



教学改革与学生发展

——基于临床医学改革试点班的分析

北京大学医学教育研究所

全国医学教育发展中心

全国高等院校医学教育研究联盟

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2019-10-18



医学教育改革

第一代

第二代

第三代

1900

以科学为基础
课程设置

以问题为基础
教学创新

以卫生系统为基础
教育改革

2000+

学习
层次

记忆式学习

形成式学

转化式学

教学
改革

科学的
课程设置

基于
问题的学习

以胜任力为导向
局部-全球相关联

机构
改革

完善
临床培训

学术中心

教育卫生协同系统

定位
变化

院系

医疗
中心

医-保-教
协同



THE LANCET

EDUCATION OF HEALTH PROFESSIONALS FOR THE 21ST CENTURY: A GLOBAL INDEPENDENT COMMISSION

Health professionals for a new century: transforming education to strengthen health systems in an interdependent world

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Executive summary
Problem statement
100 years ago, a series of studies about the education of health professionals, led by the 1910 Flexner report, sparked groundbreaking reforms. Through integration of modern science into the curricula at university-based schools, the reforms equipped health professionals with the knowledge that contributed to the doubling of life span during the 20th century.

By the beginning of the 21st century, however, all is not well. Glaring gaps and inequities in health persist both within and between countries, underscoring our collective failure to share the dramatic health advances equitably. At the same time, fresh health challenges loom. New infectious, environmental, and behavioural risks, at a time of rapid demographic and epidemiological transitions, threaten health security of all. Health systems worldwide are struggling to keep up, as they become more complex and costly, placing additional demands on health workers.

Professional education has not kept pace with these challenges, largely because of fragmented, outdated, and static curricula that produce ill-equipped graduates. The problems are systemic: mismatch of competencies to patient and population needs; poor teamwork; persistent gender stratification of professional status; narrow technical focus without broader contextual understanding; episodic encounters rather than continuous care; predominant hospital orientation at the expense of primary care; quantitative and qualitative imbalances in the professional labour market; and weak leadership to improve health-system performance. Laudable efforts to address these deficiencies have mostly floundered, partly because of the so-called tribalism of the professions—ie, the tendency of the various professions to act in isolation from or even in competition with each other.

Redesign of professional health education is necessary and timely, in view of the opportunities for mutual learning and joint solutions offered by global interdependence due to acceleration of flows of knowledge, technologies, and financing across borders, and the migration of both professionals and patients. What is clearly needed is a thorough and authoritative re-examination of health professional education, matching the ambitious work of a century ago.

That is why this Commission, consisting of 20 professional and academic leaders from diverse countries, came together to develop a shared vision and a common strategy for postsecondary education in medicine, nursing, and public health that reaches beyond the confines of national borders and the silos of individual professions. The Commission adopted a global outlook, a multiprofessional perspective, and a systems approach. This comprehensive framework considers the connections between education and health systems. It is centred on people as co-producers and as drivers of needs and demands in both systems. By interaction through the labour market, the provision of educational services generates the supply of an educated workforce to meet the demand for professionals to work in the health system. To have a positive effect on health outcomes, the professional education subsystem must design new instructional and institutional strategies.

Major findings
Worldwide, 2420 medical schools, 467 schools or departments of public health, and an indeterminate number of postsecondary nursing educational institutions train about 1 million new doctors, nurses, midwives, and public health professionals every year. Severe institutional shortages are exacerbated by maldistribution, both between and within countries.

Published Online
November 25, 2010
DOI:10.1016/S0140-6736(10)61854-5
See Comment pages 1875 and 1877
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中国临床医学教育改革

信息名称： 教育部 卫生部关于实施卓越医生教育培养计划的意见

首页 > 人才培养 > 本科生培养 > 本科生教务信息 > 正文

临床医学院：

临床医学（试点班）（五年制）

发布者：系统管理员 发布时间：2015-06-19 浏览次数： 536

培养目标：本专业应用新的教学模式与理念，按人体器官系统组织的医学课程架构，采用以问题为中心（Problem Based-learning）为主的教学方法，培养适应我国医药卫生事业发展需要，厚医学基础、强实践能力、高人文素质，具有初步临床能力、终身学习能力和良好职业素质，崇实创新、追求卓越的医学毕业生，为毕业后继续深造和在各类卫生保健系统执业奠定必要的基础。

卓越班小
学科间知识内
讨论式教学等
业背景）担任

的培养。将“以学科为主”的教学模式转变为“以系统整合”、“以问题为中心”和“以疾病为中心”的教学模式，将基础医学课程与临床医学课程按“器官系统”模式进行课程整合。每一系统的整合课程中安排一定学时的PBL案例式、CBL、TBL等教学，实行“早临床、多临床”模式。

，不仅注重
用PBL教学、
临床医学专



改革到底如何？



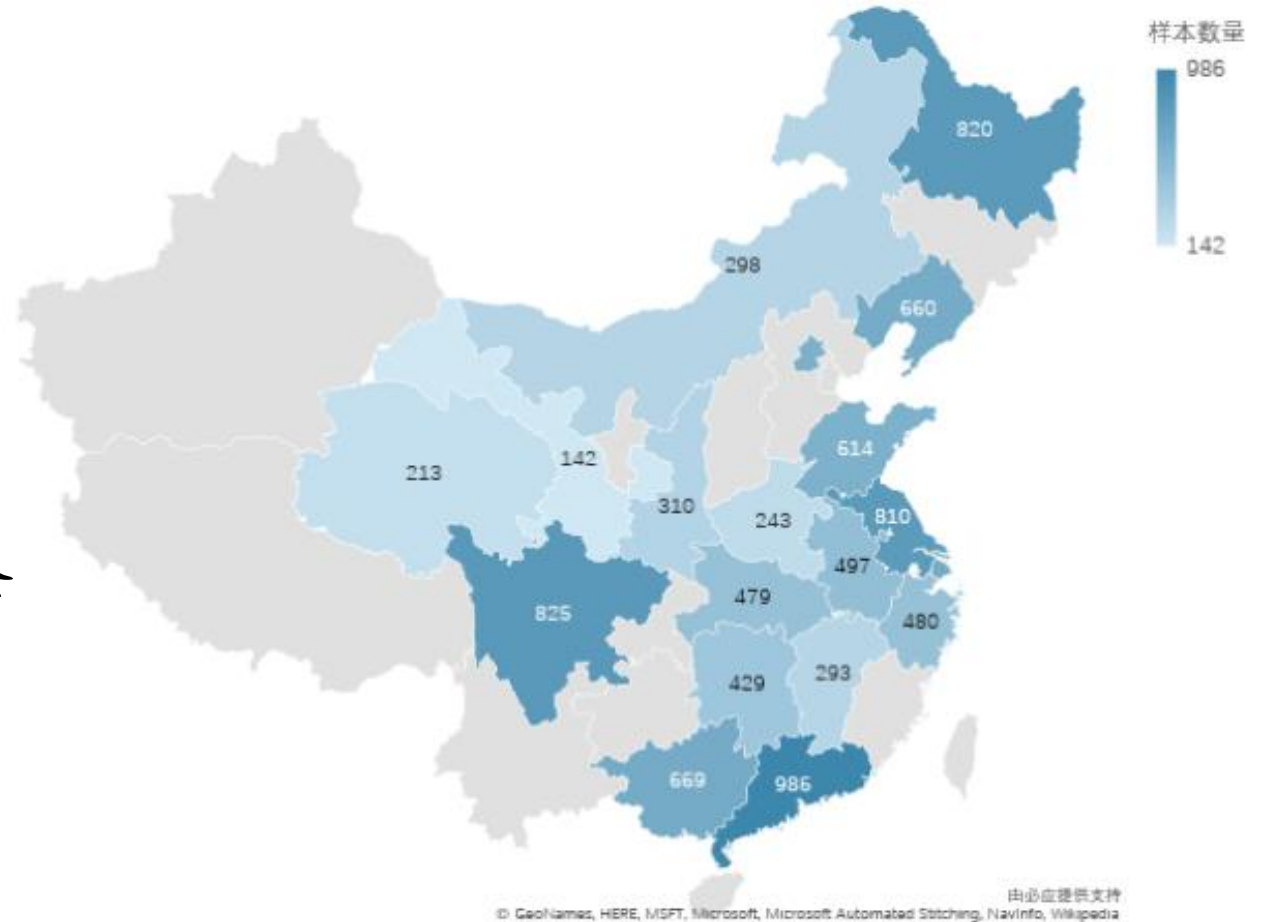
EBM (Evidence Based Education)



中国临床医学生培养与发展调查
CHINA MEDICAL STUDENTS SURVEY, CMSS

CMSS调查涉及全国19个省份33所开设本科临床医学专业的院校，共发放纸质问卷11596份，收到有效问卷**10062份**，有效样本率86.77%。为充分保障调查质量，调查形式为**现场集中指导填写**。

