

2023

Path Breakthrough of Medical Humanities Education From the Perspective of “All-Staff, WholeProcess, and All-Round Education”

Li Ruoxue
Chengdu Medical College

Zhang Jun
Chengdu Medical College

Jiang Li
Chengdu Medical College

Jiang Xianwen
Chengdu Medical College, 64620759@qq.com

Follow this and additional works at: <https://css.researchcommons.org/journal>

Recommended Citation

Ruoxue, Li; Jun, Zhang; Li, Jiang; and Xianwen, Jiang (2023) "Path Breakthrough of Medical Humanities Education From the Perspective of “All-Staff, WholeProcess, and All-Round Education”," *Contemporary Social Sciences*: No. 4, Article 10.

DOI: <http://dx.doi.org/10.19873/j.cnki.2096-0212.2023.04.010>

Available at: <https://css.researchcommons.org/journal/vol2023/iss4/10>

This Research Article is brought to you for free and open access by Contemporary Social Sciences. It has been accepted for inclusion in Contemporary Social Sciences by an authorized editor of Contemporary Social Sciences.



Path Breakthrough of Medical Humanities Education From the Perspective of “All-Staff, Whole-Process, and All-Round Education”

Li Ruoxue, Zhang Jun, Jiang Li, and Jiang Xianwen*

Chengdu Medical College

Abstract: Medical education is an important cornerstone for the development of healthcare, and medical humanities education, as an integral part of medical education, plays an irreplaceable role in cultivating people’s health guardians with high medical ethics. We adopted the method of stratified random sampling to select 309 students and 107 faculty members from three independent medical colleges in Sichuan province as the research subjects and distributed questionnaire surveys investigating in three dimensions: overall cognition of medical humanities, evaluation of medical humanistic qualities, and the current situation of medical humanities education, supplemented by an in-depth literature review and interviews with subject matter experts. We found that “tech-centrism” still has a great influence, the self-evaluation of medical students’ humanistic quality is generally not high, the educational concept of “emphasizing professional skills over morality” of faculty and staff is still quite prevalent, and there is still the “last mile” phenomenon in medical humanities education. In order to promote the integrated development of “new medicine” and “new liberal arts” and break the barriers of “tech-centrism” and “instrumental rationality,” it is necessary to change the educational concept and strengthen the education of all employees, break through the bottleneck of internships and strengthen the whole process of education, integrate educational resources and strengthen all-round education, improve the incentive mechanisms, strengthen the assessment methods, and provide Chinese wisdom and Chinese solutions for the development of medical humanities education.

Keywords: all-staff, whole-process, and all-round, medical humanities education, thorough, the people’s health, tech-centrism

DOI: <http://dx.doi.org/10.19873/j.cnki.2096-0212.2023.04.010>

* Li Ruoxue, School of Marxism, Chengdu Medical College;
Zhang Jun, School of Marxism, Chengdu Medical College;
Jiang Li, School of Marxism, Chengdu Medical College;
Jiang Xianwen, School of Marxism, Chengdu Medical College.

This study was funded by the Ministry of Education Demonstration Excellent Teaching and Research Team Construction Project: Research on the Effectiveness Improvement of Ideological and Political Theory Courses in Medical Universities (19JDSZK008) and the Education Work Committee of Sichuan Provincial Committee of the Communist Party of China “All-staff, Whole-process, and All-round Education” Comprehensive Reform Pilot Colleges (Majors) Project: “Research and Practice on the Collaborative Education Mechanism of the Integration of Medical Humanistic Spirit and Ideological and Political Courses.”

Correspondence concerning this article should be addressed to Jiang Xianwen, School of Marxism, Chengdu Medical College, Chengdu, Sichuan, 610500. Email: 64620759@qq.com

