

Analysis of the Current Situation and Optimization Strategies of Surgical Skill Training of Primary Orientation Training Residents

Tiefeng Xu *

Department of orthopaedics, Zhuji People's Hospital of Zhejiang Province, Zhuji, Zhejiang, China

* Corresponding author Email: zjzjxtf@163.com

Abstract: This paper analyzed the current situation of surgical skills training of grassroots orientation training residents, and found that there are deficiencies in training contents, faculty allocation, resource allocation and training evaluation. Given these problems, optimization strategies such as improving the training system, strengthening faculty, optimizing resource allocation and improving training evaluation are proposed. By strengthening the combination of theory and practice, improving the teaching ability of faculty, rationally utilizing and allocating resources, and building scientific evaluation system, the study aims to improve the surgical skills of primary care residents and enhance the service quality of medical care. This study provides valuable references for the talent training of primary medical and is of great significance in promoting the balanced development of primary medical care.

Keywords: Primary; Resident; Training; Skill Training.

1. Introduction

Surgical skills training of primary orientation training residents is an important part of improving the level of primary medical care. The purpose of this paper is to analyze the current training state in this field and propose optimization strategies. The primary healthcare system is an important cornerstone for ensuring the health of all people, and the training of residents' surgical skills is crucial as the core force. This paper compares different training modes at home and abroad, and points out the current state of surgical skills training of primary orientation training residents. The current primary hospitals have obvious deficiencies in theoretical knowledge and practical operation training, faculty allocation, training equipment, etc., and the training effect needs to be improved. Given these problems, this paper proposes optimization strategies such as improving the training system, strengthening the faculty, and optimizing the resource allocation, aiming to provide theoretical support and practical guidance for improving the level of primary medical care.

2. Research Background and Necessity

2.1. Importance of Primary Healthcare System

Primary health care system is an important part of the national health care system, which is the first line of defense to protect the health of all people, and also an important foundation for maintaining the health of all people and realizing universal health care protection. Primary health care organizations are responsible for providing primary medical care, disease prevention and public health care, which are directly related to the health level and quality of life of the general public. With the advancement of China's healthcare reform, the role of primary healthcare organizations has become more and more important in disease prevention, public health care and primary medical care, and the demand for primary healthcare care has been increasing, however, it is also facing the challenges of insufficient healthcare

resources, shortage of talents, and limited professionalism of healthcare personnel [1].

2.2. The Necessity of Surgical Skills Training of Primary Orientation Training Residents

Surgical skills training of orientation training residents has a far-reaching impact on improving the level of primary care and service quality. First of all, primary care organizations are the first line of medical care, which is directly related to the health and life safety of the patients. Training the surgical skills of primary care residents can improve the surgical ability and level of primary care organizations and provide timely and effective medical care. Secondly, with the aging of the population and changes in the spectrum of diseases, the medical needs faced by primary care organizations are becoming more and more complex and diversified. Training the surgical skills of primary care residents can meet the growing surgical demands of primary care institutions, enhance their medical service capacity, reduce the pressure on higher-level hospitals, and achieve rational allocation and utilization of medical resources. In addition, the surgical skill training of primary orientation training residents is also an important part of residents' career development. We can continuously improve the professional level and skills of residents, enhance their comprehensive quality and competitiveness, and lay a solid foundation for their future career development through training./.

2.3. The Key Role of Surgical Skills in Medical Care

Surgical skills are one of the important clinical skills that residents must master. High-level surgical skills can effectively improve the success rate of surgery, reduce postoperative complications, and also reduce postoperative complications and patient recovery time, and improve patient satisfaction. However, the training of surgical skills requires the combination of theory and practice, and the content and method of training have an important impact on the mastery

of surgical skills, which puts forward high requirements for the content and form of training.

