2010年11月06日，联合国教科文组织批准“中医针灸”为世界人类非物质文化遗产，无疑有助于中医国际化标准和中医国际化的进程。
With the development and process of standardization of Chinese Medicine, the standardization of Acupuncture and Chinese Medicine have also been brought up to the agenda. On June 7-8th of 2010, the “1st Plenary Session of International Chinese Medicine Standardization” was held in Beijing organized by International Organization of Standardization (ISO), there are representatives coming from 15 different countries and 3 international organizations that have participated in the conference. Participants from each country have established their own TCM Standards Committee prior to the conference in responsible for research, review and approval of TCM standards that is applicable to each different countries.

Standardization of Acupuncture, Chinese herbs, and Chinese Medicine is a tremendous project that requires very detailed work and frequent knowledge exchanges between members of different countries. Due to different national interests and political framework, there may be serious differences in view of standardization. Whereas working on a ground where commonality and differences co-exist is the strategy for international cooperation. There still is a long road ahead for the international standardization of Chinese Medicine; the process will walk through the beginning and even midway of the 21st century. On November 6, 2010, the United Nations Educational, Scientific and Culture Organization (UNESCO) has approved “Acupuncture and Chinese Medicine” as the world’s intangible cultural heritage, this inevitably will help push forward the process of internationalization and international standardization of Chinese Medicine.

四、海外中医队伍架构与未来发展方向的趋势。

海外中医队伍的架构，因历史原因由五部份组成，随着时间推移其成份在不断的发展变化。

Historically, there are five frameworks that have brought the practice of TCM overseas.

<一>主要以早期移民为主家承式的“祖传中医”，及非医疗专业而移民后改行拜师学艺的师徒传的“师传中医”。

First, is family-based early immigrant's practice of "Ancestral Chinese Medicine". Most of them are non-medical professionals and workers, and learned TCM by apprenticeship.

<二>大陆开放后八十年代开始西医出国研修，而后自立门户改行做针灸中医。

Second, in the 1980's, Western Medical trained Physicians from mainland China traveled around the world, and they have been practicing Acupuncture and TCM during their stay aboard.
<三>大陆中医药院校毕业的本科生、研究生在上世纪八十年代中、下叶开始，尤其是九十年代及本世纪初大量涌出国门而在海外行医。

Third, in the 1980's, 90's and the beginning of this century, large numbers of graduates from Chinese Medicine colleges in mainland China traveled abroad practicing TCM.

<四>在中国培养的韩、日等国的中国留学生，因本国立法的限制，学成后不能在本国行医，而转向加、美、英、德等海外中医队伍中；其中也包括台湾、香港或韩、日其它国家培养的中医毕业生。

Fourth, as a result of restrictions on domestic legislation the practitioners from South Korea, Japan and other countries who completed their TCM training in China, came to Canada, the United States, Australia, Britain, Germany and other overseas locations. This group also includes the trained TCM practitioners from Taiwan, Hong Kong, South Korea, Japan and other countries.

<五>各国本土培养的中医针灸师，中医教育在欧美及澳大利亚等国已有几十年的历史；在上世纪七十、八十年代早期多数为夜校的培训班，九十年代后随着中医药针灸国际化进程的发展，中医教育已渐成规模，中医院校已陆续建成，成为海外中区发展的主力军。

Fifth, TCM Education in Canada, Australia, Europe and the United States has decades of history. The TCM training started in the industry (night) training schools from the 1970's to the early 1980's. After the 1990s, with internationalization of Acupuncture and Chinese Medicine, several groups of TCM institutions, colleges, and universities have been developed overseas.

可以预测未来的发展方向的趋势是：如果中国经济持续增长，国力逐渐加强；中医院校外语教育逐渐强化，中医药针灸国际交流更加频繁；所在国移民政策仍然或更加开放；中国院校毕业生将会通过各种途径，源源不断补充各国中医药针灸市场的需要。只要他们克服语言障碍，了解和适应当地的文化背景和风俗，就会对所在国的中区发展有所贡献。因中医药针灸立法，所在国的中医院校毕业生，有自身社会背景及语言优势，将会长期成为主流社会中医药针灸的主体，及海外中区发展的主力军，几十年后逐渐改变海外中医药针灸队伍的构成。上述分析，应首先发生在有着悠久移民史的国家如美、加、澳、英等国。

The predictable future and direction in the development are: with the consistent growth of economy in China and gradual strengthening of national influence, sets the stage for Acupuncture and Chinese Medicine international exchange as Chinese Medicine universities strengthens the education in English language. With the opening up of immigration policy, graduates of Chinese Medicine from China will contribute and fill in to the need of Acupuncture and Chinese Medicine.
of any local market as long as they overcome the language barrier and accustom to the local culture and lifestyle. Due to local government legislation of Acupuncture and Chinese Medicine, graduates from domestic Chinese Medicine colleges possess language advantages and social background and will become the mainstream of the field of Acupuncture and Chinese Medicine, and as well the main force of the development of overseas Chinese Medicine. This group of professional will gradually change the composition and lifting the face of overseas Chinese Medicine. With that said above analysis should first occur in countries where there is long history of immigration such as United States, Canada, Australia and England.

五、海外兵团的崛起与优势整合是中医国际化发展的趋势

The Rise of the Integration Advantages of Overseas TCM Doctors

八十年代和九十年代出国的中医，经历十几年或二十几年的奋斗后，早已度过了“脱贫”阶段，成为有房有车的有产者; 当经济收入稳定或有较高收入后，便会追求更高层次的发展。这些崛起的海外中团兵团，早年毕业于中国的中医院校，与大陆有割舍不断地联系，常年侨居与融入当地社会，熟知法规与风俗，这些都有益于今后的发展。

海外的中医现状如同大陆上世纪四十或五十年代，处于个体经营私人诊所局面，只有极少数人在当地医院做针炙/中医，更鲜有中医院联合诊所或中医院。经济发展规律告诉我们，若要进一步发展，势必要优势整合，如同超市兴起消减了街角的便利店。下一步发展，需要中医院联合诊所的出现，或数具规模的各类齐备中医医院，这就需要海外兵团财力，物力，人力及智力的优势整合。

Since the 1980's and 1990's, TCM physicians went abroad and experienced a decade or two of struggles and difficulties; most of them have become middle class. At this stage, most of them need to pursue a higher level of TCM practice. The rise of these overseas TCM Doctors trained in China is due to their years spent living abroad and their understanding of the local societies' cultures, laws, and regulations.

The current status of overseas TCM practice is similar to the situation in the 1940's in mainland China. Most of them are self-employed in a private clinic situation; few are working in local hospitals. It is very rare to see a complex TCM hospital or health center. The law of economic development tells us that if you want develop any further; you have to integrate the
advantages, which require that these overseas Doctors have financial resources, as well as human and intellectual advantages.

六、因立法形成海外“纯中医”的发展道路。

“Pure Chinese Medicine” As a Result of the TCM Legislation Overseas

国内中医院校毕业的中医师，可以同时享有中西医诊疗、治疗的权利，进行中西医结合治疗。而海外，因各国对针灸/中医立法的限制，中医师只能进行中医的诊断和治疗，不可跨越中医领域而涉及西医的领域，否则就是违法的行为，这就造成海外中医师只能走“纯中医”的发展之路，许多病人就医，均是西医屡治而不见效，反过来又找中医救治。遇到这些疑难杂症，迫使海外中医们反复钻研经典，灵活运用岐黄之术，才能妙手起沉疴。若干年后，如想找“纯中医”看病，也许要到海外去找……，立法形成海外“纯中医”的发展道路，华侨久居之地如新、马、泰，也形成了纯中医的局面，这不能不说这对中医学术的发展是个好兆头。在国内就不易找到这样的地方，这一点是值得注意的。

Most practitioners of Chinese Medicine are graduates from formal TCM colleges or universities. They have been educated in both Traditional Chinese Medicine and modern western medicine (including diagnosis and western drug treatment), and they have the right to conduct treatment in both traditional Chinese and western medicine. Overseas, as a result of Acupuncture and Chinese Medicine legislative restrictions, Chinese Medicine practitioners can only carry out TCM diagnosis and TCM treatment. This has resulted in overseas practitioners of Chinese medicine only studying "Pure Chinese Medicine" for their professional development. Many patients visit TCM practitioners because of unsuccessful results from western medical treatment. It forced the overseas TCM practitioners to have a deep study and practice of "Classical Chinese Medicine". After a number of years, if one is looking for a “Pure Chinese Medicine” doctor, they may have to go to overseas.

七、掌握国际游戏规则，减少自主知识产权质财被切分。

Understand the rules of Internationalization, reduce the segmentation of the wealth of International Property Rights

当今世界，自然资源的开发导致再生资源的逐年减少甚至灭绝，如木材需几十年上百
年可再生，而石油、矿产则是几十万年甚至亿年的孕育生成；为将来取得更多的自然资源,
有实力的国们捷足先登北极和太空这些人类尚未能力划分的领域。除自然资源外，人类特
有另类资源——智慧的脑力资源也是人人们追逐的对象，它同自然资源同样的珍贵。自然经源以
国家的领域（领土、领海、领空）而自然划分；智慧的脑力资源则按国际游戏规则——知识产权
来归属。

中国传统医学经历了几干年的历史孕育而形成；中医针灸是中国拥有自主知识产权
的原创新产；但在对外交流中缺乏知识产权的保护意识和机制。中医针灸传播到海外虽
已被民众所接受，但不意味着自动拥有所在国的知识产权，如商标注册（Trade-mark）、专
利（Patent）、版权（copyright）等都要依所在国的法律申请报批。

有位已毕业的外国学生，将足三里、曲池等十几个穴位组成一表，冠名申请“通敏
针灸疗法”的商标并获得批准；当有病人打电话咨询是否知道这几个穴位时，教过这位学生
的老师告诉病人：除这几个穴位外，我还知道全身 360 多个穴位。病人则回答：你虽然知
道的穴位很多并不全，我是慕名找专科（商标注册）医生的。这个事例，值得我们深思。

还的“有识之士”及组织，几年前就将“中医师”（Dr of T.C.M.），“针灸师”（Dr of
Acupuncture）的头衔抢先商标注册，并凭此颁发证书，占领这块空白领域，既使政府未来
将中医/针灸立法，他们也有讨价还价的资本，或聘请律师进行长期（几年或几十年）的法
律诉讼。

电脑及网络的全球性普及，知识产权保护起到很重要的促进作用，美国作为发源地成为
最大的受益国，比尔盖茨以智慧资源发现，可以在短短的几十年成为世界首富，超越上百年
几代人以自然资源开发为主的石油大亨们，可见知识产权的重要性。

中医针灸国际化，为世界各国人民带来福音；在得到普遍承认的同时，要掌握国际游戏
规则，减少自主知识产权被切分；珍惜和守护千百年历史形成的中华民族原创财富；并应
将之发扬光大造福全人类。

In today's world, the development of natural resources, renewable resources has not only led
to decrease but on the edge of extinction. Materials such as timber will take several decades to a
century of time to renew, that of oil, minerals is several hundreds of thousands or even millions of
years of breeding for regeneration. Large countries took the initial steps in gaining the advantage
over the North Pole and space where mankind do not have the capacity of those areas in order to
secure natural resources in the future. In addition to natural resources, human resources-wisdom
and intellectual resources also hold the same precious value compare with natural resources. The
break-down of natural resources of a country is separated by land, territory, airspace, and water,
etc; intellectual resources follow the rules of internationalization, belongs to Intellectual Property Rights.

Chinese Traditional Medicine has experienced thousands of years; it is the only original wealth with its own Intellectual Property Right attached to it. However, we lack the sense of protection when it comes down to foreign knowledge exchange. Although TCM and Acupuncture is widely accepted, does not mean it automatically owns the Intellectual Property Right of that specific country. Trade-mark, patent, and copyright must require application in accordance with the laws locally.

There was a foreign graduate student of TCM whom have applied and granted the application of Copyright specialize in “Desensitization Acupuncture Therapy”, which is the combination of Zusanli, Qu Chi and other acupoint. When a patient called in to inquire about the specific acupoints of this therapy, the teacher answered: “not only I know those acupoints for treating Desensitization, but I know more than 360 acupoints on human body”. The patient replied: “although you know all those points, but you are not specialized in anything. I’m here looking for the specialist”. There are other individuals and organizations which saw the future with respect to Ontario Legislation have already registered for the copyright name of “Dr of T.C.M” and “Dr of Acupuncture” titles few years ago to get their hands in this “Greenland”. In order to get these titles back to who it belongs, it involves lengthy process of lawsuit after the legislation is enacted.

The popularity of computer and internet make it an utter most importance in the protection of intellectual property right. As the country of origin, U.S has benefited the most from it. Bill Gates made his big fortune out of intellectual resource in just few decades of time, surpassed the oil giants whom own the natural resource for hundreds of years in generations. The internationalization of TCM will benefit people all around the world. At the same time when TCM is being popularized, we must take control the rules of internationalization in order to reduce the segmentation of intellectual property right. Cherish and protect the original wealth of the Chinese heritage that came through the history in thousands of years and carry forward the benefits worldwide.

八、海外针灸中医教育的改革是中医国际化发展的趋势。

The Reform of Overseas Education in Acupuncture and Chinese Medicine is the Trend in Internationalization

1) 市场经营与管理，临床病例实习的缺少；分别是国内/外中医教育方面的瓶颈。

The Lack of Clinical Internship and Business Management Education is the bottleneck problem of both Domestic China and Overseas Acupuncture and Chinese Medicine

国内中医院校学生毕业后，会到省、市或区级医院工作，很少自己开业。海外中医院校
Graduates of Chinese Medicine in China will typically be working in provincial, municipal or regional hospitals; very few will start their own business. Overseas graduates of Chinese Medicine can only open their own business, or at earlier stage after graduation to work at a clinic to accumulate experiences, eventually is to open their own practice. Therefore opening and operating the business is a realistic problem where every Acupuncture and Chinese Medicine practitioner faces. Marketing and management in the business of Chinese Medicine, the non-shared knowledge thus become a compulsory course in the component of overseas Chinese Medicine education. Although practitioners graduated from Chinese Medicine schools in China possess strong advantage in technical skills, but lack of education and training in the aspects of business operation, it is difficult to put their skills in practice in short time after they expand abroad, and they need to spend lots of their time and costing them much to make this lesson in gaining the valuable experiences. In the process of internationalization of Acupuncture and Chinese Medicine, reform of education live up to the international standards is an aspect worth considering and putting thoughts into.

Overseas Acupuncture and Chinese Medicine education has much less hours of classroom and clinical internship and/or cases to study from; whereas graduates from Chinese Medicine schools in China will normally have 1-2 years of residency opportunity, through examination to become a practitioner. However, overseas graduates do not have this kind of opportunity; they step into the market right after the graduation. There will be professional qualification examination
every few years in evaluating the criteria of existing practitioners. Since there is no such system of
evaluation abroad, and it does not reflect the value in the standards of skills nor benefit long term
development.

2) 互联网等高科技的应用，将促进中医国际化的发展.
Internet and the application of high-tech Speed up Internationalization of TCM

互联网的快速发展和应用，消除地域间距离和国界的阻碍，中医理论方面的网络教育将
实现优势共享及多方面资源整合; 对象北欧这样地广人稀的地区，想要学习中医/针灸，却
因时间区域等原因而举步不前者，是很好的选择。随着 IT 技术进一步发展，若干年后互联网
上不同语言即时翻译转换将更加成熟和实用，人们可在不同国家随名师学中医; 因图像识
别技术的改进，互联网中医远程诊断和治疗将会逐步成为现实，尤其在中医治未病(亚健康)
和长寿医学方面，预测将会发挥出特殊作用。

With the rapid development of Internet around the world, it removes the barriers between
different regions and countries. For countries in North America occupying vast land space with
scattered population settlement, it will realize the sharing of resource in TCM theory over the
internet for people that hoping to acquire the knowledge of TCM and Acupuncture. As the
development of IT matures down the road, instantaneous online translation in various different
languages of material will be other practical methods of learning, people in different countries can
now learn from well known TCM professionals over long distance. Also, with the advancement
of picture recognition functioning and its clarity, distant-diagnosis and therapy will soon to be
realize, especially in the TCM treatment of sub-healthy clients, prevention, and anti-aging.

3） 中医可持续发展的民间给养:
The Sustainable Development of Traditional Chinese Medicine from “Folk Therapies”:

中医在历史发展进程中，不断吸取来自民间的给养。许多有效的治疗方药和手段，也都
是首先在民间流传，被证实有效后再吸收，从理论上升华并记载下来流传后世。上世纪五十年代，建
立起许多正规的中医院校，所有执业医生都要受过正规教育，这当然是历史的进步。
来自民间来自乡村医生的经验似乎有所中断，现在，许多在海外行医多年的执业中医针灸师
们，回国“采风”取经，非都去大城市的大专院校或研究机构，而选择久负盛名的中小城
市，甚或乡间的临床家。如何保证新环境下不断得到民间给养，是我们应面对的现实的问题。

In the history of the development of TCM, Chinese Medicine practitioners have continually
drawn information and techniques from Folk Therapists in order to adapt to new environments and solve new problems. Many herbs and therapeutic techniques were derived from such therapies that gradually became proven by experience as effective treatment procedures. Such procedures are recorded and spread over generations. In the 1950s, many institutions of Traditional Chinese Medicine were formally established. All new TCM practitioners had to get formal education, which of course is a historical step forward. However, it was difficult for "barefoot doctors" to re-enter the "TCM Hall". The TCM Hall is too formal compared to the "folk therapies", and there are few connections between the State’s TCM education and folk therapies. Now, most senior overseas Chinese Medicine practitioners and acupuncturists have been visiting and learning traditional medicine in China. However, they are not going to research institutions or universities in the big cities, rather they are going to non-famous small cities, the countryside or even the clinician's home. Thus, it is important for the sustainable development of Chinese Medicine to meet the change of new environments and folk therapists.

4) 跟师/参师是提高中医临床修养的捷径，可造就海外”纯中医”临床大家。

Apprenticeship is the shortcut in improvement of clinical experiences, forming genuine Traditional Chinese Medicine

中医是知识型和技术型相结合的特殊学科，书本是知识的载体，老师尤其是名师是技术和经验的载体。传统文化都具备这种特点，如中国武术的书籍，虽将动作要领等文图并茂的写出来，但鲜有人仅凭书本把功夫练出来，多从（拜）师学艺。中医亦如此。跟师/参师是提高中医临床修养的捷径，可造就海外”纯中医”临床大家。

Traditional Chinese Medicine is a subject that closely combines theory and practice together, theoretical knowledge is obtained from texts and apprenticeship with mentor is the key to learning skills and experiences. This is the characteristics for all traditional cultures to exist and passing down through generations. To take Chinese Kong Fu for example, there are scripts and diagrams that illustrate the key to movements; however no one has ever achieved any style of movement barely by learning from books alone. The same concept exists in learning Traditional Chinese Medicine, whereas the mentor/master is the carrier of technical skills and clinical experiences.
China as the cradle of Acupuncture and Chinese Medicine should carry forward the historical responsibility in the development of internationalization

2011年5月1日欧盟《传统植物药注册指令》生效。凡未经注册的天然植物药，包括几乎所有的中成药，将不可以在欧盟市场上销售和使用。消息传来海内外中医药界一片哗然。

European Union’s (EU)Traditional Herbal Medicinal Product Directives (THMPD) is in effect officially commencing May 1st, 2011. Any unregistered natural herbs including most of the Chinese herbal remedies are banned and restricted from market and to be used. This is astonishing news to the field of Chinese Medicine around the world.

欧盟早在2004年4月30日出台的《传统植物药注册指令》给出了长达七年的过渡期，根据欧盟委员会负责卫生医务事务的发言人温森特给出的数据，七年过渡期中，有超过87种植物药顺利通过了注册，但遗憾的是这其中有中成药。

The European Union has given a transition period of seven years to the THMPD since the establishment in April 30th, 2004. According to the statistical data provided by the spokesperson of European Union Commissioner for Health and Consumers that in the past seven years, over 87 herbal plants have successfully passed the registration, unfortunately there is no case of Chinese herbal remedies.

为什么宝贵的七年过渡期，没有一例中成药能在欧盟获得“准生证”？

Why is there no case of any Chinese herbal remedies that have passed the EU’s permission?

分析原因有三种：一则是申请程序不适合我们中成药的“大复方”，二则是由此而导致了注册费用成为“天价”。

There are two analyses can be provided: 1. the application procedure do not match the formulas of the Chinese herbal remedy; 2. registration lead to enormous costs.

“注册”虽然不要求临床试验，但要求对植物药中各种化学成分进行质量检测，检测费成为注册费用中的最主要部分。欧盟本土的植物药大多只有一两个成份，而中成药则是大复方。如六味地黄丸是六味，十全大补丸是十味。检测费用是按照成分收费，而注册成功的一两个成份的植物药的检测费用大约在30万-35万人民币之间；如十全大补丸就可能花费到400万人民币左右。
Although the "Registration" do not require clinical testing, however there is quality testing to the chemical composition of each herbal remedies, the cost of testing become a large component to the registration. Domestic EU herbal plants mostly contain only 1-2 ingredients; whereas Chinese Herbal remedies contain much bigger formulae of different ingredients. To take example of the Six ingredient Pill with Rehmannia (Liu Wei Di Huang Wan), it contains 6 different ingredients; Ten Tonic Pill (Shi Quan Da Bu Wan) contains 10 different ingredients. The cost of testing is according to the ingredients, it takes $300,000-350,000(RMB) to register 1-2 ingredients of the herbs, if this is the case, it will cost up to 4 million (RMB) for testing and registration of Ten Tonic Pill (Shi Quan Da Bu Wan).

Overseas Acupuncture and Traditional Chinese Medicine mostly exist on the basis of individual practice. Although there are academic and professional organizations, they do not form a strong enough force to initiate negotiation with organization like EU. Individual based practices do not have such financial supports to apply for the "Registration". Practitioners therefore can only take on the role of audience and in the end lost the strategic opportunity.

In this century of internationalization of Chinese Medicine, there will encounter similar issues in the future ninety some years. Learning the experience from previous lessons and not miss another opportunity, drive the force in leading the trend of historical development is what need to be put in perspective.

China, as the cradle of Acupuncture and Chinese Medicine is actively engaged in international affairs; the national force from officials, semi-officials, and non-government
organizations (NGO) level is able to initiate dialogues with related official governments and NGOs. Increase mutual knowledge and understanding, reduce resistance and actively promote the progress of internationalization of Chinese Medicine.

“世针联”和“世中联”都是非政府的中医药针灸的专业组织，在国际上正在引领历史发展的潮流。

Both World Federation of Chinese Medicine Societies (WFCMS) and World Federation of Acupuncture-Moxibustion Societies (WFAS) are professional NGOs, they are leading the historical development of Acupuncture and Chinese Medicine Science.

几十年的改革开放，中国已经不差钱了，应在财力，物力上为中医药国际化给力！可否设立“中医药针灸国际发展基金”，体育可以有彩票，中医药针灸是否也可以发行彩票，以支持“基金”的运作。如有“基金”的支持，无论是海外的中医兵团，或国内的中医药企业都可以迎战“注册”这类的战役，如果有“基金”的支持，中国为牵头单位，可组织跨国的临床合作研究，促进中医国际化的发展。如有“基金”的支持，可以在海外多办些“孔子中医学院”，培养本世纪中医国际化的人才。

Decades after the social reform, the Chinese government has established a stable financial background, and should allocate more resources to the development of Traditional Chinese Medicine. Establish “International Chinese Medicine Development Foundation”, and adopting the idea and operation from sport lottery ticket, issuing Traditional Chinese Medicine lottery tickets in support of the Foundation. If there is support from the Foundation, the “Registration” will not be a problem regardless for overseas Traditional Chinese Medicine group or Chinese Herbal corporations in China. If there will be support from the Foundation, China will be the leader to form transnational cooperation in clinical research, facilitating internationalization. If there will be support from the Foundation, there can be more “Confucius School of Traditional Chinese Medicine” opened around the world training talented individuals to carry forward the task of internationalization.

如若改变国外已通过的法案及政策，确需游说，履行许多程序，旷日持久耗财时；如能提前做些前瞻性研究，可避免再踏欧盟“注册”之旧辙，并收事半功倍之效。

To challenge the policies and bills that are already passed abroad, there must be lots of time,
money consumed and number of procedures involved in lobbying the government. However, if perspective studies can be done on matter of such to avoid the EU “Registration”, effectiveness can be easily achieved.

吸取经验，组建“中医药国际化战略发展研究智囊团”，聘请国际上知名的中医药针灸专家，为中医药国际化发展把脉，为中医药国际化发展献策。

Learning from past experiences, establish “International Traditional Chinese Medicine Strategic Research and Development Focus Group”, lead by well-known international experts of Acupuncture and Chinese Medicine, devoting and contributing to the footstep of Chinese Medicine internationalization.

结论:

Conclusion

中医药针灸国际化发展是典型的自由经济，按各国医疗保健医疗市场需求发展规律进行。针灸是先锋，中医药逐渐跟进；早期中医针灸是海外谋生的手段，现已并入或逐渐纳入各国医疗立法管理，中医针灸师成为较有社会地位的职业。中医药针灸国际化已成为本世纪发展的大趋势，所带来问题也是多方面的；今海内外中医药针灸工作者们深入思考，以把握历史发展的脉搏，整合国际中医药针灸的力量，共同迎接所带来的挑战。

The development of internationalization of Chinese Medicine is a typical liberal economic module; it is directed by the market demand of health care needs of any particular country. Acupuncture being the pioneer, followed by Chinese Medicine and herbal medicine. At earlier stage in time, Acupuncture and Chinese Medicine is a tool for merely survival; presently, it is been included in the regulatory system of health care within any country, Acupuncture and Chinese Medicine practitioners is beginning to earn its social status and becoming a respected profession. Internationalization of Acupuncture and Chinese Medicine is becoming the trend in this century; therefore it’s also brought barriers and problems in many perspectives. Integrating the forces of international Acupuncture and Chinese Medicine, grasping the progress of historical development, and facing new challenges ahead is the common goal of all fellows in the field of Acupuncture and Chinese Medicine around the world.

全世界中医药工作者联合起来，为本世纪中医药发展集体给力！
Let's unite all colleagues of Acupuncture and Chinese Medicine working towards the internationalization in this century.
4. 国内西医院校西医本科留学生针灸学课程教育的探讨

The Course of Acupuncture Therapy for International Students at Medical Colleges in China

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摘要：针对国内西医院校留学生开设的《针灸学》课程教育，其目的主要是为了增强招收外国留学生的竞争实力。国内西医院校招收的西医本科留学生，《中医学基础》宜设置为 108 学时的理论学习和实验练习，教学内容包含中医基础理论和中医诊断；《针灸学》宜设置为 206 学时的理论学习和实验练习，教学内容包含经络学、腧穴学、刺灸学和针灸治疗学；另外还需在医院至少 200 学时的临床实习。这样西医院校的西医本科留学生在离开中国以前就可以参加世界针灸学会联合会的针灸资格考试。

Abstract: The purpose to establish the course of acupuncture therapy for international students at medical colleges in China is to compete in recruiting international students. The curriculum is arranged as follows: 108 hours for study of the basics of TCM (theory learning and training), including fundamental theory and diagnostics of TCM; in acupuncture 206 hours for theory learning and training too, including knowledge of channels, acupoints, acupuncture and moxibustion, diseases treated with acupuncture. After that students will spend more than 200 hours for clinic training. After they fulfill the study, they are allowed to take the examination in acupuncture given by The World Federation of Acupuncture-Moxibustion Societies before they leave China.

关键词：留学生；本科教育；针灸学

Key words: international students; undergraduate course; acupuncture

目前国内的各个西医院校院校均不同程度的招收有外国留学生，这都是中国高等教育国际化过程中的一个缩影。与西方发达国家的高等教育比较，中国各个医科高等院校招收的留学生除了学费较低外，是否还有其他优势？作者长期追踪国外中医教育的现状[1], 并
作为重庆医科大学西医临床本科留学生《Acupuncture Therapy》课程领导教师，在过去 2 年的留学生教学中有些许体会。


《美国针灸中药执业医师资格考试指南》[3]是较具有代表性的国外考试指南，针对完成正规学业者，即全日制东方医学院针灸专业 3 年综合课程毕业，和 1350 小时的针灸教育；其中包括至少 800 小时的理论教学和 500 小时的临床学时；临床学习可包括见习、实习或医疗实践；另外 50 个学时可以是课堂学时也可以是临床实习。德国针灸学会副会长 Birgit Ziegler 到成都参会时介绍了德国的针灸培训情况，“1954 年成立的德国传统针灸中医学会目
前下属有 6 所学校，1600 多名成员，只有完成西医学习的内科医生或医疗从业人员才有资格在下属学校的学校注册和参加培训，这就意味着他们已经完成了 2000-4000 个小时的医学课程，并且 6 学校都同意针灸学最少开设 750 个小时的学习课程；中药课程至少开设 340 个小时；推拿课程至少开设 300 个小时；针对、中药和推拿课程是将理论课程与实践技能课程相结合。此外，校医院进行 200 个小时的临床实习是每位学生的必修课…"。由此可以看出，参照美国和德国标准有利于国内西医院校制定针灸学课程教育标准，因为我们培养的留学生将要完成西医本科学历教育，也就是完成了 3000 多学时的医学课程教育，只需要开设足够学时的中医学类课程教育就可以了。

世界针灸学会联合会的针灸考试资格规定[6]，凡全日制高等医学院校毕业，学制在 3 年以上者，已取得医师资格，并经过针灸学培训至少 500 学时，有一年以上临床实践。考试的科目有[7]《中医学基础》、《针灸学》、《正常人体解剖学》、《辨证论治》、《取穴操作》5 个内容。因此，西医本科留学生的中医类课程主要开设《中医学基础》和《针灸学》。《中医学基础》分设为 108 学时的理论学习和实践学习，内容包含中医学基础理论和中医学诊法；《针灸学》分设为 200 学时的理论学习和实践学习，教学内容包含经络学、刺灸学、刺灸学和针灸治疗学；除此之外，还需在医院至少 200 学时的临床实习。结合重庆医科大学针对西医本科留学生开设的《解剖学》218 学时，西医院校的西医本科留学生在离开中国以前就可以参加世界针灸学会联合会的针灸资格考试。

综上所述，国内西医院校主要招收的是西医本科留学生，中医类课程教育只是其中的一部分，这与国内中医院校招收的留学生进行中医类学历教育和培训等有所不同。针对国内西医院校留学生开设的《中医学基础》和《针灸学》课程教育，其目的主要是为了适应西方主要发达国家的针灸执业资格需要。这不仅是对国内西医院校留学生西医本科学历教育的一个补充，既融入了中医和针灸这样的国粹，也是中国西医院校招收海外留学生最具有竞争力的一个方面，是一种实实在在的软实力。

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5. Changes of Demand for Social Rehabilitative Service and TCM Education

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Abstract: At present there is an increasing demand for social rehabilitative service, and the concept of rehabilitation and its techniques continue to update. But now we lack of talents in rehabilitative medicine and perfect service for the disabled rehabilitative security system. Facing such a condition it is important to consider how to make the characteristics and advantages of integrative medicine into full play, so that the disabilities may have a chance to return to society. The most important issue is to strengthen TCM education, train more qualified medical workers in rehabilitation to meet social demand.

Key words: TCM; education; social rehabilitation

一、社会康复需求不断增长

目前我国有 8296 万残疾人，其中有康复需求的残疾人接近 5000 万，每年因车祸、疾病等原因新增的残疾人数量约 100 多万。我国已经进入老龄化社会，现有 60 岁以上老年人 1.44 亿，其中约 7000 万老年人需要康复治疗，加之大量慢性病致残的患者，社会对康复医疗的需求正逐年增加。能否接受合理有效的康复治疗，是决定病人生存质量的重要因素。《中共中央国务院关于促进残疾人事业发展的意见》明确提出：“要加强残疾
人医疗康复和残疾人预防工作；保障残疾人享有基本卫生服务水平；健全残疾人康复服务保障体系；要建立健全残疾人预防体系”。专家指出，我国康复医疗与发达国家相比起步较晚，虽然部分医院相继设立了康复科室，开展了康复治疗，但公众对康复治疗的认识依然有待提高。目前，阻碍我国康复事业发展的一个重要因素是康复知识没有得到普及，甚至大部分综合性医疗机构的业务工作者对康复知识的了解并不全面，国内具有资格的康复治疗师仍很缺乏，需要进一步增加教育力度，提高中医、西医康复教育水平，培养高层次康复医学人才。

二、中医传统疗法与康复医学的融合教育

中医传统康复手段与现代康复医学技术的融合，是发展中医药特色康复技术，帮助残疾人回归社会的重要方法。提高康复医学人员的整体素质，加大康复人员培养力度，进一步完善和发展中医药康复教育及继续教育机制，是解决目前不断增长的康复需求与康复人才严重不足的首要选择。近 20 年，已有 600 多万残疾人康复中受益，但与庞大的残疾人数量相比，仍然远远不足[3]，康复治疗专业人才队伍建设仍需大力培养。以山东中医药大学为例，2009 年第一届康复治疗专业本科生毕业，共 1 个班级，38 名学生，这是山东中医康复专业的第一批本科生，经过系统康复学习和临床实践，具有扎实的工作基础，但并不能满足社会需求。其他通过职业技能培训学校、社会力量办学等模式培养出来的康复医学人才，同样不能满足庞大的社会康复需求。

因此，康复治疗专业在中医院校的设立，有利于发挥中医传统特色优势，将中医辨证疗法与西医康复技术相结合，达到最佳康复治疗效果。同时加强中医药康复医学教育，增加学生在康复机构见习的时间，使之对康复医学专业知识的掌握与理解更加深入，提高临床工作能力。同时，在医务人员中开展中医药康复医学的继续医学教育工作，可增强医务人员对中医药康复的认识，提高患者接受康复治疗的机率，把握最佳康复时机，更有利于临床医生与康复治疗师之间开展合作。

三、中医药教育如何应对快速增长的康复需求

康复医学本科培养周期通常为 4 年，硕士研究生培养需要 3 年，博士生培养需要 3 年，其中还需要安排见习 1 年，临床实践 1 年。培养周期相对较长，不能满足社会对康复人才的大量需求。因此，需要改革康复医学人才培养模式，探索新方法与途径。首先，需要扩大招生比例，加大招生宣传，将康复医学的发展前景与现实意义加以宣传。其次，增
加培养力度，使康复治疗师临床实践水平全面提高，能够提供高水平的康复技术服务，再次，加强继续教育培养力度，对社会上其他从事康复治疗工作的非医务人员进行培训，使其在基础理论与临床实践能力方面进一步提高。继续教育将是未来康复医学人才深化培养的重要方式。最后，加大康复专业临床技能的考核力度与培训规模，以山东中医药大学第二附属医院康复医学科（职工工伤康复中心）为例，目前承担着山东中医药大学针推学院康复医学系学生的临床实践教学工作，以及山东省其他地区康复医学继续教育与培养工作。山东省第一批具有培训康复人员资质的三级甲等医院—山东省康复治疗技术定点培训医院。至今，医院已先后接受省内外进修康复医师45名，进修生620名，举办康复医学国家继续教育培训班11期，参加培训人员661人次。中心开展的这些工作，符合邓介方同志提出的建立中国自己的康复中心、开创中国康复事业，大力发展中医药康复事业的要求。

四、中医药教育改革与发展趋势

中医药康复医学的发展与康复人才培养需要不断发展，中医药康复教育形式需要多元化，发展模式需要系统化，不仅要增加开设康复医学专业的学校数量，扩大招生规模、更要规范康复医学专业的培养模式，建立完整的康复专业学历教育的体系，从大专、本科、硕士、博士到博士后，提高康复技术人才的学历层次；建立完善的康复专业的技术职称体系，在教学医院的康复医师从住院医师、主治医师、副主任医师到主任医师，康复治疗师从治疗师、治疗师、主治治疗师、副主任治疗师到主任治疗师；建立专门培养各类康复治疗师的专业、系或学院，如物理治疗、作业治疗、听力语言治疗等专业、系或学院，完善康复治疗师的培养体系；加快培养康复技术人才在康复技术人才培养上要尽快与国际接轨，并建立中国康复治疗师协会；加快康复领域的学科建设，建立完整的康复领域学科群体系，深化康复理论、方法与技术[3]。

五、结语

结合目前我国康复技术人才相对缺乏、康复需求不断增加与康复服务能力相对不足的情况，中医药康复医学教育未来发展模式将会沿着以下方向改进：①将现有各级康复体系中的资源有效整合，提高其教学质量和效率；②结合国家基本政策，充分发挥教学医院、教学基地作用，为康复医学学生提供临床实践的机会；③建立康复人才档案，为康复医学专业人才继续学习再教育提供平台；④加大康复医学宣传力度，开设二级学院，扩大康复专
业招生范围[4]，社会康复服务需求的变化与中医药教育的发展密切相关，培养更多的康复医学人才，是将来中医药教育的发展方向之一。在国家各种相关政策、法律法规逐步完善的基础上，中国康复事业必将深入发展、稳步提高。

参考文献
6. 来华留学教育评价的探索与思考

Exploration and Thoughts of the Education of Overseas Students in China

Zhai Shuangqing, Zhang Liping, Jiao Nan, Wu Yufeng

摘要：在来华留学教育规模日益扩大的背景下，结合来华留学教育工作的实践经验、教育评价的普遍原则，本文提出了来华留学教育示范项目评价指标体系的构建原则和评价应把握的关键点，并基于课程和专业建设应涵盖的构成要素，尝试列举了英语授课品牌课程和汉语授课特色专业在具体评价时应把握的重要观测点。本文通过来华留学教育评价的初步探索与思考，以期为来华留学示范项目评价体系的建立提供参考与借鉴，能够对来华留学教育工作的未来发展有所启示。

Abstract: In this paper, with China overseas education increasing size, combined with the practical experience and the general evaluation principles of education, the author put forward that studying in China education demonstration project evaluation index system should grasp the principles and evaluation key points. Based on curriculum and professional development that should cover the elements, the author tried to list the courses taught in English and Chinese brand in the specific characteristics of professional evaluation of teaching. Based on the initial educational evaluation study in China exploration and reflection, with a view to study in China to establish demonstration projects evaluation system, this paper tried to provide reference to education for students in China for future development.

