

doi: 10.13241/j.cnki.pmb.2017.32.037

医学模拟教学结合以问题为导向的教学模式在重症医学教学中的应用研究

于朝霞¹ 郭 驹¹ 张向阳^{2△} 刘 瑶¹ 陈淑萍¹

(1 新疆医科大学第一附属医院重症医学科 新疆 乌鲁木齐 830054;

2 新疆医科大学第一附属医院心脏中心 新疆 乌鲁木齐 830054)

摘要 目的:探讨医学模拟教学结合以问题为导向(PBL)的教学模式在重症医学教学中的应用价值。**方法:**选取 2015 年 1 月~2017 年 1 月在我院重症医学科轮转实习的五年制医学生 64 人作为研究对象。按随机数字表法将 64 名医学生分为 PBL 组($n=32$)和结合教学组($n=32$)。PBL 组采用 PBL 教学,结合教学组采用医学模拟结合 PBL 教学。分别在入科时和轮转实习结束时对两组学员进行理论考试和技能操作考核,记录成绩并比较。理论考试和技能操作考核后采取发放问卷进行调查的形式获得学员对教学效果的主观评价。**结果:**轮转实习结束时,两组理论考试分数差异无统计学意义($P>0.05$);而结合教学组技能操作考核成分数显著高于 PBL 组,差异具有统计学意义($P<0.05$)。两组学员在教学方法接受度高、学习兴趣提升、自学能力提升和临床诊疗水平提高所占比例差异无统计学意义($P>0.05$);结合教学组学员在团队协作能力提高、沟通能力与人文关怀提高和技能操作水平提高所占比例高于 PBL 组,差异有统计学意义($P<0.05$)。**结论:**与单独 PBL 教学相比较,医学模拟教学结合 PBL 的教学模式应用于重症医学教学对学员技能操作的掌握有更好的效果,同时能提高学员团队协作能力、沟通能力以及对患者的人文关怀,且受到学员的认同与喜爱,应在重症医学的教学实践中逐步完善并进一步推广应用。

关键词:医学模拟教学;以问题为导向的教学;教学模式;重症医学

中图分类号:G642 文献标识码:A 文章编号:1673-6273(2017)32-6367-04

Application of Simulation-based Medical Education Combined with Problem-based Learning Teaching Model in Education of Critical Care Medicine

YU Zhao-xia¹, GUO Ju¹, ZHANG Xiang-yang^{2△}, LIU Yao¹, CHEN Shu-ping¹

(1 Department of Intensive Care Unit, The First Affiliated Hospital of Xinjiang Medical University, Urumqi, Xinjiang, 830054, China;

2 Heart Center, The First Affiliated Hospital of Xinjiang Medical University, Urumqi, Xinjiang, 830054, China)

ABSTRACT Objective: To investigate the application value of simulation-based medical education combined with problem-based learning (PBL) teaching model in education of critical care medicine. **Methods:** A total of 64 five-year medical students, who were practised in department of critical care medicine by turns from January 2015 to January 2017, were chosen and randomly divided into PBL group ($n=32$) and combined teaching group ($n=32$). PBL teaching model was used in the PBL group, while simulation-based medical education combined with PBL teaching model was used in the combined teaching group. Theoretical examination and skills assessment were carried out when students entered the department and at the end of rotation practice, and the scores of the two group were recorded and compared. After theoretical examination and skills assessment, questionnaires were used to obtain the subjective evaluation of the teaching effect. **Results:** After rotation practice, there was no significant difference in the theoretical test scores between the two groups ($P>0.05$), while the skills assessment scores of combined teaching group were higher than those of PBL group, the difference was statistically significant ($P<0.05$). There were no significant differences in the proportions of high acceptance of teaching methods, improvement of learning interest, improvement of self-learning ability and improvement of clinical diagnosis and treatment between the two groups ($P>0.05$). The improvement of team cooperation ability, communication ability and humanistic care and clinical skills of the combined teaching group were higher than those of the PBL group, the difference was statistically significant ($P<0.05$). **Conclusion:** Compared with individual PBL teaching, application of the simulation-based medical education combined with PBL teaching model in the education of critical care medicine has a better effect on the students' clinical skills and can improve students' teamwork ability, communication ability and humanistic care to patients, which has been recognized and loved by the students. It should be perfected and popularized in the teaching practice of critical care medicine.

