



2nd International Conference
on
**Evolving Trends
In Medical Education**

7th & 8th November 2015. Sanya, Hainan, P.R.China

Abstracts

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Foreword

After the resounding success of the 1st International Conference of ETME in 2014 we now have the privilege of placing before you the abstract of the 2nd Conference being held at Sanya , Hainan Province on 7th and 8th November 2015.

The conference last year was an eye opener and in many ways was instrumental in bringing clarity and direction to the medical education programs being conducted in China.

Much attention has been paid to the academics and the methodologies to be pursued in achieving desired objectives . However it is a well-documented fact that adequate effort must also be invested in nurturing the environment which can produce remarkable and sustained results over a long period of time.

In this conference in Sanya , emphasis will be placed on identifying and debating the various approaches possible in ensuring that the students can be given an ambience in which striving for excellence becomes the norm among all the members of the class rather than an exception limited to a few bright individuals.

To this end, a lively panel debate has been organized for the administrators of the programs in various colleges. The administrators have a vital and challenging role in motivating the students , maintaining discipline , and in promoting an atmosphere which is conducive to holistic well being , learning and research .

A transcript of the debate shall be made available in text and video format which shall be put up on our website.

We thank the participants , paper presenters and volunteers who have worked tirelessly to make this conference and who have entrusted us with their thoughts , ideas and inspirations.

We hope that you derive as much pleasure from reading the abstracts as we have had in compiling it.

The Editorial Team



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Problems centered teaching or content centered teaching

From teacher-centered to learner-centered curriculum: An instructional paradigm shift in twenty-first century classroom teaching

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Twenty-first century classrooms challenge traditional, teacher-centered curriculum to meet the increasingly diverse needs of students. The premise "one teaching style fits all," which is attributed to a teacher-centered instructional approach, is not working for a growing number of distinct, student populations. In the past, the focus has been on the curriculum which contained topics and subtopics divided into manageable bundles and taught according to prescribed lesson plan. This framework governs most of the world's teaching from kindergarten through university. There is revolution taking place in education, one that deals with the philosophy of the relationship between teacher and student, of the way in which a classroom is structured. Now a days there has been lots of focus on certain key words such as "constructivism", "learner-centered", "problem based". At the heart of approach is the idea that the people learn best when engrossed in the topic, motivated to seek out new knowledge and skills because they need them in order to solve the problem in hand.

When considering their approach to instruction, teachers are always looking for the method that is most beneficial for all of their students. Teachers want their students to enjoy the learning process, as well as seeks the way to ensure that the classroom is orderly and controlled. As a result, the debate of teacher-centered vs. student-centered education has been in the forefront of educators' minds for many years. Though many people have a specific idea of which type of education is best, there are both advantages and disadvantages to each approach. In recent years, more teachers have moved toward a student-centered approach. However, some students as well as teachers favor "teacher-centered education" as the more effective strategy.

In most cases, it is best for teachers to use a combination of approaches to ensure that all student needs are met. When both approaches are used together, students can enjoy the positives of both types of education. Instead of getting bored with teacher-centered education or losing sight of their goals in a completely student-centered classroom, learners can benefit from a well-balanced educational atmosphere.

OBJECTIVES: This article seeks to discuss briefly the core issues that influence classroom teaching-learning as well as challenges to implement certain potentially instrumental strategies in real life context. It also makes a modest attempt to review the philosophy that guides traditional teacher-centered approaches as well as progressive content-centered approach.

METHODOLOGIES: Comprehensive literature review was done to explore advantages and disadvantages of content centered learning as well as student centered learning. Attention was also given to find out the factors that motivate and encourage learning.

FINDINGS: Though many people have a specific idea of which type of education is best, there are both advantages and disadvantages to each approach. These approaches might be explained in dynamic teaching-learning environments through the metaphor of the yin and yang. Although the yin and yang are opposites, they are not unrelated. In yang there is always a black spot of yin. In yin there is always a white spot of yang. They are mutually dependent opposites and they work together and function in balance. Although shifting the focus from teaching to learning and from teacher to the learner sounds very tempting and core to educational process, in many situations balance between two polarized approach seems to complement each other and appears more promising especially in classroom with diverse group of students.

IMPLICATIONS:

Teaching-learning process must be seen as a single transaction. In other words, if something has not been learned, then it has not been taught. Educators have taken ownership of the process and, in today's world, they accept that their teaching has not fully reached its objective; hence they have not met their obligation, if all students have not learned the material at hand. This approach to teaching and learning has forced educators to focus on how individual students learn.

Discussion that provides opportunity to share one's perspective on what is effective and what is not, among all stakeholders of education is crucial for the development of more valuable instructional approaches. Higher education experiences resulting from implementation of more efficient teaching-learning strategies leads to enhancement of students knowledge, skills, abilities. These can serve as one of the most valuable assets contributed by all educationists to their students as well as society.

KEY WORDS: content-centered learning, teacher-centered learning, constructivism, instructional approach, motivation, curriculum, yin-yang, educational process.



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Syllabus and content analysis: use of information technology towards medical education

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INTRODUCTION:

The Information Technology (IT) defines as "the study, design, development, implementation, support or management of computer-based information systems, particularly software applications and computer hardware. At present these two terms – computers and IT - are almost synonymous and together. With the development in IT, there has been a significant change in medical education all over the world. Medical schools, particularly in the developed countries, have invested heavily in Information and Communication Technologies (ICT), not only to deliver education, but also to improve the quality of services that health professionals provide.

OBJECTIVES:

To describe the application of modern IT in medical education – their advantages and disadvantages comparing with traditional ways of education.

MEASURES:

This paper highlights about Computer information systems (CIS) in education of health professionals, E-learning, Interactive classroom, Web based learning, Virtual classroom & Interactive distance learning.

METHODOLOGIES:

This article was prepared using most reporting conventions described in the literature data base from US National Library of Medicine, Research Gate, Scopemed, Webmed, Pubmedand The lancet.

FINDINGS:

Some medical institutions does not have enough infrastructure facilities towards IT or lack of skilled medical educators how to use or ignorance of medical educator towards the IT may lead to block progress in the field of medical education.

IMPLICATIONS:

The Medical institutions should train the medical educators about the recent advances of the IT in regard to medicine on a regular basis. In fact, international organizations such as the United Nations (UN) and the World Health Organization (WHO) have acknowledged IT as a useful tool to address education in health care sector in developing countries.

CONCLUSION:

While improved performance of computers have increased CIS availability and led to their use in most aspects of our lives. The advances in medical sciences have led to an explosion of information that might be difficult to accept without application of modern information technologies. In recent years, the progress of information technologies and their application in education goes even further.

KEYWORDS: Information technology, medical education, learning.



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A current perspective on strategies for curriculum development and a systematic approach in reformation of medical curriculum

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The curriculum is the coherent unit of a number of elements- content, strategies and innovative methods – to ensure quality in education and excellence in performance. It is a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessment, the educational environment and the individual students' learning style and the program of work. The current international medical curriculum should address the internal and external key challenges in integrating the Basic Medical Sciences with Clinical Medicine.

Curriculum development for medical education and its systematic reformations can be achieved through different approaches. Though many aspects are important, the most important step is identification of attributes expected of medical graduates. Once these attributes are identified, educators must translate them into meaningful learning objectives. Curriculum should force the learning process that is as similar as possible to professional activities. One way is to deliver instruction simultaneously in an integrated fashion e.g. teaching basic sciences in the clinical context along with clinical medicine and ethical issues integrated into the cases. The medical curriculum is an aggregate of planned activities that are undertaken by a student during his entire learning career in their medical university. The curriculum should indicate the objectives that must be achieved by the student and how these tasks can be fulfilled.