随着我国经济的持续快速发展，留学生的规模呈现出不断扩大的态势。2007年至2010年，我国留学生的数量增加30.94%，平均年增长率为9.45%。根据《留学中国计划》，未来十年，我国的留学生规模预计将占6.94%的平均年增长率扩大，到2020年，全球各级各类的在华留学生将达到50万人，其中高等教育阶段的留学生将达到15万。届时，我国将成为亚洲最大的留学目的地国家。在此期间，为保证和提高高等教育阶段的来华留学教育质量，我国将建立一批英语授课精品课程、汉语授课特色专业和来华留学示范基地。这一系列教育示
范项目评建不但可以规范来华留学生的培养，建立与我国国际地位、教育规模和水平相适应
的来华留学工作与服务体系，同时还能加强中外的教育交流与合作，推动来华留学事业持续
健康发展。

来华留学教育是一项具有重要现实意义和深远战略意义的工作，“十二五”期间是该规
划完成的重要阶段。目前，我校来华留学教育工作已开展10余年，有来自54个国家的留学
生，在校生人数占全校总人数的10%。面对这一重要历史时期，基于我校在来华留学教育
发展过程中积累的经验，我校对来华留学教育的品牌课程和特色专业的建设进行了深入的
思考，并对构建评价体系提出了几点建议，以期对来华留学示范项目评估体系的建立提供参
考。

1 遵循教育评价原则，明确来华留学教育示范项目的评价原则

来华留学教育评估限定了评估的对象，但它根本也应符合教育评价的普遍原则。1981
年，美国教育评价标准委员会曾对教育评价作了一个综合性的界定：“教育评价是对教育目
标和依其优缺点与价值判断的系统调查，为教育决策提供依据的过程。”现代教育界对教育
评价的一般定义为：“根据一定的教育价值观或教育目标，运用可行的科学手段，通过系统
地搜集信息资料和分析整理，对教育活动、教育过程和教育结果进行价值判断，从而使评价
对象不断自我完善和为教育决策提供依据的过程。”[1]从这个定义可以得知，教育评价的就
是：为什么？怎么评？评什么？什么标准？也就是相对应的评价目的、评价方法、评价内容、
评价依据。在这样的定义下，教育评价最基本的四个原则即为：导向性原则、客观性原则、
可行性原则和有效性原则，来华留学教育评价原则的确立即可依据这四个基本原则。同时，
来华留学教育评价体系根据其自身需求还应满足以下几方面原则。

1.1 方向性原则

根据《国家中长期教育改革和发展规划纲要（2010-2020）》的精神，按照《留学中国计
划》的要求，建立适应国际教育形势，体现现代教育理念的来华教育体系，通过统筹规模、
结构、质量和效益，切实推进来华留学事业的全面协调可持续发展，打造中国教育的国际品
牌。

1.2 示范性原则

评选特色鲜明，教学水平一流，深受留学生欢迎的来华留学教育项目，通过项目支持与
建设，起到示范推广的作用，以点带面，使来华留学教育逐步扩大规模，提高质量，最终实
现来华留学教育水平的全面提升，推动我国来华留学工作的健康持续发展。

1.3 评建原则

本着“评与建”的精神，以建设完善为目标进行评估，对评估对象已完成的行为做出判断的同时，也对评估对象提供咨询意见，帮助他们把握自身发展方向，以便更好的完成来华留学教育的建设工作，实现健康、持续的发展。

2 评建来华留学教育示范项目评价的关键点。

2.1 教学及管理规范化

目前我国来华留学教育呈现快速发展的趋势，随着规模的迅速增长，质量的提高成为了亟需解决的问题。而规范化的教学和管理，正是教学水平与质量提高的基础和重要保障。对报名我国已有的各类评估项目，来华留学教育时间相对较短，教学及管理等方面相对不成熟，因此，首先要强调教学及管理规范化。

2.2 师资队伍

优秀的教学团队是实现教学水平提高的前提条件。作为品牌建设的来华留学项目，应拥有雄厚力量的师资队伍，队伍的知识结构、年龄结构、职称结构均很合理；课程负责人、部分主讲教师应有较高教学水平和较强的科研能力，有相关的海外学习或工作经历。

2.3 现状及地位

示范项目即代表其来华留学教育已具备较好的态势，做出了较好的成绩，所属院校应具备多层、结构合理、类型丰富的教育教学体系，学历教育层次可包括本科、硕士研究生、博士研究生等。专业类型丰富，从长期发展来看，应通过提高综合实力和品牌示范作用吸引更多来华留学人员，鼓励文、理、工、医等诸多专业学科的共同发展。同时，有国家级或省级（市）级精品课程、双语示范课程、特色专业建设等立项支持，获得过国家级或省（市）级教学成果奖。

2.4 留学生规模及质量

随着留学中国学生人数的增加，生源的质量却不能下降，尤其对于来华接受高等教育的长期留学者，在入学时即应把好关。同时，凭借自己的优势以及教学水平的不断提高，吸引更多地区的学生来华学习。

2.5 办学特色

面对多元化的社会需求，高等教育必然在宏观上走向多样化，在微观上走向特色化。办
出特色是高等教育大众化阶段高等院校在激烈竞争中求生存谋发展的生命线。高校强化办学特色，必须抓住办学特色形成与发展核心环节，从学科、师资、人才培养、科技创新、社会服务、战略管理、校园文化建设等方面着手，构建有利于推进特色办学的策略体系。

2.6 意义

在新的时代背景下，发展来华留学生教育对于我国的经济发展、争夺国际人才、提升高等教育国际竞争力等方面发挥的作用将日益显著。作为品牌建设的项目，自身建设应起到积极的示范推广作用，从自身的特色和优势出发，发挥优势，推进我国来华留学教育事业的全面、健康、持续发展。

基于我们以上所探索的来华留学教育示范项目评价原则和关键点，结合课程及专业应涵盖的重要要素，我们尝试列举了英语授课品牌课程和汉语授课特色专业在评价时应具备的关键点。

3 英语授课品牌课程

英语授课品牌课程是指运用英语来华留学进行讲授的有特色、教学规范、水平一流、有示范作用的优秀课程。英语授课品牌课程要根据人才培养目标，体现现代教育思想，符合科学性、先进性和教育教学的普遍规律，具有鲜明特色，并能恰当运用现代教育技术与方法，教学效果显著，具有示范和辐射推广作用。通过分析总结来华留学教育特点，以及课程教学评估的重要方面，我们认为，对于英语授课品牌课程的评价可分解为五个维度：教师队伍、教学设计、教学方法与条件、教学效果与评价、课程基础与特色，在其评价过程中应重视以下方面：

3.1 规范性

因来华留学教育的时间仍不长，在教学过程中我们首先要更多的应强调英语教学的规范性，授课教师能够全程英文授课，能够是恰当的使用各种教学方法和手段，将知识正确的传授给学生，这些都是英语教学中应规范的方面，也是考量的首要问题。

3.2 课程地位

重视课程自身（即本课程以汉语形式授课）的建设情况及其在学科体系中的地位。即本课程的汉语授课课程建设已较为成熟，在我国非留学生教育中取得了较好的成绩，是国家级或（省）级立项支持的精品课程、双语示范课程。

3.3 师资队伍的整体素质
在教学团队的建设方面，师资队伍的知识结构、年龄结构、学历结构、学缘结构等应较为合理；注重课程负责人及主讲教师的英语授课能力，以及负责人在实际教学工作中的引领和示范作用；课程负责人应有相关海外学习或工作经历，同时，用英语主讲本课程在三个学期以上；课程负责人和主讲教师具有全程英文授课能力，能够熟练的运用英语授课方式正确地将知识传达给学生，实现教学目标；课程负责人或主讲教师为教学名师。

3.4 课题特色及示范意义

本门课程以英语授课方式开展已较为成熟、历年评教结果优秀，深受来华留学生欢迎。课程在教学内容、教学方法、教学手段、考核方式等各方面有自己的特色，并能通过特色吸引更多来华留学生，从而产生示范推广的效果。课程通过示范推广，实现研讨互促，推动了教学水平的提高，使课程所传授的知识得以继承与发扬。

4 汉语授课品牌专业

汉语授课品牌专业是指以培养优秀的来华留学人才为目标，在来华留学教育方面做出了较好成绩的，有特色的专业。汉语授课品牌专业要将人才培养目标定位为培养国际型、开放型、通用型人才，具有全球意识，符合现代教育理念，体现国际教育大趋势。专业有高水准的教学团队，完善的课程体系，及运行良好的管理制度，教育教学有鲜明特色，效果显著，对来华教育有示范和辐射推广作用。

通过分析总结来华留学教育特点，以及专业建设的涵盖的主要要素，我们认为，对于汉语授课特色专业的评价可分解为八个维度：专业建设基础与规划、规模与生源、师资队伍、培养方案、课程建设、实践教学、教学管理、特色及社会评价。在其评价过程中应重视以下方面：

4.1 专业地位

对于特色专业的评价，首先要重视专业自身建设情况及在全国的影响力。包括专业的历史沿革、现有规模、学历教育层次；专业在我校留学生教育中应已取得了较好的成绩，是国家级或省（市）级立项支持的特色专业建设项目；专业课程有国家级或省（市）级立项支持的精品课程、双语示范课程、来华留学英语示范课程；有国家级或省（市）级精品教材、双语示范教材、立项支持的英文自编教材等；有教学名师；获得过国家级或省（市）级教学成果奖励等。

4.2 留学生规模与生源质量
为扩大来华留学教育规模，保证留学生生源的质量，评估中应考查专业历年的留生规模、数量、国别结构；已招收留学生数量；生源入学前的教育层次、录取率；已毕业留学生数量、毕业率、学位获取率，重视留学生合理的生源结构。

4.3 师资队伍的整体素质

师资队伍的知识结构、年龄结构、学历结构、学缘结构等较为合理；注重青年教师的培养；定期开展针对来华留学教育的学术交流或相关培训活动；专业内有国家级或省（市）级教学名师。

4.4 专业特色及示范意义

专业在人才培养模式、课程建设、实践教学等各方面具有自己鲜明的特色，通过自身的不断建设与完善，吸引了更多的来华留学生，从而产生示范推广的效果，实现了教研互促，推动了教学水平的提高。

来华留学工作是国教国际合作与交流的重要内容，是国家总体外交工作的有机组成部分。来华留学教育示范项目的建设工作是提高来华留学教育质量、推动来华留学教育事业健康发展的重要手段。对于其指标体系的构建仍需不断的探讨及反复的论证，并考虑更多方面。如，指标体系应包含的评价维度、层级、具体的观测点说明；指标资格确立的科学有效方式，如德尔菲法筛选标准池。指标性能图法确定指标权重；为提高评价结果的可靠性和可比性，可采取定量评价与定性评价相结合的方法；通过广泛的意见征询，调整完善指标体系等。本文所提出的英语授课品牌课程和汉语授课品牌专业评价关键点，仅为初步的思考与探索，期望为来华留学示范项目评价体系的建立提供参考，对来华留学教育工作未来的发展有所启示，以更好的完成来华留学教育工作，实现规模、结构、质量、效益的全面协调可持续发展，完成我国来华留学教育的最终目标，打造出具有中国特色的对外教育国际品牌。

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7. Problems in TCM Education and Countermeasures

Liu Zhaochun

The Second Affiliated Hospital of Shandong University of Traditional Chinese Medicine

Abstract: Higher education is the main mode to train TCM workers. It has turned out lots of talents for the TCM career. But disadvantages emerge along with the development of society, such as failing to help students to build confidence on TCM, lack of cultivation of TCM thinking and innovative spirit. How to solve these problems? The strategies are to strengthen confidence on TCM, to cultivate TCM thinking, to emphasize innovation on the basis of inheritance and to have diverse training modes.

Keywords: TCM education; TCM thinking; innovative spirit

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Abstract: Higher education is the main mode to train TCM workers. It has turned out lots of talents for the TCM career. But disadvantages emerge along with the development of society, such as failing to help students to build confidence on TCM, lack of cultivation of TCM thinking and innovative spirit. How to solve these problems? The strategies are to strengthen confidence on TCM, to cultivate TCM thinking, to emphasize innovation on the basis of inheritance and to have diverse training modes.

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事业的各个领域中，拉动了中医药事业的发展，可以说学校教育是颇有成效的。但是我们必须看到，中医药院校培养出来的中医人才并不尽如人意。专业思想不牢固、中医理论的掌握不深透、基本功不扎实，临床思维能力不强、动手能力差等，已经成为不争的事实。现代中医药院校教育的问题已经十分突出，严重影响了中医药事业的发展，这主要体现在以下几个方面：

1.1 未能正确引导学生树立对中医的信心

罗维民等在2007年对在广州中医药大学第一附属医院实习的医学生进行的问卷调查中显示，只有不足10％的医学生热爱并热心学习中医，且有70％的学生认为如果按照目前的情况发展下去，学中医的前景不容乐观。造成这种状况的原因是多方面的，当前国家的医疗体制、医疗市场的形势和以市场为中心的医院管理模式，对中医药人才的就业及就业后的收益，均产生了不利影响，加之社会上甚至是中医药院校中某个人的不当言论，动摇了中医学习者的信心，这是其中的一方面。而最主要、最直接的原因在于我们的中医药教育没能正确引导学生树立对中医的信心。正如邓铁涛教授所说："中医教育最大的失败就是没有能够解决学生信心问题"。

1.2 中医思维的培养不够

中医思维是在继承中国传统文化思维方式的基础上，在中医理论指导下，自觉地产生并有效地指导诊断和治疗疾病的临证思维方法，中医思维的培养是通过有规律地对中医系列课程的学习和加强实践来逐渐实现的。但是，目前中医院校学生在进入大学之前就已形成了固定的还原式思维模式，对中医药学的思维方式接受起来非常困难。同时，我国高等中医院校现行的课程设置中，西医学课程安排，中医药学基本思维尚未建立之际，开设大量以分析还原思维为主的西医药课程，严重干扰了中医药学独特思维方式的培养与巩固。而同时在教学方法上只注重临床知识与诊疗技能的灌输，而忽略了对学生中医药思维的强化。最终导致培养出来的学生不能较好地运用中医的思维方式完成临床诊断和治疗，专业思想不牢固，"中医水平不高，西医技不如人"、"不中不西"。

1.3 创新性精神缺乏

我国的中医药人才培养多注重传授知识，强调的是"知识继承"与"知识积累"，忽视对知识的改造和创新精神的培养。且由于我国传统文化中"循旧性思维"的影响，认为中医是"经验医学"，尊崇"师传意识"支配了医学教育思想，多采用"填鸭式"教育方式，而忽视
非智力因素的开发，忽视了学生的创新精神和创造能力的培养[5]。最终的结果是导致学生的机械性吸收能力和重复性记忆能力较强，而动手能力、实践能力以及创新能力较差。

2. 提高中医药教育的对策及建议

2.1 加强中医药教育必须贯穿始终

坚定不移地树立学习中医的信心，是保证现代高等中医药教育成功的关键。信心是学生学习的动力。一旦丧失了信心，学生就失去了从事中医事业的意志。中医药院校的教师要把中医药教育贯穿整个教育体系之中。信心教育不能仅仅说教，更要体现在培养学生中的每个环节之中，帮助学生尽快形成以中医思维为核心的学习理念。再者，中医不能离开中国传统文化的土壤，要想学好中医，就必须广泛学习和掌握中国传统文化和古代哲学知识，没有中国传统文化知识的积淀，很难真正进入中医学之门，也就无法树立学习中医的信心和热情。

2.2 多方面培育学生的中医思维

中医思维吸取了中国传统文化的精髓，形成了区别人文科学的诊疗方法，是中医学赖以生存和创新发展的基石，也是提升中医临床诊疗水平的原动力。因此，中医教育工作者对此应高度重视，从多方面培育学生的中医思维。首先应合理安排中医药院校的教学课程，建议中医药院校中、西医课程的安排应各自分列，先后有序，先中后西。前期以中医课程为主，不排除任何西医课程，待学生全面入门后再安排西医课程，这样对形成和巩固良好的中医思维习惯会有大有裨益。其次要多临床、多实践，在实践中巩固中医思维。中医药理论来源于临床，发展于临床，服务于临床，创新于临床。因此，要成为一名合格的中医师，就必须坚持临床，并通过临床总结经验，发现规律，检验、普效、完善和创新中医理论。因此，建议改变现行中医药院校基础课-临床课-毕业实习三部曲式的教学模式，将临床见习、实习提前，理论学习与临床实践同步穿插进行，实践出真知，这样才能更好地培养和巩固学生的中医思维。“熟读王叔和，不如临证多”，说的就是这个道理。

2.3 在继承的基础上强调创新

扎实的基础、宽广的知识是激发创新的源泉，对中医药而言，继承是基础，创新是目的，没有继承就谈不上创新，加强基础就是强化继承。因此要求学生在早期夯实中医理论基础，背诵中医经典名著，这是学好中医的基本功，必修课，且受用终生。既能服务于临床诊治，
又能启发思路，指导创新。“夫力医者，在医书耳，读而不能为医者有矣，未有不读而能
为医者也。” 同时要求拓宽学生知识面，诱导学生探索中医药与其它相关学科的联系，以启
迪学生的分析综合、联想整合、判断推理能力，从而达到培养创新精神和创新能力的目的。
中医药教育肩负起振兴和发展中医事业的重担，就必须把培养学生创新精神和创造能力摆
在突出位置，要在强化继承、强化基础教育的前提下从重视知识灌输、知识的传递转向重视
学习能力的培养和创造能力的培养，造就一批高素质、具有创新精神的中医人才。这其中创
新型师资队伍的建设是十分重要的。所谓“大学者非高楼之大，实大师之大也”，指的就
是有学术实力的创新性教师的重要性。法国教育家埃米尔-涂尔干指出：教育的成功取决于教
师，然而教育的不成功也在于教师。

2.4 丰富中医人才培养模式

社会对中医人才的需求是多层次、多规格的，且需求也在不断的发生变化，这就要求中
医教育思想和教育观念不断更新，培养模式灵活多样。传统的中医人才培养模式，虽然多数
已经不再适合当今培养中医人才的需要，但是有些方法仍具有较大的借鉴意义。现行的中医
教育应该吸收传统中医文化的精华，明确中医药发展方向，不断创新教学方法，努力提高人
才培养质量，比如传统的师徒教育对现行的研究生培养就很有指导意义。“古之学者必有师”，
如扁鹊师从长桑君，张仲景师从张伯祖，李东垣师从张元素，关元，梁阿、李当之则是医学
家华佗的弟子。这种师徒教育造就了历代名医，并代代相传，形成学派。事实证明这种方式
是可行的，效果也是明显的。

总之，随着社会的进步、科技的发展、医学模式的转变，我们的中医药教育将面临更加
严峻的考验。因此，中医药教育必须要正视自身存在的问题，适时调整中医药人才培养目标，
转变中医药人才的培养模式，培养适应时代发展的高等中医药人才。

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8、对深化中医药高等院校教育教学改革的一些思考

Pondering over Deepening Educational Reform in Medical Colleges

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摘要：随着医学模式的转变，全球化中医药热的兴起，中医药现代化、国际化对中医药人才提出了更高的要求。在新的历史条件下，深化中医药高等院校教育教学改革势在必行。针对目前高等中医药教育中普遍存在的问题，我们认为，要按照中医药发展和中医药人才的成长规律，重新思考构建高等中医药院校人才培养模式，合理设计教学内容和课程体系，坚持中医教育的主体性，使中医自身发展过程中不断创新。

关键词：医学模式；教学改革；课程创新

Key words: medical mode; educational reform; curriculum innovation

中医药高等教育50年，培养了大批高级人才，为祖国的中医药事业的继承和发展做出了巨大贡献。然而，随着医学模式的转变，全球化中医药热的兴起，中医药现代化、国际化对中医药人才提出了更高的要求。在这种新的历史条件下，深化中医药高等院校教育教学改革势在必行。

1. 高等中医药院校传统的旧的人才培养模式受到了严峻的挑战，改革势在必行。

从中医药发展和中医药人才培养模式，是多少中医药高等院校办学定位、课程设置、学科建设、人才培养、结构层次等一系列问题的前提和关键。高等中医药教育发展50年来，在人才培养模式上逐步形成了较为成熟、全面的认识。从内容看，基本形成了中医药教育的专业适应性和社会适应性。按照培养基础扎实、专业面宽、能力强、素质高的中医药人才的总体要求调整学生的知识、能力、素质结构，更加注重综合素质，使传授知识、培养能力与提高素质融为一体。但在新的历史条件下，出现了学生在技能培养上，西医的实践实验不少，中医的望、闻、问、切等临床基本功夫训练不多；在课程安排上，理化知识与西医理论学习要求不低，中医传统理论基本训练严重不足；在语言上，外语要求不低，中文
要求不高，古汉语训练缺乏，许多学生基本不懂古汉语；在教学内容上，重理论轻实践，学生理论与实践脱节，临床思维、创新意识、动手能力、辨证思维能力不足，导致中医药院校毕业生临床适应性差，等等。针对目前高等中医药教育中普遍存在的问题，我们认为，关键是在坚持已有好的作法的前提下，按照中医药发展和中医药人才的成长规律，重新思考构建高等中医药院校人才培养模式。根据当前形势对中医药人才提出的新要求，合理设计教学内容和课程体系。1合理安排教学内容。教学内容应包括中医学、西医学、人文科学和自然科学。在中医学方面应有坚实的中医基础理论，广度上要求掌握中医学、医学史、经典著作、诊断、中药、方剂、各家学说，以及临床各科知识；深度上要求了解中医专业最新成就及其相关领域研究的前沿。中医专业人才的知识广度，要涉及到本专业的边缘，以及本专业与其他专业的交叉点。在西医学方面要有解剖、组胚、生理、生化、免疫、病理、病理解剖、诊断、药理的知识和各科的治疗方法，并且对近年来兴起的生物医学（生命科学、生物化学、细胞生物学、分子生物学、生物医学工程学、医学遗传学等），对心理学和社会医学要有充分了解，以便能全方位、多学科、综合地研究中医学。在自然科学方面，不仅要有科技史、历史学、数学、物理等学科，而且要求有电子计算机等方面的知识。在人文科学方面应有唯物辩证法、自然辩证法、形式逻辑、辩证逻辑、心理学、伦理学、写作方法、语言表达、外语等方面的知识。2重视对学生能力的培养。在中医药院校中，由于多方面的原因，学生对知识的理解、知识的积累，而忽视能力的培养。不少学生也只重视书本上现成的知识，反而忽视发展自己的技能，认为学生主要是学知识的。学生的能力的培养也是工作以后的事情。虽然有些学生认为，有了知识就有了能力，因而在许多学生身上出现了“高分低能”的现象。这种专业人才显然难以适应社会需求和中医药学发展的需要，故而应从注重对学生知识的传授，转变为更加注重对学生能力的培养。这一点已引起医药院校的普遍关注，许多院校采取了加强实践环节，提高教学质量等手段，有的“师带徒”等多种形式，都收到了好的效果。3改革课程设置。课程的设置应考虑到社会对各种人才的需求和学科的基础，注意处理好几个关系，如中医与西医课程的关系、基础与实践的关系、经典著作与相关课程的关系、中医学科与其他各学科的关系等。目前高等中医药院校的课程，中西医之间、医学课程与自然科学和人文科学之间的比例并不恰当。在中医学科仍是传统的教材，各课程之间重复的内容较多，偏重与临床的内容在内科学中有体现，内经的部分内容与中医学基础相重叠。因此，应改革课程的设置，加强古汉语、古哲学史、古文献学知识等。
2. 坚持中医教育的主体性

目前我国正在东西方文化交流、碰撞中，中医生存环境发生了天翻地覆的变化。在新的历史条件下，中医教育发展坚持自己的主体性有着十分重要的意义与时代价值，结合当前中医教育的情况，探讨坚持中医教育主体性的重要性，探讨坚持中医教育主体性的有效措施，是摆在每一位中医教育工作者面前的课题。

1962年7月北京中医学院秦伯未、于道济、陈慎吾、任应秋、李重人等五位老中医即当时中医教育及毕业生所在的问题，向卫生部党组写了一封名为《对修订中医学院教学计划的几点意见》的信，这就是现代中医教育史上著名的“五老上书”。五位老中医认为中医学院原有教学计划有讨论修改的必要，为此五老在信中提出了包括“带教的一点经验”“培养目标问题”“中医课程内容的安排问题”“大力提倡读书（包括背诵）风气，练好基本功”“怎样突破文字关”等5个方面的意见和建议。纵观这信，其宗旨就是要维护中医教育中中医的主体性，增加学习中医的时间和力度，提倡传统中医理论的学习，中医经典著作的学习。《对修订中医学院教学计划的几点意见》全文体现了五老对中医院校中医教育主体性的重视，其对中医教育主体性有可能被淡化、被边缘化的忧患之情跃然纸上，至今令人深思；其对坚持中医教育主体性的具体意见和建议，在今天仍具有较强的借鉴意义。

①坚持中医教育主体性离不开传统文化的支撑。诞生于古代中国的中医药学，其本身就是中国传统文化的一部分，与中国古代其他文化的关系自然密不可分。中医药学在发展的过程中，不断汲取当时的哲学、文学、数学、历史、地理、天文、军事学等多种学科知识的营养，同时又溶进了中华民族优秀传统文化的血脉之中，成为传统文化不可分割的一个组成部分。文是基础医是根。王冰云：“且将升岱岳，非径奚为？欲诣扶桑，无舟莫适。”传统文化就是学习中医升岱岳之径，诣扶桑之舟。今天，若离开了中国传统文化教育和传播，中医药执业人员单纯学习中医诊断、方剂、药性，终究难以成为一代中医名家，中药也难以保持和发展地道药材与传统炮制方法，与中医药相关的产品、包括中医药文化产品也难以形成良好持久的市场氛围；离开文、史、哲等文化的滋养，中医理论也难以得到健康持续发展。②坚持中医教育主体性的必要性。“问渠哪得清如许，为有源头活水来。”延续几千年的传统文化
及蓬勃发展的现代文化，其实就是我们促进中医发展“取之无尽，用之不竭”的无穷宝藏，就是中医药健康发展的活水源头。单就中医古籍而言，几千年的中医学发展史，19000 余卷宝籍，以其传世之作和珍贵的学术经验而蔚为壮观，这是前人留给我们的厚重遗产。故五老大力提倡读诵、钻研中医经典著作之风，这是坚持中医教育主体性的重要一环，也是中医发展继承传统的基础工作。今天我们发展中医只是单方面地重视吸取现代文化的营养，而忽视中医自身的传统及所依赖的传统文化，“创新”有余，继承不足。其实中医发展的创新，不是庸俗化理解的“创新”，不是西医化的创新，它是中医在自身发展过程中前进的创新，在做好继承前提下的创新，是中医自身发展确实需要的一种创新。这样的创新才是中医发展的推动力，是中医持续健康发展的引擎。离开继承的所谓创新，无异于空中楼阁、海市蜃楼，对中医的实际发展毫无益处，只不过是一些时髦名词的堆砌罢了。面对日渐远离传统文化与自身传统的中医，如何最大限度地恢复昔日中医与传统文化二者之间的密切关系，如何使传统文化与中医自身成为当代中医发展的真正推动力，如何使中医能够按照其自身发展规律良性发展，这或许是今天有志于振兴中医药事业的人们所应当迫切思考和解决的问题。

今天中医学正处在传统与现代的转型过程中，处在东西方科学的碰撞中、多元文化的交织中，在世界性与民族性的艰难调适中，只有从源头的梳理中看清主体，才能对中医理论体系有一个全面的把握；中医发展只有保持自身的特质与主体性，向人类健康事业贡献出具有独特价值的理论与技术，才能卓然自立、焕发异彩。

[参考文献]

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9、试述国际中医药教育发展的趋势与特点

Discussion on International TCM Education Developmental Trends and Characteristics

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摘要：自上世纪 50 年代起，国际中医药教育稳步发展。新世纪以来，国际中医药教育呈现出规模不断扩大化，分布范围日趋扩张化，专业设置、培养层次、办学模式日趋多样化，教育内容逐步标准化与规范化的趋势。与此同时，国际中医药教育呈现了自发性与灵活性、集聚性与辐射性、时代性与梯度性并存的显著特点。

关键词：国际；中医药教育；趋势

Key words: International; TCM education; Trends

2011 年 6 月 19 日，卫生部副部长、国家中医药管理局局长王国强率代表团专程走访了皇家墨尔本理工大学中医孔子学院。王国强回顾了十年前国家副主席习近平出席皇家墨尔本理工大学孔子学院揭牌仪式的讲话。习近平副主席说，中医药学凝聚着深邃的哲学智慧和中华民族几千年的健康养生理念及其实践经验，是中国古代科学的瑰宝，也是打开中华文明宝库的钥匙。王国强强调，中医药学以天人一体、天人合一、天地人和而不同的思想基础，以人为本，深刻体现了中华民族的认知方式和价值取向，蕴含着丰富的中华民族传播文化的精髓，是我国文化软实力的重要体现。习近平副主席以及王国强副部长的讲话，势必推动国际中医药教育向纵深发展。为此，本文试述国际中医药教育发展的趋势与特点，以求教大家。

一、国际中医药教育发展的趋势

（一）国际中医药教育规模不断扩大化

我国高等中医院校接受小规模短期进修外国留学生自 1957 开始。1976 年，我国卫生部受世界卫生组织委托，在北京、上海、南京中医药大学建立了“国际针炎培训中心”，面向各国医务人员，开展以针灸为主要内容的中医药教育，开始了较大规模招生海外学生的历史。至今，“中心”已为 80 多个国家和地区培养了上万人次的针灸医师，特别是近 10 多年来，来华接受中医药教育的留学生不断增加。目前，我国有 26 所中医院校，已有 20 所院校和中医研究机构接受了外国留学生，不少院校建立了“国际学院”或“国际教育学院”等不同称谓的机构，专门从事留学生的教育、管理。在我国的外国留学生中，医学类的外国留学生已经有相当规模，是我国学历留学生最多的 5 个学科之一。可以预测，国际中医药教育规模将不断扩大化。
表 1 2002-2008 全国高等中医药院校留学生数一览表

<table>
<thead>
<tr>
<th>年度</th>
<th>总数</th>
<th>亚洲</th>
<th>非洲</th>
<th>欧洲</th>
<th>北美洲</th>
<th>南美洲</th>
<th>澳洲</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>2867</td>
<td>2303</td>
<td>47</td>
<td>239</td>
<td>163</td>
<td>86</td>
<td>29</td>
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<td>2003</td>
<td>3221</td>
<td>2888</td>
<td>12</td>
<td>117</td>
<td>144</td>
<td>17</td>
<td>43</td>
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<td>2004</td>
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<td>29</td>
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<tr>
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<td>3913</td>
<td>3606</td>
<td>21</td>
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<td>2006</td>
<td>3975</td>
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<td>21</td>
<td>113</td>
<td>164</td>
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<td>2007</td>
<td>4752</td>
<td>4161</td>
<td>54</td>
<td>212</td>
<td>235</td>
<td>29</td>
<td>61</td>
</tr>
<tr>
<td>2008</td>
<td>4995</td>
<td>4488</td>
<td>31</td>
<td>191</td>
<td>194</td>
<td>24</td>
<td>67</td>
</tr>
</tbody>
</table>

图 12015 年全国高等中医药院校留学生数回归分析预测图

线性回归方程：\( y = 2616.8e^{0.0933x} \)，\( R^2 = 0.9761 \)。其中，y 为相应年度的中医药院校留学生数，x 为年度值（2002 年取值为 1，2003 年为 2……依次取值）。依此测算，至 2010 年，全国中医药院校留学生数将增至 6060 人；到 2015 年，将增至 9662 人。

（二）国际中医药教育分布范围日趋扩张化

一是来华留学学习中医的学生遍布世界各地。据相关统计，全国各中医药院校留学生来自亚洲、欧洲、北美洲、南美洲、大洋洲、非洲等六大洲，分布范围之广，且中医药留学生教育规模和范围持续、稳步扩大。同时，中医药留学生分布于国内各地。国内各中医药院校自 1954 年南京中医进修学校开始接受外国留学生起，目前已有 20 所院校具有开展对外留学生教育的资格。12 所高等中医药院校可以接受华侨和港、奥、台地区学生学习中医药。这些留学生学成归国后，将成为国际中医药教育的生力军。

二是中医药教育机构在国外分布广泛。据不完全统计，中医药已传播到各大洲 130 多个国家和地区，从业人员超过 30 万人。中医药教育机构遍布世界各大洲。目前，开办中医
学教育的国家已经超过 40 个，中医药院校达数百所。仅在美国，就有 60 余所中医药学校通过了美国教育委员会的认证，拥有在校学生上万名。即使在遥远的非洲，在我国援非医疗队及华中医生的努力下，也已开始接受东方传统医学，并不断派出留学生到中国留学，这些国家包括利比里亚、坦桑尼亚、贝宁、利比亚等。

（三）国际中医药教育专业设置、培养层次日趋多样化

近年来，由于国内中医药大学普遍遵循医、理、工、经、管、法、文等多学科协调发展的思路，增设了大量的与中医药相关的专业，为此，对留学生开设的专业也日趋多样化。以北京中医药大学为例，2008 年留学生招生包括中医学、针灸推拿学、中药学、制药工程（中药制药方向）、中西医结合、公共事业管理（卫生事业方向）、护理学（中西医结合方向）等专业。湖南中医药大学留学生招生包括中医学基础理论、中医医史文献、方剂学、中医诊断学、中医内科学、中西医结合基础、中医外科学、中医骨伤科学、中西医结合临床、中医五官科学、针灸推拿学、中药学等专业。可以看出，中医药留学生教育的专业分布已覆盖中医药主体专业及相关专业的绝大部分。

就培养层次而言，国内中医药教育已从初期的本科学教育和短期培训发展到现在的研究生、本科、专科等多层次。据不完全统计，从 1987 年到 2008 年，我国为 130 多个国家和地区培养了 64700 余名中医药人才，世界卫生组织在我建立 3 个国际针灸培训中心，培训了近 6 万余名中医药专业技术人才。

境外中医药教育同样在专业设置、培养层次呈日趋多样化趋势。一方面，原境外中医药教育多以针灸教育为主，现针灸、中医、中药教育并存；另一方面，原境外中医药教育以培养课程为主，现有多培养层次。以欧洲为例，硕士研究生教育是目前欧洲中医院校教育中比较常见的一种。在西班牙，现有 10 所高校开设了针灸硕士学位课程。在意大利，罗马大学第二医学院、米兰大学医学院、佛罗伦萨大学医学院 3 所大学开设以针灸专业为主的中西医结合硕士学位课程。英国和德国的大学也开设了中医、针灸硕士学位或研究生文凭课程。欧洲的中医药教育以英国为主，自 1996 年英国 Middlesex 大学开办第一个中医学士学位课程以来，目前英国已有 11 所大学开设中医、针灸学位课程。而专业文凭教育遍布欧洲，仅法国就有 9 所大学医学院联合举办校际文凭的针灸专业课程。

（四）国际中医药教育办学模式呈多样化趋势

目前的国际中医药教育不仅局限于“引进来”式的留学生教育，而且积极主动地“走出去”方式也逐步占据主要市场。中医药国际教育在“走出去”的过程中主要表现为以下几种形式：①与国外公立大学的合作。如 1997 年北京中医药大学与英国米顿锡斯大学合作开展中医学本科学历教育；2006 年南京中医药大学在罗马大学和米兰大学开办中西医结合硕士研究生学历教育项目。②与国家私立大学的合作。如南京中医药大学与美国南湾大学合作办学。③与其他团体法人、商业公司、医疗机构等的合作，如南京中医药大学与意大利
中医药研究所、泰国同善医院等合作培养中医药人才。④其他形式，如有学者提出将中医药教育纳入孔子学院计划。据新华社报道，截止 2007 年 12 月全世界已经启动的孔子学院已达 210 所，分布在 64 个国家和地区，仅美国就有 42 所。为此，国家通过政策或行政手段，将中医药教育纳入到孔子学院中，不失为推动国际中医药教育发展最有效、便捷的方法之一。

境外中医药教育经过多年的努力，办学方式出现了独立办学、境内学校合作办学、境外合作办学等多种办学方式。如法国 9 所医学院联合开设校际文凭课程，共同制定教学计划，互认针灸课程学分，部分教师可以在不同学校授课，学生的文凭证书也得到 9 所医学院的共同承认。另一种境内院校合作办学模式是英国的私立中医、针灸学院与正规大学的学院、系合作，将中医或针灸课程列入该大学本科或硕士的学位课程，双方共同招生。私立学校负责制定教学计划，开展教学工作并提供教学场所。学生修完所有课程并通过考试后将被授予合作大学的中医、针灸学士或硕士学位。目前英国已有 6 所中医、针灸私立学校与 7 所大学合作。境外合作办学也就是与国内中医药大学合作办学，近年来，已有来自美国斯坦佛大学、英国剑桥大学、李约瑟研究所等著名国外大学和研究机构的研究生在我国中医药院校完成了他们的博士论文。

通过“引进来”、“走出去”等国际合作办学模式，促进了我国中医药教育事业的发展：一方面，它突破了中医药教育地域与文化限制，使一大批热爱中医药的国际人士接受高水平的中医药教育，扩大中医药教育的交流；另一方面，促进了中医药教育现代化水平。通过国际合作办学，我们可以学习借鉴世界上最新教学手段、教学方法、教学管理等，提高中医药教育的现代化水平。

（五）中医药教育逐步标准化、规范化

为了延续中医药全球化发展的态势，保证中医药向世界传播过程中保持自身理论体系完整性和独特性，促进中医药教育的发展，中医药相关机构应加倒中国成立。随着中医药教育的系统性建设，中医药教育标准化奠定了基础，如 2003 年 9 月在北京注册成立了“世界中医药学会联合会”，现有 56 个国家和地区的团体会员 186 个。在其努力下，2009 年，《世界中医药学术大会基本要求》出台。该《要求》对中医本科教育进行了规范，其中包括对本科毕业生的基本要求和中医学本科教育准入的基本条件，涵盖了总体目标、职业素质目标、知识目标、技能目标 4 个领域的培养目标、基本要求和学科体系、教学计划、学生考核等 10 个领域的办学准入条件。它是中国中医药教育国际化、标准化进程中的重要标志之一，对提高中医药教育水平，保障中医药教育事业在全球的健康发展，维护我国中医药学自主知识产权，具有重要意义。但是，这仅仅是世界中医药教育标准化的一个开端，中医药教育的发展受到全球的健康促进，实现标准体系，同时这些标准还要随着社会的发展，人们思维和行为方式的改变而及时调整，保持与时俱进，以更好地适应世界中医药教育发展的需要。

二、国际中医药教育的发展特点
(一) 自发性与灵活性

纵观国际中医药教育的发展历程，其最鲜明的特点之一是自发性。一是表现在起源上，早在上个世纪 70 年代之前，一些掌握一定中医药知识与技能的华人时在华人群聚区域，为适应华人对中医药的需求，自建自营业起了一些小诊所。这些诊所为了生存与发展又同时兼顾中医药教育。这种小作坊式的中医药教育，规模较小、层次较低，处于自生自灭的状态；二是表现在发展过程中，上个世纪 70 年代以后，随着“中医热”在全球的影响，一些有着经济头脑的商人、社会机构、学校开始介入中医药教育市场，开办了一些规模较大的中医药学校，同时积极与本国政府沟通，谋求合法化；与中国中医药院校合作，谋求自身发展。尽管，不同的发展阶段，呈现的发展方式不尽相同，但自发性仍是其主在特点。一方面，其根据中医药市场的培育情况，决定中医药教育发展，自发调节中医药需求与中医药供给的配置，有积极的促进作用。另一方面，由于其对自身的利益的过分追求而产生实用性倾向，也不利于国际中医药教育市场的健康发展。

伴随着自发性特点，国际中医药教育在专业设置、课程设置、教学方式、教育层次等方面均呈现出灵活性的特点，构建了独具特色的课程结构和评价体系，或按照职业能力标准和证书框架开发课程、组织教学等。

(二) 集聚性与辐射性

由于中医药鲜明的文化特点，国际中医药教育发展具有了集聚性与辐射性特点。在发展阶段上，早起的国际中医药教育机构主要集聚于一些国家的华人聚集区，后期主要集聚于中医药市场发育较好的一些国家，如美国、澳大利亚等；在区域分布上，早期主要集聚于中国文化辐射圈，如东亚、东南亚国家与地区，后期向欧洲、美洲、大洋洲辐射。这种时间与空间的集聚与辐射，给国际中医药教育市场带来源源不断的商流、物流、人流、资金流。信息流，促进了国际中医药教育的发展。

(三) 时代性与梯度性

教育是经济社会发展的衍生物，同时又推动着经济社会的发展。随着社会经济全球化的发展，健康观念的转变，各国医疗费用的日益增长，现代医学面对疑难重大疾病的束手无策，日益促使国际社会意识到传统医药，特别是中医药的健康理念、医疗实践和现代医学结合将可能为人类提供医疗保健新模式，世界各国纷纷从法律、标准及市场准入等方面加大了对传统医药的支持。国际中医药教育的发展逐步由民间开始步入国家体制的轨道，呈现出鲜明的时代特征。世界卫生组织（WHO）的数据表明，有 75 个国家已经组建了有关天然药物管理机构，15 个国家制定了发展中医药学的国家政策，92 个国家颁布了草药产品注册的法律法规，54 个国家制定了传统医师注册法，61 个国家成立了关于传统药物的专家委员会。58 个国家，至少有一所有关传统药物的研究机构。

与时代性同步，国际中医药教育发展方式呈梯度性。如，原境外中医药教育以培训课程为主，现有多个培养层次。以欧洲为例，硕士研究生教育是目前欧洲中医学学历教育中比较多
见的一种。在西班牙，现有 10 所高校开设了针灸硕士学位课程。在意大利，罗马大学第二医学院、米兰大学医学院、佛罗伦萨大学医学院 3 所大学开设以针灸专业为主的中西医结合硕士学位课程。英国和德国的大学也开设了中医、针灸硕士学位或研究生文凭课程。欧洲的中医本科教育以英国为主，自 1996 年英国 Middlesex 大学开办第一个中医学士学位课程以来，目前英国已有 11 所大学开设中医、针灸学士学位课程，而专业文凭教育遍布欧洲，仅法国就有 9 所大学医学院联合举办校际文凭的针灸专业课程。
10. Establishment of the New TCM Postgraduate Training Mode to Adapt It for Internationalization of TCM

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Abstract: Postgraduate education is the highest in formal schooling, which is a symbol reflecting the level in training of talents in a country. It is essential when we want to sharpen our overall competitive edge. In the days of internationalization of TCM, we should establish a new and satisfying mode of postgraduate training. The first proposal is to strengthen ability training, including sharp intelligence, clinical and research ability, and comprehensive ability. For this purpose, we have to adjust theoretical and clinical study, to set up a good evaluation system, to have more academic exchanges at home and abroad, to learn more newest knowledge and do researches, to build up a rational working group, to expand clinical training space to allow the students have more opportunities to receive clinical training. The second proposal is to strengthen students’ innovative ability so as to develop a high-level students’ innovative team, from which some stars can be found.