Key words: Simulation-based medical education; Problem-based learning; Teaching model; Critical care medicine

作者简介:于朝霞(1975-),女,硕士,副主任医师,从事重症医学教学、心脏保护、脏器功能不全方面的研究,E-mail: fgihtfg@163.com

△ 通讯作者:张向阳(1957-),男,博士,主任医师,从事心脏保护、高血压、血脂调节方面的研究,E-mail: kucdt@163.com

(收稿日期:2017-03-28 接受日期:2017-04-25)

Chinese Library Classification(CLC): G642 Document code: A

Article ID: 1673-6273(2017)32-6367-04

前言

重症医学是一门研究和治疗危重症的对应用性与实践性要求很高的临床医学学科^[1]。患者病情发展至重症时,往往已经不再是单纯某一个器官或系统的问题,因此有别于一般的临床医学,重症医学涉及多学科交叉,具有很强的综合性^[2,3]。重症医学的服务对象均为危重病人,诊疗活动均涉及患者的生命安全,因此医学生往往很难直接进行观摩与学习,也无法得到练习和操作的机会^[4]。医学模拟教学是通过模拟出高仿真的患者以及高真实度的临床情境,以代替真实患者来进行临床教学和实践的一种方法,其在各个临床二级学科教学的应用均取得了较好的效果^[5-7]。以问题为导向的教学(problem-based learning, PBL)将临床问题作为讲授的基础,有研究报道^[8,9],将PBL运用在重症医学科的教学中,能明显提高医学生学习的积极性、创造性,并提高其解决实际问题的能力。本研究采用医学模拟教

学与PBL结合与单纯的PBL教学模式进行对比,以期为重症医学科教学提供新的方法和思路。

1 资料和方法

1.1 一般资料

选取2015年1月~2017年1月在我院重症医学科轮转实习的五年制医学生64人作为研究对象。纳入标准:①学生均知情且同意;②入科考试理论成绩与技能考核成绩均>60分;③已在我院其他科室实习2个月以上。排除标准:①中途退出者;②对带教老师安排不服从者。按随机数字表法将64名医学生分为PBL组(采用PBL教学,32例)和结合教学组(采用医学模拟结合PBL教学,32例)。两组医学生的性别、年龄、入科时理论考试成绩与技能考核成绩比较均无统计学差异($P>0.05$),可比性良好。见表1。

表1 两组医学生一般资料对比

Table 1 Comparison of general data between two groups

Groups	Cases	Gender(male/female)	Age(years)	Theoretical examination score when entered department(scores)	Skills assessment score when entered department (scores)
PBLgroup	32	15/17	21.84± 0.46	76.46± 6.31	69.87± 4.16
Combined teaching group	32	16/16	21.70± 0.51	75.97± 6.47	70.41± 4.12
X ² /t	-	0.250	1.153	0.307	-0.522
P	-	0.617	0.253	0.760	0.604

1.2 教学方法

教学开始前均告知两组医学生将要采用的教学方法,使其对所采用的教学模式有一定程度的认识。两组由5名我院的高年资医师共同授课。

1.2.1 PBL组教学方法 PBL组采用单纯的PBL教学模式:①课前准备:课前将学员按4~6人分组,带教老师根据教学大纲及重症医学科常见、典型的病症选择案例和提出中心问题;学员课前预习教学内容,并根据提出的问题自行查阅相关资料,并将查阅到的内容以及遇到的问题做好记录;②小组讨论:学员交流各自得到的信息以及遇到的问题,讨论结束后小组推选出一名代表,对讨论结果进行总结,并给出课前问题的解决方案,以及提出讨论过程中未解决的问题;③归纳总结:带教老师对学员所给出的方案进行点评,并就讨论过程中的问题进行补充讲解。

