The Effect and Observation of Curriculum Ideology and Politics in Standardized Training for Gynecological Residents

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Abstract

It is essential to construct the ideological and political education training system for the gynecological resident’s standardized training. In the study, a total of 56 standardized training for gynecological residents enrolled in the department of gynecology in the First Affiliated Hospital of Chongqing Medical University from September 2018 to June 2019 were randomly divided into two groups. The ideological and political education curriculum is integrated into the observation group, while the control group applied the traditional teaching method. The results showed that the ideological and political courses could effectively improve the comprehensive ability test and satisfaction rate ($P < 0.05$). In conclusion, the teaching mode of curriculum ideological and political education is worth popularizing and applying in the standardized training of gynecological residents.

Keywords

Curriculum Ideology and Politics, Gynecology, Resident Standardized Training

1. Introduction

Curriculum ideology and politics refers to a comprehensive educational concept that combines all kinds of courses and ideological and political theory courses. This mode creates synergistic effects, a comprehensive academic idea that regards strengthening moral education and cultivating people as the fundamental task of education. In 2016, General Secretary Xi Jinping gave an important speech at the National Conference on ideological and political work in colleges and universities. He comprehensively strengthened that ideological and political
work should run through the whole process of education and teaching to form a new pattern of coordinated education (Liu & Wang, 2022). This programmatic document is a guiding ideological and political work in colleges and universities under the new situation. In medical schools, teachers always focus on the difficulty of the course in theoretical learning, and the ideological and political education of medical students is neglected, or lack of ways to integrate curriculum ideology and politics into the class (Yuan, Gao, Wang et al., 2022). The construction of the ideological and political curriculum is aimed to strengthen the course education and help medical students to improve clinic knowledge, skills and confidence while building a medical talent team with both ability and morality (Wei, Ru, Tian et al., 2021).

Health related, life entrusted. The original aspiration and mission of healers are to ensure the health and safety of people. Standardized training for resident physicians is an integral part of post-graduation education for medical students, which is very important for training high-level clinicians and elevating medical services (Chen, Mu, Mo et al., 2022). It plays an important role in connecting past and future in a lifelong learning and education process. Ideological and political education has gradually become the primary development trend in the study of gynecology (Yang, Zhong, Liu et al., 2020). Therefore, this study aimed to explore the effect and observation of curriculum ideology and politics in standardized training for gynecological residents. This study proved that the teaching mode was worth popularizing and applying in the standardized training of gynecological residents.

2. Methods

2.1. General Information

A total of 56 medical students (11 male and 45 female, 22 - 25 years old) participated in the standardized resident training in the department of Gynecology of the First Affiliated Hospital of Chongqing Medical University from September 2018 to June 2019, participated in this study. The participants consisted of 37 undergraduate and 19 clinical master’s students. They were randomly divided into the research group (n = 28) and the control group (n = 28). The ideological and political education curriculum is integrated into the observation group, while the control group applied the traditional teaching method. The characteristics are summarized in Table 1. There was no significant difference in age, gender, and education between the two groups (P > 0.05; Table 1).

2.2. The Construction Method of the Curriculum Ideological and Political Education Training System for the Gynecological Residents

Training methods, teaching content and teaching process were listed as follows.

2.2.1. Routine Training

A designated standardized training preceptor trained one assigned resident to
Table 1. Comparison of general data between the two groups.

| Characteristics       | The observation group | The control group | P value |
|-----------------------|-----------------------|-------------------|---------|
|                       | (n = 28)              | (n = 28)          |         |
| Gender                |                       |                   | 0.737   |
| Male                  | 6                     | 5                 |         |
| female                | 22                    | 23                |         |
| Age                   | 22.93 ± 0.81          | 23.14 ± 0.76      | 0.312   |
| Education             |                       |                   | 0.778   |
| Bachelor college degree| 18                    | 19                |         |
| Master degree         | 10                    | 9                 |         |

learn clinical training and theoretical study. Each resident should manage at least eight patients per month, including writing medical records, participating in surgery, daily dressing change, discussing complex cases once a week, 1 teaching ward round every week, night shift twice a month.