Key words: International development; TCM; talent; training mode
化中医药研究生培养体系，为社会培养了大量的高层次的专门人才。而当历史的脚步步入今天的21世纪，这个开放的时代，国家的发展都面临着国际化的机遇和挑战。中医药研究生的培养也面临着这一难题。如何使中医药研究生教育传承优秀的中医药学术传统和思维方式的同时适应现代社会的需求，探索出不断进步的、适应国际发展形势的研究生培养方式，从而使我们的中医药事业更加强国际化的，是我们长期以来的努力方向。

研究生的培养目标主要包括两个方面：一是求全，研究生的培养是培养具备医疗、科研、教学综合素质和能力的高级中医药人才；二是求备，在传统的培养模式中，研究生的人才还应做到中、西兼顾。而目前，我们面临的是人才培养目标和知识体系的互通性不强，中国传统文化教育不够精深，缺乏对中医思维辨证能力和研究能力的培养，同时，与国际间的学术交流不足，不能充分了解现代医学的最新研究动态。因此，我们急需建立一种新的完善的中医药研究生人才培养模式，这更是实现中医药国际化的重要基石，而高等中医院校更责无旁贷的承担着培养国际化复合型中医药人才的重要任务。

1. 强化新型中医药研究生的培养思想和理念

树立新的教育思想，正确处理理论与实践、知识与能力、系统性与应用性的关系。从现实需要的要求出发，知识的获取与积累应服务于能力的形成，知识的系统性应服从于培养目标的系统性，中医药研究生的教育应培养研究生4种基本能力，即认知能力、应用能力、研究能力和综合能力。认知能力即是学习能力，包括阅读、理解、记忆、分析判断能力，这是第一能力，未来社会是一个终身学习的社会，掌握了学习能力，就掌握了自己未来的能力；应用能力即是从事具体的专业技术的动手能力，直接表现为将专业知识转化为职业行为的能力，是反映整体能力水平的标志；研究能力是运用专业知识和技术手段，提出新观点、新方法，寻找新发现的一种开创性研究和探索问题的创新能力，这更是研究生培养的基础和核心；综合能力，实际上就是运用能力，是指适应现代社会从事职业工作所应具备的其他能力，包括语言能力、人际沟通和协调能力及运用现代信息技术手段的能力等。同时，也注重读经典、做临床的培养理念，做好继续教育和师承教育，使学生能够在继承的基础上，进而传承和创新。

2. 完善实践教学的培养模式

正确处理理论教学和实践教学的关系。理论教学应服从培养目标，围绕能力培养与实践教学有机结合，避免两者的脱节。合理安排实践教学的内容和方式，按照能力目标的要求建立相对独立的实践教学体系，建立完备的训练考核体系和标准。在这方面，我们制定了详细的临床实践培养方案。黑龙江中医药大学对研究生的培养实行二级学分制度，而根据研究生
报考的专业和导师，将学生划分到各个学院，除系统的理论培养外，其他各学院的独立的研究生管理部门进行管理和培养。我院即临床医学院（附属第一医院）根据学生和导师的具体情况制定临床型和科研型两类研究生，科研型着重培养学生的科研探索能力，完成第一年的理论学习后，从第二年开始便由导师指导进行实验研究，准备毕业论文；临床型研究生注重应用能力的培养，同时要兼顾研究能力，完成半年的理论学习后，从第二学期开始进行临床科室轮转实践，训练学生独立接诊、诊断和提出合理治疗方案并处理和抢救的应变能力，同时针对临床相关内容进行研究。临床轮转包括不少于２个患者科室学习和不少于３个临床相关科室的实践，每个科室以一个月为最低时限，实习结束后科室的指导教师要组成５人考核小组，对研究生进行出科考核，并将考核结果记录在学生的轮训手册上，由考核组组长进行认定。临床医学院的研究生管理和培养部门每周要对学生的实践情况进行检查，确保轮训的质量。在第三个学期要对学生的临床实习进行中期考核，由管理部门统一安排，按专业将学生划分为若干小组，每个小组由３名考核专家和１名考核秘书负责考核。在学生轮训的临床科室，由秘书选定若干患者，学生随机抽取，考标包括三部分，即对所抽取的患者进行病史和体格检查、完成首次病程记录、针对患者的病情和相关内容进行答辩，管理部门现场监督，考核成绩由秘书统一上报。在学生的最后一个学期及毕业之前还要进行毕业临床考核，方式同中期考核，不同的是在院内选定任意临床科室，成绩达到良好者方可有资格进行毕业论文的答辩。通过这种方式的培养，研究生的应用能力得到很大的提高，同时也为研究生能力的培养奠定了临床基础。

3. 加强国际和国内的交流

当代社会已经进入了信息时代，对各种信息的开放和共享已经形成了获取信息的重要途径。想要适应国际发展趋势，培养新型的中医药研究生人才，就必须一方面利用国际资源，互通有无，建立信息共享的研究平台，为学生提供获取信息的客观保障；另一方面还要加强国内外的各种交流，使学生能够更全面广泛地获取最新、最前沿的研究动态。

3.1 加强学术交流。目前，我国已与世界上一百多个国家和地区建立了医疗、科研和学术交流的合作关系，包括建立世界针灸联合会、世界中医药学联合会等国际性的学术组织，以及考试测评委员会、临床工作委员会、科技发展委员会等咨询协调机构，共同讨论中医药的发展和中医药人才培养的探讨，充分发挥了各自的优势和作用，促进了世界中医药及中医药人才的发展。而我院及我校也与英国、瑞典、德国、美国、俄罗斯、日本、韩国等多个国家和地区建立了学术交流合作的关系，客观上也提高了我院的学术水平，从而也得到了高水平的中医药人才，同时也为研究生的信息获取建立了快速通道。
3.2 加强导师间的交流。要有计划地选派优秀的导师到国内外进修、访问、讲学、交流合作研究，尤其要学习和借鉴现代医学的前沿知识。同时也聘请国内外知名专家来我国进行学术讨论，加强导师队伍建设，建立科学合理的指导团队。这样不仅提高了导师的学术水平，客观上也提高了研究生的现代化水平。每年我校及我院都将选派优秀导师到美国、德国、日本的国家访问。目前，我院有 3 名导师即将在 9 月底到俄罗斯参加学术交流。而每年的 12 月份，美国杜克大学、弗吉尼亚大学等专家组成的专家团也会来我校或我院进行学术访问，与我校的导师及研究生进行座谈和讨论，促进双方的共同发展。

3.3 加强国内外及校内研究生之间的交流。通过学校的组织，选派优秀研究生到国外或国内的合作院校进行专业和学术的交流，使学生之间产生学术上的压力和动力，激发学生的学习和探索新问题的热情，更能拓宽学生的视野和研究思路；同时同龄人之间相同的思维方式和语言方式更能促进学生深入透彻的理解不同的观点，在情感上也加强了人与人之间的相互信任和互帮互助，有利于综合优秀人才的培养。

4. 扩大研究生实习基地范围和加强实习场所及设备建设

目前，我国各类高等院校对研究生的实习基地均为大、小规模的省级或市级医院，在以往研究生数量比较少时，这是完全可以承担的了的，但在研究生教育迅速发展的今天，研究生的数量已经远远超过了实习医院所能接受的能力范围，客观上造成了每个科室学生繁多，一名老师要同时带五六名甚至更多的学生，这就造成了学生实习不积极，经常脱岗旷工的情况，使得实习质量难以得到保证。所以，在这种情况下，可以适当的把县级、城镇、社区等小规模的医院纳入到实习基地的体系，学生采取轮流制，这样既能增加研究生的应用机会和增强实践能力，也有利于医学生仁爱的信念和情感；对于科研型的研究生来说，培养实验研究能力是核心的要求，而现有的实验场所、实验设备、实验条件等各种资源远远不能满足学生的正常要求，所以很多学生不得不花钱在校外的一些试验机构进行研究，这样既浪费了巨大的人力、财力和物力，客观上也是研究的真实性和科学性无法保障，再加上中医药学理论体系的自身特点，对其研究的方向把握不清，所以现在出现了很多研究生毕业论文数据编写困难，实验设计缺乏科学性、专业性和应用价值，改变这一现象的重要因素就是加大实验资源的投入，改善实验条件，扩大实验场所，更新实验设备，与前沿接轨，这才能促进中医药研究人才的大力发展。

5. 推进中医药研究生科技创新能力的培养

科技创新能力是一个国家、一个人才总体水平的重要标志。近年来我国在科技创新方面取得了显著成绩，但与国际化的高要求相比还有较大差距。因此，要紧紧围环绕中医药发展的
重大科学问题和关键技术，建立健全中医药人才培养体系。一方面，要重视中医药理论与基础研究，在自主创新与原始创新领域寻求新突破；另一方面，要以临床重大疑难疾病研究为切入点，推进中医药关键技术的创新突破。同时，要努力弘扬中医药特色和优势，打造一支高水平的研究生科技创新团队，努力培养学术和科技领军人才。

中医药的基础是继承，但是创新才能促进中医药的进一步发展。中医院校也应担负起培养中医药科研人才的重任。中医药学生尤其是研究生更应掌握统计学、系统论等理论知识，掌握科学方法学，以便于能够完善中医学理论体系，发展中医。同时要避免一律以西医的思维方式和设计方法进行中医药的研究。培养学生的科研能力，首先要从学校的层面高度重视学生的科研素质和创新能力的培养，开展学生科研创新活动，并通过奖励等其他激励措施带动科学研究的氛围，提升学校、学生的学术科技水平。

中医药事业的国际化是一种必然的趋势，中医药研究生国际化的培养方式的建立也是一种必然的趋势。要适应并结合这种趋势还有一条很漫长并崎岖的道路要去探索和实践。这是我们所有中医药研究生培养管理者的重要使命。如何建立更好的培养模式，我相信，在未来的时间里一定会成为我们为之不懈追求和探索的重大课题并最终会取得圆满答案。
11. 浅谈中医药教育及中医药人才培养模式

A Brief Discussion about TCM Education and Talent Training Mode

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摘 要：随着中医药学的发展，中医药教育越来越受到人们的重视，如何使高等中医药教育传承优秀的中医药学术传统和思维方式，适应现代社会的要求，探索出不断进步的中医药教育规律和培养模式，对于提高国内中医药教育质量，促进国际中医药教育的交流，以及发展中医药教育、弘扬中国传统文化具有重要意义。本文通过对现行中医药教育进行思考，指出了其存在的问题，并提出了一些改革与创新的方法。

Abstract: With the development of traditional Chinese medicine (TCM), more and more attention is paid to TCM education. We have to think about how to make the TCM outstanding academic tradition and thinking mode meet the demand of the modern society, and to explore the TCM educational laws and training modes which are under progress. All of these are essential when we want to improve the TCM educational quality and promote international exchanges in this field. This paper tries to review the present situation of TCM education, pointing out the existing problems and the countermeasures.

关键词：中医药教育；人才培养模式；创新

Key Words: TCM education; talent training mode; Innovation

中医学作为中国传统文化瑰宝，以其特色的理论体系、独特而安全的疗效等特点越来越受到人们的喜爱。随着中医学的发展，中医药教育日益受到重视，而高等中医药教育仍依赖单一的院校教育模式，培养的毕业生中医思维和中医药实践能力不尽如人意，在继承和发展中医药学术上也显得不足。本文通过对现行中医药教育进行思考，指出了其存在的问题，并提出了解决措施。

1. 中医药教育现存问题

往往只注重单科的专业知识传授，课程设置不完整，没有依据完整的中医学知识结构来完成教学任务，与临床脱节，教学内容和课程设置模式单一。中医药传统教育在教育思想、培养模式、教学方法、教育手段等方面存在不足。高校的中医药教育应沿用基础课程、
临床课程、毕业实习三段式培养模式。学生成长缓慢，理论教学和实践教学被分割为相互独立的两个阶段，学生理论与实践脱节，临床技能不足。

师承传承的传统培养模式弱化，纯正中医学后继乏人。中医药临床实践是整个学习过程的重要环节，关系到学生的培养质量和培养目标的实现。因此无论是从扩招、培养目标不明，带教老师水平参差不齐等因素，学生的中医基础知识弱化，中医临床基本功减弱，使中医药教育没有达到应有的目的。

中医药科研创新能力不足。从目前高校的教学过程来看，对科研基本知识、基本技能的传授比较注重，对科研能力的培养却显得不足。中医药教育离不开创新，而创新离不开科研。目前的中医药教育既要注重中医药的创新性，又要凸显出医学的理论与思维，从科研中领会中医学理论的奥妙。然而，部分高等中医药院校不注重培养学生的实验设计能力与科研技能，中医药毕业生缺乏基本的科研思维和方法，在今后的发展道路上不具备科研优势。

2. 对我国高等中医药人才培养模式的思考

如何使现今的高等中医药教育、中医药人才培养与中医药学术传承发展相得益彰，既传承中医药的思维方式，又适应现代医学发展的要求，中医药院校必须进行办学目标、发展战略等宏观层面的思考，还必须在培养模式中保持和发展自身的特长和优势，克服套用西医学的负面影响。从西医医学发展规律的差异进行反思。进行中医药教育模式的改革势在必行[1]。

2.1 高等中医药教育的定位

高等中医药教育是中医药事业的重要组成部分，必须遵照中医药自身的发展规律和特点去办学。一方面要抓住中医特色不放松；另一方面要通过多学科的协调发展共同促进中医药教育[4]。中医药不同于西医学的学科体系和思维方法，决定了中医药院校应该努力探索办学道路，开展试点，确立具有自身特色的办学道路。工作之一是要深刻思考中医药教育的主要任务，继承中医药传统思维和方法，以培养具有中医药传统文化基础和具有在中医药领域进一步深造和有发展潜力的学生为目标，跳出固有的中医药教育体制，顺应中医药事业的快速发展，拓展思路，敢于开展并确立新的中医药人才培养模式。

2.2 推进中医药人才培养模式的改革与创新

2.2.1 建构中医学理课程体系，实施有特色的专业教育。

近年来，各高校对于中医药院校课程体系设置一直未有定论。普遍认同的是要遵从中医学的理论体系，准确地体现中医药学的知识结构体系。中医药学科的教育基础应包含：中医基础、中医专业基础、中医临床基础、现代医学基础、横向学科基础、文化基础等多方面，中
医药学的知识结构应包括：学习中国传统文史哲和自然知识以形成文化观念和思维方式；学习中医药的经典著作以确立中医药学的概念和体系；学习中医药治疗方法等。

在目前中医药院校普遍存在西医基础课程的现状下，培养中医药学生最重要的莫过于建立中医药知识结构，加强中医药理论知识的学习和考核，加大中医药经典的系统学习，扩大中医药传统文化内涵课程的范围，当学生在学习初期接受中医药传统文化的熏陶，牢固地掌握了中医药理论基础的辨证论治体系后，再学习必要的西医知识。中西思维的碰撞建立在基本理解中医内涵和奠定中医整体观的基础上，学生也会更加客观深入地看待中西医诊断思维和治疗方法的区别。

在人才培养上，围绕厚基础、强能力、高素质的要求进行知识结构，努力突出中医药人才的培养特色，从这一核心出发，中医药教育的发展不应限于一个狭小的专业空间，必须创造有利于优秀中医药人才脱颖而出的良好环境，其教育目标也应呈现出可持续性，其内部的稳定性也将进一步加强。

2.2.2 构建“实验+临床”为框架的教学体系，推进教学改革，强化学生的实践能力。

中医药院校学生在诸多能力中要强调的是实践能力，及跨专业、跨学科的结合能力，追踪、开拓、占领中医药学科技发展前沿的潜在能力和对社会的主动适应能力等。

中医药专业思想之根是一个临床实践与理论学习不断反复的过程，中医药教育应以中医药知识结构为重点，使学生能透彻地理解中医最基本的原理，在此基础上加强中医药临床技能的学习运用能力。因此，应该在学生学习中医经典的同时，进行临床跟诊、见习，也就是在贯彻“早临床、多临床、反复临床”的基础上，注重学生学习中医经典和临床见习的同步性。通过临床典型病例中医讨论、临床见习、中医门诊跟诊，或者经典与临床讲座等多种形式，让学生多接触实际病例，在临床上培养中医经典的思维方，培养学生学习经典并及时深化理解经典、运用经典的能力。

中医药院校在本科教育和硕士研究生教育中，应以中医学知识为基础，加强中医学基础知识训练，从学生入学的第一个学期起，每学期应组织学生参加以基础课为主的各类中医基础知识竞赛，历次的考试成绩应作为进入临床实习的先决条件，极大地强化学生的基础知识，并在实施课堂教学的过程中，注重提高实践课的比例，实践学习时间的增加能帮助学生理解、消化抽象深奥的基础理论知识。

2.2.3 构建“合格+拓展”的中医药人才培养体系，实施个性化的培养方案，赋予学生更多学习自主权。
承认学生在各方面存在的差异，在保证学生达到“合格”要求的基础上，实施拓展培养计划。继续师承教育，注重传统文化学习，进一步扎实中医基础知识，有利于继承教师独到的临床经验和学术思想，是弥补院校教育临床实践学习薄弱的重要途径。因此，将中医药教育的师承教育和现代的中医药院校教育更加有效地结合将更加有利于中医药人才的培养。在学生的临床课和临床实习中实行导师制。这样，可以使有专长的教师培养学有专长的学生。同时可以采用多种形式的师承教育，如普及性的师带徒和高层次的师承教育，既有利于继承老一辈中医名家的个人经验，又有利于在潜移默化中领悟中医学丰富的理论内涵，把握中医学的思维方式和独特的临床经验。增强学生对中医药的信心。

随着近年来中医药院校办学规模的扩大，师承教育的模式受到了一定的限制，可以采取“一代带二代”、“跨学院、跨医院、跨地区”的模式进行师承，同时，可以试行优秀的中医药师、硕士研究生指导本科中医药学生的方式，在实践中检验成果，不断的修正培养方法。创新传统“师带徒”模式，发挥“集体带集体”的优势，师生定期见面，进行生动的授课解惑，并且实行定期的不同的名老中医跟诊制度。

2.2.4 构建“平台+模块”的培养模式，着力培养学生的科研能力、创新能力。

中医药的基础是继承，但是创新才能促进中医药事业的进一步发展。中医院校应担负起培养中医药科研人才的重任。中医药院校应建立统计学、系统论等理论知识学习平台，使学生掌握科学方法，便于能够完善中医学理论体系，发展中医，同时要避免以西医的思维方式和设计方法进行中医药的研究。

在开设各门课程理论课程平台的基础上，要努力搭建学生科技创新平台，设立学生学术科技创新基金，组织和引导学生参与各类学术交流，开展学生科研创新活动，并通过奖励等其他激励措施带动科学研究的氛围，提升学生的学术科技水平。同时，按专业设置N个科研模块供学生选择，让学生提早跟随教师了解科研构架体系，“平台”保证学生全面发展的共性要求，“模块”体现不同专业学生的分流培养，“平台”与“模块”相互联系、逐层递进。

中医药教育创新、中医药人才培养模式的改革是一个长期的过程，但是我们有理由相信，未来的高等中医药教育最终会成为体制、机制更加合理，质量、效益更高；具有先进办学思想与理念的高等中医药教育；更加开放的高等中医药教育；更加现代化的高等中医药教育；更具创造性的高等中医药教育；更具特色的高等中医药教育；世界一流的高等中医药教育。

参考文献


Practice and Exploration of the Talent Training Mode of Integrated Traditional Chinese and Western Medicine

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Abstract: It is significant to train high-quality applied talents of integrated traditional Chinese and Western medicine. According to the requirements of society and the training target system of integrated traditional Chinese and Western medicine, we have set our sights on "solid foundation and stress on practice". Intensify the Western medicine training, especially the fundamental courses, and make them master the basic knowledge of Western medicine. Reorganize the TCM courses, compile new textbooks, cultivate firm faculty of thinking of TCM and lay emphasis and its characteristics. Pay more attention to the clinical training base construction to improve students' clinical skills. In this way qualified personnel of integrated traditional Chinese and Western medicine can be trained.

Key words: requirement of society; integrated traditional Chinese and Western medicine; applied talents
等，探索并解决人类健康、疾病及生命问题的科学”。

中西医结合医学是在我国既有中医又有西医的特定历史条件下产生的，其源头可以追溯到16世纪西医传入中国。7世纪中叶中西医汇通派产生。20世纪50年代，在党中央“坚持中西医结合方针”、“促进中西医结合”正确思想的指导下，中西医结合蓬勃发展。目前，中西医结合医学正在以其独特的优势占据着我国医疗行业的主导位置，正在走向一条康庄大道。

2 中西医结合人才培养现状


与此同时，中西医结合人才培养需求迅速增长。各级中西医结合医院、综合性西医医院的中医科以及中医院是中西医结合人才培养的需求主体。有关调查显示[3]，在我国农村的基层医务人员80%采用中西医结合防治疾病。2002年中国中西医结合医院有207家[4]，但中西医结合人才缺口较大。2004年，中国中西医结合学会对全国56家中西医结合医院的调查显示[5]：中西医结合医院中有正高职称的只有294人，中西医结合医师注册的人数更少，与社会需求形成鲜明的反差。可以预计，随着医疗市场的逐步开放，中西医结合人才的需求将进一步增长。

3 我院中西医临床医学本科专业设置情况

进入新世纪以来，随着社会改革的进一步深入，高校被逐步推向市场，高等中医药院校也面临新的挑战。为了适应社会需求，适应我国高等医药院校中西医结合教育事业发展的需要，全国各中医药院校相继开设了中西医临床医学专业。

我院（甘肃中医药大学）于2001年首家向国家教育部申请中西医临床医学专业，学制为五年制本科，当年获批为目录外专业，同年开始招生。2009年10月，该专业被国家教育部确定为“全国高校第四批特色专业建设项目”。截止2011年6月，已经顺利毕业6届本科毕业生，为国家培养输送了800多名合格的中西医临床应用型人才。近几年该专业招生及就业状况良好。

4 我院中西医临床医学本科专业人才培养目标

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培养目标的高低关乎人才培养的质量、学生的临床工作能力以及学生的社会适应性等。
我院在广泛征求学生、任课教师、学生家长、用人单位的基础上，组织院内和省内知名中西医结合专家开展中西医临床专业建设论证会。与会专家一致认为，我院中西医临床医学本科专业的培养目标为：在“中西医并重，厚基础，重实践”的原则下，培养适合国家医疗卫生、医学科研、医学教育的需要，具有较高综合素质、坚实中西医理论知识、较强临床实践能力、创新能力及社会适应能力、能初步运用中西医结合方法诊疗临床常见病的的应用型人才。
5 我院中西医临床医学本科专业人才培养方案

根据培养目标，调整培养方案，突出“三基”培养。根据社会需求与人才培养的实际需要，调整本专业人才培养方案，调整培养计划中中医课程与西医课程的比例，调整基础课与临床课程的比例，加大西医基础课程学时，旨在加强西医基础知识和基本理论；将中医课程进行整合，突出中医特色优势，增加中医经典课程，着重培养学生稳固的中医辨证思维能力。

二者统一结合，培养具有坚实的中西医基本理论和基础知识，有较强的自主学习能力，注重跟踪本专业的发展前沿和学术动态的中西医结合人才。
6 完善课程体系，完整性与创新性相结合

课程结构是否合理决定了学生能否具备良好的专业知识结构。我院在该专业的课程设置方面，深化课程体系改革，不断地、适时地更新课程内容，保证课程的实用性、前沿性与先进性。

依据专业的特殊性和其规律，保持课程结构与国家中西医结合执业医师考试科目衔接，以学生就业所需为立足点，重组中西医课程体系，增设本专业特色课程，在已形成“两个基础，一个临床”的培养框架基础上，进一步完善课程体系，两个基础即基础课中西医相对独立；一个临床是指临床课程力求中西医整合一体；在基础与临床、中医与西医之间设置作为过渡的中西医结合桥梁课程；同时，增加人文知识和自然科学课程，强化素质教育，拓展学生知识视野，加强科研训练和实训训练，培养学生的创新意识和能力。整合部分重复课程，解决学生课业负担过重的问题。
7 加强教材建设，突出专业特色

作为主编单位本专业人员主持编写了《医学免疫学》，《Biochemistry》，《生物化学》，《内科急诊、急教学》，《病理学》，《中医药文献检索》，《艾滋病的预防及中西医结合治疗》，《循证医学述要》等 8 部教材，在教材建设方面取得了一定的成效。

在此基础上，进一步完善中西医临床医学本科专业主要课程的教材建设。将中医课程进行整合，2010 年底已经启动编写中西医临床医学本科专业的中西医课程创新教材，暂定名
为《中医基础学》(该课程整合中医基础理论，中西医诊断学和黄帝内经)、《中医方药学》(该课程整合中药学和方剂学)、《中医临床基础》(该课程整合伤寒论，温病学和金匮要略)、《中医临床学-内科分册》(该课程整合中医内科学，中医儿科学和中医妇科学)、《中医临床学-外科分册》(该课程整合中医外科学，中医骨伤科学)、《中西医结合导论》等。预计这批教材将于2013年出版并试用。新版教材的出版和使用，有希望在一定程度上改变目前中西医临床医学本科专业培养出的学生存在“中医不清楚，西医不深入”的尴尬局面。

8 重视实践基地建设，保障实践技能培养

在临床实践基地的建设方面，甘肃中医药大学第一附属医院、二附院和医院均为三甲级中医院，共有1500张床位，病源丰富，可以满足本专业临床见习与实习的需求，为培养应用型高层次中西医临床人才提供了基本保障作用。目前本专业与酒泉市、张掖市人民医院、兰州市第一人民医院建立了广泛的联系，使其成为医院的临床培训基地，为本专业的临床实践教学提供了有效支撑。

9 突出实践教学，加强临床动手能力培养

强化实践教学是保证应用型人才培养的基本要求，高水平的临床技能和医疗实践能力是中西医临床专业人才彰显专业特质的重要方面。

首先，加强中西医基础课程（如医用生物学，生物化学，生理学，病理学，诊断学，中医诊断学，中药学，方剂学等）的实验和实训操作训练，培养基本操作技能，提高学生的动手能力和创新能力。

其次，加强两段式教学过程。我院中西医临床医学本科专业自2006年开始实施“两段式”教学改革，即学生前三年在本校完成专业基础课程和公共课程学习，第四学年在医院进行“两段式”教学，一边进行临床课程理论教学，一边在病房见习。这种教学方式改变了以往理论学习与临床实践相脱节的局面，将专业知识学习与临床实践有机结合起来。真正做到使学生早临床、多临床、反复临床，切实提高学生的临床实践能力。

再次，进一步加强和改善毕业实习环节，毕业实习是医学生整个学习过程中不可或缺的主要组成部分。这时学生以实习医生身份，直接参加医院临床工作，要求学生能综合利用所学的全部中西医专业理论知识，完成教学大纲所规定的各项医疗任务，熟练掌握医疗过程中的知识和技能。通过一年的临床实习，重点培养学生实际诊疗能力，能运用中西医辨证、中西医诊断方法和中西医结合技术处理常见病、多发病。在上级医生指导下，能够应用中西医结合手段抢救危重病人的方法。

我院对中西医临床医学本科专业的临床实习历来非常重视。首先，所有实习医院都是

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三级医院，要求学生在实习期间轮转 10 个科室，撰写完整大病例（不同病种）20 份，根据临床实习体会，撰写毕业论文。学院多方面加强与实习医院的联系，加强实习医院带教教师的业务和素质培养，健全实习教学管理队伍和管理制度以及质量监控制度等。

10 小结

中西医结合是中医走向世界的桥梁，是继承和发展中医药学及实现中医现代化的重要途径。中西医结合应用型人才培养也是一个长期的过程，学生在校期间的培养只是整个培养过程的一部分。

我们要在现有专业办学经验的基础上，积极探索中西医的结合点，寻找中西医结合的特色，进一步加强西医基础理论和中医传统经典课程的学习，使中、西医临床相互结合，融会贯通，二者统一结合，培养具有扎实的中西医基本理论和基础知识，有较强的自主学习能力、创新能力、实践能力，综合素质较高，不断追求卓越 [6-7] 的应用型人才。

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13、美国针灸中医教育概况

Current Situation of TCM Education in the United States

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摘要：针灸中医教育是中医事业的重要组成部分，通过对它的起源、发展、历史背景、针灸立法、针灸管理机构的探讨，使我们更好地了解美国的针灸和中医的现况。这对我国发展海外教育与合作、制定海外交流和发展策略有一定的参考价值，也为各国中医教育提供了信息平台。

本文指出，在过去的 40 年中，美国针灸教育经历了上世纪 70 年代的起步期，80 年代的增长期，90 年代的快速发展期和二十一世纪后的平台期。1993-2001 年是美国针灸立法的快速发展期。无论在针灸行医人数和学校分布上，加州、纽约州和佛罗里达是最活跃的地区，其中以加州为首。美国针灸中医教育进入其主流教育尚属早期。

Abstract: This paper presents the history, development background, types of education, school distribution, acupuncture legislation, professional organization as it pertains to acupuncture education in the US.

The American education system of acupuncture started in 1970s from its initial process stage, and 80's was a period of school expansion. 90's saw the rapid development of schools, but the expansion trend slowed down after 2001. Legislation for American acupuncture started to occur in 1973. Moreover, most states had acupuncture legislation in 1993-2001 time frame. Acupuncture schools are mostly distributed and concentrated in California, New York State and Florida. three states are the most active regions of American acupuncture and Chinese medicine. California takes the first place in the number of acupuncture practitioners and acupuncture schools. As few schools had been permitted by both the regional educational board and Accreditation Commission of Acupuncture and Oriental Medicine (ACAOM), I conclude that it is only the embryonic period of American acupuncture education to be blended into the mainstream educational framework.

关键词：针灸；中医教育；美国
Key words: acupuncture; Chinese medicine education; The USA

1 美国针灸中医教育背景

自上世纪70年代“针灸热”以来，针灸治疗和针灸教育在美国得到了迅速发展，其根源是社会的需要。针灸治疗需求的增长带动了针灸教育，而教育的发展又为针灸的推广提供了保障。两者互相依存，互相推动。

美国的第一所针灸学校建立于1975年。它是位于东海岸马萨诸塞州的新英格兰针灸学校（New England School of Acupuncture）[1]。在过去的三十多年里，针灸学校从无到有，从小到大，遍布全国。

上世纪的七十年代是美国针灸教育的萌芽期，是起步阶段，全国只有寥寥几所针灸学校，除此之外，还有散在的师带徒形式的针灸中医教育。八十年代，进入了发展期。加州、纽约和南岸的新墨西哥州和佛罗里达州等，纷纷建校。到了九十年代前期，美国的针灸学校数量迅速增加，进入了发展高潮期。进入二十一世纪，传统的针灸中医学校数目的增长已回落。但学校向成熟、深化的方向发展。表现在：通过国家ACAOM 审查的学校，在 CCAOM 的办学理念、方针指引下，向既定的目标发展。没能通过审查的学校，逐渐萎缩、消失。

美国究竟现在有多少所针灸学校？没有人统计过。有人提到约上百所，没有确切统计的原因是不断有自生自灭的学校，有些学校只在经营上有许可，但没有被全国针灸教育认证机构批准。ACAOM 是美国针灸教育的认证机构，至今，它所审核认证的针灸中医学校有61所。加州还有针灸认证系统，加州承认的学校有36所。遍布美国的19各州。现有在校生7000余人。美国有28000多名注册针灸师针灸师，[2] 其中包括五千名西医针灸医生。在过去的不到40年里，针灸在西方发展迅速[3]，在美国已经成为一种受法律保护的医疗职业，并成为医疗保健体系的一部分。

通过以上针灸持照人数来看，17%有西医执照，这是一个不小的比例。这将对日后的结合医学产生一定的影响，针灸会成为结合医学中最重要的学科分支。同时，这些西医针灸者，也会与非西医针灸师产生竞争。

在传统针灸中医学校发展的同时，西医院校在二十世纪九十年代开始了针灸教育，中医想进入西医医院和大的医疗中心。中医越来越多地列入西医继续教育课程，这些都提示着：现在西医界的针灸（medical acupuncture）进入了发展期。发展的原因与国家设立了替代医学研究资金及社会对针灸需求增长有关。

2 美国针灸中医教育的种类

美国的针灸中医教育的种类包括了硕士教育、博士教育、博士后教育、继续再教育
和师带徒教育。

2.1 硕士教育

美国的针灸医学教育中的硕士是入门教学，没有本科教育，所以硕士是基础教育。这包括了针灸硕士和中医硕士。在大学预科两年的基础上，再学 3-4 年。

2.2 博士教育

临床博士刚起步，2005 年 ACAOM 开始接受针灸院校临床博士教学的申请，2007年首次通过了第一所学校的博士教育项目。至今这个教学项目仍然是前导性的。目前，通过 ACAOM 审核的博士教学学校有 3 所，正在接受审核的有 4 所。

2.3 博士后教育

美国国立卫生院（NIH）替代医学博士后项目始于 1996 年。申请资格须有博士、西医医生、药理学博士等头衔。研究的方法是生物医学的方法。教育的期限不定，一般是 3 年。教育目标是培养替代医学包括针灸中医的高级研究人才。[4]

2.4 继续再教育和师带徒

在美国，取得针灸中医证书后，如果行医则要保持继续再教育。NCCAOM 证书的要求是每 4 年 60 小时的再教育，加州要求每 2 年 50 小时继续教育。

另外在医学的其它领域，有西医、护士、整脊医生等的针灸教育。这种教育是以继续教育的形式出现的。

除此以外，还有师带徒教育。这种教育形式在二十世纪七十、八十年代较为流行。随着正规针灸中医学校的发展和成熟，师带徒在萎缩。2002 年以后，NCCAOM 考试不再承认师带徒的资格。但目前加州仍然承认，只是承认的过程和要求繁杂。

3 美国针灸中医学校的规模与分布

3.1 学校的规模

美国针灸中医学校都是私立的，而且学校规模不等。规模大的学校，学生数可在 400-500 之间，中等规模的学生数在 200-300 之间，小规模的学生数则有 30-100 不等[5]。

学校的规模取决于地理位置，这关系到该州针灸立法、人口密度、多元文化、ACAOM 是否承认该校、财力、物力、师资、学生、学费等诸多因素。有些州限制针灸硕士学位，所以只有针灸硕士证书，这与中国公办的中医院校，全国统一，有所不同。

3.2 学校的分布

全美针灸学校多数通过 ACAOM 或加州的资格评审，其毕业生可以申请各州的针灸执照。纽约州、加州和佛罗里达州是美国东西海岸和南部人口众多的州，政治和经济影响大，
也是中医药针灸的三大重镇，华裔中医人才辈出。[6]

在美国 61 所 ACAOM 审批和候审的学校中[7]，我通过分析看到：西部地区 18 所，南部地区 16 所，东部地区 15 所，其它地区 12 所。另外 加州 14 所，纽约 8 所，佛罗里达 7 所。这 3 州的学校数占全国的 47.5%，其中加州占 22.95%。所以加州、纽约州、佛罗里达州是针灸中医学校集中所在地。

与此同时，我们再考察针灸师的分布：按 2011 年 7 月的统计数字来看[8]：美国现有持照针灸师 22006 人，其中加州 6881 人，纽约州 1933 人，佛罗里达州 1779 人。三州合计为 10593 人，占全国的 48.14%。加州占全国的 31.27%。

从以上分析可以得出结论：无论从学校分布和行医人数来看，这三州是美国针灸中医最活跃的地区。其中以加州为首，这三州均分布在沿海地带，呈西、东、南分布。

4 美国针灸中医立法及对针灸教育的促进

社会对针灸和中医的需求推动了相应的医疗行业（如诊所）和教育行业（针灸中医学院）的发展，而这些行业的存在与发展需要法律和制度予以规范。

至今，已经有 44 个州和哥伦比亚特区通过了针灸和东方医学行医法案[9]。

在美国的马里兰，内华达和俄勒冈州是在 1973 年最早通过针灸法律的州，亚拉巴马、堪萨斯、北达科他、俄克拉何马、南达科他和怀俄明州则没有针灸法，只有西医是合法的在这些州针灸行医[10]。


美国现有的 40 余部不同的针灸法，因州而异。针灸立法包括了针灸法规和执照要求。立法的内容包括对“针灸”定义、针灸行医范围、教育标准、资格证书和职业准则。申请州针灸执照的条件和标准[12]。
立法的目的在于规范和监管。现将目前美国的中医教育监管组织的情况陈述于后。

5 美国针灸中医教育机构的审核、鉴定和管理


美国的针灸教育审核单位有两种：针灸及东方医学教育审核委员会 (Accreditation Commission of Acupuncture and Oriental Medicine ACAOM)，是美国教育部承认的，专门审核针灸中医院校机构；另外是美国教育部下属的区域大学审核委员会 (special regional association of college)。主管一般主流院校审核。

通过 ACAOM 审核的 61 所针灸中医院校，学校间学分互认和转换，通过区域大学审核委员会审批，学分则可在非中医院校间互认转换；如果想改学其它专业，可以有学分的连贯性。这无疑是拓宽了学生发展的空间。2009 年 12 月 15 日，美国德州的奥斯丁东方医学学院 (Academy of Oriental Medicine Austin AOMA) 经过 3 年多的审核，被南部医学委员会 (Southern Association of College and School SAC) 承认。这是目前唯一一所通过 ACAOM 审核的，又通过区域大学审核委员会审批、通过主流教育的标志。AOMA 在这方面做了表率，其它学校也会跟进。

德州的奥斯丁东方医学学院 (AOMA) 通过区域大学的审批是针灸教育进入美国主流教育的重要标志。但是，61 所通过 ACAOM 审核的院校，只有 1 所达到此标准，所以美国针灸中医教育进入主流教育尚属早期。

6 结语：

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今天我们从几个侧面看到了美国针灸中医教育发展的历程和现状，还有更多的题目有待于我们探讨，今后的路还很长，"路漫漫其修远兮，吾将上下而求索"， 愿针灸教育界的同仁携手并进，为这事业的发展而不断地求索和奉献！

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美国针灸中医现状和发展趋势 E-mail: jinggao20@hotmail.com
14、中医教育要突出东方智慧

TCM Education Needs to Highlight the Eastern Wisdom

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摘要：中医医学是建立在东方智慧的思想的基础上的，所以在中国几千年的历史上，中医在防治疾病，保健养生上，都能常胜不衰，对中华民族的延续起到了不可替代的作用。赵师虎先生在为《第五项修炼》一书所作的序中写道：“当世界大势分合促变化，亚洲已然又跃上国际舞台时，读圣古博士此书尤让人欣然参半。喜的是，系统思考的精神与许多古老的中国思想不谋而合；忧的是，这些思想与智慧，经过清末以来的西化与反传统运动，已被弃之一些。”与东方智慧密切相关的中国医学，也受到了影响。今天我们国人都在努力振兴东方智慧，在世界上东方智慧也越来越受到重视和赞誉。我们中医人士，要努力学好东方智慧，用东方人的特有智慧发展中国医学事业，为中国人民和世界人民的身心健康贡献我们的智慧和力量。

Abstract: Traditional Chinese medicine was established with oriental wisdom as its foundation, which leads it to play an indispensable role in the China’s long history of several thousand years. With wide recognition and great reputation, it has been used in treatment and prevention of diseases as well as health care. Mr. Zhao Yaodong, in the preface to The Fifth Discipline, writes: "With the world order changing in succession, Asia once again has become the focus in international arena. And reading this book written by Dr. Senge at this particular time makes me feel happy and sad in equal measure. The positive side is that modern system thinking happens to agree with a great many ancient Chinese thoughts. The negative is that some ideas and thoughts of this kind have been discarded owing to westernization and anti-tradition trend since the end of the Qing Dynasty." Today, Chinese people are striving to promote the oriental wisdom, which has won increasing global attention and praise. So TCM professionals should study the unique oriental wisdom, using it to strengthen and develop China’s medical undertakings so as to contribute to the well-being of people in China and the whole world.