People's health is the most important indicator of the Chinese path to modernization and also the realistic foundation for people's happiness. The report delivered to the 20th National Congress of the Communist Party of China (CPC) gives top priority to improving its people's health and requires building up "the ranks of medical and healthcare personnel" (Xi, 2022, pp. 48–49). *The Guiding Opinions of the General Office of the State Council on Accelerating the Innovative Development of Medical Education* clearly states that medical education is an important cornerstone of the development of health care and bears the significant responsibility of cultivating medical talents. As an integral part of medical education, medical humanistic education plays an irreplaceable role in cultivating guardians of people's health with noble medical ethics and exquisite medical skills (The General Office of the State Council, 2020). In order to achieve full and all-round education, and strive to create a new picture in the development of China's higher education, it urgently requires medical schools to take medical humanistic education as a breakthrough point to earnestly implement the "all-staff, whole-process, and all-round education" in details. Medical schools have taken on the mission of cultivate talent for the Party and the State, and educating medical talents for the people, and have continuously promoted the integration of "new medical science" and "new humanities." Medical humanistic education has played an increasingly important role in medical education and talent training and achieved certain results. Meanwhile, we should also note that the current "comprehensive education model of medical schools attaches disproportionate emphasis on specialized courses and overlooks humanities and social science courses" (Qiao & Li, 2021, pp. 771–775) and "medical humanistic courses cannot go through the whole process of medical education" (Liu, 2015, pp. 862–863). In order to meet the new demand for medical and healthcare talents in the "whole lifecycle and the whole process of health" under Healthy China 2030 initiative, it is urgent to accurately understand the dilemma now faced by medical humanistic education and strive to deepen medical humanistic education reform and make breakthroughs.

Research Subjects and Methodologies

We conducted an empirical study based on questionnaires and supported by interviews with subject matter experts and an in-depth literature review. To test hypotheses, we made use of questionnaires and interviews to present the real situation of medical humanities education in all-staff, whole-process, and all-round education and the establishment of incentive mechanisms, with a special emphasis on advantages and disadvantages, which offers first-hand materials for the development of targeted medical humanities education.

Respondents

This survey was conducted in October 2021, and the respondents were faculty members (including clinical tutors) and students from three independent medical schools in Sichuan province, namely, Southwest Medical University, Chengdu University of Traditional Chinese Medicine, and Chengdu

Medical College. A stratified random sampling method was used to conduct questionnaire surveys. A total of 309 questionnaires were distributed to students, of which 149 (48.22 percent) were male, and 160 (51.78 percent) were female. One hundred and seven questionnaires were distributed to faculty members, of which 33 were teachers of basic general education courses (30.84 percent), 33 were teachers of specialized courses (30.84 percent), 29 were management service staff (27.1 percent), and 12 were clinical tutors (11.21 percent), with a relatively even distribution in terms of staff structure. Finally, 309 questionnaires were collected from students and 107 from faculty members, with a valid response rate of 100 percent.

Methodologies

Combining the results of pilot surveys and subject matter expert interviews and drawing on relevant scales, we compiled two versions of questionnaires respectively for faculty, staff, and students, which were distributed and collected through the “Wenjuanxing” platform. The contents of questionnaires mainly included the basic information of respondents (gender, grade, and major of students; gender and position of faculty staff); the general perception of medical humanities education among students and faculty staff; medical students’ attitude towards medical humanistic quality and their evaluations; the attitude of teaching staff holding different positions towards medical humanities education; the implementation of medical humanities throughout the whole process of medical education. The statistical software SPSS23.0 was used for processing and independent samples t-test and ANOVA for reliability and validity testing, plus highly correlated factors, which proved that the questionnaires were reliably prepared.

Research Results and Analyses

Medical Students Generally “Recognize” the Importance of Medical Humanities but Have a Vague Understanding of Its Concept. “Tech-centrism” Is Still Popular Among Students and Teachers

According to the epistemology of dialectical materialism, people’s actions are always governed by their thoughts, and a certain kind of cognition will lead to corresponding behaviors (Zhang, 2011, pp. 64–66). The general perception of medical humanities is not only related to medical students’ learning motivations and behaviors but also to the effectiveness of medical humanities education. Verbal “recognition” is not real “recognition.” Only concrete and subtle actions are truly convincing. Therefore, our survey was developed to explore medical students’ actual recognition of medical humanities by comparing the contradictory categories of recognition and action. On the one hand, it tests whether they really recognize the importance of medical humanities. On the other hand, it tells whether they have truly learned and understood the connotation of medical humanities. According to the survey, through qualitative comparisons between medical humanities

