

Study on Optimization of Clinical Teachers' Performance Appraisal under the Background of Medical and Educational Collaboration

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Abstract: At present, the "school-school cooperation" is mainly based on the internship mode, lacking of in-depth cooperation. The dual identity of clinical teachers also makes them tired of the balance between medical work and teaching work, which seriously affects their work performance. Under the background of "collaboration between medical and educational services", this paper analyzes the current situation and existing problems of performance assessment of clinical teachers in affiliated hospitals, and explores ways to optimize performance assessment, alleviate role pressure, encourage clinical teachers to "pay equal attention to medical and educational services", and promote their career development.

Keywords: Clinical Teachers; Performance Appraisal; Medical and Educational Collaboration

1. Definition of clinical teachers

Clinical teachers generally refer to doctors, nurses, pharmacists and technicians who undertake clinical teaching tasks for medical students in affiliated hospitals of medical colleges and universities. They are senior inter-disciplinary talents who have obtained medical related professional qualification certificates and college teacher qualification certificates.

2. The significance of "collaboration between medicine and education"

The Guiding Opinions on Accelerating the Innovative Development of Medical Education issued by The General Office of the State Council of China in 2020 made it clear that deepening the collaboration between medical education and tamping the main role of personnel training in university affiliated hospitals are effective ways to strengthen the clinical practice teaching of medical students.

In terms of administration, affiliated hospitals and medical colleges are subordinate to each other. As a superior, medical colleges can appoint and remove hospital leaders of affiliated hospitals, organize medical staff to carry out professional title evaluation, adjust the salary structure of hospital staff and so on.

But in the context of "medical and educational collaboration", they are more of a win-win relationship. The affiliated hospital provides practice places and clinical teachers for medical students, which is an important base for medical students to connect theoretical knowledge with practical operation. Affiliated hospitals can also use the teaching resources of medical colleges to apply for scientific research projects and funds to solve the problems of medical research. Medical colleges and affiliated hospitals have formed a good cycle of practice, study, research, breakthrough and practice in coordinating the three major tasks of patient treatment, student guidance and scientific research. They promote each other and develop together.

3. Role requirements of "medical education collaboration" for clinical teachers

3.1 Role behavior is related to human life and health

As a medical worker and a teacher to train medical talents, clinical teacher's role behavior is related to people's life and health. Doctors shall, within the scope of their registered practice, use scientific and technological means to conduct disease examination and medical treatment, then choose reasonable medical treatment, prevention and health care programs, and issue corresponding medical certificates. If doctors misdiagnose, miss diagnosis, delay the timing, etc., it may kill the patient's life and bring devastating disaster to the patient's family.

3.2 Long preparation period for Roles

The body of medical knowledge is large and complex. Clinical teachers not only need to master biological science knowledge, but also need to master a lot of medical knowledge. Not only medical professional knowledge, but also education and teaching knowledge should be mastered. In recent years, with the continuous progress of medical technology, the deepening of educational reform and the acceleration of knowledge update, clinical teachers are required to timely grasp the latest developments of disciplines. Clinical teachers should not only possess reasonable knowledge structure, but also master accurate clinical treatment skills and skilled teaching methods. Therefore, to cultivate a qualified clinical teacher needs strict training stage and long-term learning and practical training time.

3.3 High Role Requirements

"Collaboration between medical education" advocates that medical students "contact society, clinical practice and scientific research as soon as possible", breaking the boundary between basic teaching and clinical teaching. This concept requires clinical teachers to put forward new requirements for their teaching mode on the basis of completing clinical medical work. That is, from the subject as the center to the organ system as the center, to carry out a problem-oriented teaching model. Clinical teachers should take the initiative to guide medical students to see more, think more, ask more, do more, and feel the working atmosphere attentively, learn doctor-patient communication skills. However, according to the study of Xiao Guangming, Zhang Jianzhen and Qin Hongbo et al. (2021), clinical teachers are more prone to job burnout due to their dual professional attributes of both clinical and teacher^[1].

4. Main problems existing in current performance appraisal of clinical teachers

4.1 Performance assessment indicators are not perfect and clinical teaching is ignored.

For the consideration of economic benefits, affiliated hospitals focus on medical services. By examining the income cost, workload and medical quality, we can realize the accounting and control of hospital operating costs. Generally, only the following assessment indicators are designed: the number of daily patients visited by outpatient physicians, the number of discharged patients completed by inpatient physicians, outpatient and inpatient business income, consumption ratio, patient satisfaction, etc.

The lack of "teaching work" assessment index can not reflect the actual contribution of clinical teachers. Lacking the baton of "teaching assessment", clinical teachers often think that medical work is their own job and teaching is a part-time task. This will lead to clinical teachers' poor role identification, low sense of belonging to the school, low teaching enthusiasm, low teaching responsibility, and low teaching performance. Yu Chen (2022) believed that if the affiliated hospitals did not truly incorporate clinical teaching into the performance appraisal system, there would be no joint force among clinical teachers, departments, affiliated hospitals and medical colleges, and it would be difficult for affiliated hospitals to truly realize the trinity coordination of "medicine, teaching and research"^[2].

4.2 Lack of rigidity of system, evaluation subject "human relations" management.

The evaluation subjects are generally composed of hospital leaders, functional department staff, clinical department directors and head nurses. Due to the lack of corresponding training, these evaluation subjects' awareness of performance appraisal is weak. Out of consideration of "taking care of subordinates", evaluation subjects often deduct only a few points or even no deduction. This makes the performance appraisal lose its supposed role of reward and punishment. This results in the low acceptance of the assessment results of clinical teachers, which greatly dampens the enthusiasm of work.