关键词：中医教育；东方智慧；医学教育
**Key words:**  TCM education; the eastern wisdom; medical education

中国传统医学是以东方智慧为思想基础，并建立和发展起来的，它的方方面面都充分体现了东方智慧的光芒。西方人重视物质生活，英国哲学家罗素就说过：“我们有力的道德就是通过奋斗取得物质上的成功。”印度人则看重精神生活，很尊重心灵的需求，把人的信仰看成是最重要的。我国人民在长期的历史进程中都表现出了东方智慧，既重视物质生活，也同样重视精神生活，把二者统一起来称为“福”。每年过年过节很多家庭都要张贴福字以表达自己的愿望。2008年北京奥运会的吉祥物定为福娃，也是祝愿大家幸福安康的意思。小平同志也讲过：我们既要抓物质文明建设，一手抓精神文明建设，两手抓，两手都要硬，这是一个不走极端，统筹兼顾的东方智慧的杰出典范。东方智慧具体来说，就是不走极端，注意保持平衡，倡导有序，坚持统筹兼顾，注重和谐统一等。

1. 不走极端是东方智慧的表现形式

很多事物都有极端和中间的问题，譬如在经济发展的过程中，也有两个端点，只顾发展，不考虑对环境的影响和资源的利用，这是一端；还有只考虑对环境的保护和资源的节约，不考虑发展，这是另一端。我国近几年曾经有人提出过绿色GDP的问题，这就是后一端。我们中国人思维方式是不走极端，在两端之间，找一个最合适、最恰如其分的点，既要发展，又要保护环境，还要节约资源，既要得到可持续发展，这就是科学发展观。中国学者钱穆先生说过，西方人评价事物把真、善、美作为其标准，中国人认为还应该加上一个“适”字，无论是做任何事情都应该有一个适可而止，恰如其分，这个“适”字就是不走极端的意思。

人在什么样的环境下，感觉最舒适，工作效率最高？最近西方人做了一个试验，取一定数量的人为样本。经过调查和统计后得出了结论：在摄氏25度时工作效率最高。以前我们中国人也曾经有类似的研究，即人最舒适的身体温度是人体正常体温的黄金分割点，这个点的温度是人们最舒适的温度。东、西方人得出的结论是近似的，不过东方人认为应该比西方人早一些。"黄金分割"是在零度摄氏度和人体正常体温作为两个端点，按照 "小段比大段等于大段比全长的比例" 取分点，这个点就是合适的。这也是不走极端在两个端点之间取恰如其分的点的例子。

阴阳学说是中医学的思维方式，是中医学体系重要的组成成分之一，它在中医学得到了广泛的应用。在认识和探讨人体的解剖上的组织结构，阐释脏腑的生理功能，说明机体的病理变化，以及对疾病的诊断及防治等问题都赋予了新的医学含义。从人体来说，阴阳通过相互对立制约关系，而使人体处于相对平衡的生理健康状态，即“阴平阳秘，精神乃治。” (《素问·阴阳应象大论》) 某些因素影响导致这种关系失调时，便会出现阴阳某一方面的偏盛偏衰而阴阳失调发生疾病，这就表现出了不走极端的思想。具体表现在：“阳盛则热，
阴盛则寒，阳盛则热，阴盛则阴病，阳盛则阳病，阳虚则寒，阴虚则热”等不同的病理状态。在中医学得思维方式中，保持人体平衡的状态是很重要的。例如饮食的平衡，动静的平衡，寒温的平衡等等，都是维持人体机能正常的有利条件，否则一旦失衡则对人体的健康都有负面的影响。平衡就是不偏极端，中国传统医学是不偏极端的。

2. 统筹兼顾是东方智慧的表现内涵

科学发展观就是统筹兼顾的杰出典范。它把经济发展和社会进步统筹兼顾起来了，它把经济发展和保护环境，节约资源，以人为本，可持续发展等都统筹兼顾起来了。就是说经济一定要发展，在发展经济的过程中还要做出以人为本，保护环境节约资源和可持续发展。

中医在诊断和防治疾病等方面都做到了统筹兼顾。譬如，在诊断疾病时，通过望、闻、问、切等手法获得患者的信息，再把这些病史、症状和体征进行分析、综合、判断而得出诊断的结果。这在2000多年前的历史条件下，是难能可贵的思维方式。就是在科学高度发展的今天，这些基本思想仍然是有效和可行的。中医理论体系中的基本思想与现在的系统论、控制论和信息论是吻合的。在治疗疾病方面，尤其是中医处方用药上更体现了这种统筹兼顾的思想，它讲究药物的配伍，坚持君、臣、佐、使四个层面的密切配合。“君”是治疗病证的主药；“臣”是治疗病证的次主药；“佐”是治疗病证的辅药；“使”是起沟通、联系作用的药。这样全方的各种药物相辅相成，优势互补的相互作用，使疗效大增，副作用降到最低限度。把病证的虚实、寒热、表里及阴阳等可能发生的各种情况都兼顾到了，其它的任何一个医医学体系的治疗都做不到这样的全面，这样的细致，中医做到了统筹兼顾。

3. 注重和谐是东方智慧的核心环节

构建社会主义和谐社会是党的十七大提出的发展目标。中国人历来很重视和谐，在中国传统文化中，曾提出过“和为贵”、“和而不同”等观念。美国人彼得·圣克在他写的《第二性修炼》中有一段文字是这样写的：“就我的了解，中国传统文化的演进途径与西方文化略有不同，你们传统文化中仍然保留了一些以生命一体的观点来了解的，万事万物运行的法则，以及对于奥妙的宇宙万物本源所体悟出极高明，精微深广的古代智慧结晶”。[2]书中提出的古老智慧，就是我们所讲的东方智慧。这种古老智慧的来源就是中国医学的生命一体的观点，所以我们说中国医学体现了和谐的思想，和谐分为三个层面：人与环境的和谐；人与人的和谐；人与自然的和谐。它包括人与生理与人的心理、精神方面的和谐，也包括人体内环境各个器官之间的和谐。

人与自然的和谐是中医学基本特点整体观念所要求的内容之一。人生存在自然界这个大环境之中，必然会受到自然界中各种因素对人体的影响，即有生理的适应性，也有病理性
的反应，具体表现有季节气候、昼夜晨昏、地方区域等方面的影响。正如《素问》所言：“人体自然的和谐是中医学中所强调的内容，人体包括五脏六腑、四肢百骸、五官九窍等器官。自身的组织结构、生理功能、病理变化以及对疾病的诊断、治疗和预防都是把人体当作一个有机的整体来对待。在人体以五脏为中心，经络为通导的整体观的指导下，内环境的和谐统一及外环境的状态是中医学整体观念的内涵。”

美国作家彼德·圣克说：“在西方世界，我们的社会组织已被分割得四分五裂。我们把生理的健康与心理的和精神的健康分割开来探讨，以至于人们虽然活久了，但整体身心健康状况却每况愈下，所支付的社会成本也越来越高。”[2]中国历来把人的生理健康和心理精神健康统一来研讨的，我们一直认为两者是密切相关的，这也是东方人和西方人的不同。中医历来把生命看成一个整体，这种生理、心理和环境的统一与和谐的状态即是健康。在藏象学说中指出，人体的脏腑与人体的精神情绪活动密切相关，“人有五脏化五气，以生喜怒忧思恐”。（《素问》）把五脏又称为“五神脏”。

4. 中医教育要突出东方智慧

综上所述，中国医学和东方智慧的相关性是肯定的。在中医教育中，要引导学生正确认识和深入理解东方智慧的意义和作用，特别要认识到中医学与东方智慧是紧密相关的。世界上不只是东方人有东方的智慧，东方人特别是中国人也有自己的智慧，这种智慧一直延续了五千年，这是世界上的唯一，也正是因为中国人有东方智慧才使中华文明有了五千年的历史。古希腊唯物主义哲学家德谟克利特说过：“身体的有力和美是青年的好处；至于智慧和美则是老年所特有的财产。”一个民族，一个国家也是这样，它的发展历史悠久，它的智慧也越来越成熟。东方智慧就是中华民族特有的财产，这是中国人引以为自豪的事情，我们要珍惜它，把它发扬光大，古老的智慧要发展，要与时俱进，我们相信中华民族有了自己的智慧，在不久的将来一定能站在世界航船的前头。

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Abstract: Self-regulated learning (SRL) is a key issue in achieving the learning target, especially for acupuncture courses. Effective self-regulated learning leads to good performance in higher education, that has been proved by numerous studies. Theoretical study and clinical practice on how to facilitate and help the students to achieve better performance have been proved to be useful and successful in many areas. However, if learners have very different backgrounds, the measures that could be helpful need variation.

Key Words: Acupuncture; higher education; self-regulated learning

In previously teaching practice, the author observed that students could be easily divided into matured-experienced learners and young learners/school leavers. The two groups performed similar in classroom based learning activities, while off campus, their approaches to self learning are very different, which lead to different performance at the end.

To better understand the student experience in self learning, and find the best way suiting each group, an action research was carried out aiming to identify the need of help, and the best way for those need help.

Two groups, totally 6, of students showing problem in managing their own learning were identified in internal modification process of 2008. Among those students, 3 of them are mature
students with average age of 42 years and all working part-time in various occupations; while 3 of
them are young students with average age of 26, none of them were working during term time.
Their shared feature is poor academic performance, but all have good attendance in classroom
teaching sessions. Factors might affect their academic performance, i.e., lack of commitment,
unclear of aim of learning, motivation, family problems, financial crisis, and poor health were
all excluded.

Two schemes of academic supporting measure were introduced to the students: peer
group learning (PGL) and formulated scheme learning (FSL). Total of 4 semester were monitored
for their self regulated learning and their academic performance. One group in first 2 semester
were using the PGL, and the other using FSL. After one year, the group swapped their scheme.

It turned out that the PGL works better on the mature learner and the FSL better for those
younger learners. But both groups reported that they like both measures, and it seems the
formulated scheme did change the way of managing the self learning. The two groups both
improved their academic performance significantly above the average improvement achieved in
the cohort. Their average marks improved from 52 to 60, comparing with the cohort average from
61 to 64. If the students of the two groups are excluded, the rest of the cohort showed
improvement of only 1 mark.

Acupuncture is a holistic course, and all teachers do recognise that the philosophy behind
the course also works for the teaching: each individual is unique and should be treated
individually.

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1. Introduction

1.1 Subject Background—Self Regulated Learning (SRL)

In a modern context of higher education, learning and studying at universities rely heavily on self regulated learning. According Purdie (1996), students in higher education thought that they gain most of learning contents by self regulated learning, and in some area, student survey suggested in academic learning courses, the gain from classroom teaching is over passed by out classroom learning, and some students followed the tradition of free-style learning can pass all examinations and gain their degree without attending much of classroom teaching. In vocational courses, the situation is slightly different, but students still have to work out most of tasks at their own learning time. To address this, most of the vocational courses emphasis that students usually need to spend around 25-35 hours/week on off campus/home learning. In acupuncture course, the students attend classroom learning and clinical training around 14-16 hours/week during teaching weeks. It equals to 2 to 2 and ½ days of work in the assigned learning setting. All the memorising, reflecting and assignment including essay writing have to be carried out by the students themselves, in the form of SRL. This part of the learning process is classified as self-regulated learning (SRL), and is the key of a successful study.

SRL is different to Self Managed Learning (SML). SML is about individuals managing their own learning. This individual takes responsibilities on What, When, How and Where to learn. (Bernet, B 2000) It is basically the case of a person in conscientious learning for either the career improvement or personal target. A typical case of SML is that one is working in a financial department of a company but want to progress to be a qualified accountant.

The difference between self regulated learning (SRL) and self-managed learning (SML) is laid on two points: who set the task, and who lead the learning. About who set the task: in SRL, the task is set by the tutor, the institution or collective discussion. The learner has a clear idea of the task, while in SML, it is life long learning, and the learner has to find the task and identify the aim, then set the task of the learning. One the other side of who lead the learning: in SRL, it is a mutual reaction between the task setter and the learner; while in SML, it is the learner to seek help, to join course, seminar, and interest group. (Graves 1994)
Although SML is not for the university course, but it shares features and practice in a great deal with SRL. Therefore, in this study, many SML theory and practice will also be examined and borrowed to help the facilitating of the SRL.

1.2 Key element leading to the success of SRL

Many studies have been carried out to find ways to help the learners to have better performance in their learning. And several key elements were identified by those studies. Zimmerman and Schunk summarised those key elements as: goal setting, time management, learning strategy, self evaluation, self attribution, seeking help, self motivation, intrinsic interest in the task, etc (Zimmerman BJ & Schunk DH, 2001)

While some others focused on the management skill and strategy of SRL, Dembo and Beyeler have their summarized opinion on the three management and strategic issues:

Management emotion and effort: Identify boredom; irrational thinking pattern, negative self talk; self observation and relaxation skill

Management of physical and social environment

Time management: Long block management—break and shifting; Short block management; Priory list of task management; Regularity

(Dembo M H, & Beyeler J, 2004)

1.3 Learning skills in SRL

Cognitive strategies include the use of various measures such as rehearsal, elaboration, and organizational strategies that help students encode, recall, and comprehend information. The use of these strategies reflects a deeper level of cognitive engagement and usually results in better academic performance (Weinstein & Mayer, 1986).

The internal processing of knowledge and skills in SRL could be summarised in cognitive way as following: Searching, Monitoring, Assembling, Rehearsing, Translating and memory (Winne P H, 2001)

In summary, three major aspects, each including several factors, affect the SRL according to cognitive theory:

Motivation, self-efficacy

Self-regulation of the study
Planning
Regulation
Strategies
Task value

(Vanderstoep, S. W 1996)

1.4 Self Efficacy and SRL

Self efficacy is one of most popular theory on SRL, which is a way of predicting the student performance in a specific subject area. Bandura (1977, 1997) formally defined perceived self-efficacy as personal judgments of one’s capabilities to organize and execute courses of action to attain designated goals. There is evidence (Bandura, 1997) that self-efficacious students participate more readily, work harder, persist longer, and have fewer adverse emotional reactions when they encounter difficulties than do those who doubt their capabilities. Whereas a person with low self efficacy would harbor feelings of hopelessness

Self-efficacy beliefs also provide students with a sense of agency to motivate their learning through use of such self-regulatory processes as goal setting, self-monitoring, self-evaluation, and strategy use.

Students base their self-efficacy judgments on their perceived physiological reactions, such as fatigue, stress, and other emotions that are often interpreted as indicators of physical incapability.

Self efficacy makes difference in the choices regarding behavior, motivation, thought patterns & responses, health behaviors. Good self efficacy makes positive effect on above aspects, while low self efficacy put on negative effect.

1.5 Task Value and SRL

Task value beliefs that students’ perceptions of the importance, utility, and interest of the task have been related to learning strategy use. (Pintrich & De Groof, 1990; Schiefele, 1991) However, in acupuncture, most students have very clear idea of what they are learning, and are determined to become a practitioner in the future. So, there is no doubt students all have clear task value overall. However, in case of all modules/subject, this may play a role, especially in the case of the division of western medicine and Chinese medicine subject.

1.6 Andragogy
Andragogy is an area very popular in the past 30 years along with the increasing demand of adult learning. As the majority of students at course of acupuncture are matured students and the decision of learning acupuncture is the result of careful research and consultation, so their learning is in the category of adult learning, and therefore it is necessary to review some theories fundamentally influenced the shape of adult education.

According to Knowles, as a person matures, the following four factors make their learning very different to that of young or children:

A. His self-concept moves from one of being a dependent personality toward one of being a self-directed human beings
B. He accumulates a growing reservoir of experience that becomes an increasing resource for learning
C. His readiness to learn becomes oriented increasingly to the developmental tasks of his social roles; and
D. His time perspective changes from one of postponed application of knowledge to immediacy of application, and accordingly his orientation toward learning shifts from one of subject-centeredness to one of problem-centredness.

(Knowles, 1970, quoted in Tight, 2002)

Literature review reveals that there are debates and arguments about the suitability, and it seems that only B is widely accepted. However, the principle still applies. (Tight, 2002)

In a broad scope, SML study can also be added to understand SRL contributively. Main issues in SML were widely discussed as Strategic, Syllabus free, Self managed, Shared, Supported, Structured, Stretching. (Bennet, B 2000) These issues, except syllabus free context are common to SRL. They should be helpful when examining the findings.

2. Action Research (AR)

Action research in the context of education is a practitioner-led, action-oriented, self-reflective, self-conscious and self-critical research which allows the practitioner/researcher to address on the problems arising in their teaching practice and to extend their understanding of the situations in which they operate. (McNiff, 2002)

In an AR process, the practitioners create a dynamic and dialectical relationship between theory and practice which may advance the theoretical knowledge, rather than simply applying
education theories or principles (generated by educational researchers) in one’s own practice (Zuber-Skerritt, 1992).

The action research process leading to achieve the themes is a spiral of action research cycles consisting of four major phrases: planning, acting, observing and reflecting, (Zuber-Skerritt, 1992).

The characteristics of AR are neatly summarised in the CRASP model (ibid):

1. Critical collaborative enquiry by
2. Reflective Practitioners being
3. Accountable and making the results of their enquiry public
4. Self-evaluating their practice and engaged in
5. Participative problem-solving and continuing professional development

Wellington explained this in the following chart to give a visualised explanation.

![Diagram](image)

Figure 1. Action Research Spiral of Wellington (1996)

In different areas of educational practice, the AR pattern could be altered of the varied nature and character of teaching and learning. Another popular model could be easily adopted as it is clearly showing some features of research in science fields. (see figure 2)
The AR is mainly featured by the actually involvement and participation of the dynamic process. When applying the research methods, both qualitative and quantitative method could be applied. However, in teaching subject of science quantitative method seems to be a more acceptable method for those who used to dealing with precise procedure and spotting tiny difference; while for human and art teachers, the qualitative and combined observation may be more interesting.

As the main researcher/practitioner, I am a major party of the subject and involving the whole procedure, I am an observer from inside. The advantage is that all the change could be immediately spotted, and reflection could be do immediately.

Figure 2. Detailed Action Research Model adapted from Susman (1983)

3. Project Focus

The whole project is to observe the two devised schemes on the effect of helping students in acupuncture course who performed below the average level, and are not due to one-off cause. It is an AR, and I am the tutor to implement the schemes, and also an observer to monitor the progress.

The two schemes are:

Peer group learning (PGL)
**Formulated scheme learning (FSL)**

Four semesters are monitored for their self-regulated learning and their academic performance. It is expected that both scheme shall work, but students of different background may have different effect with the two scheme.

Interview was carried out at the start of the project and after two semesters, and four semesters. A questionnaire and their assessment reports are checked to see if their performance improved and catch the average of other students.

The researcher observed in previous teaching practice that many of the students felt problematic when doing self-organised projects: clinical observation and safe practice education, group presentation, and essays. This could be reflected on their project results/marks. While other students prefer self-organised learning and expect free style learning. Possible factors affecting the SRL of them could be:

**Previous learning experience:** For those have higher educational experience, they expect that everything should be do by themselves; so they feel that they can do it, their self efficacy is high;

While those have only finished secondary school, they expect the step by step guideline or maybe hand-by-hand teaching, they have no confidence at the task, so, the self efficacy is low.

**Age:** the younger have limited experience of managing their own life, including the learning. It is a problem of management.

**Work experience:** office work requires organising daily activity, physical work are mostly under instruction. Their organising skill varies.

**Social attitude:** Outward or inner ward

**Family commitment:** could vary. However, this is not what we can do as academic tutor.

**Subject experience:** some job need good discipline and independence: district nurse, paramedic; some need good initiative, sales man; some are disciplinary but not decision making

4. **Project Context**

"In an era of constant distraction in the form of portable phones, CD players,
computers, ... it is hardly surprising that many students have not learned to self regulate their academic studying very well.” (Zimmerman B J, 2002)

In the past 30 years, along with the creating of new universities, and expanding student number in Universities as the widened participation policy, structure of university students has changed significantly. More students are mature students, or those with alternative learning background. Many of them are even retired. Some of the students have obtained university degrees before, even postgraduate degrees, while on the other side some of them have not done A-level (or its equivalent) yet. Some of them have to work to maintain the family, while others do not bother the finance at all and do not need to work. In the context of acupuncture course, some of them have been working in/around acupuncture service for many years but did not have formal qualification, while some of them worked in office, and even in army. It is a picture of a diverse society.

From the educational provider’s point of view, universities are running the educational programmes at a different level of staffing. The expansion of students number did not bring more staff into the university due to the capped financing policy. Many universities have a staff/student ration of 1:15-25. It is impossible to provide the face-to-face contact at a level of 30 years ago. Most of the full time courses in universities only require 2-3 days of learning on campus. This leads to reliance on self-learning.

It is arguable of this change. On one side, students have to grow up and become independent in both learning and managing their own life. So, universities should encourage the independent learning and management. Actually, this is welcomed by many students whose idea of university life should be free of restriction and everything should be in their own hand. On the other hand, it could mean that the old tutoring system could not be maintained except those elite universities.

The general trend on employing the students’ own learning is to introduce on-line learning, on-line forum and discussion group, providing distant learning help, encourage exchange through email communication. This was the pattern heavily relies on technique advance. At the moment, we have BlackBoard system as an on-line learning platform, and we also provide all sort help through the system. Besides, we have electric books and learning tools like The Manual of Acupuncture online, Multi-Media Anatomy Learning pack online, etc. They play an indispensable
role of delivering the teaching and learning of the course.

However, as we can see from the learning theory of SRL, there other issues to deal with, which can not be sorted out simply by using computer and internet, such as the motivation, the learning strategy, and self managing of learning.

Due to the diversified picture of students, it seems there is no unified formula for all. One proved strategy works for most but may not work for some. The well-matured students do not need discipline, but need technical support and morale. They were educated to be modest and never over esteem themselves. They need to see that they really can do it. Some find that the learning styles now day is very different to what they were used to, since they have left school or college so many years. For a diversified society of students, we need methods of different natures for different people. For this project, I try to find the best way to help students from different backgrounds.

From analysing the back ground of mature students, it is clear that mature students need group help. The reason is that they do not leave on campus, because they have family. Coming to university is not simply for knowledge and skill, it is also a chase of academic environment and experience of dynamic life with fresh ideas and debates. To many of them, it is to taste the young spirit life, even to fulfil the dream of being university. Living at home with the family actually discount the feeling of belonging to the big university family. It is a lost from some point of view. The really need to be netted into an academic environment to feel the reality of university life. Living away form campus also makes them feeling lonely when challenging some task. They do not know how well the other are doing, and if the problem they meet is only for them or others have the same problem.

On the other hand, young students turn to have no pressure for living so their motivation is low. When talking about the feeling of the first stage at university, they feel good because now life is under their own control, no body push them now. In reality, many of them have never managed their own life before, and they end to either have too much fear over the future, or to be to optimistic. Leaving tasks to the last minute is a common bad habit among them. Discipline is always a problem. So, formulating the day to day activity with break down target every week works better.

In the PGL, the self efficacy could be improved by modelling (Bandura, 1997). When
students learn together, they can learning from each other. Some one perform better in an area could then be used as a good model. Social persuasion will encourage them learning as well, that is another help the group could provide. Listening to others, contributing to dialogue, articulating personal responses through critiques of other classmates' papers, and working well in small groups may better distinguish high and low (Vanderstoep, S. W 1996). In a group, feedback is immediate. The frequency and immediacy of enactive feedback also created higher perceptions of personal efficacy (Schunk, 1983). The feeling of belonging to the university life and psychological support to each other may contribute to the improvement of morale and therefore improve the learning effort.

On the FSL, managing skill and learning habit are the positive sides, and also, according to educational experts, asking students to set proximal goals enhanced self-efficacy and skill development more effectively than asking them to set distal goals because the proximal attainments provide evidence of growing capability (Bandura & Schunk, 1981).

In PGL, pre-test rehearsal, repeated citing for memorising knowledge, correction and feedback are the learning technique used better when in group. In FSL, planning, monitoring, and reminder, and social persuasion are also placed.

5. Method of Enquiry

5.1 Type of research method: Action Research together with questionnaire and date extraction of assessment result, and interview.

The theory of AR has been discussed in Chapter Two. In practice, this is a action research of consist one major circle, and the research practitioner is interacting with all the participating students.

5.2 Ethical consideration:

This AR is part of my daily teaching duty. To introducing the scheme to some of the students as individual advice and checking the progress of the students in academic progression is my routine job. No student is disadvantaged. Students involved in the scheme will decide to take the advice or not themselves. The assessment results are check at the internal modification occasion. So, the there is no influence on their marking fairness. And the researcher is only responsible of one module at one stage.

There is extra work for the researchers, but no real health and safety and any potential
5.3 Subject

**Researcher:** Fanyi Meng, senior lecturer at acupuncture programme

**Students** accepted advice and taking a scheme for helping.

The students happily accept the advice and follow the schemes are those who perform below the average performance in overall end of term results by one grade or more (10% less than the average marks of the whole cohort). For the data protection reason, the students’ names are replaced by order from A to F.

Mature group using PGL in first 2 semesters, and then using FSL in the next two semester

- Student A
- Student B
- Student C

Young group starting with FSL for 2 semester and then PGL in next 2 semester

- Student D
- Student E
- Student F

5.4 Interview

Interview is a widely used qualitative research tool for establish the possible hypothesis to explain the cause of change and find the subjective feeling. There free style interview and structured interview. The former need free environment and time, while the later is an extended questionnaire focused on some key issues.

In the AR, I will combine my tutorial session with this interview to establish the basic profile of the students with problem in learning.

The first is to find if the poor performance is due to any reason a easy solution could be found, for example, problem of getting use to the early hour of teaching, difficulty in reading and understanding terms, etc. If it is, then the student will not need this scheme. Or if this is due to financial difficulty or family or relationship crisis, then, student service advisor should be consulted. The student is not eligible for the schemes. Only the student can not recall any specific reason, or feeling emotional pressure of the learning, or frustrated when learning, then the student could be included.
Interview is also a good way of knowing the motivation, learning method, self regulation and strategies used by the students, which are key to understand the student of SRL.

5.5 Instruction on different groups

When a student is included, if she/he is a mature student, and not living on campus, then Grouping Scheme is introduced and explained. If the student can find somebody in the same cohort or cohort above, then the scheme will go on. If the student find it is difficult, then, I will try to find one to form a group, to provide peer-support. Senior students are always willing to help and there are some of them having experience of helping each other.

When the student is identified to be living on campus, then, the formulated SRL scheme is introduced, which is discussed as following.

5.6 Peer Group Learning Scheme (PGL):

The group is formed by 2-4 students sharing the same interest and common concern in acupuncture student. They may not living in near each other, but they can make sure they can find a place of meeting easily for all of them.

The must meet two time a week at least. In a meeting, one should take the leading role of reading and explaining the handouts of next teaching session, and then the others should express their understanding. Then, another activity is the revision of this week’s teaching content, if one need extra help on one topic, this one should be discussed first.

After every meeting, all group members should write a reflection/diary on this meeting, and try to raise questions for next meeting. This reflection is advised to circulate among the group members.

The group shall report to the researcher of the activities every month.

5.7 Formulated Scheme SRL Learning (FSL)

The centre of this scheme is to formulate a weekly learning plan, and set the plan into the Calendar of their computer’s outlook. And for each learning section, the Calendar is set to send alarm 5 min in advance. The learning plan is similar to those in group activity. Pre-classroom reading, after-classroom revision, and essay/project time every day.

The student needs to report to herself/himself every week, and email the report to me every month, before the tutorial take place.

5.8 Measurement of the improvement
Questionnaire-motivation: this is to find the participating students' feeling, including their motivation and self valuation.

Assessment results: when all assessment results are available, usually at the time of progress board meeting or examination board meeting, the report of the whole cohort and that of each student is available. Then, the results of concerned students are extracted.

5.9 The project streamline

June 2008, the first semester student reports are checked
Sept 2008 Initial interview/tutorial
Sept 2008 student are given instruction of their schemes
Oct 2008 - May 2009 Checking according to the methods
June 2009 first Questionnaire, Tutorial/interview
Analysis the feedback
June 2009 Analysis the academic performance
Sep 2009 – June 2010

Repeat the whole circle
with two groups swapped their scheme

6. Description of Data

6.1 From questionnaire

a. Students in both schemes spending more than 20 hours learning off-campus, both check email and BlackBoard at least once a day;

b. Students using Grouping scheme tend to spend longer time on home reading in each session, their reading session is 90 min on average, while the formulated Group keep in 50 min

c. Students on Grouping Scheme have 3 fellow student keeping contact regularly for SRL purpose, while students on Formulated Scheme only contact 1 fellow for SRL purpose.

6.2 From assessment results

a. On average, Group Scheme participator improved marks over 1 grades (10 marks) and reached level of cohort average. While the Formulate Scheme student
improved less than 1 grade (6 marks), but reached the average level.

b. Mature students performed better in Chinese Medicine modules (2 marks above average), young student had better results on Western medicine subjects (1 mark above average).

c. In term of essay report, mature students diverse hugely, one top scorer, but two just level to average; young students are stable, stay at average level. On unseen test questions, they are similar at average level.

d. Overall, mature improved more than young (10 vs 6)

6.3 From interview

a. Group scheme is a fantastic idea. All participators agree.

b. Formulated scheme is very helpful and I like it. But I do not want to know that scheme is imposed by the tutor.

c. Young students suggest if there are some challenging tasks for the whole cohort, for best performance, they will try their best. It seems more interesting for home work.

d. When asking if there is any problems, the young students seem not much to report, but asking each detailed aspect, then, problem emerge.

7. Interpretation of Data

PGL not only helps the learning, but also help the motivation and give emotional support. The students feel much happier, and is perceived as the best scheme.

7.1 Task value plays a role in the difference of performance between western medicine modules and Chinese medicine module. Task value is the understanding of the importance of the subject of learning. Since the mature students take serious consideration to take acupuncture course, and they are keen to become qualified practitioner, so, they put more effort on Chinese medicine, which may directly affect their future treatment result. That could be the increase level of self efficacy. While in young learner, Chinese medicine and western medicine are both attractive, so, the task value on the two sides are similar. Then the performance are similar.

7.2 Previous experience plays an important role in SRL—Seeing is believing. When the mature students observed acupuncture helped themselves or their friends/family members, they believe acupuncture work in deep conscience. With this believe, their motivation is higher. While young students are healthier, and seldom have to accompany friend or family member to medical
service, they have less deep understanding on health issues.

7.3 Physical strength did not make difference between the two groups. According to background study, the mature students all complain that at the end of the day, they feel so tired, and they all worry if they can continue the study for three years. And this is not reported from young students. The main difference between the two groups' physical strength could be related to age and the taking of part time work and family duty, which consume energy. But the performance results seem that the physical consumption is not affecting the SRL, when morale is high.

7.4 Learning strategy works on some subject. For multiple choice and short answer question, pre-test rehearsal and citation, and visualised memorisation are quick and very effective. That could be reflected by the good achievement in western medicine tests. Although it is strategy of superficial learning, it did boost the confidence of young learner.

High-jumpers were much better at regulating their learning during the knowledge construction activity. In general, they used effective strategies, planned their learning by creating sub-goals and activating prior knowledge, monitored their emerging understanding, and planned their time and effort. In contrast, low-jumpers used equal amounts of effective and ineffective strategies, planned their learning by using sub-goals and recycling goals in working memory, handled task difficulties and demands by engaging mainly in help-seeking behaviour, and did not spend much time monitoring their learning. (Azevedo R et al, 2004)

8. Significance and Future Action Plan

The study revealed that SRL is a potential problematic area affecting student performance. In a diversified student society, student needs varies.

However, it seems both schemes helps. This could be explained that the perception from student side of extra measure and increased level of contact themselves, without improvement of their SRL management could work, since the increased level of feedback could easily help the self efficacy.

Task value was initially considered to be less relevant, but it do make difference in the project.

"Learning to learn" is a idea not only for my PGCE learning but for my AR. The AR project could be seen finished one circle, and this should be continued to make it a good practice. I know it works for those in need, but I want to know for those with average performance if the schemes work.
By doing the project, one method could be introduced as a good practice is to introduce pre-reading. This pre-reading should not be limited to student on the course, but to the candidates who are waiting to get offers, since it improves task value. (Graves 1994)

Learning is not just additive; it is about the changing of habit and behaviour. This applies to the students and me, a practitioner and researchers in education.

Reference:


Hoven, D (1999) CALL-ing the learner into focus: Towards a learner-centred model for CALL, Swets & Zeitlinger, Austria


available online at

http://www.ideaibrary.com last visited on 24th June 2009


Appendix 1  QUESTIONNAIRE

SECTION I  your background

- How old are you?
  o 23 and under
  o 24-40
  o 41-65

- What is your previous education background?
  o Master level
  o Bachelor Level
  o Professional qualification education
  o A-Level (3 pass or more)
  o GCSE (5 pass or more)
  o others

- Do you work while learning at the course?
  o Full time
  o Part time
  o Not working
  o Caring family member/child/elderly

- How can you describe you family commitment:
  o No family to look after
  o My family have no children/elderly/disabled to look after
  o I have children/elderly/disabled to look after

- How can you describe your social attitude?
  o I am actively involved in social activities, once a week or more
Section 2  About Your Self Regulated Learning

- How do you learn from the material given by your tutor?
  - I spend time on the handout before the classroom teaching
  - I spend more time after the classroom teaching on revision
  - I arrange them equally

- How many hours do you spend in home learning per week?
  - 25 hours and above
  - 20-24 hours
  - 15-19 hours
  - 10-14 hours
  - Less than 10 hours

- Network in self regulated learning
  - You contact fellow students regularly discussing the content
  - You have some help source from local practitioners
  - You discuss the what you have learnt with your family member/friends
  - You email tutor/lecturers for regular help
  - You tend to sort the issue out yourself
  - Others

- The learning style of self learning
  - Mostly reading books and notes
  - Reading and writing notes
  - Reading and summarising
  - Broad reading related topic on line
  - Visualising what happen in the classroom and then read and summarising
  - Others

- The facilities used in your learning
- Mostly books
- Mostly handouts
- Handouts and books
- Online information
- Others

- About BlackBoard, how often do you check it
  - Twice a day
  - Once a day
  - Every other day
  - Less than twice a week
  - Never access

- Your management of self learning
  - Using diary and check every day
  - Check black board for instruction and then follow
  - Using computer or mobile phone reminder function
  - Have a fixed time of reading in the week
  - Only when feel free to do the learning
  - No fixed pattern
  - Others

- The length of each session of self learning
  - 30 min or less
  - 30-60 min
  - 1-2 hours
  - More than 2 hours

Section 3  Learning Networking

- How many fellow students do you often contact for learning help/discussion?
  - 3 or more
  - 2
  - 1
- In discussion with fellows, what are the common content?
  - Learning related only
  - Learning and social purpose
  - Learning and information of part time work
  - Learning and others

- About your network, how is it formed?
  - By the group project in some modules
  - Find common interest our self
  - Find fellow of same social situation
  - Find fellow living nearby

- Is there any senior student in your contact for help?
  - Yes
  - Not sure

Section 4  Checking the progression of self learning

- About the designated self learning projects:
  - You exchange ideas with fellow student/local practitioners
  - You send draft to fellow student for comment
  - You give draft to family members for advice
  - You intend to do it independently without consulting others

- Do you like all assignment to be formalised with detailed timetable and check point?
  - Yes
  - It makes no different.

- How often do you want your tutor to check your progress
  - Every other week
  - Every week
  - Every 3 days
- After this period self regulated learning, will you be able keep the same kind management of your self learning for the rest of you time in the course?
  - Yes.
  - Not sure

- How many fellow students do you often contact for learning help/discussion?
  - 3 or more
  - 2
  - 1
  - No regular contact with any of them

- Do you recognise that the self organised learning is the integrated part of the academic training?
  - Yes.
  - Not sure

Section 5 Your experience in self regulated learning

- Do you recognise that the need of help for self regulated learning of others, and willing to provide some help to fellows?
  - Yes.
  - Not sure

- If you are going to help fellows, what do you think is the most useful way?
  - Mental support
  - Emotional support/encourage
  - Providing samples of previous assignment
  - Reminding/checking/critics
16、从认证视角谈落实《世界中医学本科教育标准》的思考

Pondering in the Perspective of The World Standard of Chinese Medicine Undergraduate (Pre-CMD) Education

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摘要：结合《世界中医学本科（CMD 前）教育标准》发布后国际中医教育界的巨大反响，文中从开展专业认证的角度谈落实该标准的想法和建议。认为开展中医学专业认证是落实教育标准的有力措施，并分析了当前开展世界中医学专业认证的必要性和可行性，提出在制定本科教育标准基础上，继续开展世界中医学专业认证的相关研究，做好认证的组织准备和技术准备，适时开展试点认证，为全面实施认证工作奠定基础。

Abstract: The promulgation of the World Standard of Chinese Medicine Undergraduate (Pre-CMD) Education has strong repercussions throughout the international TCM educational field. This paper intends to raise the idea and suggestion for the implementation of accreditation for the Chinese medicine specialty. Accreditation is considered to be a strong measurement to guarantee the educational standard. With the analysis of the necessity and feasibility of current situation in conduction of world TCM accreditation, this article postulates both the organizational and technical preparations, which would lay the foundation for the overall implementation of accreditation.

关键词：中医；教育；认证

Key words: Chinese medicine; education; accreditation

世界中医药学会联合会在 2009 年 5 月发布了《世界中医学本科（CMD 前）教育标准》（SCM0003-2009）（以下简称“本科标准”）。目前该标准已发布 2 年，如何深入落实《本科标准》是各国中医药教育界普遍关注和思考的问题。本文从开展专业认证的角度谈落实《本科标准》的想法和建议。

1 《本科标准》作用显现

随着教育服务贸易的全球化发展，教育质量控制成为一个核心问题，质量影响发展，世界中医药教育必须在保证质量的前提下才能发展，而标准化建设是教育质量控制的重要措
施。

回顾《本科标准》制定过程，有 31 个国家和地区共 166 人参加了起草、论证和审议。该标准充分表达了大多数国家和地区中医药教育者的心愿，采纳了多数中医药教育者的意见；《本科标准》参考了世界医学教育标准和中国中医学本科教育标准，结合世界各国和地区中医学本科教育的实际情况，构建了中医医疗市场适用性原则和教育机构所在国法律符合性原则，同时遵循了高等教育和医学教育规律，又突出中医学教育特点。作为第一个中医药教育国际组织标准，其具有科学性、可行性和权威性，全球适用性和各国法律符合性，因此，它受到了多数国家中医药教育机构和教育工作者的信任。接受和关注。

制定《本科标准》，顺应了世界中医教育发展的潮流，对世界中医教育的发展具有重要意义，在国际社会产生巨大反响。人们希望它能够在世界中医教育发展中发挥里程碑作用。首先，它得到了中国政府相关部门的认同和保护，将其作为今后中国政府中医药教育对外合作的基本框架；其次，它受到许多国家中医药教育机构的认可，一些国家的中医院校纷纷表示将参照《本科标准》办学，并已开始科学规划自身教育发展。修订教学计划，合理设置中医课程，论证增删教学内容等工作。《本科标准》不仅是衡量中医学本科教育的基本要求，也成为许多国家中医药教育标准的准标。各国中医药教育机构以主观愿望、主动按照标准完成自身建设和教学，《本科标准》作用已显现，所强调内部质量管理这一首要功能正在实现，并逐步会得到彰显和深入。

2 认证是落实标准的有力保障

质量工程一般包括三个步骤：一是制定标准，二是制定认证方案，三是开展认证。落实《本科标准》，一是靠被使用者自觉遵循、自身发展、努力达到，二是需要通过认证对被使用者的办学进行外部激励、共同监控。

近 10 年来，国际医学教育标准化进程日益加快，2001 年世界医学教育联合会（WFME）发布《本科医学教育全球标准》；同年，国际医学教育委员会（IIME）发布《全球医学教育最根本要求》，随后国际医学教育组织便开展了全球范围的医学认证工作；2007 年，中国教育部和国家中医药管理局制定了《中国中医学本科教育认证标准（试行）》，并开展了认证试点工作。现行的世界医学和中国中医学教育质量工程的做法为世界中医教育规范发展提供了借鉴和经验。

《本科标准》的制定反映出世界中医教育标准化进程的加快步伐。认证是《本科标准》实施的有力保障，由于世界中医教育市场的复杂性，因此开展专业认证工作显得更为必要。首先能有效的保证中医学教育质量，维护中医学教育信誉，为社会提供更优质服务。其次能
实现中医药教育市场的有序、公平竞争，推动世界中医学教育的可持续发展；还可展示高水平办学的中医药院校的优势，保护优秀中医药教育机构发展的积极性，维护它们的合理权益，激励它们努力达到卓越；另外能帮助未达标的教育机构发现问题，并能制定措施及时改进，达到标准要求。此外，开展专业认证能够宏观审视世界中医学教育的现状，发现存在的关键问题，为中医药国际组织制定发展策略提供重要依据。

3 开展认证工作的组织体系成熟

世界中医药联合会(WFME)对规范的医学认证提出的9条标准和要求：①权威性，②独立于政府和医学教育提供者之外，③得到各利益攸关方的信任和认可，④公开透明，⑤预先制定认证标准，⑥利用外部专家，⑦通过自评和同行评议进行评估，⑧权威结论，⑨公布认证报告和结论。为开展规范的认证，WFME还要求认证机构应代表各方利益，认证小分成员应胜任认证工作和具备严格执行相应任务的资格。

世界中医药学会联合会是中医药国际组织，其成员遍及亚洲，充分体现了该组织的代表性和国际性，其下属的教育指导委员会，作为国际性的中医药教育决策咨询指导机构，有来自世界20多个国家和地区的50多名中医院校、中医药教育机构加盟该会，特别是它拥有世界分布广泛的，代表不同国家和地区的中医药教育机构利益的，熟悉中医药教育情况的专家学者，拥有代表世界中医学教育最高水平的专家资源。因此，参照 WFME 做法，世界中医药学会联合会及其教育指导委员会作为世界中医学专业认证的组织管理机构，其专业性、公平性、国际性、权威性是可信赖的，其具备制定高效率、可操作、规范化、系统性的认证标准、认证体系和认证程序的能力。

世界中医药学会联合会为开展世界中医学专业认证工作提供了组织基础，相信世界中医药学会联合会汇集各国和地区中医药学会、中医药教育学会或机构的力量，凝聚各国中医药教育专家的智慧，一定能将世界中医学专业认证工作办实、办好。在此也建议世界中医药学会联合会抓住时机，成立“认证工作专家委员会”作为认证机构。

4 《本科标准》为专业认证奠定基础

《本科标准》中提出“中医学本科教育办学基本要求”，其规定了中医学本科教育准入的基本条件，而“中医学本科毕业生基本要求”又是中医学本科教育的最低标准。《本科标准》既是世界中医学教育标准化建设的要求，也是开展世界中医学教育质量认证的基础和依据。当前世界中医药教育标准化建设应积极推动开展专业认证工作的相关技术准备，需要制定《世界中医学专业认证细则》，其中主要包括《世界中医学教育认证指标体系》、《世界中医学教育认证办法》、《世界中医学教育认证工作专家委员会章程》、《世界中医学教育认证专
家组考查操作指南》、《世界中医学教育及北美管理方法》等相关文件。

制定《世界中医学教育认证指标体系》应依照《本科标准》，参考借鉴国际医学认证和中国中医学认证的研究成果而制定。

在制定原则上，同样要符合中医学教育规律，兼顾各地区文化背景和中医学教育机构实际，遵循国际中医学教育市场适用性原则和所在国法律符合性原则。

在内容上，按照“中医学本科（CMD 前) 教育办学基本要求” 10 项 49 项和“中医学本科 (CMD 前) 毕业生基本要求” 4 项 23 项的内容和要求，可分列①宗旨和目标、②学制与学时、③教育计划、④学生考勤、⑤学生、⑥教师、⑦教育资源、⑧教育计划评估、⑨管理和行政、⑩发展规划等项目的细化指标，对具体考察指标确定“观测点”，和“评估标准”，以利于实际操作。

在认证程序上，按照《世界中医学教育认证指标体系》，采取自评和外部评估（同行评议）的方式，提倡以证据支持的诚实、自评和保证遵守标准的公正客观的认证与指导，最终做出包含建议在内的积极的结论报告，得出认证结论，由认证组织机构即世界中医药学会联合会公布发布。

5 结语

开展世界中医学专业认证是落实《本科标准》的重要方法，是世界中医教育发展到一定时期的必由之路。笔者建议，在当前制定的《本科标准》基础上，做好开展世界中医学专业认证的前期工作，包括组织准备和技术准备，同时还要研究认证机构和被认证机构相应的权利和义务，使世界中医学专业认证工作科学有效实施并深入发展，推动世界中医教育与时俱进。

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Leadership Practice in a Chinese Medicine College Setting

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Introduction: I see leadership as a process to build up the collegial trust, culture and an organisation's capacity. This essay describes the organisation and leadership practice of a college of Chinese medicine in Auckland, New Zealand. Then it critiques the leadership practice by selecting and closely analysing several important organisational features of this college: the Senior Staff meeting; the Advisory Group of Stakeholders, and the Student Representatives meeting.