and medical science, 84.47 percent of the 309 medical students held the view that “medical humanities are as important as medical science,” and 5.50 percent thought that “medical humanities are more important than medical science.” In terms of the degree of importance of medical humanities education to medical students, 71.03 percent chose “very important” or “important,” accounting for a high proportion. It is a pity, however, that 20.56 percent of surveyed students thought medical humanities education was only slightly important, and 8.41 percent considered it unimportant. What is alarming is that only 13.92 percent of the medical students were clear about the connotation of medical humanities, as many as 46.28 percent, and 35.92 percent are not clear or not very clear, and even 3.88 percent “have not heard of” medical humanities. As many as 48.60 percent of the faculty staff agreed with the statement that “the responsibility of clinical tutors is to develop students’ clinical knowledge and skills” (15.89 percent strongly agreed and 32.71 percent agreed). At the same time, 55.14 percent of the faculty staff believed that “medical technology is the absolute principle for medical students.” The word “absolute” shows strong exclusiveness. From this, it can be seen that in recent years, with the further advancement of “all-staff, whole-process, and all-around education” and “new medical science,” the concept of medical humanities education has gradually taken root in people’s hearts. The majority of students and faculty staff have recognized the importance of medical humanities education. However, since “tech-centrism” and “instrumental rationality” have a profound influence, “medical humanities” is still an abstract concept for many medical students, and not many of them are willing to put it into practice, which leads to the superficial or vague understanding of medical humanities and related concepts. It is, of course, the task of teachers to think about how to offer targeted and attractive medical humanities education, which is also a question worth discussing in the teaching reform. See Tables 1 and 2.

Table 1 Medical Students’ Overall Perceptions of Medical Humanities

Survey questions	Options	Percentage
Comparing medical humanities with medical science	Medical humanities are more important than medical science.	5.50 percent
	Medical science is more important than medical humanities.	6.47 percent
	Medical humanities are as important as medical science.	84.47 percent
	Hard to say	3.56 percent
I think that medical humanities education is _____ for medical students.	Very important	54.21 percent
	Important	16.82 percent
	Slightly Important	20.56 percent
	Not important	8.41 percent
Have you heard of “humanism,” “humanistic quality” and “humanities education?”	I have heard of them, and I am clear about the connotations.	13.92 percent
	I have heard of them, but I am not clear about the connotations.	46.28 percent
	I have heard of them, but I am unclear about the connotations.	35.92 percent
	I haven’t heard of them.	3.88 percent

Table 2 Attitudes of Faculty Staff towards Medical Technology

Survey questions \ Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
Medical technology is the absolute principle for medical students.	25.23 percent	29.91 percent	16.82 percent	22.43 percent	5.61 percent
The responsibility of clinical tutors is to develop students' clinical knowledge and skills.	15.89 percent	32.71 percent	14.95 percent	31.78 percent	4.67 percent

There Exists the “Last Mile” in Medical Humanities Education From Medical Students’ Admission to Graduation and From Theory to Practice

The cultivation of medical humanism cannot be achieved overnight, which requires whole-process attention to medical students’ growth from theory to practice, from on-campus to off-campus, and from admission to graduation. This survey focused on the contradictory category between theory and practice to examine whether medical schools have integrated medical humanities education throughout the whole process of students’ development. 85.11 percent of the surveyed students considered that medical humanities education should run through the whole process of academic growth. However, there is substantial tension between theory and practice. Less than 40 percent of the medical students said that medical humanities education was arranged throughout their academic years from admission to graduation, or there was a comprehensive system of medical humanities education combining classroom teaching, campus culture, social practice, and internships. Nearly three-quarters of the surveyed faculty staff thought that there was not a comprehensive system of medical humanities education from theoretical teaching to clinical internships (26.17 percent strongly agreed and 48.6 percent agreed). See Table 3.

