

教育部临床医学专业认证

—— 参与的体会与促进

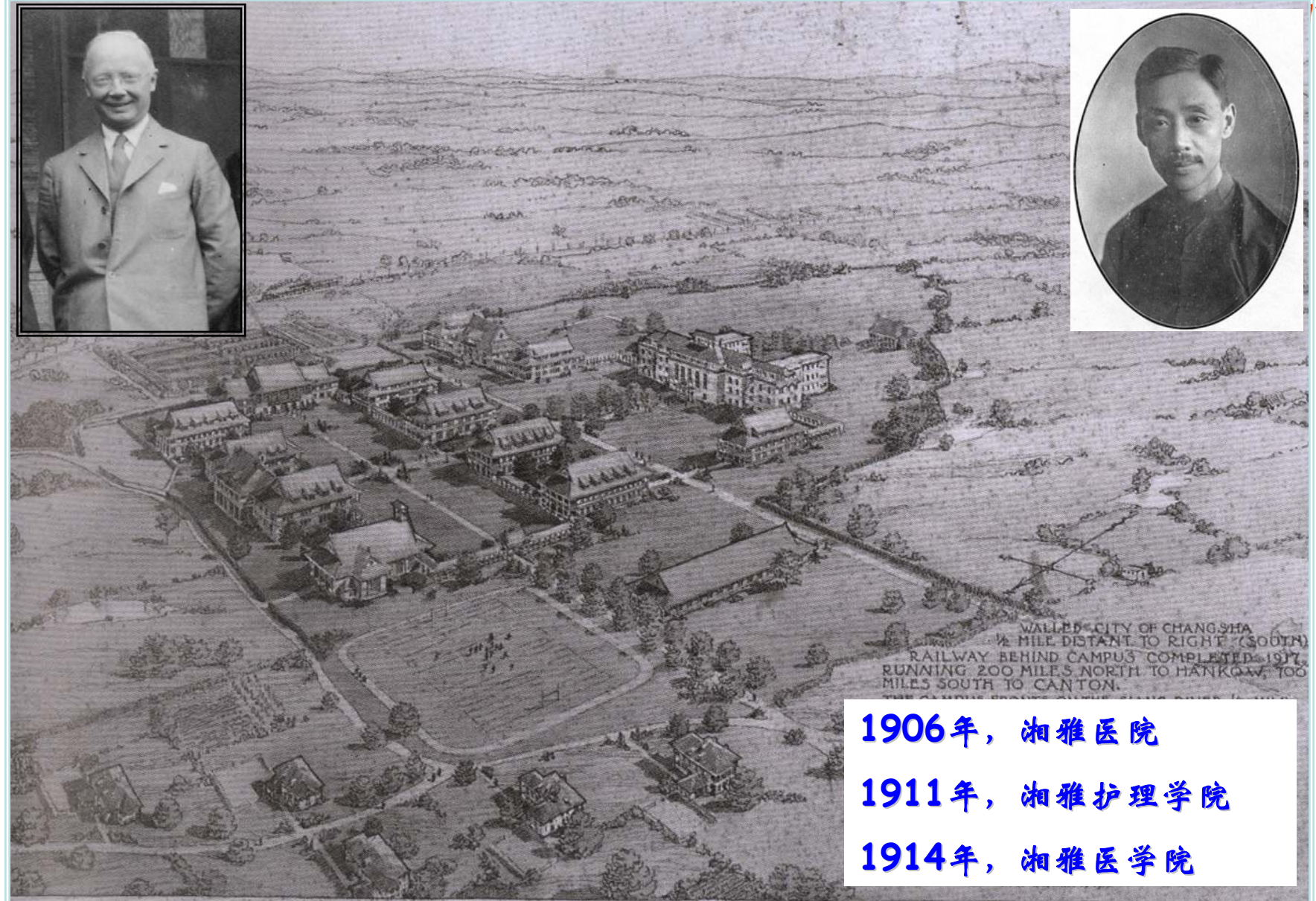
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内容