Keywords: leadership; Chinese medicine college; practice

1. The NZ College of Chinese Medicine

History, function and services

The first Chinese owned Chinese Medicine College in New Zealand was registered in late 2002 in Auckland, as a Private Training Establishment (PTE), namely Auckland College of Natural Medicine. In late 2006, the owner purchased Christchurch College of Holistic Healing (CCHH), which was owned by a Kiwi (local New Zealander who is native English speaking) Acupuncturist and was registered as PTE in 1999. In 2007, the two colleges were merged becoming the New Zealand College of Chinese Medicine (NZCCM) with two main campus located at Auckland and Christchurch. The college gained accreditation from New Zealand Qualification Authority (NZQA), Ministry of Education to offer a range of courses and programmes in Chinese Medicine (CM) at Diploma and Certificate levels as well as English Language courses. Since 2009, the NZQA has approved NZCCM Bachelor of Health Science with three majors in Chinese Medicine, Acupuncture or Chinese Herbal Medicine.
NZCCM accepts both national and international students for its programmes. The College gained signatory status to the Code of Practice for the Pastoral Care of International Students. The college is also partly funded by Tertiary Education Commission (TEC), Ministry of Education. Therefore, intending national students can apply for Student Loans and Allowances through Studylink for the College’s NZQA approved programmes that have been assessed as relevant by TEC.

In addition, the College also offers supervised clinical services for on-site clinical training. Services are available in acupuncture and in Chinese herbal medicine consultations are also available. These services are supervised by qualified acupuncture and Chinese Medicine professionals and are delivered to patients from the general public.

Mission of the college

The college’s vision and mission are to be a centre of excellence for Chinese Medicine training and treatment and bringing Chinese Medicine into the NZ health care community to benefit the health and wellbeing of all in New Zealand. The college’s values listed in our mission statement include authenticity, commitment, honesty, integrity, diversity and respect.

The college is committed to forging relationships with ‘industry’ bodies and professional associations in the field of Chinese Medicine. It is also keen to make its training services available to rural communities in their own settings who might otherwise have difficulty in accessing training.

The college is committed to quality education that is infused with the values of CM and to the broader recognition of CM within New Zealand.

Organisational Structure

When the college started in 2003, there were only 13 students. But the student number increased rapidly every year until the Government changed their strategy to reduce the student number across the country. Currently, the college has about 160 students who study Bachelor or Diploma qualification and 60 equivalent full time students who study the Foundation certificate, which is 25% less than last year.

The college has about 35 teaching staff and 15 support staff in both Campuses and has the following organisational structure to manage the college:

Board of Directors

CEO office assisted by a National Manager

Teaching Affairs Section headed by the Academic Principal

Administration Section headed by the National Manager
Students Service Section run by the Student Services Manager

In addition, the college also has: an Academic Board to guide the academic quality of courses especially Bachelor degree; a Research and Ethics Committee; and an Advisory Committee whose members are from outside college to provide necessary advice as external stakeholders. Special organisational features

Our college has some special features which influence our leadership practice. These are:

1) The small size of the organisation means the resources are limited and also the ability to resist pressure from outside forces (like Government policy changes) is weak.

2) We offer a range of courses from certificate to bachelor level but the college is very unique as these are all just in one discipline: related to Chinese Medicine.

3) The courses meet local needs so the number of student enrolments rapidly increased in the past 5 years.

4) Culture diversity across the college: Chinese owners; Leadership as a combination of a Chinese CEO and Chinese Academic Principal with two Kiwi managers; Chinese medicine programme as subject matter; also students and teachers in the college are of a range of cultures ranging from Chinese and Pakeha to Korean, Pacific Island and Maori.

5) Staff have high enthusiasm and motivation for their jobs and are very knowledgeable in their Chinese medicine subjects, but many have not had NZ teaching experience or have not worked in an education organisation in NZ before they started work at NZCCM.

Leadership Practice and Critical Analysis

To explain and critically analyse the leadership practice at our college, I have decided to focus on several important organisational features I have developed over recent years as the college grew.

For quite a long time, our college’s leadership has depended on the CEO’s direction and on individual staff member’s independent self-motivation because we were so small and everybody had more than one role. Since 2007, after the merger of the two colleges and the rapid growth of the business, this leadership model certainly needed to be changed and improved to meet the college’s development. We had to consider the “systematic manner which communication practices can be used to help coordinate and control the activities of organisational members” (Deetz, 2001, p.3). According to our college’s structure, I designed a range of meeting structures to make sure our system and procedures work well. The new meeting arrangements included: Advisory group meeting of stakeholders, Senior
staff meeting, Administration staff meeting and Student representatives meeting. These regular meetings not only play an important role for communication and coordination but also build up the collegial trust and organisational culture. However, as I will illustrate, while these meeting structures have helped the leadership and organisation of the college in many ways, problems still remain in some areas.

Senior Staff Meeting

The fortnightly Senior Staff meeting was set up by me in late 2009. Instead of individual meetings with senior staff, the meeting provides a platform for senior staff including the CEO, Academic Principal and managers to discuss issues and polices at the college and make necessary decisions by a process of mainly consensus. The main reason for setting up the meeting was that the existing organizational structure for the leadership practice could not meet the college’s rapid growth. Senior staff wanted to participate in the decision-making and as well as to see transparency in the decision process. Moreover, more detailed division would require fine coordination and collaboration between departments. Therefore, we needed to think of the structure as not only: “vertically, through top-down devices” but also “laterally through meetings, committees, coordinating roles, or network structure” (Coleman, 2005, p61).

This leadership practice illustrates the Collegiality feature, referred to by Coleman (2005). It includes a democratic process and consensus result (Coleman, 2005, p.49). Everybody in the group contributes to the Agenda and open discussion. Staff at the meeting can express their views or comments straightforwardly and express their own values and culture. It provides a kind of “interpretive context” (Deetz, 2001, p.17) for staff to work in; staff can challenge each other and negotiate how we will do things. Quite often there are heated exchanges in these meetings as people argue for their view. Sometimes a decision is not reached and we have to simply accept that it was a useful discussion and airing of views. However, usually a way ahead is clear after such an airing.

The meeting also has a function of monitoring the college’s work and arranging the college’s work plan for the next two weeks. Senior staff in this way get an overall view of the college development step by step and understand that their work is a kind of “network of interacting individuals” (Zepke, 2007, p.303). So this has the positive outcome that staff will consider the mutual effect on other staff when they complete their tasks.

I see our college as a community of great cultural diversity. The most important strategy for
operating within the meeting structure perhaps is to understand our own cultural filters and to accept differences in people so that each person is valued and treated as a unique individual. Students and staff in the college are from different ethnicities. The members of the management group also come from different ethnicities: Chinese owners and Kiwi managers. Quite often differences in values become evident. For example, Chinese educational leaders think that face to face study is very important for learning Chinese Medicine. But western educators think self-study is more important for all adult learning. Chinese leaders believe discipline and “following rules” are important when training students to become professionals with competency. But one of our Kiwi managers in particular tends to cater for any students’ requests because he thinks to appease clients’ requests is important otherwise we will lose clients. There is a gender mix in our leadership team also: two women and two men. Sometimes the Chinese woman and Kiwi woman may take the same side against the others in argument because they have similar approaches to teaching priorities in the college, and care about that more than the business side. Further, even when people have the same ethnicity but different background their values and approaches can still be different. The Chinese Academic Principal and I often have strong discussion from different sides of an issue. All these differences including race, culture and ethnicity, gender and work experience affect the leadership practice in our college. The two Kiwi managers also often display different values from each other. However, I need to seek out all available strategies that will bring out from the senior staff the talent, skills and action that we need. As Kezar stated: “Successful leaders can reframe issues and help individuals from very different groups and subcultures to see the value of an idea—even one outside their own interests and values” (Kezar, 2008, p.413).

Through the meeting, we not only learn to value the differences between each other and maximise the benefits of those differences to innovate ideas and enable each of our staff to bring a valued contribution to our college, but we also promote the interactive context and cultivate trust among staff. Therefore we build up the college’s capacity to “support school-wide reform work, teacher change, and ultimately the improvement of student learning” (Cosner, 2009, p.250). For example, when we discuss the issue of the sexual boundary between staff and students, staff have different thoughts. Some members of staff believe the sexual boundary is not so important because staff and students are adults and they should know what to do and take responsibility. However,
most members of staff think the boundary is very important especially for the aspect of professional conduct. To overlook the sexual boundary is irresponsible. If a sexual relationship develops between staff and student or senior staff and staff, it could become an issue of sexual harassment. This will directly affect the teaching and student learning and perhaps become a serious court case. Furthermore, professional conduct is not only important for maintaining the sexual boundary but also for stressing the extent of the responsibility that individual staff have taken. It is important that individual staff realise overreaction or neglect of the boundary between divisions will mean the wrong message is sent to students and staff. Thus, it may cause inconvenience and upset to other staff. As a result of discussion at the Senior Staff meeting, the policy of code of professional conduct was created, and then further revised after an incident.

The Senior Staff meeting has become a key aspect of leadership practice at our college. It provides the opportunity for the college’s senior staff to face up to these issues that involve race, gender, value, culture and ethnicities; to prevent problematic incidents in advance; to set up and adapt necessary policies; to monitor the college’s development; and to build up collegial trust and culture and so enhance the college’s capacity. However, I see this meeting structure as a transition mechanism because our college is slowly shifting from an “owner/manager model to a stakeholder model” (Deetz, 2009, p.36). The Senior Staff meeting mechanism cannot resolve some issues in relation to senior level structure. The structure ensures the mediation function takes place but in the end, I have found it cannot change some management problems, in particular when a staff member’s personal values do not match the college’s values. Over time, there seems to be a trend that senior staff can rely on the meeting to take responsibility for their failure of actions and outcomes instead of taking responsibility themselves and thinking about their motivation to work for college outcomes. There seems to be an attitude that simply by reporting a problem at the meeting that they are somehow no longer responsible for becoming part of the solution to the problem. So these issues will be considered after a new organisational structure across the college has set up.

Advisory Group of Stakeholders

The main activity of the Stakeholder network is the Advisory Group Meeting. The College’s advisory group is made up of representatives from the following: the Chinese Medicine and Acupuncture industry, both local and overseas universities and institutions; Maori and Pacific
Island community health representatives; Education consultants and Student representative. The prime function of the network is to provide expertise to the college on its ongoing educational provision including improvement of the management system and to recommend potential new courses and programmes for which there is a perceived need and demand. It also serves to alert the college to possible working associations with other education providers. A good example of this was how after we built a relationship with one Maori advisor, she opened the door to a a rich network of support people for us in terms of not only Maori issues but also for academic and research expertise.

The network allows the college to have wide consultation and communication with internal and external stakeholders before we make decisions; we consider their needs and advice as fairly and justly as possible. “The interaction among stakeholders can be conceived as a negotiative process aiding mutual goal accomplishment” (Deetz, 2001, p.39).

A good example to show how this system is working is the decision making that occurred for the bachelor degree programme. During the consultation process, the advisory group played an important role in providing advice from local communities, industry and students as well as helping to ensure the programme we were designing meets their needs. People in this group examined the programme from the point of view of their interests and knowledge and discussed with the college management and academic team how the programme could reflect these aspects. Discussions were multiple. The programme is revised according to this advice as necessary. And also, in the process, the members gained more understanding of the programme.

One problem that has developed with our association with stakeholders is that sometimes different loyalties develop between management and the stakeholders; a manager can hold the values or wishes of a particular stakeholder as more important than the values and goals of the college. This can lead to conflicts and frustrations. Also sometimes a stakeholder has more than one interest, for example, he may work in a competitive area or have an allegiance to an organisation that the college does not share allegiance with.

Student Representatives Meeting

The Student Representatives (Reps) group and meeting is another feature of leadership practice at our college. I designed this structure because I see the students as not only trainees, but also as the biggest party at the college as a community, consumers, and the most important
stakeholder of the college. To ignore them in the leadership practice definitely will influence the decision making process negatively. Normally, there is a student association at a public institution or university, but we seldom see it at a private tertiary organisation in New Zealand perhaps because the PTEs are not big enough or the private education sector thinks the student association is not so important. However, I have a different perspective on it which is influenced by Chinese culture and background. I believe students have equal rights with staff at the college to participate in the leadership practice. As the main stakeholder, they have the capacity to influence the power of leadership. They have accountability to become part of the leadership practice.

In China, there are similar student organisations in universities and institutions. They participate in the organisational leadership by assisting the leaders of the university to run the university. They are a kind of extension of the management power of the university to direct students and to make sure students concentrate on study or participate in any political campaign that is organised by the government. It is quite different from western universities in this way.

I agree there is no need to have a formal and complicated student association structure at a small institution like ours. But we must acknowledge that students care about the power that the college has and that the college uses “the power in our work with learners” (Chapman, 2003, p.37). Students want to know how the college’s decision making process works and that their views and concerns have been considered. So I decided to have a regular Student reps meeting. The reps are from each class by election. The meeting is chaired by a senior management staff member such as the Student Services Manager, and run once per term. The function of this meeting structure is to act like a “Bridge” between students and the college. There are two main aspects: one is to express students’ voice and interests and the second is to communicate the college’s messages on policies and decisions. Through the interaction between students and the college, the college can have wide consultation from students on decisions on policies and programme development. Also we can discuss student’s issues which will affect teaching and learning or the college’s routine work. I found this model maximises students’ passion for the college’s business and their motivation to learn as they see themselves as part of this family. They often say “we are on same boat”. Students often alert us to something we need to know about at the college (for example, if needling practices in acupuncture are becoming careless in small groups), and they also are eager to help us with tasks such as assist us in the new library or distribute handouts. This last way is very
common in China.

Students' involvement always affects the college's development. Sometime it can be too negative, even destructive. For example, recently a Korean student made personal attacks on the Academic Principal. But if we listen to then confront students' expressed needs and interests and orientate their power onto the right track i.e. for the good of the college as well as for their learning, students will see the college as their family or community. So they will do their best to help this family or to protect this family if someone harms it. A good example of this occurred, in 2006, three weeks before the final examinations. Two main Chinese teachers suddenly resigned and transferred to a local Korea TCM college without warning. They texted all students and asked them to transfer to that college. However, student reps quickly had a discussion with their group and decided not to follow these two teachers because they believed the teachers' behaviour seriously violated professional conduct and as well damaged their college. This autonomous action showed how effective the Student Rep structure is. It helps students to use their sense or power to judge and respond to things in ways that is the best for the college and for their study.

As stated, a function of the meeting is to provide a place for students to raise issues in relation to teaching and learning and provide a channel for students to build up an open communication context. Rusch and Horsford (2009) stated in their article “Changing hearts and minds: the quest for open talk about race in educational leadership” that people in USA don’t like to talk about race across colour lines and this obstructs the development of an open context. In our college, this is not a big issue as far as I know. Students have openly raised cultural issues in our surveys and with staff. For example, some Kiwi students were upset that Chinese tutors talk in Mandarin to Chinese students between classes. They think they are missing out. But I have pointed out to them that we need to respect the fact that Chinese is their first language, and that this is a multi-cultural college. In a similar way the senior staff ask for understanding of students who struggle with English as a second language, and for understanding of learning problems and cultural needs of minority students like Maori students, who we have been concerned about at college. However these Maori students do speak up about their concerns, at meetings or separately to management. I have observed an issue with silence from Asian students in discussions on the understanding of the Chinese Medicine philosophy. The core philosophy of Chinese Medicine is about the concept of Wholism and Yin-Yang balance which includes aspects from other traditional
cultures such as Buddhism, Taoism and Confucianism. For western students, it is easier to discuss the issue with teachers and their class openly because they know the difference between western and eastern culture and also they are taught in western schools to argue and raise issues. But Asian students may choose silence because they think that people will think they should know all about Buddhism and Taoism as they are from same culture background. When they don’t know they are a bit ashamed. Also Korean students would like to call Chinese Medicine “Oriental Medicine” or even “traditional Korean Medicine” as they have had their own development for a couple of thousand years. However, they do not want to talk about this because this is a Chinese Medicine College and run by Chinese. This situation obstructs the building up of an open communication context and therefore influences student learning. The Reps break the silence especially when we discuss the development of bachelor degree in Chinese Medicine programme. The constructive discourse has occurred.

2. Conclusion

The three features of Senior Staff meeting, Advisory Group of Stakeholders and Student Reps meeting are important aspects of leadership practice at our college and reflect leadership practice in general at our college. The Senior Staff meeting plays a key role in the leadership practice, and has the Collegiality feature. It provides a platform for the college in distributing the power with senior staff, so they participate in the decision making. The Advisory Group of Stakeholders provides vital links between the internal and external structure of the college. The members bring external advice and perspectives to the college and contribute very much to the college’s development. The Student Reps meeting plays a “Bridge” function. Students can express their views through this channel and get updated messages from college on the policy making. Through this meeting, the reps are directly involved in the college’s policies and programme’s development and provide their contribution as part of the “family”. Although there are always problems in any human organisation, in all these ways shown above leadership practice at the college slowly builds up a collegial capacity and trust and promotes ongoing challenging and improvement of the teaching and student learning of Chinese medicine.

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18. 中医教育全球化——策略与方向

The Globalization of Chinese Medicine Education - Strategy and Direction

Man Fong Mei

摘要：关于中医教育的国际化，最重要的先决条件是对整个过程有着战略性和方向性的透彻分析。通过对当前国际医药教育形式下各种因素的考虑，以下的分析应该是比较可行的。

首先，为了给中国医学带来的挑战提供可能性的解决方法，要对两者之间的矛盾，可能存在的共性以及不同的医疗系统方法论加以分析。

其次，为了对国际医学发展一个循序渐进的办法，必须要分析医学教育现有的基础设施和机构性动力，围绕全球不同地区的文化和社会特征找出相应的答案。

第三，医学教育的内容必须能反映社会的需求和适应病人的临床需要，当中医药被介绍作为主流医学教育的一部分，我们必须了解这将给医生带来怎样的效益以及病人最终获得的疗效。

本文提出了医学教育必须‘以人为本’的理论来作为未来医学的发展方向，并指出传统中医需要和西医更好地有机结合，让两者相得益彰，从而使对疾病的治疗达到更好的效果，以提高全民的健康水平，因此要通过对以人为本的医学原则来推动中西医结合。关于方法论和医学证据的评估中存在的争议也可以通过把相关的病人在治疗后的结果进行评论来得到解决。医学是科学也是哲学，这也是为什么未来中医师教育在专科化之前需要有多学科的培养。以上这些就是中医教育全球化在策略和方向上的主题内容。

Abstract: One of the prerequisites for globalisation of Chinese Medicine education is a thorough analysis of the strategy and direction of such a process. An analysis can only be achieved through a consideration of the various factors in the current international medical education.

Firstly, the contradictions between, and the possible synthesis of, the different medical system methodologies must be analysed in order to provide possible solutions to the challenges facing integration. Secondly, in order to initiate an evolutionary approach to integration in medicine we must analyse the existing infrastructure and institutional dynamics involved in medical education, which characterise the cultural and social establishment of each region or country in the world. Thirdly, the content of medical education must be measured in relation to the clinical
needs of the society that it is serving. When introducing Chinese Medicine as part of the mainstream medical education we need to know what benefits this will bring to the doctors and patients.

**Key words:** globalisation; TCM education; strategy and direction

**Keywords:** 全球化; 中医教育; 策略与方向

This paper proposes a patient-centred approach to medical education as a directional solution for a future medicine. A synthesis between conventional Western medicine and Chinese Medicine is therefore required so that the two complement each other to achieve a better result in the treatment of diseases and improve the general healthcare of the people. Therefore, to forward the agenda for integration in medical education must take the patient-centred approach. The argument between methodologies and the evaluation of medical evidence can only be resolved by involving patients as the central objective of any medicine. Medicine is both science and philosophy which is why the education of the physicians of the future will require a multi-disciplinary approach before any specialisation. These are the central themes in the strategy and direction for the globalisation of Chinese Medicine.

**Current Dynamics in International Medical Education and Methodology**

When considering the globalisation of Chinese medicine education, we need to first consider the key factors of resistance that exist within the international mainstream medical environment. Mainstream medicine is dominated by the scientific methodology of Evidence Based Medicine (EBM) and the acceptance of another medical system will only be resolved through vigorous debates and solutions of problems involving social and economic polemics. Medical schools will only be willing to integrate Chinese medicine within their conventional medical education if there is a consensus that Chinese Medicine is beneficial to patients and, therefore, a necessary requirement for the education of physicians. Clinical efficacy of Chinese Medicine, however, cannot be fully evaluated by the currently dominant medical methodology of EBM, through Randomised Controlled Trials (RCT) and Meta Analysis. A new evaluation methodology - such as patient outcome or patient centred assessment - needs to be accepted as a precondition for the clinical efficacy of the Syndrome Differentiation approach of Chinese Medicine. An innovative solution is therefore necessary in order to commence the introduction of Chinese Medicine education within conventional medical education. The process of persuading medical educators –
and its success - depends on establishing an integrative approach in medical evaluation. A global task force of experts should be set up to provide authoritative findings and guidance in this direction.

Hitherto, Chinese Medicine and Western medicine education in China have been conducted in separate medical schools. Although there is an encouragement for integration in education, in reality, there has been no real attempt to cohesively synthesise the two medical systems together, either within the theoretical or clinical education of doctors in China. Thus far, integration has been superficial even within the clinical practice of Chinese hospitals. In considering the strategy and direction of global Chinese Medicine education, we must consider in depth the theoretical and clinical problems involved in education. This will then point towards a structure for an integrative medical education model. Before we discuss the questions of syllabus and methodology of teaching, we need to have an intellectual solution to the problems facing integration. We first need to formulate the nature and content of twenty-first century medicine. The essence of both Chinese Medicine and Western medicine should first be distilled for the optimal benefit of the patients and only then we can found the basis for the education of our future doctors and physicians – who should be one and the same. This is the patient-centred approach to medicine education that this paper is discussing.

The question for the medical education of the future is clear. We have to decide whether Western medicine education and Chinese Medicine education should be conducted in parallel in reference to each other, or whether a serious attempt should be made in the direction of integration towards the synthesis of a new medicine. In the global perspective, should we adopt the Chinese model, as described above, or develop true integration in medical education? This is a directional problem we have to solve. In the author’s opinion, we need both inheritance and innovation in the final resolution of this contention. Then it will be possible for us to begin a discussion on the syllabus and methodology of teaching as part of an integrative Chinese-Western approach to medicine. This is the first directional decision for a global medical education task force.

**Content of Medical Education in Relation to the Patient’s Needs and Clinical Excellence**

When we are considering the syllabus and content for Chinese Medicine education within the conventional medical education, we must examine the clinical deficiencies of conventional Evidence Based Medicine. Medical education must reflect the clinical needs of patients. For
instance, chemotherapy produces negative side-effects but they can be substantially reduced by Chinese herbal medicine and acupuncture. Indeed, the side-effects of drugs like steroids and anti-depressants can all be minimised by Chinese Medicine. Pain management with acupuncture and TENS has also proven to be a medical breakthrough with the discovery of the neurotransmitter and Gate Control mechanisms. These are some of the examples to be used for incorporating the positive clinical content of Chinese Medicine within medical education. Similarly, the advantage of Chinese gynaecology in the treatment of infertility and menopausal syndromes as well as the Chinese Medical approach to andrology in the treatment of impotence and prostrate-related disorders can also be considered as focused content for the Chinese Medicine syllabus to be taught to medical school students. Patients also find amazing results with Chinese Medicine for dermatological diseases such as eczema and psoriasis. The acupuncture treatment of stress and the Chinese herbal formulations for depression are all an important part of integrative content in future mainstream medical education.

In the final analysis, the necessity for an integrated medical education should be measured according to the advancement of medical treatment and the improvement of health of the general public that such integration can produce. This will also depend, to a large extent, on the patients' demand and reaction to the integrative approach. Within such framework for integration, the safety and the quality of life of the patient are also an important factor for consideration. Chinese Medicine will bring a more humanistic and less invasive aspect to medical practice.

**Patient-centred Approach as the Directional Solution**

The ultimate aim of any medicine should be to care the patient. While not causing any more harm, medicine should at least have the effect of improving the well-being and longevity of the patient. In order for integrative medicine to be established as the general medical norm in research, education and clinical practice we must be satisfied that the new form of medicine provides better solutions to the clinical problems of the 21st Century. Civilisations progress only on the continuous substantiation of knowledge and the development of wisdom corresponding to the higher values in social attainment.

Medicine is not exempt from this social process. In our age of science and technology there is a trend of a return to nature as people are preferring natural foods and natural medicines. The arrival of Chinese Medicine on the global scene is timely in the wake of the renaissance of
Chinese culture. Yet it has to be modernised in order to provide a substantial challenge to Western Evidence-Based Medicine, and so the prerequisite elements are in place for a medical synthesis. The complex dynamics of the modern world are shaping individualised medicine of the future where patients are at the centre of all aspects of healthcare and medical students will have to adapt to this situation. Medical education will have to train the future physicians in line with the modern requirements and trends in society and culture. The expectations of the patients have dramatically risen with the transparency of medical knowledge within the world wide web. Clinical services must adapt to the modern patient who takes ownership of their own health, is well-informed and is adverse to invasive intervention. The future medical education model must, in turn, take this into account since the medicine of the future will be a patient-centred medicine.

Strategic Considerations for the Globalisation of Chinese Medical Education – Towards an Integrative Medicine Education Model

In order for Chinese Medicine to globalise we have to consider the future model of an integrated medicine in which Chinese Medicine will play its role. Strategically, Chinese Medicine has to define its contribution to modern medicine. In the author’s view, the key areas for consideration are:

1) Syndrome Differentiation, as a diagnostic procedure, is of strategic importance to establishing an individualised patient-centred model for future medicine. Syndrome Differentiation is the essence of Chinese Medicine; it takes the holistic view of the pattern of diseases by identifying the features and developments of the patient’s health problems. A structured investigation in the logic and methodology of Syndrome Differentiation in line with the modern theory of knowledge is a strategic consideration that must be made when incorporating Chinese Medicine education within mainstream medical schools.

2) This opens up an important discourse on the intellectual relationship between the science of medicine and the philosophy of medicine. If we are able to synthesise the technical advancements of science with the philosophical understanding of the human body accumulated into Chinese Medical theories then there we have a theoretical basis for integration. The answer lies in marrying the Chinese philosophical concepts of Yin and Yang, Qi, Balance and Harmony with the dynamics discovered in new physics such as quantum mechanics and the Supersymmetry theory in the standard model of particle
physics. This research direction should be considered as strategically important for an integrative medicine education and as a step forward for the globalisation of Chinese Medicine.

3) Western Evidence-Based Medicine trains doctors with technical skills and knowledge of medicine. Medical specialisation has been increasingly dominant in medical education. For instance, a surgeon performing a heart surgery during their entire medical career will find it difficult to acquaint himself with the other important fields of medicine. Whereas a Chinese Medical physician connects the heart with other organs with the holistic theory of Zhang Fu and he will have a fuller picture of the patient’s pattern of disease and how a heart operation may affect the other organs of the body. Chinese Medicine therefore sees the body as a holistic, complex web rather than as a sum of its parts. This unique feature of Chinese Medicine should be considered when integrating Chinese Medicine education with conventional medical education and promoting a multi-disciplinary approach to medical education and should be pursued as strategically important.

In summary, the strategy and direction for integrating Chinese Medicine globally lies in persuading conventional medical schools that Chinese Medicine can contribute positively to clinical treatment through such key features as Syndrome Differentiation, its unique philosophical theories and the less invasive treatment modality of herbal medicine and acupuncture. The strategic considerations bring us to a patient-centred medicine that may provide a model for a future integrated medicine which is based on both scientific evidence and philosophical analysis. Chinese Medicine education can only be forwarded if the environment discussed above is created within the medical community. This will also ensure acceptance and approval from governmental and medical authorities. These are the challenges that we have to overcome in an international context in order to promote the globalisation of Chinese Medicine education.

Man Fong Mei

2011年10月29日 中國北京
19. Setting up an Innovative Program of Bachelor's Degree/Double Diploma of “Traditional Chinese Medicine & Biology” in Nanyang Technological University, Singapore: Program Portfolios

Wang Baofang

Abstract: On 27 Aug. 2004, Nanyang Technological University, Singapore and Beijing University of Chinese Medicine jointly set up an innovative Program of Bachelor’s Degree/Double Diploma of “Traditional Chinese Medicine & Biology.” With the support from the Ministry of Education of both countries, this program was established to promote formal education and talent training of traditional Chinese medicine (TCM) in Singapore, from which professionals with modern biomedical background, TCM theoretical and clinical competence could be produced for the country.

Keywords: bachelor degree; double diploma; program portfolios

一、 中医-生物”双学士学位本科项目简介

新加坡南洋理工大学是新加坡仅有的两所国立大学之一，被美国《泰晤士高等教育增刊》（Times High Education Supplement）排在全球第 50 位、亚洲第 7 位，为世界 100 所最好的大学之一。新加坡南洋理工大学生物科技学院成立于 2001 年 7 月，由生物科学学院及生物科学研究中心两部分组成，并将成立医学生学院。生物科学学院拟将学院建设成一流生命科学研究和教育中心，使学生具备丰富的知识和技能，充分发挥其潜能和创造力。

北京中医药大学是中华人民共和国最早成立的高等中医院校之一，是唯一一所进入国家
“211工程”建设，并直属国家教育部管理的重点高等中医药院校。在办学层次、学科门类、科学研究、医疗水平、办学效益、对外合作等方面居于全国中医药院校的前列。

南大和北中医在国际不同的研究领域均享有很高的学术声誉和地位。此合作项目的课程采用中英文教学，因此两校间的紧密合作，是中国特色高校与国外著名大学强强合作的一个新尝试，既有助于新加坡正规中医药教育体系的建立，有助于提高新加坡中医行业的水平，推进中新双方中医药的交流与合作，为新加坡培养既具有现代生物科学知识，又受到正规系统中医教育的、具有较强中医药理论知识及临床实际工作能力的专业技术人才。同时也会为中医走向欧美和亚洲其他地区的教育市场开辟一条道路。

自 2005 年第一批学生入学以来，本项目已经招收了 6 个年级、320 多名学生，今年首届 58 位同学，已圆满完成学业，全部达到毕业水平。

二、新加坡中医教育状况:

新加坡已经通过中医立法，且于 2001-2003 年实施了对中医师及针灸师的注册，截止协议签署时，已被国家承认的中医师及针灸师合计 2000 多人，在新加坡建立正规的中西医药高等教育体系已是大势所趋；新加坡 500 万人口中，华裔占 70%，其周边包括印尼、马来西亚等国家华占民族人数的比例也很高，社会对高质量的中医药教育的需求亦很大；在 2004 年，新加坡已存在一些以培养中医专科生及硕士研究生为办学目的的机构，但尚无一所培养中医本科生的正规大学，因此本合作办学项目得到新加坡政府（包括教育部及卫生部）的大力支持。

三、项目的优势和特点

该项目首开新加坡正规中医药高等教育之先河，结束了新加坡没有培养中医本科生的正规大学的历史，有助于新加坡正规中医药教育体系的建立；培养出了新加坡中医史上第一批经过正规中医高等教育的本科毕业生；该项目将现代生物医学教育与传统中医药学教育相结合；采用双语教学，有利于不同文化背景下的不同学科的理解和学习，为中医的东、西方传播准备了优质师资；实现了中国中医高校与境外知名大学间的学分、学位互认；培养了适合现代生物医学发展的中医药高层次人才。这将有助于提高新加坡中医行业的整体水平，并将推进中新双方中医药更深层次的交流与合作。

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Use of Clinical Videoconferencing in Chinese Medicine Education: A Pilot Study

Angela Weihong Yang, Garry Alan, Lin Dong, Suzi Mansu, Charlie Changli Xue

Abstract: Videoconferencing has been used for live lecturing in a number of disciplines, such as surgery and so on. However, it has not been used in the teaching of Chinese medicine courses. This innovative project aims at expanding the opportunity for students to get access to the patient-clinician interaction from Year 1 studies and thus it is piloted in the first-year course, Diagnostics of Chinese Medicine.

Key words: videoconferencing; Chinese medicine education; study

Videoconferencing has been used for live lecturing in a number of disciplines, such as nursing and surgery. However, it has not been used in the teaching of Chinese medicine courses. This innovative project aimed to expand the opportunity for students to access the patient-clinician
interaction from Year 1 studies and thus it was piloted in a Year 1 course, Diagnosis in Chinese Medicine. All the students enrolled into this course observed the live consultations conducted by senior students, interacted with the real patient in the teaching clinic, and learned case history taking through real cases followed by case analysis in the classroom. Eight one-hour clinical videoconferencing sessions were conducted during the semester. Students’ perception of learning experience with videoconferencing technologies was evaluated at the last videoconferencing session using a 25-question survey (5-point scale). 24 students completed the questionnaire. 92% students were satisfied or strongly satisfied with the application of clinical videoconferencing system when studying the Diagnosis in Chinese Medicine. They acknowledge that the clinical videoconferencing technologies have enhanced their learning experiences in applying the basic theories to the real clinical practice. Successful completion of this project provides a new model of clinical delivery in the Chinese medicine program. This model will be available for adoption into other clinical programs.
21. Grasp the essence of the Eastern Learning Progressively Spreading to West, Keep Pace with the Times,—A Review of the 21-year Experience in TCM Education in the Leonardo da Vinci School of Medicine

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Summary: Why is Chinese science and technology being surpassed and replaced by those of Western countries, while traditional Chinese medicine, with its unique curative effect, has been widely applied in modern society, to deal with some difficult and complicated cases, which has aroused attention of many international health departments. You may ask, "Why"? In 1990, Prof. Madrazo, a celebrated medical anthropologist, invited Prof. Zhu Mian-sheng to teach Chinese medicine in Leonardo da Vinci School of Medicine which is the forerunner of teaching TCM in French institutions of high learning. In 1997, Prof. Madrazo, Prof. Adari and Prof. Zhu Mian-sheng proposed a program at the school for doctors of Western medicine, pharmacists and medical administrative staff who have already granted a doctoral degree.

Key words: Da Vinci school of medicine, TCM diploma, Western medicine
1990年，欧洲著名医学人类学家马德和索教授邀请朱勉生到达•芬奇医学院讲授中医，开创了在法国高等医学教育系统讲授中医的先河。1997年马德和索教授、阿达理教授和朱勉生教授共同创办了达•芬奇医学院中医教育文凭，旨在面向已经获得博士学位的西医、药剂师、医药管理人员颁发中医文凭。学制三年，以周末授课方式进行，考试和论文答辩合格后颁发证书。

这一中医教学的环境是西医学院，教学对象都接受过西医系统教育并且大部分具有相当丰富的临床经验与工作经历，他们当中的很多人是带着多年临床积累下来的疑惑与工作中遇到的问题而来，也有不少出于对异种文化医学的好奇。尽管问题多多，归根结底集中于“为什么中国古代科学技术中有许多已经被新兴的西方科学技术所替代，与此相反，中医却以其特殊疗效被越来越广泛地运用于现代社会的各种疑难病症，受到世界许多国家卫生部门的重视，道理何在？”这是一个有较高思辨能力和实践能力，期望“汲取东江水，浇灌西国花”的群体，本科生的教材和教法显然满足不了需求。针对这样的群体，达•芬奇医学院中医教学的重点是透过中医基本理论和知识、技能，向学员讲解中医体系的特点和他之所以不同于西医的缘由，而要讲清楚这一点还必须涉及中国文化的载体中国文字结构和中国古代思维逻辑等知识。如何将中医天人合一的生态医学结构，心身合一的整体观念，时空统一的生理病理治疗学说，以及中西医学和文化的比较等等贯穿在课程之中，而不是简单地将中医理论和技术平面铺开，都是我们在教学中要考虑的中轴线。为此我们选择了回溯经典的办法，以《黄帝内经》、《针灸甲乙经》等作为教材主体，而且采用了“汉字—拼音—法语对照”的编写形式，使学员既能够从本源上了解中国医学的原始理念，又获得了中西医学和文化在逻辑、理念、方法等方面进行对比研究的第一手资料。二十多年的经验告诉我们，向以笛卡儿哲学为方法学的西方医学界解析传播中医，贴着经典讲授是一条捷径，“皮之不存，毛将焉附”，脱离经典很容易陷入“变形离谱丢弃自我”的境地，这将是中医西传的失败，是我们最不愿意看到的。

然而给西医博士讲中医经典如何讲，却大有一番考究。

例如四时正脏阴阳这一《黄帝内经》藏象学说的关键，如果坐而论道纸上谈兵将会无功而还。朱勉生教授系统编创了“藏气时功”，按照五季五方五藏的模式，将藏象经络气血津液等知识通过导引按摩多种养生方法一线贯通，使学员在习练中对中医整体观念和体验医学的特点真正有所感受，并且领略到中医预防为主的效验。学员越学越爱学，普遍反映：“我们从解剖躺着的死人开始学习西医，藏气时功却从感觉站着的活人将我们引进了中医新天地，让我们体验到人与自然如何相连相通，脏腑功能气血津液如何随时运转，使我们对中医
人体观身有感受心有领悟，这是学习中医最好的起点和载体！

又如经络学说，不少学员认为时至今日还没有任何科学方法可以证明经络的存在，只不过是中国古人的一种猜想而已。如果我们不能从理论和临床很好的回答这个问题，针灸课程就无法进行。王永峥教授以中国传统认知方法为中心，结合经络体系形成的历史过程，强调临床疗效是检验与甄别科学的基础。讲座中一方面借鉴了学员熟知的现代医学神经系统的概念、循环系统、淋巴系统，以及疾病的发生机制等知识，说明经络承担着人体的传导连接功能，同流行其中的“气血津液三流体”，共同组成一个有机整体。但是又指出经络不同于西医在习惯上分割开的循环系统、神经系统、淋巴系统，它是一个功能的集成整合，是生命所需的物质、能量、信息的流通传导的载体和通道，合称为“经络”。经络不仅能够解释诸多的临床现象，而且还提示了西医系统功能之外的许多未知生命自组织功能，所以它超出了现代医学独立系统功能的简单叠加。这些理论也都贯穿到针灸临床示范之中，许多学员介绍的疑难病症，经过几次针灸治疗获得意外疗效，使他们从此真正改变了对中医的态度，相信这是一种有价值的生命解读，产生了一些学习的动力。随着学识的不断积累，学员越来越领悟到中医及中国文化的博大精深，进而对我们能够阅读中医古典文献羡慕不已，甚至感叹他们自己已经不可以轻易读懂伏尔泰、莎士比亚的原文了。

坚持从文化内核出发解析技术层面，又要切合西医所缺所需，仅仅依靠中医教授的力量是难以做到的，我们的教学团体除了包括经过中国中医院校严格训练具有临床经验的中医教授，还吸引了长期从事中西医交流合作的西医专家，富有中医临床经验的法国医生、将“道与天”作为研究主题的法国科学院天体物理学科学家，还有优秀的《易经》研究汉学家、语言学家等专家等。同医学院课程相并行，还有欧洲中医药专家联合会的时令针灸、特技针法和亚洲文化学院的藏气法时功、六字诀等学术活动供学员选择，从而构成了比较完整的理论与技能相结合的高水平学习计划。这样的课程设置和教学团队受到学员极大欢迎，他们的共同感受集中在三方面，首先是中医体验认识人体的方法和理论使他们对中医学术从根本上“另眼相看”，其次是中医学健康和疾病的概念使他们的临床思维发生了重要变化，第三是中医治疗和预防疾病综合运用的多种办法，为他们的医学实践提供了全新的借鉴。

需要指出的是，同在中国一样，目前中医本科教育同现行西医教育体系还没有接轨的可能性，培养中医本科生不是西医学院的任务，在西医医学院里也还不可能设中医本科教育。
士、药师等特定对象，中医教育的内容、教授团体的组合和实施教学的方法，都有别于其他环境和对象。然而这部分中医教育是海外中医教育不可或缺的重要组成部分。她所发挥的功力和效果，首先是为中国药作为一个学术整体被西医了解和认识提供一个平台，顺其自然而来的是为从高层次促进中医同西医的沟通融汇加了一把火。在达·芬奇中医药部学习过的学员，很多成为在法国推进中医的领军人物，例如在法国药品食品检察院主管植物类药品用品，担任欧盟草药联盟副主席的安乐，在巴黎国立医院集团承担着在巴黎下属36个国立医院实施中医临床研究和中医教学任务的楷恩比耶，在法国内科医生年会设立中医专题讲座和达·芬奇中医药教育展台的思彼荷等等。很多学员成了全欧洲中医药专家联合会的会员。正是有了这样一批尊重中医原创理念、对中医方法有亲身体验的骨干，我们得以组成执行编委会完成了世界上第一部《中医基本名词术语中法对照国际标准》，并已获得第四届中医药国际贡献奖。从2009年起，我们的团队在巴黎国立医院集团最大的国立医院彼基耶设立中医教学临床示范中心的项目中继续发挥出重要作用。

达·芬奇医学院21年中医教育的影响力和辐射力正在推动法国的中医事业更上一层楼。
Globalization of Chinese Medicine (CM) Vs Indian Medicine (Ayurveda)

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Introduction: Ayurveda "the complete knowledge for long life" or Ayurvedic medicine is a system of traditional medicine native to India. Ayurvedic medicine has some similarities to Chinese medicine (CM). Both systems are philosophical, rather than scientific, and are basically aimed at improving life. Approximately half of the herbs which are most commonly-used in each of these two Asian traditional medicines are similar. CM has a strong association to the yin and yang theory while Ayurvedic medicine believes in the supremacy of the "three dosha" (tridoshas) system. This paper is focusing on world globalization of these two Asian traditional medicines.

