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Discussion on the Training of Junior Medical Students as Standardized Patients*

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Abstract—Standardized patients (SP) are more and more widely used in teaching. In the teaching, junior medical students are introduced as standardized patients, giving full play to the advantages of junior medical students and improving the deficiency. Taking the junior medical students as standardized patients should have a good teaching effect in teaching work.

Keywords—standardized patients; choice; advantages

I. INTRODUCTION

At present, the standardized patients (SP) are more and more popular in teaching and assessment [1]. Standardized patients play an important role in clinical teaching. However, the training and application of standardized patients face various problems. The colleges have recruitment difficulties; the recruited personnel can not participate in the training in time; and the trained standardized patients do not have the enthusiasm of participating in the teaching. In short, in the actual work, recruiting social personnel as standardized patients has various benefits, but the loss of personnel is difficult challenge to solve. Compared with social personnel, medical students can play a good role in teaching as standardized patients [2]. Student standardized patients can effectively bear the work of simulating patients, and the simulation quality of professional SP, teacher SP is same [3].

Different teaching units have chosen students of different grades to serve as standardized patients, including graduate students [4], medical students during internships [5], senior medical students [6], junior medical students [7], etc. Students of different grades have their own advantages and disadvantages during the period of serving as standardized patients. In the practice of our school, we chose junior medical students as the standardized patients for the training and application. And we can find that taking junior medical Ping He** Chongqing Medical and Pharmaceutical College Chongqing, China 401331 **Corresponding Author

students as standardized patients has its advantages and disadvantages.

II. ADVANTAGES

Junior medical students are similar to real patients. Relatively speaking, most patients have no medical background, and they do not understand medical knowledge, technical terms, etc. As senior medical students have already learned certain medical knowledge, they may unconsciously use or understand professional terms when being inquired or having medical examination as SP, which is inconsistent with the actual situation. When the students who act as the SP has an understanding of the disease, they are often affected by professional knowledge, which interfers the normal play. The junior medical students have no trouble in this aspect, and the junior medical students have learned the basic knowledge of medicine, such as physiology and anatomy, which reduces the difficulty of training. Therefore, compared with the senior medical students, it is better for the junior medical students to play.

Junior medical students are easily to be managed, and actively participate in the training. Students learn and live in the campus, which is helpful to urge them to participate in the training. They can have the training at the fixed time. If students have problems, they can ask questions and get the answer at any time. When a student who serves as a standardized patient cannot work due to emergencies, it is convenient to find the replacer, which makes the management easier. The junior medical students have relatively low learning burden, strong curiosity, and strong desire for performance. They have higher enthusiasm for participating in the training as standardized patients, are also more likely to throw themselves in the training of standardized patient, and better obey training teachers. The junior medical students performed well on the fixed aspects, such as mentality, face, symptoms and signs, etc. [8]. At the same time, the students were in good physical condition and were able to adhere to the training. In the face of the first and last medical students, there is no big difference among the

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states. In the clinical teaching work, to memorize the language and movements of medical students, and the exhaustive evaluation of medical students are more conducive to playing the role of standardized patients.

It can promote professional education and strengthen professional ethics. Students can learn the symptoms and signs of diseases in the process of playing patients. It can not only enable students to have simple understanding of clinical diseases, but also stimulate students' curiosity. When students learn the disease they have played, they can treat the same disease from the perspective of patients and doctors, strengthen the understanding of professional knowledge, strengthen professional ethics, promote communication skills, and understand the needs of patients and the feelings of the patients [9]. The medical students can combine the learning of professional knowledge and skills with the cultivation of medical ethics, forming a virtuous circle and achieving the unity of knowledge and action. It adds the ways and means to cultivate the humanities quality of medical students.

It can solve the shortages of standardized patients. The college can select the students of second semester of the first school year to conduct standardized patient training. Through the training of one semester, the college can use student standardize patients for one year, which can avoid the drawbacks of recruiting few standardized patients. Comparing with selecting senior medical students as standardized patients, selecting junior medical students as standardized patients prolong the lifespan of the standardized patients, avoiding the situation of "temporary shortage" during the period of new and old alternation. After the training, student standardized patients can also play the role models during the new training for student standardized patients. They can introduce the experiences of being standardized patients, promoting the cultivation of standardized patients.

