

# Research on the Current Situation and Countermeasures of Medical Professional Education from the Perspective of Healthy China

Hanqi Wang<sup>1</sup>, Ruixiang Jin<sup>1</sup>, Yan Zhou<sup>1</sup>, Yunfan Dong<sup>2\*</sup>

1. The First School of Medicine, School of Information and Engineering, Wenzhou Medical University, Wenzhou 325000, Zhejiang;

2. Graduate Management Department of the the First School of Medicine, School of Information and Engineering, Wenzhou Medical University, Wenzhou 325035, Zhejiang

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**Abstract:** On the basis of elaborating on the important significance of medical professional education in cultivating health talents under the background of Healthy China, this paper analyzes the current situation of medical professional education and conducts targeted research on the actual situation of medical professional education for clinical medical students in a medical college in Zhejiang Province. It is found that there are problems such as lack of clinical ability, lack of humanistic spirit, and outdated teaching methods; Based on this, by drawing on and combining the experiences and lessons learned in the development of medical professional education abroad, it is proposed to apply the multidisciplinary team, which is widely used in clinical practice, in the field of medical professional education, The concept of MDT aims to effectively increase and improve the quantity, structure, and quality of medical talents by constructing the humanistic spirit of medical students, strengthening character cultivation, reforming education models, and achieving medical education collaboration. It aims to cultivate innovative health and family planning talents who can serve the “Healthy China” strategy, the life and health cause, the needs of society, and have technology and warmth.

**Keywords:** Medical professional education; Healthy China; Clinical medical students; MDT; Clinical practice ability; Medical humanistic spirit; Medical education model; Medical education collaboration

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Three out of the eight overall goals proposed by the United Nations Millennium Development Goals are health goals. The 2030 Agenda for Sustainable Development (SDGs) clearly sets out the development goals of “ensuring that people of all ages enjoy a healthy life and promoting health and well-being”, indicating that health is the foundation of comprehensive human development and an important manifestation of national soft power<sup>[1]</sup>. With the continuous promotion of Healthy China, the actual demand for medical talents is also constantly increasing, and corresponding medical education is also facing new challenges. However, the current medical education model is no longer able to meet the requirements of medical talents in the new era. Relevant papers have shown that there are problems with the current medical education model, such as insufficient systematic understanding of students and a disconnect between basic education and practical education<sup>[2]</sup>. To provide better people’s health services, the improvement of medical education models should also be put on the agenda.

## 1. The Importance of Medical Professional Education in Cultivating Health Talents

Medical education is an important cornerstone of the development of the healthcare industry, and the changes in economic, social, and demographic development have put forward new demands for medical services and the cultivation of healthcare professionals. Health professionals are the foundation for building a moderately prosperous society and a healthy China in all respects, and they are also an important support for deepening medical reform. In major medical and public health events such as global pandemics, medical workers trained by domestic medical education have played an important role. Medical education has gone beyond the scope of maintaining health and disease diagnosis and treatment, and is increasingly closely linked to national security and social stability.

## **2. The problems and shortcomings of medical professional education in practical application**

### **2.1 Lack of clinical ability**

At present, the medical education model in China adopts the traditional “subject centered” three-stage teaching model, which trains medical students in three stages: public basic education, basic medical education, and clinical medical education. However, the current medical education model in China mainly focuses on medical basic and professional theoretical education<sup>[3]</sup>, with less emphasis on clinical practice education. This education model with unclear goals and incomplete knowledge coverage is the fundamental reason for the disconnect between theoretical knowledge and practical ability of medical students. Medical students often cannot truly engage in clinical practice and think independently during internships and internships, resulting in a lack of full understanding of the characteristics, processes, and doctor-patient relationships of clinical work.

Due to the clear distinction between different subjects in teaching, the knowledge of different subjects cannot be effectively integrated and integrated, and learning only stays on the surface without a deep understanding, which lays hidden dangers for future clinical internships.

### **2.2 Lack of humanistic spirit**

In terms of course learning and daily communication, it can be seen that some medical students tend to be utilitarian and lack dedication. In terms of course learning, many students focus on medical courses with strong specialization such as physiology and biochemistry, while neglecting humanities and social psychology courses. They treat them casually and only when they turn them into grades that students consider useful can they receive attention; They only value what they have gained without thinking about what they have contributed. They have forgotten the original intention of studying medicine for the people, and have not seen any spirit of dedication.

### **2.3 Backward teaching methods**

The traditional education model has weakened the cultivation of scientific research abilities among medical students. The traditional medical education model usually involves teachers teaching students based on textbook knowledge points. However, with the development of medical technology, medical knowledge is constantly expanding and expanding. However, the speed of textbook updates is far from keeping up, which makes it difficult for students to learn the latest theoretical knowledge. Although most medical universities have corresponding experimental courses, they are mostly completed step by step under the guidance of teachers, which also makes students lack the ability to independently design and complete experiments. Moreover, many universities do not have a strong research atmosphere, and the forms and quantities of scientific research and innovation activities organized by schools are relatively single and limited. The publicity efforts are also not strong, which leads to a lack of channels for some students who want to participate in scientific research activities to understand. In summary, most medical colleges do not attach great importance to the cultivation of undergraduate research abilities and start relatively late.