- ◆为什么要认证
- ◆认证过程之关键点
- ◆认证之后的湘雅医学教育

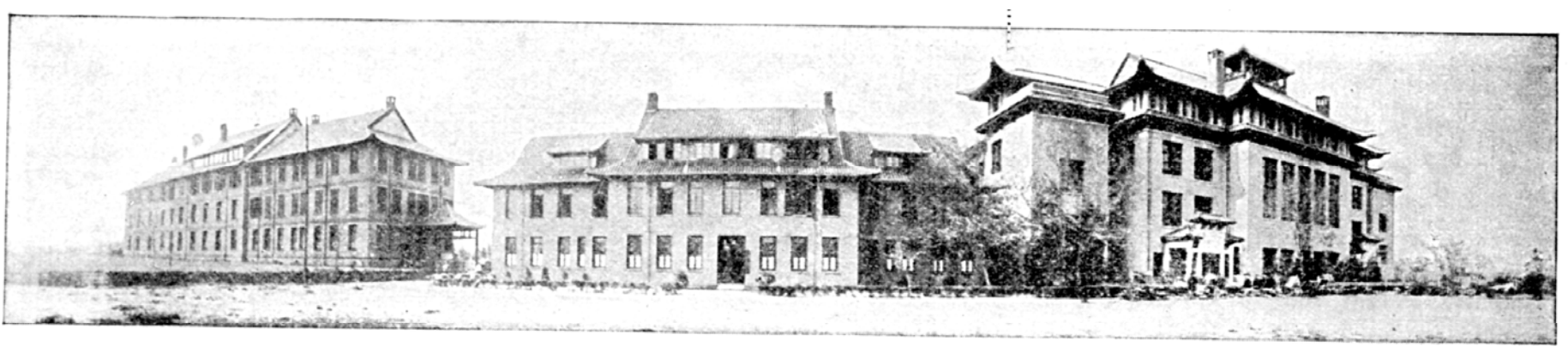




WALLED CITY OF CHANGSHA
1/2 MILE DISTANT TO RIGHT (SOUTH)
RAILWAY BEHIND CAMPUS COMPLETED 1917
RUNNING 200 MILES NORTH TO HANKOW, 100
MILES SOUTH TO CANTON.

1906年，湘雅医院
1911年，湘雅护理学院
1914年，湘雅医学院





GROUP OF YALI MEDICAL BUILDINGS
(Left to right) Medical School, Out-Patient Building, Hospital.





2000年



Changes in Health System

- ◆ *The individual* → *The community*
- ◆ *Acute disease dominates* → *More chronic illness/disability*
- ◆ *Episodic care* → *Continuous care*
- ◆ *Cure of disease* → *Preservation of health*
- ◆ *Reactive* → *Prospective*
- ◆ *Physician provider* → *Teams of providers*
- ◆ *Paternalism* → *Partnership with patients*
- ◆ *Provider centered* → *Patient/family centered*
- ◆ *Parochial health threats* → *Global health threats*



Changes in Health System

- ◆ *Cost indifference* → *Extreme cost consciousness*
- ◆ *Anecdotal care* → *Evidenced-based medicine*
- ◆ *In-patient focused* → *Ambulatory/home centered*
- ◆ *Solo/small groups* → *Integrated systems*
- ◆ *Quality assumed* → *Performance is measured*
- ◆ *Trust assured* → *Trust must be earned*



Changes in Medical Education

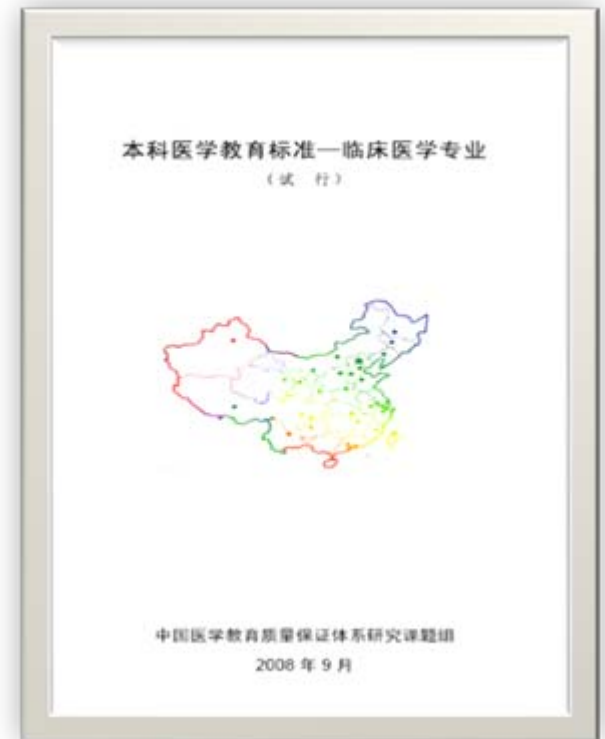
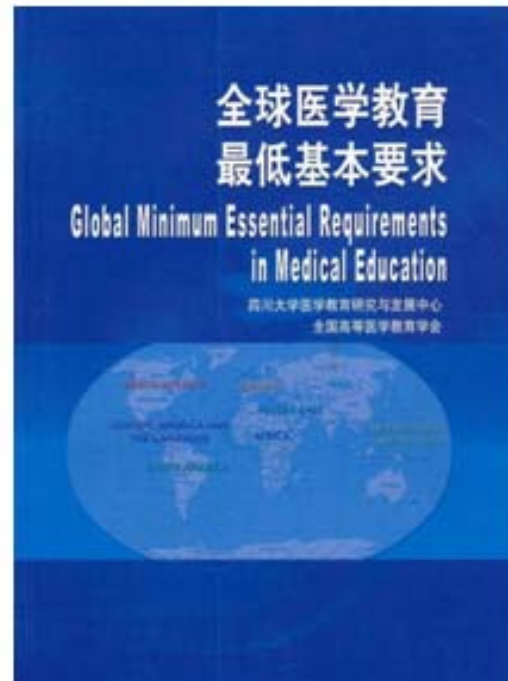
- *Passive “spoon feeding”* → *Active, student directed*
- *Everything in paper* → *Increasingly computer-based*
- *Rote learning* → *Curiosity driven, PBL*
- *Biology of disease* → *Determinants of illness*
- *Horizontal segregation
(departmental courses)* → *Horizontal integration
(interdisciplinary segments)*
- *Vertical segregation (2.5 + 2.5)* → *Vertical integration (2.5 × 2.5)*
- *See one, do one, teach one* → *Computer/mannequin simulation*
- *Physical examination* → *Comprehensive clinical skills*
- *Curriculum structure* → *Learning objectives*





