

Study on the Part-Time Teaching Work of Doctors In Affiliated Teaching Hospitals

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Abstract

In modern medical education, every medical student must undergo a period of clinical internship before graduation, participating in clinical work with clinicians in affiliated hospitals to become proficient in the necessary medical techniques and to apply theory to medical practice. This learning process is an important part of medical education, and physicians at affiliated hospitals act as clinical teachers during this period. By investigating and studying an affiliated teaching hospital in Q city, China, this study makes recommendations on the problems in teaching practice in which physicians carry out their teaching work, which have positive implications for the teaching work of this affiliated hospital and other medical education institutions with the same problems. It is beneficial to the development of medical education and the training of medical talents in the country.

Keywords

Affiliated Hospital, Clinical Teachers, Medical Education Management.

1. Introduction

In modern medical education, every medical student must undergo a period of clinical internship before graduation, during which the medical student participates in clinical work with clinicians in affiliated hospitals, learns how to carry out medical work, familiarizes himself with the environment of medical work, its various aspects and focuses, and masters the necessary medical technology, among other things. Clinicians take on teaching duties at this stage and are an important role in accomplishing the whole process of medical education. However, in the practice of medical teaching, affected by the competition in the medical market, hospitals pursue the number of medical operations and economic income, teaching is in a secondary position, and clinicians face the double pressure of medical treatment and teaching, and lack of educational theories and experience, which affects the quality of medical personnel training. This study looks for the problems and reasons for the problems that exist in the process of teaching in hospitals, i.e., the part-time teaching of physicians, and puts forward countermeasures to solve the problems.

2. Methodology

2.1. Literature research method

This study made full use of the Internet and library resources, searching and collecting relevant works and carefully studying a large number of materials to provide evidence for the study.

Interview method

In view of the teaching system, management regulations, policies and so on, we designed some problems, and visited the hospital teaching management personnel, doctors who also serve as teaching work, directors of teaching and research departments, students and so on. Objective to discuss the problems existing in the teaching work of doctors, the causes of these problems,

and the feasible solutions. Understand the deeper reasons and background to make the investigation results more objective.

2.2. Questionnaire survey method

Questionnaires were distributed to 153 doctors and 22 teaching administrators.

3. Results

3.1. Main problems of part-time teaching work of clinicians in Q Hospital

Low entry standard of doctors as teachers

Medicine is a special discipline that belongs to both theoretical and specialized applied disciplines. Teachers can only pass on the appropriate theory and experience to students and train qualified medical students.

In the teaching practice of Q Hospital, the admission rules for theoretical teachers and clinical teachers have been established. For theory course teachers, i.e. doctors entering the teaching and research department, the hospital stipulates that "they must have bachelor degree or above, and intermediate title or above". Q Hospital has 114 teaching and research department teachers, among which 60 are with bachelor degree or below, accounting for 52.6% of the total number; 47 are with master degree, accounting for 41.2% of the total number; and 6 are with doctoral degree, accounting for 5% of the total number. According to the statistical data, the structure of the faculty of Q Hospital shows that the faculty members who undertake theoretical courses have more clinical experience. However, there is a slight deficiency in the academic structure of the teachers of theory courses.

3.2. Doctors put less effort in teaching work

The doctors in Q Hospital who also do teaching work are based on high-intensity medical work, and the data from the questionnaire survey showed that the doctors who participated in the survey invested their energy in teaching work as follows.

The proportion of energy invested in teaching to all work invested (n=162)

Energy invested in teaching	Number of people	Percentage
>50%	15	9.3
40%—50%	24	14.8
30%—40%	42	26
20%—30%	57	35.2
<20%	24	14.8

In order to understand the clinical teaching situation, we have reviewed the records of previous student talks and selected some representative student opinions. Except for a very few department directors who are also directors of teaching and research departments and have a strong sense of teaching, most directors of clinical departments seldom ask about teaching work. Therefore, in the clinical teaching work, the teaching physicians do not put enough effort into it.

3.3. The weight of teaching work in the performance appraisal of doctors is too low

Q Hospital conducts annual performance appraisal of clinicians, which mainly focuses on medical, teaching and research aspects. For the performance of daily teaching activities, it is specified that the performance of daily teaching activities accounts for 8% of the daily performance appraisal system, and the department formulates the secondary distribution plan

of teaching performance, which is linked to the teaching activities of teachers. According to the regulations, it is obvious that as an affiliated hospital, medical treatment, teaching and scientific research should be the most important three of all the work, but in actual operation, teaching work does not get the corresponding status.

