

## Practice and Thinking of Late Clinical Teaching in Separate Stages

### -- Taking The Dampness and Heat of Spleen and Stomach as An Example

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#### Abstract

**The late clinical teaching is the last stage of medical undergraduate teaching, which is the bridge connecting theory and practice. In order to better analyze the teaching practice of internship period for medical undergraduates, we divide it into three stages: early stage, middle stage and late stage. There are different difficulties and key points in the separate stages. Psychological adaptation issue caused by role change in the early stage needs psychological intervention of clinical teachers. Learning burnout in the middle stage needs new teaching method to improve Students' interest. More importantly, we practice and reflect on late clinical teaching with the example of damp heat in the spleen and stomach, which exercising students' ability to analyze and integrate knowledge to help balance the practice work and the review of postgraduate entrance examination.**

#### Keywords

**The late clinical teaching; Traditional Chinese Medicine; the dampness and heat of spleen and stomach.**

#### 1. Introduction

In order to better analyze the teaching practice of internship period for medical undergraduates, we divide it into three stages: early stage, middle stage and late stage. There are different difficulties and key points in the separate stages, which need teaching practice according to specific circumstances.

Psychological adaptation issue caused by role change in the early stage of internship. In the internship stage, medical students have to change their learning place from school and classroom to hospital and first-line clinic, change their learning style from theory to practice, and change their roles from students to doctors[1]. They need a certain period of psychological adaptation to change from passive learning to active learning. Learning burnout tends to appear in the middle stage of internship. When medical students enter clinical practice for a certain period of time, the initial excitement period has passed, because of professional interest, learning habits and other problems, they may enter the learning burnout period, and have inert emotions to clinical work and study. Practice and postgraduate entrance examination is the principal contradiction in the late stage of internship. In recent years, with the increasing demand of medical undergraduates to improve their academic qualifications, it is a prevailing trend that most students choose to continue their study by attending graduate college. How to balance the practice work and the review of postgraduate entrance examination has become the main contradiction in the late stage of internship.

## 2. Reflections on the Later Clinical Teaching Practice in Separate Stages

### 2.1. Psychological counseling for students should be strengthened in the early stage of internship

Due to the change of social roles, medical students who become medical intern may arise variety of psychological problems. For instance, the afraid of difficulty caused by the lack of solid professional knowledge, shrinking back behavior caused by the lack of self-confidence, having grandiose aims but puny abilities caused by the gap between theory and practice and so on. One of the tasks of clinical teachers at the beginning of the internship is to strengthen the communication with students. clinical teacher should take in-depth psychological counseling work and help the students to solve psychological problems[2].

The clinical teaching departments should carry out systematic training at the beginning of admission, which teaching the diagnosis, differential and treatment of key diseases and common diseases in the department. Clinical teachers carry out one-to-one teaching mode in clinical work, infiltrating theoretical knowledge teaching in the process of patient treatment and management[3]. It's important to help students complete the connection process between books and clinical practice, meanwhile deepen the cognition and memory of theoretical knowledge in clinical practice. Besides, communication skills between patients with doctors and the communication ability of students also can be consciously exercised in this process.

### 2.2. Interest of students in learning should be improved in the middle of the internship

Students generally have high enthusiasm for learning and intense interest in learning when they first enter the clinic, and can actively participate in clinical work[4]. However, as time goes by, they may enter the period of learning burnout. According to the observation of clinical teaching for many years, students are prone to emotional laziness and reduced learning enthusiasm after half a year of internship. Some students have such situations as active laziness, passive work and disappearing at any time. Some students thought that they had mastered the repetitive and boring work of medical history collection and medical record writing, and lost their motivation and interest in learning. Therefore, how to develop students' learning interest has become the focus and difficulty of clinical teachers' work in the middle stage. In this stage, the method of situation simulation teaching, case deduction teaching, and role reversal teaching maybe the alternative plan.

Situational simulation teaching is mainly based on the interpretation of first aid situations. The situation simulation of critical and severe conditions such as loss of consciousness and heart failure is conducted by the chief physician or professor, which the clinical teacher leads the internship students to participate directly, and other students serve as observers. The moderator masters the script, describes the situation of the medical record and issues the changes in patients' condition, and the teacher and internship students involved give first aid treatment. Finally, the moderator makes the evaluation and summary and standard demonstration. The pace of the whole session was tight, and the students who participated and watched were nervous and concentrated, hence they could experience and learn first aid knowledge in an immersive way. This way of teaching can improve students' sense of mission and responsibility, and stimulate students' interest and enthusiasm for learning.

Role reversal teaching is a small lecture with students as subject, which is different from the common clinical lecture conducted by senior physicians. Clinical teachers only give the topic category, but do not directly specify the lecture content. Students will be assigned tasks by themselves to complete the case- disease- system presentation. Students are encouraged to consult relevant materials and complete lectures in various ways. This method gives students

full autonomy, improves their sense of ownership in learning, exercises students' public speech and language expression ability, and improves students' interest in learning and self-confidence.