3. The Current Situation of Research on the Training of Primary Orientation Training Residents at Home and Abroad

3.1. Related Research on Primary Orientation Training Residents

The training mode of primary orientation training residents is one of the research topics that have attracted much attention in the field of medical education at home and abroad. Domestic and foreign studies mainly focus on the training mode, training content, training effect and influencing factors. In training mode, scholars at home and abroad have explored the training methods and mechanisms of primary orientation training residents. In training content, domestic and foreign studies focus on the scientific and practicality of training content. In addition, studies at home and abroad focus on training effects and influencing factors. Through follow-up surveys and evaluations, some studies have explored the training effects and the improvement of medical service capacity of primary orientation training residents, as well as the factors affecting the training effects, such as the training environment, faculty strength, and training content.

3.2. Comparison of Surgical Skills Training Models at Home and Abroad

Training models of surgical skills training of primary orientation training residents have at home and abroad their own characteristics, but they are all committed to improving the level of primary medical care and service quality. In China, the surgical skills training model of primary orientation training residents mainly relies on the cooperation between local medical institutions and medical schools, train doctors' surgical operation skills and clinical experience through the combination of practical operation and theoretical teaching. The training covers primary surgical knowledge, surgical operation skills, surgical risks and complications, etc., focus on training doctors' practical operation ability and comprehensive quality. In foreign countries, the training mode of surgical skills of primary orientation training residents pays more attention to the training of practical skills and the accumulation of clinical experience. Some foreign medical schools and medical institutions provide primary doctors with more realistic surgical operation experience through simulated surgeries and real-life exercises to strengthen the training of their practical skills. Moreover, the foreign training model also pays more attention to multidisciplinary cooperation and teamwork, providing a full range of training support to ensure that doctors are competent in all types of surgical work [2].

4. The Current Situation and Challenges of Surgical Skills Training of Primary Orientation Training Residents

Primary orientation training resident surgical skills training is a crucial part of the healthcare system, which is directly related to the level of primary care and service quality. Currently, there are many challenges and problems in the

training of surgical skills of primary care residents, which need to be analyzed and explored in depth.

4.1. Training Content and Curriculum

4.1.1. Theoretical Knowledge Training

The theoretical knowledge training of primary care residents covers primary medicine, clinical medicine and surgery. However, the training curriculum emphasizes theory, and the practical content is relatively insufficient, resulting in a disconnect between training and practical clinical application, and the residents lack sufficient practical experience in clinical work, which affects their surgical skills improvement. Currently, theoretical knowledge training of primary care residents has become an important part of the medical education system. Through systematic course and teaching materials, residents are able to learn primary medicine in depth, disease diagnosis and treatment options. However, there are challenges in the training, such as untimely updating of training content and single teaching methods.

4.1.2. Practical Operation Training

Practical operation training is the core of surgical skills training, but primary hospitals have fewer surgical cases, and residents lack sufficient opportunities for practical operation. Insufficient simulation training equipment also limits residents' practical training. Practical operation training of primary care residents is now gradually being emphasized. At present, many hospitals have actively launched diversified practical training, including clinical skills operation, case analysis, and doctor-patient communication, in order to enhance the practical ability of residents. However, problems such as uneven distribution of training resources and disconnection between training content and actual needs have gradually emerged.

4.2. Training Faculty and Resource Allocation

4.2.1. Faculty s

The faculty of primary hospitals is relatively weak, and some training faculty lack systematic training experience and teaching ability, which affects the training effect of residents. Primary resident training faculty is one of the key factors affecting the quality and effect of training. The professional level and teaching ability of training faculty directly affect the training quality. However, there are problems such as insufficient faculty, unreasonable structure and uneven level. First, residents with higher professional level in primary care are often attracted to high-level hospitals or other fields, resulting in a lack of faculty in primary care. Secondly, some faculty lack systematic teaching training and training experience to effectively impart practical skills and knowledge. In addition, some primary care residents may lack the motivation to update their knowledge and skills, making it difficult for them to be competent in training [3].

4.2.2. Training Equipment and Venues

Primary resident training equipment and venues are directly related to the training effect and the improvement of medical standards. However, the current conditions of training equipment and venues in primary care hospitals are limited, and there are problems such as insufficient equipment, small venues, and obsolete equipment, which constrain the implementation and training effect. First, medical equipment in primary care organizations is often relatively rudimentary and lacks high-end advanced training equipment. Secondly, the training venues are restricted and have little space to

accommodate large-scale training programs or group activities, limiting the scale and training effect. In addition, some equipment may be aging and have poor technical performance, affecting the smooth progress of training.