It can provide new career choices. Nowadays, more and more colleges and universities use standardized patients in the teaching process, which greatly promotes the professionalization of standardized patients, making it possible for standardized patients to become a new profession. During the school life, the students can be the standardized patients, understand the standardized patients, and consider becoming a professional standardization patient, which provides the students with new career choices [10].

III. DISADVANTAGES

For junior medical students to be standardized patients, the shortcomings are consistent with the shortcomings of medical students of other grades as standardized patients. If they can't be truly neutral, they are easily affected by their own emotions in the assessment. There is no unified assessment. It lacks the incentive policy, and has many limitations. Firstly, students lack physical experience for the disease, and only can remember the performance of the disease. When they have no answer to the raised questions, they cannot answer flexibly. Secondly, the students have insufficient social experience, and cannot understand certain personality, temperament and language. When performing, it is hard to avoid "the fuss", making the performance distorted. And it is easy to make the jokes, affecting the teaching effect. Thirdly, students are in the 18-22 age groups, and the performance is limited by age. The simulated disease is limited. In particular, the students refuse to perform the simulation of childhood diseases, certain chronic diseases, or the diseases involving privacy. Fourthly, the needs for standardized patient trainers, clinicians, and professional teachers to participate in training increase the burden of training.

IV. THE SOLUTION

The college should establish an objective evaluation method [11]. In order to ensure the objectivity of using the medical students as standardized patients to conduct the assessment process, experts can be invited to establish a sound and feasible assessment system based on the situation of the school. At the same time, the college should identify assessment indicators, and conduct the assessment in various aspects. In the process of using the standardized patients, the college should constantly improve the assessment system, promoting the cultivation of standardized patients.

When writing a script, it is written by professional teachers and clinicians. It should be considered as comprehensive as possible. It should involve all possible problems, not just diseases. In the training, the instructor can demonstrate how to answer the questions that are not in the script, and take the students to the relevant departments of the hospital. Then, the medical students can observe the patient's performance, talk with the patient, feel the patient's feeling, and the performance of medical students will be more realistic.

The college should strengthen support for standardized patient training, apply for standardized patient bases, and set up special funds to training standardized patients. The training of standardized patients is listed as an optional course. In the second semester of the first school year, students are selected for training, forming a training system. In practice, according to the problems encountered, continuous improvement and better results are achieved.

In the SP training, the "peer education" [12] and "Microteaching" mode are adopted [13]. "Peer education" refers to educational methods that enable people with similar backgrounds or common language to share information, ideas or behavioral skills together to achieve specific education goals [14]. Due to the large number of students participating in the training and the relative shortages of teachers, the college has introduced the "peer education" in the training of standardized patients, increasing the exchange among student standardized patients. Taking the example of students who used to act as standardized patients, it has played the demonstration role. The college should encourage students to make the performance for each other, promoting student standardized patients' understanding of the script. The performances are more realistic. The efficiency and quality of standardized patient training will be improved. The basic means of "microteaching" is to use the recording or video recording to capture the entire teaching process.

And then, they can replay the video, conduct self-evaluation, peer review, and expert reviews, achieving comprehensive and orderly feedback on teaching skills and processes. In the process of standardized patient training, the students' enthusiasm for learning and the students' performance are improved through the process of "playing-evaluationcorrection-re-playing" in microteaching. The students' understanding of cases is deepened. They also design common doctor-patient topics, such as "reducing costs" and "relieving pain as early as possible", making the situation closer to clinical reality.

Co-using student standardized patients with electronic standardized patients; the college should use electronic standard patients and student standard patients in the teaching. Especially, student standardized patients cannot show some signs. The student standardized patients with arrhythmia can tell their symptoms. However, the other students cannot hear the disordered heart rhythm when checking the body. At this time, students can check the body of the electronic standardized patient model, and the corresponding abnormal signs can be checked.

