

Dilemmas and Breakthroughs in the Construction of Ideological and Political Education in Medical Humanities Courses

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Abstract: The ideological and political construction of medical humanities courses is a core proposition in the reform of medical education in the new era. Its fundamental task lies in resolving the structural contradiction between professional technical rationality and humanistic value rationality, and responding to the urgent need for cultivating compound medical talents in the country. This article proposes the paths for the ideological and political construction of medical humanities courses from four aspects: concepts, content, methods, and evaluation. It deeply integrates the core socialist values into the entire chain of medical education, and realizes the paradigm transformation from knowledge imparting to value shaping.

Keywords: Medical Humanities; Ideological and Political Education in Courses; Breakthrough of Dilemmas

1. Practical Dilemmas in the Construction of Ideological and Political Education in Medical Humanities Courses

1.1 Conflicts at the Conceptual Level

The primary dilemma in the ideological and political construction of medical humanities courses stems from the deep-seated contradictions at the conceptual level, which are concentrated in the fragmentation between professional education and ideological and political education, as well as the imbalance between technical rationality and humanistic values. Modern medical education overly emphasizes the instrumental value of technical rationality, leading to the spread of “technological supremacy.” This results in the hollowing out of emotional education and the dilution of the social responsibility of medical staff. Ultimately, this fragmentation traps medical education in the predicament of cultivating “technical elites who are sophisticated egoists.” These two major conflicts not only reflect the traditional inertia of medical education but also reveal the systematic challenges in the transformation of the educational goals in the new era. Influenced by positivism.

1.2 Disconnection in Content Design

There are systematic deficiencies in the content architecture of the ideological and political construction of medical humanities courses, which are mainly manifested in the fragmentation of teaching content and the lagging construction of the case database. On the one hand, the ideological and political elements of medical humanities courses are embedded in a scattered way, lacking interdisciplinary integration and a systematic design with medical ethics as the core. On the other hand, the update cycle of the case database for medical humanities courses generally lasts as long as 5 to 8 years, which is seriously out of touch with the development of medical technology and social changes. In addition, there is a tendency of formalism in case teaching. Some classroom cases only stay at the level of written description, lacking immersive teaching methods such as virtual simulation and role-playing. As a result, students’ understanding of relevant issues remains at the level of memorizing ethical principles, and they are unable to cultivate the ability to make empathetic decisions.

1.3 Monotony of Teaching Methods

The ideological and political construction of medical humanities courses faces challenges at the teaching implementation level, which are mainly manifested as the path dependence on the traditional teaching mode of lecturing and the absence of the value function of practical teaching. This weakens the appeal of ideological and political education and further leads the cultivation of the medical humanistic spirit into the misunderstanding of focusing on “knowledge storage” rather than “value generation”. The current medical humanities courses still follow the indoctrinating teaching method of “teachers lecture and students listen”. Teachers spend a large proportion of time in lecturing, while students’ participation is insufficient. This one-way knowledge transmission makes students’ understanding of ethical dilemmas stay at the conceptual level. In the practical teaching of medical humanities courses, there is generally a problem of “emphasizing form over substance”, and it ignores guiding students to understand the professional mission of “entrusting health and life” during the practice.

1.4 Limitations of the Evaluation System

The effectiveness evaluation of the ideological and political construction of medical humanities courses faces systematic biases, which are mainly manifested in the lack of the value dimension in evaluation criteria and the scarcity of feedback mechanisms. This makes it difficult to quantify and demonstrate the achievements of ideological and political education, and even causes the educational goal to gradually deviate in the game between the “score-oriented” approach and the “competency cultivation” approach. The current evaluation system still follows the “knowledge-based” logic of traditional medical education, focusing the assessment on the memorization and reproduction of medical sociology theories. As a result, students adopt the examination-taking strategy of “memorizing a large number of questions to pass the exam”, but they feel at a loss when making ethical decisions in simulated mediation of doctor-patient disputes. At the same time, what is more prominent is the absence of value evaluation tools and feedback mechanisms. The current evaluation system lacks the ability to track the dynamic development of students’ ideological and political literacy. Medical humanities courses only conduct summative evaluations at the end of the semester, without establishing process files that include classroom performance, simulated ethical decision-making, patient satisfaction, etc.

