

How to Survive between "Standardized Resident Training " and "Professional Master" -On the Difficulties Encountered in Undergraduate Clinical Practice

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Abstract

To review on the difficulties encountered by medical bachelor students for their career development after graduation, and to explore potential solutions to their current situation, thus provide them possibilities of making good use of professional training and skills acquired in campus.

Keywords: clinical practice, the "two-track integration mode", clinical professional graduate student, Standardized resident training

Background: In recent years, with the introduction of standardized training, referred to as "regular training" and "professional postgraduates", a large number of "regular students" and "professional postgraduates" have entered the clinical practice, which has brought a great impact on the clinical practice of undergraduate students. The effect of clinical practice can't meet the requirements of practice. There are many reasons, including the impact in the process of social development and the country. The reasons for the change of policy also have the factors of interns themselves. This paper discusses the problems encountered in the clinical practice of undergraduate, and puts forward some solutions.

1. Analysis of the Reasons for the Unsatisfactory Effect of Undergraduate Clinical Practice

1.1 Pressure Brought by Postgraduate Entrance Examination

Medical undergraduates, after four years of basic medical knowledge learning, in order to get out of the campus and enter the society. The purpose of clinical practice is to cultivate students' basic clinical skills and solve the basic problems in clinical practice, adapt to the role transition and transform students into professional medical staff (Yuan,2020). However, with the development of China's medical and health services and the changes of medical reform and education, more and more hospitals need medical talents with higher education (National Health Vocational Education Teaching Steering Committee, 2020, Xu,2020), and the medical talents with master's degree or above are basically required by Three-A hospitals (Yuan et al.,2020), which makes many medical undergraduates have to choose to continue their further studies—postgraduate or even doctoral. The competition pressure of postgraduate entrance examination is increasing. In order to be admitted to graduate students, they have to spend a lot of time preparing for postgraduate entrance examination. The time is less than a few months, but more than one or two years. Therefore, the internship before graduation seems to them like chicken ribs, which is no longer so important. As a result, they no longer attach importance to it and deal with the problem.

1.2 "Resident Training" and the Impact of the "Graduate Student"

In 1993, the Ministry of Health promulgated the "notice on the implementation of the Trial Measures for standardized training of clinical residents". After more than 10 years of exploration and continuous improvement, the "standardized training" policy has been fully implemented in China, and it is necessary to hold a "standardized training" certificate to participate in clinical work. In 2014, the Ministry of Education issued the opinions on deepening the reform of clinical

medical personnel training through cooperation between medicine and education, which clearly pointed out that the newly recruited professional postgraduates in 2015 not only need to complete graduate studies, but also participate in resident standardized training (hereinafter referred to as "resident training") as trainees, which is the so-called "Double track Integration" mode. "Professional master" should complete 33 months of clinical practice training in clinical departments. The three-year clinical practice time of "regular students" and "professional postgraduates" is basically completed in the tertiary hospitals with the qualification of "regular training". The practice departments of "regular students" and "professional master students" are relatively concentrated, and the time of standardized training in a certain department is often more than half a year, while the internship time of undergraduate students in a certain department is usually one to two weeks. Under such circumstances, these students are more familiar with the diseases of a certain specialty, and they are more likely to gain the trust of the teachers. The teachers are more willing to hand over the patients to the "regular students" and "master students" for management, including the writing of medical records, dressing change, follow-up surgery, clinical operation, etc., while the undergraduate students become marginal people.

2. How to Solve the Problems Faced by Clinical Undergraduate Internship

2.1 Recognizing the Importance of Clinical Practice

a. During the study of clinical practice, is a practice of undergraduate course knowledge and skills to learn and consolidate, enhance and further clinical practice education, No matter the after further study or employment has a vital role (Tang et al., 2001). During the internship, both to the understanding of the clinical common disease, or is the diagnosis of related diseases as well as operation skills are better than books describing more true. It is easier to make people understand and memory. However, it is always for the bachelor student solving practical clinical problems with their acquired knowledge and skills. This happens not only in China, but also in Germany, US, Canada and the other developed countries (Heinz Haage, 2006; Liselotte Dyrbye 2006). To a certain point of view, experiences in those countries could possibly provide helpful information. The most important one is to enhance medical bachelor students' practical opportunities especially during study, considering this could substantially facilitate them to connect theoretical knowledge to clinical problems.

PRACTISE is the "golden" criterion for testing, when theoretical study began to transition to really get in touch with related diseases and treatment of a disease, involved in the diagnosis and treatment process, from the beginning of related skills training, Sure to descriptions of the disease than books have further understanding. When a year of rotary can accomplish, reserve learned also can more easily deal with entrance exam, to have a job after graduation is benefit for life.

b. Clinical practice period is the transition for clinical medical students to become a real clinician. Internship, a key stage for cultivating medical students, also could be considered as an important exercise for personal thinking, improve clinical analysis. To deepen the understanding of the disease, the important period of treatment, including the ability to change the clinical thinking. Post prevention is a crucial turning point, but also a doctor to develop a good ideological and moral, establish an individual The important period of medical ethics. The transformation from a clinical medical student to a clinician is not just a change of identity Change, or to understand the doctor's daily work, study and life of the normal, have a higher and deeper understanding of medical knowledge, to become a qualified medical workers and make efforts to pave the way for the future career.

