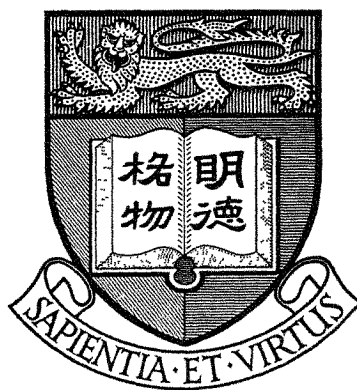

SEMINAR
AND WORKSHOP
ON **MEDICAL**
EDUCATION
REFORM:
THE HONG KONG
EXPERIENCE

ABSTRACT BOOK



Faculty of Medicine
The University of Hong Kong

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Programme

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PROGRAMME

WEDNESDAY, MARCH 8, 2000

Theme:

An Overview of the New Medical Curriculum

Venue:

Pao Yue Kong Auditorium, G/F, Hong Kong Academy of Medicine,
99 Wong Chuk Hang Road, Aberdeen

8:30	Registration
9:00	Opening Ceremony Address by Professor Grace Tang, Dean Address by Dr Alice Lam, Chairman of UGC Presentation of memorial trophies by Professor YC Cheng, the Vice-Chancellor
Chairperson: Professor YL Lau	
9:45	The Need for Reform and the 'Reformed' Curriculum – What's new? Professor YL Lau & Professor Mary Ip
10:30	Discussion
11:00	<i>Tea break</i>
11:15	Curriculum Planning and Implementation Professor Raymond Liang
11:45	Resources to Support the Reform Dr John Nicholls
12:15	Discussion
12:45	<i>Lunch (at the Foyer, 1/F)</i>
Chairperson: Professor Mary Ip	
14:00	New Generation of Doctors: Interpersonal and Clinical Skills Professor Peter Lee and Dr Louis Chow
14:40	Discussion
15:00	<i>Tea break</i>
15:20	Special Study Modules: a Broader Perspective Dr Dora Kwong
16:00	The Harvard Experience Dr Tom Aretz
16:30	Sharing MBBS Students' Experience
17:00	Discussion
18:30	<i>Dinner (at the Foyer, 1/F)</i>



THURSDAY, MARCH 9, 2000

Theme:

Problem-Based Learning

Venue:

Lecture Theatre, 5/F, Professorial Block, Queen Mary Hospital

Chairperson: Professor Jonathan Sham	
9:00	What is Problem-Based Learning? Professor Tony Dixon
9:30	Pain and Joy of a PBL Tutor Professor TH Lam
10:00	Discussion

Venue:

Clinical Skills Laboratory and Tutorial Rooms, G/F, Estates Building, 10 Sassoon Road

10:15	<i>Tea Break</i>		
10:30	Small Group Activity: Experiencing PBL Tutorials (Participants to be divided into groups to go through the PBL process)		
12:30	<i>Lunch (at Bayview Restaurant, Pokfulam)</i>		
(Participants to be divided into 4 groups for the small group activities in the afternoon)			
14:00	PBL in Action (See Note 1)	Visit to Laboratories (Clinical Skills Lab, CAL Lab and Virtual Reality Lab) (See Note 2)	PBL Case Writing Workshop (14:00 – 15:30) (Groups A & B)
			PBL Case Writing Workshop (16:00 – 17:30) (Groups C & D)

Note 1: Participants to sit in first year PBL tutorials in rotation according to the sequence of Groups C, D, A and B, each session lasts for 1 hour.

Note 2: Participants to visit the laboratories in rotation according to the sequence of Groups D B and A; each session lasts for 1 hour.



FRIDAY, MARCH 10, 2000

Theme:

Assessment and Evaluation

Venue:

Pao Yue Kong Auditorium, G/F, Hong Kong Academy of Medicine,
99 Wong Chuk Hang Road, Aberdeen

Chairperson: Professor LC Wong	
9:00	Overview of the Assessment Methods Dr WS O & O Professor LC Wong
9:45	Continuous Assessment Dr NG Patil
10:15	Discussion
10:45	<i>Tea break</i>
11:15	Multi-stations as Assessment Tools Dr Louis Chow (James Kung Meeting Room & Function Room, 2/F)
12:30	<i>Lunch (at Foyer, 1/F)</i>
Chairperson: Professor Mary Ip	
14:00	Evaluation Mechanisms Professor YS Chan
14:40	Discussion
15:10	<i>Tea break</i>
15:30	Leading Curriculum Reform: the Dean's Perspective Professor Grace Tang
16:00	Discussion



節目表

二零零零年三月八日〔星期三〕

地點：

香港仔黃竹坑道九十九號香港醫學專科學院

主題：

新醫科課程概述

8:30	報到
9:00	開幕儀式 院長鄧惠瓊教授致詞 主禮嘉賓大學教育資助委員會主席林李翹如博士致詞 港大校長鄭耀宗教授贈送紀念座予林博士和參加院校代表
9:45	課程改革的需要與新醫科課程的特色 劉宇隆教授、葉秀文教授
10:30	討論 劉宇隆教授
11:00	小休 (茶點招待)
11:15	課程籌劃與執行 梁憲孫教授
11:45	課程改革的資源運用 黎國思醫生
12:15	討論 劉宇隆教授
12:45	午膳 (一樓大堂)
14:00	新一代的醫生:臨床人際技巧 李永浩教授、周永昌醫生
14:40	討論 葉秀文教授
15:00	小休 (茶點招待)
15:20	特別選修課: 擴闊新一代醫生的視野 鄭麗雲醫生
16:00	哈佛的經驗 Dr Tom Aretz
16:30	聽聽學生怎麼說
17:00	討論 葉秀文教授
18:30	晚膳 (一樓大堂)



二零零零年三月九日〔星期四〕

地點：

瑪麗醫院教授樓五樓講堂

主題：

解難為本學習

9:00	什麼是解難為本學習? 迪臣教授
9:30	解難為本學習課導師的苦與樂 林大慶教授
10:00	討論 岑信棠教授

地點：

薄扶林沙宣道十號物業大樓

10:15	小休 (茶點招待)		
10:30	小組活動：參加者分組進行解難為本學習活動		
12:30	午膳 (薄扶林灣景餐廳)		
註：參加者將分為四組，參與以下的小組活動			
14:00	小組活動：參觀醫科一年級生上解難為本學習課的情況 (每節一小時，參加者依次序為：C組，D組，A組，B組)。	小組活動：參觀臨床技巧實驗室，電腦輔助學習實驗室，模擬視象實驗室 (每節一小時，參加者依次序為：D組，C組，B組，A組)。	小組活動：編寫解難為本學習課模擬個案 (14:00-15:30) (A及B組參加者)。
15:00			小組活動：編寫解難為本學習課模擬個案 (16:00-17:30) (C及D組參加者)。
16:00			
17:00			



二零零零年三月十日〔星期五〕

地點：

香港仔黃竹坑道九十九號香港醫學專科學院

主題：

考核機制與課程評估

9:00	考核機制 柯慧心博士、黃令翠教授
9:45	持續考核 彭達醫生
10:15	討論 黃令翠教授
10:45	小休 (茶點招待)
11:15	Multi-stations 考核形式 周永昌醫生
12:30	午膳(一樓大堂)
14:00	醫學課程的評估和監測 陳應城教授
14:40	討論 葉秀文教授
15:10	小休 (茶點招待)
15:30	如何領導課程改革? 鄧惠瓊院長
16:00	討論 葉秀文教授

Speech of Guest of Honour

主禮嘉賓致詞



**Speech by Dr Alice Lam
Chairman, University Grants Committee
at the Seminar and Workshop on
“Medical Education Reform: the Hong Kong Experience”
on March 8, 2000**

主禮嘉賓大學教育資助委員會主席林李翹如博士致詞

I feel honoured to have been invited to speak today at the opening of this Seminar and Workshop on “Medical Education Reform: Hong Kong Experience”. I would like to add my own warm welcome to those visiting Hong Kong for this event. Your sharing with other participants your views and experience in adopting problem-based learning in your institutions will no doubt help to advance the modernisation of the medical curriculum for the training of better doctors for tomorrow.

Around the world, far-reaching changes are taking place in the science and practice of medicine. To name a few: concerns about the costs of health care will lead to an increased focus on the promotion of health; better educated patients with sophisticated understanding of medicine will make increasing demands on quality health care services; the information explosion in medicine will continue and new skills will be needed to evaluate and apply this new knowledge. Locally, the health care reform currently under consideration by the Government is expected to bring about a complete change in the delivery of health care services and hence the public demands on our doctors.

Doctors will need to be much more adaptable in this dynamic situation. They will need to be able to cope with an ever-increasing knowledge base, and to keep themselves abreast with professional knowledge throughout their careers.

Here, I would like to compliment HKU's Medical Faculty for their foresight. Aiming to prepare medical graduates to meet the challenges of the next few decades, the Faculty initiated a curriculum reform which sought to revamp the traditional curriculum by modernising and restructuring it to promote active, integrated and student-centred learning. A new medical curriculum was introduced in September 1997 heralding the arrival of a new age in Hong Kong's medical education.

Problem-based learning encourages deep learning by focussing the teaching and learning process fully on the student, and by recognising that the process and context of learning are often as important as the content. It is also an exciting way to learn, to motivate students to learn and to strengthen their ability in self-learning.



The UGC was very supportive of the Faculty's new curriculum as it complemented the UGC's own efforts to promote teaching and learning quality. The UGC's support for good teaching and learning is evident in our various initiatives to support developments and improvements in teaching and learning. One of these is the provision of targeted funding in the form of Teaching Development Grants. Over the past six years, the UGC has awarded a total of \$386 million as Teaching Development Grants and other grants to support teaching quality related initiatives, including projects to promote the use of problem-based learning.

In the 1995-98 triennium, the UGC allocated \$6.5 million to HKU to launch a project which aimed at introducing problem-based learning across a range of disciplines, and to encourage teachers to develop skills in the methodology of problem-based learning. It was the successful implementation of this project that led to the adoption of problem-based learning curricula in HKU's Health Science departments under the Medical Faculty. The UGC has recently allocated another \$6 million in Teaching Development Grants to HKU to embark on a new project to further promote the use of problem-based learning in other disciplines in Hong Kong's tertiary institutions.

The sharing of good practices is another area that the UGC seeks to promote among our eight institutions. We feel that only through experience-sharing activities can the philosophy and culture of good learning and teaching be spread to a wider audience and in turn benefit the higher education sector as a whole. This Seminar and Workshop is an excellent example of such an initiative, bringing institutions in various parts of Asia together to share experiences in medical education reform for the greater good of the Asian communities.

Once again, I would like to welcome you all here and I wish the organisers and all participants a very successful and fruitful series of discussions.

Abstract

摘要



The Need for Reform and the Reformed Curriculum – What's New?

Professor YL Lau and Professor Mary SM Ip

The New Medical Curriculum of the Faculty of Medicine, The University of Hong Kong was implemented in September 1997. The reasons and driving forces for medical education reform are both internal and external. The process of the initiation of reform and how a consensus on the reform was reached will be shared and discussed.

Concerning the new features of the curriculum, instead of the previous Department based programme, the new curriculum is delivered as modules, starting off in the first year with a Foundation Block, followed by Mechanisms of Disease Block, then modules based on body systems which are continued in the second year. Into the clerkship years, multidisciplinary modules continue to play a key role in enhancing the integrated approach of the curriculum. Throughout the modules, the curriculum contents are delivered according to the four themes of "Human Biology in Health and Disease", "Doctors and Patients", "Medicine and Society" and "Becoming a Doctor". Problem-based learning is presented through case tutorials. Whole class lectures provide a framework to the basic sciences. Practical sessions illustrate basic scientific principles. Clinical interpersonal skills sessions aim at early imprinting of communication and other essential interpersonal skills for effective medical practice in future. Clinical skills are introduced early through skills facilities and normal surrogates. Clinical visits expose students to various health care facilities. Furthermore, health care controversy sessions serve to highlight medical ethical issues through debates, and early patient contact is established through the Patient Care Project in which students visit patients at their homes. All these modules and activities are designed and coordinated by various Planning Groups which comprise of Faculty members from basic science and clinical disciplines, with interaction among the different planning groups to ensure the integrity of the programme. This requires no small commitment, time and energy on the part of the teachers. Faculty staff may have different teaching philosophies and we all need to make adjustments and adaptations to the new teaching pedagogy.



