

Teaching model of clinical medicine internship based on medical teaching collaboration

Lingyu Yu¹, Jia Ren¹, Yilin Hou², Sixi Yi¹, Yijun Dong¹, Ming Xiong¹, Yiwei Liu², Hui Yang^{1,3,*}

¹Department of Otolaryngology, Head & Neck Surgery, West China Hospital, Sichuan University, Chengdu, 610000, Sichuan, China

²West China School of Medicine, Sichuan University, Chengdu, 610000, Sichuan, China

³Department of Otolaryngology, Head & Neck Surgery, West China Tianfu Hospital, Sichuan University, Chengdu 610041 Sichuan, China

*Corresponding author: yh8806@163.com

Abstract: Medical teaching synergy is an important way to cultivate medical talent and effectively solve the various tasks of internship teaching in clinical medicine. Through visiting clinical teaching bases, the current study analyzes the problems in the training mode of medical students and actively explores the various tasks of new internship teaching in clinical medicine around the concepts of medical teaching synergy, aiming to further improve the current teaching quality and cultivate high-quality medical talent teams.

Keywords: medical education collaboration; clinical medicine; online teaching; supervision system

1. Introduction

At present, there is a disconnection between basic medicine and clinical practice in the process of medical teaching, i.e., the lack of humanistic education in medical education and other real problems. We put forward plans and suggestions to update the teaching concepts and to reform the teaching mode. The deep integration of basic medical education and clinical education is not only the inevitable development trend of medical education but also the urgent goal that basic medical education should be carried out under the new situation.

2. The development of a clinical teaching model under the concept of medical teaching collaboration

Medical-teaching synergy refers to the joint participation of builders and beneficiaries of medical education in all aspects of teaching and cultivation, gradually clarifying the corresponding cultivation mode, helping to build a good operation mode, and cultivating a talent team with rich clinical experience and good medical ethics. Most scholars focus on the concept of medical-teaching synergy, emphasizing the joint participation of universities and governments in the cultivation of talent teams and integrating the resources of the medical education industry. They aim to establish a more effective synergistic cultivation mechanism, achieve mutual integration between different roles, and actively cope with the shortcomings in various management activities. Focusing on China's basic national conditions, they summarize experience, bring into play synergistic effects, and comprehensively improve the quality of medical talent [1]. The development of the clinical teaching mode under the concept of medical-teaching synergy is mainly divided into the following stages.

2.1 Early clinical instruction

In both the 2008 and 2016 editions of the Standards for Undergraduate Medical Education in China, the Ministry of Education proposed that "early clinical exposure for medical students is advocated". Early clinical exposure is an inevitable development trend of medical education and an indispensable implementation path for cultivating high-quality medical talents under the new situation.

The course is designed in a segmented manner to meet the characteristics and needs of students at different stages, using methods such as lectures, discussions, observation of medical activities and

family visits in the community to promote the integration of basic and clinical education. The program is designed to meet the needs of students at different stages of their education. For example, the Department of Human Anatomy, Histology and Embryology of the School of Basic Medicine of Fudan University invites clinical experts to participate in the teaching of the course or give special lectures. The department also organizes teachers to participate in case discussions and clinical visits in relevant clinical departments to enhance the clinical knowledge content of basic teaching.

In general, early clinical instruction is beneficial to enhancing students' professional knowledge and patient communication skills, but in the context of the low medical knowledge base and low frequency of implementation in the early years, it is not enough to promote students' proper clinical thinking and mastery of basic clinical skills.

2.2 PBL+ Curriculum Integration

The basic concept of PBL (problem-based learning) is case-based and student-centered; PBL teaching is very different from the traditional teaching concept, and its advantages are that it helps students acquire critical thinking and problem-solving skills and cultivate awareness of independent learning and lifelong learning. Theoretically, it can promote the integration of basic medicine and clinical practice to a greater extent and effectively help to improve the teaching effect. However, there are many problems in the actual implementation of PBL in many institutions, such as the lack of motivation of some students, knowledge of some instructors, and high-quality cases, which largely restrict the effect of PBL.

