

Computerized Smart Teaching Model Design: Teaching Model and Economic Analysis for the Management of Psychological Distress After Gastrointestinal Endoscopy

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Abstract: Psychological distress is common after gastrointestinal colonoscopy, so we designed a computer teaching model, and we used a computer teaching model to propose a solution strategy for this condition and use the computer as a vehicle to deal with the problem. We aimed to characterize and identify psychological distress, and we propose strategies and analyses and reports in conjunction with the results.

Keywords: Computer Education; Gastrointestinal Enteroscopy; Psychological Stress Disorder; Economics

Smart teaching systems (ITS), an important area of research in educational technology, play an important role in helping researchers acquire knowledge and skills without being guided by human mentors. Since the 1970s, many countries and regions have attached great importance to the research, development, and application of smart teaching systems. Here is a brief introduction to the basic architecture of intelligent teaching systems and their research hotspots. First-generation teaching system, school examination system: intermediate school examinations, final examinations, tests, small tests, paper exercises, etc. are first-generation diagnostics, the most common way we come into contact with them. This type of approach has the disadvantage of long diagnostic intervals, narrow knowledge, and limited teaching experience, leaving students unable to grasp their learning performance in real time and thus waste more time in learning where they already know or know their weaknesses later. The second-generation teaching system, individual learning system, is typical of a training institution when it attends school or when it selects an institution. Although such diagnoses can help students find academic years or learning weak spots because of the relative accuracy of applied academic, grade, and time periods, local and location restrictions cannot maximize long-term instantaneous, synchronized learning efficiency. Third-generation teaching system, the Intelligent Teaching System: Dr. Ding Smart Teaching System (ITS) was launched on September 13, 2013 to provide immediate, effective, comprehensive, and targeted learning and diagnosis through an Internet computer system. In the modern world, where Internet communication is highly developed, features such as high-volume libraries, smart diagnostics, celebrity video tutoring, and targeted teaching are more precise, immediate learning diagnostics, and smart teaching systems that can lighten students' burden and improve students' performance, which must be the main way to increase educational efficiency. The full name of the gastroscopy is "upper gastrointestinal endoscopy," which uses a small tube about a centimeter in diameter of black plastic covered with fibers, with an anterior endoscope that extends from the mouth into the esophagus of the subject → stomach→duodenum, with strong light from the light source, to convert light through a light fiber, allowing the physician to see clearly from the other end the health of all parts of the upper gastrointestinal tract. If necessary, slices may be examined by extension of a small hole in the gastroscope into the clip. The duration of the entire examination is about 10 minutes, and it takes 20 to 30 minutes for a section to be examined. The fiber endoscope is thin and soft and flexible, and the patient is less painful, so that the doctor can see directly certain things about the organ examined, which is more effective than the X-ray barium examination. It can detect lesions, determine their nature, and also take small pieces of specimens at the lesion site for pathologic examination. In recent years, electronic gastroscopy has appeared, and it can be shown on a fluorescent screen, and the surgeon and many more can detect the lesion on a fluorescent screen, and it can

also be video-graphed as a source of information. Stress-related disorders, formerly referred to as reactive or psychogenic disorders, refer to a group of mental disorders that are predominantly caused by psychological or social psychological factors. The initial clinical presentation is characterized by an "undecided" stage characterized by ubiquitousness, stricture of attention, diminished clarity, difficulty in orientation, and inability to deal with external stimuli; subsequently, the patient may develop multiple and diverse symptoms, including peripheral confusion, agitation, anger, panic anxiety, depression, hopelessness, and signs of autonomic nervous system hyperactivity, such as tachycardia, tremor, sweating, and redness. Sometimes the patient is unable to recall stressful events. These symptoms usually begin to diminish after 24-48 hours, usually for less than 3 days.