課程改革的需要與新醫科課程的特色

劉宇隆教授、葉秀文教授

香港大學醫學院於一九九七年九月實施了新醫科課程，促成課程改革的原因和動力來自內外兩方面。在這環節，我們會分享討論起動改革和達致共識的過程。

至於新課程的特色，它主要是由跨學科的單元組成，取代了以往以學科部門為本的模式。第一年以『基礎課程』開始，接著是『致病的機制』單元，和隨後一系列橫跨兩年共三個學期的器官系統單元。步入臨床實習期，跨學科單元繼續發揮其融合不同專科的作用，體現課程的綜合性。整個課程的內容，都是建基於四大主題之上，即『健康與患病情況下的身體機能運作』，『醫者與病者的關係』，『醫療與社會的關係』及『如何行醫』，並通過多元化的教學方式，將之落實。我們於小組個案討論上引入了『解難為本學習』模式；大課堂的作用是提綱挈領，引發自我學習而非內容的全部；實驗堂闡明基本科學法則；臨床人際技巧課提早讓學生學習和吸取必要的溝通和人際技巧，以提高將來的執業水平；臨床技巧訓練亦透過訓練設備和病人替身來提早推行；臨床探訪令學生見識社會中不同的醫療護理設施。除此之外，學生在醫護問題辯論環節中思考和討論道德問題，並從中學習。他們更可藉著參與『病人關懷計劃』，提早與病人接觸和運用所學的知識和技巧。以上種種單元和教學活動，都是經由醫學院裡許多的『計劃小組』設計和統籌。這些『小組』由來自基礎與臨床部門的老師們組成，而小組之間亦互相溝通配合，以確保課程之完整性。對老師們而言，改革要付出不少的承擔，時間和精神，才會開花結果。由於老師們所持的教學觀點或有多少差異，大家都必須作出不同程度的自我調節去適應新的教學方法。



Curriculum Planning and Implementation

Professor Raymond HS Liang

For our old curriculum, individual departments were playing a major role in the planning and implementation. This has changed with this new curriculum. The Faculty has formed an Undergraduate Education Committee to oversee its planning and implementation. Functioning groups are organized under this Committee to look after the different aspects of the new curriculum. Many difficulties have to be overcome in the process. Unnecessary barriers between departments have to be broken down and a good system of co-ordination has to be built in. A new funding formula is required to facilitate the change. The new curriculum is unavoidably more demanding on our teachers for their time and effort. There must be a good means to ensure that teaching commands a high priority. Efforts are also made to utilize as much as possible resources available outside the medical school. Although being transient, the new curriculum is overlapping with the old one initially for a few years and good planning is essential. In order to cope with the huge increase in administrative workload, the Faculty is inviting some bigger departments to assist in the hosting and co-ordination of the new curriculum.



課程籌劃與執行

梁憲孫教授

就我們舊課程的組織而言，個別學科部門在課程的籌劃和執行上皆扮演著重要的角色，但這隨著新課程的引入而改變。本學院成立了一個「本科教育委員會」監察新課程的籌劃與執行，而在這個委員會下，有多個功能委員會負責照顧新課程內的不同範疇。在推行新課程的過程中必定要克服很多困難，學科部門之間不必要的格鬮和阻礙必須打破，從而建立一個有效的協調系統以及一種新的資源分配機制以適應新改變。為配合新課程的推行，老師們無可避免地需要付出更多時間和精力，同時亦必須有一個良好的方法去保證教學是最首要的，而且要盡量靈活運用校外的資源。雖然新課程和舊課程之間只有短短數年的交疊期，但妥善的籌劃仍是必要的。為了應付日漸龐大的行政工作，本院已邀請一些較大的學科部門協助主理和協調新課程的推行。



Resources to Support the Reform

Dr John Nicholls

Using a hypothetical medical school, this presentation will highlight the necessary changes which are needed for successful implementation of a new medical curriculum. As well as documenting the human and physical resources which are required, this presentation will also present an alternative method of information presentation with audience participation



課程改革的資源運用

黎國思醫生

這個環節會利用一所虛構的醫學院計劃課程改革的個案，以互動形式，帶出成功推行改革所需要的人力和物質資源。過程中還會藉著與會者的參與，示範一種信息處理和顯示的方法。



New Generation of Doctors: Interpersonal Skills

Professor Peter WH Lee

Clinical interpersonal skills encompass the broad spectrum of skills required for success as a good doctor and augment the effective applications of scientific medicine. The quality of medical care is increasingly recognized as being inseparable from the quality of service delivery. Clinical interpersonal skills training covers all aspects of the interpersonal encounter involved in clinical care and promotion of patient satisfaction, trust, and participation. Effective inculcation of skills involved a multi-stage process covering presentation of theoretical knowledge; opportunities for observation of effective role models; opportunities for practice, rehearsal, and constructive feedback; further observations, rehearsals, and discussions, leading towards the building up and internalisation of an effective yet flexible repertoire of clinical interpersonal skills. To promote active discussion, short feedback loops and interactive learning, the acquisition of clinical interpersonal skills has to take place in small groups. This presentation highlights the rationale and process of development of the clinical interpersonal skills course in our medical education reform. The broad coverage and syllabus of the course is presented. The difficulties encountered as well as ways of overcoming the obstacles are discussed. Strategies of student assessment and continual improvement of our course is also discussed. A sample of the teaching materials developed is also shared with the audience.



新一代的醫生:臨床人際技巧

李永浩教授

臨床人際技巧包含了作為好醫生必備的和促成有效地行使醫療技術的廣泛技巧。醫療水平與服務質素兩者已被認為是不可分割。臨床人際技巧訓練所涉及的，是提供臨床服務時，和提昇病人滿意程度、信心和參與等種種人際交往的層面。要有效灌輸這些技巧，中間要經過多重步驟：先了解理論知識，繼而觀察示範角色；接著練習、排演、再作出建設性回應；進而再觀摩，再演譯，再討論，逐漸建立起一套靈活有效的臨床人際技巧，並將之內在化。臨床人際技巧應以小組形式進行學習，才可促進積極討論，迅速回應，互動交流。這環節會介紹新課程中臨床技巧教學的理論基礎和發展過程，展示課程大綱和內容，討論所遇到的困難和解決方法，和探討考核學生和完善課程的方針，部份教材亦會和與會者分享。



New Generation of Doctors: Clinical Skills

Dr Louis WC Chow

One of the important elements of the new medical curriculum is the introduction of clinical skills teaching in the very beginning. This is very different from the previous traditional course in which medical students would have no clinical teaching until the third year when they became clinical clerks. The pre-clinical students of the old curriculum often complained that they were taught more like science students. In the new curriculum, the students are taught clinical examination of bodily systems when they are learning the structure and function of these systems. The primary aim is to enable them to interpret normal and abnormal physical findings in the context of the knowledge they are gaining. The other aim is to provide a better foundation before they enter into the clinical years. Despite the acclaimed advantages, there is skepticism that the teaching of clinical skills to junior medical students is inappropriate and ineffective as they do not have the basic medical knowledge to benefit from the teaching sessions. Moreover, there are concerns that the teaching requires costly aids and equipment to run each session. It also demands time from busy clinical teachers to teach these students. However, the ratings of satisfaction from the students on clinical skills teaching are generally "very good". In addition, evaluation of the assessment results showed that the students were able to apply effectively the principles taught and the clinical examination was performed well. In conclusion, the teaching of clinical methods and skills to junior medical students is worthwhile.



新一代的醫生：臨床技巧

周永昌醫生

新醫學課程的另中一個重要元素是在課程的開首即引入臨床技巧的教學。這有別於以往醫科學生只會在三年級當上臨床實習生時才接受臨床技巧教育的傳統課程。舊課程中的臨床前期學生經常投訴，他們接授的好像是純理科的教育。在新課程裡，學生在學習身體系統的結構和功能的同時，亦會學習與該系統有關的臨床檢驗的知識，其主要目的是訓練他們在所學的知識範疇中掌握如何分析正常與不正常的生理結果，另一目的是為他們步入臨床期之前打好臨床技巧的根基。雖然有以上的公認好處，但仍有人質疑此等提前教導醫科學生臨床技巧的方法是否恰當和有效，皆因學生並未有足夠的基本醫學知識去了解那些臨床技巧。同時，這種教學模式花費龐大，更必須要求工作繁忙的臨床導師前來授課。然而，學生對於臨床技巧課程的評價卻很高，再者，考試成績亦反映出他們確實能夠有效地運用課堂上所教授的原則，臨床考試表現良好。總括而言，向低年級醫科學生教授臨床技巧是值得的。



Special Study Modules: a Broader Perspective

Dr Dora Kwong

The new curriculum adopts a “core plus options” approach, the options being offered in the form of Special Study Modules (SSM). Students can choose from a list of modules offered the ones that they are interested in and spend four weeks on them. The SSM will give students the opportunity to study specific areas in greater depth than is allowed by the core course. These areas may either be gaps they have identified in their knowledge or in response to a special interest. Besides medical modules, students can also choose non-medical subjects as SSM. They are encouraged to explore outside medicine, broaden their perspective and enrich their life experience so that they can become more humane and all-round doctors in the future. Modules offered in the last two years ranged from art camps, humanitarian field works to clinical attachment and laboratory research projects.



特別選修課：擴闊新一代醫生的視野

鄭麗雲醫生

新課程採用了『核心加選修』教學方式，特別選修課便是其中重要一環。學生可以從一系列的課程中用四星期時間選修一些他們有興趣的科目。

特別選修課能讓學生有機會深入學習核心課程外的某些範疇，這些範疇可能是從日常學習中發掘出來的問題，亦可能是他們的特別興趣。除了與醫學有關係的課程外，學生亦可選讀非醫學類的特別選修課，從而探索醫學以外的學問、擴闊視野和豐富其人生經驗，有助他們將來成為比較全面的醫生。在過去兩年，特別選修課所提供的課程包括文藝營、人道實地工作、臨床實習及參與實驗室研究計劃等。



What is Problem-based Learning?

Professor AS Dixon

Far-reaching changes are taking place in the science and practice of medicine all over the world. How well the doctors of the future will be able to cope with these changes depends very much on how well they are prepared during their undergraduate course in medical school.

There are concerns that the traditional medical curriculum, with its overcrowded timetable and emphasis on lecture-based teaching, no longer adequately prepares students to face the challenges of the future.

Problem-based learning (PBL) is an educational method that attempts to overcome these problems by helping students to "learn how to learn". In PBL, learning takes place in the context of a real-life problem. Students, working in small groups and with the help of a tutor, analyze the problem and set learning objectives. After a period of independent learning, the students return to re-apply their newfound understanding to the problem.

In this presentation participants will be given an overview of PBL, as well as a summary of our experience in the implementation of this new educational methodology.



甚麼是解難為本學習？

迪臣教授

環看世界，醫學領域中的科學與技術皆不斷發生著影響深遠的變化。將來的醫生能否妥善地應付這些改變，很大程度上決定於他們在醫學院修讀本科課程時接受的教育和訓練。

傳統醫學課程存在著一些隱憂，例如其授課時間表過於擁擠和過份著重以講課為主的教學，這種教學模式已無法充份地準備學生去面對未來的挑戰。

解難為本學習是一種嘗試解決以上問題的方法，其目的是要幫助學生『學習如何學習』。在解難為本學習裡，學習是在一個真實生活問題的處境中進行，透過小組工作和導師的協助，學生分析問題和訂立學習目標，經過一段時間的學習後，學生回來重新運用他們新學得的知識去解決問題。

這個環節會向參與者簡介解難為本學習，更會分享我院在推行這種新的教育方法時所得到的經驗。



Pain and Joy of A PBL Tutor

Professor TH Lam, with contributions from PBL tutors

Problem Based Learning (PBL) needs many tutors and teachers in the Faculty of Medicine of the University of Hong Kong have to accept new roles, undergo training, and participate as PBL tutors, with endless briefing, debriefing, assessment of students and evaluation of tutors. Based on the feedbacks from other teachers and personal experience, ten pains and ten joys are presented as follows:

PAIN

1. Forced to do this; reluctance
2. Threatening to job security as a teacher
3. Quitting of usual behaviour or practice
4. Need to learn irrelevant subjects
5. Wasting much time in small group tutorials
6. Being criticised by students
7. Have not delivered or taught as a teacher
8. Cannot tell student what I want them to know
9. Loss of autonomy
10. Loss of authority over students

JOY

1. Volunteered; acceptance
2. Challenging new roles as a teacher
3. Abandoning ineffective behaviour or practice
4. Opportunity of broadening
5. Closer contact with students in small groups
6. Being appreciated by students
7. Have assisted students in their active learning
8. Can hear students tell me what they need to know
9. Enjoy teamwork
10. Better relationship with students

The greatest pain of all is the pain to find more time to do it; the greatest joy of all is the joy of seeing the students doing so well.