2.3 Construction of a clinical skills training platform

To eliminate the dilemma of disconnection between theoretical teaching and clinical practice teaching and to improve the competence of medical talent, many institutions have built clinical skills training platforms one after another. The clinical skills learning center of Shanghai Medical College of Fudan University was put into use in April 2003. The teaching function unit fully simulates the actual medical environment, with heart, lung and abdominal auscultation and palpation training rooms, intensive care simulation wards, treatment rooms and waiting rooms, and a large number of advanced clinical teaching models and expensive electronic human simulation systems are purchased to enable medical students to have early contact with the clinical foundation. With the improvement of teaching concepts and the development of teaching reform, the clinical skills training platform has been able to improve its positioning, and now it has become an important bridge connecting basic medicine and clinical practice and will surely play a greater and greater role under the premise of continuous improvement of operation mode.

3. The main problems of medical student training models

3.1 Stereotyping of the teaching model

At present, the medical student training model is stereotyped and rigid; in particular, department teaching activities are relatively singular, and the teaching teachers themselves are busy with clinical and teaching work, resulting in teachers carrying out teaching activities when they are exhausted, which might result in ignoring the training of students' clinical diagnosis and treatment ability. At this stage, weak as the students' own foundation, they have not yet formed a mature thinking concept. Worse still, the learning mode of the department is relatively single, which makes it difficult to ensure the quality of teaching work, and the related departments are more specialized, resulting in a lack of innovative consciousness in teaching work, and single and old-fashioned learning content frequently exists, which restricts the overall quality of teaching work to improve.

3.2 Inadequate outpatient teaching sessions

Not only is the outpatient teaching process generally short, but students also need to assist teachers in completing consultations and related operations, which is not conducive to the improvement of students' learning efficiency, resulting in students not obtaining satisfactory results in learning activities, affecting the quality of learning, and is not conducive to the effective mastery of the specific conditions of patients and the formation of their own treatment ideas. In the training activities of medical students, teaching teachers do not effectively connect the outpatient clinic and ward, especially outpatient

physicians who are younger, so there is a certain gap in the accumulation of clinical experience, which leads to insufficient current ward learning and affects the expansion of students' own abilities. It is also not conducive to the enrichment of clinical cognitive ability, leading to less understanding of patients' illnesses and difficulties in improving their own quality and expanding the content of outpatient teaching activities.

3.3 Heavy workload for clinical instructors

In the course of teaching activities, clinical teaching teachers have heavy workloads of their own, undertaking both the medical work of the ward and the task of teachers, resulting in a heavy burden on themselves, and the busy daily work leads to the current teachers not being able to balance the task of work and the task of teachers, which is not conducive to ensuring the quality of teaching, resulting in the transformation of teaching results becoming more difficult, and the relevant work for the title assessment of teaching teachers is helpless. This is not conducive to the comprehensive enhancement of teaching enthusiasm [2]. The workload of teaching teachers themselves is heavy, leading them to pay less attention to students, which will cause students to have insufficient knowledge of departmental specialties and affect the learning effect.

3.4 Lack of coordination between online and offline teaching

The lack of coordination between online and offline teaching activities is not conducive to making full use of spare time and more advanced learning platforms to continuously improve the effectiveness of teaching, so some teaching resources are not widely used in medical student training activities, which affects the effectiveness of teaching work. The strong professionalism of the department and the lack of comprehensive application of online and offline teaching modes are not conducive to the formation of mature clinical thinking, leading to a decline in students' enthusiasm for clinical learning and restricting the overall effectiveness of teaching work.

