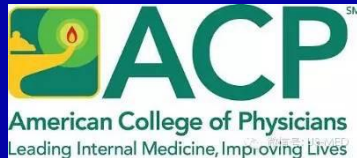


# 美国全科规培的门诊培训教学

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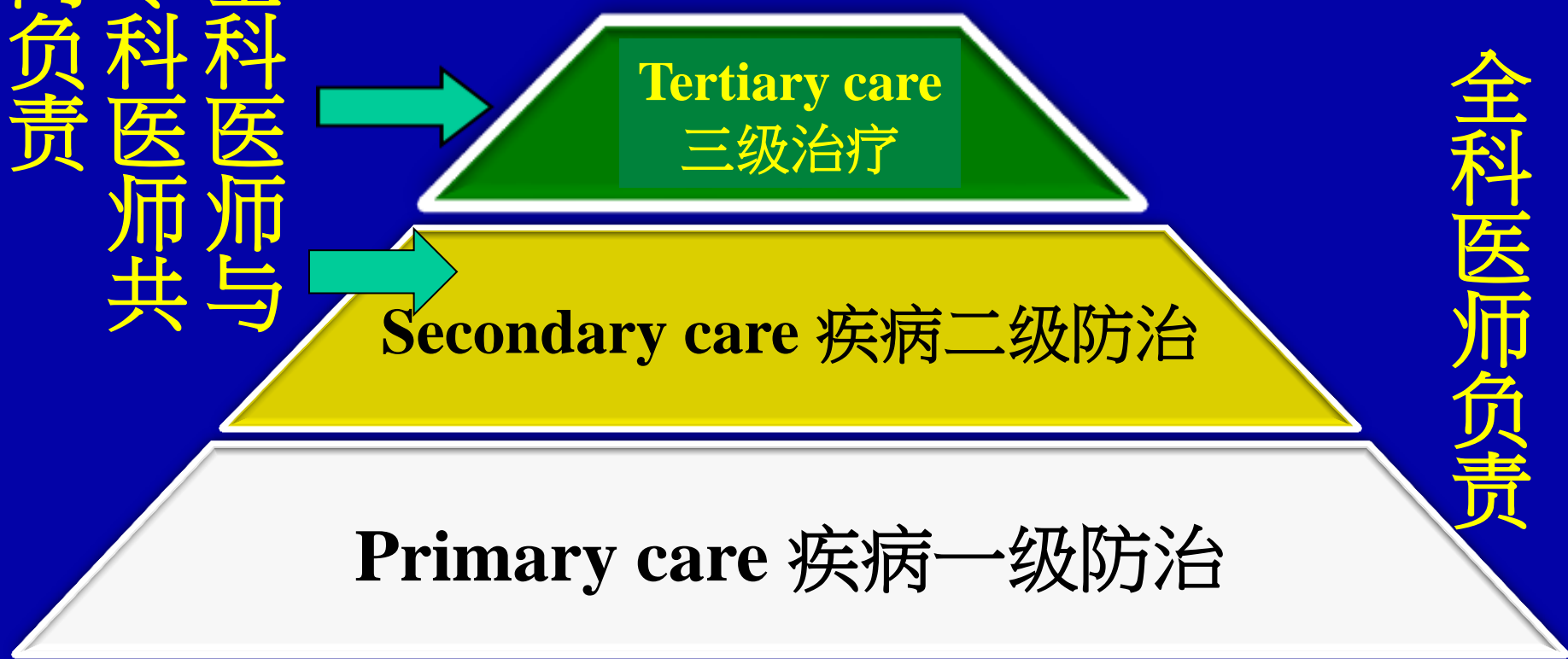


- 美国全科门诊规培的现状
- 中国全科规培可以借鉴之处

门诊需求量增大，全科医师需求量剧增

分为驻院医师和门诊医师，后者需求更多

全科医师与  
专科医师共  
同负责



全科医师负责

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## Redesigning Training for Internal Medicine

FREE

*Steven E. Weinberger, MD; Lawrence G. Smith, MD; Virginia U. Collier, MD; for the Educational Council on Internal Medicine  
Physicians\**

Article, Author, and Disclosure Information

**Table 1. Redesign of Undergraduate Medical Education**

**Goals for Training Redesign**

Expose students early and throughout the curriculum to the breadth of career possibilities in internal medicine.

