

## Research on the Current Status and Training Strategy of Rural Primary Health Care Providers

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**Abstract.** After long time of exploration and hard work, most countries in the world form their own systems of primary health care to a certain extent with primary health care providers having different features. Combined with specific national conditions of our country, generalized definition of the primary health care providers should include relevant government employees participating in provision of primary health care and health workers, and narrow definition of primary health care providers includes rural and urban basic health service providers. Rural primary health care work is mainly composed of towns and townships, rural community health service centers and village health posts, health management and health technical personnel. The level of primary health care provider is mainly come from the community health service center, health management and health technical personnel. Therefore, the training for primary health care providers should focus on the basic health workers.

### Introduction

Because human life is by far the world's most complicated subjects, the modern life science, biotechnology, and the rapid development of medical science, improve the special skills of all kinds of primary care providers, and have become a worldwide subject. Both developed countries and developing countries are actively exploring and hoping to get an effective strategic plan, so most need medical personnel in the practitioner of lifelong learning. The training of primary health care providers is influenced by the development of modern training theory and practice.

### PHC Provider

The party central committee and the state council "about the decision of the blend step to strengthen the rural health work" clearly put forward the "national township public health center medical clinical service personnel should have assistant practicing doctors' qualification or above, and other health technical personnel to more than primary and professional and technical qualification". With the continuous development of social economy, rural residents demands for health service level is getting higher and higher. Quite a number of village health posts and in towns and townships have already can't meet the health needs of rural residents. Combined with village health posts and in towns and townships of backward management, operation mechanism is not smooth, which highlights the importance of diversity training rural PHC providers.

Main content is as follows: Technical personnel training content in towns and townships should highlight practicality and suitability, adhere to the theory with practice. Training mainly contents: (1) basic training, including basic knowledge, basic theory, basic skills of training, training content with reference to the technical personnel on-the-job training instruction manual "in towns and townships. (2) Knowledge updating training, including new knowledge, new theory, new methods and new skills to give priority to "four new" training. (3) The general medical knowledge training, learning basic

concepts in general medicine and general practice medical service mode, grasp the appropriate technologies of community health service, training content with reference to the Ministry of Health of the general practitioners on-the-job training outline "and" the community nurse job training outline ". Training should adhere to the principle of on-demand teaching, pragmatic, and according to the training objects, training condition, training content, can take training, clinical studies, workshops, academic seminars, conferences, special technical training, remote education and so on [1]. Encourage towns and townships through peer guidance, self-study, rounds, case discussions, form of technology to inspect held various training activities in the institute, create a good learning atmosphere.

The Ministry of Health issued a 2004 village doctor training basic requirements, combining with the rural doctors working regulations, 5 years to be a registered [2]. The main contents include: basic rural health policies and relevant laws and regulations, function orientation and function of the towns and townships, and towns and townships health management and health related knowledge of economics, in towns and townships of traditional Chinese medicine service and management, reform and development of towns and townships, and other related knowledge. To speed up the health reform and development in our country, to solve the current prominent contradictions existing in the medical and health work, besides must deepening the reform of the health system and health institutions internal operation mechanism, we should also further enhance the health workers, especially the health agency managers [3].

The comprehensive quality, and constantly improves the efficiency and effect of medical and health services. Strengthen management training is the objective demand of the health care reform and development. Strengthen management training is the internal requirement of health institutions own business development. Strengthen management training is an important support managers personal career development. Now the main problems of our country health agency managers training work the main problems are: the lack of perfect training management system. To participate in training the number of less, time is short. Training method is old and single. The training content pertinence is not strong. In view of the situation puts forward countermeasures and Suggestions are: establish and improve the training management system. Gradually expand the scale of training: positive import new training methods [4].

### **Create a Learning Health Agency**

The township and village health, dean of the intention to study management knowledge training demand, through the questionnaire survey and regression analysis it is concluded that: after Administration of Education working harder is not only due to compare short term or behavior caused by pure pursuit of short-term benefits, at present, the deviation of management theory and practice of environmental, education mode and method of the single and lagging, and rural township health survival, more realistic factors of grass-roots management staff [5].

