Graduate Education Reform Competency Training Under the New Medical Model

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Abstract: The new model of competency training for medical graduate students not only involves medical professional knowledge and practice, but also contains a rich content of biological, psychological, social medicine. To comply with the demand of medical personnel and the transformation of medical education philosophy, the training project mainly focuses on guiding the science background medical graduate who is lack of comprehensive knowledge structure to break through the confines of restrained biological medical theory, cultivate their competency, infiltrate cultural health concept into the clinical academic. The research in medical education can not only improve the training quality of medical graduate, but constantly deepen the reform of the medical graduate education

Keywords: New medical model, Medical graduate, Competency, Education reform, Cultural health, Clinical academic

1 Introduction

Relative to traditional model, the new medical model originated from the concept of bio-psycho-social medical training model proposed in 1977 by G.L. Engels, an American psychosomatic psychiatry and professor of medicine. Introduced after the reform and opening up in China, the model gives rise to extensive discussion and in-depth research in the medical community. Not only does it concern about the patient as a biological subject of an organ or system pathology, but also it concerns about the patients’ psychological factors and pathogenic factors as a member of the society.

Competency is a word from English with an original meaning of abilities or skills etc. Regarded as “competency research’s father”, David McClelland, a professor of Harvard University, first introduced the concept into the academic field. [1] All the trades have their abilities and skills. Competence of medical graduate mainly refers to clinical practice and medical academic research ability.

The concept of new medical education model is proposed and discussed for more than thirty years. Bio-psycho-social medical education model replaced the traditional biomedical education model and has been accepted by medical educators with unremitting efforts in medical training. But in reality, graduate medical education is still largely stuck in the biomedical model. The majority of science background medical graduate receive the exam-oriented education. They are lack of knowledge of humanities and social sciences, and accustomed to the passive learning. Under the pressure of learning system and heavy study load, the medical graduate regard the competence as one-sided pursuit of learning and skill development of biomedical theoretical knowledge.

Begun in the early 1980s of the last century, graduate education started late, but witnessed the rapid growth in the student number. With the quantity of NO.1 in the world, [2] the quality of graduate education needs to be improved. The gap between its quantity and quality in the medical education results from the decline of students’ quality and the lag of student training scheme. Shouldering heavy responsibilities, the new training model highlights an urgent need for medical graduate. To the end, we are doing the research and making practice in the new medical education model of graduate training competence.

2 Cultures and Philosophy of Education on Health Education Reforms

2.1 The change of educational philosophy
Graduate Medical Education is a high level of professional training, related to the development of
medical education and the improvement of medical research, also related to the perception of the happiness of improved life standards in contemporary society in which cultivate medical personnel with solid medical knowledge and clinical ability. The new medical model aims to foster the “competence” of high-level medical personnel. Although medical textbooks or works are full of theoretical arguments of medical education, the practice is unsatisfactory. “The need for the transition of educational concept and model is urgent”. [3] The key to medical graduate education reform lies in the transformation of educational philosophy, a shift from one-sided professional knowledge and practice to the quality medical education involving arts and health concept. The competency measurement of medical graduate emphasizes the combination of professional knowledge and patient-oriented medical practice, the combination of the spirit of unity and humanistic qualities, and the combination of theoretical knowledge and clinical experience. From students to mentors, the reinforcement of educational philosophy reform is promoted in the new model of competency for medical graduate education, as a breakthrough in the traditional theoretical knowledge. To broaden horizons and academic life, the model is also regarded as a threshold to meet the requirement of medical personnel development of the time.

2.2 Patient Cases on the image of the new medical model explanation

The new medical model puts forward a new demand for competence and is to be practiced through the training of medical students. As an important carrier of cultivating medical graduate, medical education curriculum is composed of different professional courses, from which some Liberal arts courses, such as “psychology class” and “sociology class”, are excluded. How do we guide the medical science background graduate in the new medical model, who are lack of comprehensive knowledge structure? Advocating the educational philosophy transformation is often misunderstood. An old female patient with diabetes and severe chest pain was diagnosed with gallstones and must be operated. But her other diseases made her unsuitable for the surgery. The Doctor recommended conservative treatment, but patients and their families do not agree. Their relationship is very tense. One day an intern heard the patience mumbling some old songs so he found her some albums. She was very excited and said those songs brought her back to her memorable childhood. Finally mumbling the red songs, the patient was taken to the operating room. This case made a new interpretation of the medical model: psychological factor of the patient should be considered in the process of medical treatment. Red songs are a cultural heritage of the essence of modern Chinese culture, which can have a great impact on the old generation. Some other vivid examples can also illustrate the changing medical education concept convincingly. Originally thought unnecessary, the new model of cultivating competence for medical graduate is gaining a wide recognition.

2.3 Discussion of culture and theoretical health

A large number of medical cases prove that factors for diseases’ development are inextricably linked in a psychological and social way. Inspired by the case, we carry out “Culture and Health” discussion in medical graduate education and got various opinions which tend to be a list of cognitive phenomenon. People want to live healthy lives, and cannot be inseparable from cultural cultivation. Culture has an infinite limit like heaven, in terms of the activities on the earth which can be covered up by different labels. Even the food culture which stresses all kinds of tastes has been classified as wine culture, tea culture and etc. The living space culture, related to the sphere people live on, consists of land culture, marine culture and minerals culture. Some other examples are corporate culture, rural culture, campus culture, entrepreneurial culture and etc. To save lives and train specialized personnel, medical graduate education obviously cannot ignore the cultural factor. But how do we understand the meaning and content of “Culture and Health”? From the questionnaire of With the Talent, the discussion from liberate class and other points of views expressed in their assignment paper, we find there is a lack of deep thinking or an unbiased understanding on the issue of “Culture and Health”.

