

Current Situation and Improvement Path of Clinical Teachers' Teaching Ability in Application-oriented Medical Colleges

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Keywords: application-oriented college; medical colleges; clinical teachers; teaching ability

Abstract: Since the society entered the 1980s, the international higher education has gradually formed a new trend that is to attach importance to practical teaching and strengthen the cultivation of applied talents, so application-oriented universities emerged at the right moment. Different from research universities, application-oriented universities aim at cultivating high-quality applied talents with strong social adaptability and competitiveness. Therefore, they have higher requirements for teachers' teaching ability. Based on the author's learning and practical experience, this article first analyzes the current situation of the clinical teaching staff in application-oriented medical colleges, and then proposes the improvement strategies of the teaching ability for clinical teachers.

1. Introduction

Clinical teachers are responsible for the clinical teaching tasks of medical students. Their education and teaching ability directly affects the training quality of medical personnel. Clinical teachers assume dual professional roles of doctors and teachers, and clinical work is often related to economic benefits. They will invest more time and energy in medical work, and teaching will become an additional burden. Studies have shown that clinical teachers generally have the problems of weak teaching ability, low enthusiasm for teaching and weak teaching awareness, which are not conducive to improving the quality of higher medical education. In recent years, medical colleges, affiliated hospitals and teaching hospitals are also actively seeking countermeasures to promote the teaching ability of clinical teachers through teaching incentive measures and teaching competitions. However, because clinical teachers are dispersed in various affiliated hospitals or teaching hospitals, these activities can only mobilize some teachers to participate. It is difficult to systematically and integrally improve teachers' education and teaching ability. Therefore, how to build a perfect training system for clinical teachers' education and teaching ability, improve the development and protection mechanism of their education and teaching ability, and enhance the quality of clinical education and teaching are important issues which urgently need to be solved in medical colleges and universities.

2. Current Situation of Clinical Teaching Ability

2.1 Inadequate teaching ability due to teachers' personal knowledge structure

A good doctor or researcher is not necessarily a qualified clinical teacher. Most clinical teachers get doctoral or master's degrees in medical science. After graduating, they undertake clinical teaching tasks at affiliated hospitals with the university or teaching hospitals. The training they receive when they are students is mainly in clinical skills and scientific research. Most of them have not received systematic education. They are incompetent in related theories, knowledge, and teaching knowledge structure. Clinicians lack understanding of their own teaching responsibilities, which results that they do not have enthusiasm in teaching. This further hinders the improvement of teaching ability.

2.2 The hospital focuses on human power and takes no count of talent training

Affiliated hospitals with the college or teaching hospitals are often comprehensive hospitals in

the region. There are many outpatients and inpatients. There exist many inspections, operations and surgeries, and the medical work is very busy. At the same time, because the hospital personnel establishment is basically based on medical workload, there is no special teaching positions. Doctors are constantly working in an overloaded state. The hospital's requirement for doctors to undertake teaching work is limited to the daily teaching tasks and they do not pay attention to the cultivation of teaching ability.

2.3 The imperfect teaching ability training system

The cultivation of foreign doctors' teaching ability has started from the training phase of resident doctors. The domestic doctors' clinical professional ability training has relatively perfect and specific systems and measures, but it has not yet formed a teaching ability training system that covers the whole process of teachers' growth. There is no corresponding institutional guarantee for teacher training and it lacks long-term objectives, medium-term plans and short-term goals. Although there is a training system, it has no concrete implementation steps. The training work is very casual and shows a blind state of inconsistent standards, unclear goals and uncertain contents. The effect of training is affected by the attention of the person in charge and personnel changes.

2.4 Irrational income distribution and evaluation system

In teaching hospitals, clinical teachers assume three responsibilities: medical care, teaching and research. Medical work is the central work of the hospital and is connected to economic benefits. It is the focus of the doctor's work; scientific research work can obtain more research funds and publish high-level papers, which is a fixed indicator of promotion of professional titles and performance assessment; teaching work needs to occupy medical work or break time to prepare for classes and teaching. Their medical income is affected, but the teaching allowance is less. Teaching work is often seen as an additional burden. Promotion of titles and performance appraisal focus on scientific research tasks and published papers. There are no quantitative evaluation indicators for teaching. Such evaluation methods lead doctors to devote more energy to scientific research and just do their teaching work to satisfy the basic teaching workload. They do not pay attention to the renewal of teaching methods and the improvement of their own abilities.

3. Measures to Promote the Development of Teaching Ability of Clinical Teachers

3.1 To change education ideas and improve teaching awareness

Although the primary task of the hospital is to provide quality medical and health services to the people, it is also an irresistible responsibility to train excellent medical personnel for the country and the people as a teaching hospital affiliated to the medical school. Clinical teachers should take responsibility for teaching as their own duties and obligations, and enhance their sense of mission and honor. Managers should recognize that teaching work is the task of teaching hospitals as medical treatment and scientific research. The three should develop in a balanced manner and anyone cannot be neglected. The management department should organize clinicians to actively participate in educational theory and knowledge study, such as pedagogy, educational psychology and educational management, and put the doctors' ethics education in the same important position as the medical ethics education. The detailed and specific requirements are put forward for teachers' moral cultivation. Through teaching activities such as teachers' ethics lectures and advanced deeds reports, the outstanding teachers could play a demonstration role in improving the teaching awareness of young teachers and promoting the formation of good professional ethics.

