

Investigation and Countermeasures on the current situation of clinical medical students' internship during the vacation

Haonan Xu, Qingqing Xia, Xiaolong Shuai*

School of Medical and Life Sciences Chengdu University of Traditional Chinese Medicine, Chengdu 611137, China

**Corresponding Author*

Abstract: *In order to understand the current situation of clinical probation in medical college, and the role and influence of internship on the ability training and professional attitude of medical students in the process of training, find problems and put forward improvement strategies. A total of 157 students of clinical medicine in Chengdu University of traditional Chinese Medicine completed the effective questionnaire through current situation analysis and correlation analysis. The results show that reasonable and feasible internship content can improve the professional ability of medical students, the influence of the professional environment on the professional attitude of medical students, and other factors that affect the professional attitude of medical students. At the same time, it also exposed the problems of medical students' psychological pressure when they were on probation. It also reflected that the teachers would not treat the students differently because of the difference of students' theoretical knowledge reserves.*

Keywords: *clinical probation, current situation investigation, professional attitude, professional ability*

1. Introduction

Based on the "Outline of the 'Healthy China 2030' Plan" issued by the Central Committee of the Communist Party of China and the State Council on October 25, 2016, the cultivation of high-quality medical personnel is a key productivity for promoting the construction of a "Healthy China". The clinical probation is a key link of medical education, which can be applied to clinical practice by integrating the theoretical knowledge learned with practice. At present, my country's higher medical education generally implements a five-year "4+1" program, that is, four years of undergraduate theoretical knowledge courses and one year of clinical practice. However, medicine is a discipline that is partial to practice. Clinical practice is an important way for a future doctor to cultivate good professional attitude and ability, stimulate professional learning interest, improve clinical thinking ability, and understand the medical environment and medical regulations. Take Chengdu University of Traditional Chinese Medicine as an example. In addition to the internships of the seniors in the designated hospitals under the arrangement of the school, the clinical medicine majors of Chengdu University of Traditional Chinese Medicine also need to complete the internship practice during the freshman to junior holiday, that is, students rely on the introduction of the school's academic affairs office. Letter, students contact medical institutions to carry out internship practical activities during the holidays, and complete the internship and internship report writing according to specific requirements. In the actual clinical probation, the professional attitude of medical students is easily affected by subjective factors such as mood, health status, and objective environmental factors such as working conditions, interpersonal relationships, management measures, etc., and change. During the internship, relevant activities will also give feedback on the theoretical knowledge and related practical operations of the medical students, in order to fully understand the clinical internship and clinical internship in this medical environment, as well as the professional attitude and attitude of the intern to the medical students. For the impact of ability, we chose to carry out investigation and research on the practice activities of self-selected hospital internship during summer vacation for clinical medical students of all grades at Chengdu University of Traditional Chinese Medicine.

2. Object and method

2.1 Object

In August 2020, a quota sampling survey was conducted among freshman to fifth year students majoring in clinical medicine at Chengdu University of Traditional Chinese Medicine. Self-filled questionnaires were conducted, focusing on freshman to senior students who had just finished their summer internship. A total of 160 questionnaires were distributed and the questionnaires were returned. 160 copies, 157 valid questionnaires, with an effective rate of 98.13%.

2.2 Method

The self-designed "Questionnaire on the Status of Clinical Internship of Medical Students" was used to conduct the survey. The questionnaire is divided into 5 parts with a total of 25 multiple-choice questions. The first part is a general survey, mainly to understand the students' grades and the situation of the trainee hospital; the second part is the actual situation of medical students applying theoretical knowledge in medical practice, mainly to understand the mastery of the theoretical knowledge of medical students during the summer or early clinical practice. Is it helpful? The third part is about the actual views of medical students on the working environment of medical workers, mainly to understand whether the medical environment of various grades of medical students' internship or "early clinical" meets their expectations; the fourth part is about professional identity. In terms of sense, it is mainly through the change of occupational positioning before and after the internship to understand the impact of the internship on the sense of occupational identity; the fifth part is about training and education, mainly collecting students' feelings during the internship, in order to understand their clinical leave. The degree of support for apprenticeship education. The survey was conducted anonymously. Use SPSS25.0 and SPSSAU for statistical analysis on data processing to obtain processing results.