*If you don't know
where you are going,
you will probably end
up somewhere else !*



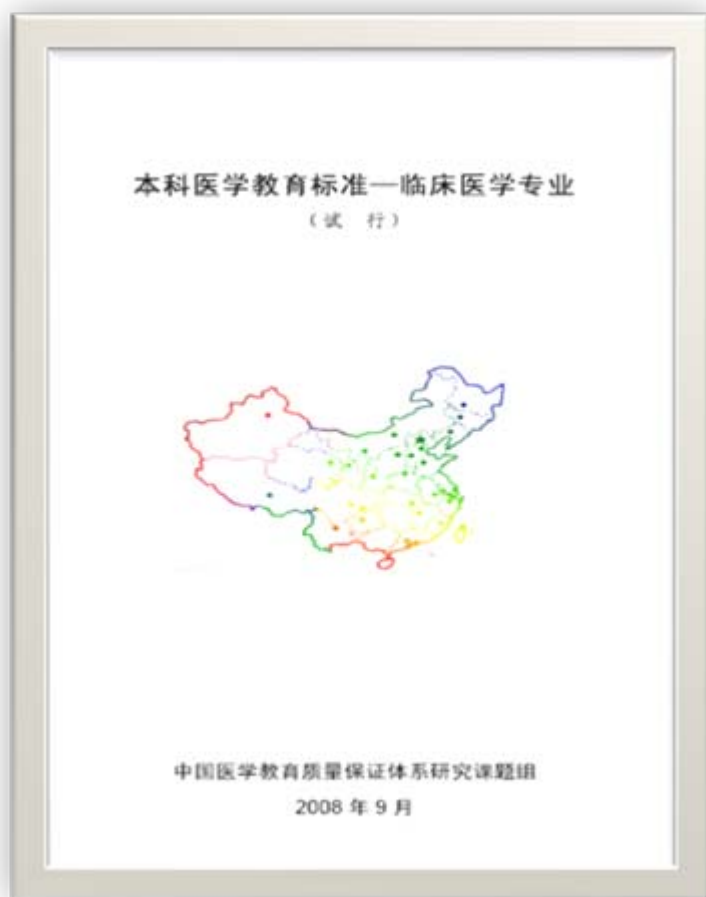


认证过程之关键点：

- ◆ 申请认证之目的
- ◆ 全校师生参与度
- ◆ 自评报告的撰写
- ◆ 制订专家现场考察计划
- ◆ 正确认识专家的认证结论报告
- ◆ 认证后的持续改进与发展



