

Status Quo and Countermeasures of Humanities Quality Education in Clinical Teaching for Medical Students

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Abstract: In recent years, frequent conflicts between doctors and patients have attracted widespread attention from various sectors of society. The reasons for the tense doctor-patient relationship involve three major factors, namely social, medical, and patient factors. In the process of building social harmony, the people's demand for daily health knowledge and basic medical security is increasing day by day. Among them, medical humanities quality education plays a particularly important role in building a harmonious doctor-patient relationship. Strengthening the humanities quality education of medical students and creating a harmonious doctor-patient environment can better improve the tense doctor-patient relationship and reduce the occurrence of doctor-patient conflicts, ultimately promoting social stability. This requires medical schools not only to cultivate medical students' clinical diagnosis and treatment abilities, but also to enhance their humanistic qualities, strengthen medical humanities education, and face the requirements of medical development and the task of Healthy China. It is of great significance to improve the humanities quality education program for medical students. This article aims to explore the status quo of humanities quality education in clinical teaching for medical students and propose countermeasures to address the issues.

Keywords: Medical students; Clinical teaching; Humanistic quality

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1. Introduction

Medicine is a comprehensive discipline that integrates natural and humanistic subjects with a high degree of unity^[1]. Medical humanities is an important interdisciplinary subject that includes medical history, medical ethics, medical philosophy, medical sociology, health law, and health economics^[2]. In the context of "big ideological and political" education, the core literacy training of medical students is particularly critical in terms of humanistic literacy^[3]. Modern medical philosophy has gradually shifted from "focusing on diseases" to "focusing on patients and being people-oriented." A doctor should not only provide medical

assistance to patients but also show medical humanistic care, love, and respect for patients ^[4]. Humanities quality education plays a significant role in cultivating medical students' medical ethics, professional knowledge learning, and professional quality training. Strengthening the humanities quality education of medical students and promoting the medical humanities spirit is an important task to ensure the healthy development of Health China and medical and health services. However, for many years, medical education in China has mainly focused on knowledge imparting and skill training. With the continuous development of the economy and society, the traditional medical education model has been unable to meet patients' needs for medical activities. Modern medicine is gradually shifting from a purely biomedical model to a "biological-social-psychological" medical model with humanistic care characteristics, which has become a consensus in the medical and educational fields. This means that maintaining health and treating diseases should not be limited to the field of biomedicine. Fundamentally, it is a major social issue of stable and healthy development. It can be seen that medical humanities education has become an important component of medical education, and the growth of medical students is inseparable from the inheritance and accumulation of medical humanities knowledge ^[5]. This change in cognitive level has put forward new requirements for medical education. Based on the emphasis of traditional medical education on knowledge and professional skills such as disease pathogenesis and treatment plans, medical students should master medical humanities quality education to promote the high-quality development of medical services ^[6]. Therefore, providing humanities quality education to medical students is not only related to the growth of future medical talents but also to improving medical service quality and building a harmonious doctor-patient relationship. This article aims to explore the status quo of humanities quality education for medical students in medical schools, propose countermeasures, and actively and effectively improve the tense doctor-patient relationship.

2. Current situation of humanities education in clinical teaching for medical students

2.1. Neglect of humanities education in medical schools

The traditional medical education model in China has not placed much emphasis on humanities and social science education, focusing primarily on the cultivation of professional knowledge and skills ^[7]. The current medical humanities education in China started late, and most of the medical humanities courses are imported from Western developed countries, lacking alignment with the actual situation of Chinese medical schools. It takes time to absorb and integrate these courses, resulting in a significant gap between China's medical humanities discipline construction and international standards, as well as a lack of interaction. The excessive pursuit of high-tech skills and reliance on advanced medical equipment has led to the neglect of cultivating medical students' humanistic qualities. This separation of scientific and humanistic spirits in clinical work has ultimately led to a deficiency in medical students' humanistic spirit, which fails to match the development requirements of future medical professions. Additionally, in the curriculum setting of Chinese medical schools, there is an inappropriate arrangement of humanities and social science courses, insufficient class hours, and inadequate investment in funding, restricting course construction and development ^[8]. The medical humanities curriculum is not well-optimized, and the course system is imperfect. For example, the content of the courses is vague and lacks substance, the core humanities ideas are not fully reflected, and the comprehensive literacy of medical students cannot be fully improved. Moreover, medical students have to study many professional subjects, making it difficult to add humanities education content to their heavy course load, creating a vicious cycle of undervaluation.