全国医学教育发展中心发起、**全国高等院校医学教育研究联盟**参与执行。





CMSS



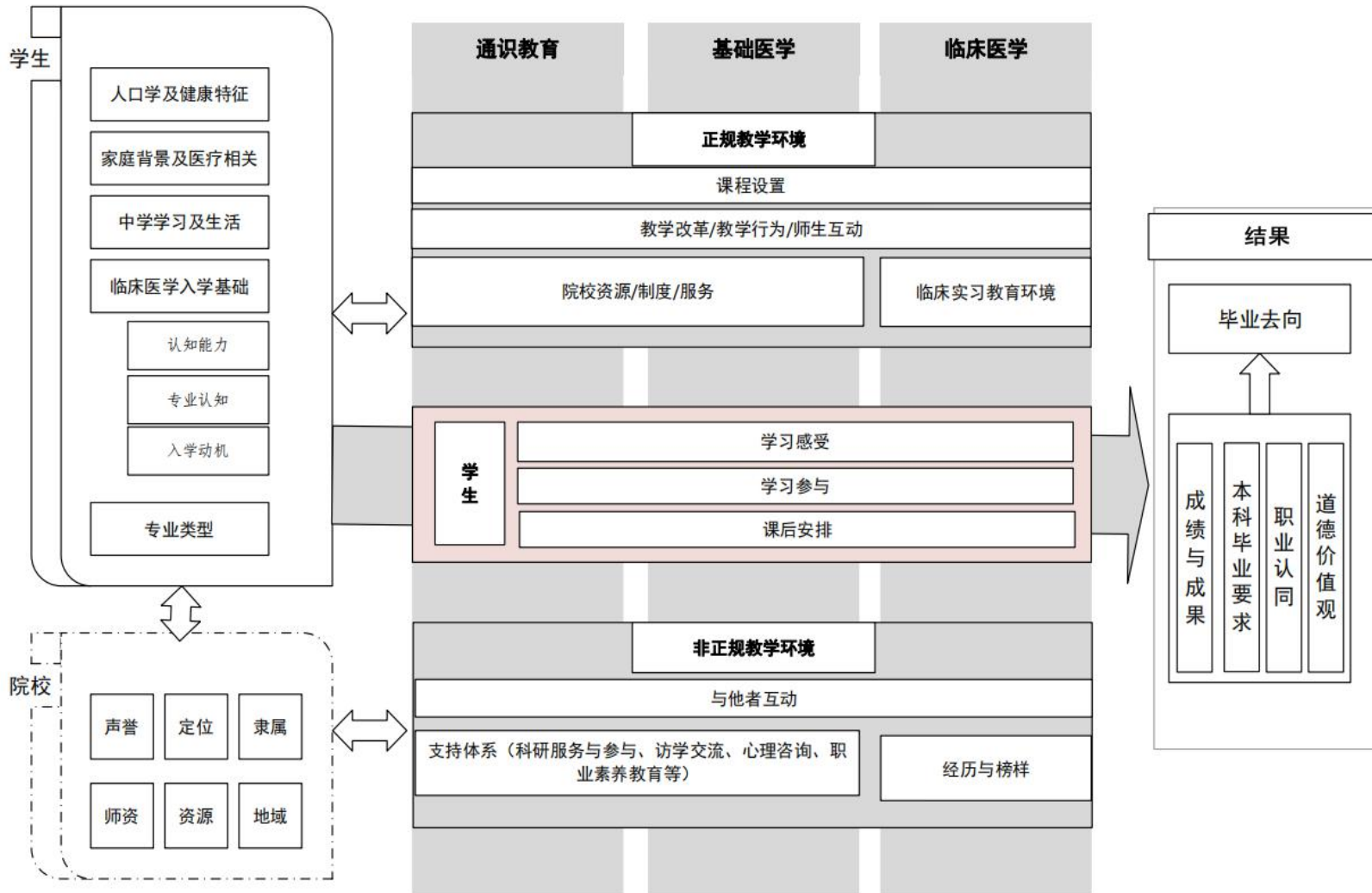
调查现场



问卷清点与整理



CMSS



两对接

- 《中国本科医学教育标准——临床医学专业》(2016);
- 中国临床医学本科教学质量监测指标体系。

三参考

- 国内高等院校大型学生调查项目;
- 社会科学大型微观调查项目;
- 国外高等教育及学教育调查。

注: 1) 其中左下方“院校”层面变量来自院校层面数据采集; 2) 参考北京大学教育学院高校学生发展调查框架。



中国本科医学教育标准——临床医学专业》 (2016)



3. 健康与社会领域

3.1 具有保护并促进个体和人群健康的责任意识。

3.2 能够了解影响人群健康、疾病和有效治疗的因素，包括健康不公平和不平等的相关问题，文化、精神和社会价值观的多样化，以及社会经济、心理状态和自然环境因素。

3.3 能够以不同的角色进行有效沟通，如开展健康教育等。

3.4 解释和评估人群的健康检查和预防措施，包括人群健康状况的监测、患者随访、用药、康复治疗及其他方面的指导等。

3.5 能够了解医院医疗质量保障和医疗安全管理体系，明确自己的业务能力与权限，重视患者安全，及时识别对患者不利的危险因素。

3.6 能够了解我国医疗卫生系统的结构和功能，以及各组成部门的职能和相互关系，理解合理分配有限资源的原则，以满足个人、群体和国家的健康需求。

3.7 能够理解全球健康问题以及健康和疾病的决定因素。

4. 职业素养领域

4.1 能够根据《中国医师道德准则》为所有患者提供人道主义的医疗服务。

4.2 能够了解医疗卫生领域职业精神的内涵，在工作中养成同理心、尊重患者和提供优质服务等行为，树立真诚、正直、团队合作和领导力等素养。

4.3 能够掌握医学伦理学的主要原理，并将其应用于医疗服务中。能够与患者及其家属、同行和其他卫生专业人员等有效地沟通伦理问题。

4.4 能够了解影响医生健康的因素，如疲劳、压力和交叉感染等，并注意在医疗服务中有意识地控制这些因素，同时知晓自身健康对患者可能构成的风险。

4.5 能够了解并遵守医疗行业的基本法律法规和职业道德。

4.6 能够意识到自己专业知识的局限性，尊重其他卫生从业人员，并注重相互合作和学习。

4.7 树立自主学习、终身学习的观念，认识到持续自我完善的重要性，不断追求卓越。



CMSS报告 (2019)

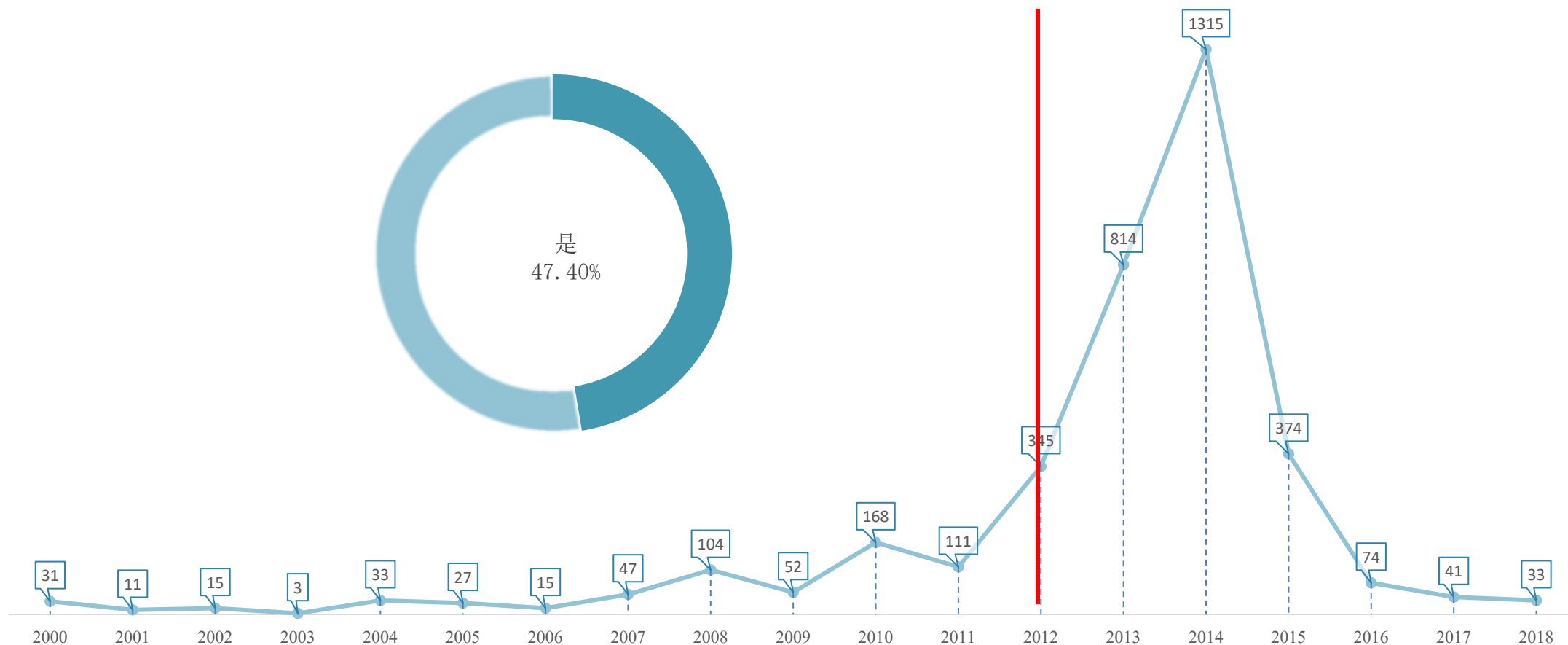


调查院校名单 (以首字母排序):

- | | |
|---------|---------|
| 安徽医科大学 | 青海大学 |
| 北京大学 | 山东大学 |
| 北京协和医学院 | 汕头大学 |
| 成都医学院 | 上海交通大学 |
| 复旦大学 | 首都医科大学 |
| 广西医科大学 | 四川大学 |
| 哈尔滨医科大学 | 温州医科大学 |
| 河南大学 | 武汉大学 |
| 华中科技大学 | 西安交通大学 |
| 济宁医学院 | 西北民族大学 |
| 佳木斯大学 | 西南医科大学 |
| 锦州医科大学 | 右江民族医学院 |
| 南昌大学 | 浙江大学 |
| 南方医科大学 | 中国医科大学 |
| 南京医科大学 | 中南大学 |
| 南通大学 | 中山大学 |
| 内蒙古科技大学 | |