This is because the medicine is a practical subject. Medical education has the characteristics of sociality, practicality, and service, combined with the actual situation of community health workers continuing medical education in our country. Combining the cultivation of medical ethics and medical skill, strengthening the practice teaching link in the medical teaching, strengthening basic skill training, and improving the ability to analyze and solve problems, is the key work of community physicians continue to education [6].

### **Set up on-demand Training Courses.**

For community mental health services in primary health personnel training to do the contrast research, select a region as the research object. Through the questionnaire and the questionnaire survey and 2 X and rank and inspection method of statistical analysis, it is concluded that in addition to the theory of multiple culture", it is important to practice demonstration counseling training method.

The effect mainly displays in: theoretical knowledge more consolidation; to carry out diagnosis and treatment of mental illness rate increased significantly; the actual working ability and working quality was improved. To strengthen the role of township health workers, each country should have medical personnel to the mental hospital for a long time, and study shall be borne by them to demonstration of village-level staff guidance and supervision. This and WHO should pay attention to the secondary care staff working in mental health care the important role of opinion [7].

For the present situation of rural health technical personnel quality and training needs of research. We mainly use the questionnaire and the questionnaire survey combined with the rate of simple calculation and so on data statistical analysis results showing that rural health technical personnel quality gap is not big. Over the past five years more than 7006 people have received training. For the next three years of training need survey found that relative lower demand for training, high professional titles of highly educated personnel training demand is higher. Advice through training combined with shunt improve rural health technical personnel professional quality, to conduct regular professional training, keep up with the pace of knowledge update, and focused on the needs of different levels of personnel.

### **To Carry Out the Purposeful and Planned Business Training Activities**

Health manpower training work, the main research contents about the training content, training methods and time, training methods, training effect, training information, training needs, and do the simple statistic description, found that the current rural overall level far below the main, uneven distribution of medical resources, combined with government investment co., LTD., to attract foreign talent is difficult. Health workforce is relatively scarce to optimize the whole training work, in all the related work on innovation. Technology of rural health staff in-service education and training status are analyzed, and used the method of stratified cluster random sampling method, the 64 counties in economy, culture, population, geographic features, such as divided into three levels, each level random 2 counties, each county extract three township, a total of 18 towns, investigating the village two levels of in-service education and training of medical technical personnel, and has carried on the simple statistical analysis. The results are presented in combination with the practical situation should focus on formal medical education of the rural hygiene technicians of in-service education and training. We must strengthen the young and middle-aged rural in-service education and training of technical personnel, to master the latest medical knowledge, to guide and improve the whole rural medical level. Relevant departments should strengthen coordination: health administrative departments and the hospitals as much as possible to provide training opportunities.

### **Measures**

It was found that the provider of knowledge and skills the problems existing in the weak links and training to analysis different socioeconomic status of rural PHC provider knowledge skills and training status. Through the present situation of knowledge and skills to determine the much-needed training provider [7]. Through the present situation of knowledge skills and training to determine the necessary, be badly in need of training content. PHC provider training strategy is put forward. Training institutions should also be flexible training time (such as holiday). Rural health technical personnel itself also should handle the relationship of the in-service education and training work.

Attention economy less developed areas of rural PHC provider of education and training, increase the economic situation in poorer areas of training funds, reduce the barriers to entry, to provide family burden heavier providers more convenient way of education, encourage them to participate in education. To comprehensively improve the service level of the providers, should also be in doctor-patient communication, service idea to strengthen the corresponding training. Professional training and academic education should continue to strengthen, and provide more opportunities to accept education and training mechanism is transparent, as far as possible let provider more understand training information, active application, active learning atmosphere.

## Summary

To strengthen the management quality of management staff, let them accept more and newer, outstanding management thinking, especially the talent cultivation strategy, to improve the overall level of service providers. To provide diversified and multilevel education mode, namely the same content can be divided into different ways to carry out at the same time, but it can reduce the frequency of the low degree of audience way, training length of flexible control, giving the provider of the absorption and digestion of knowledge skills appropriate buffer time. Training the teachers should choose a more professional institutions experienced speaker, content vivid and is suitable for grass-roots work, reduce the course does not suit the actual working conditions at the grass-roots level, professor suitable technology, the primary purpose is to practice.

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