1.2.2 结合教学组教学方法 结合教学组在PBL教学的基础上结合医学模拟进行教学:PBL教学方法与PBL组相同,在讨论阶段增加医学模拟环节,通过构建与实际临床工作相似的情境,通过标准化病人扮演患者让学员共同参与诊疗过程,同时应用医学模拟人等道具培训学员的临床技能操作。

1.3 教学效果评价

教学效果的评价采用以理论考试和技能操作考试为主的客观评价和以问卷调查为主的主观评价。

1.3.1 理论考试与技能操作考核 理论考试采取闭卷的形式,满分为100分,所有试题均从题库随机抽取,且每次考试所选择的题目难度相当。技能操作考核试题由带教老师统一设计,以医学模拟人代替患者考核学员的操作技能,5名老师现场评分取平均值,最高分100分。分别于两组学员入科时及轮转实习结束时进行理论考试和技能考核。

1.3.2 问卷调查 采取发放问卷进行调查的形式获得学员对教学效果的主观评价。问卷内容共7项,包括对教学方法接受情况、学习兴趣提高、自学能力提升、团队协作能力提高、沟通能力与人文关怀提高、临床诊疗水平提高和技能操作水平提高。问卷于理论考试和技能操作考核结束后发放,共计发放64份问卷并全部收回,且所回收的问卷均为有效问卷。

1.4 统计学方法

采用SPSS19.0软件对数据处理分析,学员年龄、理论考试成绩、技能考核成绩等计量资料用($\bar{x} \pm s$)的形式表示,采用双侧t检验,学员性别构成、问卷评价等计数资料以n(%)形式表示,采用 χ^2 检验。检验标准设置为 $\alpha=0.05$ 。

2 结果

2.1 两组理论考试与技能操作考核分数对比

轮转实习结束时两组均安排理论考试与技能操作考核。其中,两组理论考试分数差异无统计学意义($P>0.05$);而结合教

学组技能操作考核分数显著高于 PBL 组, 差异具有统计学意义($P<0.05$)。见表 2。

表 2 两组理论考试与技能操作考核分数对比($\bar{x}\pm s$, 分)Table 2 Comparison of theoretical examination and skill assessment scores between two groups($\bar{x}\pm s$, scores)

Groups	Cases	Theoretical examination scores	Skills assessment scores
PBLgroup	32	86.18± 8.74	75.31± 6.96
Combined teaching	32	87.63± 7.31	88.23± 6.18
t	-	-0.720	-7.852
P	-	0.474	0.000

2.2 两组问卷调查结果比较

两组均在理论考试与技能操作考核结束后进行问卷调查,结果显示两组学员在教学方法接受度高、学习兴趣提升、自学能力提升和临床诊疗水平提高所占比例差异无统计学意义

($P>0.05$);结合教学组学员在团队协作能力提高、沟通能力与人文关怀提高和技能操作水平提高所占比例均高于 PBL 组,差异有统计学意义($P<0.05$)。见表 3。

表 3 两组问卷调查结果比较[n(%)]

Table 3 Comparison of questionnaire results between two groups [n(%)]

Survey items	PBLgroup(n=32)	Combined teaching group (n=32)	χ^2	P
High acceptance of teaching methods	28(87.50)	30(93.75)	0.736	0.391
Improvement of learning interest	29(90.63)	29(90.63)	0.000	1.000
Improvement of self-learning ability	30(93.75)	31(96.88)	0.349	0.554
Improvement of team cooperation ability	21(65.63)	30(93.75)	7.819	0.005
Improvement of communication ability and humanistic care	15(46.88)	26(81.25)	8.212	0.004
Improvement of clinical diagnosis and treatment	26(81.25)	29(90.63)	1.163	0.281
Improvement of clinical skills	19(59.38)	31(96.88)	13.166	0.000

3 讨论

近年来重症医学发展迅速,对重症医学科人才的需求大量增加^[10]。然而由于传统临床教学的水平和环境不能满足重症医学科的教学、重症患者无法配合教学、临床实践教学难度大等诸多原因,我国现阶段从事重症医学的医务工作者多来自其他临床科室^[11,12]。而专科医师虽然有良好的专业知识储备,但其重症医学知识相对缺乏,综合总结问题的能力也往往与重症医学科的要求有一定的差距^[13]。如何在教学资源缺乏的情况下培养出合格的重症医学人才,成为重症医学人才培养的关键问题^[14]。