For the training of childhood standardized patient, the focus of pediatric standardized patient training should be placed on the children's family members, mainly showing the family members' stress and anxiety when the children are sick [15]. Therefore, students are encouraged to observe the child's family in daily life. The teachers can also lead the students to visit the pediatric clinic and observe the performance of the parents.

V. CONCLUSION

From the formulation of standards to the establishment of assessment systems, the training of standardized patients is a hot topic and an urgent problem to be solved. According to the actual situation of higher vocational medical colleges, rationally using junior medical students as standardized patients can promote the construction of standardized patients, promote teaching reform, and improve teaching level. In the future teaching work, student standardized patients should be used according to the needs of teaching.

REFERENCES

- Mou Lin, Liu Rui. Standardized patient construction, improving the comprehensive quality of medical students [J]. Medicine and Philosophy, 2018, 3 (39): 96-97 (in Chinese)
- [2] Xu Wenwei, Li Jimin, Xie Cuihua, et al. Analysis on the advantages and disadvantages of medical students as standardized patients[J]. China Higher Medical Education, 2018(1): 56-57 (in Chinese)
- [3] Tao Lingwei, Lin Ping, Yang Shufen, et al. Analysis of the status quo of simulation quality of standardized patient [J]. China Higher Medical Education, 2014 (10): 80-81 (in Chinese)
- [4] Zhang Shanshan. Discussion on the selection criteria of standardized patients — the advantages and disadvantages of graduate students as standardized patients [J]. Clinical Journal of Traditional Chinese Medicine, 2012, 23 (2): 161-162 (in Chinese)
- Yu Yue, Yang Shanbing, Wang Zhinong. Training of student standardized patients [J]. China Higher Medical Education, 2009(8): 92-93 (in Chinese)

- [6] Zhang Yufang, Yang Xuemei, Gai Qiongyan, et al. Training of senior medical students as standardized patients[J]. Health Vocational Education, 2015, 33(20): 120-121 (in Chinese)
- [7] Gu Sai, Yi Xue, Fang Shuqiong, et al. Exploration of medical students as standardized patients [J]. Chinese Journal of Medical Education Research, 2013, 12 (7:): 716-718 (in Chinese)
- [8] Zhang Wei, You Xueping, Chen Mingyuan, et al. Comparison of application effects of simple standardized patients with different backgrounds [J]. Journal of Qilu Nursing, 2013, 19(4): 118-119 (in Chinese)
- [9] Lu Xianghong, Zhang Ning, Chen Hongyan. Research on medical students learning to communicate by acting as "standardized patients"
 [J]. China Higher Medical Education, 2013(10): 37-38 (in Chinese)
- [10] Meng Lin, Fu Bin. Thoughts on the professionalization of standardized patients[J]. China Higher Medical Education, 2010(7): 12-14 (in Chinese)
- [11] Yi Xue, Gu Sai, Fang Shuqiong, et al. Discussion on the evaluation of student standardized patient's ability[J]. China Higher Medical Education, 2017(8): 9-10 (in Chinese)
- [12] Wang Xiaotong, Zhang Wenyu, Xie Fang. Exploration and practice of student standardized patient training for "peer education" [J]. TCM Education, 2018, 37(2): 51-52 (in Chinese)
- [13] Zhou Feng, Jin Guohua. The practice of "microteaching" in standardized patient training [J]. China Higher Medical Education, 2013, 2: 92-93 (in Chinese)
- [14] Hu Zhengjuan, Sun Yingwei, Nie Wei, et al. On the practice of peer education in the construction of college students' party building [J]. Journal of Capital Medical University (Social Science Edition), 2010 (supplement): 9-11 (in Chinese)
- [15] Li Ying, Yang Zuocheng, Jin Longyu, et al. Training and application experience of pediatric standardized patients [J]. Health Vocational Education, 2009, 27 (1): 116 (in Chinese)