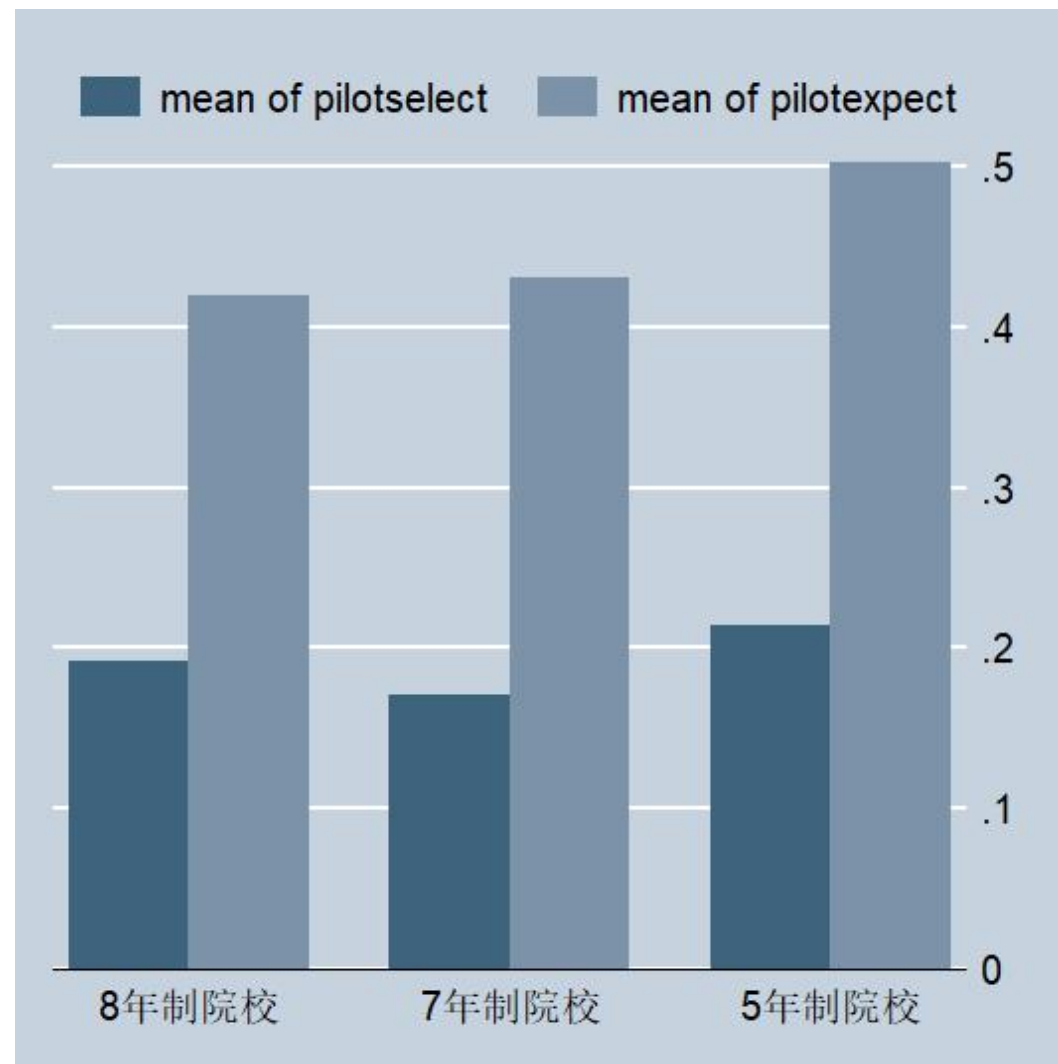
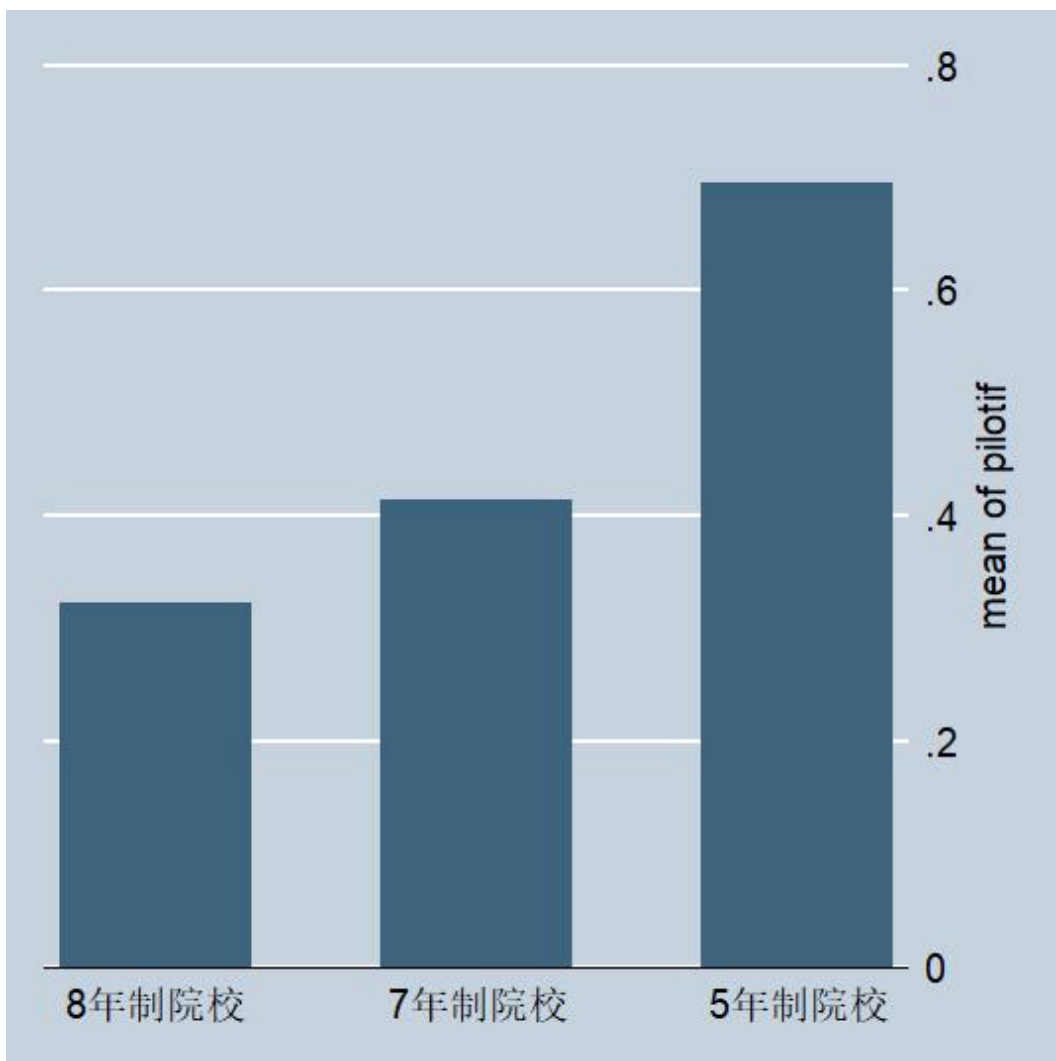
改革试点班开设年份及比例



卓越医生教育培养计划开始以来迎来了试点班开设高峰，认为在2012-2015四年间开设试点班的学生数占比**78.07%**。不过也可发现，在之前也有院校已经在探索改革。