Key words: Ayurveda; Ayurvedic medicine; tridoshas system

Objective:

To evaluate the globalization of Chinese Medicine (CM) and Indian medicine (Ayurveda) in order to analyze the reasons why CM has been more successful in this concept

Discussion:

Indians are excellent in speaking English as it is an official language in this country but speaking English for first generation of Chinese medicine scholars and masters was obviously difficult, therefore it is clear in developing and globalizing of Ayurveda, Indians have never had language difficulty but Chinese medicine doctors have been confronted with this problem. On the other hand, we know that CM has been currently approved and practiced in many countries and there are numerous CM schools, or colleges all around the world however this scenario has not happened for Ayurveda.

"Here is the question: why in growth and globalization of these two kinds of traditional medicine, CM in contrast to Ayurveda has been obviously developed? I think this discrepancy in
progression happened for some reasons as below:

1. Every body knows that acupuncture was the first part of Chinese medicine which was introduced to West countries. It was a kind of therapy completely different from anything in Western medicine but effective in management of various diseases; consequently there was less resistance to its development than might with other methods, like herbal medicine, and then gradually some of these educated acupuncturists who have knowledge about herbal medicine started to prescribe Chinese herbs for their patients as an adjuvant for treatment, accordingly Chinese medicine was gradually developed in this way in western countries.

2. Developed countries like US, Canada, Australia, etc, have Chinese communities, and during last decades educated Chinese medicine practitioners have served TCM healing to such communities and this phenomenon has helped for spreading of Chinese medicine education in these countries.

3. Undoubtedly, China has the most sophisticated integrated medicine health care system as many hospitals give both Western and Chinese medicine services to the people, this integration has shown numerous benefits for patients during the time, similarly it has made western countries to run some integrative centers in the vicinity of hospitals or clinics such as Harvard integrative center, or UCLA integrative center. Hospitals practicing TCM treat more than 200 million outpatients and almost 3 million inpatients annually. About 95% of general hospitals in China have traditional medicine departments.

4. Chinese medicine and Ayurveda each depend on traditional fundamental philosophy, but I believe the CM made a break out from its philosophical domain through focusing on modern education, scientific researches, techniques and investigations. Chinese medicine became successful in crossing philosophical barriers through constant reworking of the basic system. On the contrary Ayurvedic medicine has not done this educational transformation, and consequently it struggles with some discrepancies between ancient medicine and Modern medicine and it comes back to Indian philosophy.

5. At present, education of herbal medicine has been modified in keeping with modern medicine as Chinese herbal formulas are undergoing rigorous researches according to their indications in modern medicine, and some of these herbal formulas or herbs have been recently
approved by modern medicine for prevention and treatment of some alimentations.

6- In addition, China government has this policy to support the development of CM, and has a programmed policy for this purpose. Modern CM was systematized in the 1950s under the People's Republic of China. Prior to this, Chinese medicine was mainly practiced within family ancestry systems. As modern TCM education in China developed quickly in past fifty years, the aim of TCM education was to run a modern educational system.

7- Owing to quality of educational programs in Chinese universities, many students or practitioners come yearly to China to study Chinese medicine, and this can boost globalization of CM. Growing popularity of TCM can be evidenced by the rapid increase in number of licensed Chinese medicine providers in the United States. Since the formation of the Accreditation Commission for Acupuncture and Oriental Medicine in 1992, the number of acupuncture institutions in the United States has grown dramatically. Today, there are approximately 60 schools in the U.S. which have reached accredited, and the number continues to rise each year. There are now approximately 900 students graduating from professional Oriental medical schools each year and licensing for qualified practitioners now available in 36 states.

8- Not only the communities of Indians in western countries are not fewer than Chinese communities, but also there are numerous books and many classes about Ayurvedic foods and diets, nevertheless Ayurveda can not consider as a medical practice by other medical systems. Ayurvedic teachers are so fewer than TCM doctors and there is no official licensing for practice Ayurveda in the West, and there are not many colleges that educate this subject, and also compared to many Chinese herbs that are now exported to west through China, Ayurvedic herbs are relatively traded in small amounts.

*why in growth and globalization of these two kinds of traditional medicine, CM in contrast to Ayurveda has been obviously developed? My respond to this question is just one word: You can join the first letters of the above paragraphs 1 to 8 to make the word:

E+D+U+C+AT+I+O+N= EDUCATION is the most important factor in this success.

Conclusion:

Nowadays Chinese medicine (CM) is considered as the most academic alternative medicine
in the world. During the past twenty-five years, many schools of Chinese medicine have been opened all around the World, and there has been a great movement to get this type of medical therapy accepted. TCM gradually become a part of world medicine and will get greater development and play more roles in the future. The most effective factor which has made this development possible for CM is a programmed policy for education and globalization of this ancient wisdom in China, which has not happened for Ayurvedic medicine so far.

Although great progress was made, there are some problems need to be considered and solved. The quality of education in many colleges needs to be improved. Chinese medicine schools should review five decade's educational experience, improve educational purposes, find problems existed, apply new strategies and try to standardize their educational programs.
23.东西方文化背景下的“同气相求”与“隐喻”：相异与相同

“Like Attracts Like” & “Metaphor” under the East-west Cultural Context: Difference and the Similarity

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摘要：“同气相求”指同类的事物相互感应，“隐喻”是语言学上的概念，虽然，两者具有不同的发源，所受的限制和认知角度也有所不同。但是，两者又具有密切的联系，将“同气相求”与“隐喻”结合起来进行研究，有着重要的意义。

Abstract: The term "Like attracts like" refers to the mutual response between similar things while "metaphor" is a linguistic concept. Though it is clearly seen that these two terms have different origins and are analyzed from different cognitive perspectives, they are closely related to each other. Therefore it is of great significance to study the term "Like attracts like" and "metaphor" together.

关键词：同气相求；隐喻；传统文化

Key words: Like Attracts Like；metaphor；traditional culture

“同气相求”指同类的事物相互感应，即通过分析而确定的同一类事物，在某一方面存在亲和感召、互补相应、协调一致的联系和作用。“隐喻”是用一个词或短语指出常常见的一种事物或概念以代替另一种事物或概念，从而暗示它们之间的相似之处。作为自然语言中的一种普遍现象，“在中医理论中充斥着大量的概念隐喻，甚至可以说是构建在隐喻的基础之上的。”4详细阅读浩瀚的中医典籍，我们不难发现，医家往往站在“同气相求”的角度，采用“隐喻”的表达方式来认识中医，让人叹为观止，颇见高屋建瓴之感。“同气相求”与“隐喻”，具有密切的联系，同时又有明显的区别。将同气相求与隐喻结合起来进行研究，有着重要的意义。而遗憾的是，目前鲜有就同气相求思想与隐喻结合起来进行研究者。为此，笔者不揣浅陋，略抒管见，以就教于方家。

一、“同气相求”、“隐喻”的基本含义

4 郭春华：《中医理论思辨录》，《北京中医药大学学报》第 33 卷第 7 期(2010 年 7 月)。
（一）“同气相求”的基本含义

“同气相求”出自《易· 乾· 文言》，其曰：“同声相应，同气相求，水就湿，火就燥，云从龙，风从虎。圣人作而万物睹。本乎天者亲上，本乎地者亲下，则各从其类也。”大意是：水往低湿处流，火往干燥处烧。云跟随龙，风跟随虎。圣人的作为，使万物自然而然的感应，真情得以显露。以天为本，向上发展，以地为本，向下扎根，这就是万物各依其类别互相聚合的自然法则。

理解“同气相求”的内涵，关键是把握“气”的基本含义。从语言学的角度，气，象形字，甲骨文，小篆字形，象云气蒸腾上升的样子。本义是云气。“气，云气也。”5 从中医学术语的角度，气，指脉气和营卫。在中医学领域，同气是指六气之气中与人体六经之气相合之气，而相求的涵义有三个方面：一是作用、性能上的相似性，亲和性、趋向性和相关性；二是转化发展过程中应时协调相一致性；三是事物量的互补协调性等。

关于“同气相求”，孔颖达有疏：“同气相求者，若天欲雨，而础柱润是也……言天地之间，物物相感，各从其气类。”后以比喻志趣相同或气质相近者互相吸引、聚合。同，有一同之意，即相异的事物在某一点上相同。简言之，“同气相求”即通过对事物进行“取象”和“运数”的定性、定量分析而确定的同一类事物。

由于中医学初创于先秦秦汉时期，这种“同气相求”的朴素思想便渗透到中医学理论之中，并在理论解释和临床应用上得到了广泛发展，从而形成了中医学“同气相求”的思维方法。历代医家在就中医的本质论证自己的观点时，不可避免地要使用隐喻性的语言。

（二）“隐喻”的基本含义

作为语言学上的概念，“隐喻”，是一种修辞手段。用一词或短语指出常见的一种物体或概念以代替另一种物体或概念，从而暗示它们之间的相似之处。一切理论都是以一定的语言体系为载体，中医学理论概莫能外。正如伽达默尔所说的那样，“一切理解都是语言问题，一切理解都在语言性的媒介中获得成功或失败，一切理解现象，一切构成所谓诠释学的对象的解释和误解现象都表现为语言现象。”中医学深深根植于中国传统文化，中医文化是基于隐喻的文化，具有其自身的语言特点，在中医药语言体系中，在“同气相求”所要求的“援物比类”的背景下，存在着大量的隐喻。鉴于篇幅，此处不一一列举。

二、“同气相求”与“隐喻”的相同点

“同气相求”与“隐喻”并非两个风马牛不相及的概念，而是具有着密切的联系。突出

体现在：

（一）二者都是基于哲学中联系的观点，并找出本体、喻体之间的相似性来认识中医哲学上的联系观点认为，所谓联系，是指事物之间的相互作用、相互制约、相互影响，联系是事物之间的以及事物内部各要素之间的相互影响、相互制约的关系。

在中国古代哲学思想中，宇宙之间万事万物具有相互感应、相互吸引、相互渗透、相互影响的广泛联系，而这些联系的中介环节即是气。这一以无形之气将整个宇宙空间连接成为一个整体的认识，既是对《庄子·天下》“通天下一气”观点的发挥，也是对《淮南子·泰族训》之“万物有以相生，物有有以相荡”学说的阐发。这种宇宙中同类事物之间存在着相互感应、相互影响、相互作用的“同气相求”思想，对后世影响深远。

《素问·天元纪大论》指出：“在天为气，在地成形，形气相感而化生万物矣。”《素问·至真要大论》曰：“以至天气，天气也。火气也，地气也。天地合气，六节分而万物化生矣。”据此可以认为，天地万物的生成、变化、消长的根源在于气，在于气的运动变化。同类的事物之所以会发生作用、影响乃至感应，其根源在于它们都是由气所构成的，这种“气一元论”的思想也成为同气相求的理论基石。

隐喻是一种概念彼此投射、互动的产物，是一种以相似联想为心理机制的认知过程，隐喻必然会跨越逻辑分类框架和范畴鸿沟，将两种概念作超常联系。隐喻的逻辑前提是事物或现象之间存在相似关系，相似关系的确认是一个创造性过程。

隐喻在某种意义上来说即是“类比”，而“类比”正是中医学中的“同气相求”所强调的。如：《素问·至真要大论》云：“夫圣人之治病，循法守度，按物比类，化之冥冥，循上及下，何不有经。”《素问·疏五过论》云：“善为脉者，必以类比奇恒，从容知之，为工而不知，此诊之不足贵。”“同气相求”善于运用形象类比方法，把不同质料、但结构相似的事物联系起来，形成一个有系统的“同构体系”，而隐喻是表现思维结构的一种重要手段，可以用来研究和阐释人体、生理、病理、治则等医学理论，使“取象比类”成为可能。

（二）二者都是回归一种朴素的同构理论角度，即“取象诸象，取象诸物”来认知事物。

“同气相求”植根于中国古代朴素的同构理论。《素问·阴阳应象大论》曰：“清阳为天，浊阴为地，清气为上，清气为下，出地气，云出天气。”认为气是宇宙的本原，是构成天地万物的基本元素。天地阴阳之气上升下降，彼此交感而形成天地间万事万物。“人与天地相应”的内外统一观，认为人体与天地之间的一切变化，特别是季节气候的变化息息相关。中医学在阐释这一原理时充分运用阴阳五行说理工具，进行“同气相求，物以类聚”的同构归纳，认为宇宙间万事万物都存在着阴、阳、气相互激荡、相反相求的现象，并通过“阴
阳离合”，化生无穷无尽的万物。近代生物控制论中的同构理论，就是以类比与模拟作为其基本方法的，此方法就是寻找不同事物、不同学科的类似性，并通过模拟与比拟进行推理，从而发现规律，此种方法称作同构。可见，这同中国古老的同气相求观，尽管在概念、名称上不同，但二者之原理方法却有相同。而人类要想认识周围的未知世界，就需要借助隐喻这种普遍认知手段，将已知的概念系统投射到未知的领域，以获得新的认知。

（三）两者都包含着哲学的外衣，“大道至简”，使复杂的事物简单化

“同气相求”和“隐喻”两者都包含着哲学的外衣，而哲学是“智慧之学”，智慧之学的目的是将复杂的问题简单化，所谓“大道至简”，即此意。二者在认识中医概念和中医理论时，都是将复杂的概念还原成人们身边最简单的事物、触手可及的事物，从而帮助人们更加形象、更具体地认识中医概念和中医理论。

在隐喻概念中，人们将抽象的和模糊的思想、感情、心理活动、事件、状态等无形的概念看作是具体的、有形的实体，因而可以对其进行谈论、量化，识别其特征及原因等。如《素问·五藏别论篇》云：“胃为水谷之海”，以自然界中容纳力强大的海水来比喻人体胃腑对饮食水谷的容纳功能，即用相对具体的、有形可感的事物来隐喻阐述同一条件下不同的人可以罹患不同疾病的相对抽象的事件，从而使复杂的事物简单化，帮助人们认识中医理论。

三、“同气相求”与“隐喻”的不同点

“同气相求”与“隐喻”的区别是较明显的，两者的不同点主要表现在：

（一）两者的来源不同

“同气相求”与“隐喻”具有不同的来源，“隐喻”发源于语言学，本质上是一个语言学上的概念，作为一种修辞手段，用一个词或短语指代常见的一种物体或概念以代替另一种物体或概念，从而暗示它们之间的相似之处。而“同气相求”发源于《易经》，因为“易易同源”。“同气相求”在中医中的应用被广泛关注。这种思想由《易经》首次提出，但形成理论后，又影响了秦汉时代的哲学思想，启发人们用这种观念去认识和分析事物间的相互关系，经过《庄子》、《吕氏春秋》等的发展，逐步形成唯物主义的同气相求自然感应理论。

“同气相求”与“隐喻”所具有的不同的来源，根源在于它们所体现出的不同文化。隐喻源自希腊语，植根于西方文化的土壤；“同气相求”源自《易经》，植根东方文化的沃土。

（二）两者的所受的限制不同

作为一种语言现象，隐喻受到语境等诸多因素的制约，相应一提到某种表达便会出现想到与这种表达有关的具体场合。语言表达与场合之间存在着有机的联系，而“同气相求”
“同气相求”作为一种对中医未知领域的研究探索提供的一个思路方法，实践表明，“同气相求”现在认识论、逻辑学和方法论上都具有一定的科学性，更加宏观，不像隐喻那样，在微观上受到语境等的限制。

（三）两者的认知角度不同

“同气相求”与“隐喻”的认知角度的不同点，突出体现在：西方重逻辑，“隐喻”更趋理性；东方重玄奥，“同气相求”更趋感性。研究证实，隐喻与逻辑在意义的暗示与牵连、概念的生成与转换、语言的理解与交流中互为表里、缺一不可，在认识论和方法论的双重意义上交互互动，共同发挥其应有的作用。而“同气相求”以感性名词概括抽象医学理论，更注重对医学问题本身的形而上的本质的研究，某些哲学名词直接构成中医的概念。事实上，在中医学理论中，“同气相求”观几乎是通过“授物类比”、“取相比类”来进行“同气相求”、“形气相感”的同构、归纳，从而建立起自己的理论框架，并以此来分析和揭示人体生命活动的奥秘及防治规律。

综上所述，“同气相求”和“隐喻”虽然具有不同的发源，所受的限制和认知角度也有所不同。但是，两者又有着密切的联系，相同与相异，根植在于两者所植根的文化传统。两者是东西方不同的文化土壤所孕育的产物，角度不同，但同工。将两者有机地结合起来，将有利于我们更全面、更清晰地认知中医概念和中医理论，从而推动中医学的发展。

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24. Improving Medicine Teaching Methods Scientifically

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Abstract: Improving teaching methods of traditional Chinese medicine (TCM) is significant in the teaching process of the course of TCM. With the development of teaching mode, it is necessary to set up student-centered learning environment and adopt variable teaching patterns fully mobilizing the enthusiasm of students and teachers, and fitting in with the needs of TCM field.

Key words: TCM; teaching and learning; improvement

中药学是一门连接中医基础理论与临床各科的桥梁课程，是中医药学的重要组成部分。随着教学模式的科学化、国际化发展，中药教学“以学生为中心”，以发展学生的智能为出发点，以调动学生学习的积极性和充分发挥教师主导作用相结合为基本特征的多样模式、多样化的新型教学方式正在形成。

课堂教学是学生学习的主要环节。教师和学生都必须转变观念，教师要树立为学生服务的意识，学生要树立自我学习的意识并积极主动地学习。中药学教师需要具有广博的中医药理论知识和现代科学知识，对教学基本内容的重点难点讲解要深入浅出，融会贯通，既要具有中医基础知识，又要与临床病症相结合，这就要求教师有机地联系各科知识，温故而知新；掌握每章节所有药物的共性和特点，对具体药物的功效应用要能提纲挈领的概括，轻重兼顾；理论与趣味相结合，重点难点要突出教学、反复提示；课堂教学的时间安排要有张有弛，在讲清概念、重点的基础上，为强化知识，不妨将临床病案、药名来历、药理趣话、现代研究等融于课堂教学中，提高学生对中药学习的兴趣，同时也加深对知识点的理解；图文并茂，药材直观教学是较好的方法，采用了大量彩色图片，将生态植物与药用饮用展示给学生，使
教学过程直观真实，形象易记，许多过去难于讲述的内容，如植物形态、药用部位、饮片性状等，通过直观形象教学，可以变得易于识别和理解；比较法教学可以彰显记忆优势，将重点中药功效与临床应用，以比较的形式进行归纳，尤其对相似功效药物对应起来，便于记忆，如同类药比较、相似药名比较、同原异位药比较、功效相似而作用机理不同的药物比较等。比较法教学直观明了，易于学生掌握功效与应用要点。

科学改进中药教学方法是在中药教学过程中不断探索和创新的课题，新的教学方法能够适应中药社会发展的需要，使中药教学过程更加生动、学生学习更主动，中药教学以培养学生能力为中心，运用现代多媒体教学方式，必将培养出具有扎实基本理论和较强实践能力的中药专业人才。

文献参考:
Analysis of the Wrong Translation of the Dissertation Title of the TCM PhD. Candidates

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Abstract: On a random sampling of the dissertation title of some TCM Ph.D candidates of a famous university of traditional Chinese medicine in China, it is found that not any one of the title is correctly translated. Students are good at passing multiple-choice examinations and easy oral communication, but their ability to write in English is poor. The present thesis tries to analyze the mistakes in translation to clear up the cause and to make a suggestion about how to improve the quality of English teaching for undergraduates and postgraduates in TCM colleges.

Key words: dissertation title; translation; mistakes

最近，查阅了某中医药大学2010年博士学位论文标题的英译文，发现错误百出。这些学生从小学到大学，至少学习英语有15年的时间，而他们的实际运用英语的能力显然很差，笔头英语水平不高。这里收集了10篇博士学位论文标题的英译，对照原文，对其译文一一分析，试图从中找出一些规律性的问题，为今后如何加强大学本科、研究生英语教学提出一些建议，以促进中医国际化进程。

例一:“肾系内伤基础上外感病之一感冒的证治初探”(pattern and treatment characteristics of External disease based on internal damage of the Kidney system).
按：从标题来看，本文主要探讨感冒的辨证治疗。而感冒属于外感病中的一种，此处指内伤肺系的病人的感冒。而作者的译文如再译过来的话，就成了“基于肺系内伤的外感病的证治特点”，与原文相去甚远。证治初探的对象是“感冒”，它是重点，翻译时，应列在标题的开头，所以译文应该是“A Preliminary Study of Syndrome（Pattern）Differentiation and Treatment of Common Cold”，其中“初探”译成“preliminary study”，因为“preliminary”指“coming before a more important action or event”，它常与“inquires, experiments, negotiations”（初步调查、实验、谈判）等一起用。study 指“研究”，例如，“a five-year study of the relationship between wildlife and farming”（Cambridge Advanced Learner’s Dictionary），“study”前面习惯加不定冠词“a”，后面的介词为“of”。许多人用“on”，其实是不对的。如果用“research”，那么后面的介词是“into/on something”（Oxford Advanced Learner’s Dictionary）。“感冒的证治”词语中，“证”指“辨证”，“治”指“治疗”，因此它的译文是“pattern differentiation and treatment of common cold”；“证”目前通常译为“pattern”或“syndrome”，“辨”作为名词，通常译为“differentiation”或“identification”。它们的动词形式是“differentiate”和“identify”，意思是“show something to be different from something else”（Oxford Advanced Learner’s Dictionary）。

中文的前半句“肺系内伤基础上外感病之一”是用来说说明后半句的，可以用破折号来表示。原译文把“外感病”译为“external disease”显然是错译，它只指“中医的外科病”，而“外感”是指“六淫、疫疠之邪，由体表或口鼻而入所致病症”，应该译成“externally-contracted disease”，其“contract”指“catch or develop an illness”（Oxford Advanced Learner’s Dictionary）。

“肺系内伤”是进一步说明外感病的由来，所以译成“due to internal injury to the kidney system”。这里要注意的是“injury”跟的介词是“to”，不是“of”。例如，“Injuries to the spine are common amongst these workers”（Cambridge Advanced Learner’s Dictionary）。至于“肾系”，这是作者自创的中医术语，在英语中没有其对应的词，只好译成“the kidney system”。按照上面的分析，本题目的最终译文应该是“A Preliminary Study of Pattern Differentiation and Treatment of Common Cold—One of the Externally-contracted Diseases due to Internal Injury to the Kidney System”，最后要说明的是，题目的首字母应该大写，但是“—”后面的词要小写，本题目的原英文译文中，只有两个单词大写，其他均为小写，完全不符合英语书写习惯。

例二，“基于商品规格标准的甘草质量系统评价研究”（A Study on the commercial specification and classification standards of liquorice）。

按：中文标题本身很简单，其重点是“系统评价研究甘草质量”，“基于……”是指“根据商品规格标准”，所以在翻译的时候应该把“系统评价研究甘草质量”先译出来，原来的
译文和译过去的话，就成了“甘草的商品规格和分类标准的研究”，研究的对象变成了“甘草的商品规格和分类标准”。中文和英文完全对应不上，这样翻译叫人丈二和尚摸不着头脑。
“study”指“研究”，例如，“a five-year study of the relationship between wildlife and farming”(Cambridge Advanced Learner’s Dictionary),所以“study”中，介词“on”用错了，“study”只和“of”一起用。我根据中文题目意思，译出了以下的英文：“Researches into Systematic Evaluation of the Quality of Liquorice Based on the Commercial Specification Standard”。本文研究什么？研究的是“甘草质量系统评价”，后面的“based on...”介词短语是修饰“systematic evaluation”的。“research”跟的介词是“on/into”，例如“They are carrying out some research into/on the language of dolphins”(Cambridge Advanced Learner’s Dictionary)。“评价体系”译成“systematic evaluation”，中文意思是对应的。评价的对象是“甘草质量”，所以译成“of the quality of liquorice”。“基于商品规格标准”作为附加语，原文用“based on the commercial specification standard”来表示，这样的翻译一目了然。建议的译文是“Researches into Systematic Evaluation of the Quality of Liquorice Based on the Commercial Specification Standard”。本文题目的原英文译文中，只有一个单词大写，其他均为小写，完全不符合英语书写习惯。

例三，“《伤寒论》汤剂煎煮法与汤剂制备规范化研究”（Studies on the Methods of the Decoction Prepared in “Treatise on Exogenous Febrile Diseases” and the Standardization of Preparing Modern Decoction）

按：首先我们来解读论文题目的意思，它是指将“《伤寒论》一书中所记述的汤剂煎煮法和当前的汤剂制备规范化做一研究”。原来的译文中“studies on”中的介词“on”用错了，“study”和“of”连用。“《伤寒论》汤剂煎煮法”译成“methods of the decoction prepared in Treatise on Exogenous Febrile Diseases”，“汤剂”的英语是“decoction”，作者却用了一个拉丁语“decoctum”，实在没有必要。“decoction”的原意是“a medicine or other substances prepared by boiling”。“prepared in Treatise on Exogenous Febrile Diseases”的意思不清楚，可以理解为“《伤寒论》制作的”，所以这里不能用“prepared”一词。《伤寒论》是书名，中文书名加书名号“《》”，英文书名用斜体来表示，而且译文不对，回译过去成了《外热病论》。目前对于书名的译法趋向于用汉英拼音，或译名，所以《伤寒论》就用拼音Shang Han Lun (Treatise on Cold-induced Diseases)，指伤于寒的病。“treatise on”是对的，因为“treatise”指“a formal piece of writing that considers and examines a particular subject”，如“a six-volume treatise on trademark law”(Cambridge Advanced Learner’s Dictionary)。根据上面的分析，我们可以把前
一部分译成 “A Study of Herbal Decoction Making Discussed in Shang Han Lun (Treatise on Cold-induced Diseases)”, “汤剂制备规范化”的原译文 “the Standardization of Preparing Modern Decoction”非常牵强，而且这里的汤剂又用了英文词 “decoction”，和前面的不一致。这句可以译成 “and Its Standardized Preparing Process”即 “标准化的制备过程”，“汤剂（的）”用 “its”来替代，这符合英语习惯。最终建议的译文是：“A Study of Herbal Decoction Making Discussed in Shang Han Lun (Treatise on Cold-induced Diseases) and Its Standardized Preparing Process”

例四, “糖耐康干预胰岛素抵抗的临床及实验研究”（The study of Insulin Resistance of Clinical and Experimental on TangNaiKang）。


例五，“常见脾胃疾病中焦热热证与红外成像值相关性分析探索”（Study on Cold and Heat Syndrome Correlation Analysis of Infrared Thermal Imaging in Common Stomach Disease）

按：本文的题目有两层意思，一是指 “常见脾胃疾病中焦热热证”，即 “常见脾胃疾病中的病征属中焦热热证”，二是指 “它和红外成像值之间的相关性分析”，原来的译文回译过去的话，成了 “常见胃病红外成像热热证相关分析”，与原来的意义相去甚远。而且行文方面也有错，“study on”的介词用错，“study”后面跟 “of”,本文分析探索的对象是 “常见脾胃疾病中焦热热证与红外成像值相关性”，关键词是 “相关性”。中文用了 “分析探索”，英文可以简化，因为 “探索”也可包括 “分析”，所以译成 “Exploration of the correlation”, “correlation”指“mutual relationship”。什么东西的相关性？即 “常见脾胃疾病中焦热热证与红外成像值”之间的相关性，既然这样，我们就把它译成 “between a Cold or Heat Pattern
(or Syndrome) of the Middle-energizer in Common Spleen and Stomach Disorders and the Infrared Thermal Imaging Value”. “中焦寒热征”出现在“常见脾胃疾病”中，所以英文表达为“a Cold or Heat Pattern (or Syndrome) of the Middle-energizer in Common Spleen and Stomach Disorders”, “与红外成像值”，译成“and the Infrared Thermal Imaging Value”。整个题目译成“An Exploration of the Correlation between a Cold or Heat Pattern of the Middle-energizer in Common Spleen and Stomach Disorders and the Infrared Thermal Imaging Value”。注意，“exploration”后面跟介词“of”,如，“an exploration of the subconscious mind (对潜意识的探索) (Oxford Advanced Learner’s Dictionary)。这样，中英文完全对应，表达清楚。

例六，“张仲景‘以通为和’学术思想对《内经》的继承与发扬”(Zhangzhongjing’s academic thought of “taking obstruction-dredging aiming at harmonious state” from Huangdi’s Internal Classic)。

按：文中题目很绕口，它意思是，张仲景的“以通为和”学术思想是继承和发扬了《内经》的思想。译文的毛病在哪里？首先，按惯例，人名使用汉语拼音，但是姓和名要分开，“张仲景”的英文是“Zhang Zhongjing”。“学术思想”译成“academic thought”没有错，简化一点，可以用“viewpoint”(观点)，原译文“以通为和”译成“taking obstruction-dredging aiming at harmonious state”既繁琐又不达意，“和”是用“通”未达到的，“通”指“通畅”，没有阻塞，或者把阻塞去掉，所以可以译成“Harmony from Obstruction-removing”，原文把“对《内经》的继承与发扬”译成“from Huangdi’s Internal Classic”，根本没有译出原意来。“黄帝内经”是书名，一般使用汉语拼音，后面加上意译的英文，而且要用斜体表示，“Huangdi Neijing (Huangdi’s Canon of Medicine)，《内经》不能译成“Internal Classic”、“内”字不等于“里”的意思，它是一部书的上下部分，《外经》早已失传，所以译成上面的译文。建议的译文把“对《内经》的继承与发扬”译成一个名词性短语，对前面的内容做进一步说明，所以在“,”后，加上“a Continuation and Development of the Academic Ideas of Huangdi Neijing (Huangdi’s Canon of Medicine)”。整个译文就是“Zhang Zhongjing’s Viewpoint of ‘Harmony from Obstruction-removing’，a Continuation and Development of the Academic Ideas of Neijing (Canon of Medicine)”。

例七，“急性冠脉综合征与稳定性冠心病‘瘀毒’表证的比较研究”(A comparative study of “Toxin-stasis” characteristics of acute coronary syndrome and stable coronary heart disease)。

按：本题目给人的印象是，作者要比较研究急性冠脉综合征和稳定性冠心病中的“瘀毒”表证。但是读了论文后发现，比较研究的对象是“急性冠脉综合征”中的“瘀毒”表证
和 “非瘀毒” 表证型的稳定性冠心病。原译文中的 “比较研究”（A Comparative Study of）
没有错，后面的 “Toxin-stasis’ characteristics of acute coronary syndrome” 出了问题。回译
成中文成了 “急性冠脉综合征的‘病毒’特征”，远离了中文的意思。按照原文，应该译成
“the Acute Coronary Syndrome Characterized by an Exterior Pattern of Accumulated Toxin”，
其中 “表证” 译为 “an exterior pattern”，“瘀毒” 指淤积在那里的毒邪(accumulated toxins).
英文过去分词短语 “characterized by” 意为，“以……为特征的”，与中文意思对应上。比较研
究的另一个对象是 “‘非瘀毒’ 表证型的稳定性冠心病”，按照字面来译，英文应该是 “and Stable Coronary Disease with a Non-accumulated Toxin Pattern”，如果，作者认为题目中不必译出 “非瘀毒” 型，那么可以简化为 “and Stable Coronary Disease)。全句建议的译文是这样的:
A Comparative Study of the Acute Coronary Syndrome Characterized by an Exterior Pattern of Accumulated Toxin, and Stable Coronary Disease”.

例八，“基于证候要素的慢性乙型肝炎辨证规范的初步研究” (Study on differentiation
criteria of CHB based on syndrome-elements).

按：“证候要素” 指证候辨证中的几个必须的因素，“syndrome-elements”是作者合成的一个词语，因为 “element” 指 “necessary or characteristic part of something”;例如, Justice is an important element of good government (公正是仁政的要素) (Oxford Advanced Learner’s Dictionary). 根据上面的例子，“证候要素” 可以译成 “important elements of syndromes (patterns)”，此处，“证候” 可以译成 “syndrome”或 “pattern”。“初步研究”的英文应该是 “A Preliminary Study of”,原来的译文没有全部翻译出来，而且 “study on” 是用错的, “study” 应和介词 “of” 通用。“differentiation criteria” 回译过来的意思是 “辨别规范” 不是 “辨证规范”，
正确的应该是 “syndrome-differentiation criteria”, “CHB” 是 “慢性乙型肝炎” 的缩写，但是，
一般来讲，缩写是在第二次出现的时候才用。首次出现，应该用全名加括号的缩写，读着
才会明白缩写的原意，这里的 “CHB” 除了 “chronic hepatitis B” (慢性乙型肝炎) 外，可以
是 “chronic bronchitis” (慢性支气管炎) 和 “complete heart block” (完全性心传导阻滞) 的缩
写，因此首次出现，应该使用全名，以免误解。本题目应该译成 “A Preliminary Study of the Syndrome-differentiation Criteria in Chronic Hepatitis B(CHB) Based on the Syndrome-differentiation Elements”.

例九，“基于形神一体观构建 COPD 稳定期疗效评价指标体系的探索研究” (Building stable COPD Clinical Research Evaluation System Exploration based on a relationship of form and body spirit view)

例十，“以证候评价为指向的中风病证候要素评价量表编制的研究”(The research on developing evaluation scale of Stroke TCM syndromes aim at evaluating TCM syndromes)。

按：本标题研究的对象是“中风病证候要素评价量表编制”，也就是怎么在编制中风病证候要素评价量表，“以证候评价为指向的”是附加语，译成英语的时候，用一个介词词组就可以了，原译文是句子，主语“research”，明明是单数，可是动词“aim”却用了复数，这是第一错。根据原译文，研究的对象是什么？是“评价中医证候”(evaluating TCM syndromes)，完全远离了原文的意思。“要素”的英文应该是“key element”或“essential factor”，原文没有译出来。所以按照原中文的意思，可以译成“A Research on How to Design the Essential Factor Evaluation Scale of Stroke according to Pattern Differentiation”。这里，把“以证候评价为指向”，译成一个介词短语，意思是“根据辩证”，这样，简化了原来的中文，但是不失其原意。

结论：根据以上分析，可以看出，上述10篇博士毕业论文标题中英文完全吻合没有错
误的为 0，几乎每个标题的翻译都存在语法错误、错译、误译、用词不当。由此可见，即使
在名校里，中医博士生的英语写作水平令人担忧。我读过这 10 篇论文的英文摘要，发现英
语的表达、语法等方面的问题更多，动手修改都困难。英语写作水平的提高非一日一夕之功，
必须依靠长期的实践来解决。外语本来是门实践课，可是当前大学英语教学仍然是重阅读、
轻实践，学生缺少写作锻炼，班级人数过多，教师无法批改作业，强调通过 4、6 级考试，
结果学生会做题，但不会写作，这已经是通病。研究生阶段也缺乏写作翻译锻炼，中医
专业导师无暇顾及或无能力顾及毕业论文的英文摘要，定稿无人审核，任凭学生拿到网上去
发表，结果中国人看不懂，外国人也看不懂，甚至贻笑大方。所以，我建议，从本科开始，
英语教学应加强写作翻译训练，研究生阶段尤其要重视翻译写作，让我们的研究生能写出像
样的英文论文摘要来。同时，每年，对于硕士、博士提交的毕业论文的英文摘要，应有专
人审核，消灭差错，最后才能提交给图书馆上网运行，必须改变目前无人监管的现象。学校
有关部门，是不是应该组织专家对图书馆网上公开发表的 2010 年和 2011 年博士、硕士生毕
业论文的英文标题、摘要全面审核一遍，纠正错误，否则，将会大大损害中医的国际化形
象。
Integration of the findings of palpation of connective tissue in chinese
medicine education as a method of direct teaching

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Abstract: The findings of palpation of connective tissue (Dicke et al., 1977) is part of the
Physical Therapie in Germany. Stroking the connective tissue on the meridians, which belongs to
the Shu Points, obtain an grope-able effect on the tension of the connective tissue at the Shu Points
at ence. Also it is possible to „test“ (Bös 2001) acupuncture points or herbs (Heidemann,1986).
Diagnostically basic is the hypothesis, that a „good“ and „evenly“ tensioned tissue is an indicator
for „health“ (Schifte 2005).

Key words: massage in connective tissue; palpation of connective tissue; teaching direct
Method:

Non labor pilot study (n=31) with a swimming team in a swimming hall, but with similar
conditions and video control. Randomized, double blind. Interviews about actually feeling, pain
etc.. 1. palpation of connective tissue, 1. documentation, randomized Intervention (both hands
stroking by an other physical therapist from up to down or down to up or no intervention), 2.
palpation, 2. documentation.

Results:
It is possible to palpate changing of tension in connective tissue on the Shu Points. The tension
can become higher or lower, depending of the intervention. Without intervention there is no
positive effect. By doing an intervention, you will get a higher probability of changing the tension. Without an acute pain, there are clearly lower tensions palatable than with pain. The findings of the first palpation are showing a correlation with the location of pain.

Discussion:

Can the findings of palpation of the connective tissue get integrated in the education of Chinese medicine as a method of direct teaching? Basic of science is the experts meaning, each student has to get an physician expert by touching and palpating the patient and to reflect about.

