

## **Analysis on Teaching Competence of Clinical Teachers in Applied Undergraduate Medical Colleges**

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**Abstract:** At present, the teaching quality and ability of clinical teachers in medical colleges need to be improved. Under the background of teaching reform based on clinical competence, teachers must practice clinical basic skills to improve their clinical skills to adapt to the requirements of the teaching reform based on clinical competence; on the other hand, the teaching reform based on clinical competence also guides teachers to improve their teaching ability. The teachers have to change the idea, pay attention to their clinical level, take the teaching ideas to clinical competence, so as to make students understand the new trends in the development of clinical medicine and related problems; moreover, it can really do a combination of theory and practice in the process of teaching to cultivate students' clinical ability strongly and improve their teaching ability.

### **1. Introduction**

Competence refers to "the deep personal characteristics that distinguish the outstanding achievers from the average in the work. They are self-concepts, motivations, knowledge, traits, cognitive or behavioural skills in a given field." Attitudes or values can be measured or counted and can significantly distinguish between good and general performance. The concept of competence was first put forward in 1973, and the idea of replacing the traditional ability test such as intelligence test with competence evaluation was put forward. There are more than 50 indexes of competence. From the point of view of medicine, competence can be divided into four aspects and four first-degree indexes and 15 second-order indexes are proposed. First, core competencies: Innovation, conceptual thinking and analytical reasoning and doctor-patient communication skills. Second, job competence: Professional skills, learning ability, organizational leadership and environmental adaptability. Third, role competence: Teamwork, responsibility, execution and influence. Fourth, other competencies: Self-control, flexibility and risk tolerance. The reform has no clear standards for competence cultivation, and is used in various industries. It is imperative to open the future doctor training mode which aims at competence training instead of the traditional evaluation method.

### **2. Current Situation of Clinical Education in Medical Colleges in China**

The current clinical medical education can combine the basic theory knowledge with the actual clinical medical skills. The research shows that the medical students have a strong interest in clinical practice and the practical experience is basically in line with expectations. Theoretical knowledge can be fully applied in the process of practice. However, as far as teaching mode is concerned, clinical medical education in our country is mainly teacher-centered, which is mainly based on infusion teaching lacking of humanistic literacy education. In addition, the curriculum system of teaching is mostly subject-centered. This kind of traditional education mode lacks the cultivation of competence, and has some limitations and disadvantages.

#### **2.1 Lack competence due to excessive reliance on teachers**

At present, the teaching mode of clinical medicine is based on infusion, and most clinical teachers need to act as "double teachers". They are not only a teacher, but also a clinician. They need to undertake their original medical tasks, and as high quality as possible to complete clinical

teaching tasks. The overload of workload makes clinical teachers have not too much time and energy to train, resulting in teachers lack of understanding of educational standards and related training plans and curriculum system, and lack of understanding of the internationalization of clinical education. The teaching goal may appear deviation, the education idea and the teaching method also relatively lags behind. But this kind of teaching mode is precisely to the teacher's dependence. All kinds of conditions make students' ability of autonomous learning, organization ability and environment adaptation can not be better developed, nor is it conducive to the formation of students' post competence.

## **2.2 Too strong protection makes students' role competence and risk tolerance poor**

As the current medical situation is tense, and the contradictions between doctors and patients are deepened layer by layer, as well as in order to protect the interests of patients and to protect students' enthusiasm for medical career and their own safety, clinical teachers often try to avoid direct contact between students and patients and their families. Although this plays a protective role to both sides, but it can not make students' sense of responsibility, flexible response ability and risk tolerance ability to get exercise; students' role competence and risk tolerance ability is relatively poor. It is difficult to deal with future emergencies on their own. It is precisely because the current system of clinical medical education is not perfect that the core competence of medical graduates is weak. Therefore, the employer's ability of scientific research innovation, clinical analysis, communication skills, hands-on operation ability and teamwork spirit satisfaction are lower.

## **2.3 Lack a similar way of thinking in teaching ideas**

Medicine is a subject that requires strong reasoning and logical thinking. No patient is completely ill according to the book, so doctors should make full use of medical examination auxiliary examination and other ways to obtain patient information in the course of diagnosis and treatment. At the same time, the correct diagnosis can be obtained by using the existing medical knowledge for logical reasoning and thinking integration, which provides the basis for subsequent treatment. Therefore, if young teachers lack the ability of logical thinking and reasoning, or can not consciously cultivate the students' logical thinking ability in the course of teaching, it is possible for them to teach the "stupid" student. At present, compared with senior teachers, the young teachers in medical colleges do not emphasize the indoctrination of knowledge points, but ignore the problems of medical problems.