The medical education curriculum should be designed, and revised whenever necessary, keeping these basic needs in mind, as the medical students seeking their medical degree belong to different countries and are entitled to work as medical practitioners in varied clinical and medical sectors in their country of origin. Once graduated, they have to perform all the basic life supporting practices including performing some surgeries with their independent knowledge and hands on skills right from the beginning of their career as medical doctors especially in many government and medical health care systems. So the curriculum must include an intensive hands-on training of all these basic medical and surgical procedures that are accomplished only by one-on-one interactive technical training.

In conclusion, advancing the mission of medical education requires decisive institutional leadership to address the challenges with a clear future vision for the next decade of this century, in which our current students will begin their practice of medicine.

Key words: *Medical education, curriculum, Medical University, Undergraduate medical students, Doctor.*



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**Utilization of vacation period for enhancement of learning
Vacation and vocation : can we integrate?**

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Objective: Medical education is one of the most challenging, enduring and fulfilling systems of study in the academic world. The goal of medical training is to create a product of highest order of utility, namely the medical graduate. As a professional education, the study of medicine demands much more than simple collection and recollection of facts. Once out of the medical school, graduates are to face the health demand of society and have to react properly to it. For this they must possess sound domain knowledge, clinical acumen, managerial ability, team building capacity, a lot of common sense and many more. Obviously all of these capacities can't be built within the four walls of a class room. They require exhaustive ward posting, real life experiences and should be taught in some innovative and effective ways. Presently in most of the institutions the emphasis on theoretical and clinical study is given throughout the academic year. But we all know that there is 1-2 month vacation period in every academic year. The author proposes to utilize this vacation effectively to enhance the positive effects on the vocational outcome.

Measures: A number of measures can be taken to enrich the learning experience of medical graduates. During vacations, the students can be posted for observer ship at the institute hospital, they can "job shadow" their seniors and teachers and become more confident. They can also be posted for community services and vaccination programmes, exchange programmes. Classes can also be arranged to develop soft skills, communications, medico legal know how etc.

Methodology: In many institutions for a long time observer ship is being practiced where students go to hospital wards during their pre/para/early clinical days and gain firsthand experience. Students can also be given choices to identify their area of interest and they can accordingly be posted to that particular ward during vacation. In recent times the perception of general population towards medical professionals is not so bright. Though there are many reasons to this, one of the reversible factors is acquiring better communication skills. Dedicated study of communication skills was never that much emphasized in traditional medical curriculum. Students can be offered opportunities for behavioral training during vacations. In view of present day medico legal and CPA issues, special workshops on those can be arranged during vacations. Community services, preparation for PG entrance and licentiate exams, stress management and lifestyle workshops, financial intelligence trainings, memory workshops, seminars on physician carrier planning etc are few other ways to bring spectacular improvement in overall vocational outcome.

Implications: Academic body leaders and regulators are to be convinced and innovative debates and discussions are to be called for finding out newer strategies to improve medical education. The economic and intelligent use of available time and resources can be of great help to promote holistic medicine. In simple words undergrad study is not the end, it should be seen as the cornerstone of holistic development of one's entire carrier.

Conclusion: in view of expanding healthcare expenditure, growing medico legal disputes, patient party agitations, information-overburdened curriculum, recall based entrance and exit tests, the traditional knowledge based medical learning is facing a number of challenges these days. To promote holistic learning and to produce a competent medical graduate, a number of innovative measures are to be taken. Smart usage of vacation period during academic schedule designing can be one of the most crucial steps in this regard.

Key words: Holistic medicine, entrance exam, medico legal, CPA, management, observer ship, community programs.



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Return of the GP: Emphasis on the family medicine training

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Objective: There was a time when every family in the locality had their own family physicians. These physicians were the 1st contact person to respond to any healthcare need, and most of the time they were the last person too in this regard. With the advent of multi speciality hospitals, specialization boom & technological skewing of healthcare, FP has become an endangered species. In most of the institutions during undergrad training, family medicine is not given dedicated isolated emphasis. But we all are aware of the fact that even today for majority of the population and in case of most of the diseases family or general physicians are sufficient. The author proposes to give special emphasis on the training of family medicine in the medical curriculum for the promotion of holistic care.

Measures: Unfortunately there is an overall perception in lay people that family /general physicians are “less qualified” physicians. Therefore “Self referral” to specialists and subspecialists and “tertiary skewness” have become two noteworthy trends in the last 2 decades. It has definitely increased the overall healthcare expenditure but dubiously decreased the satisfaction. Good, reliable and effective use of family medicine can be the savior in this regard.

Methodology: The call of the day should be to spread holistic healthcare to maximum possible people at minimum possible cost. For this family medicine and concept of holistic medicine should be included in the syllabus. Medical graduates are to be motivated to take FM as a suitable carrier choice. MD/DNB in FM has already been started in India a few years back. The regulators and academic leaders should ascertain the proper utilization of resources, decrease the remuneration mismatch between FM and other “hotter” branches. Newer thoughts and innovative approaches are warranted for the overall betterment of healthcare picture.

Implications: FM in India is now standing at the crossroad of revolution. More post grad courses in the form of MD, DNB or Fellowships are coming. Similarly in private sectors, companies are coming with the concept of group based FM practices which can also be a very good placement option for these FM trained physicians.

Conclusion: Medical education in any country should have one principal aim-to produce competent medical graduates who are able to respond to majority of healthcare issues of the population. Dedicated training of FM helps to improve the overall healthcare standard by proper utilization of initial “platinum period”, providing holistic care, decreasing unnecessary test load, ensuring speedy referral and enhancing overall satisfaction. Return of the old GP in new suit is the next big thing awaiting!

Key words: family medicine, holistic medicine, self referral, tertiary skewness, multi speciality



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Effective academic and clinical preparation for Licensing Examinations

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Pen Profile: One of the Alumni members of Jinan University 2006 batch, a critical care fellow currently working as the Senior Academic Coordinator, Medical Education Department, Saraswati Online and spear heading the Elite FMGE Program as the main architect as well which is aiming at making the SOLCIL students pass their license exam in the first attempt itself.

At the same time , he is a guest lecturer in Biochemistry, Pharmacology and Medicine in Elite FMGE

Topic: Licensing exams: Teaching learning approaches & differences,

Sub Topic: Effective academic teaching and preparation for Licensing Examinations

Abstract:

INTRODUCTION:

FMGE i.e. Foreign Medical Graduate Examination colloquially known as MCI screening test has set out nightmares throughout the last decade as the national passing percentage has been below 8% on average although Saraswati Online students have already set a higher benchmark at 71% during the last 5 yrs.

This abstract is aimed at finding out the major difficulties in effective academic and clinical preparation and modify our approach to overcome the lacunas that are needed to be sorted out on a war footing basis so that India can get back more number of quality doctors to meet the need of the society.

OBJECTIVES:

- a) Obliteration of the "MCI the Myth" by achieving maximum success in the FMGE.
- b) Overall betterment of MBBS in China program in Saraswati Online partnered universities.
- c) Making the brand Saraswati Online by achieving a 100% passing percentage in the license exam for aspiring students approaching Saraswati Online.

MEASURES:

The approach must be holistic in terms of teaching learning experience in order to understand the core basics of each of the 20 disciplines in MBBS curriculum.

METHODOLOGIES:

The entire concept of conducting the exam by the National Board of Examinations has taken a drastic change in its method & magnitude from pen & paper based theory oriented exam to computer based testing which is more clinics oriented now a days.

As contrary to earlier practice now the students have to devote equal amount of diligence in understanding the clinics as well if not more.