认证过程之关键点——申请认证之目的



- ◆ 希望通过认证工作，全面分析、重新认识学校医学教育的优势与不足。



认证过程之关键点——申请认证之目的



- ◆ 希望通过认证工作，广泛培训师资，更新理念，了解国标和国际标准。



认证过程之关键点——全校师生参与度



◆ 学校管理层

◆ 专家

◆ 教师

◆ 学生

◆ 利益相关方



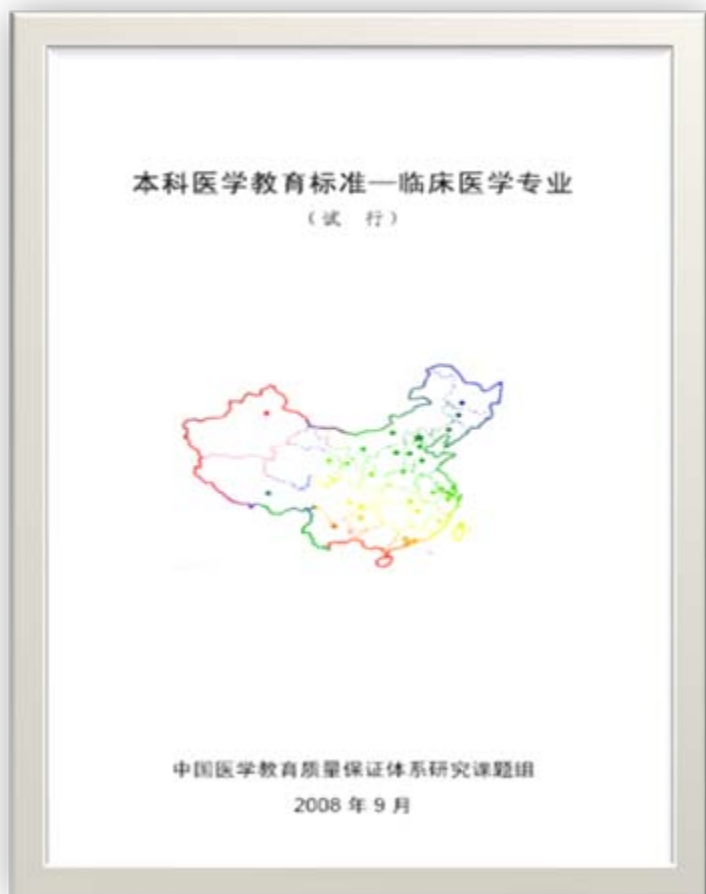
认证过程之关键点——自评报告的撰写



- ◆ 实事求是
- ◆ 客观描述
- ◆ 优势与不足



认证过程之关键点——正确认识认证结论报告



COMMENTARY ON STANDARDS

- ◆ Areas of strength
- ◆ Areas for improvement



认证过程之关键点——正确认识认证结论报告

Assessment of Students

➤ *Areas of strength*

The school has an advanced assessment system including use of objective structured clinical examination (OSCE), standardized patients and item banks of clinical MCQ examinations.

The school has also paid attention to formative assessment.

The school uses extensive statistical analysis for feedback of examination results. The students and teachers can log onto the educational management system of CSU to consult the data.

➤ *Areas for improvement*

The school should encourage more tests of reasoning rather than simple factual recall. Evaluation methods also need to be improved.



认证过程之关键点——正确认识认证结论报告

专家意见：对器官系统试点课程进行全面评估，决定是否将其替代现行的以学科为基础的课程，还是作为补充形式应用于少数选拔出来的学生，可通过对不同模式培养的毕业生的追踪比较来进行。

实际情况：我校从2003级开始招收“教改班”，每年级一班，每班30人。陆续开展了器官系统教学、SP教学、PBL教学、OSCE、见习-实习融通等一系列有计划、分步骤的教学改革。该教改班目前仍在进行中，成熟经验不断被推广。