### **2.3. Help students balance postgraduate entrance examination and internship work in the late stage of internship**

The main problem in this stage is how to balance the time arrangement between the internship and the review for postgraduate entrance examination, which is an important problem for both students and clinical teachers. From the student's point of view, postgraduate entrance examination is a very important task at present, which will affect the subsequent academic planning, job prospects and even future development. Some students even think that clinical practice has no practical help for postgraduate entrance examination and employment, and the clinical skills can be made up and perfected in standardized training. This idea leads to an increase of students leaving their posts to review for postgraduate entrance examination, and even the violation of organizational discipline under the guise of postgraduate entrance examination, which increases the difficulty of clinical teaching management. However, internship is the learning tasks that medical students must complete before graduation, and it's the necessary stage for the school to train medical talents and the solid foundation for future clinical work. Therefore, it is very important to ease the conflict between test preparation and clinical skills learning.

Medicine is a relatively operable major, and participating in clinical practice is conducive to consolidating knowledge. The review of postgraduate entrance examination is theory, while clinical work is practice. Only by effectively linking theory and practice can we better understand and consolidate, especially for some knowledge points that are difficult to understand in words. The specific feelings in clinical practice can deepen understanding and memory, so as to understand by analogy.

What's more, clinical practice can help students build the ability to analyze and integrate knowledge. The cases encountered in the clinical work should not be treated in isolation, the could be connected with the book knowledge in an integrated vision. After finding the corresponding theoretical support for their clinical manifestations, it is of great value to the review and consolidation of the knowledge for postgraduate entrance examination and the analytical study of clinical work.

In the following, we take the patients with abdominal pain of the damp-heat type as an example to sort out the knowledge sequence from the two aspects of traditional Chinese medicine and Western medicine, and exercise students' ability to analyze and integrate knowledge.

Patients with abdominal pain should be analyzed from the aspects of onset time, inducement, pain location, pain nature, concomitant symptoms, past medical history, age, gender and so on. For instance, acute abdominal pain should be considered gastrointestinal ulcer, acute appendicitis, cholecystitis, ureteral calculi, mesenteric embolism and so on. Women must take into account ovarian cyst torsion, ectopic pregnancy rupture and other conditions. Through the differential diagnosis of symptoms, it extends to the sorting of the common manifestations of diseases of the whole digestive system, and helps students to establish the clinical thinking system and the awareness of differential diagnosis.

In the aspect of TCM (Traditional Chinese Medicine) diagnosis, the main methods are syndrome differentiation of eight principles and syndrome differentiation of Zang-fu organs. First using the syndrome differentiation of eight principles to make differentiation analysis. According to exterior and interior syndrome differentiation, abdominal pain belongs to inside syndrome. According to cold and heat syndrome differentiation, red tongue, yellow and greasy moss with rapid pulse belong to heat syndrome. Unpalpable abdominal pain belongs to excess syndrome in syndrome differentiation of excess and deficiency, and then the inside excess heat syndrome belongs to Yang syndrome in differentiation of yin-yang.

According to the location and symptoms, abdominal pain can be located in the spleen, stomach or liver and gallbladder in syndrome differentiation of Zang-fu organs. The epigastric pain mostly relates to the spleen and stomach, while lateral abdomen may relate to the liver and gallbladder. Generally speaking, the symptoms associated with the spleen and stomach are abdominal distension, acid reflux, hiccups, diarrhea, indigestion, and inappetence. What's more, if the tongue coating is thick and greasy with smooth and rapid pulse, while the limbs are heavy, it is considered that this patient has stomachache of dampness-heat type of spleen and stomach. Although the clinical manifestations of the disease are intricate and complex, the eight principles and Zang-fu organs syndrome differentiation can be basically used to inductive clues, looking for the key of the disease and finally establish the treatment principle. Based on clinical cases, the basic theory of traditional Chinese medicine, diagnostics, internal medicine, Chinese medicine and formulations are reviewed in series to systematize and structure theoretical knowledge, which also exercises students' ability to analyze and integrate knowledge, and plays the role of clinical practice and review for postgraduate entrance examination.

Finally, it is suggested that students strengthen the management and utilization of fragmented time, make a good study plan, preferably in detail every day, and regularly reflect on and adjust the completion of their own plan.

### 3. Conclusion

The late clinical teaching stage is an important stage for training medical talents. In the process of training talents, we should pay attention to improving the pertinence and effectiveness. This paper summarizes and analyzes teaching practice problems in separate stages of clinical practice. It is necessary to help students adjust the psychological adaptation problems caused by role change in the early stage. The teaching methods should be constantly updated to improve students' interest in learning in the middle period. what's more, helping students build the ability to analyze and integrate knowledge to balance the practice work and postgraduate examination review in the late stage of internship. The ultimate aim is to improve the students' learning quality and simultaneously improve the professional teaching and ideological and political education level in the late stages of clinical practice.

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