Literatur


African Traditional Medicines Research and Development: Innovation and Human Capital Development Opportunities and Challenges in South Africa

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Abstract: The potential of African Traditional Medicines [ATM] in human capital development, socio-economic development and in improving the health quality of South Africans is fully appreciated through legislation, policies and research strategies.

South African science councils, universities and indigenous healers are collaborating in developing new research protocols and medicinal products for health and food supplementation purposes in South Africa. The utilisation scientific know-how, e.g. biotechnology, genomics, etc, indigenous knowledge system and biodiversity offers South Africa a better advantage towards the development and commercialisation of products with both medicinal and nutritional contents. Knowledge generated from these initiatives would place a central role in education and skills development in the country. As a result, research chairs and centers of excellence need to be complemented by the National Institute for ATM Training and Research.

This paper is aimed at exploring the role of IKS in RDI in South Africa. Value addition and validation of ATM within the Department of Science and Technology through the bioprospecting and product development initiative will be discussed. Emerging models of knowledge generation using consortia approach will be presented as the best model for benefit sharing and empowerment of students and communities participating in ATM research and development.
The theory of ATM based on African epistemology of disease causation, diagnosis and treatment will be presented in order to draw parallels with the Chinese Theory of medicine. Challenges due to lack of dedicated institution for training and education in ATM will be presented in order to solicit Chinese success stories to be adapted in South Africa.
Chinese Medicine Teaching Analysis of the Characteristics and Bottlenecks in Overseas (UK)

Ma Boying

Abstract: Traditional Chinese medicine once go abroad, there is no longer coming back. The process of internationalization Chinese medicine is not repression, the Chinese medicine teaching is an important part, is a crossing of the bridge, a climbing ladder. The face of the current financial crisis has led to the slump in sales of overseas Chinese medicine clinics, despite the ups and downs of teaching medicine, but did not stop, which indicates that overseas Chinese medicine hope. Study the characteristics of overseas Chinese teaching and problems, fix the road, stand a good bridge, the overseas Chinese teaching more healthy and orderly development, is a subject worth exploring. Chinese medicine teaching English as a case analysis, perhaps can use for reference.

1. 历史和现状


1990-2000 年代前后还有许多私立针灸和中医学院成立，但现今已经关闭。例如：Renshu College of Chinese Medicine（香港理疗师开办）、International College of Acupuncture, Five Elements College of Acupuncture, London College of Traditional Acupuncture & Oriental Medicine 等等。此起彼落，这在西方是常态。

1970 年代以来建立，现在依然存在的针灸和中医学院或大学课程有以下一些：
1979: College of Traditional Acupuncture (UK), Warwick.（此学院现已停止招收新生。）
1987(?): International College of Oriental Medicine, East Grinstead.
1995: Chinese Medical Institute and Register （CMIR）, London.
2000: Manchester Metropolitan University, Manchester.
2003(?): Bristol University, Bristol.（专门开设中药课程。）
2005: Middlesex University, London.
2008: University of Lincoln, Lincoln.
?
Northern Ireland College of Acupuncture, Belfast.
?
College of Naturopatie Medicine, London.
?
Leeds Metropolitan University, Leeds.（此大学最近停止招生。）
?
University of Salford, Salford.（此大学最近停止招生。）

在北爱尔兰，据说另有 10 所针灸学院，但大多名不见经传，从略。

以上的学院大部分是私立的证书课程。大约 2006 年左右开始，这些学院就努力设法挂靠到大学之下，以便获得学位。例如 NCA 挂靠威尔士大学；CICM 挂靠 Kingston University。CMIR 则与北京中医药大学、广州中医药大学挂靠。Middlesex University 的中医课程与北京中医药大学合开，取得双学位。而大学开设中医课程多数开始于 2005 年前后，西医方面非议颇多，认为不够资格进入大学教育。但多数坚持下来。不过，他们还是与中国的中医大学
教育不太一样，课程附属于卫生学院，毕业后与不能取得“医生（Doctor）”头衔。

英国还有不同机构或组织自办的证书课程，现在主要是 BMAS（British Medical Acupuncture Society，英国医生针灸协会）和 AACP（英国理疗师针灸协会）的不定期课程教学，规定修完 80 学时针灸课程即可获得合格证书，分别加入该协会成为正式会员。

2. 学制和课程

针灸学院多数采用两年全日制或三年非全日制。非全日制是周末上课，多是兼职学生，边工作边学习。全日制一周也只是 4 天左右课程，时间不像中国中医药大学那样安排得很紧。当然，他们没有政治课、体育课等等。不过他们有“市场开发”（marketing）课程，教学生毕业后如何自己寻找职业机会或自行开业。


每门课另外有教师列出一大批参考书，让学生课外阅读。在课程课时计算中，课外自学占有很大比例，这也是与中医不同的地方。课外作业都是要计分的。

不同的针灸学会，如前提到的，有不同的培训课程。例如 BMAS（西医生针灸学会）与 AACP（理疗师针灸学会），训练西医师或理疗师做针灸，各规定 80 学时（平时只要 18 学时，后来改为 40 学时），有自定教材。他们有西医基础知识，解剖、生理、病理等等自然免修，同时各有侧重。例如理疗师主要讲肌肉、肌肉关节损伤，而西医不学。学生也会在课堂上直接要求讲者拿出“科学证据”来。
还有些科目，是中国没有，甚至根本不屑去讲的，例如“五行针灸”（其实是讲“鬼穴”“龙穴”之类，说是从孙思邈“十三鬼穴”衍生而来，可以把“隐藏的魔鬼”驱赶出来，有心理治疗的作用，但全是白纸黑字的臆想）；Trigger Points（扳机点注射，相当于阿是穴注射）等等。我不认为针灸学院讲课，反对讲鬼穴、龙穴一类迷信东西，几年后主管人告诉我，不讲这些他招不到学生。我就辞职了。注重传统经络穴位理论的针灸师也很不以扳机点注射法为然，无非是“以痛为药”的变相说法，却企图取代整个经络体系。

中医课程，主要是指中药、方剂和针灸。都是后加的，并非每个学院或大学都开办，开办者不足前述教学单位的三分之一。开办此课程的学院或大学多半是在学生修习针灸课程完毕后，自愿继续学习者。一般是两年全日制，三年非全日制。使用的教材不一，由教师在某些年份出版的经方或中医编著的《中医药》《方剂学》《中医临床学》等等中选用。其中也有中草药鉴别、炮制学内容。

所谓教材，基本上都是作为主要参考书供学生参考阅读。每门课程依据教材分单元（module）由教师根据自己思路编辑讲解，比如针灸穴位定位，是单独一门就由一名教师专任，帮助学生定位，分成几个单元，花一个学期时间完成。其它以此类推。每个单元计算不同学分。

基础课程完毕，临床是先见习，后实习。针灸临床，一般只能接触20个不同病人。中医临床，大部分在教师指导下看一些病人，完全独立自习处方的机会不多。一些与中国中医药大学合办或有合作的大学、学院，学生可以根据自身条件选择到中国的中医院见习、实习，看到的病人、病症就比较多一些。缺乏足够的临床教学训练，是西方中医教学的突出问题，也是瓶颈所在。

考试方法很多，每个单元有自评、师评，或者考试。一门课完了有笔试。书写病历及分析，均有评分。毕业有笔试、临床考科（包括就具体病人的中医诊断和治疗口试提问）、短小论文等等。不及格要补考，补考不及格要留级，或不能毕业。施行毕业考试者一般不是授课者本人。

毕业后规定有CPD（继续专业发展）课程。此由各个学会自行规定计分标准，参加学术讨论会、发表论文、听课（例如头针、耳针、腕踝针等等的讲座）、看几本书等等都可以得分，每年必须完成规定分数，否则可能不予延续注册资格。

3. 师资、生源、费用、出路

早期的针灸教学，各自为师。例如在多国时代一批老师，从台湾、印尼、新加坡、日本、韩国等等地方学到一些针灸知识，回国后有一些建议经验，看到办学时机来到，就办
起针灸学校。不需要任何人或政府机构批准，也无须什么机构认证。1980-90年代，有不少
到过中国学习三个月半年的英国人，回到英国俨然成为针灸专家、导师，那时针灸学校如雨
后春笋，也无人管。九十年代末期，
由 BAcC、起意、BAAB 认证针灸学校教学，其
中对教师的要求，规定需有教师资格证书 （THE FURTHER AND ADULT EDUCATION
TEACHERS’ CERTIFICATE）。而此证书可以在教师认证机构 City and Guilds （英国伦敦
城市行业协会）经过短期培训（一般为3个月到2年）取得。如果已经是其它学校合资格的教
师或教授，可以免此关。于是先前没有教师证书的老师，纷纷前去 The City Literary Institute
补课。

这期间开始有一些中国来的中医教师，被选为英国针灸学校的教师。现在这样的中国
老师约占10%，为数还是不多。大部分原来任教的教师继续任教；毕业学生后来申请任教
者为数亦不少。与中国中医药大学合作的大学或学院，仍有中方派遣部分科目教师任教，比
较零星。

师资水平是参差不齐的，但又各有长短。中国来的教师底蕴深厚，却语言艰涩，只好照
本宣科，是为学生所诟病；本土教师则长于英语语言优势，短于实际经验，也不知充分了解
和理解中医经典，无法从中医发挥灵活运用中医理论。

英国中医教学的生源，真可谓是“有教无类”。除了 BMAS、AACP 这种专业协会要求学
生必须已经是医生、理疗师之外，其它多数还没有固定职业。学生大多是年轻人，但也有60
岁左右老年人，有些学生是转行的，甚至有原来做女生涯的，大部分具有中学学历，
也有大学毕业，有人是哲学专业毕业。有的已经是注册兽医师、学生来自各种民族、不同国
家（包括中国）均有。

CMIR 的学生大部分是 GP（家庭医生），是一个特例。他们的课程也与 BMAS 不同，
加之与中国的北京、广州等中医药大学合作，应该有不俗的表现。这说明，西医中仍有不少
一部分对中医感兴趣，愿意了解中医、学习中医。

报读大学，要按大学入学资格和程序走。私立学院报读手续简单得多。提供学历证明，
有人推荐更好。然后面试一次，同意就缴费注册入学。至于短期课程，报名、付费即可。听
完课，拿到一张听课证书。

大学收费按大学标准，前些年大学免费，后来改成 6000 镑，明年就是 9000 卅一年。私
立学院收费各校不同，大致 3000-6000 镑一年，没有统一标准。有的按单元收费，一个单元
400 镑上下。有的按日收费，100 镑左右。

近些年许多中医针灸学院或大学开始招研究生。大多为硕士生，个别招博士生。不过,
多数是课程教学，文献研究，写一篇论文，不难，但也提高不了多少水平。真正实验研究性质的是在大学其它研究系科。例如做中药实验研究，期望找到某种新药，这不是上述中医课程单位能做的。

通常一个年级一个班的本科生，少则5、6人，多则20-30人，积少成多，这么二三十年下来，毕业学生也有三五千了。（BMAS和AACP学生不在此列。）

毕业后学生的出路是个大问题。从各个针灸学会明年增加的会员数字来看是可观的，但又有多少人在真正从事针灸或中医临床？学不能致用，毕业生缺乏独立看病、行医能力。有一位大学中医专业毕业学生，到唐人街一家中医诊所公司申请职位，录用了，却看不了病人，转做前台（接待、登记、配药等等），还不如普通中国女孩。最后只好离开。而由毕业生自行开业的，屈指可数。能毕业，不能临床，真是个大问题。

4. 讨论

由以上可以看出：

A. 英国中医、针灸办学，有自发、自由、自主的特点，没有太多限制和规管，有点像1955年以前中国的中医学校状况。

B. 英国大多数中医针灸学院学生所用的教科书，参考书都是现代新编和台医中医著作译成英文供阅读的。对于英国人来说，浅白易懂，但对那些于中医理论有深切关怀的中国人而言，就觉得了无深意：不够味儿。

C. 课程结构基本上是实用性，学生想学的是可以立竿见影、用之即效的应用性技术，不关心理论渊薮。《中医各家学说》之类课程是不会设的也无法设的。内外妇儿皮肤等各科只是抽出常见病症加以讲解，而且中医诊断只是附属内容，未有上下之类似懂非懂，临床只知道阴阳虚实、活血化瘀等等一些原则性的东西。

D. 但是，现代研究性的成果比较受重视，反映出西医学的实证性要求。

E. 一般评价，这些学校在西方世界具有大学甚至研究生水平没问题。但在中国人眼里，可能认为不太相当于中国中医学校的中专或大专水平而已。

说以上特点而言，符合海外中医起步阶段的特质，而且也是一个必然的过程。中医不是通过这样的教学方式，不足以立足并形成本土化的一支队伍，这几乎也是与中医诊所里在英国遍地开花、商业化同步而且旗鼓相当的。中医在国外需要占据地盘，需要“人气”。

这种状况所暴露出来的问题，也就是海外中医的瓶颈，显而易见。一是临床水平亟须提高；二是中医的理论特质需要得到深刻理解。否则海外中医会退化，会混同于其它一些民间疗法，失去理论优势，失去临床疗效优势，降低级别。
改善此种状况，突破瓶颈，不是那么容易。一需要办法；二需要时间。要加深对中医理论，特别是对中医古典文献中那些经典性的东西有所体会，恐怕不学会中文，看一些中医原著，是不行的。英国 2007 年由中国国家汉办主持，具体为黑龙江中医药大学、哈尔滨师范大学与英国伦敦南岸大学合作操办，建立了一所“英国南岸大学中医孔子学院”。这是全球第一所冠名中医的孔子学院。其主旨就在于要求学生既懂中医，又懂中文，慢慢培养出一片高档的中医人才。现在还刚刚开始，效果有待检验。临床教学则需要各个学院增加临床课时和实习，让有较多临床实践经验的教师进行教学和实习辅导。然而，这在英国有难度。到中国实习一段时间肯定有帮助，但需要中英双方的沟通、合作。
The Importance of the Academic Curricula and its Recognition for the
Internationalization of Chinese Medicine

Dr. Ramón Maria Calduch

Abstract: Chinese medicine has been achieving great importance in the West during the passage of the years and has gone far beyond the borders of the territories present at its birth and where it figures as another conventional medicine, implanting itself in the social, medical and scientific structures of the Western countries.

Key words: TCM; traditional medicine; human health

Chinese medicine has been achieving great importance in the West during the passage of the years and has gone far beyond the borders of the territories present at its birth and where it figures as another conventional medicine, implanting itself in the social, medical and scientific structures of the Western countries.

This implementation and development have not been easy to achieve, since Chinese medicine departs from rules and basic conceptions which are clearly differentiated from those of Western medicine. The latter, usually belligerent to accept the validity of other conceptions which do not form the medicine which fit to its parameters, has doubted the effectiveness of Chinese medicine throughout the history and has questioned many of its approaches. However, Chinese medicine not only has won importance through the years and because of the medical and scientific advances, in areas where it had been questioned without facing direct hostility in the past, but also has proved its effectiveness by means of scientific evidence, demonstrating that Chinese medicine is an effective and safe medicine which departs from different and differentiated as well as differentiating rules than those related to conventional Western medicine.
The 2nd World Education Congress of Chinese Medicine, Forum IV: The Internationalization of Chinese Medicine.

As you can see from the previous graphic, all existing health care systems share a common purpose which consists in responding to the problems related to mental and physical health of mankind. And we can also conclude from this graphic that the health systems do not differ from each other regarding their purpose but in the way they reach this purpose and the aims they devise to achieve, and that the difference is due to the fact that they depart from a particular scientific evidence, what does not mean, as has been showed, that they start from the assumption of an non existence of scientific evidence.

The absence of scientific evidence regarding the effectiveness and safety of Chinese medicine as well as the validity of all the approaches it represents and offers to society is what has been proved during the last years. And may Chinese medicine be a millenary medicine and its practice been efficient since time immemorial, it has not been easy to demonstrate this effectiveness and safety on the basis of the parameters one measures and evaluates in conventional Western medicine. It is important to emphasize this point and the reasons for this reality because one pretends very often to measure using the same instruments and conceptions for two realities which possibly cannot be measured between them, if the measuring instrument is the same and if the measurement and the measurement theory are realized in the same light.

But both realities which cannot be measured between them are converging under the same parameters and prove to be safe and efficient (and that is where the one becomes complementary
or alternative to the other), when being analyzed by the appropriate view corresponding to each of them and based on scientific evidence related to each, the results will be the efficiency and safety mentioned before.

As been stated in WHO publication from 2002 called “General guidelines for the methodology of research and evaluation of Traditional Chinese Medicine”, paragraph 3.1: “Generally clinical research of all kind of conventional and traditional medicine is taking in account the effectiveness and safeness and is carried out following the guidelines of the WHO on appropriate clinical practice and the Declaration of Helsinki. Nevertheless, the clinical research on traditional medicine should not focus principally on the safety evaluation given the large history of this kind of medicine…”

In this exposition it becomes evident that the effectiveness, safety and in this case harmlessness of the non conventional therapies (for the Western practice), such as Chinese medicine, have been given sufficient prove to be considered with these attributes because of its large history, but this exposition also notices and establishes that if history is providing Chinese medicine with the attributes of effectiveness and harmlessness in order to be fully accepted and valid in the light of Western world, some requirements should be fulfilled based on clinical, medical and scientific parameters establishing the corresponding studies which in the future will give rise to scientific evidence.

Efficient, Safe and Innocuous Results

We can see in the previous graphic and in extension to what is mentioned before that generally all medical systems are pursuing the objective to be efficient, safe and innocuous, but one can perfectly realize by the graphic how each of them follows its own means of evaluation and control in order to demonstrate these attributes, Chinese medicine has been obtaining
sufficient scientific evidence that makes it converging with the acceptance by conventional Western medicine without losing its own idiosyncrasy and personality.

Once stated that Chinese medicine offers the guarantees as whatever other medical system and that it should be evaluated and treated in its own light and with differentiated methods of evaluation and analyzes, we also should emphasize and do self-criticism as Chinese medicine has not always been open and sufficiently analyzed in order to favor its reputation as a medical alternative with guarantees. On many occasions it has left itself at the will of tradition or the good practice and experience of its professionals while it is evident that it is necessary to combine tradition and good professional practice with clinical and scientific results (evidence) sustaining it.

It is the search and encounter of clinical evidence, the multitude of clinical studies and other considerations on evaluation which have achieved to provide the cardinal position to Chinese medicine among the medical systems worldwide. In the publication quoted before, the WHO also mentioned the necessity to do analyzes and clinical studies in order to rise the reliability of Chinese medicine and emphasized that it should carried out by means of adapting the evaluation and analyzing procedures to the particular reality of Chinese medicine.

The necessity to carry out these studies in a particular reality is especially reflected in the introduction of the same publication where Dr. Xiaorui Zhang states that “there is no doubt that the objective to improve the quality and validity of research in Chinese medicine will be achieved”.

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As stated before, it is obvious, that it is indispensable to realize personalized and appropriate protocols in order to improve the research quality. Not only the evaluation methods should be differentiated, it is also necessary that research shall be conducted with personalized and differentiated aims in comparison with those pursued by conventional medicine, and specifically some of the individual and different objectives which should be pursued by Chinese medicine research are established in the same publication which motivated the introduction made by Dr. Zhang: - “To evaluate the traditional medicine by reference to its own theoretical framework - To evaluate the traditional medicine within the theoretical framework of conventional medicine - To compare the effectiveness of the different systems of traditional and conventional medicine or
of both of them: "To compare the effectiveness of the different traditional approaches within the traditional medicine system."

A convenient way to establish the reach and importance of scientific evidence in the realm of Chinese medicine could be found in the strategy set by WHO more than five years ago, in its strategic plan 2002-20053 on traditional medicine where the WHO echoes the difficulties very often encountered while establishing good scientific bases which establish the safety and effectiveness of the traditional medicines because of the wrong use of methodology of analyze or the opacity or errors of the research, very often motivated by the pressure and skepticism of many professionals of the allopathic medicine which have provoked a delay regarding the regulation, appropriate studies and legislation of the traditional medicines.

It is curious to realize that very often there is a delay of the studies and legislation in the West while on the contrary there is a growing pressure and favorable use of these therapies and traditional, alternative and complementary treatments on the part of the society which is tolerating and accepting them more and more vigorously and apart from that they are really getting integrated within the conventional medical systems being complementary to them.

What has been mentioned before could perfectly serve to show that there are two realities which do not always come together and converge, and probably the problem has to do with both parts: on one hand many professionals of allopathic medicine moved by prejudice refuse and renounce whatever advance or evidence is been attained in the field of traditional medicines (including Chinese medicine) but on the other hand it is the responsibility of many professionals and relevant organizations of traditional medicines who very often stuck too much to the use of a methodology which is not differentiated from other kind of medicines.

It should be stressed that the research of Chinese medicine worldwide is achieving great advances.

The absence of scientific evidence in some cases, the lack of acceptance of the existing evidence on the part of the Western medicine community, and in many cases the lack of communication ability or interest to communicate the evidence on the part of the responsible persons of Chinese medicine are liable to the fact that sometimes there was the sensation, an evidence of paralysis in the official advance of Chinese medicine in the Western setting although its social advance and penetration have been and are following a different rhythm, a higher rhythm
that surpass the official reality.

It is more than evident for many years that Chinese medicine, being one of the most complete, complex and developed health systems of the world, is a compatible system which is at service to the society despite of all the handicaps and limitations which have been mentioned, but it is also evident that the scientific evidence is still limited and that it is necessary to advance on all fronts to step deeper into it, benefiting especially all medical systems, the society on the whole and being Chinese medicine the most interested in that this will happen.

Birth and Development of a Medical System

As it could be seen from the previous graphic which is a good example in reference to the necessity of whatever medical system to count on a double side in order to justify its effectiveness, safety and harmlessness, that is that it counts on the justification, name and the respectability conferred by the experience, good practice and acquired use all along the time of its existence, but also on the necessity that all the reputation, recognition and renown is backed by scientific evidence. Only by doing so, will the medical system (in this case referring to the so called alternative or complementary medicines by the Western world, as Chinese medicine) stop to enjoy to be the only one to get the recognition and acceptance in its sphere of influence and will be limited especially outside his natural reach, and Chinese medicine will become a complete medical system fully recognized internationally and by all social classes. And only by doing so, such a medical system will achieve its maximum development and greatest degree of expansion.

We can find other reasons that should be highlighted on the scientific evidence level of Chinese medicine, especially related to acupuncture and herbal therapies and the diversity of standard, with relation to the different commercial interests and the power.

If we focus on the Chinese medical system as a whole, in many cases one could better talk
about the influence of lobbies of power of the dominant medical system in the West which try to paralyze, stop or at least avoid the development which they understand could diminish their power, the erosion of the dominion of the medical system worldwide.

This commercial stance leads to the third reason which influences the level of scientific evidence today, it is just and accurate to talk about an excessive mercantilism, corporatism or clientelism on the part of the dominant medical system in the West, as we have seen in this study, it is also just and accurate that the mercantilism, corporatism or clientelism are not exempt on the other part influencing in all levels of development of the corresponding scientific evidence.

It should be mentioned that this uncompromising attitudes of misunderstood mercantilism have historically been detrimental to all systems which the mercantilism pretended to “preserve” from the very first moment, because on one hand, and although Chinese medicine has been pushed and developed by the own social growth and the global environment in which the actual society is moving, it is also certain that the setbacks or barriers which it has been encountering on the way have supposedly put a stop to it. A slowing down of its full development, but this slowing down of the development also has supposed a burden and a problem for the dominant Western medical system as its barriers at the entry have slowed down the synergies and the necessary interaction with the Chinese medical system, synergies and interaction which are obviously necessary, and along with the strong increase of the demand during the last years, years during which the medical system as a whole and due to different reasons needs and requires an overall redefinition of all its strategies and aims.

Being the things so, the moment has come to take up again the title of this presentation, as the official status of the studies of Chinese medicine in the West is not a trivial matter, taking into account its international recognition.

Chinese medicine is studied at Universities and private schools of higher education in China. This fact determines positively the curricula and therefore the level of knowledge of the students who are leaving with officially recognized studies, well prepared to practice their profession and able to specialize with post graduate and master studies and also to continue a research career through the doctorate.

In the West, where Chinese medicine is neither dominant nor integrated in the National Health System, there is a risk that these studies remain subordinated to Western medicine, as
master or postgraduate studies realized by medical doctors of Western medicine or as studies at non University level whose graduates can practice only at a lower level, under the direction of Western doctors. Regarding to what we have mentioned before about the scientific evidence, Chinese medicine would obviously be determined by the research realized in the light of Western medicine and become subordinated to the dominant Western medicine.

In this kind of context which we just have mentioned, an independent profession based on official qualifications at University level with an own area of activity and influence,and, what is more, which would have a formal channel by which it could advance through scientific investigation, would not exist. It is important to bear this in mind in moments like this, when one is working more and more for a so called integrative Chinese medicine, a combination of Chinese medicine and Western medicine.

The integrative Chinese medicine cannot be the result of the use which Western doctors make of Chinese medicine techniques in relation to specific diseases as a complement of conventional medicine. What should exist is the use of certain combined treatments of Chinese and Western medicine, fruit of scientific evidence obtained during the corresponding research process.

And it is exactly there where the studies of Chinese medicine are gaining importance,because the standardization of these studies on international level should achieve that they would be considered as University studies, leading to official qualifications which authorize for the professional practice, independent from those of Western medicine. It is obvious to state that this would ensure that Chinese medicine would not be subordinated to Western medicine in the West, neither from the academic, nor from the professional or scientific point of view so that collaboration lines could be established between both, and one could advance in scientific research of Chinese medicine in the West as well as in the scientific research of integrative Chinese medicine which would benefit both medicines, it would above all benefit the last aim, that is the healthcare of the citizens.
30. Four Elements in Traditional Iranian Medicine

伊朗传统医学的四元素说

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Abstract  Traditional Iranian Medicine has played an important role in the treatment of diseases for a very long time in the Middle East countries. In the recent years, many medical universities in Iran have traditional medicine courses. Traditional Iranian medicine based on four elements theory.

Four elements theory developed in ancient Persia around 2000 B.C.

Four elements are: 1) elemental fire; 2) elemental Weather; 3) elemental water; 4) elemental soil and Four humors are: 1) sanguine humor; 2) phlegm humor; 3) yellow bile humor; 4) black bile (eczema). Four humors are called elements daughters and each one coincide with four elements based on their properties.

Elements are simple substances with are not analyzed, to parts which are different in shapes, and they consist of initial substances of human body and other creators such as plants and concretions.

None of these elements can be found lonely in the nature. These four elements influence each other and produce four qualities, which called humors. Elementals based on density divided into two warm and cold groups.

Elemental soil: has cold and dry quality; elemental water: has cold and humid quality; elemental weather: has warm and humid quality and elemental fire has warm and dry quality.

The four element theory is not usually used in isolation but in conjunction with the other theories that guide traditional Iranian medicine. They are used to explain how the body works(Physiology) and the pathological changes in disease. also guide treatment

四元素说源自于小宇宙理论，这一理论也佛教抱火教典籍引用。在小宇宙理论中，人体的每一部分都类比于地球的每一部分。四体液学说正是小宇宙理论的一部分。根据印度圣书的记载，四体液学说可追溯到公元前 2000 年。伊朗人将本存在于超自然科学领域的这一
理论拓展，说明这个世界的一切都来自于四个元素。四元素是：1）火；2）风；3）水；4）土。四体液是：1）血液；2）粘液；3）黄胆汁；4）黑胆汁。实际上，四体液被成为四元素之子，每一体液与相应的元素都有相近似的特质。黄胆汁对应于火元素，血液对应于风元素，黑胆汁对应于土元素，粘液对应于水元素。

伊朗传统医学对于元素的定义如下：元素是不可分解的简单物质，其形状不同，组成了人体、植物和其他生命的原始物质。元素与具体的物质如火、土、风、水并不是一回事。他们实际上是指物质、能量、质量的象征，是元素火、元素水、元素风和元素土。根据其密度不同，可分成不同具体的种类，最重的为元素水，最轻的为元素火，较轻的是元素风。如果用金字塔来表述密度高低，元素火因为密度轻处于最轻的塔顶，之下依次为元素风，元素水和元素土。

以上这些元素不能单独存在于自然中，这四个元素互相影响，产生出四种不同特点的体液。

元素质：冷，湿

元素风：冷，湿

元素火：热，干

不同密度的元素还可分成冷、热两大类别：

元素火和风属于低密度，即“热”；元素土和水属于高密度，即“冷”。这四种元素有如下作用：

1）元素土：密度最大，保持物体的稳定性。缺少土则物质会降解；土充足则物质稳定或者形成新的物质
2）元素水：密度比土元素低，使得物质具有灵活性。实际上，水元素是生成物质，形成混合物，或者减少物质组成的必要元素，形成各自特有的特质。
3）元素风：简单而且密度低，使得物质具有轻而柔的特性。风元素的多变性超过上面提到的两个元素，其作用是降低物质的密度。
4）元素火：简单而且最轻。该元素的作用是烘烤、软化和混合，可对元素风的作用有影响，而风元素对抵抗湿和冷元素的寒冷（如元素土和水），将这些元素变成液态。

元素火的流动性不仅仅是元素之间的混合或者简单相加。元素火和风，为较轻的元素，在器官和精神的出现和运动中，发挥更有效的作用。

在以上这些描述中，元素土是所有元素的中心，包含在元素水中。元素火和元素风为下一层元素，温热可以降低元素的密度而寒冷可增加密度。我们举了好几个例子，一些物质
含有上面四元素的较多的某一个元素。比如生铁，含有元素铁，是不可弯曲的，脆硬而坚固的。元素火和风更多见于木柴中，容易被燃热影响。铜有较多的元素风，因而比生铁要更加柔韧。酒精中有元素火，其蒸发速度比油要快。当然，这里所说的四元素不属于自然科学的范畴，而属于超自然科学怪说的范围内。

从定义上来讲，这四种元素都是想象的。所有的生物都由这四种元素组成。

元素周期表中的元素也由这四种主要的元素组成。只要注意看一下元素周期表中每个元素的特点就可以明白了。我们可以说：可燃烧的元素含有更多的元素火和风，比如 K+；不稳定的元素含有更多的元素土，比如钠晶体。流动的元素如汞包含更多的水元素。剑桥大学的天文学教授亚瑟·艾丁顿爵士，是最早赞成相对论的领头人之一，他说过：如果我们深入研究时间、空间、物质、光线、颜色和所有明显和实在的物体和生物，最终我们会发现他们都有四元素。

我们应当注意的是四元素学说的元素和元素周期表中的元素是平等的，这两种元素不可以简单的相互比较，每一元素学说都有其重要性，都应该存在。

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Observation of the Success Rate Raised in Test-tube Baby with the Help of Chinese Herbal Medicines, Acupuncture and Qigong

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Abstract: This paper discusses the effect of Chinese herbal medicines, acupuncture, and qigong in raising the success rate of test-tube baby. The result shows that the success rate is raised by 50% in the control group who have had once or twice test-tube baby operations than in the routine group.

Key words: test-tube baby; qigong; acupuncture; Chinese herbal medicines

一、临床资料: 病例选择 46 人均已做过 1-2 次试管婴儿手术，年龄最小者 25 岁，最大者 45 岁，自 2005 年 5 月至 2010 年 4 月，随机分成 3 组，第一组 21 人，第二组 12 人，第三组 12 人。

二、治疗方法: 三组均使用原先冷冻的卵子，其中 3 人植用 2 个卵子，一人植入 5 个卵子。受精卵受精即在试管内培养 3-6 天待发育到 9 个细胞期时将胚胎移植到母体子宫腔内离子宫底 1 厘米，三组按常规注射 H.C.G 使用黄体酮注射，口服阿斯匹林。

2.1 治疗组 取穴、百会、内关、血海、足三里、三阴交、太冲、气海、肾俞、均用补法，留针 30 分钟一周一次直到怀孕。中花采用当归、芍药散、四物汤（川芎、当归、芍药、熟地）

2.2 对照组 不做针灸，按常规进行第二次试管婴儿手术

三、治疗效果 对照组第一组 7 人怀孕，第二组 6 人怀孕，第三组 8 人怀孕。并用中药、气功针灸，65%足月分娩

四、穴位使用意义: 所有穴位均采用对穴。

（1）百会配内关: 安神定志，清心解郁，因为此类手术者均在手术前后伴有紧张，心
神不安

（2）血海配三阴交：养血和血 三阴交为脾经、肾经、肝经三经的交会穴，能养血活血，
补脾、肝、肾三阴虚，滋养肝脾肾阴亏，以达到从阴求阳之用，以达阴平阳秘，气血充盈
（3）足三里，三阴交相配：益气助阳，壮元阳，补脏腑虚损，使血浆纤维蛋白降低从而
降低血液凝固改善血液循环
（4）百会配足阳：补肾益髓，补肾阳而助命门之火，阳气充沛，如同大池阳光普照，
身体脏腑组织细胞营养充足，气血旺盛，经络通畅
（5）百会、太冲相配：一为督脉之顶，一为肝经之底，一阴一阳，上下相配，经络通达，
气机充盈，调达
（6）气海、三阴相交配：阴阳相配，气血双补 以达阳中求阴，阴中求阳，补脾，脾
主运化而补后天之养，助阳益气
（7）气海、足三里相配：升阳，激发五脏六腑得以滋养

五、典型病例

Lisa 40 岁 2009 年 2 月 18 日夜间 1 时初诊，结婚 11 年一直未孕，来诊时患者主诉月
经不调已 10 余年，经期不准、伴小腹痛，此次急症来此，疼痛严重，吃止痛片无效故来诊
体检：情绪紧张，内分泌失调 生殖器有炎症，引发经期腹痛严重，恶心呕吐，月经过血块，
血压 100/70，脉搏 110/分，呼吸 23 次/分，体温正常。

取穴：中极、关元、水道、归来、内关、气海、三阴交、神门、气海、肾俞、足三里

次日复诊 主诉 针后 30 分钟痛经好转，能即时入睡，一般情况好，经用四物汤加减
（当归，芍药，川芎，熟地），平衡阴阳，扶正培本，养血安神，经治 2 个疗程（25 次），
月经周期开始正常，气血冲盛，脏腑得养，经治疗，病情逐日好转，脏腑气血旺盛。我建议
她做试管婴儿手术，手术一次成功怀孕，足月分娩，母子均健，病人及家属感谢万分。

讨论：

试管婴儿手术成功与否取决于母体能否顺利“着床”。试管婴儿受精率在 92%，但胚胎
移植后的妊娠率在 25%-38%。母亲身心健康状态子宫腔内血液循环是否旺盛，通过针炎治
疗是机体接受非特异性刺激而产生自我调节作用的治疗方法。它能平衡阴阳，调整脏腑功能
和舒通经络、气血，以达到促进身体各组织器官的血液循环，保证子宫内膜血液循环丰富，
为胚胎的“着床”和发育提供优良保证。经血液流变学检查，患者在治疗前血液粘度增大，
以血粘度高切变，第切变异常为多，凝固性增高，血液流变学变化使神经内分泌功能受到影响，
致使 H.C.G 分泌水平降低，胚胎不能正常发育，“着床”失败或者流产，治疗后改善了
血液状态，使神经内分泌功能得到调节，血清雌二醇（E2）含量较治疗前显著增高（P<0.01）。E2浓度降低和“天癸”物质的减少与耗竭可能在内在联系。血清泌乳素（PRL）明显下降（P<0.01），特别增强了LH的分泌功能。黄体功能不足与垂体分泌PRL异常有一定的关系。中医认为“肾-天癸-冲任-胞宫”的过程与西医的下垂体-垂体-卵巢-子宫的环路相对应，补肾壮阳不足直接刺激黄体素（LH）的分泌而是增强HCG/LH的受体功能，从而提高卵巢性腺轴的黄体功能使其调节更完善，并参与全身各系统的功能调节。

四物汤、当归补血散是古代名方，有促进大白鼠黄体分泌黄体酮的作用使妊娠期提高，特别对黄体功能不全者，临床常用于先兆流产和习惯性流产及其它妇科疾病，此方执简驭繁，肾阴虚加巴戟天，杜仲，肉苁蓉等，肾阳虚加女贞子，枸杞子等。

针灸能提高试管婴儿手术成功率，疗效是肯定的。在澳洲、法国、英国、美国、加拿大等都有这方面的文献报道。针灸进入试管婴儿领域才刚刚起步，经验不多，如何能进一步提高疗效，如穴位的配伍，中药方剂的选择，有待同仁共同探讨。根据我的经验，针灸配合中药能更有效提高疗效。
32. 探索PBL教学方式在留学生的针灸课程中的实验

Exploration of the PBL Approaches in Teaching Experimental

Acupuncture and Moxibustion for International Students

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摘要：随着中医药高等教育和国际学术交流的发展，越来越多的外国学生到中国学习
针灸。留学生们不仅进行了针灸的理论学习和临床实操培训，也对现代医学文化有着浓厚的
兴趣。实验针灸学（EAMS）这门课程正为传统针灸和现代科学之间的桥梁。然而由于
不同的文化背景，一些学生会觉得难以理解和学习。因此，我们针对这些学生，对教学的方
式进行了探索。一方面，我们根据不同学生的能力和情况慢慢讲授，另一方面，我们采用
PBL这种教学方法。在整个过程中，学生需要共同协同积极学习，老师轮流帮助他们解决
疑问。综上，采取传统和PBL相结合的教学方式，实现了更高质量的教学，学生也获得了
更多针灸的新知识。

Abstract: With the development of TCM higher education and international academic
exchanges, an increasing number of international students come to China to study acupuncture
and moxibustion. Besides theoretical study and clinical training of acupuncture and moxibustion,
the international students are also interested in the knowledge of modern medicine. Experimental
acupuncture and moxibustion science (EAMS) is a required course that bridges the gap between
the traditional acupuncture and modern sciences. However, some of the students find it difficult to
learn because of different cultural background. Therefore, we have explored some approaches in
teaching the course to the students. On the one hand, we teach the students in accordance with
their aptitude step by step. On the other hand, we use the PBL teaching method. The students need
cooperative learning, collaborative learning and active learning during the whole process. The
teachers in turn help the students solve problems. In conclusion, in combination with the
traditional and PBL teaching methods, higher quality of learning and teaching have been achieved,
and the students have acquired more updated knowledge of acupuncture and moxibustion.

关键词：基于问题学习；针灸；留学生
Key words: PBL; acupuncture and moxibustion; international students

Introduction

With an increasing global exchanges and the development of higher education of traditional Chinese medicine in China, more and more foreign students choose to study acupuncture and moxibustion in China. They are not only interested in learning traditional theories and clinical practice of acupuncture and moxibustion, but also interested in understanding these knowledge in the point of views of modern medicine. Experimental acupuncture and moxibustion science (EAMS) is a course that bridges the gap between the traditional acupuncture-moxibustion and modern sciences. The course contributes to a better understanding of traditional theories and principles of acupuncture and moxibustion, as well as a better acquisition of the ability of experimental practice. In addition, it provides a direction for the clinical trials of acupuncture and moxibustion\(^1\). Therefore, it is one of the required courses for foreign students in the college of Acupuncture-moxibustion and Tuina in Beijing University of Chinese Medicine (BUCM). The course is in an important position of acupuncture teaching program. However, because of the different culture background, some of the foreign students found it is difficult to learn the course. It raises a question: how to teach the course to foreign students? In this paper, we expressed our opinions on this issue.

1. The situation of the foreign students

It is well known that the attendance of the class has a great impact on the learning and teaching. Sometimes the foreign students arrive late or stay away from class. While at the same time, they are interested in learning more about EAMS. We always communicate with the students to understand their needs. According to this situation, we call their names and ask them questions in the class, and improve the portion of attendance in the final grades. We teach the students according to their aptitude step by step\(^2\). Furthermore, we try to find a teaching method that is suitable for foreign students. In the practice, we find that the problem-based learning (PBL) has more advantage than traditional teaching methods. Compared to traditional teaching methods in which the students are usually the passive learners, it seems that PBL reflects the way in which the mind actually works, not a set of procedures for manipulating students into learning. It motivates the foreign students to improve the capabilities to understand the course contents\(^3\).

2. PBL teaching approach
Problem-based learning (PBL) is a total approach to education. It is an instructional strategy in which students confront contextualized, ill-structured problems and strive to find meaningful solutions. In some ways, PBL is learning the results from working with problems. It consists of carefully selected and designed problems that demand from the learner acquisition of critical knowledge, problem solving proficiency, self-directed learning strategies, and team participation skills. In addition, it replicates the commonly used systemic approach to resolving problems or meeting challenges that are encountered in life and career.

In problem-based learning, the traditional teacher and student roles change. On the one hand, the faculty becomes resources, tutors, and evaluators, guiding the students in their problem solving efforts. On the other hand, the students assume increasing responsibility for their learning, giving them more motivation and more feelings of accomplishment, setting the pattern for them to become successful life-long learners. They learn via contextualized problem sets and situations. Because of that, the dynamics of group work and independent investigation, they achieve higher levels of comprehension, develop more learning and knowledge-forming skills and more social skills as well.