Know the subject well in detail as THE HUMAN BODY HAS REMAINED THE SAME OVER CENTURIES

FINDINGS:

1. Approximately 88-92% questions are text written questions and 8-12% are visual slide based questions.
2. Text written questions are from all 20 subjects while visual questions are mainly from Surgery/ Radiology and Obstetrics and Gynaecology. 4-5 visual questions may be asked from Pathology/ Microbiology/ Community Medicine / Ophthalmology and Medicine.
3. The blue print posted on the FMGE website by NBE on the number of expected questions from each subject in contrast to the actual scenario even after CBT implementation.
4. Major downfall in the clinical skills in China due to the language barrier and the nature of the diseases that we encounter in separate countries.
5. Technical glitches in retaining the must know concepts about all the subjects till the end of 5th year before finally appearing in the Licensing Exam
6. Failure to use the TRUMP CARD theory during the eleventh hour preparation for FMGE.
7. Subject wise preparation is not proving beneficial as compared to Topic wise discussion.
8. Lack of proper syllabus & action plan related to FMGE.

IMPLICATIONS:

- I. Students must practice relevant MCQs on a regular basis and stay updated on the recent advances as well. New approach should be tried to cope up with the visual questions.
- II. Proper guidance should be given by the faculties to make the students updated all the time and to achieve this the teachers first must stay updated all the time and follow journals as well. Faculties taking those 5 subjects should take their teaching skills to the next level.
- III. A thorough and in depth understanding on the comparative analysis on proposed vs actual number of questions being asked should be cemented in students' mind.
- IV. Students should be encouraged from time to time to pay attention to the Medical Chinese mainly and take it seriously as same of other 20 subjects.
Patients are the only tool to gain clinics and in order to gain knowledge from patients students must know their language first.
- V. Students must be motivated from time to time to emphasize on revision and re-revision prior to hit the FMGE finally. They should not start preparing MCQs after finishing the 10th semester, rather it should be started from Day one itself in order to finish the nest level of preparation on time.
- VI. The final few months just before the FMGE should be kept in reserve for revising the high yield topics rather than studying everything and teachers must inform the students "What to Study and most importantly What NOT to Study during the last few days".
This is the mainstay of cracking FMGE in 1st attempt.
- VII. Faculties specialized in FMGE oriented teaching along with the faculties for regular classroom should be in a position to guide the students regarding topic wise discussion instead of subject wise preparation .
- VIII. Current syllabus should be modified in such a way that teaching hours to be increased in high yielding subjects in order to finish the most important topics at least and no important subject should be neglected in order to devoting time unnecessarily to unrelated subjects to MBBS curriculum.
The GOLD STANDARD achievement will be to make the syllabus as per MCI guidelines and at par across all universities partnered to Saraswati Online.

CONCLUSION:

All of us must join hands and look forward to BETTERMENT OF STUDENTS positively.

Saraswati Online's ETME initiative should be used as a common platform to discuss the measures must be taken in account of improving International MBBS program & the Elite FMGE program should be used as a permanent tool to solve our common problems .

The day is not far where our GOAL of seeing our students passing FMGE with the flying colors in the first attempt itself will be achieved.

KEYWORDS:

Passing percentage, Benchmark, Holistic approach, Betterment of students, Computer based Testing, Clinics, Visual questions, Comparative analysis, Teaching learning experience, Language barrier, Trump card, Topic wise discussion, Syllabus & action plan, Study, Attempt, Gold standard, Guidelines, ETME, Elite FMGE, Goal.



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International accreditation and standardization in Medical Education.

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Title:To review the current practices in International accreditation and standardization in Medical education globally. Where do we stand now?

Objective: The purpose of this review is to evaluate the importance of individual standards used by accreditation agencies throughout the world.

Methodologies:A comprehensive review of literature to assess the various accreditation and standardization in Medical Education that are being followed globally and its real impact in the outcome on meeting the desired goals.

Background setting and future directions: Globalization of medicine is increasing, as manifested by the growing number of migrating doctors and cross-border education providers. In addition, new medical schools of dubious quality are proliferating. This situation accentuates the need to define standards and introduce effective and transparent accreditation systems. With this background, and reflecting the important interface between medical education and health care delivery, a World Health Organization (WHO)/World Federation for Medical Education (WFME) Strategic Partnership to improve medical education was formed in 2004. In addition to working on reform processes, capacity building, and evaluation of medical education at the regional and national levels, the partnership in 2005 published guidelines for accreditation of basic medical education. Only a minority of countries have quality assurance systems based on external evaluation, and most of these use only general criteria for higher education. The WHO/WFME Guidelines recommend establishing accreditation that is effective, independent, transparent, and based on criteria specific to medical education. An important prerequisite for this development was the WFME Global Standards program, initiated in 1997 and widely endorsed. The standards are now being used in all regions as a basis for improving medical education throughout its continuum and as a template for national and regional accreditation standards. Promotion of national accreditation systems will pivotally influence future international appraisal of medical education. Information about accreditation status--agencies involved and criteria and procedures used--will be essential to future databases of medical schools and will be a foundation for international "meta-recognition" of institutions and programs ("accrediting the accreditors").



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Unique aspect of foreign student administration for MBBS program: An observers point of view

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Dali University is situated in the famous national historical and cultural city and one of the most charming cities in China, Dali, which is also acclaimed as the "Oriental Geneva". The University is a combination of four colleges: Dali Medical College, Dali Teachers College, Dali TV and Radio College and Dali College of Industry, all of which had histories of nearly 30 years before the amalgamation. Now the university offers programs in liberal arts, science, medical science, engineering, education, management and law.

Dali University covers an area of about 200 hectares (2,500 Chinese mu), offering 8 master degree programs, 33 undergraduate programs and 23 three

year programs. The university recruits students from 27 provinces and autonomous regions of the country.

The total number of students in 2006 on campus is around 11,000, including 450 more international students from 15 countries. Unlike some universities Dali University being relatively new does not have an international college or overseas school of education. However Dali University integrates the administration of foreign students into separate departments like International exchange and co-operation department

, Student affairs Department, Teaching affairs department, Basic Medicine College (school of basic medicine), Clinical Medicine College, College of Chinese literature. IECD is an international liaisons department for the university which is responsible for various jobs for the university such as recruiting foreign students, teachers, and scholars and in charge of passports and visa along with related foreign affairs. IECD employs various trained individuals like a foreign resident coordinator, who works for the college like an administrative manager. In recent years. IECD also had employed the help of a Post graduate student working in the hospital, known as the medical coordinator, as a translator for the foreign students if they would fall sick and requires to be treated medically in China. Apart from this IECD also hosts annually an International Day Celebrations which carries on for 1 month cultivating the student's academic and non academic talents. The main administration of foreign students is divided into Academic and Non Academic administration. In the Academic section teaching affairs office is responsible for various number of jobs. These would include syllabus up gradation, preparation of teaching schedule, arrangement and assignment of subject teachers to different batches, examination conduction and many others. In the Non Academic section the student affairs office is mainly responsible for the student's welfare and well being. These would include dormitory management, holiday activity and semester extracurricular activity. The role of Basic Medicine College

begins with the handover of new students from IECD. BMC has its own student's affairs department and teaching department which are responsible for the whole population of students in the college, Chinese and Foreign. Therefore the BMC student affairs department would immediately be responsible for the

integration of these new students into university life. The students are taken for medical health check and visa processing post assignments of the dormitories or living quarters, division of students into separate class, each class headed by a class teacher. During this time the BMC also arranges for medical seminar competitions, Chinese language competitions and non academic parties and celebrations for students mental welfare for better coping with the immense pressure of the study program. At the end of 4th semester the students are transferred to the clinical college. The clinical medicine college also has their own its own student's affairs department and teaching department The clinical medicine college teaching affairs office is responsible for a myriad number of jobs which includes teacher and doctor assignment to the student's clinical education program along with pre-internship and internship programs. The clinical college plays a vital role in training the students for medical Chinese language. However during all the planning and execution of these detailed plans the departments would always be in close contact with the University teaching affairs office and also the student affairs office. Though these departments have and enjoy arranging and executing their teaching and non academic plans independently for the student welfare yet both the BMC and the Clinical Medicine College are always under direct communication and co-operation with the main University Teaching affairs office, Student affairs Department and also IECD. The whole system works on the basis of perfect planning and co-operation. BMC is much more of responsible for acclimatizing the students for the Chinese university education system and clinical medicine college gives the finishing touches to the students for completing their education with finesse. These colleges and departments under the university play a unique role in shaping the future of the students and also their welfare during the stay in china. The college of Chinese literature also plays a vital role in life and education of the international students. This college is in charge of students' Chinese language teaching, training, and HSK certification thus playing a very important part in the teaching system as all the university held Chinese language test are planned and held by this department in cooperation with teaching affairs office and others departments. However this kind of separate department and college based administration sometimes does create job or function overlaps. Thus this unique administrative method does have its pro and cons but through constant monitoring, vigilance and guidance from university leaders the pros are polished towards perfection and the cons are erased. So concluding I must add that in the field of administration whether it is academic or non academic we must always have a common goal of student welfare because if the student prospers, so will the university.