改革试点情况

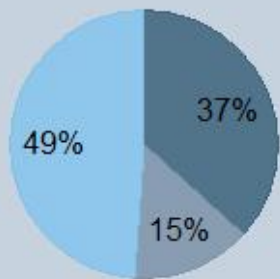




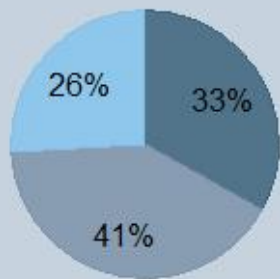
改革试点班特征

Graphs by 院校学制信息

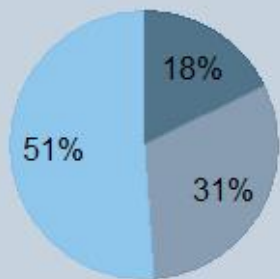
8年制院校



7年制院校

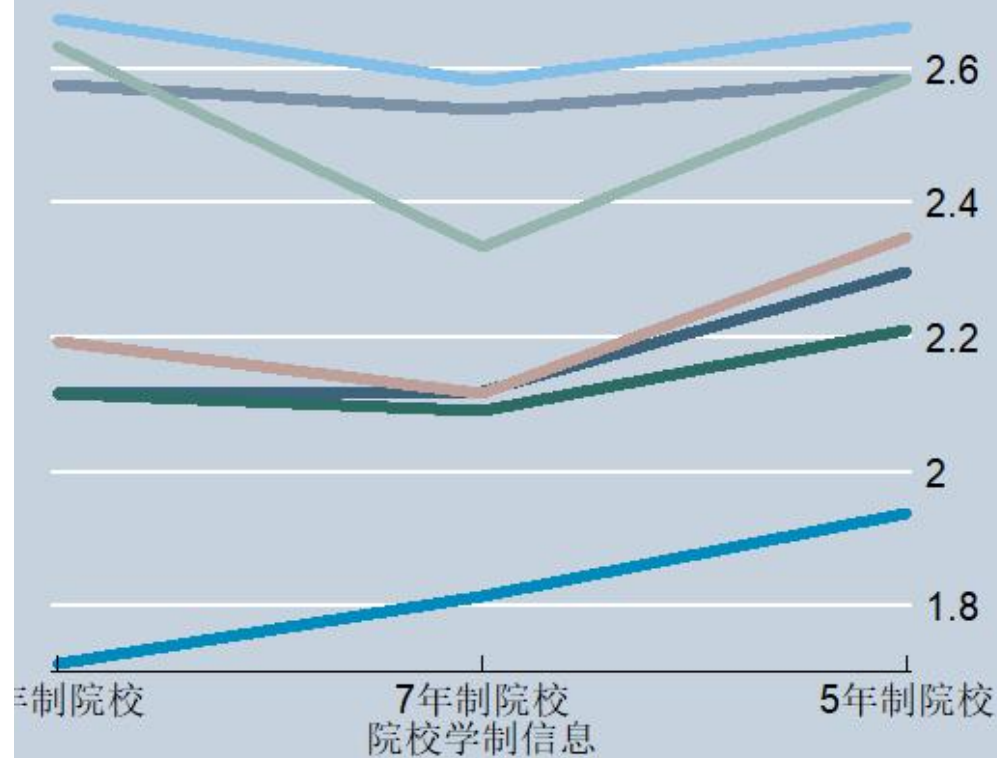


5年制院校



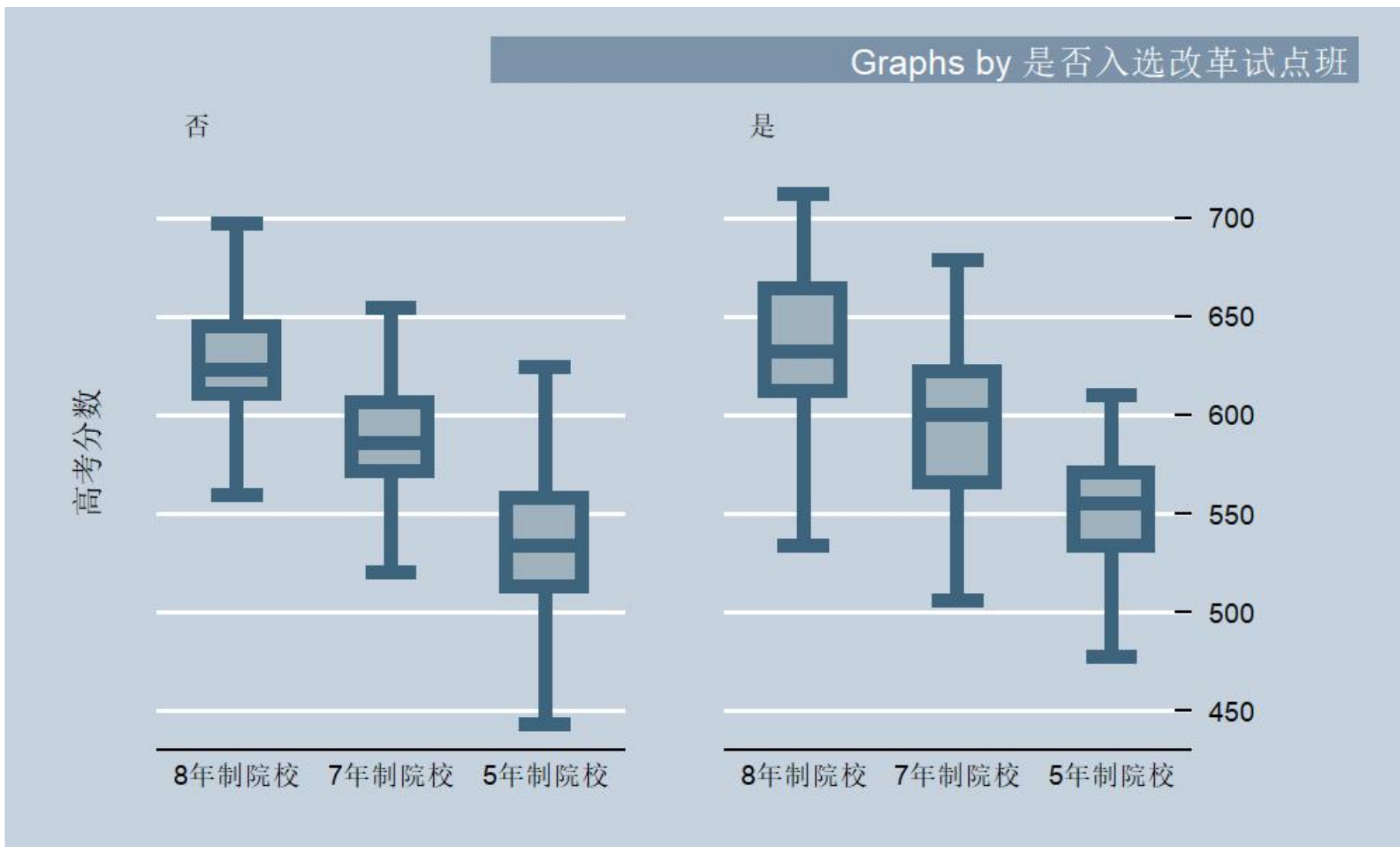
- 报考时确定
- 进入大学根据高考分数
- 进入大学后综合确定

- 师资力量
- 课程设置
- 教学方法
- 临床实习
- 评奖评优
- 勤工助学
- 科研参与



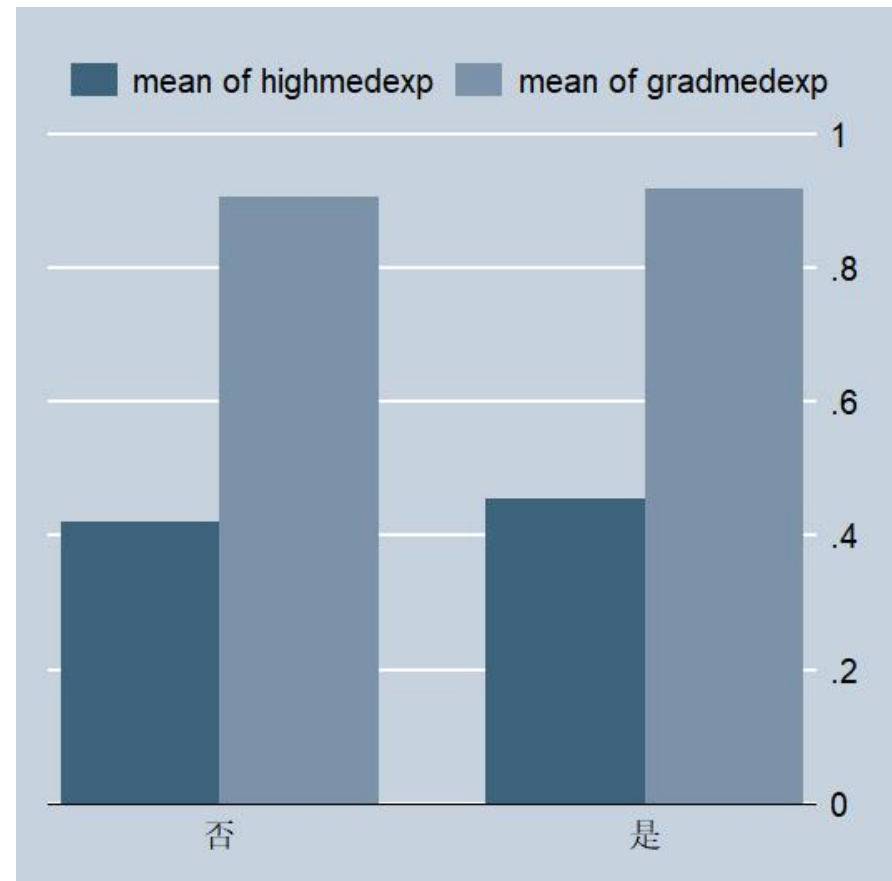
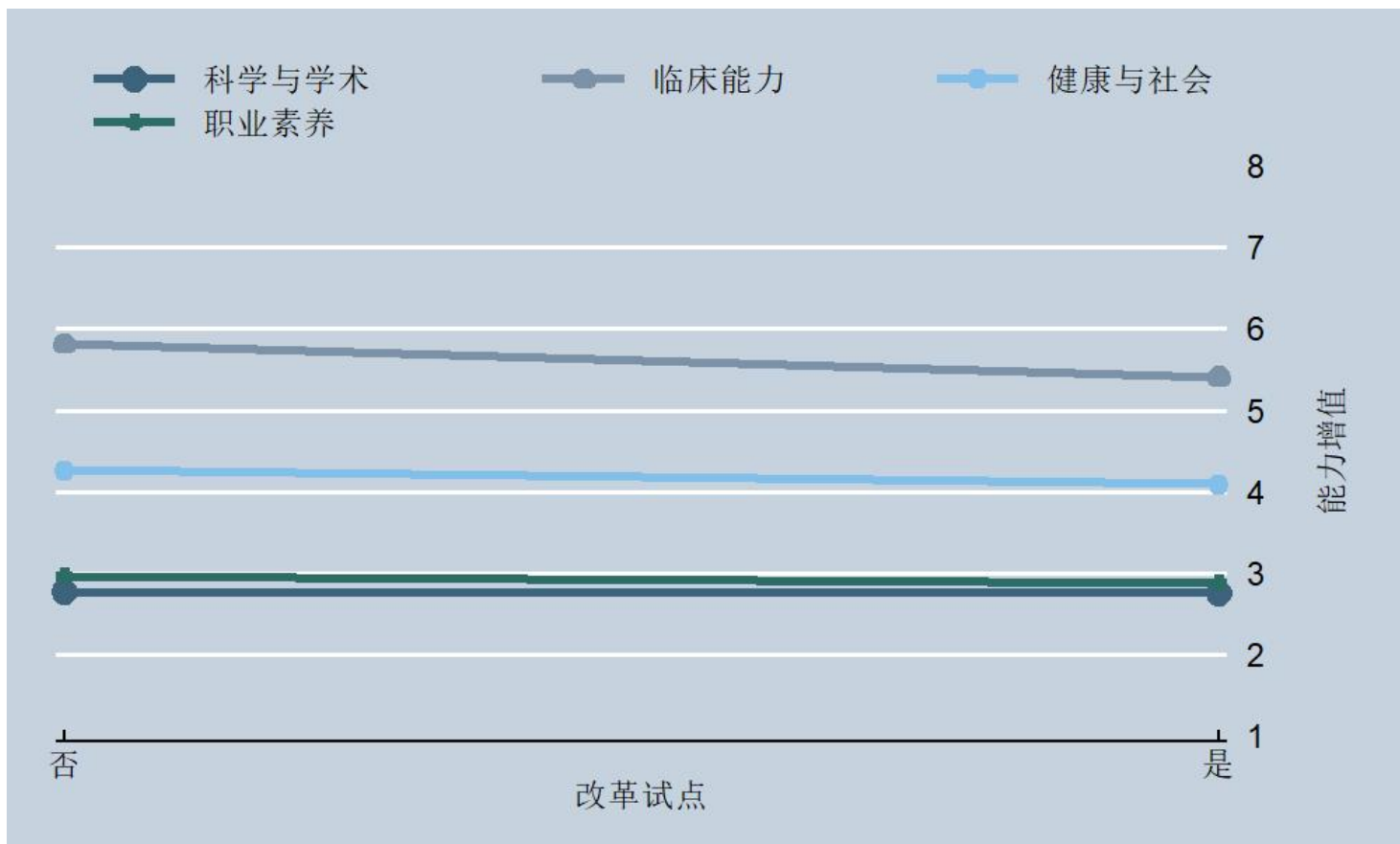