解難為本學習課導師的苦與樂

林大慶教授(其他導師協助提供)

解難為本學習課需要很多導師。香港大學醫學院的老師要適應新的角色，接受訓練和參與，還要不斷出席簡報會、總結會，評核學生表現和被學生評核。從其他老師和個人體驗中，總結出以下十苦十樂：

苦

1. 被逼、勉強
2. 害怕失業
3. 戒除習慣
4. 要學無關的內容
5. 浪費時間
6. 被學生批評
7. 沒有教書、沒有交貨
8. 不能告訴學生我想他們學什麼
9. 失去自主
10. 失去權威

樂

1. 自願、接受
2. 新挑戰
3. 放棄無效做法
4. 擴闊視野
5. 更多接觸學生
6. 受學生讚賞
7. 協助學生主動學習
8. 可以聽學生告訴我他們需要學什麼
9. 享受合作的樂趣
10. 改善師生關係

最大的痛苦是沒有時間；最大的快樂是見到學生表現出色。



Overview of the Assessment Methods

Dr WS O and Professor LC Wong

The new student-centred medical curriculum necessitates the development of new formats of assessments. Apart from the assessment of knowledge at different cognitive levels, we also evaluate students on their attitude, medical ethics, team spirit and critical thinking; their deductive and reasoning ability, basic biostatistics, informatics, clinical and clinical interpersonal skills. Formative and self assessments are used to provide feedback to students. Summative assessments consists of continuous assessment of problem-based learning tutorials, objective tests of multiple choice, short-answered and extended matching questions, minicase, and OSCA (Objective Structured Clinical Assessment). The weighting of the assessment in the various domains of the curriculum shifts as the students progress through the curriculum. The administration and development of multidisciplinary examinations presented our Faculty with additional challenges and workload. We are still feeling our way to develop integrated assessment questions to be driven centrally in a structured manner while maintaining the academic input and ownership of the assessment within the departments and domains.



考核機制

柯慧心博士、黃令翠教授

以學生為中心的新醫科課程必須要有新的考核方式去配合。除了考核學生們在不同認知層面的知識外，我們亦著重考核他們其他的素質，包括態度、道德概念、團隊精神、批判思考、推理和理解能力、基本生物統計學、資訊、臨床和人際技巧。我們採用不評分考核和自我考核練習來幫助學生了解自己的進度。而評分考核方面，則以多樣模式去切合需要，當中有對解難為本學習小組課和臨床技巧小組學習中表現的持續考核，利用多選題、短答題、延伸配對題、小型個案等的客觀性測試，和客觀性臨床技巧考核等。隨著學生步入不同階段，貫通課程的四大主題於考核中所佔的比重亦會隨之轉變，以反映他們學習重心的轉移。這種多學科綜合性考核模式的管理和發展為醫學院帶來更多的挑戰和工作量。然而我們仍不斷探索，以求發展出一個由中央集中統籌跨學科考核試題，而又不失各學科部門對此考核制度的認同和投入的平衡模式。



Continuous Assessment

Dr NG Patil

The objective of any form of continuous assessment is to assist the students to do better, and to recognize those who need help before they appear for their “big bang” examinations. In fact, continuous assessment can replace a formal summative examination, if student’s progress is recorded properly. However it is important to note that continuous assessment should not become a continuous examination of students.

Continuous assessment is most suitable for small groups (9 –10 students) involved in activities such as PBL, bedside presentations, skills laboratory tutorials, etc. The Faculty in its new medical curriculum has introduced interactive logbooks and attendance/assessment forms as instruments to record the students’ performance and progress.

The presentation will highlight the process of continuous assessment.



持續考核

彭達醫生

持續考核的目標是協助學生學習，和在大考之前識別出有需要輔助的學生。如果能正確充份地記錄學生的學習表現和進度，持續考核可以替代正式的評分考核。然而必需留意，持續考核不應該演變為接連不斷的考試。

持續考核模式最適合用於小組教學〔約九至十個學生〕，如解難為本學習課、臨床示範課、臨床技巧學習課等。在新醫科課程下，香港大學醫學院採用了學習日誌和出席/臨床表現記錄等方法來記錄學生的學習表現和進度。

是次環節會有持續考核步驟的示範。



Evaluation and Monitoring of the Medical Curriculum

Professor YS Chan

The Evaluation and Monitoring Group of the Undergraduate Education Committee was set up to coordinate and oversee the programmes related to the evaluation and monitoring of the curriculum. Our scheme aims to evaluate the curriculum both in an ongoing fashion and in a long-term context. In the ongoing scheme, we use surveys and student-staff consultative meetings to evaluate every component of the curriculum as well as performance of tutors. These results together with feedback from course coordinators and departments are displayed on a website. Improvements, if necessary, are introduced into the learning programme as the course progresses. Quality of lectures is assessed by an electronic voting system through which the opinion of all students present in a lecture hall can be collected in a real time context. Through these undertakings, different dimensions of teaching effectiveness within our curriculum are being secured. Our experience gained during the implementation of the scheme will be discussed. In the long-term scheme, educational value of our medical curriculum is evaluated. Research projects have been launched to compare students in the old and those in the new medical curriculum in terms of their learning behaviours/attitudes, clinical skills, clinical interpersonal skills, and core competencies. Frameworks have also been laid down to monitor progression through the curriculum as well as to evaluate beyond graduation when views of the end-users and practising colleagues will be solicited.



醫學課程的評估和監測

陳應城教授

醫學院本科教育委員會核下的評估監測組主要職務是協調及監督一切有關醫科課程的評估及監測程序。小組的目的在於持續性兼長期性地評估醫科課程。在持續性評估方面我們採用問卷調查、學生教師商討會及小課導師上課之表現去評估醫科課程的每個細節。評估的結果連同課程主管和各學系對醫科課程的意見和回應會放在網上以供參考。如有需要，本科教育委員會和其他籌劃小組亦會接納這些反映而作出改善。大課質素的監測則採用電子投票系統，學生的意見可即時一目了然。通過以上各種評估和監測方法，小組可確保課程不同層面的教學功效。在推行評估監測程序中所吸取的經驗亦會與各位分享。在長期性評估方面，我們會評估醫科課程的教育價值。有關比較新舊課程下學生的學習模式/態度、臨床技能、與病人的溝通技巧及能力的研究項目亦已開始進行。至於監測學生就讀時及畢業後的進展之研究亦已達成初步構思；當中，病人及實習同事的見解均會被採納。



Leading Curriculum Reform : the Dean's Perspective

Professor Grace WK Tang

The fundamental task of a medical curriculum is to train doctors of tomorrow and the task is a progressive one. Once the curriculum has started, there is no turning back to start from the beginning, as one cycle is 5 years. Hence, in executing the curriculum reform, failure is not an option.

If failure is not an option, then success is the only option. The Dean has to ensure that all internal and external factors pertaining to the success of the curriculum reform are closely monitored.

When Faculty members have agreed to the philosophy of change, their enthusiasm must be sustained. At the same time, their scepticism and cynicism have to be addressed with sensitivity and tact. It may seem superfluous to reiterate the importance of education in a medical school, yet such reiteration coupled with opportunities for teaching development and reward must be done. The University must be made to think that our curriculum reform is their flag-ship and pride.

There is a need to ascertain the continuous support from stake-holders such as employers of our graduates. The community's voice has to be heard.

Though medical education is different in different parts of the world, there are points of confluence. We constantly seek experience and expertise from abroad. Our external validations have enabled the reform to be on track.

I feel that the Dean has to be immersed into the curriculum reform. The conviction and dedication must be apparent. There is no room for delegation. It is a long and winding road. It is surmountable. It is the task of all medical schools to have the best curriculum for their students.



如何領導課程改革？

鄧惠瓊教授

醫科課程的根本任務是為將來培育醫生，而這是一項進步前瞻的任務。由於整個課是一個五年的循環，一經開始便不能折返，是故推行課程改革的首要原則是『只許成功不許敗』。

正因如此，作為醫學院領導的院長，必須確保所有令致課程改革成功的外在和內部因素都受到密切監察。

對內而言，當院內眾成員對改革的理念達致共識後，他們的熱誠必須繼續得以維持。與此同時，對於部份人所抱的懷疑與譏諷，亦要靈活機敏地處理。在醫學院內一再強調教育的重要性，似是多此一舉；然而如此的反覆重申，配合同步發展教學條件和提供適當回報，實在是必行之著。最重要者，要獲得大學的支持，我們的課程改革必須先幹出成績，成為大學的旗艦，使之引以為傲。

對外方面，我們要不斷爭取決策者的支持，其中包括醫療體系中僱用醫科畢業生的機構。社會上的意見和聲音也要考慮和採納。

縱使世界各地情況不同，醫學教育模式亦有異，但當中也不乏共通之處。我們努力不懈向海外學習借鏡，觀摩交流，得到外間認同之時，也可肯定改革的路線正確。

我認為醫學院的領導一定要全面投入課程改革，信念堅定，立場明晰，肩負重任，責無旁貸。改革的道路既漫長，又曲折，但終亦有走過來的一天。『給學生最好的教育』，就是驅使著我們勇往直前的動力，也就是所有醫學院應背負的使命。

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Administration and resource management.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The training pattern of the personnels in the field of clinical medicine in Anhui Medical University is being undertaken, which is now in the implementation period.



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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

負責行政，資源管理。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

我校正正在進行臨床醫學專業，人才培養模式改革，已進入實踐階段。



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Teaching reform and management.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

負責教學管理和改革。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

我校正在進行臨床醫學專業，人才培養模式改革，已進入實踐階段。



安徽醫科大學五年制臨床醫學專業人才 培養模式改革構想與實踐

安徽醫科大學 張學軍 葉明高 郭亞

當前，我國的醫學教育正面臨着經濟轉型和政治體制改革化的重要時期，面臨着文化觀念和社會生活行為方式轉變，面臨着生命科技新紀元和醫學模式轉變的挑戰，面臨着人口數量劇增，人口老齡化趨勢加快和衛生服務模式的轉換，面臨着生態、環境與二類衛生問題的種種挑戰，這些挑戰對醫學教育的改革與發展將產生深遠的影響。

五十年代以來，我國高等醫學教育的管理體制基本上是前蘇聯形式的集中指導型管理體制，具體表現在教育政策上的統一，凡涉及高等醫學教育的方針、政策、法令、規定、計劃招生均由高等教育部門負責制定。醫學教育的專業設置，培養目標、教學大綱、教材、考試制度均由高等教育部門負責統一規定，辦學經費列入國家計劃。這種按等級原則進行管理的體制，有利于同計劃經濟相一致，利于國家範圍內實現教育標準化，培養的畢業生能達到同國家對醫藥衛生人才所要求的培養目標相一致。這種傳統式醫學專業人才培養模式，是世界各國醫學院校普遍採用的模式，通常包括二至四年的基礎醫學教育和若干年的臨床醫學教育，其課程特點是：歷史悠久，系統性好，易掌握，效果肯定，無論是基礎醫學還是臨床醫學課程，均按學科定向有序進行。在這種模式指導下，各高等醫學院校培養了一大批醫學專門人才，適應和滿足了當時社會條件下的衛生需求。

隨着政治體制改革的深入和市場經濟制度的確立，醫學模式的轉變和疾病譜的改變以及衛生需求出現多元化的趨勢，傳統的醫學教育的條塊分割、辦學效率不高，專業設置重覆，缺乏競爭機制，缺乏自主辦學靈活性，越來越顯示出其弊端。傳統的以學科為中心的教育教學模式，基礎課與臨床課脫節，學科課程之間橫向聯繫不夠，過度強調學科完整性，內容重覆陳舊，以教師、教材為中心，以課堂為中心，人文素質課程偏少，學生負擔過重，學生缺乏學習的主動性和能動性，畢業生知識面過窄，智能脫節，缺乏創新能力，難以適應社會發展的需要。

高等醫學教育人才培養模式正面臨着新世紀的挑戰，遵循醫學教育規律，探索培養高素質衛生人力資源，是歷史賦予高等醫學院校的責任和義務。我校五年制臨床醫學專業人才培養模式的改革構想，旨在借鑒國內外醫學教育改革的經驗、探索一條適合中國國情，有地方院校辦學特色的改革之路，滿足社會對複合型、創新型、實用型醫學人才的需求。



一、 新型臨床醫學專業人才培養模式的框架

從國際範圍來看，醫學教育改革的策略大體上有三種類型：一是從改革內容着手，調整傳統的課程結構和內容；二是從改革教育方法入手，以改變學生的智能結構；三是在改革內容的同時，改革傳統的教育方法。本改革模式是第三種，即以素質教育為主綫，進一步拓寬學生基礎知識面，着重培養學生的動手能力和創新能力，體現醫學教育實踐的特點，對整個課程體系進行優化整合。其主要模式框架如下：