2.2. Weak humanities faculty in medical schools

Teachers are the center of the university and the direct implementers of educational work. The faculty plays a crucial role in the development of a university. Clinical teachers have heavy and demanding medical workloads, often working overtime, and being on call during holidays. Therefore, they do not have sufficient time to strengthen their knowledge reserve in humanities-related fields, resulting in a relatively low level of humanities literacy among teachers. This makes it difficult for them to integrate humanities and social science knowledge effectively into their regular teaching. Furthermore, clinical teaching has become an “additional burden” for medical staff, and teachers are often reluctant to take on clinical teaching responsibilities or prioritize the cultivation of medical students’ humanities qualities during the teaching process, which affects the improvement of medical students’ humanities qualities ^[9]. There are many deficiencies in teachers’ teaching methods, such as a lack of emphasis on practical teaching, neglecting the integration of theory with practice, and a lack of flexible application. Most teaching modes are based on indoctrination, rote learning, and lecture-style teaching. The cultivation system of medical students’ humanities qualities lacks standardization and uniformity. The faculty of medical schools is relatively weak, and the distribution of clinical teachers’ academic levels and multidisciplinary knowledge levels is uneven. During the teaching process, teachers often overlook the humanities education in clinical practice education for medical students. This results in students having a superficial understanding of the medical discipline, and their mastery of medical humanities knowledge remains at a superficial level, which cannot be fully applied to clinical work or future medical knowledge learning. When medical students enter the hospital for practical learning and work, they enter the stage of mentoring and apprenticeship. However, clinical mentors rarely impart the humanities thought sources and related knowledge of their specialty, which hinders the comprehensive development of medical students.

2.3. Neglect of moral cultivation and mental health among medical students

Due to factors such as heavy academic workloads, a large number of professional knowledge courses in university, demanding clinical practice learning tasks, and high employment pressure after graduation, medical students often overlook the improvement of their medical humanities quality. Under the exam-oriented education model, both teachers and students tend to equate exam content and scores with skills, believing that humanistic quality education is not as important as professional knowledge. They specialize in learning medical professional knowledge and mastering advanced technology, while their cognition of their own moral cultivation is relatively low. They do not actively seek to learn medical humanities knowledge, nor do they take the initiative to participate in campus cultural activities organized by the school. They do not improve their communication skills with patients and may act violently during clinical skill operations, disregarding patient privacy and lacking patience and responsibility towards patients. Additionally, the psychological quality, resilience, and environmental adaptability of medical students are the main content of psychological education. For a long time, medical education has often overlooked the cultivation of and care for the mental health of medical students ^[10-13]. During clinical internships, criticism from mentors, mistrust from patients, and mistakes made during work can all cause depression, anxiety, and emotional imbalance. If the pressure cannot be properly relieved, serious psychological problems may arise, even leading to suicidal tendencies.

3. Countermeasures

3.1. Enriching the humanities quality education system in medical schools

Medical schools should increase funding and policy support for medical humanities education. Medical students should not only diligently study advanced professional medical knowledge and master cutting-edge technology, but also continuously learn humanistic knowledge. Schools should establish a reasonable teacher echelon, with reasonable allocation and combination of teachers' age, profession, education, professional title, and teaching ability. They should increase the proportion of humanities quality education courses, improve the core curriculum system of medical humanities, and enhance the scientific, normative, and rational nature of medical humanities curriculum settings^[14]. They should improve elective courses in medical humanities, expand the scope of course selection, and set humanities courses that help improve doctor-patient communication skills, medical-legal knowledge, and medical philosophical thinking ability as required elective courses for clinical medical students. They should integrate humanities quality education with professional knowledge, abandoning traditional and outdated teaching methods. At the same time, they can learn from the advanced medical humanities quality cultivation concepts and models of Western developed countries, continuously explore a medical humanities education model that suits China's national conditions, develop an evaluation system for teachers' medical humanities quality, and regularly hold activities such as teaching competitions, public demonstration classes, and peer-to-peer exchanges to continuously strengthen teachers' theoretical foundation and summarize better teaching methods to meet the current development of teaching innovation and reform models.