Key words

IECD – International exchange and co-operation department

BMC- Basic Medicine College



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Abstract on Miscellaneous Topics

Discussion on the path choice of international medical students' humanistic literacy

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Abstract : With the quick development of China's economic power and education globalization, the education cause of the international medical graduate students in China has developed rapidly both in quantity and quality. Humanistic literacy education is one of the core content of medical education, but in the current medical education for international students, humanistic quality education is ignored. This paper took southern medical university as a case, summarizes the existing problems there, and puts forward some paths for the cultivation of the international medical students' humanistic literacy.

Keywords: Humanistic literacy; International medical students

近年来,我国医科留学生教育蓬勃发展,招生规模逐渐扩大,但从留学生的课程设置看,其课程体系注重医学专业知识教育,缺乏人文素养教育模块课程与实践。南方医科大学是全国首批30所具有资质招收本科临床医学专业留学生的院校之一,本文以南方医科大学医科留学生教育为分析对象,从医科留学生人文素质教育的重要性出发,分析目前医科留学生人文素质教育存在的问题,提出医科留学生人文素养的培养途径。

一、医科留学生人文素养教育的重要性

医学是古老的职业之一,其社会分工是解决人类的疾病问题。承载着医学职业的主体——医生,在实际工作中面临双重任务,一是治疗患者的疾病,缓解痛苦,一是处理与患者的关系。简而言之,医生治疗的是同类个体的疾病。医生这一职业的特殊性,决定医生人文素养的不可或缺性;医生职业的特殊性也决定医生应具备三方面的品质:一是应有良好的人文情怀,热爱与尊重生命。这一情怀的养成,除了具有善良的个性之外,还需要通过丰富人文知识教育和人文精神实践来培养。二是需有进取精神。医学科学技术发展现状与人类对健康的需求之间还存在着巨大的差距,因此,医生应有积极进取精神,倾心于科学研究,推动人类医学知识和技术的进步。三是要有良好的人际沟通能力。医生必须与不同类型、性格各异的人沟通。熟练的沟通技巧、准确无误的语言素养、良好的表达能力,是一个好医生的标准配置。

因此，有针对性地加强医科留学生的人文素质教育，提升留学生的自我身心调节与适应能力，突破语言与文化障碍，对于提高教育质量，实现留学生人文素养培养目标具有重要意义。

二、医科留学生人文素养教育存在的问题

南方医科大学自2005年9月正式招生以来，至今已招收了9届共1000多名留学生，分别来自印度、巴基斯坦、毛里求斯、泰国、英国、韩国等20多个国家。我校确定的医科留学生的培养目标是：医学基础知识扎实、临床技能规范、职业素质良好的国际通用型医学人才。^[1]该培养目标缺乏对医科留学生人文素养教育的关注。同时，从现有资料可知，我国学习医学的留学生专业学制一般为六年，其中包含一年的医院实习，但从各校的课程设置和教学实践的内容看，基本结构包括两大类：一是医学专业课程与实践，一是中国语言与文化课程，一般都包括《对外汉语》、《医学汉语》和《中国概况》三门课。在前述的课程设计与实践中，明显缺乏人文素质教育的内容，其结果是医科留学生缺少该方面的知识和技能教育，存在素质短板。其次，医科留学生轻视人文素养的学习与提升，造成这一现象的原因诸多。

（一）医科留学生课程设置存在的问题

中国本土的医学生课程已经形成医文并重的体系，除系统的医学课程与实践之外，文科课程一般包括医学史、医学伦理学、医患沟通学、医学哲学、卫生法学、卫生管理学、卫生经济学等学科，另外还有哲学、历史、文学、艺术、法学、经济学、管理学、工学等选修课选修硬性要求。这样的课程设置也是世界医学教育的基本模式。以美国为例，医学生必须先取得医学之外的学士学位之后，才能报医学院校。我国目前正在进行的八年制医学教育，一般安排两年左右的时间学习医学之外的学科知识，以期望医学生构建相对全面的知识和能力体系。但是在我国目前已经实施的针对医科留学生的教育中，因多方面原因，没有人文素质、职业道德教育的课程与实践活动。能够体现人文的课程仅限于《对外汉语》、《医学汉语》、《中国概况》三门。前两门的教育目标是解决留学生的汉语言能力问题；《中国概况》一门课程一般为32学时，专门介绍中国文化、历史、地理等知识，目的是加深留学生对于中国的认识。虽然三门课程一定程度上也涉及到某些人文知识和素养，但缺乏系统性和实践性。可见，医科留学生的职业和人文素养教育没有受到应有的重视，知识的传授都不存在更谈不上能力培养和素质养成，远不能够实现人文素养教育的目标。另一个层面，帮助留学生突破文化和心理障碍的课程与实践同样缺失，不利于医科留学生的全面发展。

（二）医科留学生不重视人文素养学习

因为多种原因的影响，导致医科留学生轻视人文素养的学习与提升。一是招生体制的限制，导致部分医科留学生文化水平偏低，缺乏提升自我人文素养的内在动力；二是考试制度的原因，相当一部分医科留学生在南方医科大学学习医学课程，然后回国参加本国的医师资格考试；三是教学模式的原因，医科留学生的医学课程教育多采取全英教学形式，只有少数公派留学生跟中国学生一起以汉语的方式学习医学课程。但是，在英美等全英医科教学设计中，应有的人文素养课程，在我国对留学生的教育中，没有开展。甚少开出的课程也流于形式；四是我国留学制度设计的原因，虽然我国规定外国医科留学生必须学习汉语，规定其毕

业论文的摘要必须用汉语写作，但该制度并没有得到认真的执行；五是文化熏陶的缺失，中国医科学生人文素养的养成的一个重要途径是在日常生活中受本土文化的熏陶而成，但是医科留学生则因文化背景的差距，失去通过日常生活熏陶的机会。从另一个角度看，因留学生生活在异质文化之中，本民族文化熏陶的机会因而缺位。

在上述教育背景的综合影响下，留学生只重视专业课知识的学习，不仅不重视汉语和汉文化的学习，而且还缺乏人文素养课程与实践，在仅有的相关课程学习过程中表现出对人文教育的淡漠态度。如果不采取综合措施，将来培养的医科留学生由于缺少人道主义的训练，伦理精神缺乏，长此以往，将会影响中国医科留学生教育的质量和水平。另一个层面，在大学教育阶段，少数留学生由于文化背景、习俗、语言等因素，产生自我文化优越感、基本道德规范缺失，出现交际中的自我封闭性、环境与文化认同中的焦虑感、中外学生或留学生之间交往障碍等，^[2]甚至产生心理疾病。