4.3 Neglecting the link of performance communication results in poor performance improvement.

Emphasis on assessment, light communication, so that existing problems are ignored and repeated. The lack of feedback mechanism and training demand analysis is unfavorable to the improvement of clinical teachers' performance and ability. The confused role of clinical teachers and unclear career development goals may lead to moral degradation and career obstruction.

5. Optimize the working path of clinical teachers' performance appraisal

5.1 Build a performance appraisal index system with "equal emphasis on medical education"

First, clinical teachers are separated from medical staff. Then, the work content and performance characteristics are analyzed to extract the most representative and quantifiable key indicators. In addition, attention should be paid to the assessment system submitted to the workers' congress for discussion, repeated modification. Only in this way can the majority of staff, including clinical teachers, recognize and understand the assessment. In this paper, the key performance indicator method and Delphi method are adopted, and the relevant document system of medical colleges and affiliated hospitals is combined to build a clinical teacher performance appraisal system with "equal emphasis on medical education".

Table1: Clinical teacher performance evaluation index system

First order index	Secondary index	Method of scoring
Medical workload	Average daily medical visits (outpatient, emergency).	1 points per person.
	Number of inpatients admitted.	8 points per person.
	Operation table.	5 cents per screen.
Medical safety	Occurrence of medical disputes and medical accidents.	Medical disputes will be deducted 5 points per time, and medical accidents will be deducted in accordance with the provisions of the Medical Quality Management Measures.
	Quality of medical records.	Each doctor sampled 2 in-shelf medical records and 2 discharge records per month. If found unqualified, the score will be deducted according to the provisions of the "Measures for Medical Quality Control" document.
	Patient satisfaction.	If the degree of satisfaction reaches 90%, no points will be deducted. For those below 90%, one point will be deducted for each percentage point reduction. Patients who complain to the hospital and violate the rules of the hospital will be deducted 2 points per time.
Medical expenses target completion rate	Average medical expenses per outpatient.	According to the standard issued by the medical insurance bureau, the cost of exceeding the standard will be deducted according to the excess proportion.
	Average drug cost per outpatient.	
	Per capita medical expenses for discharged patients.	
	Drug cost per discharged patient.	
Teaching	Daily medical expenses for discharged patients.	1 point/class period.
	Theory courses, probation courses.	

workload	Practice and teach.	5 points/number of students.
	Lecture on ward round and case discussion.	2 points per time.
	Guide students in competitions, social practice, etc.	3 points per time.
Effect of teaching	Student review results.	If the average score is below 85, 5 points are deducted. If the average score is higher than 95, 5 points are added.
	Evaluation results of teaching supervision department.	
	A teaching accident occurs.	According to the "Teaching Accident Identification and Treatment Measures" document provisions, according to the grade of teaching accident, the corresponding score will be deducted.
	The passing rate of students' clinical skills examination.	If the pass rate is not up to the standard, 0.5 points will be deducted for each percentage point below the target line.
Scientific research ability	Publication of papers	Core journal papers, 5 points/paper. General paper, 3 points/paper. Internal publications, proceedings, 1 min/paper.
	Research Projects	National level: 15 points per item. Provincial level: 9 points/item. University level: 3 points/item. The research group assigned the specific scores of its members by itself.
	Scientific research achievements (including excellent resource-sharing courses)	National level: 50 points per item. Provincial level: 30 points/item. University level: 10 points/item. The research group assigned the specific scores of its members by itself.

5.2 Training evaluation subjects to reduce assessment errors

Training the evaluation subject before assessment can effectively reduce errors, reduce errors and improve the fairness of assessment results. Training sessions are usually conducted in the form of lectures. It is best to present vivid case videos or live presentations at the meeting. The content of training generally includes: understanding the significance of assessment work, understanding the meaning of assessment indicators, mastering assessment standards, getting familiar with assessment work flow, learning performance feedback interview skills, etc. In particular, it is necessary to learn the assessment errors that are prone to occur in the assessment process, such as: halo effect, median error, personal bias error, etc.

5.3 Make full use of the assessment results and actively deal with the dual challenges of clinical and teaching

5.3.1 Implementing the Supervisory Feedback Form System

It is an effective means to improve the performance level to reflect on the work timely according to the work feedback. For example, the information about the experts' lectures is fed back to the clinical teachers themselves, the person in charge of the teaching and research department and the teaching management department of the clinical college in the form of "supervisory feedback sheet". Relevant departments and individuals shall feedback the treatment results and rectification plans to the assessment team within 10 working days; The assessment team should timely follow up the rectification progress of relevant departments and individuals to help clinical teachers improve teaching methods and improve teaching level as soon as possible. Only in this way can a closed cycle of "evaluation - feedback - supervision - rectification - tracking - improvement" be formed.

5.3.2 Follow the rules of medical education and strengthen the training of clinical teachers.

Xu Xueping (2020) proposed that, through professional development, focusing on improving teaching skills and innovative teaching thinking can help clinical teachers better balance medical treatment and teaching, adapt to dual roles and improve work performance^[3]. Medical colleges and affiliated hospitals should strengthen communication, combine the characteristics of clinical practice and teaching work, and tailor more targeted training programs for clinical teachers.

The training activities mainly include: special lectures, field visits, symposia, teaching activities demonstration, etc. The content should cover: practice management regulations, teaching activities organization norms and procedures, teaching round demonstration, teaching medical record discussion and so on.

As clinical teachers are not normal graduates, lack of accurate judgment of their teaching quality, easy to get into trouble. Therefore, it is suggested to set up a special fund for teacher development, and select excellent retired teachers with high academic attainments and rich experience in teaching and research as the mentors of clinical teachers. In the process of teacher career planning and development, to give clinical teachers long-term, continuous guidance.

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