4. Improvement of the medical student training model in the context of medical education collaboration

4.1 Enrichment of teaching content

Against the background of medical-teaching collaboration, to further improve the effectiveness of the current teaching work and give students more opportunities for independent practice, it is necessary to pay more attention to students and meet the basic needs of daily teaching. Choosing nondirectly affiliated hospitals where the types and numbers of diseases can meet the current teaching work needs is also of vital importance to create a good teaching atmosphere. For the teaching activities of the instructors, to improve the existing teaching work, solidify the foundation of the discipline, ensure excellent professionalism, improve the students' ability to control the overall disease of the patient, and improve the understanding of the disease. It is also conducive to deepening the understanding of the diseases, completing medical orders and treatment plans independently, thus improving the relevant work, facilitating the students' access, helping to solve the existing teaching difficulties, encouraging students to bring their own study materials, and establishing easy communication with other students.

4.2 Improving existing learning models

At present, China has established a complete clinical medical personnel training system, which plays an important role in the training of medical students. For the problems that I mentioned in the teaching and management activities, the existing learning mode needs to be improved. After the operation, teachers and students should repeatedly prescribing medical advice to let the training system become a perfect closed loop. It is convenient for the lead teacher to be able to guide students to think about the problems, and with the help of problem orientation, it is conducive to clarifying the disease and establishing a more effective learning program, which can make the clinical personal training more efficient. In addition, it is possible to form a learning model in which students participate together with the guidance of the teaching staff by combining the identification of diseases and evidence in Chinese medicine. In all teaching activities, teachers need to respond more easily to the problems that exist in learning activities, establish diversified teaching methods, actively explore new teaching concepts, introduce modern education and teaching methods, be able to analyze the key and difficult points in the

clinic through microvideo and other methods, summarize the content so that students can solve problems independently, actively discuss the mechanisms of work, and through the effective participation of the lead teacher, thus strengthening the humanistic consciousness of students [3].

4.3 Improving the existing teaching mechanism

At present, teachers in teaching activities need to combine the current educational reality to explore new working mechanisms to establish effective clinical teaching and new student training methods and combine them with a good supervision mechanism to improve the content of all aspects of teaching, be committed to training students, and set the relevant responsible person to achieve real-time feedback and guidance on the actual situation, which is conducive to further enhancing the effectiveness of the current teaching work. Setting up an effective reward and punishment system to stimulate teaching motivation is an effective teaching mechanism. Relevant teaching staff, in order to effectively solve the deficiencies in the activities and the difficult problems that exist in the students' clinical teaching activities, through teaching various activities, establish a perfect supervision and assessment mechanism to urge students to complete their spare time study so that the work can be smoothly promoted.

In practical applications, improving the existing working mechanism is conducive to reassuring patients while enhancing students' self-confidence and entering the role of physicians more quickly. In all aspects of teaching, hospitals need to organize regular in-hospital expert consultations to continuously improve the overall effectiveness of teaching work, which is conducive to timely digestion of course learning content, thus adapting to new changes in teaching work under new circumstances, gradually strengthening existing work mechanisms and improving learning activities.

4.4 Establishing an online and offline interactive communication and learning platform

The current teaching links, combined with online and offline teaching, are a more in-depth response to the shortcomings in teaching and management activities, effectively respond to the problems in various management activities, greatly improving the learning efficiency of students, thereby enhancing the learning effect of students. Departments in the post work, need to effectively cope with their own development of new changes, center on the comprehensive application of online and offline teaching methods, be conducive to the reasonable setting of course teaching, be able to expand on specific issues, that combined with the differential diagnosis of relevant diseases, to improve the existing teaching activities. Regularly inviting relevant experts and timely reviewing the corresponding work also make sense. By holding competition activities in medical student training activities, it drives the hospital to regularly lead teachers to participate in training activities related to basic knowledge and practical skills to facilitate the enhancement of learning motivation and integrate the competition into normal learning work, which is conducive to further improving clinical competence, continuously enhancing their own independent learning consciousness, and comprehensively improving the teaching effect.

5. Conclusion

The training of medical students has high requirements for students themselves, and at the same time, it is a new challenge for institutions and teachers. For this reason, in teaching activities, it is necessary to clarify the corresponding working mechanism, strengthen the talent training program, enrich teaching activities, and improve the existing working mechanism to more effectively build an online and offline interactive communication and learning platform compared with the existing teaching management activities and run a better medical teacher career.

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