3.4. Lack of professional training for teachers

Clinical physicians who also take up teaching jobs and become clinical teachers have not received any teacher training except for the necessary examinations in pedagogy, psychology, educational regulations and Putonghua when they need to obtain the national higher education teacher qualification to enter the teaching and research department and become teachers of theoretical courses. The relevant regulations stipulate that those who have earned a doctoral degree are not required to take any exams and can apply directly for a higher education teaching license. The lack of pedagogical expertise among clinical teachers is obvious. As a result, most hospital clinicians teach "by feel," and teachers often teach based on the experience they gained as interns.

The main confusion of the respondents in the process of part-time teaching work.

Confusion in the process of part-time teaching	Frequency
Clinical work is busy, lacked energy	130
Lack of effective teaching skills	57
Lack of pedagogical expertise	50
Lack of awareness of new developments in teaching research	39
Lack of recognition for participation in teaching	46
Other	4

The table shows that the respondents in the survey admitted that their lack of pedagogical expertise, lack of effective teaching skills, and lack of knowledge of new developments in teaching research were even greater than the problems caused by the enormous pressure of clinical work. This shows that the lack of appropriate training for teaching is a major problem for clinicians who are also teaching.

4. Conclusions

After analyzing the problems in the part-time teaching work of hospital doctors, the following recommendations are made for the above problems.

4.1. Guiding clinical teachers to become professional teachers

In order to ensure and improve the quality of medical services, there are various treatment standards and clinical guidelines that regulate and guide the behavior of physicians in the process of medical practice. However, within the framework of higher medical education in China, no standardized and institutionalized model has been formed, and the majority of clinicians often have no rules to follow when they are engaged in teaching work, or perform teaching tasks based on the common practice in their own units, or carry out teaching work based on their personal feelings. These two practices are obviously not in line with the rigor and sustainability of medical education.

For this reason, with reference to the model of continuing education for clinicians, standardized training should be carried out among clinical teachers. Continuing education is an educational activity for those who have acquired a certain degree and professional and technical title. The Ministry of Health of China stipulates that health technicians engaged in health care services

must attend continuing medical education every year in order to improve the quality of clinical medical services, improve the overall quality of clinicians, and protect people's lives and health. In contrast, in order to achieve the above-mentioned purpose of "protecting people's life and health", the standardized training of clinical teachers in medical education should be carried out among clinical teachers. The content of the training is based on new methods, theories and advances in higher medical education.

In the study, it was found that the busy clinical work, the frequent change of residents between different clinical departments, and the large number of medical students taught in the affiliated hospitals are not conducive to the establishment of a clinical teacher selection system in hospitals. However, in order to improve the quality of higher medical teaching, it is still necessary to establish the selection criteria for clinicians who are also teaching as soon as possible. For example, a "probationary period" should be set for clinical teachers, a threshold should be set for the qualifications of clinical teachers, and standards should be set, and then an assessment should be conducted, and those who fail in the assessment should not be allowed to participate in clinical teaching.

4.2. Improve the evaluation and recruitment system of clinical physicians

Under the current situation of busy medical work and physicians' lack of time, only by strengthening the system construction can the enthusiasm of physicians to participate in teaching work be improved, so as to attract excellent medical talents to join the ranks of teaching.

The hospital should further improve the internal performance appraisal system, include the quality of teaching tasks into the performance appraisal system, increase the weight of teaching appraisal, and gradually realize the fine management and implementation of individual performance appraisal. So that each clinician involved in teaching work has the assessment requirements and effectiveness evaluation of teaching work.

In order to encourage enthusiasm and attract excellent clinicians to participate in teaching work and teaching research, we can consider setting up full-time teaching positions in hospitals, so that clinicians who are committed to medical education can reduce their busy daily medical business and have more energy to devote to teaching work and teaching research. The performance evaluation of full-time teaching positions should be improved to enhance the motivation of full-time teachers in teaching.