三、强化医科留学生人文素养的培养途径

美国撒拉纳克湖畔，E. L. Trudeau 医师镌刻的墓志铭，用中文描述就是“有时去治愈，常常去帮助，总是去安慰”。时光无法抹去这段铭言闪烁的光辉，同时也揭示出医学具有二重性，始终需要运用医学知识与技术解决人的疾病痛苦，但又必须通过医务人员与患者及其家属的人际沟通才能有效解决问题。因此，医学一定包括技术要素和人文要素两个方面。尊重生命、崇尚人道、以德为先，是东西方公认的从医伦理起点。医学教育应保证知识技术传授与人文素养培育之间的平衡。优秀医者不仅要拥有良好的知识和技术，而且应该具备相应的人文知识和素养。

（一）改革课程设置，加强西医留学生人文素养教育

人文素养教育的落实主要通过教学来实现。没有完善的课程体系，没有丰富的人文素养教育的内容，不注重专业知识和人文科学知识的协调和统一，人文素养教育难以实现。纵观国内外医学院校课程设置，基本上由自然科学、人文社会科学、医学专业科学三部分组成。20世纪60年代，美国率先对医学课程进行改革，强化医学人文教育，目前哈佛大学医学院人文课程贯穿4学年时间。英国在“明天的医生”报告中也提出医学教育和实践要加入更多的交叉课程，以达到医学人文与医学自然科学的相互渗透。^[3]相比之下，我校西医留学生的人文社会科学课程偏少。

因此，加强人文素养教育，必须要改革课程结构，使人文课程进入整个课程体系，确立在课程体系中的基础性地位，使课程成为将教育思想、观念、目的和宗旨转变为受教育者内在品质和能力的中介。课程应该包括两个方面：一是将汉语教学和中华优秀传统文化教育贯穿留学生教育的始终，使得中华优秀传统文化产生潜移默化的教育功能，丰富其人文知识储备，使留学生更加懂得“医者仁心”的内涵。二是从医学留学生的特点出发，开设医学伦理、医学史、跨文化交际、心理健康、大学体育等选修课程，规定留学生每个学期完成指定选修课程的学分。之所以开设人文选修课，是为了激发留学生内在学习动力，由他们自主选择感兴趣的人文课程，改善医科留学生人文知识结构，提升其职业道德境界。

大部分留学生一般信仰伊斯兰教、基督教，因此，在进行医学伦理学教育的

实践过程中，有必要充分考虑留学生的宗教文化因素，注意他们的伦理禁忌和伦理道德，兼顾文化差异，科学、合理的吸收中西文化中的医学伦理思想，并且合理的加以运用。

（二）完善教学方法，实现有效的跨文化交流

医科留学生的职业和人文素养教育应改革教学方法，因材施教，把愉快教育、情境教育、情感教育等教育模式与方法通入人文教育之中，让学生积极主动、生动活泼地学习、接受、内化，通过触动心灵，真正在思想上解决深层次问题，力求实效。^[4]目前可以直接实施的情景教学有：组织留学生参观我校人体标本和数字人体科普馆，用遗体捐献者的遗嘱感染留学生，让留学生理解生命的意义；组织留学生参观广州地区的风景名胜、博物馆等，以感受了解中国独具魅力的历史与文化，提升留学生的人文素养。

在汉语教学中融入中国文化教学，因为学习一种外语不仅要掌握语音、语法、词汇和习语，而且还要知道说这种语言的人如何看待事物，如何观察世界；要了解他们如何用他们的语言来反映他们社会的思想、习惯、行为；要懂得他们的“心灵之语言”，即了解他们社会的文化。^[5]因此，对留学生而言，在学习汉语的同时，对中国文化进行一定量的知识积累是非常必要的。如学习《博雅汉语》第十四课《我喜欢浅颜色的》时，可加入颜色在中国文化中代表的不同意义。在进行中国传统文化教学时，教师应尊重留学生的不同文化传统、宗教信仰、风俗习惯等，接受文化差异，强化不同文明的对话与沟通，让医科留学生在文化交流中，获得最好的人文教育，并潜移默化地实现中国文化的渗透。具体可运用讨论法、辩论法、案例法、情景教学法等教学方式，帮助和促进留学生克服语言、文化障碍，拓展留学生之间、留学生与中国学生之间的人际交流与生活空间，真正实现文化互补，建立良好的跨文化交流与促进。必要时，可以组织留学生参与医学临床专业中国学生开展关于“生命的意义”的课堂讨论。一方面，可训练留学生的交流和口头表达能力；另一方面，对医学临床专业中国学生而言，了解不同国家的人对生命的理解，也有助于开阔其视野，提高其人际沟通的能力。因此，这是双赢的过程。

（三）组织课外活动，丰富医科留学生的社会实践

医学教育不应是单向说教，而应是寓人文素养教育于学生的实践活动中，实现教授知识与行动实践的相结合。医学院校应通过丰富的人文素养实践活动，引导医科留学生在实践中学习、思考、进步，使医科留学生的人文实践成为其人文素养提升的新途径。具体包括加强医科留学生的临床见习、实习等，促进理论知识转换为实践行为。同时，通过我国医护道德楷模的敬业、爱岗示范效应，增强留学生对人文道德素养的亲知亲为。

另外，医学院校应为医科留学生提供接触了解中国社会实情的多种具可行性可选择性的途径。如组织社区义诊、医院义工等志愿者活动，培养医科留学生服务患者、奉献社会精神态度；鼓励医科留学生参与学校的各种社团活动；鼓励医科留学生在假期访问中国各地的名胜古迹等活动，在丰富留学生的课余生活之中，潜移默化地接受中华文明的影响。

（四）建立留学生学生会，营造良好的校园人文素养氛围

建立留学生自我管理的学生会，设立外联部、文艺部、宣传部等部门，定期

举办留学生活动，让留学生在学生工作中充分发挥其活力，锻炼他们的能力，充实他们的课余时间，帮助他们融入中国的学习和生活。同时，也可以组织留学生学生会与外校留学生学生会的交流，组织其与中国学生的学生会的交流合作，丰富留学生视野，锻炼留学生的沟通能力。

医科留学生所处的校园环境和氛围对其人文素养教育有着润物无声、无可替代的作用，是一种潜移默化的教化和熏陶。加强校园文化建设，是实现高校人文素质教育引导和文化启迪的主要形式。学校须大力开展多种形式的人文素养教育和校园文化活动，使健康向上、充满活力、富于创新精神和民族特色的文化风尚引领校园。例如开展针对医科留学生中国文化讲座、读书活动等，拓展学生的文化视野；鼓励和支持留学生创建学生社团，如中国书画、武术、瑜伽等，提高学生的文化素养，增强校园的人文氛围；通过开学典礼和毕业典礼上的“医学生誓言”宣誓、邀请医学专家讲解“医学前沿发展与医学生素质”等活动，引导留学生进行自我教育。^[6]

参考文献:

- [1] 据南方医科大学2014年外国留学生临床医学专业本科（英语授课）招生简章[EB/OL].<http://web2.fimmu.com/lxs/AdmissionsView.asp?ID=145>.
- [2] 夏冬, 权毅, 王国英. 浅谈医学留学生人文精神的培养[J]. 西北医学教育. 2011(02):55-57.
- [3] 李芳, 李义庭, 刘芳. 医学、医学教育的本质与医学人文精神的培养[J]. 医学与哲学. 2009.30(10):66-68.
- [4] 朱晓婷. 浅谈来华留学生素质教育的强化途径[J]. 中国校外教育. 2012(18).
- [5] 赵亚丽. 浅谈文化与语言的关系[J / OL]. <http://www.doc88.com/p-6488156972783.html>
- [6] 论天津医科大学来华留学生教育的创新与实践[N]. 光明日报. 2009.6.17.

