Exploration of the Integration of Curriculum Ideology and Politics into the Educational Pathway of Standardized Training for General Practice Residents

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Abstract: In recent years, the national higher education reform has proposed the concept of curriculum ideological and political education as a major element. This integration into the standardized training of general practice residents (commonly referred to as general resident training) is an unavoidable trend in the teaching field. Based on the actual situation of our unit at The First Affiliated Hospital of Xi’an Medical University, this paper emphasizes the necessity of incorporating ideological and political education into the general resident training curriculum, despite the absence of pertinent practical experience in how to effectively incorporate such courses into comprehensive residential training. In our hospital, we must assess the ideological and political education in the curriculum of general resident training, proposing a scientific, reasonable ideological and political education concept system for general practice courses, integrating ideological and political education with general practice resident training, and strengthening the team of ideological and political education physicians to teach them to carry out such education, this would foster enthusiasm and initiative. Strengthening admission education and training for general practice resident training, as well as regularly hosting symposiums to share ideas and understand the mission of doctors can provide effective experience for ideological and political education in general resident training courses.

Keywords: Curriculum ideological and political education; General practice; General practice residents; Standardized training; Education path; Exploration

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1. Introduction

Curriculum ideology and politics is a major ideological and political education concept that has been explicitly proposed in recent years in the educational reform of national colleges and universities. The 19th CPC National Congress report puts forward the strategy of “promoting the development of health in China,” bringing health development to an unprecedented height. The CPC Party Committee and the State Council Office of
the People’s Republic of China put forward in the promulgation of the “Health and Epidemiology of China’s Social Development 2030” Program Outline that the task of the “Health and Epidemiology of China’s Social Development” project is to “establish a sound health promotion and teaching management system, improve health education capacity, and utilize new media to promote physical and mental health management.” General practitioners are comprehensive practical talents who serve the people at the grass-roots level and integrate prevention, medical care, health care, medical services, etc., engaged in health education and health promotion in the community is a duty incumbent upon the general practitioner. For a long time, hospitals often paid more attention to clinical teaching in standardized training and were more relaxed about the cultivation of ideological and political education. The moral education training work of standardized physician training has failed to form a systematic model. With the popularization of curricular thinking, we must adhere to the practice-oriented tradition and make full use of the combination of theory and practice in the process of moral education cultivation to promote and facilitate comprehensive social progress. Especially after graduation, the standardized training of general practice residents (referred to as general resident training) has highlighted its importance in continuing medical education and upgrading medical standards, laying a solid foundation for the development of professionalism and vocational skills for future healthcare workers. By introducing pedagogical thinking, we are able to better guide and promote the progress of residency training as a whole. To achieve this goal, we need to find an effective way to improve the quality of the entire training. We should endeavor to find a path that will make our work smoother, depending on the context in which we are working.

2. Importance of integrating curriculum ideology and politics in general practice residency training

The “Healthy China” strategy is a national strategy to realize the coordinated development of people’s health and economic and social development. It explicitly puts forward the improvement of people’s health as the core of the work, establishes and improves relevant national health policies, accelerates the transformation of the development paradigm in the field of health, speeds up the pace of construction of the primary healthcare system, and strengthens the construction of the team of general practitioners, so as to provide all-around and full-cycle health services. Improvement of general practitioners is an urgent need for the strategy of “Healthy China.” The training of general practitioners is particularly important. As the core idea of promoting the innovation and development of medical education, the ideology of curriculum politics should be carried out throughout the whole process of medical education. The integration of ideology and politics education in the training of general practice residents further enhances the concept and thinking of general practice, which in turn strengthens the sense of professional identity and increases the learning enthusiasm of general practice residents.

