

General Practitioner Training Status of Heilongjiang Province and Needs Analysis

Wei Hongjuan, Zhang Yingyan

Qiqihar Medical University, Qiqihar, China

Keywords: General practitioner; General practitioner transfer training; Training needs; Effect evaluation

Abstract: **Objective:** To explore the current situation and demand of general practitioner post training, and to provide basis for formulating corresponding training strategies and methods. **Methods:** Quantitative and qualitative methods were used to investigate the training status and needs of 400 general practitioners who participated in theoretical training in 144 community health service centers, service stations and 203 township hospitals in 13 cities of Heilongjiang Province. **Results:** After the questionnaire survey, the ratio of male to female, education and professional title of the general practitioner was relatively reasonable. The general practitioner was satisfied with the training content, training and teaching, organization management and training effect. **Conclusion:** The Heilongjiang Provincial Government attaches great importance to the training of general practitioners. The training units have continuously improved the training mode to meet the needs of trainees, and timely adjusted the training methods to achieve better results.

1. Introduction

Practical training is being carried out on grassroots health care institutions that are engaged in medical work and have not yet met the requirements of general practitioners [2]. In order to do a better job of general practitioner transfer training and improve the quality of training, the current situation and needs of general practitioner transfer training are investigated and analyzed. The purpose of this study is to provide a basis for formulating better training strategies and methods for general practitioners' post-transfer training. The report is as follows [3].

2. Objects and methods

2.1 Object of investigation

From 2017 to 2018, 400 trained general practitioners from 13 cities in the province were investigated, including 144 community health service centers and service stations and 203 township health centers.

2.2 Research method

Questionnaires were designed by themselves, and questionnaires were conducted for the participating GP training students. A total of 400 questionnaires were distributed and 400 copies were collected, with a recovery rate of 100%. Quantitative surveys were conducted on the general situation of the trainees, training content, training needs, and training effects. Thirteen general practitioners from 13 cities were selected for in-depth interviews and group discussions. This questionnaire survey is conducted by a special person. The collected questionnaire is collected by SPSS17.0 software package for data statistics. The data obtained are analyzed quantitatively and qualitatively, and the conclusion is drawn.

3. Result

3.1 General practitioner's basic situation

A total of 400 questionnaires were sent out and 400 were recovered. In the questionnaire, there are 189 males and 211 females. The basic information of general practitioners is detailed in Table 1.

Table 1 General practitioner's basic situation

Basic situation		Number	Percentage (%)
Gender	Male	189	47.25
	Female	211	52.75
Degree of Education	Secondary specialized school	119	29.75
	Junior College	148	37.00
	Bachelor degree or above	133	33.25
Title Structure	Primary	39	9.75
	Intermediate	147	36.75
	Senior	214	53.50

3.2 General practitioners' need for training content

The contents of theoretical training were investigated by questionnaire and interview, mainly including basic knowledge, doctor-patient relationship and interpersonal communication, knowledge of chronic diseases, rehabilitation medicine, knowledge of traditional Chinese medicine, etc. See Table 2.

Table 2 General practitioners' need for training content (number/percentage)

	In great request		Need		Unwanted	
	Number	Percentage(%)	Number	Percentage(%)	Number	Percentage(%)
Basic knowledge of general medicine	216	54.00	179	44.75	5	1.25
Knowledge related to health education management	312	78.00	88	22.00	0	0
Primary Health Policies	189	47.25	202	50.50	9	2.25
Community mental health knowledge	219	54.75	177	44.25	4	1.00
Preventive medicine knowledge	192	48.00	200	50.00	8	2.00
Doctor-patient relationship and interpersonal communication	311	77.75	89	22.25	0	0
Knowledge of public health emergencies	282	70.50	116	29.00	2	0.50
Knowledge of prevention and treatment of chronic diseases	329	82.25	71	17.75	0	0
Rehabilitation medical knowledge	177	44.25	203	50.75	20	5.00
Knowledge of Traditional Chinese Medicine	297	74.25	100	25.00	3	0.75
Evidence-based medicine knowledge	184	46.00	197	49.25	19	4.75
Health Information Management Knowledge	186	46.50	191	47.75	23	5.75

From Table 2, it can be seen that, on the premise of investigation and questionnaire survey, theoretical training content is well recognized by trainees. In the interview, we learned that the trainees were satisfied with the training content and thought that they had learned a lot of knowledge, which filled the gap of theoretical knowledge.

3.3 General practitioners' evaluation of training

General practitioners evaluate the training content, training teaching, organization and management, and training effect as a whole. Details are shown in Table 3.

Table 3 General practitioners' evaluation of training

Project	Very satisfied	Satisfied	Dissatisfied
Training content	82.3%	17.4%	0.3%
Training and teaching	86.1%	13.3%	0.6%
Organizational management	80.9%	17.9%	1.2%
Training effectiveness	79.8%	11.6%	1.4%
Help for future work	86.4%	12.5%	1.1%

As can be seen from Table 3, the general practitioner is satisfied with the training content, training and teaching, organization management, and training effects. The teaching content of the general practitioner transfer training organized by our hospital basically meets the needs of the general practitioner system to learn the general medical knowledge. Course arrangement can meet the current training needs, teaching methods also meet the needs of general practitioners, trainees are more satisfied with the teaching level.

