

Analysis on the Reform of Preventive Medicine Education under the Background of New Medicine

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Abstract: education reform is a new youth cultivation idea derived from the development of the times and social progress. Education reform is not blind, but a series of education content innovation based on the social environment of the new era and the professional ability needs of social youth in the new era. Starting from the medical background, education should face the existing medical resources in our country and analyze the current situation of common preventive diseases. In order to make the contemporary medical students master the professional knowledge suitable for the modern medical system, education should be carried out around the medical countermeasures developed and being studied in our country. This paper briefly describes the problems and methods of preventive medicine education reform.

1. Introduction

under the background of new medicine, the dilemma of separation of medicine and prevention has gradually emerged. In medical activities, clinical medical professionals do not have a strong understanding of medical prevention work, and the corresponding medical level of prevention workers is generally low. Medical reform should start from the perspective of medical prevention combination, focus on the reserve of public health talents under the peacetime and wartime mode, closely link with the knowledge points of medicine and prevention, and pay attention to the whole society. Students of physical education and medicine should carry out prevention and control education to improve doctors' prevention and control responsibility and ability in the face of epidemic diseases.

2. The Deficiency of Preventive Medicine Education under the Background of New Medicine

2.1 Lack of Compound Strategic Talents

The development of medical activities and the mode of education are mostly based on theory. Although practical medical treatment is also integrated into the education system, it is far less than the content and time of theoretical education. Preventive medicine itself has a lot of principle knowledge, prevention information is more complex, knowledge capacity is large, students are seriously lack of practical thinking, flexible thinking, subjective action thinking. Most of the students are still in the unified deployment, step by step to carry out their work within the scope of

responsibility, learning content is relatively simple, general, in the actual combat can not quickly change the knowledge content into action thinking, do not have comprehensive prevention judgment.

2.2 Insufficient Space for Public Health Practice

The practice education in Colleges and universities needs to be extended to the third-party venues, and some of the practice venues are large, such as the top three hospitals. Students can only follow the corresponding professionals to visit the preventive behavior, which is difficult to participate in the action, and the work involved is relatively basic. At the same time, the practice venues are not conducive to students' divergent thinking, and students can only follow the thinking of experienced people to carry out their work. They don't have the ability to think and organize independently. They don't agree with the ability of primary health services, seldom participate in primary health services in the school enterprise alliance, don't understand the current situation of primary health services, and have more imaginary contents and less real investigation in preventive medical behavior. At the same time, we pay more attention to the practice in actual places, lack of network-based prevention research, and the research of preventive medicine is not deep, thorough and practical [2]. In the transition from undergraduate to postgraduate, students' knowledge is disconnected, and the content consistency is not strong. It is difficult for students to take the previous knowledge as the basic cognition of later learning, and it takes a certain amount of time for students to integrate the relevant knowledge and practical needs after graduation. They can not continue to carry out hospital training and education after graduation, and link up the theoretical and practical knowledge before and after graduation. The evaluation standards of professional competence of preventive medicine are different, and preventive medicine education is not systematic and structured.

3. The Reform Thought of Preventive Medicine Education in the New Medical Background

3.1 Increase the Supply of Educational Resources for Preventive Medicine

Compared with other specialized medical education, preventive medicine education is not paid much attention to. The educational status and orientation of preventive medicine are not in line with the actual needs. There are few preventive medical activities in ordinary times. At the time of national needs, the development of preventive medicine is often lack of systematization, which not only increases the labor intensity of hospital workers, but also makes it difficult to improve the effectiveness of preventive medicine Rate. The root of the existing problems lies in the supply of resources in education. Because of the resources inclining to specialized research, the funding of preventive medicine is less. In public health service, China also relies on various communities, health institutes and other service stations, and does not form a higher level health station. The college also lacks Educational Reflection on preventive medicine. Therefore, we should investigate the social response to the problem. The public demand of preventive medicine, the analysis of the vacancy of preventive medicine, etc., and the whole cycle education of preventive medicine should be carried out with the aim of training comprehensive preventive medicine talents, and promoting the homogeneity of preventive medicine education and conventional medical education.