认证过程之关键点—— 认证后的持续改进与发展



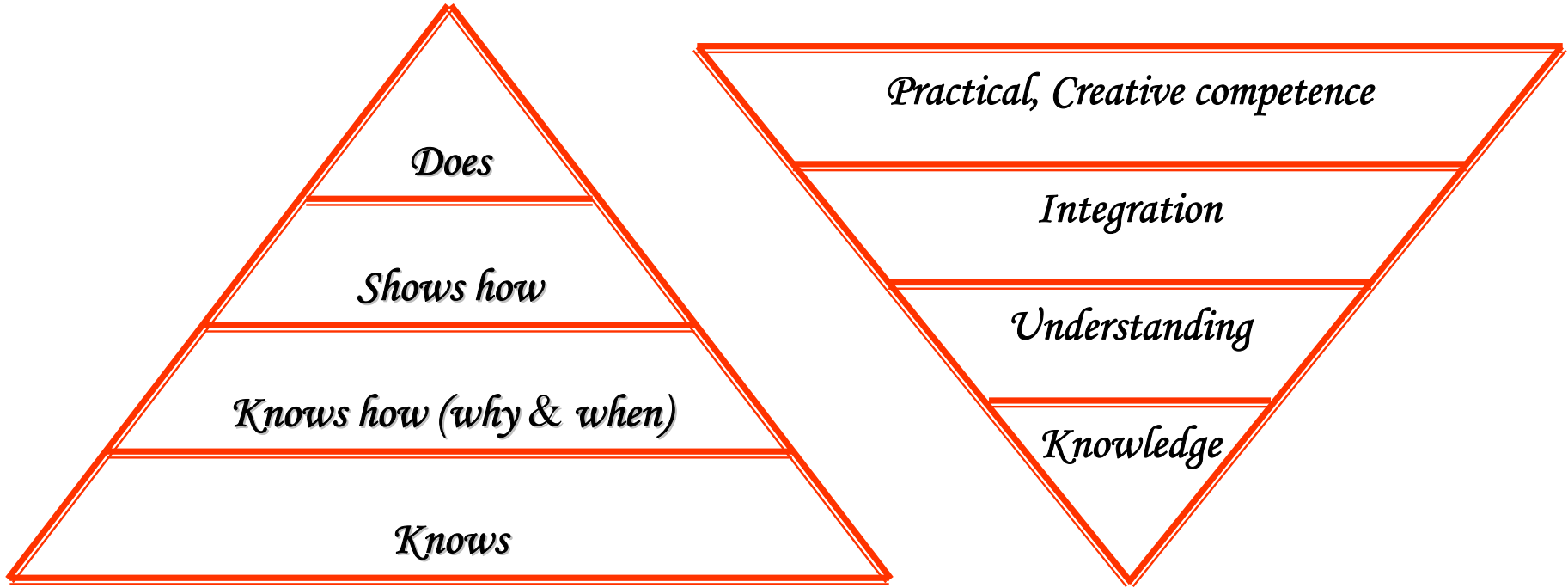
*“Knowing is not enough; we must apply.
Willing is not enough; we must do.”*

—Goethe



能力金字塔

Miller's Pyramid of Competence





George Packer Berry

Past Deans of Harvard University Medical School (1949-1965)

- ◆ He maintained that it is preferable to graduate medical students who know less, but who better understand how to learn more.

“Half of what we are going to teach you is wrong, and half of it is right. Our problem is that we don’t know which half is which.”



□深化实践教学环节系列报道之一

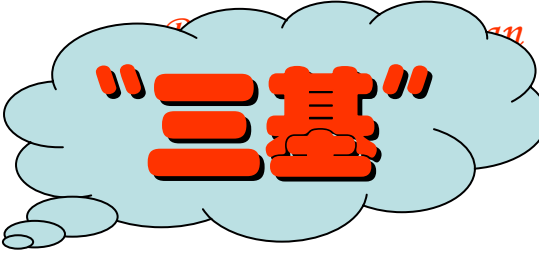
实践教学环节薄弱制约的医学生临床诊治能力提高——

为医学生架起临床实践立交桥

实践教学 实践教学是医学教育的重要组成部分，是培养医学生临床思维能力和临床操作能力的关键环节。长期以来，我国医学教育存在实践教学环节薄弱的问题，导致医学生临床实践能力不足，难以满足社会对医学人才的需求。为此，教育部启动了深化实践教学环节改革，旨在通过搭建临床实践立交桥，提高医学生的临床诊治能力。

搭建临床实践立交桥 所谓临床实践立交桥，是指通过整合校内外资源，构建多层次、多形式的实践教学体系。具体措施包括：1. 加强临床基地建设，扩大实践教学规模；2. 推行“早临床、多临床、反复临床”的教学模式；3. 开展“双导师制”，由校内教师和企业专家共同指导；4. 利用虚拟仿真技术，提高实践教学效率；5. 建立实践教学考核评价机制，确保教学质量。

本科医学教育首重能力培养 教育部强调，本科医学教育应以能力培养为核心，注重学生临床思维、沟通协作、团队合作等能力的培养。通过实践教学，使学生能够将理论知识转化为实际操作能力，提高临床诊治水平。