高考分数



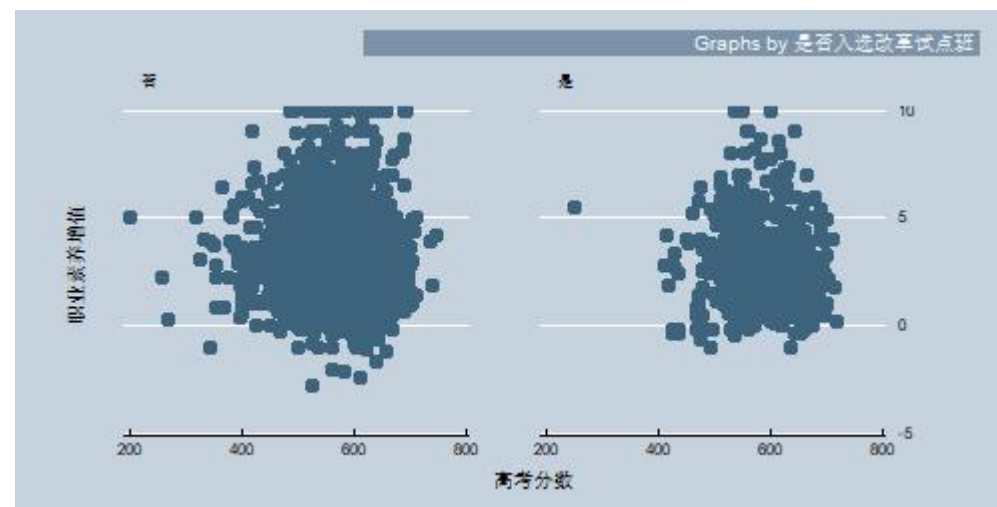
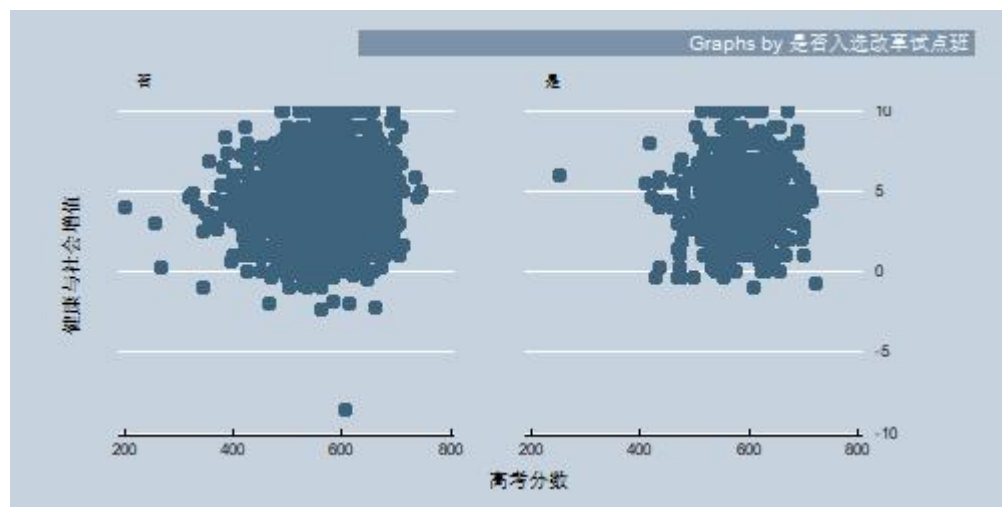
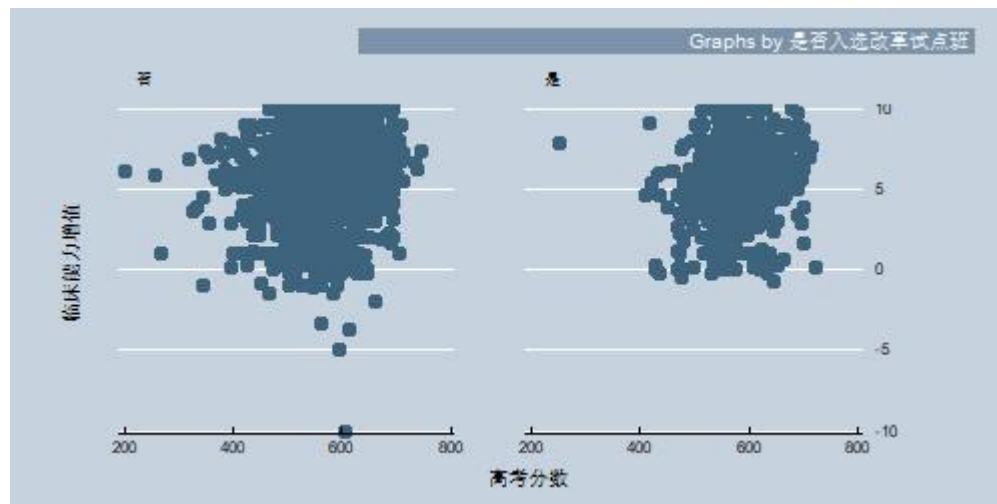
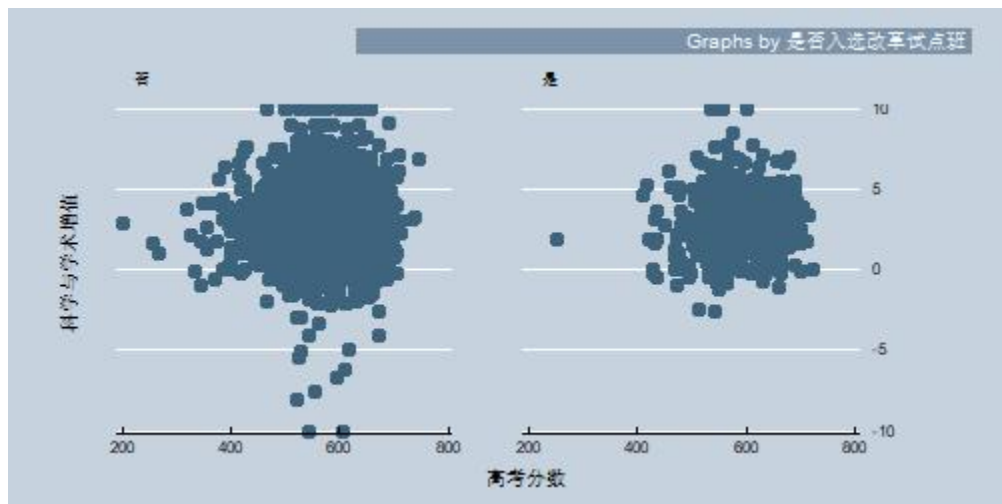


改革试点效果





能力增值





改革试点效果分析

$$Y_{ik} = \alpha_{ik} + \beta_1 Pilot_{ik} \times TeachingMethod_{ik} + \beta_2 Pilot_{ik} \times CurriculumSetting_{ik} + \beta_3 CurriculumContent_{ik} + \beta_3 Production_{ik} + X_{ik} + Univ_k + \varepsilon_{ik}$$