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Incorporating Service-Learning Techniques to Improve Self-Efficacy in Medical Statistics Education

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Abstract: Service-learning in Medical Statistics education helped students integrate knowledge with practice in a company setting. The aim of this study was to explore how a service-learning experience affected clinical students' beliefs about self-efficacy including understanding the knowledge, professionalism, communication, cooperation in a company service setting. One hundred and forty-seven fifth-year clinical students at Southern Medical University participated in a 20-hours service-learning program in the spring semester in 2014. After the program, questionnaires completed by the participants were analyzed using statistical methods. Interviews with the students were used to corroborate the findings from that analysis. The results showed that serving-learning enhanced the awareness of statistical knowledge and capacity to resolve the problem in real situation. The curricular components of service-learning program ensured students integrate previously held assumptions with their newfound knowledge.

Keywords: Medical education; Medical curriculum; Company service; Service-learning

1 Introduction

With the development of human knowledge and awareness in all fields, traditional teaching and learning methods lost their efficacy. In order to keep pace with the changing world, it is critical to find new ways to increase and transfer knowledge [1]. In medical education, it is important to find a new way due to the complexity that accompanies theoretical and practical training. Therefore, appropriate educational methods need to be adopted by educational planners and administrators in medical education. By using those new strategies, students can be empowered to enter the health care system [2].

With the rapid development of information technology and evidence-based medicine, Medical Statistics played a critical role in medical practices and researches. As a basic medical education, Medical Statistics became important recently. However, the education of Medical Statistics met some limitations: 1) The abstract principles, multifarious formula and complicated statistical models made this course hard to learn; 2) There was a big gap between traditional education model and real practices. This disjunction made students more confused during their study; 3) There was no structured form of service learning in our curriculum.

Service learning (SL) is a fundamental component of medical education and training for future physicians. It is the answer to the integration and problem-based learning in the education [3]. Involved

student in service organizations has been shown to strengthen leadership skills and empathy [4]. Previous studies have demonstrated that the development of a service learning framework worked as a first step towards successful measurement of the benefits of undergraduate nursing students [5].

According to Southern Medical University (SMU) medical students, there was no structured form of service learning in our curriculum. There were multiple opportunities to participate in company service through our department. Here, we established a service-learning program where students were involved into company services. Our goals were threefold: to develop a way for students to track their cumulative service involvement throughout medical school and receive timely feedback and validation, to promote direct learning from service involvement through active reflection, and to create a mechanism for SMU to formally recognize students demonstrating extensive and longitudinal service engagement.

2 Materials and methods

2.1 Subjects and methods

Fifth-year clinical medicine students were chosen for this study. One hundred and thirty-seven students of 2012 Batch Clinical Medicine were chosen as a control group, and 147 students of the same class were chosen as a experimental group. The control group was trained by traditional educational way including introducing the knowledge and demonstrating the software in the classroom. The experimental group was treated with service learning program. The students in experimental group were exposed in a certain real task, and they had to practice 20 hours per-semester consulting. The instructor selected the appropriate projects which could attract students' attentions and stimulate students' interest. After consulting with company clients, students tried to resolve the problem by independent study or group study (Step1). The teachers in Step 1 never gave the solution for the task, but they provided relevant clues and also guided students to the right path. In the Step 2, the instructors organized the students to show, discuss and evaluate their results. Students could further reflect and improve their cognitive structure through Step 2. The students gave the clients a written paper to explain the problems, experimental design, the problem they had and the methods to resolve the problems (Step 3).

2.2 Effect evaluation after the intervention on each student

2.2.1 Objective evaluation: Effective evaluation of every component of statistics and final grade of both groups

The whole knowledge of statistics was decomposed into six parts: experimental design, statistical description, quantitative data analysis including t-test and analysis of variance (ANOVA), qualitative data analysis including chi-square test, regression and correlation based on the course syllabus. The final grade of theory and software was recorded after final examination. The correlation between the grade of theory and the grade of software was evaluated.

2.2.2 Subjective assessment : Effective evaluation of self-efficacy of each student in both groups

Based on the questionnaire and students' interviews, personal abilities were evaluated in both groups. The content including the ability of understanding of textbook, the ability of problem solving, the ability of independent study, the ability of literature search, the ability of working independently, the ability of developing the sense of research, communication, cooperation and practices was evaluated. The answer was binary: yes or no, and the frequency of each answer was accounted.

2.3 Statistical analysis

The data were analyzed for normal distribution using Shapiro-Wilk test. Results were presented as mean±standard deviation of the mean (SD) if the data was normal distribution; otherwise, the median and quantile range were used to describe the data. Statistical differences in basic information of students and final grade were analyzed using a t-test (v.9.3, SAS Institute Inc., Cary, NC, USA) if the data followed normal distribution; otherwise, the nonparametric test was employed to compare the statistical

differences in both groups. Statistical differences in frequency of different results of personal abilities were tested by chi-square test. Statistical differences were considered significantly at a *P*-value of 0.05 or less.

3 Results

3.1 The comparison between experimental group and control group at baseline

The age of two groups was around 21 years old, and there was no statistical difference between two groups ($t=0.722$, $P=0.480$). The ratio of female and male was around 1:1, and there was no statistical difference between two groups ($\chi^2=0.139$, $P=0.709$). Considering the average grade of previous semester there was no statistical difference between two groups ($t=0.551$, $P=0.580$) before treatment. The baseline between two groups was statistical equilibrium (Table 1).

Table 1 The comparison between experimental group and control group at baseline

	Control group	Experimental group	t/χ^2	<i>P</i>
Age	20.91±1.38	21.38±1.40	0.722	0.480
Gender (female/male)	65/72	73/74	0.139	0.709
Average grade	85.09±4.66	86.33±5.43	0.551	0.588

3.2 The comparison between experimental group and control group at grades

In the theoretical final examination of Medical Statistics, the students in experimental group showed higher grade in all separated modules of statistics and final grade (Table 2). The correlation between the grade of theory and the grade of software was evaluated. The result showed that the grade of theory was highly correlated to the grade of software. For control group the correlation coefficient was 0.761 with *P* value less than 0.01; for experimental group, the correlation coefficient was 0.792 with *P* value less than 0.01.

Table 2 The comparison between experimental group and control group at grades

	Total grade	Control group	Experimental group	<i>t</i>	<i>P</i>
Experimental design	20	10.56±2.65	13.64±2.06	2.962	0.009
Statistical description	20	11.56±2.65	14.18±2.64	2.210	0.040
Quantitative data analysis	20	8.67±2.69	11.00±1.95	2.248	0.037
Qualitative data analysis	15	8.00±2.12	10.82±2.99	2.373	0.029
Regression	15	8.11±2.37	10.18±2.28	2.010	0.060
Correlation	10	6.11±1.90	8.27±2.53	2.115	0.043
Final grade	100	76.78±9.89	85.82±5.25	2.622	0.017

3.3 The results of self-evaluation in both groups

The students' achievement of the expected learning outcome by the end of the semester was assessed using a questionnaire and an interview. The results of self-evaluation were collected in both groups after service-learning. The results showed that students had better understanding of the textbook, and they strengthened the ability of problem solving and independent learning (Table 3).