1、課程體系的改革

首先是改革普通基礎課的教學，拓寬口徑，充實基礎，增強人文知識，培養創新意識。突出強化外語和計算機及數理化教學，設立核心課程、最新邊緣科技課程和人文素質課程結構模塊。壓縮與中學重覆的內容，爲了彌補普通基礎課教學力量和辦學條件不足的狀況，第一學年的教學任務由合作辦學的綜合性大學安徽大學完成，充分利用安徽大學的教學資源，優化學生的知識、素質結構，認識生命科學相當于美國的醫預科。

其次是改革醫學基礎課的教學。第二、三學年學生回到醫學院校，接受兩年的醫學基礎教學，採用哈佛大學醫學院的“新制醫學教學計劃”，即“學社式集級式”課程設置，“以器官系統爲中心”和“以問題爲中心”的課程體系，引入臨床知識。滿足未來社會對醫學人才智能結構的需求，將基礎醫學階段組成七種課程組合，取代原來的以學科爲中心的授課方式，增加實驗教學時數，從二年級開始臨床病例學習。

第三是改革臨床課的教學。四、五年級學生全部進入臨床階段，在臨床科室組織教學，採用以“病人”或“病案”問題爲中心的授課方式，上午組織分組教學，下午進入臨床實習。其中在四年級下學期安排一個月社區預防醫學課程教學和兩個月的社區及農村衛生服務，要求學生用所學知識爲基層服務的同時，完成自己的衛生實踐調查報告。五年級下學期，即畢業前的三個月，依據社會用人單位的需求和學生的志願，在臨床醫院定向某一二級學科實習，進行專才培養。

2、教學方法和手段的改革

教學全程採用多媒體視聽手段，採用圍繞以問題爲中心的“討論式”、“啟發式教學”，充分調動學生學習的積極性和能動性。以全新的教學講義，教學軟件彌補統編教材的不足。同時改革教學考核的評價方法，採用主輔修制和有限學分制，即核心課程爲必修，選修課程爲學分制，考試靈活多樣，既考核學生知識的掌握，又考查學生能力，素質的提高。



二、 新型臨床醫學專業人才培養模式的可行性

邁向新世紀的醫學教育，應該是“面向現代化，面向世界，面向未來”的教育，充分重視目前我國高等醫學教育同現代化建設不相適應的實際，改革學校教育“經院式”“象牙塔”的模式，把醫學教育與衛生需求，社會發展相聯繫，適應我國的經濟、社會發展戰略目標和戰略步驟，是目前經濟轉型期各高等醫學院校面臨的迫切要解決的問題，不改革就沒有活力就沒有生存危機。

安徽醫科大學是一所有七十餘年辦學歷史的老校，長期的教學實踐積累了豐富的教學管理經驗。全國第一次高校教學工作會議和第三次全國教育工作會議以後，我校組織了以解放思想，轉變教育觀念，開展素質教育，迎接二十一世紀挑戰為主線的大討論，廣大教師和學生對醫學教育教學模式的改革甚為迫切。學校一般對基礎，醫學基礎和臨床階段的教學已進行了部分改革，新修訂了教學計劃和教學大綱，調整了學制和專業設置；學校已儲備了一大批高職稱、高學歷骨幹教師，並建立了一整套保障教學中心地位的規章制度，對 30% 以上的課程實施了多媒體教學。為了科學地評價教學效果，學校從九五年始實行了教考分離，建立了一整套較完善的反饋調節機制。學校有教學實習醫院三十餘家，對各教學醫院已進行了規範化、科學化合格評估，可以保障臨床教學正常進行。校共青團組織率先在全省成立了素質拓展學校，組建了社會實踐基地，校園文化品位和格調整體不斷提高。校領導審時度勢，成立了由校長親自掛帥的教改領導機構，從資金上給予支持，着力推進教學改革。

安徽醫科大學由於辦學聲譽較好，社會影響較大，其生源質量不斷提高，二零零零年恰逢安徽省實施春季招生，我校臨床醫學專業招生本科生六十人，高考分數均達全國重點分數綫，將這六十位學生做為我校新制教學模式的改革對象，樣本具有代表性和可操作性。

安徽大學做為綜合性理科學校與安徽醫科大學有着長期多方的合作關係，省教育主管部門在積極推動兩校的合作辦學計劃，兩校的教育教學資源可以優勢互補，醫學專業的六十位同學第一學年在安徽大學完成一般基礎課教學，將夯實基礎，拓寬學生的視野和思路，素質將得到提高，醫科學生在理科學校氛圍內完成預科教育，無論在素質教育和形成創新意識上相信會起重要作用。此項計劃已啟動和實施。

此外，該教學改革模式得到了安徽省教委和國家教育部的立項支持，哈佛大學校友對我校此項也給予了熱忱幫助。



三、新型臨床醫學專業人行培養模式的特色與創新

1、新型臨床醫學專業培養模式在培養目標、教學內容、教學管理等方面打破了原有的傳統，打破過去那種只注重知識的傳授，老師講，學生聽，“一言堂”“滿堂灌”，幾十年一貫制的先基礎後臨床，以課堂為中心，以教師為中心的教學模式。二十一世紀的醫生應該是有判斷力的思想家，主動的終身學習者，信息利用專家、經濟學、社會學、人類學、流行病學和行為醫學的應用者，社會的支持者和初級保健的提供者，此項改革模式能滿足社會對複合型、創新型、實用型人才的需求。

2、在培養方式和課程體系有突破：採用了一年級預科制與綜合性大學聯合培養方式，在五年制臨床醫學專業人才培養方面在國內尚屬首次出現。二、三年級醫學基礎的教學“以器官系統為中心”和“以問題為中心”授課，課堂教學採用“討論式”，“啟發式”課程體系，採用課程組合模塊式，核心課程和輔修課程，開設大量素質教育課程，實驗和理論課時比為 1:1，在醫學教學實踐中有突破。四、五年級在附院和臨床學院，採用以“病人”和“病案”為中心，組織核心教學和實習，並在四年級下學期安排三個月時間深入社區和農村醫療點進行社會衛生服務活動使學生深入了解社會，認清中國國情，對學生的世界觀、人生觀、價值觀的形成和明確服務對象及後期臨床教學將產生深遠影響。五年級下學期依據用人單位需求和畢業生志願鎖定某一臨床二級科室進行專才培養，縮短學生走入社會成為合格醫生的時間，上述措施在國內未見報道。

3、教學手段和評價：全程採用多媒體視聽手段，自編教學講義和教學軟件，實施教考分離。

我國的高等醫學教育經過了幾十年的發展已初具規模，在不同的歷史時期為社會輸送了大批合格人才，對社會的進步和人類的健康起到了不可替代的作用。千年之交的二十一世紀，對於我國的醫學教育的發展，既是機遇，又是挑戰。當今社會，市場經濟正在形成，衛生需求出現了多元化、社會化趨勢，科學技術迅速發展及其綜合化、信息時代和知識經濟的趨勢，以及中西方文化沖撞，交流、交織的趨勢。面對這些，我們要有憂患意識，危機意識，只有積極改革，適應市場，才能順應和掌握醫學教育發展規律，為社會培養大批合格衛生人才。



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程伯基常務副校長負責北京醫科大學本科教育和繼續教育，是學校教育改革的主要策劃者之一。

請簡述閣下對醫學教育改革的見解或閣下所屬院校在課程改革上的經驗：

為了適應當今社會進步和科學技術的發展，改革醫學教育，提高人才培養質量的重要環節，北京醫科大學着力於下述幾方面的改革。

1. 將現行的五年制改為七年制，加強自然科學和人文科學教育。培養過程實現文、理、醫的相互滲透，實行傳授知識，培養能力和提高素質融為一體的綜合教育，使學生的智力因素和非智力因素和諧統一，具有良好的科學修養和人文精神。
2. 著眼於能力培養，特別是自我拓展知識的能力。培養終生學習的觀念和習慣。改革的措施是減少課程教學和講課時數，促進同學的自我學習，建立計算機的輔助教學系統，轉變學習方法，引導學生的小組討論或案例討論。
3. 注意學生個性的發展，鼓勵學生的創新意識。措施包括吸引學生參加科研實施開放實驗室，支持學生科研小組活動。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning and management (including curriculum structure, content and new curriculum), experiment lessons reform, assessment methods, staff training.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The aim of the education reform is to train skilled personnel with high quality and endow them with the ability of thinking and operating, the interest in learning and the capability of knowing how to learn. We should avoid just instruct students step by step with fragments from the whole knowledge, instead, we should converge different parts of knowledge and give them to the students as a whole so that they can learn the same knowledge from different point of views and can understand and grasp it firmly. Some functional courses (such as physiology, pathophysiology and pharmacology) have the comprehensive and designed experiment courses except their own routine experiment courses, so the students can learn all the functional courses through one or several comprehensive and designed experiment courses. The clinical courses should have several optional courses based on important diseases, such as hepatitis, AIDS, and these courses should include the etiology, epidemic pattern, pathology, clinical, cure, prevention, prognosis, research progression of these diseases.



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教學計劃的制定，包括課程結構，內容和新課程的開設，試驗改革，師資培養。

請簡述閣下對醫學教育改革的見解或閣下所屬院校在課程改革上的經驗：

教學改革以培養高素質的人才為目的，教會學生動腦、動手的能力，愛學習、會學習的習慣。避免將整體的知識分割成小塊給學生，而應該將零散的知識以整體形式給學生，使其融滙貫通，有機結合。如機能類課程（生理學、病理生理學和藥理學）的實驗課，除各學科特色實驗外，開出綜合性、設計性實驗，使學生將全部機能性課程的知識通過一個或幾個綜合性或設計性實驗有機結合。臨床課應開出幾個以重大疾病為主題的選修課，如肝炎、愛滋病等，包括發病機理、流行病學、病理改變、合併症、臨床、治療及研究進展等。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

In charge of educational planning (including curriculum) of the medical graduate students, graduate student's instructors training etc.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The training of laboratory and clinical skills should be reinforced on the basis of the wide and advanced medical theory

We should combine medical fundamental curriculum with clinical curriculum.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning, assessment and evaluation, quality assurance, and research program management.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum design, resources coordinator

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 包家駒

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請註明 閣下在醫學教育中專責的項目〔例如：課程計劃、資源管理、教員培訓等等〕：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

研究生教育，資源管理。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育改革目標及核心的五種問題：

1. 建立一個能適應經濟文化發展的教學大綱；
2. 適合二十一世紀發展的醫學專科、研究生教材；
3. 建設學校網上教學及多媒體教學的設備及軟件；
4. 完善能客觀反影學習成績，創新精神的考試方法；
5. 建設一批有事業心、有水平的教師隊伍，教與學，教師與學生之間良好的人文環境。



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 王亞平

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

1. 基礎醫學課程教學質量評估指標體系的研究
2. 基礎醫學實驗教學的改革

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

1. 建立一套科學、客觀、實用、可操作的，並適度超前的教學質量評估指標體系，並給予各指標相應的權重。由老專家組成的教學監督小組檢查實施。
2. 改革醫科院校實驗室建設模式。把基礎醫學教學實驗室分成生物信號提取與處理為主的機能實驗室，以形態結構為主的形態學實驗室，根據機能、形態實驗室特點配置先進的教學設備。
3. 改革實驗教學模式、內容、方法，培養學生創新能力。



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

專業課教師。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學不停發展，社會對醫學人才的需求不斷變化，與之相適應醫學教育改革不可能一勞永逸。改革是一種手段，其方式可以千差萬別，培養人才的質量才是衡量改革的唯一標準。高質量的醫學人才應“基礎扎實、知識面廣、能力強、素質高”。為達到此目的，課程設置與教學內容改革應有利於學生創新精神的培養及獨立思想與個性發揮，教學方法改革應為學生主動性發揮、主動參與創造更好條件。

香港大學醫學院教育改革為我們提供了良好範例和成功經驗，值得學習和借鑒。



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Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 曹德品

所屬院校： 哈爾濱醫科大學

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請註明 閣下在醫學教育中專責的項目〔例如：課程計劃、資源管理、教員培訓等等〕：

課程計劃；教學安排；招生錄取；師資培訓；教學改革等。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

1. 大陸醫學教育學制一般為 5 年，應延至 7-8 年，加強學生實踐能力的培養，於國外接軌，畢業時授予博士或碩士學位。
2. 繼續調整專業設置，拓寬專業口徑。實行學校大醫學教育，通過繼續教育進行專業訓練和培養。
3. 改革課程設置和學時分配。擺正各門課程，特別是基礎課程在學生培養、實現培養目標過程中的地位和作用，合理設置課程和分配學時，減少學時，使學生有更多時間自學、個性發展，培養學生創新能力，提高學生綜合素質。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 金連弘