PBL 教学模式是以医学生为主体的一种教学模式,它强调培养医学生解决具体临床问题的能力^[15]。与传统教学中教师向医学生灌输知识的模式不同,PBL 教学模式充分调动学员学习的主动性、积极性^[16]。学员自主地对具体临床问题探讨解决,在此过程中临床思维得到培养,并对全面了解疾病的发生、发展以及诊疗有较大帮助^[17]。该方法最初于 1969 年由美国教授 Borrows 提出^[18],并迅速为欧美国家所接纳,而目前国内医学教育改革也多以此为热点,在国内外的相关报道中^[19-22],PBL 教学的应用均取得了不错的成果。医学模拟教学倡导向医学生提供尽可能贴近临床实际的临床场景,并创造高仿真的模拟病人,以此展开教学与考核^[23,24]。医学模拟教学的特点是在模拟医疗

环境的同时无医疗风险^[25],同时其所使用的教学用具可重复利用、训练内容规范且相对真实、手段丰富而成本较低,在解决缺少教学资源、培养学员临床诊断与各项操作能力上均有较好效果^[26,27]。

本研究中两组学员理论考试成绩均较好,且差异无统计学意义,提示 PBL 教学模式对学员理论知识的掌握有较大的帮助。PBL 教学模式中,带教老师将教学目标与实际问题相结合,要求学员充分利用现代化手段自主查阅资料,同时在讨论中,将自己获得的理论知识充分地运用到具体问题的解决中,学以致用因而对理论知识的理解更为深刻。本研究中结合教学组学员技能操作考核成绩显著高于 PBL 组学员,说明医学模拟联合 PBL 教学模式较单独的 PBL 教学模式,对学员技能操作的提升效果更为明显。究其原因,医学模拟教学中对真实临床场景的模拟以及医学模拟人等道具的使用,使得学员有了更多的实践机会,在多次、重复的实践中,学员的操作技能也得到了稳步的提升。对学员的问卷调查显示,两组学员在教学方法接受度高、学习兴趣提升、自学能力提升和临床诊疗水平提高方面差异无统计学意义,提示单独的 PBL 教学模式和医学模拟结合 PBL 的教学模式均受到学员欢迎,且在提升学员学习兴趣、自学能力和临床诊疗水平上有较好效果,与相关研究报道结果一致^[28-30]。结合教学组学员在团队协作能力提高、沟通能力与人

文关怀提高和技能操作水平提高所占比例均高于PBL组。推测其原因为医学模拟教学中各学员均有明确分工,促进了学员间的相互交流合作,因而能在培养学员团队意识上有较大作用;同时因在教学中采用了标准化病人,对学员与患者的沟通及人文关怀有一定的要求,学员在其诊治的过程中,沟通能力及对患者的人文关怀均有提高;而医学模拟人等道具的使用,使得学员能更好地将理论与实践相结合,学员的技能操作也能及时地得到教师的指导。

综上所述,与单独PBL教学相比较,医学模拟教学结合PBL的教学模式应用于重症医学教学对学员技能操作的掌握有更好的效果,同时能提高学员团队协作能力、沟通能力以及对患者的人文关怀,且受到学员的认同与喜爱,应在重症医学的教学实践中逐步完善并进一步推广应用。

参考文献(References)

