

## **Study on the Path of Grass-roots General Practitioners' Participation in Rural Revitalization**

Dandan Dong, ShenYu, Meng rain Tan, Fang Ren, Jingjie Pang\*

School of Anhui Medical University, Hefei, 230032, China

### **Abstract**

In the context of the implementation of the Healthy China strategy, Chinese medical colleges and universities have since 2010 trained many rural students who are dedicated to serving the grassroots for free. The research group carried out research in The Jianghuai region, and the rural students who entered the targeted grassroots township health centers have grown into young grassroots general practitioners. They play an active role in the prevention and health care, epidemic prevention and control, family doctors and other aspects of grassroots medical and health undertakings. Although there are difficulties and pain points in their career development, they strive to grow into rural young talents who are good at treating minor diseases, good at understanding major diseases, good at managing chronic diseases, and good at transforming acute diseases.

### **Keywords**

Free medical students in rural areas; Rural revitalization; The path.

## **1. INTRODUCTION**

Currently, primary-level medical care is a very important part of rural revitalization. In order to give better play to the effectiveness of young general practitioners in rural revitalization, the research group went deep into the grassroots with the support of the 2021 Summer Youth Red Tour to the Countryside, carried out research in groups and mastered first-hand data materials [1].

## **2. THE STRUCTURE OF TEXT**

### **2.1. Research Object and Data Source**

The investigation is divided into questionnaire survey and interview. It specifically investigated the grassroots people's expectations and current satisfaction of grassroots medical treatment, and obtained the problems that clinical medicine (targeted free medical students with rural orders) need to solve in participating in the development of grassroots medical treatment in the rural revitalization in the future and the direction of future efforts. In this survey, we conducted a total survey of grassroots people by issuing questionnaires, including six counties and districts in southern Anhui, central Anhui and northern Anhui. There is no age limit, gender limit, mainly long-term residents and grass-roots towns and rural residents. Through in-depth exchanges and communication with villagers around the issue of questionnaires, and help them understand, guide them to fill in the questionnaire. A total of 500 questionnaires were distributed. Finally, in the statistical stage, 314 valid questionnaires were collected after excluding invalid ones. Among them, 28.34% are 25-40 years old, 27.71% are 40-60 years old, 8.92% are over 60 years old, and 35.03% are under 25 years old. Of these, 46.5% were male and 53.5% were female.

## 2.2. Analysis of Survey Results

### 2.2.1 Grassroots people are looking forward to the improvement of grassroots medical care

In terms of whether to carry out minor operations in township health centers, 52.55% of the people are very hopeful that doctors in township health centers can perform minor operations (appendicitis), but as for whether they are willing to perform minor operations in township health centers, only 19.43% of the people are willing to perform minor operations in township health centers, and 4.14% are very reluctant. In terms of the first choice of medical treatment, people at the grass-roots level think that bigger hospitals are better, and only 25.48% of people think township hospitals are the first choice of medical treatment. It can be seen from this set of data that about 70% of people at the grass-roots level do not choose township hospitals for medical treatment. Through the data, it is not difficult to find that grassroots people hold strong expectations for the development of township health centers, expect that the level of township health centers can be improved, and for some diseases can directly go to township health centers treatment is very good. But in the direct willingness to accept the diagnosis and treatment of such diseases are mostly refused. Through interviews with the masses, most grass-roots people think that the surgical cure rate of grass-roots medical care should be lower than that of large hospitals, and do not think that grass-roots doctors can undertake a major operation. They believe that attention should be paid to problems related to life and health, rather than taking risks for the convenience of township health center 2. On the one hand to support development, on the other hand to refuse to seek medical treatment, grass-roots people's ambivalent attitude towards township health centers is very prominent.

### 2.2.2 Primary medical equipment needs to be updated and enriched

In the construction of primary medical care, 59.24% of the people expect doctors in township hospitals to do CT examination, while 56.69% of the people expect doctors in township hospitals to do MRI examination. For some basic medical equipment, most township hospitals are not complete, so some examinations still cannot be confirmed by more effective methods. This severely tests the medical level of grass-roots doctors, but also leads to the improvement of the referral rate of township hospitals, so that the clinical level of grass-roots general practitioners can not be well exercised and improved. Therefore, to develop primary medical care, the primary premise is to improve the corresponding material resources. Some basic medical equipment should be improved, which is in line with the current development trend of primary medical care.

### 2.2.3 The professional level of primary general practitioners needs to be improved

22.93% are very satisfied with the service attitude of township health centers, 42.04% are relatively satisfied, 30.25% are generally satisfied, and still 4.78% are not satisfied. It can be seen that the attitude of township health centers is generally good. All kinds of patients can be treated with a peaceful state of mind, which is worth advocating and maintaining, for ensuring that patients still come to the hospital has a certain role. But a good attitude is not the deciding factor when a patient comes to see a doctor, it's also the ability to see a doctor. But as a way of towns and townships doctor medical skill level problems with 7.96% of people think in towns and townships doctor medical skill is very high, a serious illness ailment can see, 30.57% of people think that in towns and townships doctor medical skill is superb, slight illness can cure, can diagnosis of a serious illness, but the most were 56.05% think Dr In towns and townships average only for ailments, At the same time, 5.41% of the people thought that the doctors in township hospitals were very poor and only knew how to prescribe medicine. Most grass-roots people for township hospitals the level of doctors stop at minor diseases.