Table 3 The results of self-evaluation in both groups

	Control group (Number of Yes/ Number of No)	Experimental group (Number of Yes/ Number of No)	χ^2	<i>P</i>
Improve the understanding of textbook	78 /59	115/732	14.770	<0.001
Strengthen the ability of problem solving	56/81	92/55	13.392	<0.001
Improve the ability of self-study	63/74	118/29	36.066	<0.001
Improve the ability of literature search	51/86	89/58	15.426	<0.001
Improve the ability of working independently	58/79	100/47	18.963	<0.001
Develop the sense of research	74/63	110/37	13.468	<0.001
Improve the ability of communication	61/76	100/47	15.952	<0.001
Improve the ability of cooperation	76/61	113/34	14.586	<0.001
Stimulate the desire for seeking knowledge	82/55	121/26	17.545	<0.001
Improve the ability of practices	89/48	126/21	16.601	<0.001

4 Discussions

Over past twenty years, major changes in educational strategies have been recommended in the curriculum of medical schools. Generally, student-centred, problem-based, integrated, community-based, core with electives and systematic were identified as six trends in the new model for educational strategies curriculum^[6]. Service-learning was adopted as the key educational strategy in the curriculum and was used as the basis for integration and problem-based learning in the medical education. Students should take responsibility for integrating their learning as they move through a range of real tasks.

One advantage of service learning was integrating teaching and learning. Our results showed that service-learning not only inspired the students' interest in studying statistics and fulfilled the structure of every modules of statistical knowledge (Table 2), but also enhanced their abilities of think, analysis and resolve the problem (Table 3). Therefore, the integration became the responsibility of the student with service learning. This is facilitated through the provision by staff of an appropriate structure or framework designed to guide the students' learning. The integration in SL can be viewed as a further development from the interdisciplinary or multidisciplinary approach to integration which was commonly adopted in the earlier phases of the medical curriculum^[7]. In this trans-disciplinary integration, the disciplines became part of the learners' real world experience. Through resolving the real problems, the students not only cleared the statistical theories, but also filtered the broader aims and goals of the integrated curriculum^[8]. Moreover, the integration was both vertical and horizontal. Consistent with a constructivist approach to learning, students built on their understanding of statistics theory in the beginning and applied their knowledge to the tasks the clients provided. The importance of this vertical integration should be emphasized in our curriculum.

Other advantage of service-learning was providing students with a framework to take the responsibility for their own learning^[9]. The students kept the positive evaluation on the treatment, and they believed the method can strength the ability to apply the statistics, resolve the real questions and cultivate the spirit of cooperation (Table 3). Service-learning assisted students to view the tasks from the perspectives of the different case attachments. SL supports "education for capability". The students' learning was directed to mastery of the competencies relating to the tasks. Higher level objectives were encouraged including the development of the knowledge of "reflective practitioner"^[10].

A common expression of wishful thinking is to believe that medical education settings are uniform. Their parts are interchangeable, and successful programs can be transferred to other sites without regard to local history, culture, habits, aspirations, receptivity to change, or financial conditions^[11]. In this study, we employed the service-learning program to provide students a way to track their cumulative service, and promoted direct learning from the service. Based on the results of this study, we provided a theoretical theory to create a mechanism for SMU to develop their curriculum.

References

1. Koh YH, Wong ML, Lee JJ. Medical students' reflective writing about a task-based learning experience on public health communication. *Med Teach*. 2014, 36(2):121-9.
2. Bin Abdulrahman K, Gibbs T, Harden R. The medical education journey continues. *Med Teach*. 2013, 35(Suppl 1):S5-7.
3. Herlihy NS, Brown C. Innovations in service learning: a novel program for community service at NYU School of Medicine. *Med Educ Online*. 2015, PubMed PMID: 26387908.
4. Kronk R, Weideman Y, Cunningham L, Resick L. Capturing Student Transformation From a Global Service-Learning Experience: The Efficacy of Photo-Elicitation as a Qualitative Research Method. *J Nurs Educ*. 2015, 54(9):S99-S102.
5. Voss HC, Mathews LR, Fossen T, Scott G, Schaefer M. Community-Academic Partnerships: Developing a Service-Learning Framework. *J Prof Nurs*. 2015, 31(5):395-401.
6. Harden R, Crosby J, Davis MH, Howie PW, Struthers AD. Task-based learning: the

answer to integration and problem-based learning in the clinical years. *Med Educ.* 2000, 34(5):391-397.

7. Behar-Horenstein LS, Feng X, Roberts KW, Gibbs M, Catalanotto FA, Hudson-Vassell CM. Developing Dental Students' Awareness of Health Care Disparities and Desire to Serve Vulnerable Populations Through Service-Learning. *J Dent Educ.* 2015, 79(10):1189-1200.
8. Vakani F, Jafri W, Ahmad A, Sonawalla A, Sheerani M. Task-based learning versus problem-oriented lecture in neurology continuing medical education. *J Coll Physicians Surg Pak.* 2014, 24(1):23-26.
9. Freeman JV, Collier S, Staniforth D, et al. Innovations in curriculum design: a multi-disciplinary approach to teaching statistics to undergraduate medical students. *BMC Med Educ.* 2008, 8: 28-36.
10. Roh H, Rhee BD, Lee JT, Bae SK. Development of Task-Based Learning Outcomes according to Clinical Presentations for Clinical Clerkships. *Korean J Med Educ.* 2012, 24(1):31-37.
11. Race P. Task-based learning. *Med Educ.* 2000, 34(5): 335-336.



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Discussion on medical chemistry teaching in English for international students

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Abstract: The education of foreign students has become an important part of higher medical education in China; it is also an important basis and symbol of the high level of medical education in China. For many years, Southern Medical University has taken on the task of training international medical students. In this paper, the characteristics of foreign students and medical chemistry are analyzed; Application of medical chemistry teaching language, the choice of teaching materials and the improvement of the teaching method of medical chemistry for the international students are also explored.

Keywords: foreign students; medical chemistry; teaching method

With the increasing foreign exchanges and the development of higher education in China, more and more foreign students come to China for advanced medical education. International student education has become an important part of advanced medical education in China. It has become an important symbol to measure the level of medical education. It also presents a new research topic for the medical educators. Medical chemistry is an important basic and bridge course in medical colleges and universities. Its teaching effect directly influences the evaluation of the whole teaching effect of students, and has a direct impact on the foreign exchange of medical education. Based on our experience in the teaching of medical chemistry in English for many years, this paper discusses the improvement of medical chemistry teaching method for foreign students, the application of teaching language, the choice of teaching materials according to the characteristics of the subject and international students.

1. Characteristics of our foreign students

Most of our students come from India, Pakistan and Africa, they are in the country with English as the official language and the language of education, their English reading and writing skills are very high. However, their pronunciation has a strong local accent; there is a big difference between their oral English and the standard "American" or "British" English. Some foreign students have a limited amount of vocabulary in chemistry, and they need to be interpreted in order to understand the exact meaning of the term. Some students have a low level of basic chemistry knowledge, which is the important factor to be considered when trying to improve the quality of teaching. Foreign students also have many characteristics different from Chinese students, for example, they are active and willing to ask questions; their questions are often beyond the chapter, even outside the discipline; they like interactive teaching, pay attention to active classroom atmosphere, high learning enthusiasm, these characteristics are the basis of teachers to use a variety of teaching methods.

2. Characteristics analysis of medical chemistry

Medical chemistry is a basic course of medicine and pharmacy, and it is also a science quality education curriculum. Its central task is to lay a good foundation for the follow-up medicine and pharmacy courses, not only to make students understand the importance of medical chemistry in medical and pharmaceutical science, but also to make students realize the close relationship between chemistry and life science. As far as its characteristics are concerned, the content of medical chemistry is multifarious; it involves a wide range and is relatively boring, a lot of knowledge points are easy to be confused, difficult to remember; medical chemistry teaching is demanding. In addition, knowledge update is also accelerating with the continuous emergence of new medical technology; these have made the past "pure chemistry" teaching more and more disadvantageous. Modern medical chemistry teaching requires teachers to understand the knowledge of medicine and pharmacy, to realize the organic integration of medicine and chemistry, and to use flexible and diverse teaching methods.