- [1] Buchman TG. Practical science and the science of practice: Critical Care Medicine, 2015[J]. Crit Care Med, 2015, 43(2): 259-260
- [2] Gupta R, Zad O, Jimenez E. Analysis of the variations between Accreditation Council for Graduate Medical Education requirements for critical care training programs and their effects on the current critical care workforce[J]. J Crit Care, 2013, 28(6): 1042-1047
- [3] 胡婕,刘辉,康红军,等.对重症医学科进修生的临床教学体会[J].现代生物医学进展,2016,16(2): 347-349, 346
Hu Jie, Liu Hui, Kang Hong-jun, et al. Experience of Clinical Education of Post Graduate Students in Department of Critical Care Medicine [J]. Progress in Modern Biomedicine, 2016, 16(2):347-349, 346
- [4] Alinier G, Platt A. International overview of high-level simulation education initiatives in relation to critical care [J]. Nurs Crit Care, 2014, 19(1): 42-49
- [5] Sørensen JL, Navne LE, Martin HM, et al. Clarifying the learning experiences of healthcare professionals with in situ and off-site simulation-based medical education: a qualitative study [J]. BMJ Open, 2015, 5(10): e008345
- [6] 林俊.医学模拟教育在泌尿外科专科培训中的实践及意义[J].中国病案,2015, 16(12): 60-62
Lin Jun. Medical Simulation Education in the Urologic Specialist Training[J]. Chinese Medical Record, 2015, 16(12): 60-62
- [7] 谢言虎,章敏,柴小青.医学模拟教学在麻醉科危急诊事件的应用[J].安徽医学,2016, 37(6): 773-775
Xie Yan-hu, Zhang Min, Chai Xiao-qing. Application of medical simulation teaching in anesthesiology crisis emergency events [J]. Anhui Medical Journal, 2016, 37(6): 773-775
- [8] 尤海生,朱亚宁,董海燕,等.基于问题学习教学法用于临床药师培训的实践与探索[J].中国药房,2015, 26(36): 5167-5169
You Hai-sheng, Zhu Ya-ning, Dong Hai-yan, et al. Practice and Exploration of Problem-based Learning Teaching in Clinical Pharmacist Training[J]. China Pharmacy, 2015, 26(36): 5167-5169
- [9] White EJ, McMahon M, Walsh MT, et al. Toward a Model of Human Information Processing for Decision-Making and Skill Acquisition in Laparoscopic Colorectal Surgery[J]. J Surg Educ, 2017 Oct 3
- [10] 黄伟,万献尧.2013年重症医学回顾与展望[J].中华危重症急救医学, 2014, 26(1): 3-10
Huang Wei, Wan Xian-yao. Update of critical care medicine 2013[J]. Chinese Critical Care Medicine, 2014, 26(1): 3-10
- [11] 史川川,李建国,胡波,等.湖北省重症医学科发展现状调查[J].内科急危重症杂志, 2016, 22(1): 19-22
Shi Chuan-chuan, Li Jian-guo, Hu Bo, et al. Investigation on the current status of intensive care units in Hubei province [J]. Journal of Internal Intensive Medicine, 2016, 22(1): 19-22
- [12] 苟占彪,韩艳,脱承德,等.在中西医结合专业教学中开展重症医学教育的可行性探索[J].西部中医药, 2014, 27(4): 38-39, 40
Gou Zhan-biao, Han Yan, Tuo Cheng-de, et al. Investigation on the Feasibility of Critical Care Medicine Education Carried out in the Major of Integrative Medicine [J]. Western Journal of Traditional Chinese Medicine, 2014, 27(4): 38-39, 40
- [13] 邵敏,张玉侠,周树生.专题加专人带教模式在ICU临床专科医师培训中的应用[J].安徽医学, 2014, 35(6): 848-849, 850
Shao Min, Zhang Yu-xia, Zhou Shu-sheng. Application of mode of thematic teaching plus specialist teaching on training of clinical specialists in ICU[J]. Anhui Medical Journal, 2014, 35(6): 848-849, 850
- [14] 徐昉,林时辉,范晶,等.重症医学的教学现状与思考[J].中华医学教育探索杂志, 2015, 14(2): 164-167
Xu Fang, Lin Shi-hui, Fan Jing, et al. Situation and thoughts on critical care medical education [J]. Chinese Journal of Medical Education Research, 2015, 14(2): 164-167
- [15] Roh YS, Kim SS, Kim SH. Effects of an integrated problem-based learning and simulation course for nursing students [J]. Nurs Health Sci, 2014, 16(1): 91-96
- [16] Meo SA. Undergraduate medical student's perceptions on traditional and problem based curricula: pilot study [J]. J Pak Med Assoc, 2014, 64(7): 775-779
- [17] Spiers JA, Williams B, Gibson B, et al. Graduate nurses' learning trajectories and experiences of problem based learning: a focused ethnography study[J]. Int J Nurs Stud, 2014, 51(11): 1462-1471
- [18] Azer SA, Azer D. Group interaction in problem-based learning tutorials: a systematic review[J]. Eur J Dent Educ, 2015, 19(4): 194-208
- [19] 王磊.美国牙科PBL教学的实践与思考[J].实用口腔医学杂志, 2014, 30(3): 443-445
Wang Lei. Practice and thoughts on PBL in USA [J].Journal of Practical Stomatology, 2014, 30(3): 443-445
- [20] 顾丽华,王韧,于异男,等.护理专业技能理论教学中开展早期接触临床+PBL教学的效果观察[J].护理学报, 2014, 21(2): 12-14
Gu Li-hua, Wang Ren, Yu Yi-nan, et al. Effects of Early Clinical Contact and PBL on Nursing Professional Skill Teaching [J]. Journal of Nursing, 2014, 21(2): 12-14
- [21] Ogunniyi A. Problem-Based Learning comes highly recommended [J]. Afr J Med Med Sci, 2015, 44(4): 286
- [22] Grisham JW, Martiniuk AL, Negin J, et al. Problem-based learning (PBL) and public health: an initial exploration of perceptions of PBL in Vietnam[J]. Asia Pac J Public Health, 2015, 27(2): NP2019-2027
- [23] Pukenas EW, Dodson G, Deal ER, et al. Simulation-based education with deliberate practice may improve intraoperative handoff skills: a pilot study[J]. J Clin Anesth, 2014, 26(7): 530-538