Table 3 Implementation of Offering Medical Humanities Education Throughout Medical Students’ Growth

Survey questions \ Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Not clear about it
Medical humanities education should run through the whole process of medical students’ academic years. (Student Questionnaire)	45.63 percent	39.48 percent	11.97 percent	0.00 percent	0.65 percent	2.27 percent
Our university/college provides a comprehensive system of medical humanities education from admission to graduation. (Student Questionnaire)	9.06 percent	30.10 percent	18.12 percent	1.94 percent	0.00 percent	40.78 percent
Our university/college provides a comprehensive system of medical humanities education from classroom teaching to campus culture, social practice and internships. (Student Questionnaire)	9.06 percent	26.86 percent	19.09 percent	2.27 percent	0.65 percent	42.07 percent
There was not a comprehensive system of medical humanities education from theory to clinical practice. (Faculty Staff Questionnaire)	26.17 percent	48.6 percent	12.15 percent	11.21 percent	1.87 percent	0.00 percent

It can be seen that medical humanities education is mostly conducted in theoretical teaching for lowerclassmen, but rarely emphasized in internships. There is a “last mile” in medical humanities

education. See Table 4.

Table 4 Opinions of Faculty Staff

Survey questions \ Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
I do not agree to include humanities into the assessment of medical students' internship performance	5.61 percent	12.15 percent	11.21 percent	56.07 percent	14.95 percent
There are no regular communication mechanisms of medical humanities education at the department, school and college level.	24.3 percent	44.86 percent	26.17 percent	3.74 percent	0.93 percent
There are few opportunities for humanities education teachers and specialized course teachers to communicate.	29.91 percent	43.93 percent	17.76 percent	6.54 percent	1.87 percent
There is a lack of communication between higher education institutions and teaching hospitals in medical humanities education.	25.24 percent	51.4 percent	16.82 percent	5.61 percent	0.93 percent
There is a lack of specific incentive policies for medical humanities education in universities and colleges.	26.17 percent	46.73 percent	16.82 percent	8.41 percent	1.87 percent
Policies and measures for fostering medical students' humanism have not been fully implemented or put in place.	24.3 percent	46.73 percent	21.5 percent	6.54 percent	0.93 percent

There Are Still Some Mindsets Among Faculty and Staff, Such as “Emphasizing Skills Over Moral Education” and “Each One Focusing on His/her Own Course.” And There has not Been a Thorough Pattern of Cooperation in Education

It is the fundamental task of higher education institutions to cultivate moral character and virtue, which is also the sacred duty of each course. To accomplish this fundamental task, we should establish the correct educational philosophy. By investigating the moral education task of each course and comparing respondents' opinions on the degree of importance of medical technology and humanities, this survey focused on the educational philosophy of faculty and staff in medical schools and their attitudes towards medical humanities. According to the survey, more than 60 percent of the surveyed faculty and staff believed that it was the duty of moral course teachers to cultivate students' moral character and virtue (44.86 percent strongly agreed and 18.69 percent agreed); as many as 53 percent supported the statement that, “The task of specialized course teachers is to impart specialized knowledge” (23.36 percent strongly agreed and 28.97 percent agreed); 16.82 percent of faculty and staff worried that humanities courses would have a negative influence on students' learning specialized knowledge and skills. When respondents who held a “neutral” attitude were considered, the percentage was even higher. The majority of the faculty respondents supported the views that humanistic spirits should be included in internship performance evaluations of medical students as there is a lack of regular communication mechanisms in medical humanities education at department, school, and college levels (24.3

percent strongly agreed and 44.84 percent agreed) , there is a lack of opportunities for humanities education teachers and specialized course teachers to communicate about students’ moral character cultivation (29.91 percent strongly agreed, and 43.93 percent agreed). 86.63 percent of respondents considered that there is a lack of communication between higher education institutions and teaching hospitals in humanities education (25.23 percent strongly agreed and 51.4 percent agreed).

According to the opinions of students and teachers, we can conclude that the top four areas where humanities education requires more attention are as follows: 25.6 percent of the respondents thought that there was a lack of communication between specialized course teachers and humanities education teachers, who did not give full play to their advantages; 24.2 percent considered that there was a lack of integration of medical science with humanities education, which showed a separation of “imparting knowledge” and “cultivating moral characters;” 27.0 percent held the view that hospitals and higher education institutions did not pay enough attention to humanities education and there still exists the mindset of “emphasizing skills over moral education” in the clinical internships; 22.7 percent mentioned that the ways and means of humanities education lacked diversity and specificity. The top three most favorable teaching methods for medical humanities courses chosen by medical students are case studies, which accounted for 26.3 percent; heuristic education, which accounted for 21.1 percent; and experiential education, which accounted for 18.3 percent. And they believed that it is necessary to integrate humanities education with specialized courses and internships. See Table 5.

