

# Exploration of Curriculum Ideology and Politics Integrating Medical Humanities Cultivation Model to Enhance Medical Core Values

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**Abstract:** *Purpose:* To explore the application effect of the cultivation mode of Curriculum Ideology and Political Integration of Medical Humanities to enhance the core values of medicine in the clinical internship stage of medical students. *Methods:* Students in the clinical internship stage of the First Affiliated Hospital of Baotou Medical College were selected, and a total of 156 students in one random class in each grade were taken as the observation group and received the integration cultivation mode; 148 students were taken as the control group and employed the traditional mode. The teaching effect of interns in the two groups was analyzed. *Results:* The teaching performance of students in both groups after clinical internship teaching was improved compared with that before admission; the teaching performance, teaching effect, teaching evaluation, and teaching satisfaction of the observation group were higher than that of the control group. *Conclusion:* The integration of the medical humanities training model with curriculum ideology and politics in the clinical internship of medical students is conducive to the improvement of teaching performance, teaching evaluation, teaching satisfaction of teachers and students, and the development and improvement of core values of medical students, which is of good value for teaching application.

**Keywords:** Curriculum ideology and politics; Medical humanities; Medical students; Core values; Clinical internship

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## 1. Preface

With the increasing emphasis on medical education in China and the enhancement of the concept of education and teaching, the core values of education of medical students have entered a new era, and the effectiveness of human education is better. However, the teaching process of medical higher education curriculum still has the phenomenon of emphasizing knowledge learning and relatively neglecting moral education; most of the

curriculum is biased towards medical public knowledge and professional courses, ignoring the integration of social sciences and humanities disciplines, resulting in the lack of education of medical students in terms of core values, moral, literacy, and ability to cultivate all-round training level <sup>[1]</sup>. The 20th Party Congress re-emphasized “moral education,” cultivating and practicing core values is the basic requirement and basic path to implementing the fundamental task of establishing moral education, and the integration of curriculum ideology and politics and medical humanities can cultivate the humanistic cultivation of medical students, improve their clinical thinking, and enhance the overall quality of teaching and learning <sup>[2]</sup>.

## 2. Subjects and methods

### 2.1. Subjects

Undergraduates (clinical medicine majors of 2016 and 2017) and master’s degree students (clinical medicine majors of 2020, 2021, and 2022) of the First Affiliated Hospital of Baotou Medical College (the First Clinical College) who have entered the clinical internship stage were selected, and one class of interns from each grade was randomly selected as the observation group, with a total of 156 interns; they received the integration cultivation mode. Among the remaining interns, 148 students were randomly selected as the control group and employed the traditional mode. Among them, there were 98 female students and 58 male students in the observation group, aged  $24.34 \pm 2.17$  years old; 95 female students and 52 male students in the control group, aged  $24.09 \pm 2.51$  years old, and the difference in the basic data of the two groups of students was not statistically significant ( $P > 0.05$ ).

### 2.2. Methods

The students in the control group adopted the traditional teaching mode, and the students in the observation group adopted the integration teaching mode.

In the traditional teaching mode, students followed the clinical instructor to learn the types of diseases, theoretical knowledge, specific procedures of surgical operations, observation of patients’ vital signs and other precautions, as well as theoretical knowledge related to the writing of medical records, etc., and they were guided to ask questions during the learning process, and the instructor provided targeted answers or carried out clinical demonstrations, etc. <sup>[3]</sup>.

For the integration teaching mode, the flow of the “medical thinking and writing” integration model is shown in **Figure 1**.

- (1) Starting from clinical work experience in the teaching process, teachers tapped into the humanistic elements from students’ own experience, social reports, literature, etc., utilized the resources of hospitals and schools to implement the cultivation of humanistic elements, and incorporated the humanistic elements into the daily teaching, so as to play the role of subtle influence.
- (2) Curriculum implementation: Before the class, ideology and politics teachers and humanities and clinical teachers collected suitable clinical cases, organized the teaching content, integrated humanistic care and scenario simulation, stimulated students’ interest in learning, and made pre-course preparation; during the class, certain scenario simulation was carried out in the process of teaching, the scenario was set up in line with the objectives of clinical teaching, and students were informed in detail about the scenario simulation settings and cases by the teacher, so that students could learn more about humanistic care and humanistic elements. The students were informed in detail about the specific situation and categorized into groups of 4–6, simulating the roles of patients and doctors respectively; the teaching teacher also assumed the task of playing the role of guidance and assistance, guiding and

correcting the operation of the students in a timely manner, and providing timely reinforcement of the relevant knowledge and skills, so that the students could better understand the situation of the clinical internship, and improve their clinical practice skills and quality. After class, timely review and feedback and communication in the form of Tencent meetings, WeChat group, or seminar were carried out. In the whole learning process, humanistic care was strengthened, and the teaching process was continuously improved.