3.2 Pay Attention to the Cultivation of Preventive Medical Talents with Strong Compound Practical Combat Ability

The training plan of preventive medicine should not only basically unify the requirements, but

also adapt to local conditions, choose the cultivation ideas suitable for the local preventive medical environment. Under the national unified standard of preventive medicine, we should open independent prevention education channels, and track the cultivation effect of medical talents of different academic year system, and carry out the classified training for professional degree and graduate students, and pre prepare for the training As a large category, preventive medicine has independently created a special education system for preventive medicine. For the integrated education of doctors' implementation of ideas and practical combat, preventive science and environment, computer, biology and psychology are integrated. While cultivating in school, it creates a platform training space, which makes the distribution of teachers more reasonable. Educators can use the platform to develop online teaching The educational reform is discussed. The reform experience of other places or colleges is drawn. The two-way teachers, multiple flows, mutual employment and expert transfer lectures are adopted to broaden the channels of education. Meanwhile, the preventive medicine research room in the school is established under the condition of conditions. With the help of multi-dimensional computer research equipment, the foundation for students to simulate the working scene of preventive medicine is laid down, and the innovation of students is emphasized The ability training should avoid the students' rigid thinking. The new thinking and understanding of students should be appropriately recognized. In the mode of medical education and education, students' practical opportunities should be increased, and the integration of 5+3 preventive medicine should be emphasized to provide corresponding employment opportunities for public health prevention medical students, and increase the proportion of students majoring in preventive medicine. The college should do a good job Degree and education link up work, ensure the transition from undergraduate to graduate students, and the education content should be consistent. Promote the four directions integration of medicine, education, protection and research [3].

3.3 Preventive Medical Practice Education in Public Health Service

Besides the specialized education of preventive medicine, we should also insert the knowledge of prevention in the non preventive medicine specialty, emphasize the concept of big health, integrate the important concept of prevention in the process of medical education, so that medical students have basic common sense of prevention, which can not only carry out the prevention and treatment of diseases in medical activities, but also have the responsibility of self-safety prevention of medical treatment, and will diagnose and treat diseases The combination of education and prevention requires doctors to have knowledge reserve of epidemic problems and chronic diseases. They can include preventive medicine type knowledge into the assessment index, lead students to support the basic health service center in practice, master and understand the current situation of basic health services, and promote students to put forward their own medical prevention opinions and enhance their practical participation. Preventive medicine should have certain qualification evaluation standards to reduce the situation of fish in the muddy water of preventive medicine.

3.4 Extend the Continuous Education after Graduation or Education Upgrading

Preventive medicine has a certain time. In different time and living environment, the emphasis of preventive medicine is different. It is necessary to carry out emergency education on public health preventive medicine in combination with the actual knowledge of preventive medicine and the needs of professional talents, so that students can prepare for psychology at any time and fill in the situation of emergency support and remote regional support The vacancy of preventive medical manpower in the same area. In the position of preventive medicine, we can also carry out the continuous prevention training of emergency, severe, infection and digestion, pay attention to the

post-based education and extension. Each hospital or health team can prepare public health and medical service teams, timely and effectively invest in the needs of the country, and can regularly replace the members of the team and conduct assessment, so as to make the public health service pre-determined. The corresponding rewards of the preparation personnel are sufficient to improve the service enthusiasm of preventive medical workers. It can be linked with universities to carry out simulation drill and scenario drill, and take hospitals or health centers as exercise places, and conduct different long and frequent exercises in combination with different types and scale of local and national medical events. For students who are not majoring in prevention, they can carry out short-term, specific task exercises combined with their major to improve the overall medical students' preventive medical professional level.

4. Concluding Remarks

The current new epidemic situation has swept the world, highlighting the demand for public health. In order to ensure the allocation of professional talents in the country at any time under public health events, we should pay attention to the educational reform of preventive medicine, increase the attention to preventive medicine, and lay the foundation for the National Reserve of comprehensive and practical preventive medical talents by changing the form of education, and lay the foundation for the national reserve of comprehensive and practical preventive medical talents, and at the same time, to reduce the threat of serious diseases and protect the serious diseases. Protecting people's lives and health provides political power.

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