Table 5 The Opinions of Medical Students

Survey questions	Options	Percentage
What do you think of the disadvantages of current medical humanities education?	There was a lack of communication between specialized course teachers and humanities education teachers, who did not give full play to their advantage.	25.6 percent
	There was a lack of integration of medical science with humanities education, which showed a separation between “imparting knowledge” and “cultivating moral characters.”	24.2 percent
	Hospitals and higher education institutions did not pay enough attention to humanities education and there still existed the mindset of “emphasizing skills over moral education” in clinical internships.	27.0 percent
	The ways and means of humanities education lacked diversity and specificity.	22.7 percent
	Others	0.5 percent
My favorite teaching method for medical humanities courses is (you can choose more than one)	Interactive education	17.70 percent
	Case studies	26.30 percent
	Theory lectures	14.90 percent
	Heuristic education	21.10 percent
	Experiential education	18.30 percent
	Others	1.7 percent

Survey questions	Options	Percentage
It is necessary to integrate humanities education together with specialized courses in internships.	Strongly agree	22.98 percent
	Agree	43.69 percent
	Neutral	24.60 percent
	Disagree	6.15 percent
	Strongly disagree	1.62 percent
	Not clear about it	0.97 percent

It can be seen that there still exist stereotypes, such as absolute opposition between humanities education and specialized courses. It is still a popular mindset among faculty and staff to “emphasize skills over moral education.” There is still a long way to go before the full implementation of “all-staff, whole-process, and all-round education”. See Table 6.

Table 6 Faculty and Staff’s Attitude Towards Medical Humanities Education

Survey questions \ Options	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
It is the duty of moral course teachers to cultivate students’ moral character and virtue.	44.86 percent	18.69 percent	7.48 percent	27.1 percent	1.87 percent
The task of specialized course teachers is to impart specialized knowledge.	23.36 percent	28.97 percent	14.02 percent	30.84 percent	2.8 percent
I am worried that humanities courses will have a negative influence on students’ learning of specialized knowledge and skills.	8.41 percent	8.41 percent	12.15 percent	54.21 percent	16.82 percent

There Exists Tensions Between Necessity and Reality, Showing the Need for Incentive Policies and Compulsory Institutional Constraints in Medical Humanities Education

It is the prerequisite of medical students’ self-education and also the foundation of targeted education to properly treat and evaluate medical humanities. This survey examined the real situation of medical students’ medical humanities by comparing the contradictory categories of necessity and reality. According to the survey, medical students have a clear understanding of the importance of medical humanities but low self-assessments of their medical humanities. 96.12 percent of the surveyed students recognized the importance of medical humanities (39.81 percent thought it was important and 56.31 percent very important), but they had low self-assessments of their medical humanities. Up to 43.04 percent of the surveyed students thought they had fair medical humanities, 1.62 percent poor, and 6.15 percent did not know or felt it was hard to assess; they also thought poorly of the overall medical humanities at their colleges or universities. 25.24 percent thought that the overall medical humanities were fair, 0.97 percent poor, and 42.72 percent did not know or felt it hard to assess. It can be seen that though medical students had a clear understanding of the importance of medical humanities, they thought poorly of their own medical

humanities or the overall medical humanities of their university/college. There is substantial tension between necessity and reality, showing the discrepancy between knowing and doing as well as words and deeds in medical humanities education and practice. See Table 7.

Table 7 Students' Attitude Towards and Assessment of Medical Humanities

Survey questions	Options	Percentage of respondents
The Importance of medical humanities to medical students	Did not care	2.26 percent
	Not important	1.62 percent
	Important	39.81 percent
	Very important	56.31 percent
I think my own medical humanistic quality is	Very high	7.44 percent
	High	41.75 percent
	Neutral	43.04 percent
	Low	1.62 percent
	Did not know or felt it hard to assess	6.15 percent
The overall medical humanities of our university/college are	Very high	6.47 percent
	High	24.60 percent
	Slightly Important	25.24 percent
	Low	0.97 percent
	Did not know or felt it hard to assess	42.72 percent

According to the data, 72.9 percent of the faculty members said that the university/college does not have a special incentive policy for medical humanities education (26.17 percent strongly agreed and 46.73 percent agreed), and 71.03 percent thought that there was a lack of attention to the implementation of policies and measures for cultivating medical students' humanism (24.3 percent strongly agreed and 46.73 percent agreed). In addition, 70.23 percent of the medical students thought that current medical humanities education was conducted in the form of advocacy or encouragement, which lacked institutional constraints and maneuverability (28.48 percent strongly agreed and 41.75 percent agreed). Due to the lack of compulsory institutional constraints and operable methods, a medical humanities education is written on documents and remains on words, which is difficult to be internalized as a part of students' behaviors. This is also an important reason why medical humanities education is not effective despite the great popular demand.