2.2.2. Curriculum Ideology and Politics Teaching Process
The whole teaching is mainly divided into theoretical education and interactive discussion parts. Standardized training preceptors take typical clinical cases and let residents enter the study with questions. Residents communicate with patients, experience the pain of patients and their families due to the disease, and desire a good prognosis to have a deeper understanding of medical students’ mission and social responsibility. Introduce the practice deeds of famous doctors in obstetrics and gynecology, such as Lin Qiaozhi, Wu Weixin, Bian Duhong, and so on. Residents learn from the benevolence and dedication of our predecessors. The entire theoretical lecture lasts about 40 minutes, followed by a 15-minute interactive discussion. The preceptor leads the discussion topic, and the residents discuss it for 5 minutes in groups (3 - 5 persons in each group). Then, each group chooses a representative to discuss between groups and with the preceptor.

2.2.3. Integration of Ideological and Political Theory into the Curriculum
Standardized training preceptors should guide medical ethics and bioethics teaching professional medical knowledge. Preceptors should pay attention to training residents to protect the patient’s privacy during interrogation or physical examination. When the patient feels nervous, shy, or psychologically stressed, residents should pay attention to cultivating psychological counseling and humanistic care for patients and strengthen their ideological and humanistic education. Meanwhile, preceptors told stories of famous doctors in obstetrics and gynecology for ideological and political education. Preceptors cultivated residents’ sense of social responsibility, sympathy and understanding for patients, respect for life, and great love for patients.
2.3. Evaluation Criteria

After the residency training programs in the department of gynecology, the two groups of standardized training residents were tested with the same set of theory assessments, clinical practice skills, and comprehensive testing. The total score of each test was 100. The level of satisfaction with the training was evaluated with a scale questionnaire, including the teaching mode, difficult cases, treatment principles, self-directed learning ability, literature searching ability, clinical thinking ability, comprehensive analysis ability, medical ethics, ideological and humanistic education, etc. The satisfaction questionnaire was completed anonymously. Satisfaction was rated on four levels: completely satisfied (10), satisfied (7 - 9), generally satisfied (4 - 6), unsatisfied (1 - 3). We calculated the satisfaction rate as a completely satisfied rate plus a satisfied rate.

2.4. Statistical Analysis

Statistical analysis was done using IBM SPSS Statistics for Mac (Version 23.0, IBM, USA). Continuous data are presented as mean ± standard deviation (SD), and the student's t-test was used for analyzing two-group differences. Categorical data are expressed as frequencies, and the Chi-square test was used to compare groups. The non-parametric rank-sum test was used for the satisfaction survey. All tests were two-tailed, and \( P < 0.05 \) was considered statistically significant.

3. Results

3.1. Comparison of Test Scores between Two Groups

There were no significant differences in theory assessment and clinical practice skills between the observation and control groups \( (P > 0.05, \text{Table 2}) \). However, in the comprehensive ability test, the observation group’s score was significantly higher than that of the control group \( (P = 0.008, \text{Table 2}) \).

3.2. Comparison of the Satisfaction Survey between Two Groups

A total of 56 satisfaction questionnaires were distributed, and 56 questionnaires were recovered. The recovery rate of the questionnaires was 100%, and the effective rate was 100%. The results showed that the satisfaction rate of the observation group was 89.29%, which was significantly higher than 82.14% in the control group \( (P = 0.024, \text{Table 3}) \).

| Table 2. Averaged test scores are used for comparison of the two groups. |
|---------------------------------------------------------------|
| Characteristics            | The observation group \( (n = 28) \) | The control group \( (n = 28) \) | \( P \) value |
| Theory assessment          | 87.43 ± 3.48                       | 85.75 ± 4.19                     | 0.109        |
| Clinical practice skill    | 89.46 ± 3.20                       | 89.96 ± 4.15                     | 0.616        |
| Comprehensive testing      | 88.21 ± 4.42                       | 84.54 ± 5.51                     | 0.008        |
Table 3. Comparison of the satisfaction between the two groups.