2. Breakthrough Paths for the Construction of Ideological and Political Education in Medical Humanities Courses

2.1 Concept Reconstruction: Breaking the Binary Opposition and Constructing a “Trinity” Educational Goal

At the macro level, establish a hierarchical and progressive goal system. Transform national strategies such as “Universal Health Coverage” and “Accessible and Equitable Health Care” into the top-level design of ideological and political education in courses. For example, set up a special topic of “Ethical Challenges in the Construction of Medical Consortia” in the course of Social Medicine, requiring students to analyze the interest games in the process of resource allocation to grassroots levels. Some schools simulate the decision-making scenarios of county-level medical communities, allowing students to play the roles of government officials, hospital directors, and rural doctors respectively, and deepening their understanding of the principle of “giving priority to fairness while taking efficiency into account” through sand table推演 (simulation) of medical insurance fund allocation. At the meso level, formulate the “Teaching Guide for Ideological and Political Education in Medical Humanities Courses” to clarify the ideological and political mapping points of different courses. For example, embed the module of “Science and Technology Ethics in Public Health Emergencies” in the course of Epidemiology, and conduct debates in combination with the ethical disputes in the R & D of vaccines during the prevention and control of the COVID-19 pandemic.

2.2 Content Integration: Developing “Four-Dimensional Integrated” Curriculum Modules

Construct a new curriculum matrix with in-depth integration of “knowledge, value, practice and method”. In terms of the knowledge dimension, offer compulsory courses related to general health, and incorporate global health governance, social determinants of health, etc. into the teaching content. For example, analyze China’s health poverty alleviation policies during the “targeted poverty alleviation campaign” to guide students to understand the political economy logic of medical and health policies. In terms of the value dimension: Develop a case database of “Healthy China Narratives”. In the courses, by simulating the extreme situation of ICU resource allocation, prompt students to reflect on the practical tension between the “sanctity of life theory” and “utilitarianism”. In terms of the practice dimension, construct a “three-level practice system”. From the basic level to the advanced level and then to the expansion level, organize students to go deep into rural areas to carry out social practices, so as to cultivate students’ sense of professional mission. In terms of the method dimension: Promote the mixed teaching mode. Let students experience the psychological

state of terminally ill patients through VR technology. With the help of group discussions and role-playing, achieve the improvement of students' cognition, emotion and behavior.

2.3 Method Innovation: Creating a “Situation-Experience-Reflection” Teaching Closed Loop

For medicine to truly return to humanism and humanism to truly integrate into medical practice, in terms of the path, it is not completely imposed and injected from the outside of medicine, but awakened from within ^[1]. Therefore, it is necessary to construct a full-chain educational ecology of “situation immersion-embodied experience-critical reflection”. In terms of situation creation, with the help of virtual simulation technology, develop highly realistic primary medical care scenarios, allowing students to perceive the value of medical humanities in an immersive environment. Secondly, schools, enterprises, and social organizations jointly develop embodied practice projects, break the physical barriers between the campus and the clinical setting, establish a three-level practice network of “Grade-A tertiary hospitals-community health service centers-rural medical stations”, and use narrative medicine tools to organically combine technical operations and humanistic care for medical students, and improve their empathy ability. Finally, construct a reflection system combining “process record-critical dialogue”. Implement the “dual-track reflection system”. By writing the “Practice Log of Healthy China”, record the value conflicts and adjustment processes in community volunteer services.

2.4 Evaluation Reform: Establishing a “Process + Result” Dual-Track Evaluation System

The construction of ideological and political education in medical humanities courses needs to construct an evaluation model that combines dynamic monitoring and effectiveness evaluation. The assessment methods of medical humanities education mostly focus on course examinations, summative evaluations, and knowledge point tests, which means that it is necessary to improve the current assessment and evaluation mechanism ^[2]. In terms of process evaluation, develop a “Digital Portrait System of Medical Humanities Literacy”, and record students' performances in scenarios such as community services and ethical decision-making simulations through blockchain technology. For example, include the communication effect of health education videos, the quality of non-verbal communication in doctor-patient communication, etc. in the evaluation indicators, and increase their weight proportion. In terms of result evaluation, innovate a “three-dimensional assessment matrix”, and conduct evaluations from three aspects: knowledge mastery, value judgment ability, and behavior implementation degree, give play to the role of evaluation in improving the quality of education.

References:

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