Y变量：临床医学本科生毕业能力要求四个领域的的能力增值：**科学与学术、临床能力、健康与社会和职业素养**

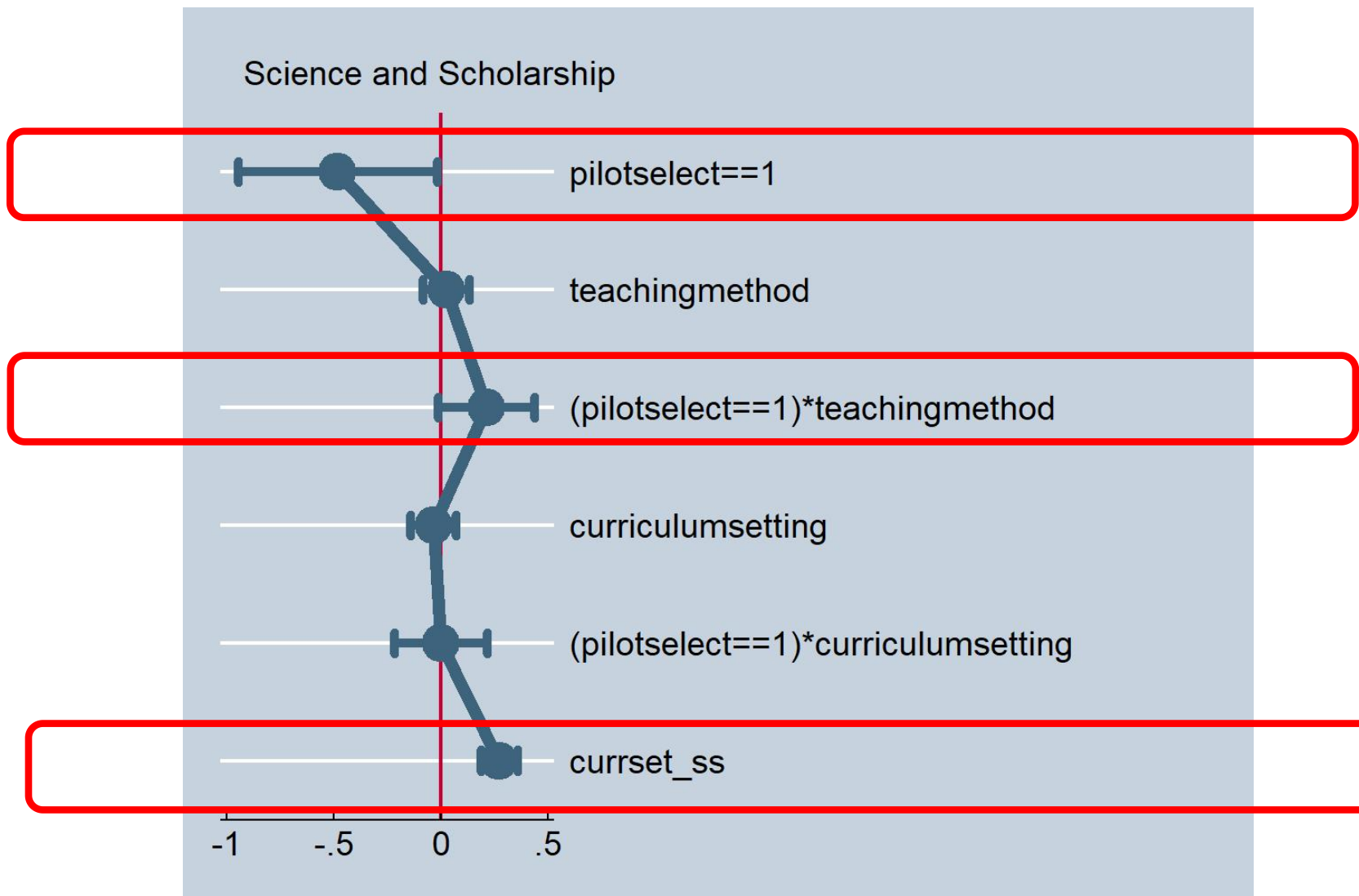
X控制变量：

- 人口学特征（性别、民族、政治面貌、独生子女）
- 家庭背景（城乡、父母受教育年限、父母职业ISEI指数、亲属医疗卫生职业、家庭经济）
- 大学入学前特征（高中医学职业理想、高考分数取对、志愿录取、入学动机）
- 学习过程（学习行为、学习状态）

基于逐步回归的固定效应模型



科学与学术





科学与学术

VARIABLES	(1) ScienceScholarship	(2) ScienceScholarship	(3) ScienceScholarship	(4) ScienceScholarship	(5) ScienceScholarship
female		0.074 [0.058]	0.054 [0.059]	0.082 [0.063]	0.023 [0.064]
Han		0.026 [0.098]	0.035 [0.102]	0.003 [0.109]	0.019 [0.108]
CP		0.337*** [0.064]	0.331*** [0.066]	0.302*** [0.069]	0.242*** [0.070]
onechild		-0.031 [0.059]	-0.118* [0.067]	-0.167** [0.071]	-0.165** [0.071]
rural			-0.128* [0.072]	-0.161** [0.076]	-0.170** [0.075]
faeduyear			-0.010 [0.011]	-0.002 [0.012]	-0.007 [0.012]
moeduyear			0.020* [0.011]	0.019* [0.011]	0.017 [0.011]
faisei			0.001 [0.002]	-0.001 [0.002]	-0.000 [0.002]
moisei			-0.002 [0.003]	-0.001 [0.003]	-0.001 [0.003]
famedcareer			-0.030 [0.068]	-0.085 [0.072]	-0.081 [0.072]
fameconomy==2			0.028 [0.073]	0.047 [0.077]	0.059 [0.077]
fameconomy==3			0.033 [0.092]	-0.012 [0.098]	0.007 [0.098]
fameconomy==4			0.152 [0.135]	0.237* [0.141]	0.274* [0.140]
fameconomy==5			-0.322* [0.192]	-0.112 [0.211]	-0.094 [0.210]
highmedexp				0.122* [0.072]	0.097 [0.072]

*** p<0.01, ** p<0.05, * p<0.1



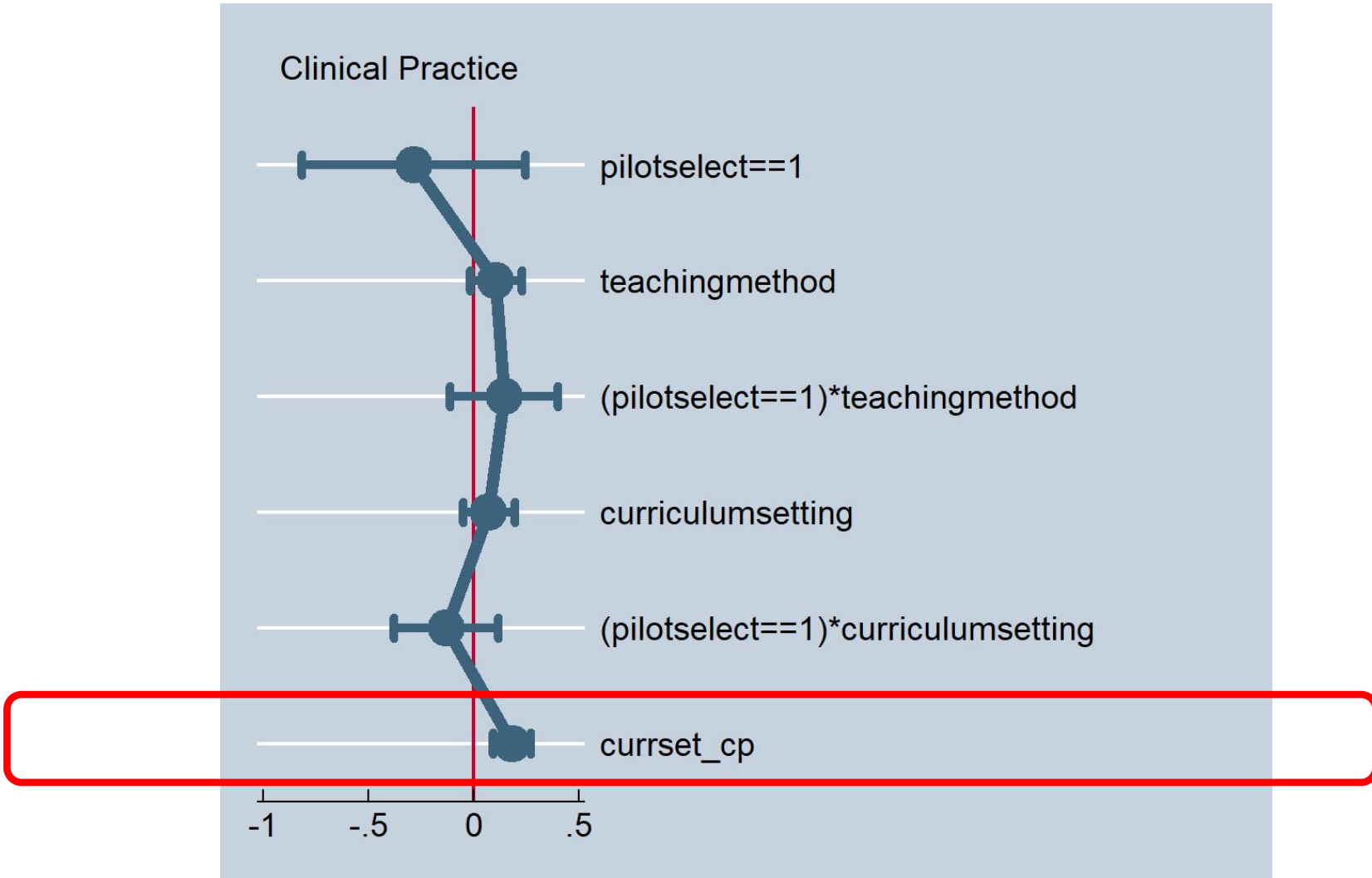
科学与学术

VARIABLES	(1) ScienceScholarship	(2) ScienceScholarship	(3) ScienceScholarship	(4) ScienceScholarship	(5) ScienceScholarship
ln_pscore				[0.000] 0.309	[0.000] 0.163
adimittypefirst				[0.480] 0.033	[0.478] 0.038
intrimotivation				[0.071] 0.028	[0.070] -0.061
extermotivation				[0.043] 0.085*	[0.046] 0.088**
majoridentity					[0.044] 0.051
selfefficacy					[0.051] 0.015
stuengagement					[0.052] 0.076
stubebehavior_process					[0.058] 0.109**
stubebehavior_active					[0.048] 0.091*
stubebehavior_rugular					[0.049] 0.167***
xztype==7 year	-0.004 [0.207]	0.009 [0.206]	-0.055 [0.211]	0.062 [0.227]	0.080 [0.225]
xztype==8 year	0.157 [0.182]	0.172 [0.181]	0.077 [0.185]	0.088 [0.201]	0.097 [0.199]
Univ	YES	YES	YES	YES	YES
Observations	4,364	4,303	4,022	3,283	3,276
R-squared	0.070	0.078	0.079	0.100	0.115