Provide ambulatory experiences in well-functioning practice environments.

Expose students to enthusiastic role models in internal medicine.

Optimize the use of nonrequired clinical time, especially during year 4 of medical school, to allow students to revisit the pathophysiology of disease, translate knowledge into best practice, develop critical analytic skills, and prepare for residency training.

**Current Concerns about Undergraduate Training in Internal Medicine**

Students often choose their career courses without being exposed to the variety of options encompassed by a career in internal medicine.

Suboptimal ambulatory training experiences can dissuade students from entering internal medicine.

Students often have inadequate contact with, and mentorship by, satisfied internal medicine practitioners and faculty.

The fourth year of medical school is not systematically planned to optimize educational opportunities for students entering internal medicine.

门诊训练

**Table 2. Redesign of Graduate Training in Internal Medicine**

**Goals for Training Redesign**

Retain 3 y of internal medicine residency training with a core component common to all internal medicine residents and customized training directed toward the trainee's specific career goals.

Design residency experiences based on the educational needs and well-being of the trainee, ideally integrated with the service needs of the institution.

Develop better models of ambulatory training that improve the quality of ambulatory education, avoid conflicts with inpatient responsibilities, and convey the joys and satisfactions of the longitudinal care of adult patients.

Use team-based approaches to optimize patient care and the design of training programs.

Allow faculty time for teaching and adopt substantive faculty recognition for teaching, complemented by faculty development focusing on a defined knowledge and skill set in teaching and evaluation.

Place the highest value during residency training on professionalism and on a culture that sets the expectation for a lifelong commitment to learning, self-reflection, and quality improvement.

**Current Concerns about Graduate Training in Internal Medicine**

The traditional 3-y residency training model does not typically address specific needs related to the trainee's ultimate career plans.

Factors other than the quality of resident education, particularly the service needs of the training institution, are driving the design of current training.

Ambulatory experiences are typically a lower priority than inpatient experiences and are often neither well-designed nor appealing.

Particularly in the ambulatory setting, residents are often not incorporated into health care teams, which would improve the quality of patient care and allow greater flexibility in resident scheduling.

Faculty involvement in the education and career development of residents has been compromised by conflicting productivity expectations, an inadequate reward system, and lack of training in educational methods.

The highly publicized failure of physicians to deliver recommended, evidence-based care could be considered at least in part the result of current training models.

**The Accreditation Council for Graduate Medical Education (ACGME) requires that internal medicine residents complete at least one-third of their training in the ambulatory setting and 130 distinct half-day outpatient sessions over a period of 30 months or more.**

# 美国全科规培的现状

1. Design resident schedules that prioritize continuity of care
2. Develop a small core of clinic faculty
3. Create operationally excellent clinics
4. Build stable clinic teams that give residents, staff, and patients a sense of belonging
5. Increase resident time spent in primary care clinic to enhance ambulatory learning and patient access
6. Engage residents as coleaders of practice transformation