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

1. 如何提高我國醫學生的素質。
2. 在教育改革試點的基礎上，盡快以政府行為確定我國高等醫學教育的學制體系、學位培養體系及畢業後的醫生執照實施制度，以完善整體醫學教育的學位工程。



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Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 王玉華

所屬院校： 哈爾濱醫科大學第一臨床醫學院、哈爾濱醫科大學口腔醫學院

職位及部門： 哈爾濱醫科大學第一臨床醫學院教學院長、哈爾濱醫科大學口腔醫學院院長

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

本人負責哈爾濱醫科大學第一臨床醫學院、哈爾濱醫科大學口腔醫學院的全面臨床教學管理。主持教學改革、教學評估、教學法研究、師資管理、教學管理、學生管理、教育發展戰略等項目的研究。擔任全國高等醫學教育學會臨床教育分會《高等臨床醫學教育臨床教學基地評審》協作課題組東北地區負責人。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

面對 21 世紀醫學科學的迅猛發展，要求我們必須迅速地更新教育思想，轉變教育觀念。打破傳統醫學教育模式，營造跨世紀醫學人才的培養新體系。不斷進行醫學教育的改革，全面推進素質教育，以培養出能適應和推動 21 世紀我國高等醫學科學發展的優秀人才。

在多年的臨床教學管理實踐中，不斷探索，進行教學內容、方法、手段、教學管理等方面的改革，取得了一些經驗與成績。課程改革從內容上增加了急診醫學、康復醫學、護理學、社區醫學等課程，以拓寬學生的知識面，增強適應社會能力。從教學手段上採用了現代化教學儀器、設備，應用計算機輔助教學手段(CAL 課件)，使教學更加形象生動。教學管理科學化、制度化、規範化。近年來榮獲各級教學成果 20 項，其中《臨床教學目標化管理與質量控制》、《全面加強研究生管理、培養高質量醫學人才》等獲黑龍江省優秀教學成果壹等獎，《臨床教學授課質量綜合評估》、《畢業後繼續醫學教育學分制實施與探討》、《創優秀示範臨床教學基地》等獲黑龍江省優秀教學成果貳等獎。 我院成爲全國首家優秀示範臨床教學基地。王玉華同志現擔任全國口腔醫學會理事、全國高等醫學教育臨床學會常務理事、東北地區負責人、中華醫學會黑龍江分會醫學教育學會副主任委員。



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Management of Clinical Medicine's Professional Degrees.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 鄔力祥

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

本人在醫學教育領域的專長為臨床醫學專業學位管理。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning and staff training.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The key to the medical education reform lies in the change of the educational concept. We should place our emphasis not only on the medical theory but also on the medical practice. The reform of the teaching set up and teaching method plays the most important role. In order to combine the medical theory and practice fully, the students must strengthen the training of their skills. They must start the clinical practice and contact with the patient earlier than what has been planned. Our university is undergoing a reform in reorganizing certain courses, strengthening the skill training and changing test method.



參與者簡介

姓名： 陳榮華

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職位及部門： 教授、校長

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課程計劃和教員培訓。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育改革的關鍵在於教育觀念的轉變。在重視理論教育的同時更應強調醫學的實踐性，重點在於課程設置和教學辦法的改革。要強調理論與實踐的結合，尤應重視學生提早接觸臨床，接觸病人，要加強技能訓練。我校正在進行有關學科重組，加強技能訓練和改革考試方法的探討。



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Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The new types of medical personnel who have sound foundation, broad knowledge, brilliant ability and high quality are needed in the 21st century. However, this need can hardly be met by existing teaching methods. The consistent teaching methods based on the existing curriculum have many disadvantages.

1. Since the teacher's professional knowledge is too narrow and specialized, too much attention has been paid to the details in the teaching of specialized course.
2. The oversimplified and unsystematic reform in the intersection of different specialties lead to inefficiency and duplication of effort.
3. Too trifling classifications of specialties change the same content beyond all recognition in different specialties.
4. The unchangeable teaching methods can no longer guide students to make a multiple clinical case-centered study.

The disadvantages emerging during the teaching procedure also include inflexible teaching schedule and stereotyped syllabus and imperfect evaluation system. Besides, the backwardness of existing teaching methods and college facilities is also a factor that blocks the pursuit of new teaching methods. How to bring up an excellent college faculty has always been the master key of educational reform. The depth of mind emancipation is another important factor that influences educational reform.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

二十一世紀需要“基礎厚、能力强，素質高”的新型醫學人才，但以目前的方式培養的學生很難達到這一要求。幾十年一貫制的以現行課程設置為單位的教學有很多弊端，主要表現為：

1. 教師專業知識面過窄、專業化程度較高，專業課程教學中的知識過細、過多。
2. 簡單化的、不系統的學科交叉性教學內容改革造成低效重複勞動。
3. 過細的學科分支帶來了相同專業知識內容的差異性，使許多本來屬於同一性的東西在不同的學科被認為是不同的東西。
4. 教學方法單調，不能領導學生進行多元性的以臨床病例為中心的學習。

教學過程中出現的問題，除了學科劃分過細、課程設置的不合理、教師知識面過窄外，還有教學計劃過於嚴密，教學大綱內容與要求的限制過死，現行考試測評制度和方法不完善等。此外，教學手段、教學設施的落後是影响新型教學方法實施的因素，教育改革的關鍵是師資隊伍的建設，教師和教育管理部門的思想解放程度也是影响教學改革的因素。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning, staff training and educational management.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education reform :

The essential or central problem is to reform educational thoughts and update educational ideas. The quality sense of cultivating medical qualified personnel and the training sense of their comprehensive qualities should be strengthened. Teaching content, curriculum system and teaching ways and methods are to be improved. Teaching labs and bases such as attached hospitals and teaching hospitals are to be further developed. Universities and colleges should be open both to the society and the world in order to become comprehensive ones. A multiple training pattern is to be set up including instructing knowledge, training the ability and improving the quality of the medical personnel.

Curriculum Reform.

The key of curriculum reform is the recombination and reconstruction of courses:
Perfect the traditional courses, and guarantee the superior ones,
Develop new subjects, and initiate leading ones,
Recombine intersectional disciplines, and introduce boundary ones,
Finally characteristic or innovative branches of learning are sure to be formed.



參與者簡介

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課程設置；教師培訓；教育管理

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育改革： 根本或核心問題是要改革教育思想，更新教育觀念；增強醫學人才培養質量觀和綜合素質培養觀；要進行教學內容、課程體系、教學方法和教學手段的改革；要强化教學實驗室和教學基地（附屬醫院、教學醫院等）建設；要面向社會、面向綜合性大學和面向世界擴大辦學。構建融傳授知識、培養能力和提高素質為一體的多樣化的人才培養模式。

課程改革： 課程改革的關鍵是學科重組與建設：
完善傳統學科，確保優勢學科，
發展新興學科，開創前沿學科，
重組交叉學科，引入邊緣學科，
最終形成特色或創新學科。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Teaching management.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education reform must fit the needs of the new era. Constantly bring forth new ideas in the medical knowledge, method and education. Let's become the measure to the reality in the medical teaching, management, teacher's training and development and so on. It is a must to find a new road for the doctor's future.



參與者簡介

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教學管理。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育改革，應適應新時代的需要，在知識創新，培養模式，素質教育等方面有所突破，特別是應該把改革的具體措施落實到教學計劃制定，教學運作管理，師資改組建設，學科發展方向等實處，探討新型醫學人才培養之路。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education is continuously changing in its approaches and organisations. This is the result of knowledge explosion. Growth of knowledge beyond the capacity of humans to encompass has led to specialisation with fragmentation of disciplines and practice specialities.

The need is to learn the use of information rather than to memorise information. The lessons from problem-based curricular will be increasingly important.



參與者簡介

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課程計劃。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育的方法和組織形式正在不斷的發生變化，這主要是受近年來知識爆炸的影響，知識增長顯然已經超過了人類的吸收能力，這樣就導致了專業化趨勢的增強，從而促使了基礎知識和專業知識的分離。為了順應知識增長的形勢，學生必須學會使用信息來代替死記硬背。為此總結近年來這種“以問題為基礎”的課程所取得的經驗就顯得尤為重要。



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education reform, especially PBL, is important to the education of medical students of 21st century. We try to set up the PBL program in our medical school recently!



參與者簡介

姓名： 薛導仁

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

1. Curriculum planning of premedical and clinical rotation.
2. How to change the old idea of medical education in colleague.
3. Finding a good way to ensure continue social support.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education should put focus on the importance of doctor-patient relationship, basic technique of history taking and physical examination, enhancement of medical ethics instead of explanation of results of new techniques like CT or MRI.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning : a member of Curriculum Committee of College of Medicine.
Staff training : Director, Resident Training Program of Paediatrics.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The current curriculum for medical education is overcrowded and fragmental. It needs to be reformed and integrated.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning, teaching with interaction methods.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

I look forward to seeing any new development that will make teaching and learning more funny and more effective.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

General duties.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

We believe large classroom lecture, small group session, problem-based learning and hand-on laboratory sessions are all important and should be appropriately combined in medical education.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum and teaching skill.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education reform is a matter of great urgent in recent years due to the explosion of medical science information. The medical students have to learn how to learn and how to make good judgment.



參與者簡介

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

All.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Clinical education is an important part of medical education. The university hospital should be considered as graduate school of medicine.



參與者簡介

姓名： 葉純甫

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

General direction of all the affairs of medical education; management of manpower, material and economy resources of the whole college.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

對學校醫學教育，人力、物力、財力資源的總的指導。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name LIU Ya

Institution: Norman Bethune University of Medical Sciences

Position &
Department: Director, Professor, Graduate Department

Telephone: 86-431-5645911 Ext6191

Fax: 86-431-5644729

Mailing address: 8 Xinmin Street, Norman Bethune University of Medical Sciences,
Changchun, Jilin, 130021, PRC

Email address: jwc03_3@mail.nbums.cc.jl.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning for graduate students; graduate cultivation and degree conferment.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 劉姪

所屬院校： 白求恩醫科大學

職位及部門： 研究生處處長、教授

聯絡電話： 86-431-5645911 內綫 6191

傳真號碼： 86-0431-5644729

郵寄地址： 中國吉林省長春市新民大街 8 號（郵遞區號 130021）

電郵地址： liyulin@mail.nbums.cc.jl.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

研究生課程計劃；研究生培養；學位授予。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: ZHOU Xiaoyan
Institution: Norman Bethune University of Medical Sciences
Position & Department: Director, Associate Professor, Education & Administration Department
Telephone: 86-431-5644729
Fax: 86-431-5644729
Mailing address: 8 Xinmin Street, Norman Bethune University of Medical Sciences, Changchun, Jilin, 130021, PRC
Email address: zhxy@mail.nbums.cc.jl.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning, teaching implementation, education research, education reform, appraisalment of medical education, compilation and reformation of teaching material, application of contemporary educational technologies.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 周曉岩

所屬院校： 白求恩醫科大學

職位及部門： 教務處處長、副教授

聯絡電話： 86-431-5644729

傳真號碼： 86-431-5644729

郵寄地址： 中國吉林省長春市新民大街 8 號（郵遞區號 130021）

電郵地址： zhxy@mail.nbums.cc.jl.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

教學計劃；教學運行；教育研究；教育改革；醫學教育評估；教材編寫與改革；教育技術應用。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name LIU Depei
Institution Peking Union Medical College
Position & Department Vice President
Telephone: 86-10-65295964
Fax 86-10-65133091
Mailing address: 9 Dong Dan San Tiao, Beijing, 100730, PRC
Email address: liudp@public.east.cn.net

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Study and practice in the cultivation of medical students' creativity and practical ability.



參與者簡介

姓名： 劉德培

所屬院校： 中國協和醫科大學

職位及部門： 副校長

聯絡電話： 86-10-65295964

傳真號碼： 86-10-65133091

郵寄地址： 中國北京東單三條 9 號（郵遞區號 100730）

電郵地址： ludp@public.east.cn.net

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

八年制醫科學生創新意識與能力培養的研究與實踐。



Personal Profile of Participant

Name: SHEN Ning

Institution: Peking Union Medical College

Position &
Department:

Telephone:

Fax:

Mailing address: 9 Dong Dan San Tiao, Beijing, 100730, PRC

Email address.