## **3. Strategies and Suggestions for Reforming Medical Professional Education**

### **3.1 Using a multidisciplinary team for diagnosis and treatment, Implementing the MDT concept in the professional teaching and cultivation model for medical students**

This article applies the widely used MDT model in clinical practice to the field of medical teaching, hoping to improve students' clinical practice abilities. The MDT teaching model, as the name suggests, refers to the theory of cultivating medical talents on the basis of integrating theoretical and practical knowledge from various disciplines. Its advantages lie in: firstly, serving the new strategic requirements of building a healthy China; Secondly, it is conducive to meeting the needs of domestic healthcare professionals; Thirdly, it meets the internal needs of medical development. And the MDT teaching model can be extended to the following three aspects.

3.1.1 Online and offline integration. By providing more clinical practice platforms such as virtual simulation experiments, students are no longer limited to theoretical knowledge from pure textbooks. Even with limited offline teaching resources, they can simulate operations online, deepening their memory of knowledge before and after class, especially in terms of operational steps. Adopting a combination of online and offline methods can save resources and enable repeated learning. Being able to meet personalized and diversified teaching needs;

3.1.2 Theoretical and practical integration. Emphasis should be placed on clinical practice teaching, allowing students to delve into hospitals and other health service centers as much as possible while studying theory. By strengthening cooperation between medical schools and hospitals, more opportunities for practical experience and internships should be provided for students;

3.1.3 Integration of theoretical theories. Establish a systematic teaching method that connects interdisciplinary knowledge such as physiology, pathology, pharmacology, etc. during teaching, and minimize the sense of disconnection between subject specific learning and student learning.

## **3.2 Parallel construction of medical student spirit, cultivation of character, and learning of professional knowledge**

3.2.1 Cultivate the spirit of volunteer service and dedication. Schools can cultivate students' spirit of volunteer service and dedication by conducting volunteer service activities such as medical guidance and social practice. This not only enables students to realize their self-worth to a certain extent, but also allows them to have earlier and more exposure to society. In practice, they can strengthen their communication skills with colleagues, leaders, and patients, improve their social adaptability, and provide certain guarantees for solving doctor-patient conflicts caused by insufficient communication skills, cultivating a better departmental atmosphere, improving work efficiency, and reducing mental sub-health conditions;

3.2.2 Cultivate correct academic and honor/disgrace perspectives. By conducting high-level academic lectures, we aim to enhance students' academic literacy, establish correct academic and honor/disgrace perspectives, prevent academic fraud and misconduct, and regulate academic behavior through cultural education.

## **3.3 Reform the medical education model to achieve medical education collaboration**

3.3.1 Innovate the curriculum system, emphasizing both theoretical knowledge and personal abilities. Design assessment indicators to truly assess the level of mastery of knowledge and abilities; Conduct a census and individual analysis to identify problems in the teaching and examination; Strengthen the practical orientation of problem-solving and transform the tendency of relying solely on textbooks and fraction theory; Increase teaching investment and provide more practical operation opportunities; Innovate classroom forms, refer to excellent models at home and abroad, and actively pilot them; Putting students first, promoting education model reform, and improving education quality and effectiveness.

3.3.2 Pay attention to scientific research education, and achieve the coexistence of innovative consciousness and scientific research thinking. Strategies to strengthen the cultivation of scientific research spirit have been proposed from different levels of students, teachers, and schools, gradually establishing a "four step" model for medical students to "engage in scientific research, understand scientific research, participate in scientific research, and lead scientific research", and promoting the cultivation of innovative medical talents. Schools should attach importance to students' scientific and technological innovation activities and continuously improve their research quality from the aspects of open experimental platforms, sound experimental systems, and construction of scientific research competitions. And teachers should increase teaching investment, continuously optimize teaching methods, and continuously stimulate students' interest in scientific research. Students should start with starting education for new students, encourage them to engage in scientific research as early as possible, guide them to innovate in scientific research, and also strengthen the training of experimental skills.

Currently, most medical colleges in China lack the cultivation of clinical abilities and humanistic spirit among medical students, and their teaching methods are relatively backward and single. In contrast, medical education abroad adopts a multidisciplinary integration (MDT) approach, with flexible and diverse teaching modes. It emphasizes the integration of basic education and practical education, while also emphasizing medical humanities education. The goal of medical education is to promote professional ethics and comprehensive development. Therefore, this article draws on foreign medical education models, combines the experience and lessons of developed countries, and starts from the dimension of clinical medical talent cultivation. From the perspective of medical students, it seeks to identify the shortcomings of existing education models and proposes corresponding improvement plans. I hope this can inspire people and better enhance the comprehensive literacy of medical students in reality to meet the needs of medical talents in the context of a healthy China. It can better serve the people's needs for diversified and multi-level health services, thereby achieving national prosperity and people's happiness.

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**\*Note: Yunfan Dong is the corresponding author.**