3.2. Improving teachers' humanities quality teaching level

Medical schools need to fully mobilize teachers' enthusiasm for teaching. Young doctors must complete clinical rotations, training, and pass assessments before they are qualified to teach, and clinical teaching work should be included as one of the year-end assessment criteria. Excellent teachers should be given bonus points for promotion and given priority consideration under the same conditions. It is imperative to build a team of famous humanities teachers, select doctors with superb medical skills and high medical ethics, fully play a leading role, and set an example for cultivating medical students' humanities. Teachers should combine typical clinical cases and experiences to share with medical students about the current social issues faced by doctors and the best solutions, increasing medical students' clinical experience and continuously enhancing the theory and practice of humanities quality education. The theoretical learning phase of medical students is combined with their continuing education after they enter clinical practice. Diverse teaching methods are employed, incorporating new media, modern educational technology, multimedia tools, and mobile network technologies into the teaching process. Discussions, simulations, and practical exercises are used to seamlessly integrate humanities-related knowledge into theoretical courses. Medical humanities instructors are encouraged to participate in frontline clinical work, allowing specific clinical challenges faced by medical students to be addressed. This approach ensures that a purely theoretical focus in humanities teaching is avoided, and active collaboration between clinical and humanities instructors in teaching, research, and clinical practice is promoted^[15]. Additionally, the humanities competence^[15] of faculty members is enhanced through regular organization of expert lectures, sharing of teaching experiences among outstanding educators, peer classroom observations, and opportunities for teachers and medical staff to pursue further studies in developed Western countries. The aim is to cultivate a well-rounded faculty, integrating medical expertise with humanistic knowledge.

3.3. Enhancing medical students' communication skills and strengthening mental health education

Improving doctor-patient communication skills is conducive to establishing harmonious doctor-patient relationships and reducing medical disputes. Clinical communication skills are equally important as skill operations and clinical thinking skills. Good doctor-patient communication can help improve doctors' clinical skills^[16]. Theoretically, adopting a problem-based learning (PBL) model can enhance medical students' doctor-patient communication skills^[17]. Pre-job training for interns should include teaching doctor-patient communication techniques, cultivating medical students' insight, verbal communication skills, and the ability to use non-verbal behaviors such as expressions, gestures, posture, and tone^[18]. During clinical teaching, communication with patients under the guidance of mentors should emphasize patient privacy protection, treating patients as family members, maintaining a gentle attitude, respecting patients' wishes, and showing care and concern from the patients' perspective. To build and ease tense doctor-patient relationships, it is necessary to start from the source by integrating medical professionalism, ethics, and compassion into the medical humanities education system. This involves strengthening medical students' professional literacy, spirit, and ethics education. Regularly organizing practical activities such as grassroots and rural medical services, science popularization, and free clinics for medical students to participate in allows them to engage with society and the public earlier. Through these experiences, medical students learn to interact with people, cultivate patience and compassion, and develop communication skills and basic clinical professional skills. Implementing a dual-track training model for clinical and research-oriented medical talents enables medical students to have early and frequent exposure to scientific research. Organizing participation in innovation and entrepreneurship competitions at various levels, including provincial, national, and international, can effectively improve students' comprehensive qualities. These social practice activities also help students cultivate perseverance and realize their life values. Additionally, attention should be paid to students' mental health and legal awareness education. Exploring a psychological quality education model tailored to medical schools in China can enhance medical students' mental health awareness and adaptability, preparing them for future life and work. Introducing medical psychology courses allows medical students to better understand and cope with various psychological pressures and challenges in clinical practice, improving their psychological literacy and stress resistance^[13]. Medical psychology education courses not only enhance students' emotional empathy but also strengthen their ability to observe subtle changes in people's emotions. This helps them understand and empathize with patients' situations, gain their cooperation, and create a harmonious doctor-patient environment. Professional mental health teachers should be invited to give special lectures, propose solutions, and strengthen mental health awareness. Regular surveys on medical students' mental health status can identify students with mental health issues, allowing for targeted, precise, and efficient psychological counseling and guidance. This timely intervention can help medical students smoothly adapt to clinical work and prevent the development of severe psychological problems. Medical schools can organize meditation training courses such as body scanning, muscle relaxation training, and breath awareness exercises. These courses allow medical students to focus their attention, explore their inner world, enhance their sense of happiness, alleviate mental health issues, improve negative emotions and insomnia, and even boost their immunity^[19]. Combining meditation with music can also achieve effects such as relieving depression, dispersing qi stagnation, and clearing heat^[20].

4. Conclusion

In conclusion, with the rapid development of society, medical humanities play an extraordinary role in the development of medical models ^[21]. In the context of new medical discipline development, medical schools must focus on cultivating medical students' humanistic qualities to produce comprehensive and compound medical talents who can provide excellent medical services to the public. By integrating students' humanistic qualities with clinical practice through flexible and diverse medical education models, we can better care for patients, focus on health, and contribute to society in the future. This will enable medical students to become new-era medical talents with "high medical ethics and superb medical skills."

Disclosure statement

The authors declare no conflict of interest.

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