# 1.设计合理的轮转计划

- 强调病人管理的连续性
- 培养团队合作



## 2. 建立门诊教学的带教老师核心队伍

- 核心带教专职队伍
- 保证病人随访管理的连续性
- 规培生有相对稳定的老师
- 门诊团队有稳定的主导老师

### 3 建立功能优化的门诊部

- 让规培生更有兴趣学习
- 高效率的门诊设置

就诊方便，保证有效随访

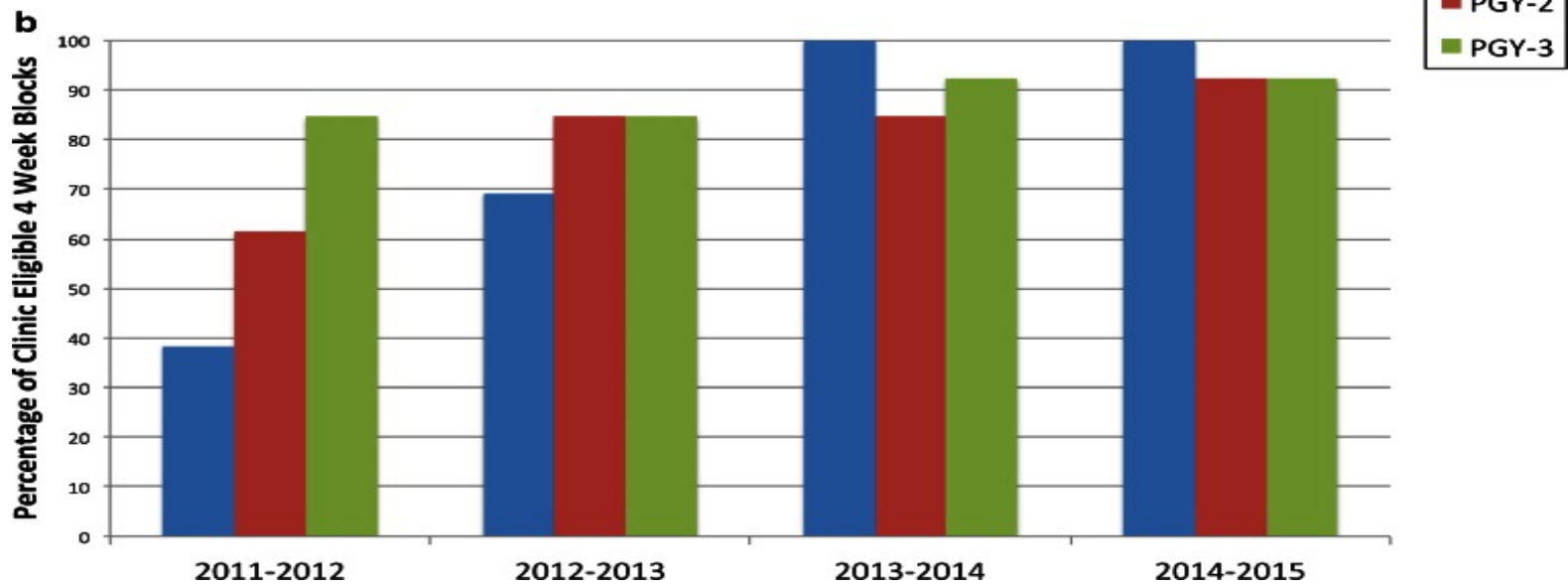
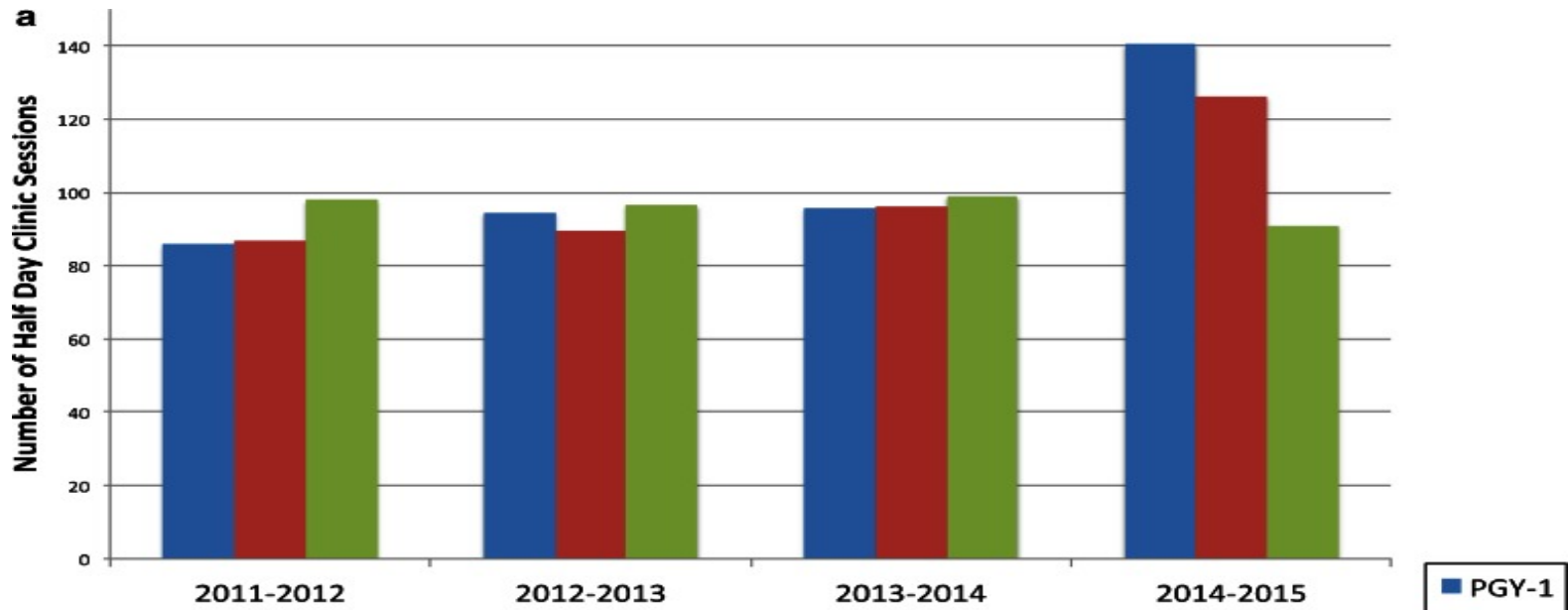
全人管理（专科会诊等其他安排）

