

# Discussion on the Current Situation of Rural Doctors in Jilin Province and the Countermeasures of Academic Education<sup>1</sup>

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**Abstract:** In the third survey of health service institutions in China, it was found that more than half of the patients in rural areas see doctors in village level health institutions, so rural doctors are front-line workers in rural medical services. In addition to undertaking medical work, they also shoulder the task of pre prevention and health care in the area under their jurisdiction, which involves planned immunization, maternal and child health care, new rural cooperative medical care Report of infectious diseases and control of public health emergencies. Rural doctors have not yet obtained the qualification of medical practitioners, so it is necessary to carry out academic education for them to improve the professional level of rural doctors, as well as the medical service level in rural areas in China. This paper takes Jilin Province as an example to study the current situation of rural doctors in this province, and discusses the effective countermeasures for the academic education of rural doctors in Jilin Province.

**Keywords:** Jilin Province; Rural Doctors; Academic Education

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## 1. Questionnaire survey on the current situation of rural doctors in Jilin Province

In order to master the basic situation of rural doctors in Jilin Province, a questionnaire survey was adopted for analysis. A total of 483 rural doctors who graduated from the "Jilin Province Village level Medical and Health Technical Talents Training Project" of Changchun University of Traditional Chinese Medicine were taken as the research objects to understand their basic education background and training situation<sup>[1]</sup>.

In terms of age structure, of the 483 rural doctors surveyed, 5 were 18-24 years old, accounting for just over 1%; 219 people aged 25-34, accounting for about 45%; 246 people aged 35-44, accounting for about 51%; 13 people are over 45 years old, accounting for 2.7%. In general, the age structure of rural doctors in Jilin Province is mostly young and middle-aged, and there are relatively few old rural doctors with certain qualifications.

In terms of education level, the number of people who transfer to the following education is 6, accounting for only about 1%; Technical secondary school education accounted for 83%, and the rest was college education or above, accounting for less than 20%. It can be seen that the educational level of most rural doctors in Jilin Province is not high, mainly with technical secondary school education.

In terms of qualification certificates, about 4% of the people without qualification certificates, 82% of the people with qualification certificates of rural doctors, and less than 15% of the people with certificate of practicing assistant doctors or above. It can be seen that the professional qualification level of most rural doctors needs to be improved<sup>[2]</sup>.

In terms of the form of education, college education accounts for about 64%, self-study examination accounts for less

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than 4%, adult education accounts for about 22%, and correspondence education accounts for about 6%. It focuses on college education and training.

## **2. Problems in the academic education of rural doctors in Jilin Province**

### **2.1 The teaching organization and management are inconsistent with the current situation of rural doctors**

As a full-time adult education, the rural doctor's academic education has a prominent contradiction between work and study. The author found in the questionnaire that when asked what is the biggest difficulty in participating in the rural doctor's education, rural doctors said that their busy clinic work and family affairs led to nearly 70% of them being unable to leave. As far as the organization and management of rural doctors' training is concerned, many medical colleges and universities are the center of centralized teaching. However, most medical colleges and universities are concentrated in prefecture level cities and medium-sized cities, and the over centralized teaching organization model will lead to difficulties for rural doctors to study, which is also one of the main factors that lead to low attendance rate and poor participation in rural doctors' academic education<sup>[3]</sup>. In addition, in the specific teaching arrangement, rationality is sometimes not taken into account, resulting in the actual teaching effect is also affected.

### **2.2 The curriculum is unreasonable and not targeted**

In general, the current academic education system for rural doctors is relatively short, and the overall class hours are not enough. It generally takes about two semesters for the full-time classes to complete their studies. Before the village doctors participated in the training, they themselves had some clinical experience, but their systematic knowledge of relevant medical theories was insufficient, the overall knowledge structure was messy, medical skills were not standardized, and the overall cultural level was relatively low. In addition, the individual qualities of rural doctors are uneven, and their cultural knowledge, personal experience, moral quality, etc. are also different. However, the relevant curriculum settings often ignore the characteristics of rural doctors, resulting in difficulties in improving the quality of academic education.

