

Research on the Construction of Clinical Teaching Curriculum Based on the Cultivation of Students' Communication Consciousness

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Abstract: Doctor and nursing students-patient communication belongs to the non-technical category of doctor and nursing students-patient relationship, which is one of the important contents of doctor and nursing students-patient relationship, including social, psychological and legal relations between doctor and nursing students and patients, and has become a prominent problem in current medical and health reform. Therefore, cultivating medical students' ability of doctor and nursing students-patient communication and guiding medical students to establish a harmonious doctor and nursing students-patient relationship has become a serious and urgent task for our clinical teaching teachers. Therefore, cultivating medical students' ability of doctor and nursing students-patient communication and guiding medical students to establish a harmonious doctor and nursing students-patient relationship has become a serious and urgent task for our clinical teaching teachers. In clinical teaching, students of traditional Chinese medicine should put themselves in other's shoes and communicate with patients. Instead of treating patients as a complex of flesh, blood vessels and bones, they should treat patients as an independent individual who not only has body but also has more thoughts, inject humanistic care into the doctor and nursing students-patient relationship, respect their psychological feelings and legal rights, and gradually realize that doctor and nursing students-patient communication is the theme of doctor and nursing students-patient relationship.

1. Introduction

In recent years, the Ministry of Education and other ministries have issued a series of documents requiring medical colleges to deepen the teaching reform of clinical medicine majors, strengthen the cultivation of medical ethics and clinical practice abilities of medical students, and cultivate outstanding doctor and nursing students with industry leading potential and innovative consciousness, noble medical ethics, exquisite medical skills, rich humanistic literacy, and strong sense of social responsibility. The doctor and nursing students-patient relationship is the most important relationship in the medical interpersonal relationship, which is based on the medical

profession, with morality as the core and law as the criterion, and is generated and developed in the medical practice [1]. The doctor and nursing students-patient communication belongs to the non-technical category of the doctor and nursing students-patient relationship, and is one of the important contents of the doctor and nursing students-patient relationship. It contains the social, psychological, and legal relations in the doctor and nursing students-patient interaction, and has become a prominent issue in the current medical and health reform [2]. Multiple incidents of malignant injuries or even medical killings have occurred throughout the country, shocking the world. Looking back carefully at every doctor and nursing students-patient dispute, we found that behind the dispute, there are more or less instances of inadequate communication between doctor and nursing students and patients. How to better handle the doctor and nursing students-patient relationship is a problem faced by all medical personnel at all times. Building a trusted and harmonious doctor and nursing students-patient relationship is the basic condition for seeking the common destination of noble values of both doctor and nursing students and patients, and is the most effective prevention mechanism to reduce medical disputes and litigation [3]. Therefore, cultivating the ability of medical students to communicate with doctor and nursing students and patients, and guiding medical students to establish a harmonious doctor and nursing students-patient relationship, has become a serious and urgent task for our clinical teachers. Interns need to face patients every day in clinical practice, so it is necessary to cultivate their doctor and nursing students-patient communication skills to avoid doctor and nursing students-patient conflicts, and to ensure good doctor and nursing students-patient communication and medical safety in their clinical work after graduation [4]. When contacting patients in clinical teaching, Chinese medicine students should think and communicate in terms of their position. They should not treat patients as a complex of meat, blood vessels and bones, but treat patients as an independent individual with not only body but also mind, inject humanistic care into doctor and nursing students-patient relationship, respect their psychological feelings and legal rights, and gradually understand that doctor and nursing students-patient communication is the theme of doctor and nursing students-patient relationship [5].

2. Historical Development and Overview of the Teaching Mode of Doctor and Nursing Students-Patient Communication

2.1 Definition and Connotation of Doctor and Nursing Students-Patient Communication

In China, “doctor and nursing students-patient” has a broad and narrow understanding, and “doctor and nursing students” refers to medical personnel in medical institutions in a narrow sense; Broadly speaking, it includes all kinds of medical workers, medical educators, health managers and medical and health institutions. “Suffering”, in a narrow sense, refers to patients and their families, relatives and friends and related units or stakeholders; In a broad sense, it refers to social groups other than “doctor and nursing students”. Although the current diagnosis and treatment technology is changing with each passing day, the necessary medical history collection is still indispensable. Medical history collection is a face-to-face communication between patients and doctor and nursing students. Accurate and effective communication determines whether doctor and nursing students can obtain patient information completely and accurately, and to some extent determines whether they can get a correct diagnosis and give patients a correct and effective treatment plan [6]. When contacting patients, we should pay attention to eyes and necessary smiles with friendly, elegant and natural gestures. Have a good medical ethics in ideology; In clinical teaching, students should realize that only theoretical knowledge, clinical thinking and clinical skills are not enough, and to be an excellent doctor and nursing students, they must have good ideological and moral character and lofty professional ethics [7].