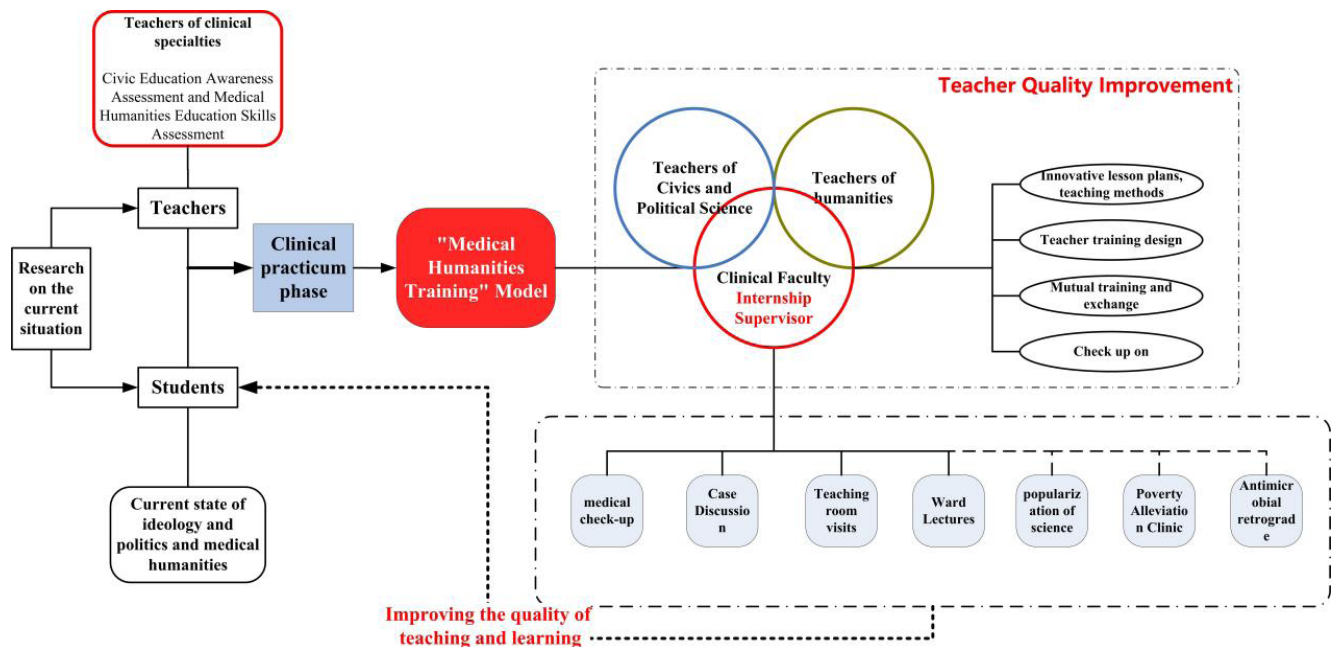


Figure 1. The flow of the “medical thinking and writing” integration model for innovative incubation

### 2.3. Observation indicators

- (1) Theoretical knowledge and professional operation results of the two groups of students were assessed by means of test papers, and each item was counted as a percentage, and a higher score indicated a higher degree of knowledge mastery of the students.
- (2) Paper-based assessment was used to investigate the teaching effect of the two groups, including learning interest, diagnosis and treatment ideas, doctor-patient communication, ideological and humanistic assessment, and theory and practice combination, each having 30 points.
- (3) The combination of paper-based assessment and questionnaire survey was carried out for teaching evaluation, including the overall evaluation of teaching organization, professional knowledge, medical ideology, and medical humanities, with each score worth 20 points.
- (4) Questionnaire survey of teaching satisfaction of the two groups of students, divided into satisfaction, basic satisfaction, and dissatisfaction.

### 2.4. Statistical analysis

SPSS20.0 software was used to statistically analyze the data, using  $t$  and mean  $\pm$  standard deviation (SD) to indicate the measurement data;  $\chi^2$  and % to indicate the count data; and  $P < 0.05$  to indicate that the difference in data was statistically significant.