Suggestions

According to the survey results and interviews of subject matter experts, although the medical humanities education in medical colleges has been generally improved, medical students have been greatly affected by "Tech-centrism." There is still tension between the necessity and reality of medical students' humanistic qualities. It is still prevailing for teachers to "put more emphasis on skills rather than virtues." Realistic difficulties like the "last mile" phenomenon still exist

when trying to integrate medical humanity education into the entire process of grooming medical students. To promote the integration and development of “new medicine” and “new liberal arts” and break the barriers of “Tech-centrism” and “Instrumental rationality,” we developed discussions and proposed correspondent countermeasures and recommendations from the perspective of “all-staff, whole-process, and all-round education.”

It Is Necessary to Further Revise the Educational Philosophy and Strengthen the All-staff Education

According to the survey, “Tech-centrism” and “Pragmatism” are still prevailing in medical colleges. Some teachers of medical specialized courses have put too much emphasis on professional knowledge and skills, making it hard for them to “impart knowledge and teach students at the same time;” some of the administrators’ mindsets are so traditional that they still favor administrating more than nurturing people. The synergy of all-stuff education has not been comprehensively formed, which not only is contradictory to the modern medical pattern of “biology, psychology, and society,” but also does not conform to the “all-staff, whole-process, and all-round education.”

Therefore, it is necessary to start with administrators and educators and update the educational philosophy. It shares the same importance of establishing the medical humanities education and medical science and that all faculty and staff are responsible for medical humanities education. The awareness of all-staff education needs to be further strengthened, and equal importance needs to be put on education through teaching, administration, and services. Moreover, the fundamental task of cultivating people through morality needs to be effectively implemented to enhance medical students’ in-depth and accurate understanding of the connotation and significance of medical humanities and other related concepts, and they should be made willing to act for this. First, to strengthen the leading authorities of “all-staff, whole-process, and all-round education.” The top-level design and systematic planning need to be reinforced, and medical humanities education should be scheduled as an important agenda. With the university’s special department as the leader, a leading authority with the participation of the Academic Affairs Office, the Student Union, the Logistics Department, and the hospital for teaching will be established. Moreover, a system for coordination and collaboration will be established to study and decide things related to the “all-staff, whole-process, and all-round education.” Emphasis is given to solving the difficulties and problems encountered in the process of medical humanities education, such as personnel, materials, venues, and funds. Second, to clarify the responsibilities of cultivating people. Throughout the growth of medical students, we need to clarify the responsibility boundaries of teaching and scientific research personnel, teachers in charge of classes (grades), tutors, councilors, other administrative personnel, logistics service personnel, and other groups in the whole process of medical humanities education. The list of responsibilities will be set up to form an associated system that integrates division and collaboration of labor. A responsibility mechanism in which all faculty and staff are obliged and responsible for medical humanities education will be set up. Third, to advocate

peer education and self-education. It is necessary to stimulate students' subjective initiative and promote the biological coordination of peer education, self-education, and university education, thus, forming the synergy of all-staff education in medical humanities education and further strengthening all-staff recognition of the importance of medical humanities education.

It Is Necessary to Make a Breakthrough in the Bottleneck of Internships and Reinforce the Whole Process to Educate People

Medicine and medical humanities share the same root (Du, 2020, pp. 1–4, 23). The cultivation of medical humanities character is a complex systematic project, which cannot be finished in one day or comprehensively made only through teaching theories. Marxist epistemology believes that human cognition must go through two leaps, from perceptual knowledge to rational knowledge and from rational knowledge to practices. The second leap is particularly important and is related to the completion of people's cognition processes. "Only with the profound humanistic spirit as the carrier, can the principle of 'a doctor with benevolence' in medical methods be realized" (The General Office of the State Council, 2020). Therefore, in the process of cultivating the character of medical humanities, it is necessary to pay attention to the teaching of theories and practices such as internships to organically combine them. According to the survey, teachers and students generally hope to carry out medical humanities education throughout the medical education process. However, in fact, the words and deeds are inconsistent during the cultivation and practices of medical humanities, and the internship becomes the "last mile," which hampers the comprehensive implementation of medical humanities education.

