

Understanding and thinking of standardized patient teaching model in clinical teaching

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Abstract: As a new medical education model, standardized patient (SP) has been applied in the field of medical education teaching and evaluation for decades in foreign countries, but it is still in its infancy in China. Standardized patient teaching model has been introduced into the teaching of talent training for medical students in some domestic medical colleges and has been used in teaching practice and achieved good teaching effect. In view of the characteristics of China's national conditions and the actual teaching situation, the standardized patients teaching model was further considered to explore a more suitable medical teaching model for China's national conditions.

Keywords: Clinical teaching, Standardized patient, Doctor-patient communication

Simulated Patient (SP) refers to normal people or mild patients engaged in non-medical work who can accurately show the clinical symptoms, signs or medical history of patients after standardized and systematic training^[1]. The purpose is to reproduce the real clinical situation realistically and apply it in the training examination of medical students and the standardized training of residents. Standardized patients in the strict sense are normal people who are engaged in non-medical work to act as patients, and act as evaluators and teachers. Standardized patients should be able to accurately, realistically and completely reproduce the disease characteristics, psychosocial characteristics and emotional reactions required by the case, and be able to participate in the completion of medical history collection, physical examination, skill operation, communication, humanistic care and other clinical ability teaching and assessment. Compared with the traditional method, it pays more attention to the cultivation of medical students' critical thinking, clinical practice ability and problem-solving ability by creating a positive simulation learning environment for medical students, inspiring thinking and deepening memory of practical operation.

1. Background

With the increasing number of medical students in medical colleges and the increasing legal awareness of patients, more and more patients attach importance to personal privacy and have higher requirements for the service quality of medical staff. Patients are not willing to cooperate with clinical teaching, which increases the difficulty of clinical practice teaching^[2], and clinical practice teaching is an extremely important part in the process of doctor training. It is an important stage to contact clinical practice on the basis of theoretical study, combine theory with practice, cultivate independent thinking and clinical work ability, and initially cultivate their clinical professionalism and doctor-patient communication ability, which is the key stage for the transition to clinical work^[3]. By asking the patient's condition and physical examination, the patient's condition can be diagnosed by using the theoretical knowledge learned, so as to obtain medical experience. The theoretical knowledge learned can be applied to deepen the concept, so as to establish a complete knowledge system and medical theory system^[4]. "A person who has been trained to accurately simulate the characteristics and history of a particular disease and to undergo a clinical examination, aiming to reproduce the real clinical situation consistently and realistically and to provide timely feedback of the assessment to the student." The situational simulation teaching method based on standardized patients enables learners to experience and learn in an immersive way. Standardized patients make the examination method closer to clinical practice, provide medical staff with very similar clinical cases, solve the problem of insufficient clinical teaching resources, improve communication skills and ability, and make a more reasonable evaluation of the examination object. Students' theoretical knowledge and clinical thinking

can be fully cultivated, and their humanistic care spirit and communication skills can also be cultivated.

2. Construction of standardized patients

Through the implementation of standardized patients, every medical student can face the same cases and problems, which not only saves teaching costs, but also improves teaching effect^[5]. Real clinical cases were selected as teaching cases, and a training case base of real cases was established to restore the clinical scene, so that students could experience real examination methods and real doctor-patient communication methods, and learn clinical skills in the simulated environment. The training process of standardized patients generally includes five stages: basic training, ability training, integration training, simulation practice and assessment. Standardized patients need to learn the content of cases, understand the specific content of history taking and answer skills. In the training of standardized patients, the specific content of each part should be explained in detail, including chief complaint, history of present illness, past history, personal history, marital history, menstrual history, reproductive history, family history, etc. The cases were different, but the method of history taking was the same. Standardized patients need to cooperate with medical students in physical examination, so it is necessary to master the exact location and technique of the whole body physical examination, and respond to different diseases in the corresponding parts. Standardized patient training also includes the ability to evaluate scores and the ability to give feedback. Combined with case teaching, students can pay more attention to the social, psychological, emotional and quality of life factors of patients with disease, which embodies the concept of "patient-centered". At the same time, it can also reduce the psychological pressure of students, without worrying about exposing mistakes and causing harm to others, making it easier for students to participate in training^[6].

3. The role of standardized patients in the teaching of doctor-patient communication and humanistic care

Doctor-patient communication skills have a very important impact on clinical work. Medical training relies on contact with patients^[7]. The deficiency of doctor-patient communication is not only manifested in the clinical work, but also affects the career choice of medical students. It is very important to strengthen medical students' doctor-patient communication skills in medical education. Doctor-patient communication education in China is still in its infancy, and most of the teaching of doctor-patient communication is still in the way of theoretical teaching only by clinicians. Standardized patients combined with situational teaching can effectively train medical students' doctor-patient communication skills. Standardized patients can effectively improve the communication skills and the ability to interact with patients in a wider range of clinical contexts. Standardized patients can simulate clinical scenarios to participate in the teaching work, so that the candidates are immersed in the situation and have a sense of substitution. It avoids the phenomenon of separating practice and theory in traditional teaching, and helps the candidates to better master communication skills. This is a feasible and effective training method of doctor-patient communication skills, which can improve their skills and clinical judgment ability, enhance their self-confidence, and understand the importance of communication and teamwork. Through the standardized patient participation teaching, students can be evaluated and feedback, and achieve the role of mutual learning. It is generally believed that the application of standardized patients in teaching or assessment can significantly improve doctor-patient communication skills and humanistic quality^[8]. The standardized patient teaching model also has strong authenticity, which can truly simulate the special condition, such as the patient's tension, fear, anxiety and other negative emotions before receiving surgery, so as to cultivate the interns' psychological guidance and communication skills. Students can be more bold and confident in the face of real patients, and they can easily enter the role when communicating with patients and communicate more smoothly^[9]. At the same time, in the teaching process, attention should be paid to the communication of common adverse events among interns. For example, for patients with some bad habits, interns should take the initiative to communicate with them and introduce the adverse effects of bad habits on the condition to patients, which has a positive significance in improving the communication ability of interns^[10].