### 3. Results

#### 3.1. Comparing the teaching achievement of the two groups of students

Comparing the teaching achievement of students in the two groups, the difference between the two groups was statistically significant ( $P < 0.05$ ), as shown in **Table 1**.

**Table 1.** Comparison of the teaching achievement of students in the two groups (mean  $\pm$  SD)

Group	Cases	Theoretical knowledge (points)		Practical operation (points)		Case writing (points)		Comprehensive evaluation (points)	
		Pre-internship	Post-internship	Pre-internship	Post-internship	Pre-internship	Post-internship	Pre-internship	Post-internship
Observation group	156	82.64 $\pm$ 2.31	93.15 $\pm$ 3.57	81.25 $\pm$ 2.39	93.45 $\pm$ 3.22	78.92 $\pm$ 3.15	90.38 $\pm$ 3.18	80.49 $\pm$ 4.38	92.52 $\pm$ 3.27
Control group	148	83.02 $\pm$ 2.07	89.24 $\pm$ 3.29	81.68 $\pm$ 2.71	90.17 $\pm$ 3.64	79.69 $\pm$ 3.81	89.32 $\pm$ 3.04	80.61 $\pm$ 4.09	90.33 $\pm$ 2.95
<i>t</i>	-	1.500	9.864	1.458	8.266	1.908	2.951	0.245	6.090
<i>P</i>	-	0.135	0.001	0.146	0.001	0.057	0.003	0.806	0.001

#### 3.2. Comparing the teaching effect of the two groups of students

Comparing the teaching effect of students in the two groups, the difference between the two groups was statistically significant ( $P < 0.05$ ), as shown in **Table 2**.

**Table 2.** Comparison of the teaching effect of the two groups of students (mean  $\pm$  SD)

Group	Cases	Learning interest (points)	Diagnosis and treatment ideas (points)	Doctor-patient communication (points)	Civics and humanities assessment (points)	Theory-practice combination (points)
Observation group	156	25.38 $\pm$ 1.41	25.17 $\pm$ 2.34	28.82 $\pm$ 1.07	27.84 $\pm$ 2.26	27.35 $\pm$ 2.57
Control group	148	24.99 $\pm$ 1.05	24.08 $\pm$ 2.09	27.52 $\pm$ 0.69	27.10 $\pm$ 2.13	26.71 $\pm$ 2.10
<i>t</i>	-	3.126	4.255	12.505	2.918	2.362
<i>P</i>	-	0.002	0.001	0.001	0.004	0.019

#### 3.3. Comparing the teaching evaluation of the two groups of students

Comparing the teaching evaluation of students in the two groups, the difference between the two groups was statistically significant ( $P < 0.05$ ), as shown in **Table 3**.

**Table 3.** Comparison of the teaching evaluation of students in the two groups (mean  $\pm$  SD)

Group	Cases	Teaching organization (points)	Professional knowledge (points)	Medical ideology and politics (points)	Medical humanities (points)	Overall evaluation (points)
Observation group	156	17.52 $\pm$ 1.58	18.34 $\pm$ 1.34	17.34 $\pm$ 1.52	18.95 $\pm$ 1.07	18.21 $\pm$ 1.35
Control group	148	16.31 $\pm$ 1.25	18.02 $\pm$ 0.97	16.94 $\pm$ 1.17	17.31 $\pm$ 0.68	17.82 $\pm$ 1.02
<i>t</i>	-	7.356	2.369	2.554	15.843	2.823
<i>P</i>	-	0.001	0.019	0.011	0.001	0.005

### 3.4. Comparing the teaching satisfaction of two groups of students

Comparing the teaching satisfaction of students in the two groups, the difference between the two groups was statistically significant ( $P < 0.05$ ), as shown in **Table 4**.

**Table 4.** Comparison of the teaching satisfaction of students in the two groups [n (%)]

Group	Cases	Satisfaction	Basic satisfaction	Dissatisfaction	Total satisfaction
Observation group	156	100 (66.67%)	45 (30.00%)	5 (3.33%)	96.67%
Control group	148	85 (56.67%)	44 (29.33%)	21 (14%)	86.00%
$\chi^2$	-	-	-	-	7.193
P	-	-	-	-	0.007

## 4. Discussion and prospect

Medical values are the evaluation standards and stance attitudes of medical students towards the value of the object and the size of the value gradually accumulated and formed in the practice of value life. The core values of medical students are the values that occupy the core position in the value system of medical students, play a dominant role, and represent the general direction and characteristics of the value system of medical students<sup>[4,5]</sup>.