It is necessary to break through the bottleneck of internships and take medical humanities education as a training process throughout the growth of medical students from their enrollment to graduation. Moreover, the practical training and assessment of medical humanities and the whole process of educating people should be enhanced. For now, the academic courses of medical students include general education courses, fundamental specialized courses, preparatory courses, professional internships, etc. In each course and every stage of teaching, especially in clinical practices, medical humanities education should be conducted in a conscious and targeted manner. Through this, it is expected to get through the "last mile" of medical humanities education. First, it is necessary to respect the subject status of medical students and fully consider the subject background and acceptance of interns, considering both universality and particularity. Teachers and clinical tutors should educate students in accordance with their aptitudes, demands, and interests. Second, it is necessary to emphasize thorough research. The content of clinical teaching should be moderately adjusted based on the needs of medical students. Combined with clinical practices such as ward rounds, revision of medical records, and delivery of doctor's orders, interns can acquire accurately provided knowledge and experience of medical humanities, and their humanistic feelings and abilities will be comprehensively cultivated. Third, it is necessary to optimize and enhance assessment indicators. In the evaluation of interns, the comments and satisfaction levels

of patients and their families are taken as a vital standard to measure the effectiveness of medical humanities education, thus realizing the shift of emphasis from only the result to both the process and the result, reinforcing the detection and supervision of the process of medical humanities education, and consolidating formative assessments. It is worth trying to formulate a “Guidebook for the cultivation of Humanities of Medical Students,” which includes the needed social welfare activities, humanities courses, internships, and so on for medical students. These practices related to medical humanities education should be quantified in the “Guidebook/Manual,” thus leading and helping medical students during their development.

It Is Necessary to Further Integrate Education Resources and Enhance All-Around Education

Although we have entered a new era, and the teaching conditions have been significantly improved compared with the past, there is still a gap between the supply of teaching resources and the growing demand for high-quality teaching of medical students. Therefore, the integration of teaching resources can leverage limited teaching resources to meet the needs of medical students for high-quality teaching. According to the survey results, there is insufficient communications between faculty and staff, insufficient interactions among different disciplines, and insufficient cooperation among different departments, which severely affect the integration and utilization of teaching resources.

As a result, the authorities responsible for the “all-staff, whole-process, and all-round education” in a university should enhance the integration of teaching resources inside and outside of the university, create the environment for medical humanities education, realize the deep integration of medical humanities education with medical expertise, campus cultural activities, and professional medical practices, and improve the theories and practices of medical humanities education in all respects. Firstly, it involves reinforcing the communication of humanities and professional subjects to realize the mutual learning and integration of the medical subjects and humanities. It is necessary to leverage the advantages and functions of teachers of humanities and professional subjects, enhance the communications of medical humanities education, and encourage interactions between all the players. Simultaneously, it is crucial to strengthen the humanistic virtue of teachers of professional disciplines and humanities, so that they can establish a unified philosophy of medical science and medical humanities and consciously combine “teaching” and “imparting knowledge.” Secondly, it involves enhancing the interactions between class teaching and campus culture and deepen medical students’ experience of the humanistic spirit. According to the survey results, we need to fully consider the needs of medical students, adopt the teaching methods favored by medical students as much as possible in classroom teaching, which are case-based, heuristic, and experiential and give full play to the educating function of the campus culture by combining teaching and entertainment. In addition, it is worth trying to organize debates, speech contests, academic lectures, public welfare services, and other characteristic brand activities that incorporate medical humanities education, inspire medical students’ sense of career responsibility and honor,

and cultivate their humanistic feelings. Thirdly, it involves reinforcing the combination of campus teaching and clinical internships and improving the cultivation of the humanistic consciousness and abilities of the medical students. Based on strengthening medical humanities education in universities, communications and cooperation with hospitals for clinical internships and clinical tutors should be enhanced. Medical humanities education and medical skill cultivation should be planned, deployed, and assessed together, and more attention should be paid to solving the long-standing difficulty of “emphasizing skills rather than virtues.” Teaching hospitals should focus on improving the humanistic quality and education awareness of clinical tutors, strengthening the penetration of a humanistic spirit in all aspects of clinical practices, and gradually enhancing the humanistic feelings and abilities of medical students to further integrate educational resources and realize all-around education.