3. Results and analysis

The content of the questionnaire is divided into five areas: the baseline data of clinical trainee students, the actual situation of the clinical trainee medical students applying theoretical knowledge in medical practice, the actual views of the clinical trainee medical students on the medical workers and the working environment, and the clinical trainee's The influence of medical students' professional identity, medical students' self-perceptions and attitudes towards clinical probation.

3.1 Baseline data for clinical trainee students

In this survey, 31.21% were first-year students, 22.93% were second-year students, 32.48% were third-year students, 12.74% were fourth-year students, and 0.64% were fifth-year students. Among those surveyed, 8.28% of their immediate family members are medical workers. 90.45% of the surveyed's first choice for college entrance examination was clinical medicine, 4.46% of the surveyed's college entrance examination was the second choice, and 1.27% of the surveyed were transferred to this major. Regarding the trainee hospital level of the surveyed persons, 2.55% are in the first-level hospitals such as A, B, and C, 34.39% are in the second-level hospitals such as A, B, and C, 46.5% are in the third-level hospitals such as A, B, and C, and 16.56% are in small clinics, Internship in community medical institutions. Regarding the departments where the respondents were trained, 53.5% were in internal medicine (including general internal medicine, cardiology, respiratory, gastroenterology, hematology, endocrinology, infection, immunology, neurology, etc.), and 43.95% were in surgery (Including general surgery, orthopedics, urology, cardiothoracic surgery, vascular surgery, neurosurgery, etc.), 10.83% are in obstetrics and gynecology (including gynecology, obstetrics) trainees, 9.55% are in ENT (including ophthalmology, otolaryngology) trainees, 19.11 % Trainee in imaging room, psychology department, physiotherapy department, Chinese medicine department and other departments. Among the respondents, 30.57% of the trainee teachers are residents, 40.76% of the trainee teachers are the attending physicians, 13.38% of the trainee teachers are the deputy chief physicians, and 15.29% of the trainee teachers are the chief physicians. During the internship process, 79.62% participated in the ward rounds following the instructor, 65.61% saw medical records and learned laboratory test reports, 54.78% observed operations and some medical procedures, 56.69% communicated with patients and asked about medical history, and 24.2% worked as office clerks, 36.94% participated in dressing changes, stitches removed, and electrocardiogram examinations, 1.91%

participated in blood pressure measurement, followed the teacher to the outpatient clinic, and about 4.46% said they did nothing.

3.2 The actual situation of the application of theoretical knowledge in medical practice by medical students in clinical probation

In the clinical probation, 70.7% of the respondents said that they would take time to supplement their theoretical knowledge occasionally, and 29.3% said they would often supplement their theoretical knowledge. 71.34% of the respondents thought that the internship was helpful for learning theoretical knowledge, and 25.48% said it was helpful. During the internship process, 76.43% said practice is as important as theory, and 22.29% said practice is more important than theory. 56.69% said they thought their mastery of theoretical knowledge in school was average, and 8.92% said they had a bad mastery. 8.92% said that the mastery level was very poor, 3.82% said that the mastery was good, and 0.64% said that the mastery was very good.

3.3 Practical views on medical workers and working environment of medical students in clinical internship

Through the internship, medical students have improved their understanding of the reality of medical staff and the medical working environment. Among them, 38.22% of the medical students believe that the work intensity of medical workers is very high, of which 53.5% of the trainees think that the work intensity is relatively high, and 8.28% think that the work intensity is not high. Generally, but no investigator said that the work intensity of medical workers is not high. 77.07% said that they can adapt to this kind of work intensity, 15.92% said that it is a little difficult to adapt to this kind of work intensity, and 6.37% said that they can fully adapt to this kind of work intensity. Through the internship, 23.57% of medical students said that the work pressure of medical workers was very high, 71.34% said that the work pressure was relatively high, and 5.1% said that the pressure was not great, but no one said that the medical workers did not have any pressure. In the internship, 38.22% of the respondents said that the intern teacher would occasionally help explain to themselves, 52.23% said that the teacher often helped themselves, and 9.55% said that they always helped themselves with the explanation. During the internship, 23.57% of the respondents said that the doctor-patient relationship in their department was harmonious, 25.48% said that there was basically no doctor-patient conflict in the department, but the doctor-patient relationship was dull, and 39.49% said that there was a doctor-patient conflict in their department, but they could quickly resolve, 8.92% said that the conflicts and conflicts between doctors and patients in the department have affected the development of the department to a certain extent.