3. The current situation of ideological and political education in our hospital’s general practice residency training program

3.1. Teaching physicians’ insufficient understanding of the concept of curriculum ideology and politics and lack of enthusiasm and initiative

The key to medical education is inheritance. The key to medical inheritance is to establish moral character. Doctors as educators, not only teach medical knowledge but also establish morality, “virtue” is the most basic requirement for them. Although the teaching physicians are the implementers of the ideology and politics of the curriculum, their understanding of “how to practice the ideology and politics of the curriculum” still needs
to be deepened, and they impose the ideological and political elements in clinical teaching without combining them with practice, which leads to a bias in understanding. As a result, the clinical teaching content lacks wholeness, and the fragmentation and abruptness of the relevant teaching knowledge leads to a greater lack of interest in learning on the part of the general practice residents. Due to the lack of sufficient attention of some teaching physicians to the curriculum ideological and political education, and the lack of enthusiasm and initiative, this work cannot be carried out effectively [6,7].

3.2. General practice residents’ lack of interest and insufficient attention to curriculum ideology and politics

Compared with specialty residency training, residents of the general practice residency training face the status quo of many rotating departments and a wide spectrum of diagnosed and treated diseases, with frequent turnover of rotation programs and teaching objectives [8]. Due to the pressure in clinical work, assessment, and life, general practice residents are forced to focus on the training of clinical knowledge but ignore the importance of the curriculum ideological and political education. This situation leads to a lack of enthusiasm for it and a negative learning attitude, which affects their overall development and career planning.

3.3. Imperfect content and educational and teaching curriculum of general practice residency training curriculum ideology and politics

Despite the late development of curriculum ideology and politics, due to the current large number of clinical departments in hospitals, each department has unique characteristics, and because there is no systematic guidance and management by teachers who have gone through in-depth research, there are problems in areas such as mini-lectures, teaching room visits, case studies, and practical skills training. It mainly focuses on the following: (1) teaching content is uninteresting in a single form, there is a forced “implant” or “embedded” phenomenon; (2) teaching is too “didactic” and there is a lack of real case support, theory cannot be linked to practice and being detached from our work and learning, professional knowledge and political teaching having “two skins” phenomenon [9,10]; (3) the lack of effective political education teaching curriculum.

4. Educational exploration of the ideology and politics of the general practice residency program

On the basis of traditional ideological and political training, the ideology and politics of the general practice residency training program should be integrated into all aspects of the ideology and politics, including general practice thinking, general practice concepts, and the contemporary spirit of general practice. It gradually influences the teaching philosophy of the teaching physicians and the behavioral concepts and ideology of the general practice residents and realizes the joint construction of ideological education and other types of knowledge systems by deeply planting ideological education in all aspects of general practice training teaching [11].

4.1. Constructing an innovative ideological education model and integrating narrative medicine and general practice residency training organically

The principle of “Sanquan education” is put forward, which requires that the function of ideological and political education be played in the education of training teachers, and the “Guideline for the Construction of Higher Education Curriculum Ideology” puts forward the specific content of the training courses of medical specialties, which emphasizes the concept of human-centered education, strengthens the education of medical morality and medical culture, and improves the communication and management skills of students in order to
improve students’ overall knowledge and knowledge of humanities. For this reason, our hospital carries out the exploration of “curriculum ideology and politics” in the teaching of general practice residents, innovates the mode of ideological education, and specially formulates the ideological and political plan of the general practice resident standardized training curriculum—the incubation program of narrative medical excellence (Table 1).

Table 1. Curriculum setting

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<th>Narrative themes</th>
<th>Objective</th>
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<td>Narrative Medicine Excellence Incubation Program—Narrative Medicine Clinical Practice Training Series</td>
<td>“Narrative Medicine and Parallel Medical Records” talks about the scope and expression of narrative medicine from the perspectives of film narrative, text narrative, behavioral narrative, photo narrative, etc., and then explains the significance and importance of parallel medical records by sharing stories of doctors and patients; “How to be a Warm Resident Physician” training is comprehensively introduced in terms of the study of the traits of a good doctor, the elements of job competency, the definition of clinical thinking, and the importance of humanistic care. The training on “How to be a Warm Resident Physician” was a comprehensive introduction from the research on the qualities of a good doctor, the elements of job competency, the definition of clinical thinking, and the importance of humanistic care; the theme of “Let Life Wake Up Life” shared the change of mindset of a patient with cervical cancer that occurred in the process of treatment; and the theme of “Narrative Medicine Workshop Situation Drama—Being a Temperate Physician” elaborated on what narrative medicine is and how to establish a harmonious doctor-patient relationship.</td>
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By explaining the narrative medicine practice of this group, students will be inspired to think about how to integrate general humanistic care into the clinical practice of narrative medicine in the current healthcare environment on the basis of enhancing their self-confidence and sense of professional identity. They will further recognize the influence of “biopsychosocial” factors on diseases and patients, so that they can actively listen to and understand patients’ experiences of diseases and inner feelings, reflect on their own clinical practice, bridge the gap between technology and humanity, and better serve patients.