It Is Necessary to Revise the Assessment Method and Enhance the Stimulus Mechanisms

“Institutional issues are more fundamental, general, stable, and long-standing” (Deng, 1994). Therefore, it is important to rely on the institution to implement medical humanities education with consistent efforts. In view of this, to enhance the effectiveness of medical humanities education, it is necessary to further improve the assessment methods, strengthen the stimulus mechanisms, improve the practical training of medical humanistic quality, and promote the unity of the words and deeds in terms of humanistic feelings of medical students.

In regard to the fact that outdated concepts, scattered resources, disjointed words and deeds, inconsistency, and other difficulties exist in medical humanities education, medical humanities education must focus on institutional construction and leverage the safeguarding function of the institution to achieve its normalization and long-term effect. Based on our research, medical colleges should formulate the “Plan for the Thorough Implementation of Medical Humanities Education in Medical Students’ Development” and the “Assessment Plan for Medical Humanities Education,” in which reasonable evaluation indicators are specified, and quantified assessments are carried out from four perspectives: teaching, administration, study, and treating. Through this, medical humanities education can be assured to be effectively integrated into all levels of medical education in a concrete and meticulous manner. From the perspective of practice, the “Manual for the Cultivation of Humanities of Medical Students” can be used as a carrier for education. The assessments are divided into seven modules: medical humanities education courses, visits and observations, academic lectures, activities and competitions, voluntary services, professional internships, and self-chosen extra credits. Consequently, medical students can know, learn, refer to, and do something in terms of medical humanities education.

Facing the severe challenges posed by public health events such as the pandemic of the century and closely focusing on the major strategic goals concerning people’s lives, health, and safety proposed by Healthy China initiative, China’s medical education community should take the strategic vision of actively adapting to and leading the new trend of world medical development.

Being highly confident in theories and having a strong sense of initiative, they should actively respond to the new needs of the public for high-quality development in medical care development. Thus, they should be proactive in addressing and seeking changes. They should further enforce the methods to cure, the virtue to bear benevolence in heart, the study with solid knowledge, the hardcore skills, and the art with scientific essence. Besides, it is necessary to comprehensively explore new patterns, paths, and methods to improve the humanities and professional ethics of medical students, which can be replicated and referred to. Consequently, they can continue to provide Chinese wisdom and Chinese solutions for the development of medical humanities education around the world.

REFERENCES

- Deng, X. P. (1994). *The collected works of Deng Xiaoping (The Second Volume) (1994)*. People's Publishing House.
- Du, Z. Z. (2020). Problems needed further discussion in medical humanities. *Medicine and Philosophy*, 41(16), 1–4+23.
- Liu, X. H. (2015). An approach of training humanities education of undergraduate medical students based on standards in medical education. *The Chinese Health Service Management*, 32(11), 862–863.
- Long, Z. H. (2005). The development of modern medicine requires humanities. *Hubei Social Sciences*, (06), 115–117.
- Qiao, T., & Li, M. (2021). Study on the value, problem and paths of integrating medical ethics education. *The Chinese Health Service Management*. 38(10), 771–775.
- The General Office of the State Council. (2020). Guidelines for Advancing Innovative Development of Medical Education. Retrieved September 23, 2020, from http://www.gov.cn/zhengce/content/2020-09/23/content_5546373.htm.
- Xi, J. P. (2022). *Hold high the great banner of socialism with Chinese characteristics and strive in unity to build a modern socialist country in all respects*. People's Publishing House. 48–49.
- Zhang, J. (2011). Medical humanities education in higher education: Predicaments and solutions. *Medicine and Philosophy (Humanities and Social Sciences)*. 32(08), 64–66.

(Editor: Xiong Xianwei)