## **2.4 Relatively simple in the use of teaching methods**

Most young teachers can make more beautiful PPTT, but because of this advantage, they usually rely on PPT too much for teaching. They ignore the use of some traditional teaching methods, such as field demonstration, scene simulation, case analysis and so on. In this respect, they are still lacking in comparison with senior teachers. Due to lack of clinical experience, young teachers lack confidence in traditional medical teaching methods with great flexibility.

## **2.5 One-sided emphasis on the mastery of theoretical knowledge in teaching content, while neglecting the cultivation of clinical skills and practical abilities**

Although since 2010, the Center for Clinical Teaching and Research in Medical Education of the Ministry of Education has held a national contest on clinical skills for medical college students. However, due to the joint action of many factors, many young teachers do not attach great importance to the cultivation of clinical skills and practical abilities of medical students, and even unilaterally believe that these cultivation should be carried out in the practice stage. They do not know that the formation of medical thinking and clinical ability is a gradual process, which is mainly cultivated from the teacher's influence on medical students from the initial stage.

## **2.6 Insufficient emphasis on teaching.**

Young teachers in medical colleges are usually busy, because they usually shoulder the triple tasks of clinical, teaching and scientific research, and also face many problems such as marriage,

birth of children, promotion of professional titles and so on. Therefore, objectively speaking, the time they can allocate to teaching is quite limited. A few young teachers even think that teaching is "public land", and scientific research is "self-retaining land". Although most of them have strong scientific research ability, they do not pay much attention to how to pass the "teaching". The lack of teaching ability of young teachers in medical colleges is mainly reflected in the lack of their own clinical experience and the clinical thinking of medical students. The clinical ability training is not in place and so on.

### **3. Competence Development**

#### **3.1 Cultivate teaching competence of clinical teachers in applied undergraduate medical colleges**

Clinical teachers must improve their teaching ability to adapt to the teaching reform based on clinical competence, which mainly includes basic clinical ability, professional spirit and quality of doctors, and doctor-patient communication ability and also ability to learn and apply medical knowledge, teamwork, basic public health services, information and management, and academic research. Clinical teachers in medical colleges should improve their clinical teaching ability mainly from the aspects of clinical knowledge, clinical skills, medical ethics and values. Clinical teachers must keep pace with the times, update their clinical knowledge and improve their clinical teaching ability in order to meet the needs of teaching reform. With the development of science and technology and modern medicine, new medical technology, medical means and even new medical theory are applied in clinic every moment, such as artificial life, living cell imaging, virtual cell, DNA vaccine, wearable cardiac defibrillator, body DNA assembler, etc. These clinical advances will greatly enrich the medical vision of medical students and make medical students attach importance to and yearn for the clinical application of medical knowledge.

#### **3.2 Foster the competence of medical students**

The cultivation of competence is mainly through the guidance of clinical technology and humanities, so that medical students gradually realize that they are the core of future medical work. They need more and more initiative to assume their own medical responsibilities, and cultivate their job competence, that is, the clinical diagnosis and treatment ability. At the same time, they should also pay attention to develop their own sense of responsibility, communication skills and risk-bearing skills. We should try our best to change the current situation of low self identification and identity in the process of clinical practice. We should regard ourselves as the core of independent medical activities, and take the responsibility and communication responsibilities as much as possible under repeated supervision and teaching supervision. At present, the responsibility for medical malpractice in the course of clinical study of medical students should be borne by the teaching teachers, but the responsibility and punishment of medical students are not clearly stipulated. This is a kind of protection for future medical students who assume medical responsibility independently, but it is not conducive to cultivating their role competence and risk bearing ability. Therefore, at the same time of clinical education, the cultivation of clinical competence of medical students should become an important part of clinical teaching. In other words, medical students need to cultivate themselves into an independent and responsible, competent and ethical doctor; with the help and instruction of teachers, students' dependence on teachers should be gradually transformed into the cooperation of future doctors and medical partners under the premise of medical environment and conditions. The guidance of teachers to the students is gradually transformed into the teaching of the lower doctors by the superior doctors and the edification of the humanistic qualities. The medical students can gradually jump out of the scope of the audience and become the important participants in the medical activities, and eventually grew into an outstanding doctor.

#### 4. Conclusions

In short, in order to continuously train excellent and competent medical talents, we need to improve the competence of clinical teachers in medical colleges and the overall quality of teachers and strengthen the ability training of medical students, so that they can be better qualified for clinical work in post-graduate positions.

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