3.4 The effect of clinical probation on medical students' professional identity

In the survey, 91.08% said that their future career positioning before the internship was a clinician, 8.92% said they were unwilling to work as a clinician in the future, but after the internship, their future career positioning remained unchanged at 89.17%, including There are two situations in which I choose to be a doctor in the future, and I do not want to be a clinician. During the internship, 88.54% of the respondents believed that most of the medical workers they saw were in line with the image in the oath of medical students, 7.64% believed that some of them were in line with the image in the oath of medical students, and 3.18% thought they were not in line with the image in the oath of medical students.

3.5 Medical students' self-perception and attitude towards clinical probation

Among the respondents, 36.94% expressed their support for the practice of starting clinical probation from the lower grades, 31.21% expressed support, 22.935 expressed indifferent, and 8.92% expressed their opposition. New to the clinic, facing the clinical working environment of the hospital, 2.55% said that the psychological pressure was very small, 10.83% said that the psychological pressure was low, 43.31% said that the pressure was generally high, 32.48% said that the pressure was high, and 10.83% said that the pressure was very high. When communicating with patients, 2.55% said they would never be at a loss, 14.65% said they would occasionally be at a loss, 52.87% said they would generally be at a loss, and 24.2% said they would often be at a loss of the situations that are at a loss, 5.73% said that they will always be at a loss. Among the respondents, 26.11% said that clinical probation might improve the ability of medical students to deal with the relationship between doctors

and patients, 45.22% said that clinical probation would improve the ability of medical students to deal with the relationship between doctors and patients, and 28.03% strongly agreed that clinical probation would improve the ability of medical students. The ability to deal with the doctor-patient relationship.

3.6 Correlation analysis

Table 1: The relationship between the trainee medical students' understanding of the work intensity of medical workers and whether they can adapt to this medical work intensity

Topic	Name	Through the internship, what do you think of the work intensity of medical workers? (%)			Total	χ^2	p
		Very high	Relatively high	General			
Do you think you can adapt to this intensity of medical work?	Completely capable	0(0.00)	0(0.00)	1(16.67)	1(2.00)	10.765	0.029*
	possible	13(61.90)	18(78.26)	5(83.33)	36(72.00)		
	A little difficult	8(38.10)	5(21.74)	0(0.00)	13(26.00)		
Total		21	23	6	50		

* p<0.05 ** p<0.01

As shown in Table 1, through the chi-square test, the understanding of the work intensity of medical workers and whether they can adapt to this medical work intensity showed a significant level of 0.05 (chi=10.765, p=0.029<0.05).

Table 2: The relationship between whether the immediate family members are medical workers and whether they are clinicians before the internship

	Whether your immediate family members are health care workers (mean \pm standard deviation)		t	p
	Yes(n=5)	No(n=45)		
Before the internship, did you position your future career as a clinician?	1.00 \pm 0.00	1.13 \pm 0.34	-2.602	0.013*

* p<0.05 ** p<0.01

Table 2 shows whether the immediate family members of the surveyed are medical workers and whether the position of the future occupation is the clinician before the internship shows 0.05 level significance (t=-2.602, p=0.013).

Table 3: The relationship between the psychological pressure of contact with clinical work and the overwhelming situation when communicating with patients

		When you are new to the clinic, facing the clinical working environment of the hospital, are you under a lot of psychological pressure? (%)				Total	χ^2	p
		Low	General	High	Very high			
When communicating with patients, do you feel overwhelmed?	Never	0(0.00)	1(5.56)	0(0.00)	0(0.00)	1(2.00)	26.192	0.010*
	Occasional	3(60.00)	1(5.56)	6(28.57)	0(0.00)	10(20.00)		
	General	2(40.00)	12(66.67)	5(23.81)	3(50.00)	22(44.00)		
	Often	0(0.00)	4(22.22)	9(42.86)	1(16.67)	14(28.00)		
	Always	0(0.00)	0(0.00)	1(4.76)	2(33.33)	3(6.00)		
Total		5	18	21	6	50		

* p<0.05 ** p<0.01

As shown in Table 3, when facing the psychological pressure of hospital clinical working environment and communicating with patients in the first contact with clinical practice, the respondents were at a loss of 0.05 level of significance (CHI =26.192, P =0.010<0.05).