2.2 Reform the Method of Clinical Teaching

In the current clinical teaching environment, the students who go to clinical departments for internship at the same time are both "professional and postgraduates". There are also "regular trainees" and undergraduate interns. Some hospitals also have doctoral students and advanced students. At the hospital level. Under the strict environment, undergraduate interns become the lowest level of people. Because of the "professional graduate students" and "regular students". In a certain department, the internship cycle is longer, and has accumulated certain clinical experience, which is more popular with teachers. Because the time of interns in the rotation department is short (Zeng et al., 2018; Gao, 2020), the teachers feel that learning in a short period of time can't achieve much effect. They think that the interns will not learn the useful knowledge. In addition, the clinical work is busy and there is no energy to teach these interns. So only teach some disease theory or treatment related knowledge, or let interns in the "Stocking" state. On the other hand, compared with the "regular training students" and "professional master students", the interns' skill proficiency is obviously insufficient. Teachers prefer to give opportunities to the latter, so interns not only rarely get the guidance of teachers, but also can't get the basic skills operation practice opportunities required during the internship. For a long time, it will greatly reduce the learning enthusiasm of interns, which will inevitably lose the basic knowledge and skills operation training of interns, and even can not meet the minimum requirements required by the school. On the one hand, learning can't reach the expected value, on the other hand, they can not get guidance and attention in the Department, which makes it easier to get impatient and fall into the learning attitude of weariness or muddling along. Over time, a large

part of the students after the internship did not reach the expected level during the stage assessment or academic assessment after the internship. Therefore, we should fundamentally consider that, with the permission of teachers, a teacher with sufficient knowledge and skilled skills can only lead the interns and only be responsible for the clinical knowledge learning and skills training of relevant departments, instead of bringing "professional postgraduates" and "regular trainees", so that the interns can only study in a certain clinical group, Because they are equal in the same group, they can improve their learning enthusiasm. Specialized personnel autocracy can effectively solve the problem of lack of guidance for interns rotation. Only in the responsive learning mode can we enhance the enthusiasm of the interns in learning and training, instead of regarding themselves as a marginal person in the Department because of the lack of teachers' guidance, and have a muddled life all day. Some studies have shown that (Lv,2020), compared with the traditional teaching mode, the teaching mode that can stimulate students' interest in autonomous learning can make learning more efficient. Although the internship time is relatively short, it can get the guidance and recognition of the Department's teaching teachers. Interns will have a more sense of belonging to the Department, can adapt to the Department in a shorter time and overcome anxiety to a certain extent (Zhang et al., 2020). This change can make interns understand the diseases in the undergraduate department, improve the quality of life, and improve the life quality, diagnosis and treatment as well as related skills and operation training are bound to be deeper, more proficient and more comprehensive than the interns without teachers' guidance.

2.3 Reform the Traditional Way of Leaving the Department

At present, the traditional examination method is relatively simple, which is generally assigned by the teacher to complete the fixed test questions. And submit two written medical records, skill assessment is relatively loose, which leads to the interns do not pay attention to the examination, or even fool in the past, the attitude towards learning is not correct, over time will form a lazy and indulgent mood. The clinical work in grade 3 A hospitals is often busy. The teachers often manage the postgraduates, program students, interns, interns and so on. There are so many students in the management that it is easy for the teachers to approve the large medical records. As a result, the students' large medical records are often copied from the electronic cases written by the teachers, and some electronic cases also have many problems (Wu et al., 2020). The interns can't write medical records. Therefore, to avoid the occurrence of these phenomena, we can use the video assessment mode to carry out the examination if the conditions permit. If the patients know and allow, the candidates can take pictures by using mobile phones or camera tools, and record their disease consultation, debridement and dressing change, skill operation and operation records during the rotation of the undergraduate department When a video record is made and the examination is finished, the video data will be made PPT and uploaded to the teacher for review. If necessary, it can be filed. This can not only ensure the enthusiasm in learning, but also play a regulatory role. Some studies have shown that the development of education mode under supervision can improve the quality of teaching to a certain extent (Yao et al., 2018). It can also prevent students from cheating and laziness, so that teachers can understand students' learning deficiencies more clearly and intuitively, and can timely feedback problems to students, so that students can better improve and further improve. Video as a record, also can let students more intuitive understanding of their own shortcomings, can better in the future work to remind themselves not to make the same mistake, can also play a warning role. In addition, if conditions permit, for the writing of large medical records of interns, the second and third grade regular students or master's students can be designated to be responsible for one-to-one revision of interns' medical records. After the preliminary revision, they will be submitted to the teacher for approval and improvement. This can not only exercise the two to a certain extent, but also deepen the impression. At the same time, it can save time and achieve a win-win situation.

3. Conclusion

How to improve the effect of undergraduate and clinical practice in the "gap" between "regular training" and "professional master" is a problem we have been discussing. Only by continuous improvement and innovation, continuous exploration, and constantly proposing and solving problems, can we find a more suitable path for talent development. Only by constantly improving the policy in the process of undergraduate clinical practice training can we realize the comprehensive development of clinical medical undergraduates. How to further improve and formulate the policy of postgraduate education needs further understanding and thinking of medical workers in the future.

Founding

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Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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