3. Correct and reasonable use of English language in teaching

Teachers need to adopt the full English teaching mode in foreign students' teaching. Although the vast majority of students from different countries can be proficient in English, they still have varying degrees of difference in the understanding of language and the ability to express. How to use English to express terminology correctly is a very important aspect in teaching. Correct understanding of medical chemistry terminology is the key to guarantee the quality of teaching. This requires that teachers must have a strong comprehensive teaching ability, not only master the professional knowledge, but also use fluent and accurate English to express knowledge and information, and communicate with students freely. The practical use of English has become a very important link, because no matter what kind of teaching method, language is the most important factor in the process of delivering knowledge and information. The key to the success of the students' teaching is to use the English language correctly and reasonably.

The contents of the original science and technology English textbooks and reference books are the typical forms of written language; The statements, which increase the use of passive voice, long and complex sentences with multiple clauses and phrases, more likely use standardized written vocabulary include nouns, verbs, adjectives and logical connectors, etc., often use the subjunctive and "it" guide sentence, are mounting for neatness, tidy and conformity. These characteristics are conducive to accurately set forth the facts, describe the phenomenon, expressing principle and summarize conclusions. In the teaching process of foreign students, the teachers should use and organize the teaching language reasonably according to different situations. Generally speaking, written language should be used to explain the principles and rules, the key points, difficult points and highlights of the text, because written language is simple, scientific, rigorous, and very helpful for students to have an accurate understanding. Oral language should be used during the analysis, interpretation, footnotes, supplementary, transitional, etc., in order to achieve a clear, intelligible and easy to understand results. So English multimedia courseware in the form of written statements should be used to elaborate on the concepts and definitions, principles and mechanisms; However, the teacher cannot be completely copied the written language in the discussion of a certain knowledge point, because some of the written statement sounds very stiff and rigid, is not suitable for the transmission of audio information. Therefore, the teacher should complete the conversion from written language to oral language based on the understanding of the characteristics of written language and oral language, give first place to oral language and take written language as a supplement, use simplified sentences and avoid long sentences with subordinate clause, apply active and declarative sentences to replace passive form or the structure start with "it", use common words rather than unfamiliar vocabulary.

4. Selection of teaching materials and contents for students

Foreign medical students study in China have clear learning objectives, they differ from the medical students in our country, the main employment channel for them is engaged in clinical work after returned to their hometown. Therefore, they not only want to get a medical degree from Chinese medical colleges, but more importantly, to pass national licensing exam to become a qualified doctor. This determines that foreign students' education has its specific teaching objectives and requirements of. In order to achieve the goal of the education for foreign students, suitable teaching materials should be selected. Taking a variety of foreign textbooks for the reference, we have compiled an English teaching outline, which help students to master the key points of the course and focus on clinical relevant chemical knowledge. In practice, we improve the teaching notes regularly according to the feedback of students, and eventually make the lecture notes to become a medical chemistry textbook. On the one hand, we try to make the textbooks with moderate difficulty, fully reflect the systematicness of medical chemistry, lay the necessary foundation for medical students to understand the molecular processes of life; on the other hand, we also try to present and discuss some chemical problems in the frontier and hot spots of life science to broaden the vision of the students; Our effort has won acclaim from students.

5. Flexible and diverse teaching methods

Foreign students have restless mind, like to ask questions, the classroom atmosphere is warm, so teaching methods suited to their personality and learning characteristics should be adopted. They are more suitable for teachers to use interactive teaching methods, such as Problem-Based Learning (PBL). For example, after basic chemical principles and relevant medical knowledge about osmotic pressure were introduced through words or vivid picture presentation, related questions were finally put forward: What's osmotic pressure? What does hypotonic, hypertonic and isotonic mean? Would red blood cells exhibit **hemolysis** or **crenation** in 5.0% glucose solution?

With the continuous deepening of study, a lot of knowledge points are easy to be confused with each other due to the complexity of the medical chemistry, which involves a wide range and is relatively boring. However, a lot of knowledge points in the pandect and monograph are coherent and contrasting, so induction, comprehensive and comparative method can be used in the teaching process, supplemented by a large number of pictures, accurate description or even metaphor to make it visualized. For example, hydrolysis, hydrochemical reaction and hydration, water is involved in all of them. Hydrolysis, water molecules split into two, called "carve up"; hydrochemical reaction, water molecules completely disappeared, known as the "eradication"; when hydrated, the water molecules can no longer move freely called "kidnapping." Using these teaching methods not only can make the students to digest all the information, reinforce memories, but also can introduce an effective learning method to the students, achieve both "Give a man a fish" and "Teach a man to fish" teaching purposes.

There is no uniform teaching method. It is set out from reality, take flexible actions according to class circumstances, contingency, and the variability of individuals. Any teaching methods have its own advantages and limitations, Integration and optimization of a variety of teaching methods should be based on the purpose of teaching, characteristics of teaching content, the characteristics of students and teachers themselves.



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Graduate Medical Education: Defining the essentials for 21st century Medical student globally

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Objective: To design and implement a medical education and training program, that is not only effective and efficient but also relevant and meaningful to the care of society.

Methodologies: A thorough review of literature to assess the various curriculums that are being followed globally. Its impact in the outcome of producing quality doctors as per the current society requirements.

The findings that are needed to be addressed include the following:

Identifying gaps: A review of advances in medical care which are relevant for diagnosis and treatment, yet not being part of the education program.

Technological advances and its positive impact: Technology is advancing by the day and integration of it in care services those are meaningful.

Changes in care setting: The dynamic change in the care settings is something that every budding medical student must be aware of and prepared to face in the profession. Home based care is increasing in relevance. Remote consultation (Tele consultation/Tele Medicine) as an entity is already in place but optimal skill development is essential while as a student itself

In order to address the needs in the most efficient and effective way innovative teaching and training methodologies have to evolve. This is either integrated into an existing medical curriculum which is a huge challenge. Alternative standalone course needs to be available in order to learn the very essential skill that is readily available. One example of this is hand held ultrasound that can complement the clinical examination in arriving at a diagnosis. However the integration of ultrasound learning in the early years of medical student learning is sparse. Skills in sonography (sonoskills) courses if available for learning will make a better diagnostician. Another implication that can be seen to evolve soon is the use of endoscopic techniques even at primary care level setting.

Preventive care, Palliative care and economics of medical practice are all of significant value attached for a basic medical doctor. Community level prevention is part of the curriculum in most medical education setting, however prevention at individual levels are not well addressed. Integration of teaching palliative care services is a real challenge but highly essential. Above all, competency in the economics of the healthcare services is to be integrated to from basic medical practice level itself.



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Mini Outbreak: Fungaemia by *Trichosporonbeigelli* in New-borns
Dr. Uttam Udayan, Dr Santosh Machado, Dr Anup Kumar Shetty, Dr RoopaHegde

Objective: To report 5 Cases of Fungaemia caused by *TrichosporonBeigelli* in New-borns

Introduction: *Trichosporon* Species is a saprophyte and occasionally a part of normal flora of the skin. Systemic infections are common in immunocompromised patients. The literature name of *Trichosporonbeigelli* is used for the etiological agent of systemic Trichosporonosis.

Summary of cases: Neonates with features of septicaemia were investigated, blood culture was sent. Of the 5 babies one baby died of septicaemia, a sudden death of another baby and other 3 babies were treated successfully with amphotericin B.

On Gram stain, yeast like organisms were found. On Culture there was growth overnight. Colonies were raised, dry, yellowish, smooth, non-haemolytic, odourless, which on aging became wrinkled. They were urease positive. On Gram Stain there were hyaline septate hyphae that fragments into arthroconidia. On corn meal agar, there were pseudohyphae (chains of blastoconidia).

Discussion: Fungaemia with *Trichosporon* is Fatal with Mortality rates upto 64%. The patients generally have some immunocompromised state or extremes of age. Therapy with Amphotericin B is recommended but tends to fail; Azoles are a must in the therapy.



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