Table 4: The relationship between grades and the help of teachers

Topic	Name	Will the instructor in your trainee department help you in time? (%)			Total	χ^2	p
		Sometimes	Often explain to me	Always explain to me			
Grades	Freshman	3(15.79)	2(6.67)	0(0.00)	5(10.00)	5.99	0.648
	Sophomore	1(5.26)	2(6.67)	0(0.00)	3(6.00)		
	Junior	11(57.89)	20(66.67)	0(0.00)	31(62.00)		
	Senior four	4(21.05)	5(16.67)	1(100.00)	10(20.00)		
	Senior five	0(0.00)	1(3.33)	0(0.00)	1(2.00)		
Total		19	30	1	50		
* p<0.05 ** p<0.01							

It can be seen from Table 4 that the chi-square test (cross-analysis) is used to study the relationship between the help provided by the teacher and the grade difference of the trainee. From the above table, it can be seen that the relationship between the help provided by the teacher and the grade difference of the trainee is significant ($p>0.05$), it means that the relationship between the help provided by the teacher and the grade difference of the trainees is consistent, and there is no difference.

Table 5: The relationship between the internship in surgery and the content of the internship

		Trainee in surgery (including general surgery, orthopedics, urology, cardiothoracic surgery, vascular surgery, neurosurgery, etc.) (%)		Total	χ^2	p
		Unselected	Selected			
Dressing changes, stitches removed, ECG examination	Unselected	19(76.00)	12(48.00)	31(62.00)	4.16	0.041*
	Selected	6(24.00)	13(52.00)	19(38.00)		
Total		25	25	50		
Observe the operation and some medical procedures	Unselected	16(64.00)	4(16.00)	20(40.00)	12	0.001**
	Selected	9(36.00)	21(84.00)	30(60.00)		
Total		25	25	50		
See medical records, learn to read laboratory test sheets	Unselected	9(36.00)	7(28.00)	16(32.00)	0.368	0.544
	Selected	16(64.00)	18(72.00)	34(68.00)		
Total		25	25	50		
Communicate with patients and ask for medical history	Unselected	6(24.00)	16(64.00)	22(44.00)	8.117	0.004**
	Selected	19(76.00)	9(36.00)	28(56.00)		
Total		25	25	50		
Work as an office clerk	Unselected	20(80.00)	22(88.00)	42(84.00)	0.595	0.44
	Selected	5(20.00)	3(12.00)	8(16.00)		
Total		25	25	50		
Follow the teaching doctor to check the ward	Unselected	7(28.00)	1(4.00)	8(16.00)	5.357	0.021*
	Selected	18(72.00)	24(96.00)	42(84.00)		
Total		25	25	50		
Did nothing	Unselected	22(88.00)	24(96.00)	46(92.00)	1.087	0.297
	Selected	3(12.00)	4(8.00)	7(14.00)		
Total		25	25	50		
* p<0.05 ** p<0.01						

As shown in Table 5, in the surgical probation, the difference between changing dressings, removing stitches, performing electrocardiogram examinations, observing the operation and some medical procedures, communicating with patients, asking about medical history, and following the

teacher's ward round shows a significant level of difference.

Table 6: Relationship between dressing change, stitch removal, ECG examination and clinical operation skill level

		Does the trainee participate in dressing changes, stitch removal, and ECG examination? (%)		Total	χ^2	p
		Unselected	Selected			
Internship is to enhance the level of clinical operation skills	Unselected	10(32.26)	0(0.00)	10(20.00)	7.661	0.006**
	Selected	21(67.74)	19(100.00)	40(80.00)		
Total		31	19	50		
* p<0.05 ** p<0.01						

In Table 6, after Chi-square test (cross-analysis), it can be concluded that whether the trainee participates in dressing change, stitch removal, and ECG examination samples are significant for the trainee to enhance the level of clinical operation skills ($p<0.05$).