Standard errors in brackets
*** p<0.01, ** p<0.05, * p<0.1



临床能力





临床能力

VARIABLES	(1) ClinicalPractice	(2) ClinicalPractice	(3) ClinicalPractice	(4) ClinicalPractice	(5) ClinicalPractice
pilotselect==1	0.000 [0.245]	-0.080 [0.245]	-0.122 [0.254]	-0.265 [0.276]	-0.285 [0.270]
teachingmethod	0.108* [0.060]	0.089 [0.060]	0.090 [0.061]	0.125* [0.064]	0.105* [0.063]
(pilotselect==1)*teachingmethod	-0.073 [0.123]	-0.037 [0.123]	-0.031 [0.127]	0.161 [0.133]	0.145 [0.130]
curriculumsetting	0.140** [0.060]	0.133** [0.060]	0.109* [0.060]	0.105* [0.063]	0.073 [0.062]
(pilotselect==1)*curriculumsetting	-0.025 [0.120]	-0.036 [0.120]	-0.035 [0.123]	-0.147 [0.129]	-0.131 [0.126]
currset_cp	0.324*** [0.036]	0.326*** [0.036]	0.321*** [0.037]	0.300*** [0.043]	0.182*** [0.046]
female		-0.053 [0.067]	-0.097 [0.069]	-0.097 [0.073]	-0.222*** [0.073]
Han		0.110 [0.113]	0.053 [0.118]	0.106 [0.126]	0.109 [0.123]
CP		0.160** [0.074]	0.203*** [0.076]	0.134* [0.080]	0.051 [0.079]
onechild		0.039 [0.069]	0.003 [0.078]	-0.006 [0.083]	-0.034 [0.081]
rural			-0.027 [0.084]	-0.035 [0.088]	-0.047 [0.086]
faeduyear			0.033** [0.013]	0.038*** [0.014]	0.033** [0.013]
moeduyear			0.023* [0.012]	0.025* [0.013]	0.021* [0.013]
faisei			-0.003 [0.003]	-0.003 [0.003]	-0.003 [0.003]
moisei			-0.006* [0.003]	-0.004 [0.003]	-0.003 [0.003]
famedcareer			-0.040 [0.079]	-0.173** [0.083]	-0.168** [0.082]

*** p<0.01, ** p<0.05, * p<0.1



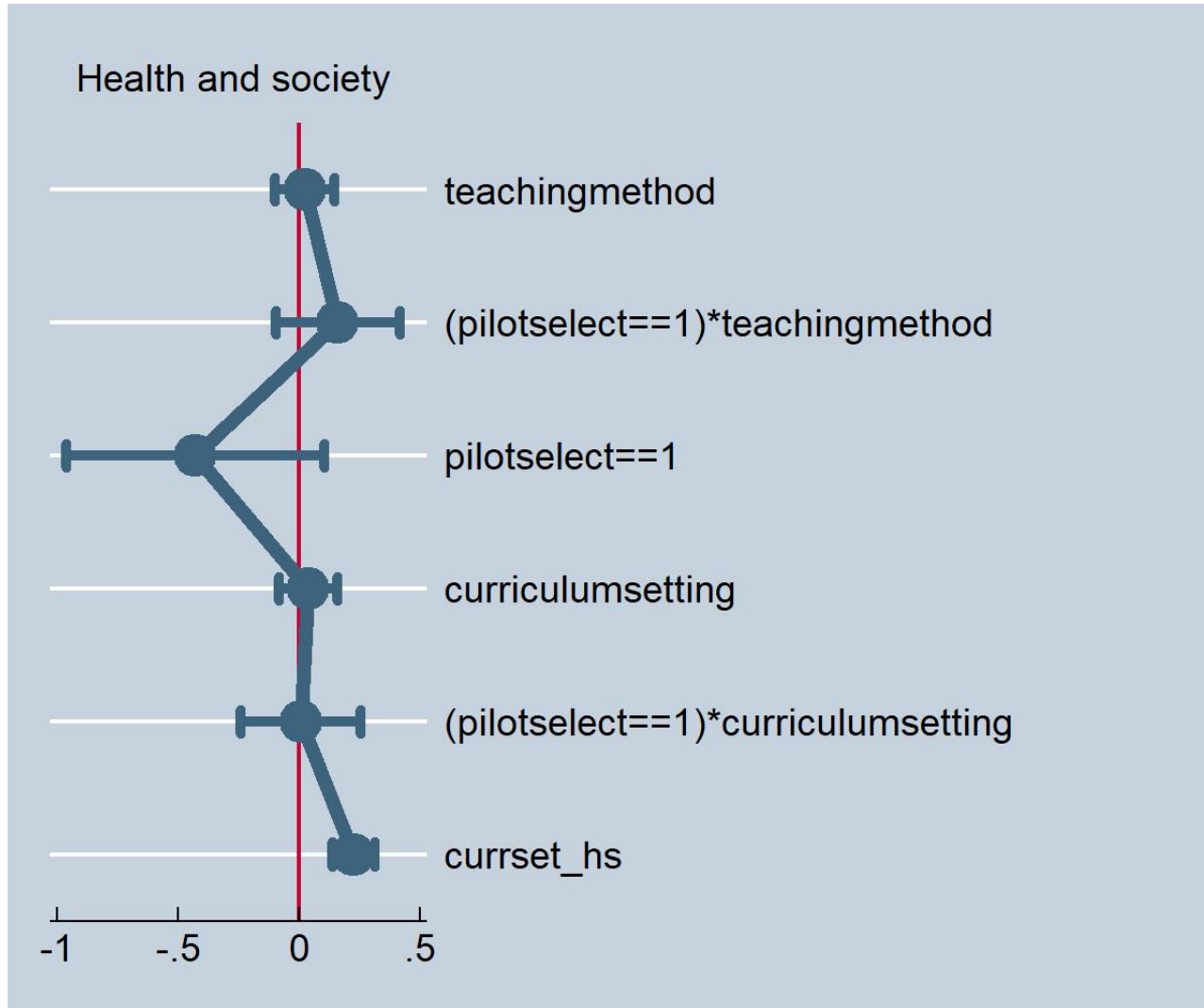
临床能力

VARIABLES	(1) ClinicalPractice	(2) ClinicalPractice	(3) ClinicalPractice	(4) ClinicalPractice	(5) ClinicalPractice
fameconomy==2			-0.032 [0.085]	-0.075 [0.089]	-0.069 [0.087]
fameconomy==3			-0.040 [0.107]	-0.115 [0.114]	-0.083 [0.111]
fameconomy==4			0.018 [0.156]	0.012 [0.163]	0.073 [0.160]
fameconomy==5			-0.088 [0.222]	-0.347 [0.243]	-0.294 [0.238]
highmedexp				0.002 [0.079]	-0.012 [0.078]
ln_pscore				1.461*** [0.554]	1.252** [0.543]
adimittypefirst				0.056 [0.082]	0.052 [0.080]
intrimotivation				0.128*** [0.049]	0.012 [0.052]
extermotivation				0.089* [0.051]	0.111** [0.050]
majoridentity					0.105* [0.059]
selfefficacy					0.091 [0.059]
stuengagement					0.067 [0.066]
stubebehavior_process					0.020 [0.055]
stubebehavior_active					0.002 [0.055]
stubebehavior_rugular					0.487*** [0.049]
xztype==7 year	-0.204 [0.241]	-0.201 [0.240]	-0.293 [0.245]	-0.131 [0.263]	-0.066 [0.257]
xztype==8 year	0.205 [0.212]	0.231 [0.211]	0.099 [0.215]	0.176 [0.232]	0.218 [0.227]

*** p<0.01, ** p<0.05, * p<0.1



健康与社会





健康与社会

VARIABLES	(1) Healthsociety	(2) Healthsociety	(3) Healthsociety	(4) Healthsociety	(5) Healthsociety
pilotselect==1	-0.031 [0.236]	-0.107 [0.237]	-0.137 [0.248]	-0.394 [0.274]	-0.429 [0.272]
teachingmethod	0.028 [0.058]	0.009 [0.058]	0.026 [0.060]	0.032 [0.063]	0.024 [0.063]
(pilotselect==1)*teachingmethod	-0.077 [0.118]	-0.051 [0.119]	-0.043 [0.123]	0.177 [0.131]	0.160 [0.131]
pilotselect==1	-0.031 [0.236]	-0.107 [0.237]	-0.137 [0.248]	-0.394 [0.274]	-0.429 [0.272]
curriculumsetting	0.097* [0.057]	0.090 [0.058]	0.062 [0.059]	0.059 [0.063]	0.039 [0.062]
(pilotselect==1)*curriculumsetting	0.088 [0.116]	0.093 [0.116]	0.100 [0.120]	-0.006 [0.127]	0.007 [0.127]
currset_hs	0.326*** [0.034]	0.324*** [0.035]	0.327*** [0.036]	0.324*** [0.041]	0.227*** [0.045]
female		-0.186*** [0.065]	-0.205*** [0.067]	-0.157** [0.072]	-0.225*** [0.073]
Han		0.027 [0.110]	0.009 [0.115]	0.065 [0.125]	0.078 [0.124]
CP		0.149** [0.071]	0.166** [0.074]	0.103 [0.080]	0.040 [0.080]
onechild		-0.051 [0.066]	-0.060 [0.076]	-0.043 [0.082]	-0.056 [0.081]
rural			-0.071 [0.082]	-0.109 [0.087]	-0.118 [0.086]
faeduyear			0.022* [0.012]	0.023* [0.013]	0.019 [0.013]
moeduyear			0.013 [0.012]	0.013 [0.013]	0.011 [0.013]
faisei			0.002 [0.003]	0.000 [0.003]	0.001 [0.003]
moisei			-0.008*** [0.003]	-0.006* [0.003]	-0.006* [0.003]