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 沈寧教授

所屬院校： 中國協和醫科大學

職位及部門： 護理學院長

聯絡電話：

傳真號碼：

郵寄地址： 中國北京東單三條 9 號（郵遞區號 100730）

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: CUI Yiqun
Institution: Qingdao University Medical College
Position & Department: Director of Graduate Program, Department of Anatomy
Telephone: 86-532-3834684
Fax: 86-532-3801449
Mailing address: 38 Dengzhou Road, Qingdao, 266021, PRC
Email address: faoqme@public.qd.sd.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Responsible for the graduate program of medical college, which includes:

1. annual enrollment of graduate students;
2. formulation of curriculum design;
3. organisation of the thesis debate and conference of degree.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

In order to enhance the quality of graduate graduation and to ensure the cultivation of qualified medical personnel of higher standard, the medical college needs to redesign its curricula, to widen the caliber of the cultivation through introducing advanced experience of graduate education. As well, a series of competition mechanism needs to be introduced to raise the overall level of college administration and to enhance the working spirit.



參與者簡介

姓名： 崔益群

所屬院校： 青島大學醫學院

職位及部門： 研究生辦公室主任、院長助理

聯絡電話： 86-532-3834684

傳真號碼： 86-532-3801449

郵寄地址： 中國青島市登州路 38 號（郵遞區號 266021）

電郵地址： faoqme@public.qd.sd.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: XIE Junxia
Institution: Qingdao University Medical College
Position & Department: Vice President of Qingdao University, Dean of Qingdao University Medical College, Department of Physiology
Telephone: 86-532-3838481
Fax: 86-532-3801449
Mailing address: 38 Dengzhou Road, Qingdao, 266021, PRC
Email address: faoqme@public.qd.sd.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Responsible for graduate education and constitution of key departments at the University, fully responsible for undergraduate education, scientific research, exchange program, financial planning and personnel training at the college.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The college will endeavor to continue its medical education and academic exchange and cooperate with foreign medical institutions; to strengthen the construction of its curricula, and to accelerate the transition from the traditional biological model to the bio-social-psychological model.



參與者簡介

姓名： 謝俊霞

所屬院校： 青島大學醫學院

職位及部門： 副校長，院長

聯絡電話： 86-532-3838481

傳真號碼： 86-532-3801449

郵寄地址： 中國青島市登州路 38 號（郵遞區號 266021）

電郵地址： faoqme@public.qd.sd.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: WANG Weiping
Institution: Shanghai Medical University
Position & Department: Vice President
Telephone: 86-21-64039818
Fax: 86-21-64037268
Mailing address: Shanghai Medical University, 138 Yi Xue Yuan Road, Shanghai, 200032, PRC
Email address: wpwang@shmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 王衛平

所屬院校： 上海醫科大學

職位及部門： 常務副校長

聯絡電話： 86-21-64039818

傳真號碼： 86-21-64037268

郵寄地址： 中國上海市醫學院路 138 號（郵遞區號 200032）

電郵地址： wpwang@shmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

教育行政管理，資源管理。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

贊同 “Problem-based Learning” 教學方法，擬在本校試行之，經驗和資源不足是主要困難，故希望有機會與同道切磋。



Personal Profile of Participant

Name: XU Zhong
Institution: Shanghai Medical University
Position & Department: Director of Dean's Office
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Fax: 86-21-64037268
Mailing address: Shanghai Medical University, 138 Yi Xue Yuan Road, Shanghai, 200032, PRC
Email address: zhxu@shmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning, Problem-based Learning, education management, assessment of education quality.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The reform of medical education should emphasize on the training of clinical skills and communications. The integrative approach of teaching contents and bed-side teaching should also be accepted.



參與者簡介

姓名： 徐忠

所屬院校： 上海醫科大學

職位及部門： 教務處處長

聯絡電話： 86-21-64041900 內綫 2420

傳真號碼： 86-21-64037268

郵寄地址： 中國上海市醫學院路 138 號上海醫科大學（郵遞區號 200032）

電郵地址： zhxu@shmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

教學計劃修改

以問題為中心的教學實踐經驗

教學管理

教學質量評估方法

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育日前改革應注重：臨床技能的培訓、臨床思維能力的訓練、人際交往能力和溝通的訓練，醫學教育應早期接觸臨床，開展床邊教學，實施教學內容方面基礎與臨床的進一步整合。

我校正正在探索基礎醫學教學階段中實施“以器官系統為中心的教學”方案。



Personal Profile of Participant

Name: YAO Tai
Institution: Shanghai Medical University
Position & Department: President
Telephone: 86-21-64041900 Ext 2181
Fax: 86-21-64037268
Mailing address: Shanghai Medical University, 138 Yi Xue Yuan Road, Shanghai, 200032, PRC
Email address: tyao@shmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Staff training

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

For medical students, learning and training of the basic natural and medical sciences, humanities and social sciences, as well as the culture of professional and medical morality, must be strengthened, the ability of solving problems and training of clinical skill must be emphasized.



參與者簡介

姓名： 姚泰

所屬院校： 上海醫科大學

職位及部門： 校長

聯絡電話： 86-21-64041900 內綫 2181

傳真號碼： 86-21-64037268

郵寄地址： 中國上海市醫學院路 138 號上海醫科大學（郵遞區號 200032）

電郵地址： tyao@shmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

教員培訓。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育改革應重視加強基礎教育，醫德教育，人文和社會科學教育，加強醫療衛生實際工作能力的訓練。



Personal Profile of Participant

Name: WANG Fuming
Institution: Shanghai Second Medical University
Position &
Department:
Telephone: 86-21-63851293
Fax: 86-21-63842916
Mailing address:
Email address: wangfm@shsmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 王馥明

所屬院校： 上海第二醫科大學

職位及部門： 教學處長、副教授

聯絡電話： 86-21-63851293

傳真號碼： 86-21-63842916

郵寄地址： 中國上海市重慶南路 280 號（郵遞區號 200025）

電郵地址： wangfm@shsmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

負責本科教學。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: ZHANG Lu
Institution. Shanghai Second Medical University
Position & Department: Vice President
Telephone: 86-21-63851293
Fax: 86-21-63842916
Mailing address:
Email address: zhanglu@shsmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 章魯

所屬院校： 上海第二醫科大學

職位及部門： 副校長、教授

聯絡電話： 86-21-63851293

傳真號碼： 86-21-63842916

郵寄地址： 中國上海市重慶南路 280 號（郵遞區號 200025）

電郵地址： zhanglu@shsmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

負責全校教學。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: ZHU Zhenggang
Institution: Shanghai Second Medical University
Position &
Department:
Telephone:
Fax:
Mailing address
Email address

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 朱正綱

所屬院校： 上海第二醫科大學

職位及部門： 瑞金醫院副院長、瑞金臨床醫學院院長

聯絡電話：

傳真號碼：

郵寄地址： 中國上海市重慶南路 280 號（郵遞區號 200025）

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: XIE Miao
Institution: Shantou University Medical College
Position & Department: Director of Dean's Office
Telephone: 86-754-8551405
Fax: 86-754-8557562
Mailing address: 22 Xinlin Road, Shantou, Guangdong, 515031, PRC
Email address: mxie@mailserv.stu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Administration of medical education.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

To emphasize the rational use of medical resources and to integrate medical basic courses and clinical courses.



參與者簡介

姓名： 謝苗

所屬院校： 汕頭大學醫學院

職位及部門： 醫學院院長辦公室主任

聯絡電話： 86-754-8551405

傳真號碼： 86-754-8557562

郵寄地址： 中國廣東省汕頭市新陵路22號汕大醫學院（郵遞區號515031）

電郵地址： mxie@mailserv.stu.edu.cn

請註明閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

醫學教育行政管理。

請簡述閣下對醫學教育改革的見解或閣下所屬院校在課程改革上的經驗：

加強基礎與臨床課程的密切結合，注重合理使用醫療資源的教育。



Personal Profile of Participant

Name: XU Xiaohu
Institution: Shantou University Medical College
Position & Department: Dean, Professor
Telephone: 86-754-8551405
Fax: 86-754-8557562
Mailing address: 12 Xinlin Road, Shantou, Guangdong, 515031, PRC
Email address: xhxu@mailserv.stu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Academic exchange of medical education.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Telemedicine and e-learning with multimedia.



參與者簡介

姓名： 徐小虎

所屬院校： 汕頭大學醫學院

職位及部門： 院長、教授

聯絡電話： 86-754-8551405

傳真號碼： 86-754-8557562

郵寄地址： 中國廣東省汕頭市新陵路 12 號汕大醫學院（郵遞區號 515031）

電郵地址： xhxu@mailserv.stu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

醫學教育學述交流。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

加強遠程教育和網上教學，用多媒體手段提高教學效果。



Personal Profile of Participant

Name: CHEN Ruzhu
Institution: Sun Yat-sen University of Medical Sciences
Position & Department: Vice President
Telephone:
Fax:
Mailing address: Sun Yat-sen University of Medical Sciences, 74 Zhongshan Road II,
Guangzhou, 510089, PRC
Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 陳汝築

所屬院校： 中山醫科大學

職位及部門： 副校長

聯絡電話：

傳真號碼：

郵寄地址： 中國廣州市中山二路 74 號中山醫科大學辦（郵遞區號 510089）

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: HUANG Jiefu
Institution: Sun Yat-sen University of Medical Sciences
Position & Department: President
Telephone: 86-20-87333606
Fax: 86-20-87331679
Mailing address: Sun Yat-sen University of Medical Sciences, 74 Zhongshan Road II, Guangzhou, 510089, PRC
Email address: jeffrey@gzsums.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Resource management and staff training

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 黃潔夫

所屬院校： 中山醫科大學

職位及部門： 校長

聯絡電話： 86-20-87333606

傳真號碼： 86-20-87331679

郵寄地址： 中國廣州市中山二路 74 號中山醫科大學辦（郵遞區號 510089）

電郵地址： jeffrey@gzsums.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

資源管理，教員培訓。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: LEE Myoung-Soon
Institution: School of Medicine, Sungkyunkwan University, Korea
Position & Department: Preventive Medicine
Telephone: 82-331-2946281
Fax: 82-331-2946299
Mailing address: 300 Chunchun-dong, Jangan-gu, Suwon, Kyungi-do, Korea(South), 440-746
Email address: msnlee@nongae.gsnu.ac.kr (it will be changed after March 27)

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

1. Curriculum development
2. Faculty development (or staff training)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The School of Medicine in the Sungkyunkwan University (SKKU) was newly established in 1997, and until now the curriculum for medical education has been continuously evolving and developing. I will join in the School of Medicine in the SKKU from March 1, 2000. So rather than describing my experience at my own institution, I would like to describe the general direction in which the curriculum has evolved at my institution. The approach of the medical school, it seems to me, has been very innovative and the medical program has developed with a view to enhancing problem-based learning and self-directed learning for life-long learning. This student-centred approach aims to integrate subjects within and across years around several key themes including essential competency in basic and clinical science, doctor-patient communication, and community-doctor relations, and these are intended to actualize the educational goals and mission of the SKKU.

However, the medical program is in its middle developmental stage; it needs to be developed in further detail and implemented & coordinated in effective ways. Many tasks are required, including more organizational development of the several working committees, working out more strategies for integrating subjects within and across years, faculty development, etc. The supportive information technology and a learning resource center should also be integrated into the program.



參與者簡介

姓名： LEE Myoung-Soon

所屬院校： School of Medicine, Sungkyunkwan University, Korea

職位及部門： Preventive Medicine

聯絡電話： 82-331-2946281

傳真號碼： 82-331-2946299

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電郵地址： msnlee@nongae.gsnu.ac.kr

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: CHUNG SC Sydney
Institution: The Chinese University of Hong Kong
Position & Department: Dean, Faculty of Medicine
Telephone: 852-26322233
Fax: 852-26350075
Mailing address: Faculty of Medicine, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong
Email address: sydneychung@cuhk.edu.hk

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Resource management.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 鍾尚志

所屬院校： 香港中文大學

職位及部門： 醫學院院長

聯絡電話： 852-26322233

傳真號碼： 852-26350075

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請註明 閣下在醫學教育中專責的項目〔例如：課程計劃、資源管理、教員培訓等等〕：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: FOK TF

Institution: The Chinese University of Hong Kong

Position &
Department: Associate Dean, Faculty of Medicine

Telephone:

Fax:

Mailing address: Faculty of Medicine, The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong

Email address

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 霍泰輝

所屬院校： 香港中文大學

職位及部門： 醫學院副院長

聯絡電話：

傳真號碼：

郵寄地址： 香港新界沙田香港中文大學醫學院

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: DOU Kefeng
Institution: Xijing Hospital of the Fourth Military Medical University
Position & Department: Chairman of Surgery Teaching and Researching Group
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Mailing address: 17 Changle West Road, Xian, Shanxi, 710032, PRC
Email address: gdwk@fmmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Courses design and undergraduates training

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The top priority is to enhance the quality training of medical undergraduates. This can be carried out by combining the major and minor subjects; curricular and extracurricular activities. Concerned about the cultivating ability of the undergraduates, we should emphasize on their scientific capacity.