Computed teaching model content design: management of acute stress disorder refers to psychological distress intervention. The basic principles of therapeutic interventions are prompt, near, and simple. The basic approach to therapeutic intervention is that psychological interventions are the mainstay and pharmacological treatment is the complement. Since the disease is caused by intense stressful life events, psychological treatment is of great importance. The first is to get the patient out of the trauma environment as quickly as possible and to avoid further stimuli. In the setting of contact with the patient, establishing a good patient-patient relationship with the patient, prompting a knee conversation with the patient, and providing the patient with explanatory psychotherapy and supportive psychotherapy may be very effective. It is necessary to help the patient develop a self-expressing psychological stress response that serves as a personal buffer to avoid excessive harm. During psychological conversations with the patient, it is necessary not to avoid discussing stressful events with the patient, but to vary from person to person and to talk with the patient about the course of events, including what the patient has seen and what he has done. Such a discussion would help to reduce the negative self-perceptions that may be present in some patients. People should be told that after suffering from natural and man-made disasters, after experiencing trauma, losing relatives and friends, or seeing others die, they will have a series of physical and psychological reactions. These reactions include panic, apprehension, depressed mood, insomnia, and frequent nightmares. Some people get upset and angry. They also stuporate and struggle to focus. However, these responses are human-normal stressors. A lot of people will have some relief. Although many of the symptoms will persist for some time, they will not be severe enough to affect normal work and life. It is important to note that in most instances people are less likely to be more satisfactory when confronted with an emergency. Drugs are primarily symptomatic but are part of the solution during the acute illness. Appropriate medications can provide rapid relief of symptoms such as depression, anxiety, fear, and insomnia, facilitating the initiation and effectiveness of psychotherapy. The ideal time to intervene was between 24 and 48 hours after the disaster, and psychological distress was avoided within 24 hours of the event. In conclusion, the above article describes the treatment of acute stress disorder, which may lead to better treatment of acute stress disorder, and patients with acute stress disorder will have to choose the appropriate treatment, maintaining a peaceful mood at peacetime.

Economic analysis of computer teaching, take the needer as an example: health education for the population is an important measure of health promotion and disease prevention. Health education is also one of china's basic public health services, but the effects of health education are influenced by many factors, one of which is the need for health knowledge. Understanding people's demand for health knowledge will help departments concerned and health educators to tailor health education. To understand the general population's need for medical knowledge, we should investigate it in the future.

Conclusion

Today's society is an age of rapid development in science and technology and the information age. With the popularity and widespread use of computers, mastering and applying computers has become a requirement of scientific development and the future information age, and is one of the essential qualities of today's qualified human resources. As the masters of today's societies, it is particularly important to master the information processing tool of computer operations.

The rapid development of educational technologies in our generation requires learning more and more knowledge, and knowledge renewal cycles are becoming shorter and shorter. In order to cultivate good cross-century talent, it is necessary to improve the efficiency of teaching, reform teaching methods and means, and adapt to the development of modern educational technology, so it is necessary to develop a crossover between computer teaching and medicine.

References

- [1] Rowell SE, Fair KA, Barbosa RR, et al. (2016). The impact of pre-hospital administration of lactated Ringer's solution versus normal saline in patients with traumatic brain injury. *Journal of neurotrauma*, 33(11), 1054-1059.
- [2] Jones LD, Chan ER, Cadnum JL, et al. (2022). Investigation of a cluster of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infections in a hospital administration building. *Infection Control & Hospital Epidemiology*, 1-7.
- [3] El-Menyar A, Sathian B, Asim M, Latifi R, & Al-Thani H. (2018). Efficacy of prehospital administration of tranexamic acid in trauma patients: a meta-analysis of the randomized controlled trials. *The American Journal of Emergency Medicine*, 36(6), 1079-1087.
- [4] Hansen M, Schmicker RH, Newgard CD, et al. (2018). Time to epinephrine administration and survival from nonshockable out-of-hospital cardiac arrest among children and adults. *Circulation*, 137(19), 2032-2040.
- [5] Murnion BP, Danijela Gnjidic, and Sarah N. Hilmer. "Prescription and administration of opioids to hospital in-patients, and barriers to effective use. " *Pain Medicine* 11. 1 (2010): 58-66.