In medical activities, both doctor and nursing students and patients carry out deepening information exchange around patients' health problems. The information exchanged includes not only the contents directly related to the diagnosis and treatment of diseases, but also the expressions of thoughts, emotions, wishes and requirements of both doctor and nursing students and patients [8]. Therefore, the essence of doctor and nursing students-patient communication is therapeutic communication. The communication task of medical staff is not only to inform patients about diseases and treatment information, but also to create a therapeutic and effective doctor and nursing students-patient relationship by evaluating patients' psychological state, expressing understanding and sympathy, and providing help and support.

2.2 The Status and Importance of Doctor and Nursing Students-Patient Communication Education

Taking the course of doctor and nursing students-patient communication as the carrier, actively conforming to the two important standards of communication ability and professional value in international medical education standards in medical education is conducive to making up for the shortcomings of Traditional medicine education in China, filling the gap in the cultivation of Traditional Chinese medicine humanistic practice ability in medical education in China, and promoting the formation of a new mode of medical talent training [9]. Good doctor and nursing students-patient communication skills can build a harmonious doctor and nursing students-patient relationship, reduce medical risks and avoid medical disputes. On the one hand, it can improve the cure rate of patients, on the other hand, it is conducive to improving the medical environment and the growth of medical staff [10]. In teaching practice, if one has a good awareness of doctor and nursing students-patient communication and actively engages in doctor and nursing students-patient communication in clinical work. As is well known, communication skills, like other skills, are not innate, but require training and acquisition. Therefore, medical students need to acquire communication skills through various trainings during the learning process. However, in the theoretical learning stage of medical students, there are very few related courses for communication skills training. Moreover, due to the lack of exposure to clinical practice during the theoretical learning stage, it is not possible to apply the relevant skills, which can greatly improve the doctor and nursing students-patient relationship and enable most patients and their families to understand and support clinical internships and internship teaching work. This is very effective in optimizing the clinical teaching environment [11].

3. Clinical Teaching Curriculum Construction

3.1 Curriculum Design

The course construction and practice of Clinical Skills should follow the law of higher clinical medical education, adapt to the development trend of clinical medicine, adhere to the concept of “moral education first, ability first”, update the teaching concept, reorganize and optimize the course content, innovate the teaching methods and means, improve the assessment and evaluation methods, and create a fully functional teaching platform. According to the orientation of students' training in the school, the inspection items and instruments in the laboratory of a tertiary medical and health institution in a province were investigated first, and the survey results were statistically analyzed, and the knowledge points and abilities of post tasks were decomposed. According to the statistical clinical laboratory professional post group, a teaching module is formed. The content of each module is guided by “project-oriented, task-driven”, and curriculum standards are formulated in combination with knowledge points and ability requirements, and teaching materials are

compiled and finally applied to the teaching process. The theoretical transition course is set up for 4 hours, including five typical cases of collecting medical history, discussing treatment plans, delivering bad news and health education. Each situation has a progressive relationship according to the degree of difficulty and the required skills, avoiding disorderly repetition, with 3 hours each time, as shown in Table 1.

Table 1: Training Course Schedule for Medical Patient Communication Skills

Course context	Teaching focus, course nature, class hours, teaching teachers	Course nature	Class hour	Lecturer
The core of doctor and nursing students-patient communication: establishing a doctor and nursing students with morality and emphasizing both professionalism	Establishing Virtue and Cultivating Talents	Theory	2	Director of the Teaching and Research Office
Self-balance and teamwork among medical staff	The Theory of Self Health Care for Medical Personnel	Theory	1	Psychology teacher
The Psychological Foundations and Basic Skills of doctor and nursing students-patient Communication	Summary of Communication Skills	Theory	2	Psychology teacher
Discuss the treatment plan: the expectant mother who insists on Caesarean section	Joint decision-making between doctor and nursing studentss and patients	Practical training	3	Obstetrics and Gynecology Teachers
Discuss treatment options: Should palliative treatment for advanced cancer be abandoned	Strategies of Palliative care	Practical training	3	Oncology teacher

3.2 Reform the Assessment System

As Clinical Laboratory Fundamentals is a highly operational professional course, the main task of this course is to cultivate students' operational skills. This article reforms the assessment system of "Clinical Laboratory Fundamentals". In previous years, the final total score of this course consisted of 70% for the theoretical part and 30% for the experimental part. After the reform, the theoretical and experimental parts of this course will be evaluated independently, with a total score of 100 points each. The course will be divided into four semesters for learning. By using the methods of pre class trial teaching and post class summary evaluation, diagnostic and inspection listening and evaluation are conducted for new and young teachers to ensure the quality of teaching. The core of the new medical model is that doctor and nursing studentss need to understand that patients are people of society. This inherent quality requirement is clearly difficult to achieve solely through professional education, as medical education only focuses on students' professional knowledge and does not value the cultivation of psychological and social knowledge. The purpose of teaching reform is to enable students to better grasp the basic theories, knowledge, and skills of Clinical Laboratory Fundamentals, shorten the clinical adaptation period after graduation, and quickly engage in frontline clinical laboratory work.