Carrying out the scientific extracurricular activities, the undergraduates can participate in the whole process of one research project, from choosing the project, conforming the project, collecting the materials, designing and carrying out the experiments, then, composing the papers. In this procedure, undergraduates can improve their ability of research, thinking and practical manipulation. Then, the goal of cultivating a group of high quality researchers is accomplished.

When undergraduates participate in the research work, they should be directed to pay attention to the extracurricular activities on the base of mastering the general theoretics to avoid influencing the quality of education.



參與者簡介

姓名： 竇科峰

所屬院校： 第四軍醫大學西京醫院

職位及部門： 外科教研室主任

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電郵地址： gdwk@fmmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

課程計劃，學生培訓。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫科大學生的綜合素質培養應放在首要位置，可採取主、補修相結合，課堂教學與課外活動相結合，大學生的能力培養上，應突出科研能力的培養和提高。

開展部分學生課外科研活動的目的：是讓學生參與並完成從選題、立項、資料採集到課題設計，實施實驗到撰寫論文的全過程達到其對獨立思考能力、科研能力、動手能力的培養，培養一批具有從事科研工作初步能力的高質量合格人才為目標。

學生參加課外科研活動還要正確引導學生：重全面理論，兼課外科研，從而避免出現學習、科研不能兼顧而影響教學質量的問題。



Personal Profile of Participant

Name: YANG Angang
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Email address: agyang@fmmu.edu.cn

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum teaching and curriculum planning.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Enhancing the quality training to students; updating curriculum contents.



參與者簡介

姓名： 楊安鋼

所屬院校： 第四軍醫大學

職位及部門： 生物化學與分子生物學教研副主任、教授

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電郵地址： agyang@fmmu.edu.cn

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

課程講授和課程計劃。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

加強對學生的素質培養；更新教學內容。



Personal Profile of Participant

Name: GWEE CE Matthew

Institution: The National University of Singapore, Faculty of Medicine

Position &
Department: Pharmacology

Telephone: 65-8744329

Fax: 65-7730579

Mailing address. Department of Pharmacology, Faculty of Medicine, National University of Singapore, 10 Kent Ridge Crescent, Singapore 119260

Email address: phcmgce@nus.edu.sg

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Areas of Interest

1. Problem-based Learning
2. Promoting Active Learning
3. Small Group Teaching
4. Teacher Appraisal in Higher Education

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Undergraduate Medical Education In The National University of Singapore: the Entrapment , the Awakening and the Enlightenment

Undergraduate medical education in the National University of Singapore (NUS) has been entrapped in traditional modes of teaching (mainly a highly lecture-based curriculum) over many decades. The traditional lecture has been highly revered by medical teachers as a rite and a right for displaying one's knowledge and expertise for students to memorise, recall and regurgitate in examinations. More recently, with the clear vision of our newly appointed Dean, the NUS Faculty of Medicine recognized the need "to respond decisively and appropriately to the rapid changes in medicine and medical education, to ensure that its graduates are well equipped to meet the challenges of medical practice in the years ahead". In this period of the awakening, our faculty was engaged in intensive curriculum reform aimed primarily at a faculty-driven and integrated systems-based approach in the teaching of the basic science disciplines, supplemented with *problem-based learning (PBL)* to further foster the development of *independent self-directed lifelong learning* skills. Intensive PBL training and development programmes were conducted in-house for teachers and students. PBL was implemented in our Year I curriculum in July 1999 and, in July this year, PBL will also be implemented in our Year II curriculum. Attaining enlightenment is to meet the challenge of providing quality medical education to our students in this new millennium to ensure that our students will graduate as doctors with sound knowledge, comprehension, and the ability to apply, analyse, integrate and evaluate knowledge and information for the ultimate benefit of their patients.



參與者簡介

姓名： GWEE CE Matthew

所屬院校： The National University of Singapore, Faculty of Medicine

職位及部門： Pharmacology

聯絡電話： 65-8744329

傳真號碼： 65-7730579

郵寄地址：

電郵地址： phcmgce@nus.edu.sg

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: CHEN Zhiyong
Institution: The Third Military Medical University
Position &
Department
Telephone: 86-23-68752022
Fax: 86-23-65316682
Mailing address:
Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 陳志勇

所屬院校： 第三軍醫大學

職位及部門： 訓練部副部長

聯絡電話： 86-23-68752022

傳真號碼： 86-23-65316682

郵寄地址： 中國重慶沙坪壩區第三軍醫大學訓練部（郵遞區號 400038）

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

- 分管工作：
1. 教務工作： 教學計劃、教學大綱、教材計劃、課程計劃、教學督導、教學研究、師資培訓、教育技術、學籍管理。
 2. 教學保障： 教學物資供應、教室試驗室管理等。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學，特別是臨床醫學是應用性較強的學科門類，要求醫學生不但要具有寬厚的基礎理論、基本知識和技能，而且還要有較系統的分析、解決問題能力和動手能力。隨著知識經濟的到來，醫學教育要適應現代科學技術發展，特別是醫學科學的發展及人類疾病譜的變化，不斷優化醫學生的知識結構，加強素質能力培養，使醫學生在接受醫學教育的過程中學會學習，學會創造，學會發展。



Personal Profile of Participant

Name: HAN Shixin
Institution: The Third Military Medical University
Position &
Department
Telephone: 86-23-65307779
Fax: 86-23-65307779
Mailing address:
Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 韓世新

所屬院校： 第三軍醫大學

職位及部門： 外事辦公室秘書

聯絡電話： 86-23-65307779

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電郵地址：

請註明 閣下在醫學教育中專責的項目〔例如：課程計劃、資源管理、教員培訓等等〕：

醫學生外語培訓與研究：醫學科技國際交流對外交往的組織、協調和管理、留學生的培訓與管理。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育主要由基礎課程教育、醫學基礎課程教育、臨床課程教育、臨床實踐、醫學繼續教育幾方面組成。醫學教育改革首先應改革基礎課程、醫學基礎課程內容，以適應醫學科技的發展，適應人類疾病譜的變化，為臨床實踐或醫學理論研究打好基礎；第二，應放棄以學科為中心的授課模式，建立跨學科的綜合性課程，以器官為中心，以臨床問題為中心，加強基礎與臨床課程的整合；第三，使學生盡早接觸臨床問題，盡早參加臨床實踐活動；第四，強化醫學繼續教育，完善繼續教育模式，適應臨床和科研實際的需要。



Personal Profile of Participant

Name: HONG Xianben
Institution: The Third Military Medical University
Position & Department: Vice President
Telephone: 86-23-68752025
Fax: 86-23-65307779
Mailing address:
Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 洪先本

所屬院校： 第三軍醫大學

職位及部門： 副校長

聯絡電話： 86-23-68752025

傳真號碼： 86-23-65307779

郵寄地址： 中國重慶沙坪壩區第三軍醫大學（郵遞區號 400038）

電郵地址：

請註明 閣下在醫學教育中專責的項目〔例如：課程計劃、資源管理、教員培訓等等〕：

負責全校八個專業，五個層次的教學管理、招生、學位、教學保障、繼續教育等方面的全面工作。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育改革應樹立素質教育與創新教育觀念，提高人才培養的質量觀念，堅持以學生為主體辦學治校的特色。研究生教育重在創新，本科生教育重在素質，專科生教育重在技能。

學校在課程改革方面著重進行了以下工作：

1. 構建和完善了預防醫學課程體系；
2. 構建了人文、社會科學綜合類的選修課程體系；
3. 改建了自然科學類課程；
4. 探索了學科知識綜合化課程，重新構建了基礎醫學類課程體系；
5. 試行了“器官系統”教學模式，構建了臨床專業課教學課程體系。



Personal Profile of Participant

Name: BI Guangzhong
Institution: Tianjin Medical University
Position &
Department:
Telephone: 86-22-23372142
Fax: 86-22-23372142
Mailing address:
Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 畢光忠

所屬院校： 天津醫科大學

職位及部門： 教務處處長、副教授

聯絡電話： 86-22-23372142

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郵寄地址： 中國天津市和平區氣象台路 22 號（郵遞區號 300070）

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

教學管理（包括教學計劃管理、課程建設管理、教學質量管理等）

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: WANG Jibin
Institution: Tianjin Medical University
Position & Department: Vice President
Telephone: 86-22-23358604
Fax: 86-22-23358604
Mailing address:
Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 王紀彬

所屬院校： 天津醫科大學

職位及部門： 副校長、研究員

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

教學管理、畢業後教育。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name: HU Jichun
Institution: Tonji Medical University
Position & Department: Director, Department of Social Science
Telephone: 86-27-83692516
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Mailing address: 13 Hangkong Road, Wuhan, 430030, PRC

Email address:

Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Humanities education of medical students

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Perfect the education on humanities of medical students, strengthen the study of medical humanity for the change of medical model.



參與者簡介

姓名： 胡繼春

所屬院校： 同濟醫科大學

職位及部門： 教授

聯絡電話： 86-27-83692516

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郵寄地址： 中國武漢漢口航空路 13 號（郵遞區號 430030）

電郵地址：

請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

醫科學生的人文學科的教育。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

1. 醫科大學應逐步為學生開設醫學人文交叉學科課程，有條件的學校可考慮建立醫學人文學專業或碩士點，以提高醫科學生的綜合素質。
2. 加強醫學人文學的科研力量，培養醫學人文學的研究人員及師資隊伍，以適應醫學模式轉變的需要。



Personal Profile of Participant

Name: HUNG Guanxiang
Institution: Tonji Medical University
Position & Department: President, Professor
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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

In the higher medical education, I take a whole responsibility for the development and reform of education in our university. It includes planing and reforming of medical curricula, utilization and management of educational resources, administration and training of staff, etc. In the reform of medical education, I am, at present, in charge of the following research projects:

1. the research on the model of training qualified students in the seven-year or long-term educational system for the higher medical education in our country ;
2. teaching research on micro-surgical image.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

1. Developing long-term educational system.
Key medical universities should pay special attention to the development of the medical education of seven-year or long-term school system, expand enrollment of seven-year medical education, perfect the model of training the qualified students in long-term school education, development of the qualified personnel in higher level, so as to meet the needs of the development of the health services in our country and the challenge of the international competition in the future.
2. Carrying forward the quality education.
In order to promote the college students' quality, the entire quality of the teachers and the administrative personnel of the university should first be improved. The importance is attached to the cultural appreciation so as to create the fine living and studying conditions.
3. Enhancing the reform of medical curriculum system, teaching contents, teaching approach and teaching facilities.
The important reform of the curriculum system, teaching contents, teaching approach and teaching facilities should be that of the teaching contents and the approach. The students will be developed in their creative ideas, spirits and abilities, in order to lay a good foundation of developing the creative and qualified personnel in the future.
4. Paying attention to the establishment of the medical curricula.
Curriculum is the basic unit of teaching. The quality of the establishment of the curriculum plays an important role in the teaching quality. Tongji Medical University has for many years attached importance to the establishment of medical curricula, kept carrying out the assessment of the first class curricula, strengthening the investment for the establishment of the curricula, enhancing the standardized management of the curricula and promoting the reform and the establishment of the curricula by using encouraging mechanisms.



參與者簡介

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請註明閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

本人在高等醫學教育工作中，全面負責學校的教育發展和改革工作，包括課程計劃與改革、學校教育資源的利用與管理、教師管理與培訓等。在醫學教育改革中，目前專題負責以下研究項目：

1. 我國高等醫學教育七年制（長學制）人才培養模式的研究；
2. 顯微外科影像數學研究。

請簡述閣下對醫學教育改革的見解或閣下所屬院校在課程改革上的經驗：

1. 發展長學制教育-- 國內重點高等醫學院校應重點發展七年制或長學制醫學教育，擴大七年制醫學教育招生規模，完善長學制人才培養模式，培養高層次人才，以適應我國衛生事業發展的需要和未來國際競爭的挑戰。
2. 全面推進素質教育-- 爲了提高大學生的素質，必須首先提高大學教師和學校各級管理人員的整體素質，注重提高大學的文化品位，爲實施素質教育創造良好的條件。
3. 加強課程體系、教學內容、教學方法、教學手段的改革-- 課程體系、教學內容、教學方法、教學手段的改革重點在於教學內容和教學方法的改革，以培養學生的創新意識、創新精神和創新能力，爲培養未來的創新人才打下良好的基礎。
4. 注重課程建設-- 課程是教學的基本單元，課程建設的質量對教學質量發揮着重要作用，同濟醫科大學多年來重視課程建設工作，堅持開展學校一類課程的評估工作，加大對課程建設的投入力度，加強課程的規範化管理，採用激勵機制，促進課程的自身改革與建設。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Proposals on pushing the reform of higher learning and training the creative personnel.