*** p<0.01, ** p<0.05, * p<0.1

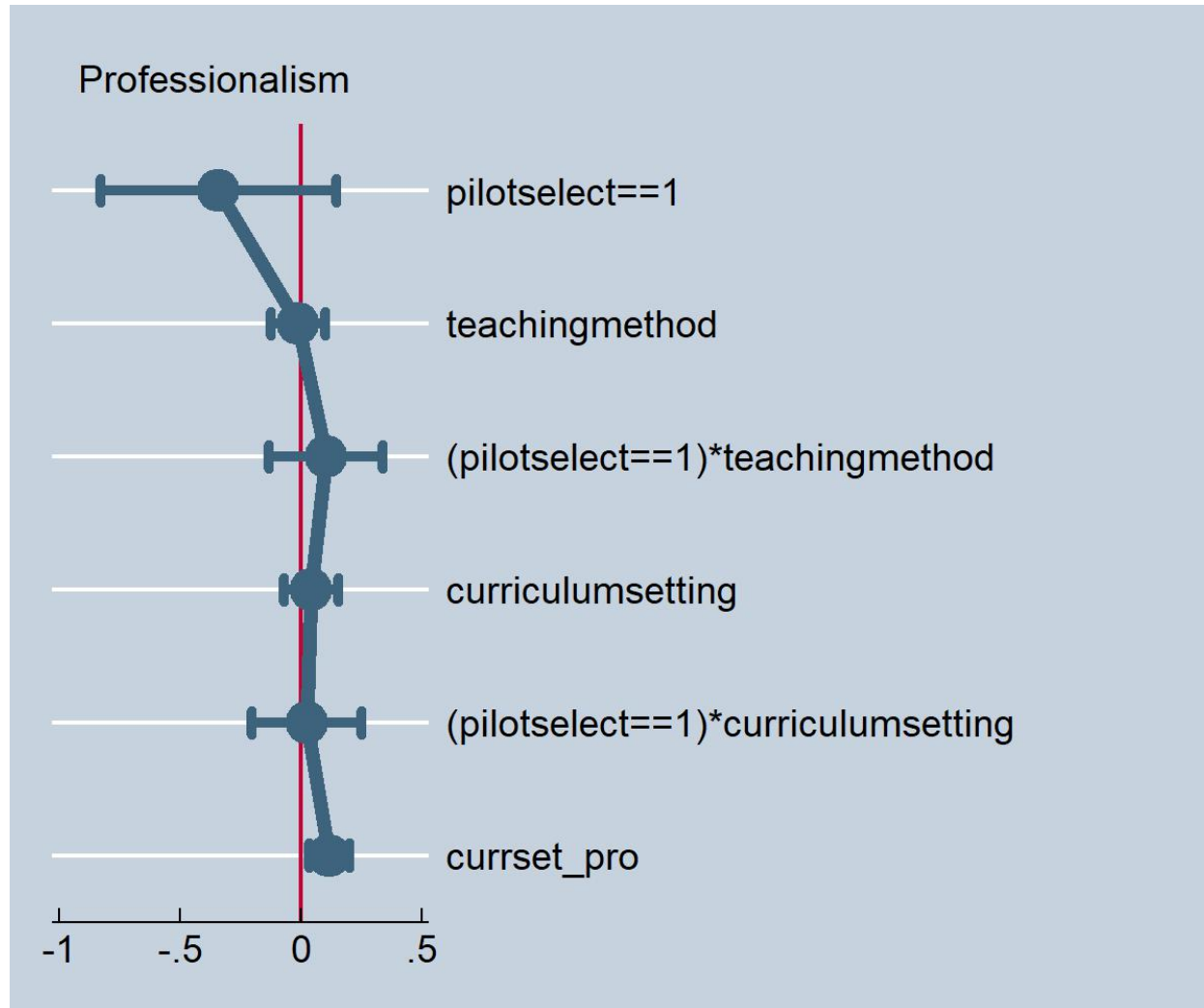


健康与社会

VARIABLES	(1) Healthsociety	(2) Healthsociety	(3) Healthsociety	(4) Healthsociety	(5) Healthsociety
famedcareer			-0.085 [0.077]	-0.158* [0.083]	-0.167** [0.082]
fameeconomy==2			-0.149* [0.083]	-0.152* [0.088]	-0.145* [0.088]
fameeconomy==3			-0.132 [0.104]	-0.151 [0.113]	-0.147 [0.112]
fameeconomy==4			-0.195 [0.153]	-0.085 [0.162]	-0.078 [0.161]
fameeconomy==5			-0.545** [0.216]	-0.609** [0.241]	-0.584** [0.239]
highmedexp				-0.015 [0.078]	-0.027 [0.078]
ln_pscore				0.384 [0.551]	0.209 [0.547]
adimittypfirst				-0.037 [0.081]	-0.037 [0.081]
intrimotivation				0.035 [0.049]	-0.053 [0.052]
extermotivation				0.131** [0.051]	0.142*** [0.051]
majoridentity					0.025 [0.059]
selfefficacy					0.101* [0.059]
stuengagement					0.047 [0.066]
stubebehavior_process					0.097* [0.055]
stubebehavior_active					0.004 [0.056]
stubebehavior_rugular					0.277*** [0.049]
xztype==7 year	0.166 [0.233]	0.193 [0.232]	0.189 [0.239]	0.140 [0.261]	0.173 [0.259]
xztype==8 year	0.406**	0.437**	0.356*	0.251	0.273



职业素养





职业素养

VARIABLES	(1) Professionalism	(2) Professionalism	(3) Professionalism	(4) Professionalism	(5) Professionalism
pilotselect==1	-0.137 [0.215]	-0.196 [0.215]	-0.177 [0.224]	-0.331 [0.251]	-0.341 [0.249]
teachingmethod	-0.067 [0.053]	-0.071 [0.053]	-0.048 [0.054]	-0.031 [0.058]	-0.013 [0.058]
(pilotselect==1)*teachingmethod	-0.099 [0.108]	-0.078 [0.108]	-0.086 [0.112]	0.110 [0.120]	0.103 [0.120]
curriculumsetting	0.056 [0.052]	0.047 [0.052]	0.028 [0.053]	0.043 [0.057]	0.042 [0.057]
(pilotselect==1)*curriculumsetting	0.148 [0.105]	0.148 [0.105]	0.154 [0.109]	0.035 [0.117]	0.023 [0.116]
currset_pro	0.234*** [0.032]	0.239*** [0.032]	0.237*** [0.033]	0.193*** [0.039]	0.117*** [0.043]
female		-0.276*** [0.059]	-0.298*** [0.061]	-0.283*** [0.066]	-0.252*** [0.067]
Han		-0.112 [0.099]	-0.111 [0.104]	-0.038 [0.114]	-0.017 [0.114]
CP		0.205*** [0.065]	0.212*** [0.067]	0.175** [0.073]	0.147** [0.073]
onechild		-0.004 [0.060]	-0.039 [0.069]	-0.027 [0.075]	-0.021 [0.075]
rural			-0.122 [0.074]	-0.137* [0.080]	-0.133* [0.079]
faeduyear			-0.004 [0.011]	0.001 [0.012]	-0.002 [0.012]
moeduyear			0.022** [0.011]	0.023* [0.012]	0.022* [0.012]
faisei			-0.000 [0.002]	-0.004 [0.003]	-0.003 [0.003]
moisei			-0.003 [0.003]	-0.001 [0.003]	-0.001 [0.003]
famedcareer			-0.096 [0.070]	-0.115 [0.076]	-0.129* [0.075]



职业素养

VARIABLES	(1) Professionalism	(2) Professionalism	(3) Professionalism	(4) Professionalism	(5) Professionalism
fameconomy==2			-0.035 [0.075]	-0.034 [0.081]	-0.013 [0.081]
fameconomy==3			-0.101 [0.095]	-0.095 [0.103]	-0.092 [0.103]
fameconomy==4			0.028 [0.138]	0.098 [0.148]	0.077 [0.148]
fameconomy==5			-0.116 [0.196]	-0.173 [0.221]	-0.204 [0.219]
highmedexp				0.135* [0.071]	0.133* [0.072]
ln_pscore				-0.166 [0.505]	-0.234 [0.502]
adimittypefirst				-0.046 [0.074]	-0.044 [0.074]
intrimotivation				0.025 [0.045]	-0.033 [0.048]
extermotivation				0.092** [0.047]	0.077 [0.047]
majoridentity					-0.095* [0.054]
selfefficacy					0.114** [0.054]
stuengagement					0.077 [0.061]
stubebehavior_process					0.207*** [0.051]
stubebehavior_active					0.026 [0.051]
stubebehavior_rugular					-0.077* [0.045]
xztype==7 year	0.393* [0.211]	0.422** [0.210]	0.399* [0.216]	0.517** [0.238]	0.490** [0.237]
xztype==8 year	0.490*** [0.186]	0.520*** [0.185]	0.454** [0.189]	0.538** [0.211]	0.514** [0.209]



这些结果意味着什么？



反思

改革初衷

院校影响力

改革效果

医学生的发展是医学的未来！

——柯杨



全国高等院校医学教育研究联盟



全国高等院校医学教育研究联盟于**2019年5月16日正式成立**，发起单位**20家**。现有**近百余家高等院校**申请参与成为理事单位，**近十家机构**为合作单位。



联盟宗旨

凝聚各高等院校医学教育研究力量，推动中国医学教育研究的**专业化、科学化与可持续发展**，促进医学教育研究成果转化与实践推广，**引领和推动中国医学教育发展。**





全国高等院校医学教育研究联盟

关于全国高等院校医学教育研究联盟理事单位及合作单位招募的通知

时间：2019-05-16

字体：【小】 【中】 【大】

全国高等院校医学教育研究联盟（简称“联盟”）是由全国20家高等医学院校联合发起的学术团体组织，正式成立于2019年5月16日。联盟挂靠并依托全国医学教育发展中心工作，旨在凝聚各高等院校医学教育研究力量，推动中国医学教育研究的专业化、科学化与可持续发展，促进医学教育研究成果转化与实践推广，引领和推动中国医学教育发展。

联盟工作任务包括：聚焦国内外医学教育热点问题，合作开展医学教育相关课题研究；搭建医学教育研究交流平台，举办医学教育学术会议，组织开展医学教育国际交流活动；开展医学教育研究人员及教师教学研究能力培训，提升医学教育研究规范化和科学化水平；推进医学教育学科建设和专业人才培养，构建医学教育话语体系和理论体系。

现公开招募理事单位及合作单位，具体要求及程序如下：

一、资格

（一）理事单位

理事单位和合作单位招募仍在进行中：<http://medu.bjmu.edu.cn/tzgg/204557.htm>

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医教研究，你我同行！

谢谢！