5. Effect Evaluation of Surgical Skills Training for Primary Orientation Training Residents

The effect evaluation of surgical skills training of primary orientation training residents in China is one of the most important indicators for evaluating the training quality and the improvement of medical care. The evaluation mainly includes the training physician's surgical operation ability, patient treatment effect, medical service satisfaction and other aspects [4].

First, evaluating the surgical operation ability of the training residents is the key. By evaluating the level of surgical skills mastered by residents during the training period, including the proficiency of surgical operation, the ability to control surgical risks, and the ability to deal with postoperative complications, etc., so as to evaluate the training effect and the comprehensive quality of residents.

Secondly, evaluating the treatment effect of patients is also an important indicator. By tracking the patient's postoperative recovery, surgical results and cure rate and other indicators, the impact of the training physician's surgical skills on the patient is evaluated, as a way to judge the actual effect of the training effect.

Third, it can also be evaluated through patients' satisfaction with medical care. Through the patient's satisfaction survey on the quality of medical care, doctor's attitude, surgical effects and other aspects, we can understand the patient's evaluation of doctors and medical institutions, and then evaluate the training effect and the improvement of medical service level.

6. Optimization Strategy of Surgical Skills Training of Primary Orientation Training Residents

6.1. Improving the Training System

Improving the training system of surgical skills of primary orientation training residents is a key part of improving the level of primary medical care and service quality. First, it is necessary to strengthen the practicality and relevance of the training content. The training content should be close to the actual needs of primary medical care, focus on training doctors' surgical operation skills, surgical risk management ability, and teamwork ability, in order to improve the comprehensive quality and practical operation level of doctors [5].

Second, training methods and means should be improved, and focus on diversification and personalization. In addition to traditional theoretical lectures, advanced technologies such as simulated surgery and virtual simulation should be introduced to provide a more realistic and richer training experience. Moreover, interactive teaching methods such as group discussions and case studies should be used to stimulate doctors' interest and learning enthusiasm promote in-depth understanding of knowledge.

Third, the construction of training faculty should be strengthened. Faculty should have rich clinical experience and teaching ability, and be able to effectively teach surgical

skills and knowledge. Therefore, the teaching level and ability of faculty can be continuously improved by providing specialized training and continuous professional development opportunities.

Finally, building a sound training management mechanism is also key. A scientific training program and evaluation system should be built to monitor and evaluate the entire training process, so that problems can be identified and solved in time. Moreover, a sound incentive mechanism should be established to encourage doctors to participate in training, and to recognize and reward their training results, so as to improve the enthusiasm and participation of doctors.

In summary, by strengthening the training content, improving the training methods, upgrading the training faculty and building a sound training management mechanism, the training system of surgical skills of primary orientation training residents can be further improved, the training effect can be enhanced, and the overall enhancement of the level of medical care can be promoted.

6.2. Strengthening Faculty

Strengthening the faculty of surgical skills training of primary orientation training residents is one of the key measures to improve the quality and effect of training. The level of faculty directly affects the learning effect of doctors and the improvement of surgical skills. Therefore, in order to strengthen the faculty, first, the selection and training of faculty should be strengthened. Through strict selection criteria and procedures, residents with rich clinical experience, teaching ability and professionalism should be selected as faculty. Moreover, systematic teaching training and professional knowledge updating are carried out for the faculty to improve their teaching level and ability, so that they can better teach surgical skills and knowledge [6].

Secondly, a training model combining master and apprentice and multidisciplinary cooperation can be built to give full play to the internal resources of the hospital to train and select a group of excellent faculty. Through cooperation with high-level hospitals or training centers, training resources and experiences can be shared to improve the teaching level and professional ability of faculty.