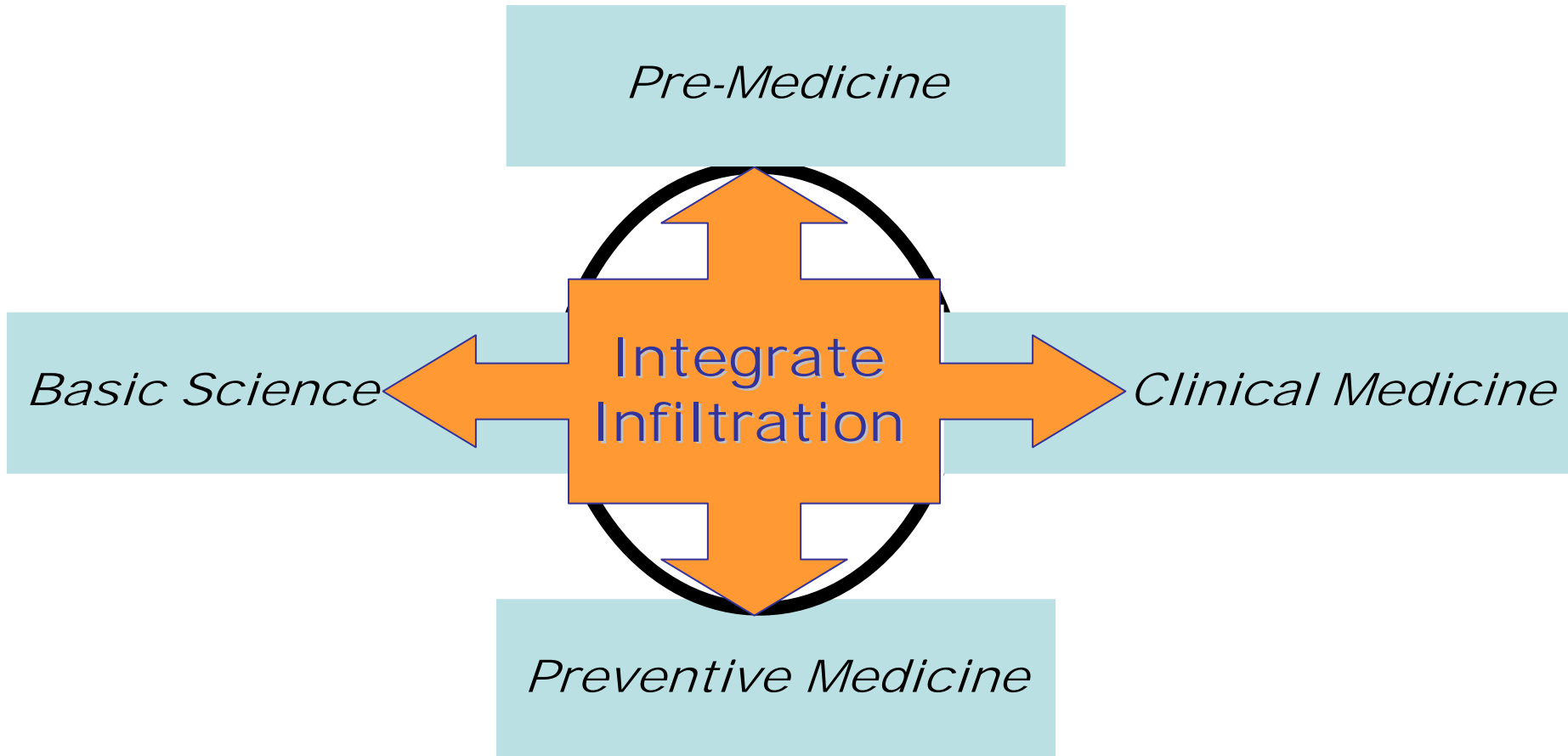


- ◆ **知识/Knowledge:**
 - 基本理论、基本知识
 - life-long learner
 - 终身学习能力
- ◆ **技能/Skills:**
 - 基本技能
 - 发展潜能
- ◆ **态度/Attitude:**
 - 习惯