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2.4 Social and cultural cognitive psychology medical model
To increase the positive energy guidance and promote further discussion, we will link culture with the new medical model of psychological-social medicine, inviting experts and scholars to participate in our debate. “Culture” in Mandarin is presented by “Wen” and “Hua”, two words of different meanings. “Wen” in the “Book of Changes” refers to intertwined shapes, lines and colors, with diverse meanings of symbolic signs, literary etiquette, laws and institutions, thus leading to cultivation of personalities and moral goodness. The Analects · Yong says: “Where the solid qualities are in excess of accomplishments, we have rusticity; where the accomplishments are in excess of the solid qualities, we have the manners of a clerk.” When the accomplishments and solid qualities are equally blended, we then have the man of virtue [4]. “Hua” from “Happy Excursion” refers to a bird called Peng which can change into all kinds’ forms. In Chinese culture, “Hua” is the essence of enlightenment and good deeds. The world of “Culture” in “Book of Changes” is interpreted in this way: “Here the hard and the soft intersperse among each other and so form a pattern there from, and “this is the pattern of Heaven”; one curbs people not with the coercive power of martial force but by means of the enlightenment provided by the patterns of culture, the norms of social etiquette, etc., and this is “the pattern of man”. One looks to the pattern of Heaven in order to examine the flux of the seasons, and one looks to the pattern of man in order to transform and bring the whole world to perfection. Manifested in Confucianism and Taoist thoughts, the cultural concept can also be applied to our new medical model to promote the social evolution of humanities.

2.5 Bio-social medical model of health awareness
Paralleled with “culture”, health is not a single definition of biology or the absence of disease. To guide the new medical model, experts and scholars from various fields are invited to give lectures and seminars, cultivating the awareness of health in medical graduate. “Life seventy throughout the lean” is not only a lament but only the historical reality. In the Tang Dynasty, the heyday of Chinese feudal society, especially during Zhen Guan Period, the population exceeds fifty-two million, with the average life expectancy for over forty years. Health means the absence of disease—he can go out for traveling, do some physical job at home, hold a pen to write, and fight for his state. According to the sixth census of the century, China’s population is 1.37 billion and the average life expectancy reaches the age of seventies. In modern society, physical condition is not the only indicator of the concept of health. The world health organization (WHO) published Alma-Ata Declaration on primary health care in the international conference in 1978 and defined the health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. In 1989, World Health Organization modifies the definition, which involves physical health, psychological health, good social adaptation, and ethical health. Awareness of health care can help promote the competence of the medical graduate in the new model.

3 Clinical and Academic Education Reform

3.1 Culture and health education in the clinical and academic
Accumulated from humanities, culture gives people a bright future and encourages people not to give up in the face of hardships. A person without a strong will cannot do anything. On the other hand, an optimistic person can always be assiduous even if he catches some physical ailments. Culture helps cultivate healthy mind with its potential mental strength to generate a positive social environment. For instance, as component part of Chinese culture, Confucianism and Taoist convey some positive ideas, such as. “Troubled, improve yourself; valued, improve the world”, Laissez-faire, let nature take its course. Educational Reform on competency brings “Culture and Health” concept into the new model, in which contains a deep meaning of humanity culture as the social property and reveals clinical practice academic exploration. With the development of social economy and health care needs, modern medical graduate education aims to cultivate both medical professionals and adaptable generalists of a high
3.2 Medical Graduate awareness of themselves
New model for medical graduate is humanity-oriented, which means the physiological and psychological state of a patient will be integrated into his natural and social attributes, and self-perception. With the outbreak of bird flu in early 2013, a new subtype of influenza virus known as “H7N9” was first detected but not incorporated into our legal communicable disease surveillance reporting system. The state adopted emergency measures to build a multidisciplinary joint prevention-control mechanism. Shanghai, Jiangsu, Zhejiang and other provinces started emergency response, setting up fever clinics to make a definite diagnosis. People were stuck in panic and stayed away from poultry and even eggs. Relevant research and prevention on the H7N9 avian influenza required a large quantity of medical staff. A medical intern can also take the duty of a physician in the case of emergency. Since there was no systematic knowledge on this new type of bird flu in textbooks, some interns showed fear in their clinical practice. This is a normal state of mind, but they cannot escape their responsibility. The medical graduate in the “Culture and Health” training model courageously applied for the practice post and accomplished the task under the guidance of their tutors. This case illustrates that the competence education reform in the new medical model cultivates character sentiment and the spirit of medical research.

3.3 Emphasis on common scientific and cultural education
In medical graduate education reform, ordinary scientific and cultural education is critical. “Knowledge innovation often occurs in multiple-subject intersectional field; interdisciplinary research means undergraduate and graduate students apply their basic subject knowledge and ability into integrated fields” [5]. The assessment of medical graduate competence encourages students to focus on foundations courses, with the scholarship awarded to the first and the second year graduate students who exhibit excellence in some interdisciplinary areas, so that they will have a solid subject knowledge and experience in clinical practice. Under the guidance of their tutors, the scholarship system will promote their academic and research potentials, clinical practice ability, and coordinating humanities, thus laying a good foundation on their future development.

4 Conclusion
Medical personnel live in a state of high expectation from the society and high pressure from the patients, doctor-patient relationship, and overload of work. Among them are the medical graduate who are supposed to take the responsibilities to treat patients and do medical research. Medical Graduate Education calls for the educators to make clear direction, strengthen the responsibility, courageously carry out the educational reform and exploration in order to promote the construction and development of medical education, and provide more high-level research and clinical personnel for the community.”[6] Only by adhering to competency training in the new medical model can medical graduate education foster the ability to explore and create.

References
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