4. The current situation and existing problems of standardized patient teaching model

Standardized patients (SP) are in shortage of quantity and unstable personnel. At present, SP is

mainly part-time and volunteer, and has not formed the characteristics of professionalism and industrialization. The number of standardized patients in most medical colleges cannot meet the teaching needs, and the instability of the personnel seriously affects the sustainable development of standardized patients team, leading to the investment of a lot of manpower and material resources, and repeated recruitment and training of personnel. The non-standard training of some standardized patients leads to the uneven quality of standardized patients, and it is difficult to fully realize the deduction of cases, which affects the objectivity and fairness of the application in medical education, especially in medical examinations. Standardized patients can only simulate typical cases of a limited number of diseases, and cannot simulate all clinical manifestations and positive signs of real patients, nor can they perform invasive procedures directly on standardized patients. It is more difficult for students to communicate with real patients than with standardized patients. The actual clinical situation is often complex, urgent and dangerous, and teaching is often ignored when dealing with patients. Therefore, teaching methods cannot completely replace real patients and real clinical teaching^[11]. Since standardized patients have professional background after training, they may have guidance tendency in the teaching process, which will reduce the objectivity and fairness of assessment to a certain extent. Ordinary patients playing the role of standardized patients have problems such as difficult cooperation, lack of patience, and easy doctor-patient disputes^[12]. The use of teachers to play standardized patients not only solves the problem of training difficulties, but also makes the role of standardized patients more reliable, the quality and level more guaranteed^[13]. It can not only improve the teaching effect, but also reflect the fairness and justice in the assessment^[14]. Teachers to replace standardized patients can be selected from the first-line clinical teachers, with more than 3 years of teaching experience, good professional ethics, medical ethics, teaching enthusiasm, communication skills and certain performance ability. The qualified teachers applied, and the teachers were screened and evaluated by the departments of science and education and doctors with senior professional titles. The standardized patient teachers' database was selected. Each department was trained according to its own characteristics of the disease, and an assessment system was formulated. Under the guidance of senior doctors, cases were screened, and typical, common and a small number of special cases in the department were selected as demonstration cases. Cases were arranged from simple to difficult, presented reasonably, and some close to real situations could be added appropriately, such as critical and severe rescue, doctor-patient conflict, and bad news telling^[15]. The auxiliary examinations such as laboratory tests, B-ultrasound, CT, MRI and other data in the case were saved (the patient information was hidden, the number could be replaced, and the privacy of the patient was protected), and the operation or surgical images were recorded. The whole process of diagnosis and treatment was rehearsed, and each scenario was connected. The senior professional title teachers evaluated the whole process, pointed out the problems and optimized them in time, and established a teacher-standardized patient case database. Combined with the vivid performance of teachers-standardized patients, the scenario simulation is more vivid and realistic, which can better help students understand, remember and apply^[16]. However, this method also has the problems that clinical teachers are busy in clinical work and have no time and energy to participate in the teaching work of the school, so they cannot participate in the training process completely and cannot arrive at the class on time.

To solve these problems, the following countermeasures can be taken: standardization and professionalization of standardized patients, hospitals and medical schools should pay more attention to the advantages of standardized patients. Standardized patients were organized to participate in professional training and strict assessment to ensure the quality assurance of standardized patients. To establish a perfect standardized patient work evaluation mechanism, and timely feedback the problems of standardized patients to individuals, so as to promote the continuous improvement of standardized patient work level. Improve the treatment of standardized patients and protect the interests of standardized patients. To establish a reward system for standardized patients (SP) and reward the outstanding SP, so as to improve the sense of professional belonging and happiness of SP. Gradually promote the reform of education and teaching, carry out the application reform of standardized patients teaching, and constantly promote the corresponding teaching reform results to be applied in medical education. It is very important to establish and improve the training mechanism, improve the training efficiency and ensure the quality of training, so that medical students can acquire the necessary clinical skills, good communication skills and medical humanistic spirit during the school period^[17].

5. Conclusion

As a new teaching method, standardized patients can make up for the shortcomings of traditional clinical teaching. At the same time, in order to achieve the best teaching effect, standardized patients

should be used in combination with other teaching methods, mixed simulation teaching, providing more realistic simulated clinical scenes, improving communication skills, training students' clinical thinking ability, cultivating students' ability to analyze and solve problems. It can also cultivate students' teamwork ability and professional quality, let students experience learning, find deficiencies and take the initiative to improve, and achieve the best teaching effect. Standardized patient teaching can be used as a training method in the process of medical students' transformation into doctors, which does not rely on real clinical patients. Medical students can enter the clinic after mastering clinical diagnosis skills, which ensures the safety of patients, is more in line with ethical requirements, and can alleviate the current situation of insufficient clinical teaching resources. How to cultivate qualified standardized patients remains to be further discussed. Through the establishment of standardized patients, medical students can experience the simulated clinical situation before entering the actual clinical work, which will help them adapt to and carry out clinical work as soon as possible and serve the patients better.

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