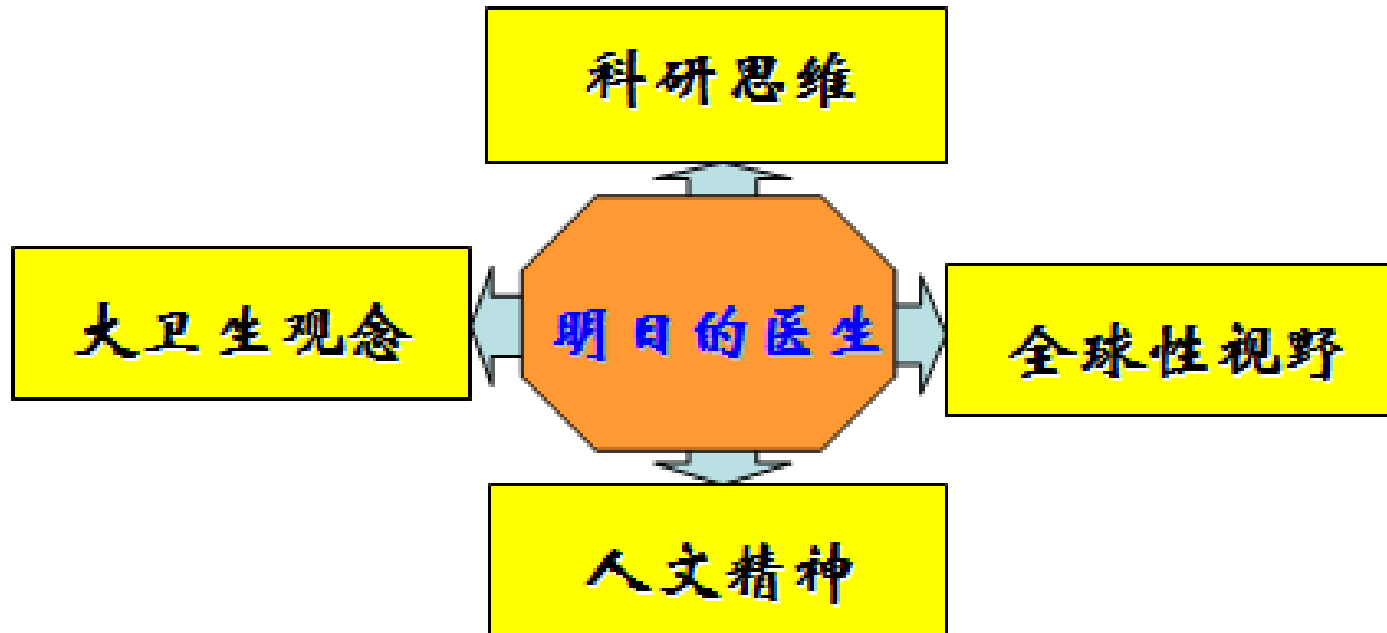
Learning by doing
Practice-based learning and improvement



Curriculum Planning, Development & Reform



Curriculum Planning, Development & Reform



培养能从事安全的、有效的医疗实践和参与国际竞争的“明日医生 *Tomorrow's Doctor*”

+

培养成为“终生学习者”
Life-long Learner



Curriculum Planning, Development & Reform

Infiltration

Early Contact Medicine

Early Contact Clinic

Year	1	2	3	4	5	6	7	8
Stage	Pre-med Foundation		Core of Medicine				Post-med Promotion	

Integration of Basic & Clinical Medicine
Not only Curriculum, but also Teaching Faculty