3.3 Implement a Teaching Method of "Teacher Led and Student Centered"

Students are divided into several groups according to the number of experimental projects in each semester, and each group is responsible for one experimental project. Students are responsible

for the whole process from experiment design, experiment preparation to experiment explanation and experiment implementation. Students are encouraged to consult materials when encountering problems and ask teachers for guidance. Before the experiment class, the group of students carefully prepared the experimental equipment. According to the basic requirements of clinical practice ability, the clinical skills scattered in different clinical courses such as diagnostics, surgery, internal medicine, obstetrics and gynecology and pediatrics were reorganized and optimized, and the teaching content of medical humanistic quality, clinical basic skills and clinical post skills was constructed. By studying the advanced deeds of medical and health industry and the valuable experience of model figures, we should keep in mind that doctor and nursing students must have noble professional ethics and a strong sense of responsibility, and constantly improve students' medical ethics, moral feelings, moral responsibilities, moral conscience and professional honor. As shown in Figure 1, the implementation of the “teacher-led, student-centered” teaching method is mainly carried out from four aspects.

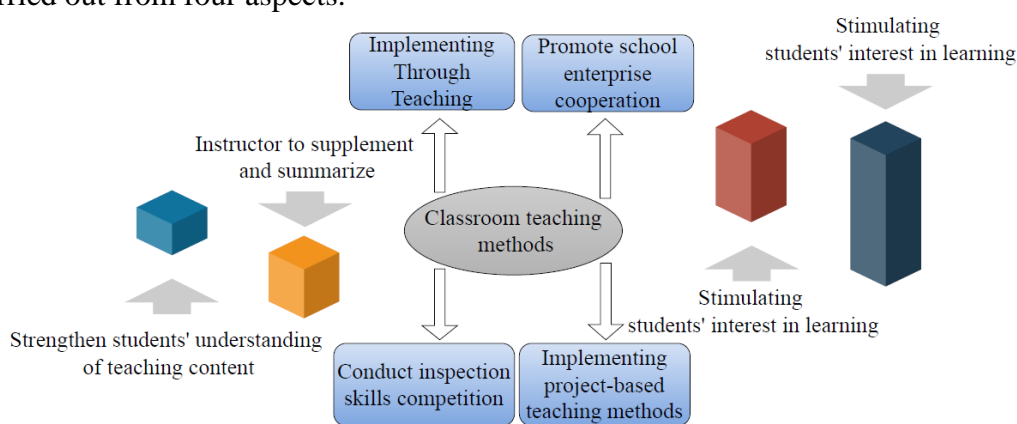


Figure 1: Classroom Teaching Methods

The use of clinical specimens in teaching is beneficial for stimulating students' interest in learning. Students have a deep memory of abnormal components or observed phenomena in the specimens, and gain a lot from experiments. At the same time, it can make students feel a sense of professional achievement and love their profession more. The teaching method of “teacher led and student centered” fully mobilizes students' subjective enthusiasm for learning, exercises their hands-on practical skills and language expression abilities, and cultivates their ability to discover, solve problems, and innovate. Schools should adhere to the combination of basic skills and strengths, classroom training and extracurricular practice, simulation training and bedside teaching, teacher guidance and student self-directed learning, and adopt teaching methods such as social practice, learning classics, guidance from renowned teachers, simulation training, clinical practice, and reflective reinforcement.

4. Conclusions

In summary, by strengthening the training of interns' communication skills in the process of clinical teaching, interns' communication skills can be improved, which can help them overcome their timidity, face patients and their families calmly and obtain clinical data smoothly. According to the investigation results of laboratory test items in several hospitals, the experimental items are clinical routine test items, experimental detection methods are clinical routine test methods, and experimental specimens are clinical specimens. Teaching is conducted by simulating clinical working environment, with the teaching goal of completing specific test items and writing test reports, so as to closely combine teaching with work practice. Through the research and solution of

practical problems, the theory can be improved, and through unified teaching syllabus, unified rules and regulations, unified arrangement of teaching tasks, unified arrangement and training of teachers, unified assessment standards, etc. It is necessary to change the concept of education, from “teaching” to “learning” of students, so that teaching is to serve learning, to inspire and guide students' learning. At the same time, the teaching of doctor and nursing students-patient communication should attach importance to students' rational and perceptual knowledge in the learning process. How to promote the progress of doctor and nursing students-patient communication education on the basis of the existing knowledge and practical ability is a problem worthy of consideration. There is a law in teaching, but there is no law in teaching. It is important to get the law. The teaching of doctor and nursing students-patient communication is a dynamic process, and the course should be built into a continuous system.

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