The story of “Couple’s Prison” is an introduction to share a case of a couple in the ward, and tells us to do more listening and be non-judgmental in the process of getting along with the patients, and slowly opening up the knot of the patient’s heart with respect and humility, and help the patients to tide over the difficult times; “Diseases are born from the heart, and the situation is changed by the heart” is the title of the story about the process of healing of a patient who had pain in the whole body, and the people and stories behind the diseases are showed with the real cases, and what doctors should do is not only to cure the disease, but also to learn to heal life, think differently, and make medicine full of human feelings. Residents shared their experience of receiving a consultation when they were working at the grassroots level through the topic of “Remembering a Past Event.” As the gatekeepers of grassroots health, we hope that in future work, no matter how noble or lowly, we should always uphold the heart of love and benevolence, and practically solve the grassroots people’s problems. The medical humanities drama Xiao Yang No Problem vividly portrayed the journey of a general practitioner through dramatic storylines and wonderful performances, showing the importance of humanistic care in the diagnosis and treatment process.

Lecture method + case method + deduction method + discussion method, with cases combined with self to explain, and encourage students to ask questions and discussion. Through the deduction method, students have a closer understanding of the medical humanities reflection and orientation.

Attachment: Judging the effectiveness of the reform of the ideology and politics teaching mode of the general practice residency standardized training curriculum through the objective teaching evaluation system, and formulating the ideology and politics plan for the next year’s curriculum.
4.2. Strengthening the construction and education of the team of physicians leading the curriculum ideology and politics and enhancing their enthusiasm and initiative

Firstly, in order to better promote the development of curriculum ideology and politics of leading physicians, we should establish a set of perfect management system, formulate a universally meaningful and operable learning plan, and regularly organize various forms of communication activities, such as curriculum ideology forums, symposiums, field trips, etc., so as to better enable leading physicians to profoundly experience the importance of curriculum ideology and politics, thus enhancing their practical and adaptive skills. Secondly, according to the characteristics of each clinical department, combined with the training requirements of general practice residency training as well as the characteristics of the departmental party building activities, we develop a targeted teaching program, so that the curriculum ideology and politics and science can be well-integrated. We should also organize curriculum ideology and politics lecture teaching competition, teaching design ability, and other forms of competition, so as to promote the improvement of teaching ability. Thirdly, we need to actively promote the development of teacher ethics, take high-quality teaching physicians as a model, carry forward the spirit of selfless dedication, carry out noble teacher ethics selection activities, and integrate teacher ethics into daily teaching work.

4.3. Strengthening the admission education and training of general practice residents and holding regular symposiums for them

We need to strengthen admission education and entry training for general residents and promote medical humanistic qualities based on actual cases from our country and our hospital in different periods. Symposiums are regularly organized every month and require the attendance of all the teaching physicians, general practice resident physicians, and base directors. Each resident reports and summarizes the week’s study, work, and psychological and physical conditions. Through the debriefing, the lead teacher grasps the learning, physical, and psychological situations of each trainee. Problems were found and corrections and counseling were provided in a timely manner.

5. Conclusion

Through this series of initiatives, we have integrated curriculum ideology and politics education into general practice residency training, so that the general practice residency training in our hospital can be carried out in an orderly and efficient manner. Thus, we have improved the quality of our hospital’s residents of general practice residency training. It cultivates new-age general practitioners who are both ethical and talented and have comprehensive development. Thus, it can better serve the medical career and the grassroots.

Disclosure statement
The authors declare no conflict of interest.

References

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