Integration



医学新生课程

8讲/16学时/2学分

第一讲：百年湘雅与医学教育的发展趋势

第二讲：医学教育本科培养方案解读和医学人才培养

第三讲：高水平研究性医院的内涵与人才需求

第四讲：从某诺贝尔生理学或医学奖获奖所获得的启示

第五讲：转化医学与实例分析

高、低年级学生交流

第六讲：基础医学名师讲座

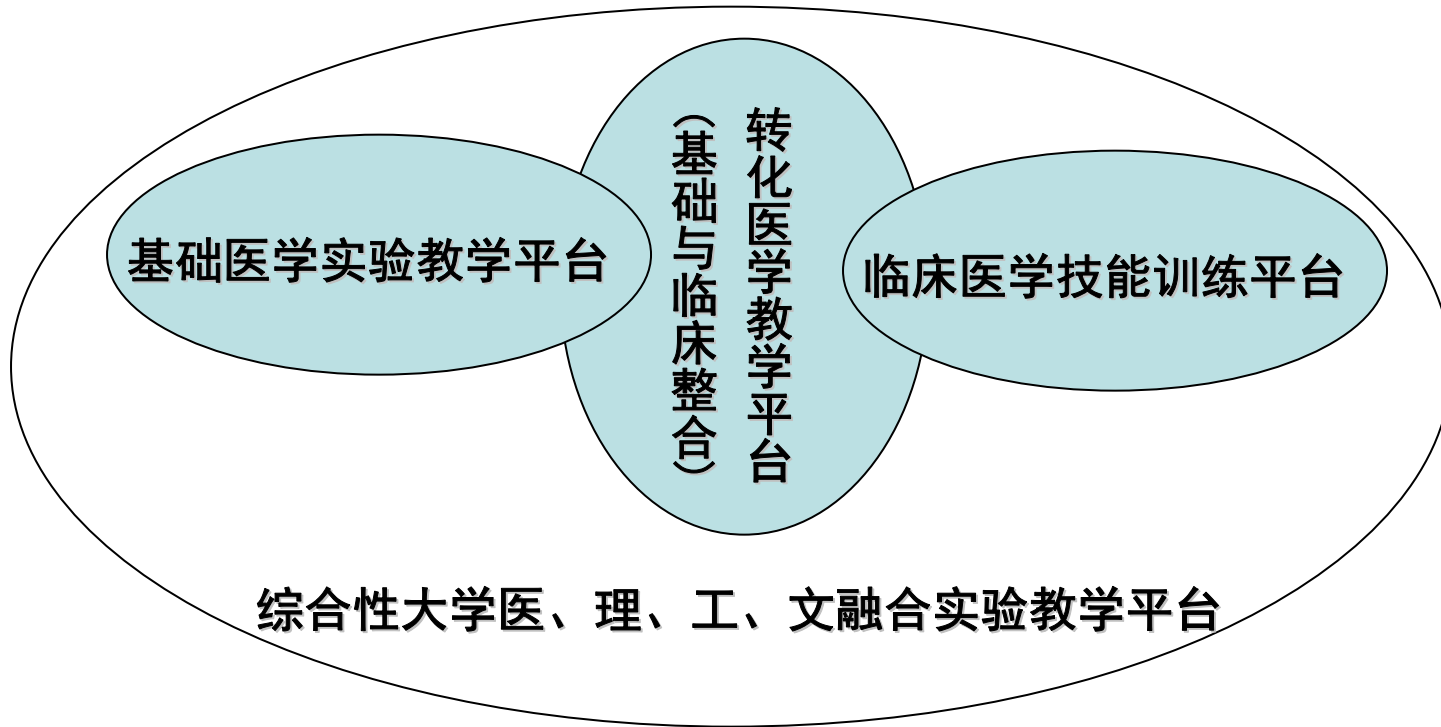
第七讲：临床医学名师讲座

参观、考察附属医院

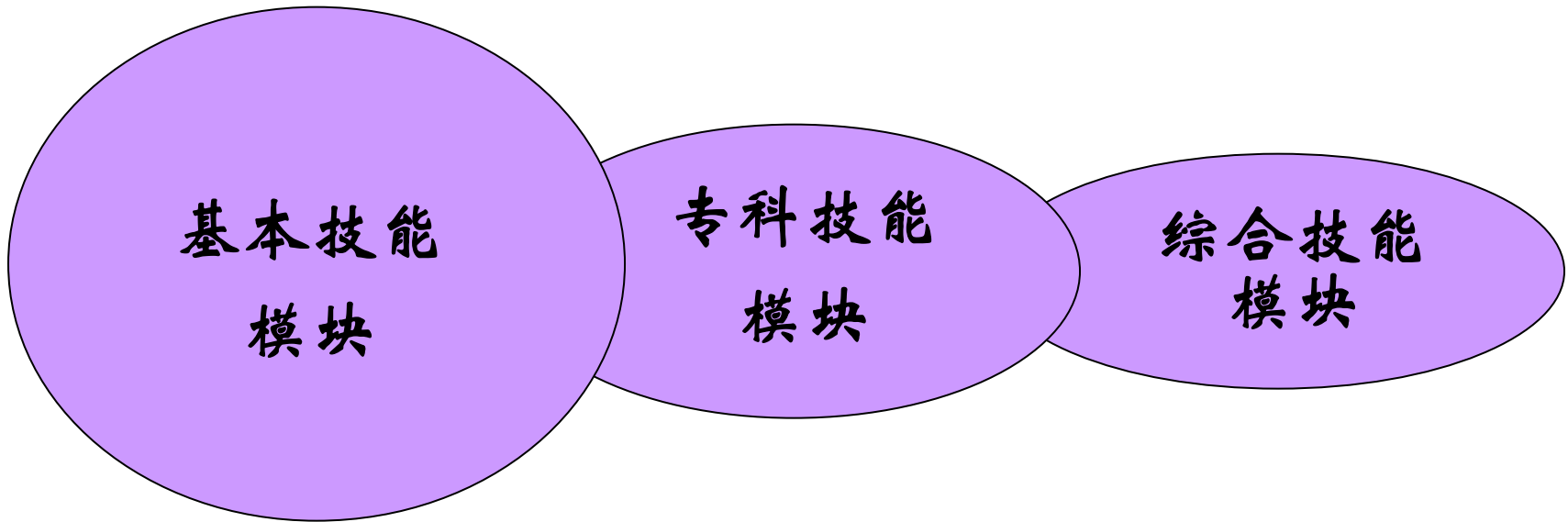
第八讲：谈综合性大学复合型创新医学人才的培养



Platform for Medical Education



Clinical Skills Training Modules



结 语

外部刺激

自我评价

外部评价

质量保证

不断完善