## 4 建立有归属感的医疗团队

- 相对稳定合作的小团队  
让病人，规培生，医生，护士和其他辅助人员都有归属感
- 病人对治疗过程更满意
- 规培生也满意有更好的学习机会

## 5 增加门诊轮转培训的时间

- 增加每周出门诊的时间
- 增加到门诊轮转的时间



			Weds.	Thurs.	Fri.	Sat.
			Clinic	Addiction Medicine	Addiction Medicine	OB Night
			Didactics		Clinic	
Sun.	Mon.	Tues.	Addiction Medicine	Clinic	Clinic	Off
OB Night	OB Night	Off	Didactics	Psychiatry		Off
			Clinic	Clinic	Addiction Medicine	Off
Off	Clinic	Behavioral Medicine	Didactics	Psychiatry		
			Clinic	Clinic	Addiction Medicine	Off
Off	Clinic	Occupational Medicine	Medicine	Medicine	Medicine	Medicine
		Clinic				
Medicine	Medicine	Medicine				

K Barnes, et al:J Gen Intern Med. 2015 Oct; 30(10): 1557–1560.

## 6 培养规培生成为门诊的协助领导者

**being a physician is not just about providing patient care, but also about being a leader and advocate.**

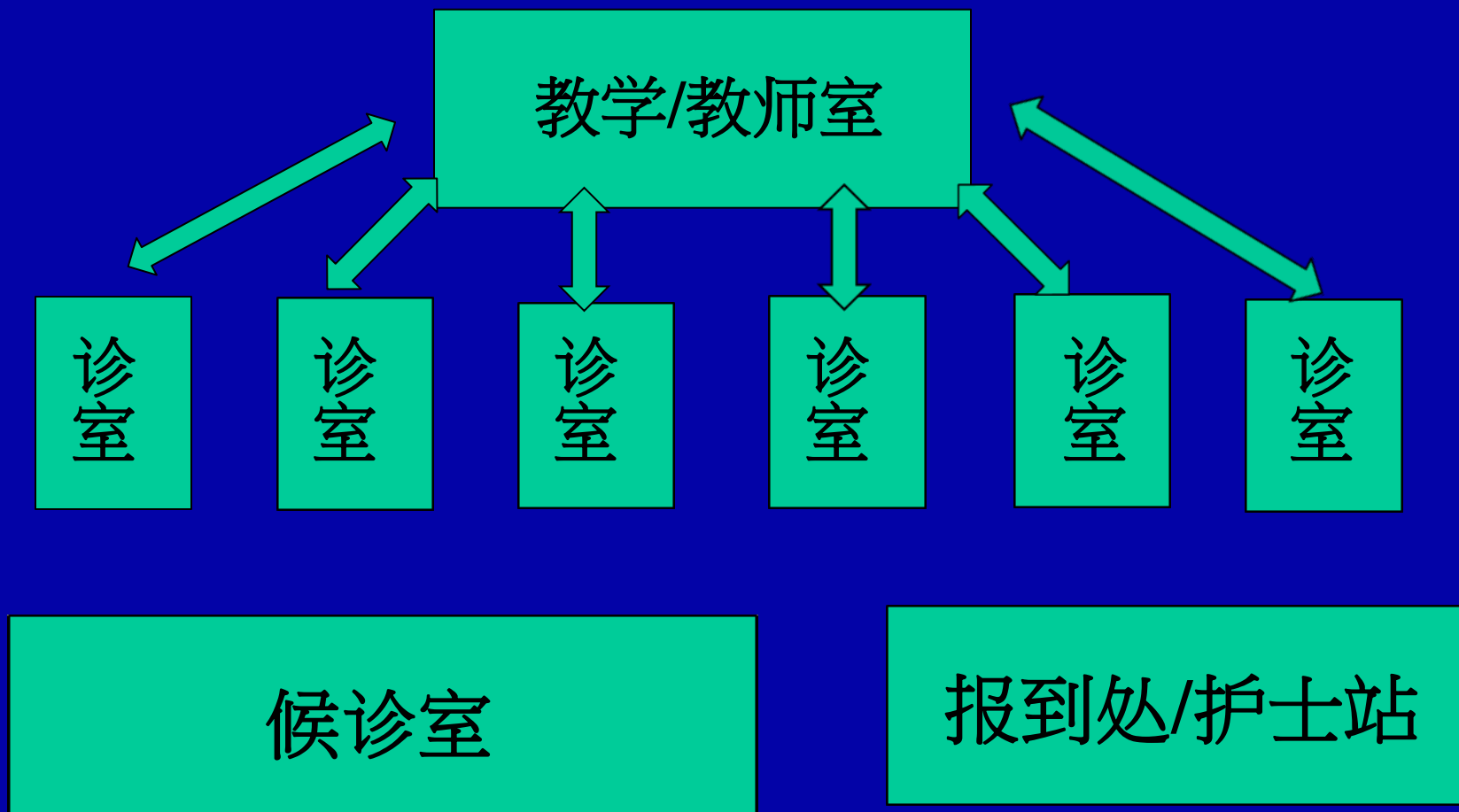
一些基地让第三年的规培生担任三个月的门诊付主任，参与管理，改进门诊的工作

# 中国全科规培可以借鉴之处

- 建立核心专职的教学医师团体  
何谓专职：除了临床工作  
保证教学的时间  
保证管理的权力，尤其是基地主任  
保证适当的报酬/待遇
- 招聘/选拔专职教学医师  
有教学意愿，有一定教学能力



# • 门诊架构的改变



# 培养规培生的独立诊治能力

- 临床基本技能的训练  
增强医学生的训练  
启发性教学（实战 **hands on**）
- 团队教学训练  
**PGY1+PGY2**  
**PGY1+PGY3**      带教老师/医师

# 需要更多的门诊训练时间



Q & A

问题 回答

谢谢