- Diagnostic Research Jcdr, 2015, 9(11): ZC66
- [7] 李华. OPN 和 MMP-9 在宫颈鳞癌组织中的表达意义[J]. 医药论坛杂志, 2015(12): 118-119
Li Hua. Expression significance of OPN and MMP-9 in Cervical squamous carcinoma tissue[J]. Medical Forum, 2015(12): 118-119
- [8] 白春侠. OPN 和 MMP-9 在膀胱移行细胞癌中的表达及临床意义[J]. 当代医学, 2016(1): 23-24
Bai Chun-xia. Expression of OPN and MMP-9 in bladder transitional cell carcinoma and clinical significance [J]. Contemporary Medicine, 2016(1): 23-24
- [9] 王超奇, 侯建全, 欧阳骏, 等. 蛋白 P27、Survivin 和骨桥蛋白在前列腺癌组织中的表达和意义[J]. 中国老年学, 2016, (4): 806-808
Wang Chao-qi, Hou Jian-quan, Ou-Yang Jun, et al. Expression and significance of protein P27, Survivin and OPN in Prostate cancer tissue[J]. Chinese Journal of Gerontology, 2016, (4): 806-808
- [10] Wang HH, Wang XW, Tang CE. Osteopontin expression in nasopharyngeal carcinoma: its relevance to the clinical stage of the disease [J]. Journal of Cancer Research & Therapeutics, 2011, 7(2): 138
- [11] Subraman V, Thiagarajan M, Malathi N, et al. OPN-Revisited [J]. Journal of Clinical & Diagnostic Research Jcdr, 2015, 9(6): ZE10
- [12] Guo S, Jing W, Hu X, et al. Decreased TIP30 expression predicts poor prognosis in pancreatic cancer patients [J]. International Journal of Cancer, 2014, 134(6): 1369-1378
- [13] 周燕, 汪庚明, 崔珍, 等. TIP30/CC3 在鼻咽癌组织中的表达和意义 [J]. 蚌埠医学院学报, 2015, 40(12): 1635-1638
Zhou Yan, Wang Geng-ming, Cui Zhen, et al. The expression of TIP30/CC3 in nasopharyngeal carcinoma tissue and its significance [J]. Journal of Bengbu Medical College, 2015, 40(12): 1635-1638
- [14] 高亚丽, 任铁军, 薛琪, 等. TIP30、EGFR 在 HER-2 阳性乳腺癌诊疗中的价值探讨[J]. 中国妇幼保健, 2015, 30(10): 1525-1527
Gao Ya-li, Ren Tie-jun, Xue Qi, et al. Values of TIP30 and EGFR in diagnosis and treatment of HER-2 positive breast cancer patients[J]. Maternal and Child Health Care of China, 2015, 30(10): 1525-1527
- [15] 胡莹莹, 刘新会, 罗荣城. TIP30 在脑胶质瘤中的表达及其临床意义[J]. 热带医学杂志, 2013, 13(5): 595-597
Hu Ying-ying, Liu Xin-hui, Luo Rong-Cheng. Expression of TIP30 in glioma and its clinical significance [J]. Journal of Tropical Medicine, 2013, 13(5): 595-597
- [16] 陈忠辉. 口腔血管瘤组织中 TIP30/CC3 基因的表达及意义 [J]. 中国组织化学与细胞化学杂志, 2015, (2): 189-192
Chen Zhong-hui. Expression and significance of TIP30/CC3 gene in oral hemangiomas [J]. Chinese Journal of Histochemistry and Cytochemistry, 2015, (2): 189-192
- [17] Fong S, King F, Shtivelman E. CC3/TIP30 affects DNA damage repair[J]. BMC Cell Biology, 2010, 11(1): 1-14
- [18] Chen V, Shtivelman E. CC3/TIP30 regulates metabolic adaptation of tumor cells to glucose limitation [J]. Cell Cycle, 2011, 9 (24): 4941-4953
- [19] Yu X, Li Z, Wu WK. TIP30: A Novel Tumor-Suppressor Gene. Oncology Research, 2015, 22(5): 339-348
- [20] Zhao J, Zhang X, Shi M, et al. TIP30 inhibits growth of HCC cell lines and inhibits HCC xenografts in mice in combination with 5-FU [J]. Hepatology, 2006, 44(1): 205-215
- [21] NicAmhlaobh R, Shtivelman E. Metastasis suppressor CC3 inhibits angiogenic properties of tumor cells in vitro [J]. Oncogene 2001, 20 (2): 270-275