Table 7: The relationship between doctor-patient conflicts and future career changes

		Has your future career position changed after your clinical internship? (%)		Total	χ^2	p
		Yes	No			
Through your internship experience, do you think there are conflicts between doctors and patients in your department?	Harmonious doctor-patient relationship	0(0.00)	8(19.05)	8(16.00)	7.467	0.113
	Basically no, but the doctor-patient relationship is dull	3(37.50)	10(23.81)	13(26.00)		
	Yes, but it can be resolved quickly	3(37.50)	20(47.62)	23(46.00)		
	Yes, the work of departments affected to a certain extent	1(12.50)	4(9.52)	5(10.00)		
	Did not pay attention to the situation during the internship	1(12.50)	0(0.00)	1(2.00)		
Total		8	42	50		
* p<0.05 ** p<0.01						

As shown in Table 7, there is no significant difference between the doctor-patient conflict in the internship department and the future career positioning after clinical internship ($p>0.05$).

4. Discussion

Respondents were medical students who contacted relevant hospitals for internship through the letter of introduction from the college during the holidays. In the survey, the third-level hospitals accounted for half of the trainee hospitals, indicating that their trainee hospitals are generally of higher grades. The clinical environment seen by medical students in higher-level hospitals is broader and more comprehensive, and most of their trainees are surgery and internal medicine. There are fewer other departments, and some affiliated departments account for less. Most of the trainee teachers are not attending physicians. Followed by resident physicians, with fewer deputy chief physicians and chief physicians. The content of the trainees mostly includes following the teacher's ward rounds, medical records, laboratory test sheets, observation of the operation, medical history inquiry, dressing change, stitch removal for electrocardiogram examination, etc. Through the baseline survey of the internship, it can be concluded that the internship activities of the medical students are of higher quality in the internship environment, which indirectly guarantees the quality of the internship for the students.

Through self-evaluation of the theoretical knowledge acquired by clinical medicine students in the process of internship, they can clearly understand their deficiencies in theoretical knowledge, so that they can check and fill vacancies in time; at the same time, they can also understand what they have learned in their medical career. The positioning of the stage of learning knowledge, so as to have a better plan for future learning, timely adjustment of their own learning programs and methods, to ensure more efficient in the entire medical learning process.

A survey on the situation of the hospital environment when they are new to clinical practice shows that 86.82% of medical students said that they have moderate or upper pressure. The reasons can be attributed to the following two points: First, medicine itself is a sacred and rigorous discipline, and its implementation is more technical and complicated, which will cause a certain psychological pressure for medical students who are new to clinical practice. Secondly, when observing the high-end and complex technology of medical measures implemented by medical staff, it is easy for medical students to compare it with their own level of medical knowledge, which will cause a certain psychological gap and aggravate their own psychology pressure. This also reflects to a certain extent that the knowledge acquired in school has a certain relationship with the pressure of the clinical working environment.

In the study of the relationship between the medical trainees' understanding of the work intensity of medical workers and whether they can adapt to this kind of medical work intensity, Table 1 shows that there is a significant correlation between the medical trainees' understanding of the medical workers' work intensity. The understanding of work intensity affects their ability to make judgments about whether they have the ability to adapt to this kind of work intensity, and indirectly indicates that medical trainees value the work intensity of medical workers.

As shown in Table 2, whether the immediate family members are medical workers will directly affect the students' future career positioning. This may be due to the fact that the parents and elders of the students have been working in the medical system for a long time and are familiar with the working environment and nature of the work in the medical system. The work nature and working environment of medical workers are transmitted to the student, so that the student has a sufficient understanding of medical work, so that he has enough knowledge to judge whether he will work in the medical system in the future. It also indirectly indicates that immediate family members are an important factor affecting students' professional attitudes.

In the study of the relationship between the psychological pressure of contact with clinical work and the situation of being overwhelmed when communicating with patients, the author found that when medical students were just exposed to clinical work during the internship, being at a loss when communicating with patients would increase their psychological pressure. The possible reason is that the current doctor-patient relationship is complex and changeable. Doctor-patient communication is an important way for medical staff to communicate with patients. Improper doctor-patient communication may easily cause the deterioration of the doctor-patient relationship. Medical students will deal with it very seriously. Be cautious, so psychological pressure generally increases.