3. PBL teaching approaches in EAMS

3.1 PBL in theory teaching

Some of the foreign students find that most of the theories of EAMS are difficult to memorize. If they don’t understand them, they can’t acquire the knowledge. After using PBL approach in teaching EAMS to the foreign students, the students acquire knowledge and become proficient in problem solving, self-directed learning, and team participation. Here are some examples.

For one example, we choose the chapter “The regulatory effects on different systems by acupuncture and moxibustion” for PBL teaching. Several groups of the foreign students were organized in a class, and each group chose a reporter. First, each group was randomly assigned to a disease topic according to the chapter in the textbook. The students were asked to collect the related information of the etiology and mechanism of the disease, as well as the progress of acupuncture treatment on the diseases. There have been so many research reports in the fields in recent years, so it is easy for the students to find these materials on the web. Then they prepared ppt files to introduce these materials to the class. Secondly, the teacher gave them some suggestions on the ppt, and the students made some revisions to improve it. After that, the reporter
presented the ppt for 15min, and answered the questions raised by the students and the teacher for 5min. Finally, the teacher made a summary. By using the PBL teaching methods, the interest in EAMS of the foreign students arose, and they found it was easier to grasp the knowledge of the chapter.

For another example, during the teaching of the phenomena of the meridians and collaterals, we asked the foreign students to discuss what is meridians and collaterals as far as they are concerned. In addition, we asked the students to give some examples of these phenomena. The students are active in expressing their point of views. After that, we started to teach the content of the course. As a result, the interest in EAMS grows in the foreign students, and the students are likely to be more concentrated on their studies.

By applying PBL in theory teaching of EAMS, the foreign students come to understand the concepts and principles, and link them to conditions and procedures for application. Therefore, the results suggest that the implications of PBL has the positive effects when the students turn to the active learners and understand the principles.

3.2 PBL in experiment teaching

The experiment teaching is one of the major components of the EAMS teaching. It helps the students to have a better understanding of the theories, and helps to cultivate their experimental techniques.\textsuperscript{[6]}

Here is an example of PBL teaching in experiments. Besides some commonly-used experiments, an independently designed experiment was adopted in our teaching to the foreign students. For example, we assigned one or two topics to the students. The students were encouraged to collect the materials and design the experiment. Then, they made ppt and presented their research protocol to the whole class. After that, they wrote their design in details and discussed it with the teachers. The teachers gave them some suggestions. Finally, they did the experiment which was designed by themselves under the guidance of the teachers. The students were very happy after they made success in the experiment.

In conclusion, in teaching the course of EAMS to foreign students, we combined the traditional teaching methods and PBL teaching. On the one hand, we teach the students in accordance with their aptitude step by step, and explain the profound things in a simple way. On the other hand, by applying PBL approach, the students acquired cooperative learning,
collaborative learning and active learning during the whole process. As a result, the higher quality of learning and teaching has been achieved, and the foreign students have acquired more updating knowledge of acupuncture and moxibustion.

References
Exploration of Banxia Xiexin Decoction in the Treatment of Miscellaneous Diseases

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Abstract: Banxia Xiexin Decoction can not only regulate the stomach to descend stomach-qi, but also remove the full and stuffy sensation. It works to adjust the qi activity, and bring down reverse rise of stomach-qi, so as to ease the chest and abdomen and expel dampness-heat. This decoction is effective to disharmony between the spleen and stomach, simulaneous cold-heat syndromes, disturbance in ascending and descending of qi, stagnation of qi, or invasion of the Shuyang Channels by heat. Regardless of age, sex and severity of the condition or length of illness, as long as it is right to the syndromes it is effective. It has a good effect on reflux esophagitis, gastric and duodenal ulcers, chronic gastritis, acute gastroenteritis, chronic non-specific ulcerative colitis, irritable bowel syndrome, functional dyspepsia and other diseases, as well as on chronic cholecystitis and other diseases.

Keywords: Banxia Xiexin Decoction; miscellaneous diseases; clinical application
同而灵活加减运用，疗效显著。

治疗脾胃失调的理论依据

人的生命活动和成长过程中必需的气血津液和精微物质，主要依靠脾胃的消化吸收而化生，因胃主受纳水谷，脾主运化，为气血化生之源，两者互为因果，相互用，缺一不可，尤其在生理功能和病理变化方面，就更为突出，其理论一直指导着临床。

1. 从脏腑上分析 在中医的理论里，脾和胃是消化系统的重要组成部分，脾为阴，胃为阳，两者互为表里。脾主运化，胃主受纳。脾主升，胃主降。一升一降，相互为用，相互协调，才能维持脾胃升降功能的正常运作。若脾失健运，会直接影响胃的受纳通降功能，从而出现脘腹胀满，纳呆等症，若脾阳不振，往往夹杂湿邪为患，如脘腹疼痛，喜温善按，大便稀溏等症。

2. 从经脉上看 “脾足太阴之脉，起于大指之端，……循胫骨后，交出腘阴之前，上膝股内前廉，入腹属脾络胃” (《灵枢·经脉第十》)。经脉只有得到气血和精微物质的濡养，才能运行畅顺。若足太阴脾经气血和精微物质不足，失于濡养，或受到阻滞，气血运行受阻，经络不通，循行之分野皆可受累而发生病变，可见胃脘胀满，疼痛，呕吐，纳差等症。

3. 从饮食所伤上推敲 由于饮食不节或不洁损伤脾胃而发病者常有三：①饮食不洁或腐败变质食物，损伤胃肠，轻则呕吐，重者脘腹疼痛，呕吐，腹泻等症；②食无定时，饥饱无度，使脾胃饱受其苦，日久损伤脾胃而为病；③嗜食辛辣或油腻之物，若脾胃薄弱，易使脾胃气机壅滞而生湿热，可见嘈杂，口臭，便秘等症。

脾胃失调的诊断依据

在临床上常见的无论是反流性食管炎、胃及十二指肠溃疡、慢性胃炎、急性胃肠炎、慢性非特异性溃疡性结肠炎、肠易激综合征、功能性消化不良、慢性胆囊炎等疾病，在其发展变化的过程中，有一部分与脾胃不和，升降失调，胃气上逆密切相关。尤以反流性食管炎、慢性非特异性溃疡性结肠炎、肠易激综合征等最为常见。在临床上所见的反流性食管炎多虚中夹实和寒热错杂，早期体征并不明显，仅于剑突下轻微压痛，随着病情的发展，脾胃不和，胃气上逆，迫使胆汁郁逆而反流。其病位虽在上焦，但与脾胃密切相关。病情虽复杂，但有一些是由于寒热错杂蕴结于脾胃，气机受阻，而呈升降失调之势。若腑气后烧灼感，泛酸，胃脘胀满，疼痛，纳差，舌质淡红，苔薄黄腻，脉弦数者，可用半夏泻心汤加减治疗。还有肠易激综合征，大多数都是以心情抑郁，精神紧张，焦虑不安所导致，但临床上因脾胃不和而至的也不少。若寒热错杂于中，使脾胃升降失调，出现腹痛腹泻，脘腹痞满，口苦咽干，舌质淡红，苔薄黄，脉弦滑者，可用半夏泻心汤治疗。再有在临床上见到的慢性非特异性
溃疡性结肠炎，无论何种原因导致，何种证型，或或多或少都有湿邪内蕴其中，有一些分型是脾胃不和，寒热错杂，湿热不化，下注大肠所致。要是腹痛腹泻，大便次数频密，伴有粘液，里急后重，舌质淡红，苔薄黄而腻，脉弦细数，可用半夏泻心汤化裁治疗，疗效可靠。再者还有胃及十二指肠溃疡、慢性胃炎、急慢性胃肠炎、功能性消化不良、慢性胆囊炎等，尽管病因病机不同，病症复杂多变，若能根据病情细致分析，其实属于寒热温交换的亦不少，可果断地采用半夏泻心汤出入加减，能平稳地缓解病情。


半夏泻心汤的配伍特点

方本方剂虽然简简，但是按药物性味和作用的不同，仍可分消炎热散结，清热燥湿、健脾益气三组。一组，治炎热散结之药。干姜、半夏是本方的主药。干姜性辛热大热，功有三：①有承中散寒之功，善治脾胃虚寒或寒邪直中所致的脘腹冷痛，喜温喜按，大便溏薄等症状；②主治胸满，……胸膈不痛[11]；③干姜散能克制脾肾湿热与抑制胃液分泌和胃液酸度[21]，半夏味辛性温，功有三：①善于健脾和胃，降逆止呕，”半夏所治之呕，多为恶心湿痰，随于中焦，以致胃失和降所致”[3]；②主治伤寒寒热，……胸腔，咳逆，肠鸣[12]1；③半夏有健脾和胃湿热和抑制胃液分泌的作用，亦能抑制胃液酸度[22]，二药合用，升清降浊，温中散寒，燥湿和中，和胃降逆。二组，清热燥湿之药。黄芩与川连。黄芩味苦性寒，功有三：①善于清热之热，尤善治胃肠湿热；②善于清热燥湿以止泻痢；“主治热痢，黄芩，肠脂，泄痢”[12]；③有清热解毒和抗炎作用[23]。川黄连味苦性寒，功有三：①善于清热解毒之热，尤其善治胃肠湿热，心下痛满等症；②清热燥湿引起的泄泻，痢疾之症，正如《神农本草经》所言：“主治肠澼，腹痛，下痢”[11]；③有清热解毒和抗泻作用[24]。三组，健脾益气，扶正驱邪之药。人参、炙甘草和大枣。人参味甘微苦性平，其功有三：①补脾和胃，扶正驱邪，尤对脾虚纳差，腹胀食滞更佳；②有抗疲劳和抗炎作用[25]，炙甘草味甘性平，其功有三：①既能补脾益气，又能缓急止痛；②能缓和药性，避免川连、黄芩苦寒药对胃肠的刺激性；③有解痉、抗炎和抗溃疡作用[26]。大枣能补脾和胃，有止泻、生津、补养强壮等作用[41]，能缓和川连、黄芩苦寒药的刺激性，④对特异性反应性疾病能抑制抗体的产生[27]。三药配伍合用，共建补脾益气，和中扶正，缓急止痛之功。此外，还有川连与干姜合用，一寒一热，既各显所长，又相互制约，相反相成。其止呕吐，消炎解毒，和胃降逆的作用更强。诸药合用，寒热并用，攻补兼施，共奏辛开苦降，和胃降逆，开结消痞的作用。本方不但可治反复性食管炎、胃或十二指肠溃疡等疾病，而且还可治老年胃痛、消化道出血、妊娠恶阻、复发性口疮等。
半夏泻心汤在临床上的具体应用

1. 反流性食管炎 本病的发生是胃或十二指肠内容物反流入食管，导致食管粘膜损伤、充血、水肿等炎症病变。但从中医的角度上看，不但是炎症或功能性障碍，主要是肝胃气滞，横逆犯胃，胃失和降，故气上逆所致。除此之外，而寒热错杂者亦有见之。临床以胸骨后或上腹部烧灼感，泛酸，胃胀满，疼痛，纳差，舌质淡红，苔薄黄微腻，脉弦数。

治用半夏泻心汤合左金丸，海螵蛸等化裁，既和胃降逆，又抑酸和胃。若两胁胀满，胸闷不适者，用本方合柴胡疏肝散化裁，既疏肝理气，又调和肝脾；若胸骨后或剑突下灼热者，加蒲公英、山楂子清胃热；若暖气呃逆，呕吐痰涎者，去川黄连，加旋覆花，柿蒂理气降逆；若疲倦乏力，大便溏薄，纳差者，去黄芩，川黄连，加白术、苍术、扁豆、陈皮健脾化湿；若畏寒肢冷，大便溏薄者，去黄芩，川黄连，加制附子，补骨脂，白术温阳健脾；若胸骨后或胃脘部刺痛者，加丹参，延胡索活血止痛。

2. 胃及十二指肠溃疡 现代医学认为本病与胃酸、胃蛋白酶的消化作用和感染幽门螺杆菌等有关。但从中医的角度上看，本病多由肝气郁结，饮食所伤，脾胃虚弱等导致胃失和降，气血郁滞，不通则痛。以气机不畅为主，或兼寒热，或兼虚实，或兼血瘀。治疗时需从“郁滞”，“寒热”，“脾虚”着手，损有余，补不足。要寒热错杂，胃寒胃热，胃虚胃实，寒热并治。可见胃胀满，疼痛，时时呃逆，清气，口中口酸，口干不欲饮，疲倦乏力，舌质淡红，苔薄黄微腻，脉弦滑。治用半夏泻心汤加竹茹、枳壳、陈皮、延胡索等，不但能和胃降逆，而且能行气止痛。若反酸者，可加海螵蛸、瓦楞子制酸和胃；若嗳气频频者，加柿蒂、沉香顺气降逆；若疲倦乏力者，加黄芪、白术健脾益气；若纳差者，加山楂、炒麦芽健胃消食；若胃脘痛甚，加延胡索、田七活血止痛。

3. 肠易激综合征 现代医学认为本病主要由于焦虑、紧张、抑郁以及胃肠动力和内脏感知异常所致。但从中医的理论上分析，本病虽复杂，主要以肝脾不和，气机郁滞为主，或兼热，或兼寒，或兼热，或兼血瘀，在接触的患者中，有些往往是寒热错杂，虚实并见。究其原因，主要是长期心情抑郁，不疏肝，肝郁脾虚。其常见症状是脘腹胀满，疼痛，大便稀溏，泻而不爽，或偶尔便秘交替出现，口干不欲饮，舌质淡红，苔薄黄，脉弦滑，可用辛开苦降，和胃降逆的半夏泻心汤加减。若腹痛、腹泻明显与抑郁、精神紧张有关者，用本方合四逆散化裁，疏肝理气，和胃降逆；若饮食稍有不慎即腹痛腹泻，完谷不化，疲倦乏力者，本方去黄芩，川黄连，加白术，茯苓，扁豆，黄芪健脾益气，祛湿止泻；若小腹冷痛者，去黄芩，川黄连，加制附子，补骨脂，小茴香温补肾阳，散寒止痛。

4. 功能性消化不良 现代医学认为本病是由精神、心理和胃动力障碍等因素所致。但从
中医的角度上看，病因虽有多种，但病机多为脾胃虚弱，湿热内蕴，气机郁滞，脾胃升降失调，本病除了由饮食所伤，情志内伤等比较常见之外，而寒热错杂内蕴脾胃的也不少。常以胃脘胀满为主，兼有口苦咽干，心烦躁热，纳少，肠鸣便溏，身重困倦，舌苔淡红，苔薄黄而腻，脉滑数。治用半夏泻心汤加减，有一定的疗效。若胃脘胀满，嗳气，不思饮食，身重倦怠，大便不爽者，加半夏半夏燥湿化痰，理气和胃；若恶心欲呕者，加竹茹、柿蒂、旋复花以降逆止呕；若胃脘胀满疼痛，善太息，纳少泛恶者，本方去黄芩、川黄连、干姜，加柴胡疏肝散化裁；若腹痛隐隐，腹部冰冷者，本方去黄芩、川黄连，加制附子、肉桂温中扶阳。

病案举例

患者某，男，37岁，2009年5月12日初诊。主诉胃痛反复发作已4年，诱发加重3天。胃痛已有4年，曾用中西医药治疗，经胃镜检查见胃粘膜充血，水肿，粘膜有斑点状糜烂。确诊为“慢性浅表性胃炎”。近3天以来因饮食不节，恣食油腻，旋即出现胃脘胀满，恶心欲呕，自服西药效果不显，前来求诊。现症见：上腹部胀满，钝痛，恶心欲呕，或吐清水，口干口苦，纳差，疲倦乏力，舌质淡红，舌有齿痕，苔薄黄微腻，脉弦滑。

诊断：胃脘痛。
辨证：寒热中阻，气机上逆。
治法：辛开苦降，和胃降逆。
方药：半夏泻心汤合旋复代赭汤化裁。

半夏12g，黄芩、黄连、干姜、旋复花、柿蒂、枳实、白芍、延胡索各9g，党参15g，炙甘草、砂仁各6g，大枣3枚。3剂，每日1剂，水煎服。

饮食调护：①少食生冷、油腻、辛辣之食物，选择易消化之食物；②节喜怒。

治疗经过：

二诊：2009年5月15日，上方服3剂，上腹部胀满，钝痛减轻，恶心欲呕，吐清水减少。再原方服7剂。

三诊：2009年5月22日，服药7剂后，症状再减轻，但上腹部仍有胀满，偶尔钝痛，舌苔转薄白腻，上方去黄芩，加炒麦芽15g，厚朴5g，以增健脾理气之力。续服14剂。

四诊：2009年6月5日，药后上腹部胀满，钝痛，欲呕消失，纳佳，仍有些腹胀，疲倦乏力，为巩固疗效，上方去旋复花、柿蒂、延胡索，川黄连改为6g，再加黄芪15g，茯苓15g，白术10g。续服28剂。

半年后患者因咳嗽前来诊治，询问胃痛未再复发，且经胃镜复查炎症消失，病灶愈合，正常生活。

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体会：本病例反复发作的原因有二：①饮食不节，湿浊内生，损伤脾胃，胃失和降；②久病未愈，心情抑郁，心气郁结，肝木乘脾，胃气受扰，导致本病反复发作。针对本病的病候特点，采用半夏泻心汤合旋复代赭汤合裁，一方面辛开苦降，和胃降逆以治其标，另一方面补脾益气，和中扶正以顾其本，寒热并用，攻补兼施。方中半夏、干姜、黄芩、黄连、旋复花、代赭寒热并用，辛开苦降，和胃降逆；枳壳、砂仁、延胡索行气化湿，活血止痛；党参、白术、炙甘草、大枣健脾祛湿，扶正祛邪。用药合理，紧扣病症，故能向愈。

参考文献


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34. Methods and Experience of Teaching Meridian Theories in the Leonard da Vinci Medical College, France

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Abstract: Facing such “students” as medical doctors, pharmacists with doctoral degree in the setting of a French medical college, teaching Chinese medicine is definitely a different story from that in China, in the curriculum, teaching staff composition and approaches as well. TCM education under this circumstance, however, is an indispensable part of overseas TCM education. Therefore our experience has been a unique one to offer perspectives of and insights into how to carry out dialogue between traditional Chinese and Western medicine at a higher level.

Keywords: meridian; Leonardo da Vinci; TCM education

巴黎第十三大学达·芬奇医学院中医文凭教育针对的是已经拥有深厚西医理论基础的学员，他们当中很多人是带着多年临床积累下来的疑惑和工作中遇到的问题而来；有些人已经到了快要退休的年龄，他们带着来学习的可能是从医一生的终极困惑。他们喜欢以西方思维逻辑和已有的西医知识背景思考问题，如果按照我国医学理论体系及名词术语进行教学，对于他们无疑于云山雾绕、隔靴搔痒，几节课下来就会学员抛光课堂关闭。如何使我们的中医教学内容与学员原有知识体系和需求有效对接让学员听得有兴趣解渴，同时又要坚持中医学的原创特色和反映其固有体系让学员真正学有所获，成为我们经常思考的问题。这一教学对我们提出的要求是多方面的，首先必须了解学员的学术领域及逻辑方法，其次必须克服语言交流的障碍以恰当的方式准确表达出中医的原意，第三要在非常有限的课时内讲清问题，这对我们无疑是极其艰巨的挑战和非常艰难的应对。
在谈到“经络”这一针灸学的核心概念，有学员提出：“经络是中国古人臆想出来的，因为迄今为止没有任何科学的方法可以证明经络的存在”。西方人在学术问题上是不讲道理的，如果不能很好的回答这个问题，针灸课程就无法进行下去。我们首先向学员阐述中国传统认知方式以实用理性为特点。注重从临床的实用性作为检验与甄别有效知识的基础。在这一方法指导下针灸被中国古人发明和应用已经有几千年了，经历了漫长的历史积淀和筛选，才谨慎的提出和完成了理论体系的构建。经络来自于临床而不是实验室，要知道经络的真实意义，必须回到原点，临床才是最佳切入点。中医的许多概念，仅仅停留于理论解释是远远不够的，一定要经过实践的阶段才会有更好地把握和接近事实的真相。也才能真正理解理论。第二，经络概念的形成是中国古人发现的经络与体表、体表与内脏、局部与局部、局部与整体的交互错杂的相互关系，并逐步将这些联系的规律上升为理论。经络的最早表达在马王堆医书中是脉、也就是现在的血管，随着认识的不断深入及对经络功能解释的不断增加，逐渐扩大到包括现代医学的神经、淋巴系统、及相伴行的结缔组织功能，这些虽然不能用西医医学概念进行简单对应，但作为解释经络提供了一些参照，使其不至于抽象到无法理解。两种医学体系互相比较，避免了将经络神秘化的倾向。第三，“气血津液”学说是中国的重要基础理论之一，朱子文教授将其归纳为容易被西方人理解的“气血津液三流脉循环理论”。经络担负着人体的运行输转机能，而构成流通循环的物质基础就是气、血、津液，它们作为一个有机的整体共同配合完成生命的气血输转、升降出入、吐故纳新、平衡调节功能。一旦出现问题，病理表现也非常具体，就是气滞、血瘀、痰饮以及相应的症状、体征。西医虽然也有对应的循环系统，神经系统、循环系统，但是习惯分割成独立的系统各自发挥其特殊作用。中医则根据自己的实践，从一开始就将不同系统的功能与结构集成整合在一起，统称为“经络”。

自从上世纪七十年代以后，西方有关提出神经-内分泌-免疫（NEI）网络学说，认为神经内分泌系统与免疫系统之间存在完整而功能性的调节环路。在这个网络中，神经内分泌激素能调控免疫，而免疫亦能调控神经内分泌。神经内分泌系统与免疫系统可以共用细胞因子、肽类激素和神经递质并产生广泛的有复杂的网络联系，神经内分泌免疫网络的研究为人类的生理整合提供了新的线索，很快就成为医学复杂性系统的研究热点。这个网络组合与中医的经络有异曲同工之妙，让我们看到西方已经向整体医学的目标有了实质性的迈进。系统思想和非线性思维在逐渐向现代医学渗透，这些变化也将会使中西医之间的相互理解与沟通变得越来越容易。但是，我们同时清楚的看到二者在内容上还是有所不同，首先经络的重要内容之一血液循环传导部分在神经内分泌免疫中是缺失的，但它们对中医却具有特殊的意义，否则就
构不成完整的经络体系。第二，经络及相关穴位早已经具有时令的意义，子午流注、灵龟八法的内容及实际应用在神经内分泌免疫网络中还没有相应的表达。第三，中医的经络属于“元网络”，以结构-功能的整体性为特征，从一开始就密切不可分割地合为一体。西医的神经内分泌免疫网属于“合网络”，是随着对人体认识的不断深入，将各自独立的几个系统联系在一起，本身有着先天性的难以弥合的割裂痕迹。因此，两种网络虽有交迭点，可以相互参照，但完全重合则不太可能，毕竟二者文化背景、思维及实践方式有著明显的差异。

经络概念具有鲜明的中国传统思维和方法学的特色，不仅很好的解释了诸多的临床现象而且还发现了很多现代医学生理各系统独立功能之外的未知生命自组织功能，所以自然也就超出了现代医学单个系统功能的叠加。我们至少可以从以下四方面作出有力的佐证。第一，经络系统所呈现出大量的耳部、面部、人体全息自组织现象，无法用现代生理解剖学任何一个系统来解释；第二，合谷治疗下颌关节疼痛，悬钟治疗颈痛，百合治疗脱肛，天柱治疗踝关节扭伤，也远远超出西方解剖--生理可解释范围，这些跨神经节段的治疗作用，用经络理论来解释就非常合理。第三，分布于经络上的特定穴具有的时间记忆功能和空间覆盖功能，是中国医学特有的实践经验的总结。第四，通过“不痛则痛，通则不痛”经络理论指导下，针灸止痛，常常获得立竿见影的效果，而现代医学以无菌性炎症理论为指导的疼痛治疗，即便是用麻醉药局部封闭效果有时也没有针灸来得快，二者在临床上都有之有效，可理论着眼点完全不同，因此现代医学目前的水平还无法真正做到对经络进行证实或证伪，破解或代替，相反经络理论或许可以在提供新事实与新思路上给现代医学一些启迪与参考。

还有学生提出：“以现代解剖的技术水平，已经没有什么可以隐形了，至今发现不了经络的存在是令人难以想象和无法接受的。”这个观点的背后，其实是有一大群生物高科技作为支持点，例如电镜、断层扫描、核磁共振、数算成形、基因解码、药物分子靶点等等。西方科学以分析见长，分析技术又为人体研究布下了天罗地网，似乎无可遁形。与此相反我们选择“交道”作为切入点来解释经络。一个城市或国家如同一个有机的生命体，是否先进发达和具有生机活力，物流运输和通讯水平已经成为重要的衡量标志。巴黎是一个国际化的大都市，它已经形成地面省道、国道、高速公路，地铁及郊区快线，普通铁路、高速铁路、国际铁路，以及依托塞纳河的水运，国内、国际航空相互贯通的多元、多级立体交叉的交通网络，相互之间的功能整合与高度协调为巴黎成为充满魅力与活力的现代化都市提供了有效的支持和保障。公路、铁路所形成的有形网络相对容易理解，航空、水运作为重要的交通形式，其中航线及水运航道属于有形网络，它们也是一种真实的存在，发挥着重要作用，虽然它们不是客观固定的有形网络，但它们绝不是一种虚设的想象。交通网络正是由有形网络和无
形网络交织在一起，才构成多元、多级立体交叉可调网络。人体也一样，经络的基本功能
是承担生命所需的物质、能量、信息的流通与运输。这从针灸穴位的命名就可以得到证明。
许多穴位本身就携带着与交通、联络有关的信息，以交通、沟通而有阴交、阳交、三阴交、
通里、通天、通谷；以道路、通道而言有水道、神道、阴道、维道；以道路的分合交会而言
有百会、水分、合谷、合阳；以关卡要冲而言有内关、阳台、天枢、五枢、神门、液门、气
冲、冲阳等。我们还进一步借用多元化信息高速公路的实例开拓和启发学者的思路，电脑、
电话、互联网、多媒体、卫星导航系统已经渗透到地球的各个角落以及人类生活的方方面面，
有线电话、有线同同机、无线上网并存，现代社会资讯已经成为连接人类社会的超级庞大
网状结构，这已经成为人人离不开的生活方式之一，各种信息的传递传输正是靠着无形
无形、看不见摸不着的不同频谱的电磁波准确地完成着不可思议的功能。以往对经络的研究
大多是局限于实体解剖结构的范围，并由此派生出的种种经络假说及理论模型，然而这些从有
形组织到传统意义上的经络至今还未取得公认的结果，在近半个世纪的经络研究中留下了
许多经验教训。在现代科学已经将物质与暗物质、波与粒子的绝对界限打破的今天，对经络
这一生命现象的理解要冲破旧的思维方法的束缚，否则将无法满足经络学习与研究的需要。
交通与通讯的例子足以为那些整天围绕“经络物质结构解剖基础”的人提供一点反思的资料，
物质的存在形式及结构组成是多样化的，研究经络的思维应当更加开阔、更加富有想象力。
　　“仰观天象、俯察地理、近取诸身、远取诸物”这一源于《易经》的中国古代对自然、
社会及生命规律特有的认知思考方式，是中医学最基本的方法。从自己的身体以及周围熟悉的
自然、社会环境所发生的变化及现象，归纳总结相互间的共性，用来判断形势、预测结果、
总结规律，进而扩大人类的视野，找到自然、人类、社会的共同规律，中国的先贤老子将其
概括为“人法地，地法天，天法道，道法自然”。我们借用交通和通讯这两个与我们每一个
人生息息相关的领域，来帮助学者理解古人所说的经络概念，借助这两个很好的契机和载体，
向西方人士展示中国传统认知方式和实际应用。交通网络由有形网络（公路铁路）和无
形网络（航空水运）交织在一起共同构成，信息网络更是天罗（无形电磁波）地网（有形电
缆）的集成。因此，经络不能被单独的有形物质进行整体揭示是完全有可能的，交通、通信
就像是人体的血管、神经、淋巴系统，经络就如同城市的公路、河流、山岳。交通阻塞几乎
是当今每一个大城市的城市病，而信息通路障碍甚至可以让整个城市或部门瘫痪，中国医学
有一条非常有名的病机理论叫：“不通则痛，通则不痛”，通与不通虽然指的是经络以及经络
中运行的气血津液运行状态，但完全适用于上述实例，有效疏通道路，保障通讯顺畅，是城
市和国家得以维持正常运转的基础，与经络的运行通畅对人类生命的保障调节有着非常相似
的共性。经络理论与现代人类的词语表达尤其与西方思维方式存在着相当大的距离，虽然我们已知经络与血管、神经、淋巴系统以及部分结缔组织有关，但是它们的功能叠加还不足以解释经络功能，可能还要包括神经-内分泌-免疫（NEI）网络，才会更加接近，而弄清这些组织之间的复杂关系及作用细节也许是揭开经络之谜的关键。所有这些无疑还需要经过长的时间研究和探索。经络理论作为一个研究中心课题有待于世界各国的针灸同行及科学家一起集思广益共同破解，针灸起源于中国，但今天针灸已经属于全世界。

经络如果站得住脚，除了要用理服人，还应当延伸到实践，通过临床的验证才具有真实的说服力。经络指导下的针灸具有很强的可操作性，远比理论更加直观，更容易被西医学习和接受，即使有些人一时还不能完全接受和信服经络理论，但这种理论指导下取得的疗效还是给他们留下深刻的印象。我们在课堂上适时的做一些示范教学，同时让学员看他们熟悉的西医及科学知识来解释这些亲眼所见、亲自体验到的针灸效应，我们就要做到及时、准确地指出他们解释过程中的不足及不合理之处，最后让他们来比较哪种理论的解释性及预见性更加完整、全面、合理，这是一个深化教学的过程，也难怪出现非常激烈的争论。这样的“碰撞”使我们真正领悟到了什么是西方的分析精神，什么叫一丝不苟，也给我们提供了宝贵的思想。通过这种公开坦诚的争论和交流，大大激发和提高了学员对中医的兴趣，他们的理解和表达方式也往往给我们很大的启发和帮助。在讲十二经络的时候，有的学员主动向我们介绍西方刚刚兴起的肌肉链学说，将全身的肌肉筋膜纵向连接，跨关节，跨神经节段地解释病理和进行治疗，这说明西方医学以往只关注局部，头痛医头脚痛医脚的弊端已经开始有所转变，教学相长在不同的文化交融中增添了新意。许多学员还主动介绍他们在临床中碰到的疑难病人让我们用中医治疗，借此了解我们的诊疗思路。这些良性互动及临床疗效证实，使许多人从此真正改变了对中医的态度，进而相信这是一种历史悠久至今依然有价值的生命解读，对经络概念的疑问变成了学习中医的动力，随着学识的不断增加和积累，许多学员越来越领悟到中国医学及中国文化的博大精深，成为海外中医学的中坚力量和铁杆洋中医，他们对中国社会的传播、推广起到了中国人无法起到的作用。

中医的海外传播，首先是一种文化输出，它遇到各种柔性与刚性抵抗，从文化碰撞排斥、经济利益冲突最后上升为政治法律乃至意识形态的对抗，同时也因为民众利益的驱动，形成不可遏制的蔓延与渗透，相互的角力也将是长期的。中医要想在海外生存和持续发展，依靠的法宝就是以理服人，以证服人。要善于讲道理，要从东西方文明差异中找到公理作为切入点，找到对方的软肋与不足，充满自信的坚持着自己所拥有的思维长处和临床优势；同时，也要以谦卑心态从对方真正的长处中充分认识到自己的缺失，虚心学习对方所
长，不断补充自己的短缺知识。知己知彼客观公允，我们所陈述的道理才能服人。当然重要的是要通过自己的临床实力去征服患者，站稳医疗保健市场。医学是实践科学，是维护生命与健康的手段，没有确实的临床疗效做后盾，是绝对不可能拥有未来的。国外如此，中国本土同样如此，中西医药学的最大意义和价值亦在于此。希望海外中医的思考对中国的同仁能够提供一点有价值的参考，也真诚的欢迎对我们探讨过程的不足及错误予以纠正和批评。

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学术研究方向：微针系统、疼痛临床研究与治疗、身心医学、中西医板比较。
35、韩国韩医学教育简史

韩国 慶熙大學 韓醫科大學 金南一教授

一．序言

韩国的韩医学教育具有悠久的历史和传统。韩医学，曾几度面临过废弃危机，但依靠坚韧不拔的生命力、国民的爱戴和先驱们的努力，摆脱困境步入了今天的全盛期。韩医学之所以能构筑牢固的地位，占据国民医疗卫生的一席之地，正因为具有完备的制度化建设和教育体系。下面，简要整理并叙述洋洋历史长河中，各时代的韩医学教育历史发展过程。

二．三國時代（668）和南北朝時代的韓醫學教育

三国时代指高句丽、百济、新罗鼎立在朝鲜半岛争权夺利的时代。在这时期，韩医学如何被研究和教育虽然没有具体文献记载，但从其他记载中略推一二。

第一，《日本书纪》载明主22年记载，高句丽原王3年（561年）中国南北朝吴人（今江苏）知聪曾携带《内外典》、《药书》、《明堂图》等164卷书，路径高句丽东渡移民日本。内外典指《黄帝内经》、《黄帝外经》等医书。因而可以推断，该时期的韩医学教育中，可能广泛采用了《黄帝内经》、《明堂经》、《本草经》等医学书籍。

第二、在医疗制度上，采用医博士6品官。关于百济医学制度，《日本书纪》载明主14年（公元553年）有如下记载：“别奉仕，或成博士施德王道者良，而学者固德王保孙，医博士奈率王有怜陀，采药师施德潘等丰，国之丁有陀，乐人施德三斤、季德已麻次，季德进奴、对德进陀，皆依请代之。”在此，奈率是百济的6品医官名。当时博士品级有9级，医博士品级有8级。可见医博士的品级是相对来说是较高的。利用《内经》、《伤寒论》等学术经典进行研究或教育是医博士的一项工作。

第三、南北朝时代的洪州时期，开设了“医学”名称的医学教育机构。《三国史记》职官志记载：孝昭王元年（692年）开设“医学”，设置2名博士，为学生讲授本草经、甲乙经、素问、针经、脉经、明堂经、难经等。

三．高丽时代（918~1392）的韩医学教育

从高丽时代开始，韩医学教育得到了长足的发展。国家开始实施医师科举制度，韩医学教育得到了体系化的发展。光宗9年（958年），后周官人双翼移民高丽，建议高丽实行科举制度；不仅设有制科、明经科等领域的文官，还特设选拔杂业领域的技术类官职，并将医业划归到该领域。同时，医师应试资格不问出身，不论品官、吏员（非品官的中央机构官职）、乡吏，都可参加应试。在等级森严的高丽时代科举制度下独树一帜，只要医术出众，就有机会走入仕途，出人头地。仁宗14年（1136年）科举制度进一步分为医业和儒学科，应试科目继承新罗。医业应试科目较多，很难通过。因此，依靠特典或军功等非科举途径获取官职的情况时有发生。

* 職業科目和選拔方法

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貼：只提示书中的某一行，让考生背诵前后内容。
破文：解释短文的含义。
义理：对文章的正确理解。
机制：点数。

* 叼禁業科目和選拔方法

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该时期与宋国广泛进行了医书交流。于1017年由郭元、1022年由韩祚从宋国带《太平圣惠方》到韩国等。

需要历史永久记住的是，在宋哲宗（1086~1099年）的要求下，高丽曾多次派使者将《王方观图简草木疏》27卷，《古今醫方》50卷，《張仲景方》15卷，《深師方》，《黄帝針經》9卷(宜宗10年即1093年，派遣黄宗恩送到宋国)，《九要經》9卷，《小恵书》12卷，《陶隱居效方》6卷，《桐君藥錄》2卷，《黄帝太素》30卷，《名醫別錄》3卷等医书奉献给宋国。灵枢在中国隋唐以前已失传，目前正在使用的《黄帝内经》是当时高丽奉献给宋国的《黄帝针经》的内容。

高丽时代形成的医学教育体系，在当地开花结果，诞生了以“乡药”为主要药材的医疗形式。“乡药”指的是采用韩国当地的药材，治疗当地人病症的地方传统医学体系。到了高丽后期，已刊行了如《乡药急救方》、《三和子乡药方》、《乡药古方》、《乡药简易方》等依乡药治老百姓疾病为基本原则的大量乡药方书。

四．朝鲜時代(1392~1910)的 韓醫學教育

朝鲜时期韩医学得到了长足发展，医学者辈出，医书刊行极为活跃。太祖于1393年向各道（相当于中国的省）派遣医学教授官各1名，强化各道医学教育，主要传授《乡药惠民经验方》。世宗大王还立法定期医师考试制度和教材（1430年），从当时多达25种的医学考试委任教材来看，世宗大王对医学教育所关注的程度远高于他人。现将25种医师考试教材列举如下：《直指脉》、《疎脈脈》、《直指方》、《和劑方》、《傷寒類要》、《和劑指南》、《醫方大成》、《御藥院方》、《濟生方》、《濟生拔粹方》、《衍義本草》、《雙錦處士活人書》、《鄉藥集成方》、《鍼灸經》、《補註鍼人經》、《難經》、《素問》、《聖濟總錄》、《危氏效方》、《賈氏全書》、《婦人大全》、《瑞竹堂方》、《百一選方》、《千金翼方》、《牛馬方》。

世祖还专设医书读馆，立法监督医师学习医书，文献记录，世祖本人曾亲自向医师讲论医学。成宗时期，出版了多本世宗时期编撰的医书如《医方类聚》等，采取措施努力继承医学教育体系。
在韩国，医学教育得到了上层的大力支持和各方努力，于是朝鲜中期诞生《东医宝鉴》也是必然结果。许浚通过《东医宝鉴》，系统阐述了关于人体、疾病、药物的新理论。

五．日帝時期的韓醫學教育

随着19世纪末韩国改革开放，韩医学教育面临了危险。社会只重视西方医学教育，韩医学教育面临消失，这是决定韩医学存亡的危机时代。因此，1904年张仁骏（1867-？），洪哲普（1853-？），金炳贤等民间韩医师，在姜弼周，赵东浩等人的发起和协助下，向高宗奏请建立“大韩韩医学校”，高宗批准并命内膳寺（现唐桥）的官员舍内设立该校，向洪哲普、张仁骏、李鹤浩等考官和40余名学生伸出援手，成立“同济医学校”。但1907年因被事件高宗被强制退位，开办仅3年被迫关闭。1909年，由韩医师团体“大韩医士会”举办联席会，召集首尔的韩医师组建了“东西医学讲习所”，为韩医学教育的复兴而努力。1912年10月，终于得到了京城府的认可，获得“公認醫學講習所”名称，随后，向“全鮮醫會館”转移校舍。随后，“全鮮醫會”解散，校舍转移到洪禅哲寓所继续进行医学教育。可惜1919年随着洪禅哲的逝世，学校再度关闭。1922年，再度由韩医师们组建“东西医学研究会”，并建立附属“医学讲习院”，继续进行韩医学教育。此后，官方成立了“京畿道立医生讲习所”，从1928年起，利用京畿道厅讲堂进行讲授，6年间每年培养50名，共培养300余名。此时培养出的韩医师，解放后成为了韩国韩医学教育的坚实基础。

六．解散后（1945年）现代韩医学教育

随着解放和建国，韩医师看到了光明的未来，并切实感受到建立崭新的韩医师会和设立韩医学教育机构的必要性。1945年10月，创立了以“朝鲜医士会”命名的韩医师团体之后，紧锣密鼓地为建立韩医教育机构付出了努力。通过多方努力，于1948年创立了拥有人文学科和东洋医学科两个专业的4年教育课程的乙福大学“东洋大学馆”。该校正是目前庆熙大学校韩医学科的前身。1951年批准韩医师制度，韩医学教育更加给力，东洋大学馆得到充分发展。1951年升级为“首尔韩医科大学”，1955年再度改名为“东洋医药大学”，作为韩医学教育机构深深扎根在韩国本土。期间也遇到过危机，朴正熙政权期间（1962年）国家颁布了学校整备令，要求停止新生录取工作。针对此事，韩医师协会发表诉求，并通过教授、学生与当局谈判等多方努力下，于1964年终于恢复招生，并升级为6年制韩医科大学，东洋医药大学于1965年被庆熙大学校吸收兼并，成为庆熙大学校韩医科大学。

目前由庆熙大学校，圆光大学校、东国大学校、大邱韩医大学校、大田大学校、顺天大学校、尚志大学校、世明大学校、东新大学校、东义大学校、石生大学校等11所大学校设立的韩医科大学附属釜山国立大学校设立的韩医学专门大学院，正培养3500余名各学历层次的韩医专业学生。