(上接第 6370 页)

- [24] 陈凌玉, 周彩华. 医学模拟教学应用于护理实务临床处置课程的研究[J]. 中华现代护理杂志, 2015, 21(32): 3845-3849
Chen Ling-yu, Zhou Cai-hua. Application of medical simulation teaching on the curriculum of clinical nursing practice [J]. Chinese Journal of Modern Nursing, 2015, 21(32): 3845-3849
- [25] 张阳阳, 李艳霞, 卢书明, 等. 临床实践教学中模拟教学的应用与意义[J]. 医学与哲学, 2015, 36(22): 84-87
Zhang Yang-yang, Li Yan-xia, Lu Shu-ming, et al. The Application of Simulation Based Education in Clinical Practice [J]. Medicine & Philosophy, 2015, 36(22): 84-87
- [26] Kalanit K, Campbell DM. Simulation-based medical education: time for a pedagogical shift[J]. Indian Pediatr, 2015, 52(1): 41-45
- [27] Gardner AK, Lachapelle K, Pozner CN, et al. Expanding simulation-based education through institution-wide initiatives: A blueprint for success[J]. Surgery, 2015, 158(5): 1403-1407
- [28] Kang KA, Kim S, Kim SJ, et al. Comparison of knowledge, confidence in skill performance (CSP) and satisfaction in problem-based learning (PBL) and simulation with PBL educational modalities in caring for children with bronchiolitis [J]. Nurse Educ Today, 2015, 35(2): 315-321
- [29] 周志刚, 田锐, 胡家昌, 等. 医学模拟教学在重症医学 PBL 教学中的应用[J]. 中华医学教育探索杂志, 2014, 13(6): 592-596
Zhou Zhi-gang, Tian Rui, Hu Jia-chang, et al. Role of simulation based medical education in critical care medicine PBL teaching [J]. Chinese Journal of Medical Education Research, 2014, 13 (6): 592-596
- [30] Roh YS, Kim SS. Integrating Problem-Based Learning and Simulation: Effects on Student Motivation and Life Skills[J]. Comput Inform Nurs, 2015, 33(7): 278-284