In addition, doctors should be linked to their personal performance income by obtaining teaching titles. At present, the promotion path of hospital clinicians is mainly through the physician series, that is, the four levels of resident, attending physician, deputy chief physician and chief physician. In order to be promoted, clinicians must complete the medical workload for each year based on a certain number of years of work, pass the required professional title examination, and publish a certain number of professional papers in the required journals - clinical medical papers, not teaching papers, must be published for promotion to the physician series. In addition, to promote senior titles, they must undertake or participate in certain level of scientific research projects and publish scientific research papers. From the regulations, it can be seen that the promotion of physician titles does not require participation in teaching work, which is completely reasonable in the national scope of this provision, because not every clinician is involved in teaching work. However, clinical medical education is related to the development of the whole national medical and health care industry and talent training, so to better play the enthusiasm of clinicians to participate in teaching, there must be a greater breakthrough in the system. At present, Q Hospital has adopted a parallel system of physician title and teaching title, physicians can be appointed with teaching title if they are also engaged in clinical teaching work, but according to the regulations, only teachers who are involved in theoretical teaching can be appointed with teaching title, and physicians who are only engaged

in clinical teaching work still cannot be recognized in status. At the same time, the teaching title obtained is not linked to the personal performance of clinical teachers. In other words, after obtaining the title of physician, whether or not to obtain the teaching title has no effect on the income distribution of individual physicians. Therefore, some physicians do not care about whether or not they get the teaching title. Therefore, firstly, the acquisition of teaching titles should be correlated with physicians' personal performance, and secondly, the performance assessment and evaluation system of clinical teaching work should be established.

4.3. Improve the teaching quality management system of clinical teachers

Teaching quality is the core content of teaching management, and all teaching activities are centered on improving teaching quality. Improving the quality management system for clinical doctors' participation in teaching is an important means to improve the quality of teaching in higher medical education.

One is to standardize the implementation behavior of clinical teaching. For the clinicians who are qualified for clinical teaching, we should further strengthen the monitoring and regulate their teaching behaviors in the process of implementing teaching behaviors. First of all, in the management of theoretical courses, teachers should be reasonably configured resources, so that the number of teachers of a main course is controlled within a reasonable range, which is conducive to teachers to systematically and completely teach the pathological evolution of a human tissue system, and also conducive to teachers to examine the teaching effect of this system, which is conducive to students to grasp and at the same time, for the teaching management department, it is also convenient for The quality of teaching can be evaluated and feedback can be provided to facilitate the improvement of teaching quality.

Secondly, in the clinical teaching, we should strengthen the monitoring of the teaching content, which is the core content of the clinical practice. The teaching management department should strengthen the teaching administrative check-ups and form a system to discover, understand and solve the problems in the process of daily clinical teaching in time, so as to effectively improve the overall teaching quality of clinicians and fundamentally ensure the quality of clinical teaching. Especially for the important teaching links in clinical practice, such as teaching room, clinical mini-lecture, case discussion and other key links, strict management measures are adopted. Through the specific teaching arrangement reported before the study, random check by the management department during the study, monthly inspection of the study records, and feedback on the evaluation of the learning effect after the study, we can reduce the arbitrariness of teaching and improve the quality of teaching.

Secondly, we attach importance to clinical teaching evaluation and feedback. In terms of students' academic evaluation, formative evaluation and stage evaluation should be further promoted. Compared with basic education and secondary education, university education is a relatively relaxed learning environment, except for final examinations, students feel less pressure of coursework in their ordinary study. Only in the whole learning process to strengthen the stage evaluation of academic, on the one hand, can have a more comprehensive and objective evaluation of students' learning effect, on the other hand, can also play a supervisory role for students, help them to firmly grasp the knowledge, and fundamentally change the students in order to cope with the examination, "the situation of sharpening the gun", Thus, the students can lay a solid theoretical foundation and be well prepared for becoming qualified clinicians in the future. For example, in the current PBL course, the assessment scale is used to evaluate students' academic performance. The quantitative and qualitative evaluation of students' learning process is carried out through teachers' evaluation of students' learning, students' mutual evaluation and students' self-evaluation. Students' learning attitudes, problem identification, teamwork, information, communication, and critical thinking skills are evaluated. The evaluation methods of the course are rich and comprehensive,

including the evaluation of the internship shadowing manual, and the evaluation of the file bag, the test in the classroom, the bedside assessment, the usual homework, and the apprenticeship report.

In terms of faculty teaching evaluation, the existing teaching evaluation system of the hospital should be improved, which is not compatible with the clinicians. As an essential and important link in the process of training students, clinical teaching must have an evaluation system compatible with clinical teaching in order to effectively improve teaching quality. In order to establish an evaluation system that is compatible with the characteristics of clinical physicians' participation in teaching, we must first standardize the teaching behavior of clinical physicians and then further develop an evaluation system that is compatible with it. To ensure the steady improvement of the quality of clinical teaching, we should evaluate the teaching effect of physicians' part-time teaching work in a comprehensive and objective way.

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