3.2 To formulate teacher training plan that matches school positioning

The international standards of medical education put forward clear requirements for the teaching ability of clinical teachers. The *Edinburgh Declaration* issued in 1988 put forward the proposal of "cultivating clinicians as medical educators"; *World Medical Education Summit Suggestion* in 1993 proposed the goal of training five-star physicians, namely "health care providers, clinical treatment decision makers, health educators, community leaders and service managers"; World Federation for

Medical Education (WFME) issued *Global Standards for Undergraduate Medical Education* in 2001 raised that medical colleges and universities must have employee policies that include teacher training, development and recognition. In 2008, the *Undergraduate Medical Education Standards - Clinical Medicine (Trial)* issued by the Ministry of Education and the Ministry of Health explicitly states: "The medical school must formulate a plan for the construction of teaching staff to ensure the training, assessment and exchange of teachers and provide professional development opportunities for teachers." Affiliated hospitals should establish a matching teacher training plan based on the school's personnel training objectives.

3.3 To improve training system and enhance training quality

In the human resource management function, training is the key to strengthening the competitiveness of the organization. The establishment of a comprehensive training system is the first priority for guaranteeing training results. The establishment of the training system should include analysis of training needs, development of training plans, training implementation and monitoring, and training evaluation and feedback. Analysis of training needs: in order to guide the development of training, the medical college must first analyze the training needs. The training management department should integrate students' expectations of teachers, teachers' own needs and supervising expert opinions and adopt methods such as literature analysis, expert consultation, questionnaire survey and observation to collect, sort out and analyze relevant information. Then, the school needs to identify and analyze current knowledge, ability, attitude and other aspects to study the differences of teachers with different teaching ages and professional titles in knowledge, ability and attitude to provide guidance for the development of training plans. Formulation of a graded training plan: the school needs to take the cultivation of medical educators as the ultimate goal of clinical teacher training and determine training objectives, select appropriate content, adopt appropriate methods and develop corresponding courses according to the differences in knowledge and ability of different training objects. The school should conduct micro-level, middle-level and macro-level teaching ability. The micro-level training mainly emphasizes individual lectures, group guidance and clinical teaching ability and each teacher needs to master it. Training implementation and monitoring: the teaching management department is responsible for organizing the implementation and monitoring of training work, and giving full play to the role of teaching and research departments, teaching teams and other primary-level teaching organizations. They should comprehensively use micro-teaching training methods, demonstration teaching methods and other training methods to carry out training work. The school needs to establish training files for teachers, incorporate the teaching ability training into the hospital's continuing education program and grant training credits. Training effect evaluation and feedback: the school needs to evaluate the training results through interviews, questionnaire surveys, student assessments, supervision of lectures and teaching competitions, and feed back the evaluation results to the teachers so as to improve their training quality.

3.4 To improve incentive mechanism to promote teachers' development

The first is to improve teaching quality evaluation measures. From the perspective of human resources management, human behavior is often affected by many factors. A single evaluation program can hardly reveal all information hidden in human behavior objectively and truthfully. Therefore, teacher evaluation should be three-dimensional, all-around and comprehensive. The practice of teacher evaluation cannot be based on a single evaluation method. The scientific problems such as the reliability and validity of the evaluation methods also need to be resolved. It is necessary to formulate and modify the index system according to specific conditions and constant feedback to gradually improve it. The medical college should establish the teaching quality evaluation measures for students, teaching supervisors, peers and teaching managers, and formulate evaluation tables separately. Comprehensive evaluation is made on teaching attitudes, teaching contents, teaching methods, teaching levels, teaching characteristics and teaching effects. The evaluation results are used as reference frame for teaching score in teachers' promotion of professional titles and performance appraisal. The second is to establish a teaching performance

assessment index system. One of the important reasons why clinical teachers pay attention to medical and scientific research while neglecting teaching is that medical and scientific research evaluation indicators are specific. The vague evaluation of teaching evaluation indicators has severely dampened the enthusiasm of some teachers who want to actively engage in teaching activities. Therefore, the development of scientific, reasonable, fair and transparent quantitative evaluation rules and giving each teaching activity corresponding score and weight can mobilize the enthusiasm of teachers in teaching.

4. Summary

Medical education is facing the contradiction between the diversity of students' access to knowledge and the lack of teachers' teaching ability. Continuous improvement of the teacher's teaching level is the only way to resolve this contradiction. The knowledge structure, the economic and social environment clinicians face and multiple roles of doctors, teachers and researchers they assume determine the difficulty in improving their teaching ability. The teaching management department must take some effective measures to change the educational concepts, formulate training plans, improve training system, elect teachers strictly and improve incentive mechanisms to ensure the sustainable improvement of the teaching ability of clinical teachers and thereby ensure the quality of medical education.

Acknowledgement

Heilongjiang Province Education Science Planning 2017 special topic: Construction of Teaching Competency Model for Clinical Teachers in Applied Undergraduate Medical Colleges (subject number: GBE1317049).

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