Third, incentives and safeguards of faculty should also be strengthened. Providing faculty with a good working environment and treatment to motivate them to devote themselves to training. Moreover, a sound evaluation mechanism should be built to give faculty appropriate rewards and honors according to their teaching quality and effects, so as to improve their enthusiasm and quality of participation in training.

In summary, strengthening the faculty of surgical skills training of primary orientation training residents needs to start from a number of aspects such as selection and training, training mode innovation, incentive mechanism building, etc., in order to improve the teaching level and professional competence of the faculty, and then enhance the level of surgical skills of doctors and the quality of medical care.

6.3. Optimizing Resource Allocation

Optimizing resource allocation of the surgical skills training of primary orientation training residents is a key part of improving the training effect and medical service level. First, it is necessary to increase the investment and support for primary medical institutions to improve their medical equipment and human resources. By increasing the

investment in operating room equipment and surgical instruments, it ensures that doctors can obtain sufficient opportunities for practical operation during training. Moreover, strengthening the training and introduction of talents to primary medical institutions, improve the overall level of the medical team, and provide better faculty for training.

Second, the resource advantages of medical institutions at all levels can be fully utilized through the building of an inter-institutional training mechanism to achieve resource sharing and optimal allocation. For example, high-level hospitals can send technical talents and training resources to primary medical institutions, provide technical guidance and support, and help primary doctors improve their surgical skills. Moreover, primary medical institutions can also introduce advanced training technology and equipment through cooperation with high-level hospitals to enhance the effect and quality of training.

Third, modern technological means, such as virtual simulation technology, can be used to make up for the lack of physical equipment and venues, and provide a more diverse training experience. By building virtual surgery platforms or virtual laboratories, doctors are provided with opportunities to simulate surgical operations and practical training to improve the practicality and effect of training.

In summary, optimizing the resource allocation of surgical skills training for primary orientation training residents needs to start from increasing investment and support, building a mechanism for inter-institutional training, and utilizing modern technological means and other aspects in order to enhance the training effect and promote the overall improvement of the level of medical care.

6.4. Improving Training Evaluation

Improving the evaluation of surgical skills training of primary orientation training residents is an important measure to ensure the quality and effect of training. First, the evaluation content should be more comprehensive and detailed, not only focus on the doctor's level of surgical skills, but also examining his or her ability to recognize and control surgical risks, and the ability to deal with postoperative complications. Moreover, the doctor's medical ethical literacy and professional ethics should also be considered in order to comprehensively evaluate the doctor's comprehensive quality and practical ability [7].

Secondly, evaluation methods should be more scientific and objective. In addition to the traditional examination and evaluation methods, simulated surgeries, clinical case studies, real case operations and other forms can be used to get closer to the actual working environment and operation process of doctors, and comprehensively evaluate their surgical skills and clinical practice ability.

Third, the evaluation process should be more transparent and fairer. Scientific evaluation standards and procedures should be built to ensure that the evaluation process is just, fair and transparent, and to avoid the influence of subjective factors on the evaluation results. Moreover, the training and guidance of the assessors should be strengthened to improve their evaluation level and professional competence and ensure the accuracy and objectivity of the evaluation results.

Finally, the evaluation results should be reported to the

doctors in time, and personalized training and guidance should be provided to them. Based on the evaluation results, targeted training plans and measures are formulated for the doctors' deficiencies to help them correct their mistakes and improve their skills in time, so as to comprehensively improve their comprehensive quality and practical ability.

In summary, improving the evaluation of surgical skills training of primary orientation training residents needs to start from multiple aspects such as contents, methods, process and results, in order to ensure that the evaluation is scientific, objective and effective, and provide strong support for the training and growth of residents.

7. Conclusion

This study analyzed the current situation of surgical skills training of primary orientation training residents and found that there are many problems with the current training in content, faculty, resource allocation, and effect evaluation. Given these problems, optimization strategies such as improving the training system, strengthening faculty, optimizing resource allocation, and improving training evaluation were proposed. Improving the quality of surgical skills training of primary orientation training residents is of great significance for enhancing the level of primary medical care and protecting people's health. The optimization strategies in this paper provide references for relevant departments and hospitals and have certain practical guidance value.

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