### 2.2.4 The policy of targeting medical students with rural orders still needs to be popularized

In the survey, 91.4% of the people did not have a signed doctor, and only 8.6% of the people had a signed doctor, indicating that the signing of a family doctor is not popular in the rural grassroots. It can be seen from this point that the development prospects of rural order-oriented medical students are considerable. In the future, the number of families signing up for family doctors will only increase, not decrease, by targeting free medical students through rural orders. About 58.6% of people think very much about whether they expect more rural doctors of undergraduate level to join township health hospitals. Grassroots people welcome the work of rural medical students of undergraduate level to work in township health hospitals for free, believing that these young people will play a huge role in the grassroots. As for whether these doctors want them to stay in the grassroots, 52.55% of the people very much hope that doctors of clinical orientation will take root in the grassroots, 33.76% of the people compare, 9.55% of the people hope, generally expect, and 4.14% of the people do not expect. On the one hand, the grassroots people's expectation for the targeted free medical students in rural areas is because they hope to have more medical resources to the villages and towns. On the other hand, it also indicates that the grassroots people do not understand and are not familiar with the targeted free medical students in rural areas. This may be the result of factors from all sides, but not ugly transfer learned the grassroots rural order orientation of the existence of free medical students, let them know to the state for the attention of the primary care and are turning to the corresponding measures to develop primary care, this is undoubtedly can effectively dispel the grassroots for primary care trust attitude of good medicine

#### 2.2.5 Primary care also needs supply-side reform

In terms of the health services that they hope to focus on, 37.58% of them hope that township general practitioners will focus on the care of the elderly, 11.15% of them hope to focus on the care of women, 12.74% of them hope to focus on the care of children, and 38.54% of them hope to focus on the care of chronic diseases. At the same time, 67.52% of the people expected that primary-level medical institutions would provide elderly care services combining medical care and nursing care. It is not hard to see from these data that grassroots people prefer township health centers to focus on elderly care and chronic disease prevention, which is also in line with the current development trend of aging population. Therefore, in the process of development of primary medical care, we should pay attention to the rational allocation of resources and maximize the effective resources. This also reflects that the current grassroots medical care has not found the real needs of grassroots people, and has not carried out targeted treatment and prevention for the population distribution in various regions.

### 2.3. Analysis of the Path of Grass-roots General Practitioners' Participation in Rural Revitalization

#### 2.3.1 Publicize the policy of targeting free medical students in rural areas

The policy of Targeted Free Medical Students on Rural orders is the Implementation Opinions on the Free Training of Targeted Medical Students on Rural Orders issued by the National Development and Reform Commission and other departments: Since 2010, more than ten years in a row in higher medical colleges and universities to carry out free medical students training, key towns and townships and the following medical and health institutions to train general practitioners of medical and health personnel, but a lot of people for this policy is not very understanding, also has a lot of misunderstanding, so should vigorously promote the policy, so as to let more people understand and join the policy.

2.3.2 Community-level general practitioners are actively involved in rural revitalization, forming synergy

Since the outbreak of COVID-19 in 2020, general practitioners have been working on the frontline of grassroots epidemic prevention and control. They actively participate in nucleic acid

testing, epidemiological investigation, village volunteer duty, publicity and science popularization, vaccination, prevention and health care, etc. Many young general practitioners participate in the youth commandos organized by the Directional local Health Commission, and contribute to rural revitalization together with other civil servants, teachers, workers and farmers [2].

### 2.3.3 Improve the capacity and development space of community-level general practitioners

Grassroots general practitioners can form an exchange mechanism in a region (city or county), which needs the policy support of the local health commission. Doctors with high clinical level can go to the general outpatient department of county hospitals, and general practitioners of the city's third-class hospitals can also go to township health centers to carry out training at the same time, which will promote the rapid improvement of grassroots medical level.

### 2.3.4 Regular return visit mechanism should be formed as soon as possible in the work of general practitioners at the grass-roots level

The policy of signing contracts with family doctors should be implemented so that regular visits can be made to grass-roots people, so that diseases can be found, diagnosed and treated in advance.

## 3. CONCLUSION

From the above, the following conclusions can be drawn.

(1) It is suggested that educators should increase the cultivation of talents such as free medical students with targeted orders in rural areas. In particular, clinical skills should be emphasized while humanistic care should not be neglected in school training. Ideal and belief education needs to be further strengthened and the effect will be better through experiential education.

(2) Strive to realize as soon as possible the hierarchical diagnosis and treatment of minor illness at the grass-roots level, serious illness in hospital, recovery back to the grass-roots level.

(3) The grassroots people welcome the rural medical students free of charge and look forward to their return to work. This is a great inspiration and incentive for students in school, and strengthens their career vision. It is suggested that in the undergraduate stage, starting from the freshman grade, the summer social practice in the countryside should be organically combined with the return visit of graduates and alumni, and activities such as grassroots investigation and alumni exchange should be carried out regularly. Through such experiential education, free medical students in rural areas should establish the career vision of taking root in grassroots and building their hometown. Let the youth in the motherland and the people need the most place bloom gorgeous flowers.

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