From the results in Table 4, it is found that there is no direct relationship between the level of the grade and the degree of help the trainee teachers give to the students. This shows that no matter it is a senior or a lower grade student, the teaching teacher generally treats them equally. Students provide help and will not neglect them because of their lack of theoretical knowledge in the lower grades.

As shown in Table 5, the author found that during the surgical probation, there are more opportunities to participate in dressing and stitch removal, electrocardiogram examination, observation of surgery and some medical operations, communication with patients, inquiring medical history, or follow-up teacher rounds, etc. If there are students If you are willing to participate in the above-mentioned internships during holidays, you can consider surgical departments. The results of this statistical analysis have guiding significance for the purposeful selection of internship content.

In the study table 6, it is found that the trainee's participation in dressing change, stitch removal, and ECG examination has a significant relationship with whether the trainee improves the level of clinical operation skills, indicating that dressing change, stitch removal, and ECG examination during the traineeship can improve the clinical performance of medical students. Operation skill level. This has a teaching and guiding significance for the selection of the content of the medical students' internship.

From Table 7, the author finds that the conflicts between doctors and patients will not affect future career positioning changes. The author believes that it may be due to the sharp contradictions between doctors and patients, but they are generally within a controllable range and the relationship between

doctors and patients in the general environment of the medical system. Generally, it is harmonious, or even if there are medical disputes and contradictions, the situation is more controllable under the correct handling of medical workers, and it will not affect the professional positioning or professional attitude of medical students.

5. Proposes

Through the above discussion, for clinical probation, medical students can do more clinical practice operations, which can improve their practical ability. The author recommends that when choosing departments on their own during the holidays, you can choose more surgical departments. The internship content of the departments is more abundant. In the actual internship process, students should pay attention to their own psychological pressure problems, and the teacher can provide guidance to the students. Prevent the occurrence of related adverse events. In the clinical probation, students should pay attention to the combination of the theoretical knowledge learned in school and the practical knowledge learned in the probation. At the same time, they should pay attention to understanding the deficiencies of their own theories, check for omissions, and continue to review and consolidate during the probation. Theoretical knowledge, while using operational skills in practice, to achieve the school's requirements of "early clinical, timely clinical, ready-to-learn and use" goals. The efficient mastery of theoretical knowledge and practical skills is not only conducive to students' theoretical level and practical ability. Improvement will also play an important role in the cultivation of medical students' own conformational thinking ability, so as to cultivate the professional ability of medical students. In actual clinical internships, teachers need to do a good job of the image of medical workers in the oath of medical students. In actual work, they use practical actions to instill in students the concept of health and life, and handle medical disputes properly and reasonably. At the same time, it will convey relevant practical solutions and doctor-patient communication skills to the students. According to the different grades of the trainees and the differences in the theoretical knowledge they have learned, the relevant skills, knowledge, opinions and attitudes are delivered to the students at different levels to shape the positive and correct professional attitudes of the medical students. The school can compile reasonable, feasible and scientific internship guides for the lower, middle and upper grades according to the clinical practice abilities and theoretical knowledge reserves of students of different grades, including the selection of departments, the key points of teaching teachers, and the arrangement of internship content to make plans and opinions to improve the quality of the student's holiday apprenticeship.

6. Conclusion

Through the above-mentioned research, it is found that under the requirements of "early clinical practice" in medical schools, even if medical students do not fully master clinical expertise, they will go to the hospital for probation from the first-year vacation. This kind of practice allows the lower grades of medical students to gradually gain a perceptual understanding of the clinic, accelerate the socialization of medical students, and at the same time stimulate students to have more professional interests, and gradually strengthen their professional identity and professional maturity. For medical educators, reasonable and feasible internship content can improve the professional ability of medical students. The occupational environment and other factors seen in the intern have different degrees of influence on the professional attitude of medical students, but this process is also accompanied by the internship. Students have greater psychological pressure, which also reflects the status quo that teachers will not treat students differently due to differences in the theoretical knowledge of students. Therefore, medical schools not only need to arrange students for "early clinical" in terms of time, but also need to refine and improve the focus of medical students' clinical internship during the holiday based on the grade background of the medical students. This will help solve the problem of standardization of medical students' holiday probation, and further improve the teaching level of teachers and the quality of medical student training.

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