### **2.3 Teaching focuses on professional knowledge and skills, ignoring the cultivation of humanistic quality and communication ability**

At present, the medical model is constantly changing, and the rural doctor education needs to change from a single professional training to a comprehensive quality education. However, at present, the undertaking institutions of rural doctor education in Jilin Province still focus on the traditional teaching mode in teaching. They only pay attention to the improvement of basic medical theories and clinical skills of rural doctors. However, they do not teach enough knowledge about other disciplines and neglect the cultivation of rural doctors' humanistic quality, moral quality and communication ability, which is unfavorable for the improvement of the overall service ability and comprehensive quality of rural doctors.

## **3. Measures for the education of rural doctors in Jilin Province**

### **3.1 Optimize training methods and implement the principle of proximity**

Rural doctors' academic education mainly focuses on on-the-job centralized training, which will lead to a great conflict between the work and study of rural doctors. The traditional centralized education and training in prefecture level cities is far away from rural doctors, so it is difficult for them to give consideration to both sides, resulting in low attendance rate. In this regard, we need to change this unreasonable education and training settings, make it as easy as possible for rural doctors to learn, set up teaching points in the county as a unit, let schools undertaking training tasks and county level people's doctors jointly organize teaching, and arrange relevant personnel to study nearby, so that they can take into account their own study, work and life as much as possible, and improve their enthusiasm to participate in education and training. In this regard, the relevant county health administrative departments also need to actively provide support for the education of rural doctors. During the training period of rural doctors, doctors from county and township hospitals were sent to the township medical clinics to set up posts on a voluntary basis, so as to really send doctors to the countryside. This can effectively ease the concerns of rural doctors when they are studying, improve their academic learning convenience, and promote their attendance.

### **3.2 Constantly optimize the teaching organization form and promote common improvement**

In the specific education of rural doctors, we can teach students in accordance with their aptitude through reasonable class arrangement at different levels. Combine the individual differences of rural doctors to carry out teaching, and constantly improve the teaching efficiency. In the specific education training of rural doctors, we can carry out research on the age, edu-

cation background and medical learning channels of rural doctors, and reasonably divide them into different classes based on the actual feedback information. In this way, rural doctors of the same level can concentrate on learning together to ensure that they can be improved through learning, so that teachers can carry out teaching work more conveniently. In addition, in the specific academic education, it is also possible to build the corresponding teaching organization form through the application of the mode of group cooperative learning, with heterogeneous groups as the mechanism, group goals as the standard, and group achievements as the reward basis, so that students can play their own subjective initiative, promote their professional ability to continuously improve, so that rural doctors at different levels of knowledge can be improved from it. Project teaching can also be used to promote the application level of rural doctors' professional knowledge and skills. It can stimulate students' interest in learning, enhance their enthusiasm for learning, stimulate their initiative, and promote the rural doctors' practice and exercise to achieve ideal results.

### **3.3 Optimize the curriculum to reflect practicality**

The basic purpose of academic education for rural doctors is to improve their professional ability and knowledge literacy, so that they can better provide services for the public in rural medical services in the future. As far as the actual needs of rural doctors are concerned, their characteristics are different from those of those receiving general education. They need to learn and use immediately to improve their professional abilities. Therefore, in the specific curriculum of academic education, we should reflect this, take demand as the guidance, optimize the curriculum, and constantly improve the training content. We can focus on the prevention and treatment of related diseases and first aid, and optimize the curriculum of immunization and infectious disease prevention, health laws, family planning, and maternal and child health care to ensure reasonable and effective.

## **4. Conclusion**

Rural doctors are an important part of China's medical and health service system, play an important role in rural disease prevention and treatment, and have made great contributions to farmers' health work. In the National Rural Doctor Education Plan 2001-2010 issued by the Ministry of Health, it was proposed that most rural doctors in China should obtain the professional qualification above assistant doctor by 2010. Therefore, education for rural doctors should be carried out. However, at this stage, the rural doctor's academic education in China is moving from the completion of the transfer academic education to the college academic education, and the overall rural doctor's academic education has achieved remarkable results. However, at the same time, there are still some outstanding problems. For this, this paper studies the current situation of rural doctors' construction in Jilin Province, and explores the solution to the problem of rural doctors' academic education.

## **References**

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