Some studies have pointed out that the combination of curriculum politics and humanistic quality education can make students understand theoretical knowledge more comprehensively, thus improving the ability to cope with the actual situation of disease, which is conducive to improving the teaching performance and students' satisfaction with the teaching<sup>[6]</sup>. The process of clinical internship teaching needs to be combined with ideological and political humanities to promote the humanistic qualities of medical students. Integrating ideological and political education into the professional curriculum can help students better understand the social significance and historical origins of medicine, and then enhance their moral concepts and sense of social responsibility, which will help to improve students' humanistic qualities, professional qualities, and work quality, and enhance medical students' ability to think in terms of humanization and their sense of mission, and will lay a solid foundation for their future professional careers<sup>[7]</sup>.

This study shows that after the training of the clinical internship stage, the teaching performance of both groups of students is improved compared with that before entering the internship, which fully affirms the importance of the training stage of clinical internship in the training process of medical students; at the same time, the teaching performance of the observation group is significantly higher than that of the control group; and from the perspective of interest in learning, diagnosis and treatment ideas, doctor-patient communication, ideology and humanism, and the combination of theory and practice of the assessment, the observation group shows better teaching results; from the perspective of professional knowledge, medical thinking, humanistic thinking, and the combination of theory and practice of the observation group, the observation group shows better teaching results. From the perspective of professional knowledge, medical ideology, medical humanities, and overall evaluation, the teaching satisfaction of students in the observation group is also significantly higher than that of the control group; the results of the study show that the implementation of the teaching reform exploration of the integration of medical humanities in the curriculum ideology is more capable of stimulating the students' interest in learning, promoting the improvement of students' ideology and humanities level, which can help to improve the performance of the students, enhance the teaching effect, strengthen the evaluation of the teaching, and thus promote the improvement of medical students' humanistic quality improvement.

Based on the new era and the background of "new medical science," this paper explores the theoretical

basis and ideological resources of core values education for medical students in the clinical internship stage, fully considers various objective realities of pain points and deficiencies, and practically explores and innovates the “integration of medical thinking and literature” training system. The “Medical Thinking and Writing Integration” cultivation system builds a framework for medical students’ core values in education.

The system mainly includes clarifying the macroscopic idea of core values education, realizing the innovative change of clinical internship teaching mode in the region through a number of concurrent ways during the clinical internship stage, and exploring ways to effectively improve the quality of students’ cultivation:

- (1) Construction of a high-quality teaching team of professional courses in the field of ideology and politics: Strengthening learning, transforming teaching concepts, and solving the problem of low theoretical level; organizing the courses’ ideology and politics teaching in each term; and organizing a seminar to jointly explore the courses’ ideology and politics teaching in order to improve the quality of students’ training. Semesterly seminars are organized to jointly explore the elements of course ideology and politics and incorporate them into the teaching of the courses in a timely manner. Young teachers are encouraged to participate in the Ideology and Politics teaching competitions to improve their teaching ability.
- (2) Construction of course resources: We need to follow the development of the times, pay attention to the requirements for the construction of the new medical science, constantly improve the resources of course ideology and politics, and construct the online teaching resources-teaching platform and after-school learning resource base that are up-to-date with the times and set knowledge, skills, and quality in a trinity.
- (3) Reorganization of teaching content: On the basis of completing the teaching of key and difficult points in the syllabus, we will reorganize the teaching content, integrate the new progress of disciplinary research, interdisciplinary knowledge, and civic education into classroom teaching in real time, so as to realize the integration of all the course content into the course of civic education.
- (4) Diversification of teaching methods: There is an integration of online and offline teaching, and a combination of pre-course, in-course, and post-course. We should take students as the center, give full play to students’ subjective initiative, let students have more time to participate in teaching, truly reflect the teaching concept of teacher-led and student-led, and enhance the actual effect of ideology and political education. It is necessary to reform teaching methods and approaches, implement small-class teaching, case study teaching, group discussions, seminars, social practice, and so on.

## 5. Conclusion

In summary, the application of curriculum ideology and political integration of medical humanities in the clinical internship stage is conducive to enhancing medical students’ professional performance, with significant teaching effect; it is conducive to enhancing teaching evaluation while improving teachers’ and students’ teaching satisfaction. More importantly, it can enhance the teaching effect and humanistic literacy, which is generally conducive to the cultivation and enhancement of the core values of medical students, and it has good value in teaching and applying.

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## Disclosure statement

The authors declare no conflict of interest.

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