| Characteristics       | The observation group (n = 28) | The control group (n = 28) | P value |
|-----------------------|-------------------------------|---------------------------|---------|
| Completely satisfied  | 15                            | 6                         | 0.024   |
| Satisfied             | 10                            | 17                        |         |
| Generally satisfied   | 3                             | 5                         |         |
| Unsatisfied           | 0                             | 0                         |         |

4. Discussion

Since General Secretary Xi Jinping presented the ideological and political curriculum concept, it is emphasized that the ideological and political curriculum was related to the fundamental problem of teaching what kind of people, how to train them, and for whom to cultivate talent in colleges and universities. The significance, objectives, and tasks of the development of higher education and ideological and political work were clarified in the new period (Yuan, Gao, Wang et al., 2022). Students can receive good ideological education and form correct ideological consciousness. As the front-line healthcare workers in the future, medical students shoulder the mission of curing diseases, saving lives, healing the wounded, and rescuing the dying. The cultivation of medical talents is related to the development and future of national medical causes (Wei, Ru, Tian et al., 2021). This is conducive to training them to become high-quality medical talents with noble medical ethics, responsibility, kindness, and courage (Li & Yu, 2018).

The standardized training for resident physicians was originated in 1993. After the last three decades of development, it has become an important part of postgraduate medical education and is necessary to grow into qualified clinicians for medical students (Zhang, Liu, Zhou et al., 2021). The clinical work of gynecology has strong practicality and particularity, which determines the necessity of integrating the ideological and political content in gynecology teaching (Pan & Ma, 2022). Gynecological patients are female. The process of consultation and physical examination involves privacy and human reproductive organs. The diagnosis and treatment of patients need physicians to have professional ethics, privacy protection, psychological counseling, and humanistic care. Therefore, when gynecologists tackle patients’ diseases, they should have comprehensive professionalism and the ability to solve clinical problems and have correct medical ethics. In the standardized gynecology training, the organic integration between the ideological and political curriculum and medical courses makes it more conducive to teaching and educating medical students (Wu, Zhang, Yang, 2021). Standardized training preceptors should have all the basic principles of education, prepare for the construction of ethics, and create the moral foundation of curriculum politics. Preceptors should strengthen attention to self-construction, quality, and moral cultivation and ensure that they have the moral foundation to imple-
ment the curriculum (Gao, 2020). In this way, preceptors can better take up the heavy responsibility of guiding standardized training for residents.

Our study showed no statistical difference between the two groups in the theoretical basis and clinical practice skill of gynecology. The reason might be that the knowledge points involved in the theoretical examination are mainly expertise, and the object of skill operation is to do a gynecological examination, culdocentesis, and wound dressing change on the simulation model for training. The results indicated that the traditional training teaching had a definite effect on the training of basic theory, skills, and operation of gynecology. However, in the comprehensive ability test of confronting clinical patients, the observation group significantly improved the results of comprehensive medical records compared to the control group. The result showed that it was feasible and important to strengthen the cultivation of the humanistic spirit and improve residents’ political consciousness, ideological level, and moral quality, making them become comprehensive developmental talents with medical ethics and practices. The teaching satisfaction survey conducted in this study also showed that the standardized training residents in the observation group were significantly more satisfied than the control group. The aim of this educational mode could increase the residents’ sense of social responsibility and achieve the goal of imparting knowledge, cultivating ability, and reaching moral education. This mode proves that the ideological and political curriculum can significantly improve the teaching quality of gynecology education.

With new teaching methods, multi-dimensional and multi-mode teaching methods can be gradually applied to medical professional courses’ ideological and political teaching processes. These teaching methods include micro-course teaching, flipped classroom, case-based collaborative learning, rain classroom, massive open online course (MOOC), etc. (Yan, Meng, Wang et al., 2019). In conclusion, it is necessary to integrate ideological and political education into standardized training for gynecology standardized training residents. This new mode creates a new gynecologic education, achieve effectively infiltrating ideological and political education into gynecology teaching. It should be widely promoted and applied in the standardized training of gynecological residents.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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