1. Diversified educational system, including state ownership, collective ownership, individual ownership and private ownership, should be adopted in China to get more investment on education.
2. A quality educational pattern with emphasis on multi-disciplinary learning and cross-faculty modules should be further improved in order to produce highly qualified graduates who have broad intellectual horizons.
3. Putting the undergraduate education as the foundation, key universities in China should emphasize on developing graduate education, especially doctor education.
4. Based on the newly-published undergraduate and postgraduate's study catalog and the principle "science, exploit", higher medical institutes should work out a practical scheme for training creative personnel facing to 21st century by means of reforming teaching content and method, recombining curriculum system, adjusting subject framework and composition and so on.
5. Establishment of the manifold conducting educational system combined with "curriculum, researches and production" aims to train out distinguished talents in science and technology.
6. The renovation of the educational notions is the most important measure for the creative personnel's training.
7. Pay great attention to enhance the research of the higher medical education.
8. Improvements of the inner administrative system in the university are as important as the reform of higher learning and training of the creative personnel.



參與者簡介

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教育資源管理，醫學教育研究。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

推進高教改革，培養創新人才幾點建議

1. 在教育體制上，必須堅持“國辦”與“民辦”，“公辦”與“私辦”兩條腿走路的方針，全方位、多渠道地增加教育經費投入。各高校推行以質量求生存，以特色求發展的辦學路線，真正建立“優勝劣汰”的高等教育競爭機制，調動全民支撐高等教育的積極性和創造性。
2. 在教育模式上，必須全面推進素質教育，務使跨世紀人才成為德、智、體、美等全面發展的高素質人才，必須大力培養既懂理論又精技術，既善開發又會管理的複合型通才。要高度重視大學生課外科技活動，鼓勵學生勇做“第一個吃螃蟹的人”，在抓好課堂教學的同時留出充分的時間讓學生開展課外科技活動，學會創造性的思維方法，學校應採取措施從經費、設備條件、教學內容和方法，教師輔導力量等方面構築學生追求新發現、探索新規律，創立新學說，創造新發明，建構新方法的氛圍。
3. 重點高校在保持本科生穩步發展的同時，注重培養質量的提高和結構調整，優化人才培養過程，大力推進本碩聯讀和碩博聯讀，重點發展研究生教育，特別是博士生教育，使重點高校向高層次創造性人才培養基地不斷邁進，成為我國培養創新人才的主要基地。



4. 高等醫學院校應根據新頒布的本科生和研究生專業目錄，遵循“科學、拓寬”的原則，進行教學改革、教材建設和學科建設，重組課程體系，調整學科布局和結構，改革教學內容和方法，重新制定面向 21 世紀的創造性人才培養方案。
5. 在教育進行機制上，必須建立“學、研、產聯合”培養優秀科技人才的機制，充分發揮全國重點高校和教學科研型大學的作用。
6. 培養創新人才最重要的一條是教育觀念的更新。要樹立教育作為一種產業是最有前途的產業的意識，教育投資已成為最重要、最有效益的投資。世界各國在調整國家投資方向和結構時，都把教育投資放在更加重要的位置上，轉變教育觀念，就要從這個最現實的問題轉起，國家和各級政府要捨得投入，善於投入，要為大力發展高等教育創造良好的內部和外部環境。當前有些省市對扶植和大力發展本省高等教育出台了許多好的政策給予了很多優惠和支撐條件，比如，劃整土地，解決學生宿舍，改善學校外圍環境，給學校專項建設經費資助等等。
7. 要重視和加強高等醫學教育研究。創新人才的培養必須依靠教育，而發展教育必須遵循教育的運動規律。因此，為正確認識各種教育現象，探索教育規律而開展教育研究是社會發展的需要。如果說普通教育是教育的基礎部分，那麼，高等教育可以說是教育的“龍頭”。這決定著高層次人才培養的數量與質量，因而在很大程度上影響著甚至決定著國家在未來世界競爭中的成敗。
8. 作為高等學校本身，在推進高教改革，培養創新人才方面還應加強內部的管理。





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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Areas of interest: curriculum planning, tutor training and evaluation.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

With continuous science and technology explosion, e.g. information technology, it will be impossible to stick to the traditional curriculum using mainly the lecture method. Learning is passive and short-term, with the goal of mainly to pass the exams. Innovations in medical education are urgently needed to achieve integration and active, analytical learners



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Curriculum planning, evaluation, staff training, etc.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education should be integrated into the practice of the graduates. Our institution is reforming the curriculum from the traditional into the problem-based curriculum. At present, we are making the necessary revisions.



參與者簡介

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning and innovation, evaluation, resource management, student selection

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Changes in medical education towards better students and basic physician-practitioners is a most welcome event.

The integration and problem-based approaches eager well towards developing analytic minds and more in-depth knowledge of practical medicine



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



Personal Profile of Participant

Name Remedios F CORONEL

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Curriculum planning, staff training, evaluation, teaching analysis.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

As of todate, we are developing modules for the implementation of PBL by year 2001. It is a big drastic change in our institution because of rejection of PBL by some of our faculty members. However, we welcome such reform because it is being mandated by the Commission on Higher Education and this is a period of information technology and many things have to be learned which I think can only be achieved by PBL. Since last year, we are integrating and synchronizing subjects in preparation to year 2001.



參與者簡介

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請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical educational reform is a must if we are preparing students to assume responsibility of their own continuing education after leaving the medical school. The challenges of the future always change and the present methodology or tools may not be fitted to address foreseen future challenges. Educational institutions should exercise prophetic leadership to bring the future into the present and the present into the future.



參與者簡介

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Curriculum planning, instructional design problem based curriculum, evaluation.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

We are currently engaged in curriculum planning towards on problem-based approach at our university. We need more exposure to various methods to achieve this.



參與者簡介

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Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Management and policy-making of medical education and its reform

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The present models of medical education in China are not adequate for the needs of the 21st century. We must have an idea of the requirements of 21st century for medical workers. We should understand the challenge of medical education and its reform.



參與者簡介

姓名： 張肇達

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從大學校長的角度參與對學校與醫學教育有關的大事進行全面、宏觀管理與決策。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

醫學教育應該努力適應 21 世紀對醫學人才的需要。應該明確 21 世紀對醫學人才的要求，我國醫學教育模式已面臨挑戰，必須進行改革。



Personal Profile of Participant

Name: ZHOU Tongfu
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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning, clinical skill training and the training of clinical reasoning, student assessment of teaching.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Chinese medical education needs to be modernized. For which one of the best approaches should be introducing those well validated systems and innovations from advanced countries into our own, while enormous effort should be made to modify those foreign experience and make it fit into Chinese or local condition. Great caution should always be exercised if major curriculum revision is to be made since its success or failure may directly related to students' training standard.

In the past few years, my institution tried to reform our medical curriculum. The new curriculum has less classroom lecture (especially the clinical courses) and enhanced clinical skill training and practice, incorporated new idea such as group discussion, OSCE and evidenced medicine, etc. We are trying to refine the curriculum innovation now and in the future.



參與者簡介

姓名： 周同甫

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課程計劃、臨床技能培訓、教員培訓以及教學質量評估。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

臨床醫學教學必須現代化，為此，發達國家在臨床醫學教學方面的有效的系統和創新經驗應引入我國，結合我國的國情加以改進和運用，課程計劃修改後要在局部實踐並總結經驗，因為其成功和失敗都會直接影響學生培訓的標準。

在過去幾年裏，我校常試對醫學課程進行改革，新的課程減少了大課講授時數（尤其是臨床課程），增加了臨床技能培訓和臨床實踐，並加進了小組討論，OSCE 和循証醫學等，我們將繼續對課程進行改革。



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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Assist the President to work out the reform scheme on interior managerial system, including simplify the management organs; implement the systems for appointment of teachers' posts, as well as the renovation on allocation system.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The reform on medical education is somewhat like the state-implementing reform on whole education system, following the principles of "changing mechanism, optimizing structure, strengthening the vitality, and increasing benefits". To comply with the laws and rules on high education and fit the requirement of market economy, simplify the managerial organs, modify and adjust the framework of teaching and research based on the specialty directories to facilitate the rational configuration of education resources. Abolish the lifelong post system and personnel immobility, form a competition mechanism, train a group of high-quality faculties and staff, to improve the profit and education level of our school.



參與者簡介

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協助校長擬訂學校內部管理體制改革方案，包括精簡機構，實行教師聘任制以及分配制度改革。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

對於醫學院校教育改革也如同國家教育改革的方針“轉換機制、優化結構、增強活力、提高效益”，遵循高等教育規律，適應市場經濟要求，改革學校內部管理的基礎上，精簡管理機構，改革和調整教學、科研組織方式，按照專業目錄調整，促進教育資源的合理配置，強化崗位，破除職務終身制和人才單位所有制，形成激勵競爭機制，建設高素質教師隊伍和管理隊伍，全面提高學校的辦學效益和整體水平。



Personal Profile of Participant

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Responsibility: Reform of medical education, teaching model of educating healthcare professionals.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

The educational principle should be adjusted. Those ideas should be updated The educational model should also be reformed

The goal of higher medical education is as follows: To educate the health professionals who have a great command of basic knowledge, well developed knowledge of different subjects, strong ability, high-quality and meet the demand of 21st Century. The specialized education developed under planning economic system should be readjusted to adaptability education to meet the growing need of the general public. The specialized education should be altered to comprehensive education under which students are to be educated comprehensively, their creativity is to be developed, and a new education model is to be built up.



參與者簡介

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請註明 閣下在醫學教育中專責的項目（例如：課程計劃、資源管理、教員培訓等等）：

醫學教育改革，醫學人才培養模式。

請簡述 閣下對醫學教育改革的見解或 閣下所屬院校在課程改革上的經驗：

轉變教育思想，更新教育觀念，改革培養模式。高等醫學教育的質量目標是：培養全面適應 21 世紀需要的基礎扎實、知識面寬、能力強、素質高的人才。伴隨知識經濟時代的到來，在計劃經濟體制下形成的狹窄的“對口專業育”的觀念，需要轉向不斷變化的社會需求，相應的高等教育要由強調“對口性”轉向強調“適應性”。我們要轉變只重視醫學專業知識的教育觀，樹立對學生進行綜合素質教育的思想，培養學生創新精神，構建新的人才培養模式。



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1. Director, Social Medicine (Research Project, CMB), since 1997
2. Director, Program of Preventive Medicine for Medical Students (Education reform project. Ministry of Education)

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名： 李魯

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1. 美國中華醫學基金會、社會醫學項目負責人(1996-)
2. 國家教育部、臨床醫學專業的預防醫學課程改革項目負責人(1997-)

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Please specify your area(s) of interest or specialization in medical education (e.g. curriculum planning, resource management, staff training etc.)

Curriculum planning

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.



參與者簡介

姓名：樓程富

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課程計劃。

請簡述閣下對醫學教育改革的見解或閣下所屬院校在課程改革上的經驗：



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1. China Medical Board
Social Medicine
2. Clinical Skill Evaluation
Including using the standard patient for the training of students' examination.

Please write briefly your views on medical education reform. You are welcome to talk about your experience of curriculum reform at your own institution.

Medical education is a very practical science, and contains lots of boundary science. The requirement of Medicine and Health is developing rapidly. Therefore, the curriculum of medical education, the principle of teaching need to be changed correspondingly. This will push ahead the development of future medicine education.

It is very important for bedside education, clinical skill evaluation, and curriculum reform. Now how to make medical educationists, teachers, clinical doctors acclimatize themselves to the new situation is a very important problem.



參與者簡介

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主持以下項目：

1. China Medical Board
Social Medicine
2. Clinical Skill Evaluation
Including using the standard patient for the training of students' examination.

請簡述閣下對醫學教育改革的見解或閣下所屬院校在課程改革上的經驗：

醫學教學是實踐性很强的學科，也是各交叉學科匯聚的學科。近年來發展極快，人們對醫葯衛生的需求也有新的期望，醫學教育課程的設置、教學的方法應有相應的更改。還對今後的醫學教育必然會帶來極大的推動與助長。

早期接觸臨床及床邊教學、技能評估以及課程改革均是當前的重要改革方面。目前如何能使醫學教育家、教師、臨床醫生適應這些變化是急切需要解決的問題。同時相應的設施等也應同步解決。

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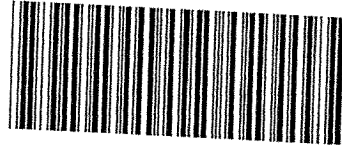
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