3.4 Comparisons of performance before and after general practitioner training

General practitioners organize examinations during theoretical training, and conduct pre-training tests on the first day of theoretical training, mainly investigating the degree of basic knowledge of trainees [4-6]. After the theoretical training, the trainees are tested after the training, which mainly inspects the trainees' mastery of basic knowledge during the training period. The results of the two tests are compared and analyzed, as shown in Table 4.

Table 4 Comparisons of performance before and after general practitioner training

Training phase	Number	Equivalence	Standard deviation
Before training	400	43.52	13.372
After training	400	79.38	5.213

Table 4 shows that the test before and after general practitioner training reflects the trainees' knowledge of relevant medicine to a certain extent. From the test results, the trainees' knowledge of related medicine after training is much higher than that before training. From the training results, this training is very meaningful.

4. Discuss

4.1 Strengthening Consciousness, Changing Ideas and Perfecting Relevant Policies

In China, due to the short development of community health services in China, the training of community health practitioners is still in the initial stage and exploration stage [7]. Breaking the bottleneck of medical health talents in development and the concept of related personnel are the key to community health services and grassroots health institutions [8]. With the development of national medical reform and medical undertakings, whether Chinese urban residents can successfully realize the goal of primary health care for all by the WHO is mainly based on the general practitioner. The government should rationally allocate the resources of community health institutions and grass-roots health institutions, and establish and improve the management mechanism of community health service institutions and grass-roots health institutions. Strengthen

the training of general practitioners in community health service institutions and grass-roots health institutions, and train qualified general practitioners in an all-round way [9]. We will comprehensively improve the basic medical and public health service capabilities of general practitioners, meet the basic requirements of general practitioners' posts, and improve the management and service capabilities of national basic public health service projects [10].

4.2 Establishing and Perfecting the System of General Practitioner Transfer Training

Through the transfer training, improve the basic medical and public health service level of medical and health personnel, and train a team of general practitioners who meet the requirements of urban and rural general medical service positions. Basically meet the needs of grassroots health professionals with "small diseases at the grassroots level and public health services around", and effectively solve the problem of the lack of general medical talents in the development of primary health care. Through the improvement and perfection of post training, training system and continuing education system of general practitioners, we should implement the salary policy of community general practitioners, and promote the healthy and smooth development of community health undertakings. To raise the threshold of community general practitioners and implement the corresponding qualification admission system.

4.3 Reform of Training Methods to Strengthen the Ability Training of General Practitioners

The general medical teaching materials should combine the practical work of the whole subject and highlight the concept of general medicine. From the perspective of improving the diagnostic thinking and practical skills of general practitioners, the training materials should be strengthened. In order to solve the problems of the contradiction between general training and engineering, we actively carried out the construction of network training resources, and adopted the combination of network training and centralized theoretical training. The network training enables students to be free from the limitations of time and space and increase the flexibility of teaching. . Moreover, the enthusiasm and initiative of the students' learning were fully exerted, and the students carried out centralized theoretical training with the problems that the network learning did not understand, which greatly improved the mastery of the learning content. Before concentrating on theoretical training, we carry out pre-training testing. On the one hand, we can test the effect of network training. On the other hand, we can make the teachers understand the actual situation of the students, so as to carry out targeted teaching. Through the investigation, the trainees generally reflect that this training mode is practical and effective. According to the actual characteristics of different training, we adopt the training form of combining large-class theoretical teaching with small-class group discussion. Teachers are required to change the traditional experiential teaching method from "teacher-centered" to "student-centered". Through various teaching methods, we can improve and attract community general practitioners to participate in the whole process of teaching, improve the initiative and enthusiasm of community general practitioners in learning, and effectively improve the training effect of community general practitioners.

Through scientific and systematic evaluation, we will find out the weak links in the training of general practitioners in a timely manner, sum up the successful experience of general practitioner training management and teaching, improve and actively promote, and continuously improve the quality and effect of general practitioner training.

5. Conclusion

The training of general practitioners is a complex system. It is an arduous task to train general practitioners to establish a holistic medical concept and overall service ability. It requires hard work. In combination with the actual work requirements of the general practitioners, the content of the general practitioner transfer training is targeted, and the appropriate training objectives and methods are formulated to deal with the relationship between quality and quantity. The general practitioner transfer training focuses on the training of general practitioners' concepts and skills at the grass-roots level, and constantly meets the transformation from specialist to general practitioner. In

order to train more targeted, we should further understand the training needs of trainees, constantly improve the training mode, track and evaluate trainees, timely adjust the training mode, and ensure the training effect.

Acknowledgement

Qiqihar Philosophy and Social Sciences Research Planning Project (No. QSX2013-39YB).

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