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Integrating Medical Humanities into College English: A Reform Path for Medical Universities

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Abstract

Against the backdrop of China's "New Medical Education" initiative, this study addresses the deficiency of humanistic education in the College English curriculum within medical universities. It explores the feasibility and effectiveness of integrating medical humanities through a mixed-methods approach that incorporates literature review, questionnaire surveys, and teaching practice. The research proposes an innovative teaching reform model focusing on four dimensions: teaching objectives, content, methods, and evaluation. Furthermore, it constructs specific implementation paths involving curriculum design optimization, textbook development, and teaching method innovation. A one-year teaching experiment demonstrated that students in the experimental group achieved a significant improvement in medical English application ability (average score of 86.5 vs. 72.3 in the control group) and a higher correct decision-making rate in ethical scenarios during simulated doctor-patient communication assessments (78% vs. 53%). This study provides a theoretical framework and practical cases for reforming College English teaching in medical universities, contributing to the cultivation of well-rounded medical professionals with both professional competence and humanistic literacy.

Keywords

Medical Humanities; College English; Teaching Reform; Implementation Path; Curriculum Integration

1. Introduction

1.1 Research Background and Significance

Medicine is a discipline that integrates scientific inquiry with humanistic care. Therefore, medical education must encompass both professional knowledge and the humanistic quality of future practitioners. The Institute for International Medical Education (IIME) underscores this by explicitly including professional values, attitudes, and ethical standards among its seven core requirements in the "Global Minimum Essential Requirements in Medical Education" (Core Committee of Institute for International Medical Education, 2002), highlighting the critical role of medical humanities. The ethical spirit of the Hippocratic Oath has long been a cornerstone of this tradition. In contemporary medical practice, the importance of humanistic care has become increasingly prominent, particularly in the context of growing emphasis on patient-centered care and holistic treatment approaches.

In China, the "Guiding Opinions on Accelerating the Innovative Development of Medical Education" (2020) emphasized the "Five Arts," including "the art of benevolence," infusing medical student cultivation with new connotations. This policy direction reflects the recognition that excellent medical professionals require not only solid medical knowledge and skills but also profound humanistic accomplishment. In this context, foreign language education in medical universities faces the challenge of integrating "New Liberal Arts" with "New Medical Education."

As a fundamental course, College English bears the dual mission of fostering medical students' cross-cultural communication skills and humanistic literacy. With accelerating globalization and frequent international medical exchanges, cultivating these competencies is increasingly urgent. Therefore, exploring the integration of medical humanities into College English is of great practical significance for improving the quality of medical talent cultivation.

1.2 Problem Statement

Despite recognizing the importance of medical humanities, significant deficiencies persist in the College English curriculum. These include a strong utilitarian tendency in student learning objectives (Wang, 2019), insufficient teacher capacity for integrating humanistic elements, and a disconnect between course content and the medical profession. The current teaching model often fails to effectively combine language skill training with humanistic quality cultivation, resulting in the disconnection between English learning and future professional needs. Consequently, the potential of College English to contribute to humanistic education remains underutilized. This study aims to address these issues by constructing a practical reform model and implementation paths to achieve deep integration, thereby enhancing the overall quality of medical English teaching.

2. Current Deficiencies in Humanistic Education within College English

2.1 Student Level: Utilitarian Learning Orientation

Under the current assessment system, medical students often experience heavy academic pressure, leading them to view English primarily as a tool for passing exams and enhancing employment prospects. This utilitarian focus results in considerable time spent on vocabulary memorization and test-taking skills, neglecting the language's role as a vehicle for communication and humanistic exploration. Many students consider English as merely a required course rather than an important tool for future international academic exchange and medical practice. Consequently, students may show limited interest in materials related to medical cultures or doctor-patient relationships, potentially impairing their future cross-cultural clinical communication skills. This learning attitude not only affects the teaching effect but also hinders the cultivation of students' comprehensive qualities.

2.2 Teacher Level: Limited Integration Capacity

Many College English teachers, often catering to perceived student needs, prioritize linguistic knowledge over the course's humanistic dimensions. Some lack awareness of the importance of medical humanities or the interdisciplinary knowledge required for effective integration (Huang, 2020). Most English teachers graduated from liberal arts colleges and lack systematic medical knowledge, making it difficult for them to deeply integrate medical professional content when teaching. Even when willing, teachers may struggle to connect medical humanities content with language teaching, limiting the development of humanistic education in the English classroom. Moreover, the current teacher training system rarely involves medical humanities knowledge, which further restricts teachers' ability to implement humanistic education.

2.3 Curriculum Level: Monotonous Content and Methods

The content of existing College English courses is often general, with limited material directly relevant to the medical field. Teaching materials rarely contain medical humanities-related content, making it difficult to stimulate students' professional identity and learning interest. Teaching methods frequently rely on traditional lectures, resulting in insufficient student interaction and participation. The evaluation system overemphasizes language knowledge assessment while neglecting the evaluation of humanistic literacy. This monotony fails to engage students or foster the critical thinking and cross-cultural communication skills essential for their future careers. The disconnection between curriculum setting and professional needs makes it difficult to achieve the educational goal of cultivating compound medical talents.

3. Feasibility of Integration

3.1 Alignment with College English Teaching Reform Trends

College English teaching reform is increasingly emphasizing the balance between instrumental and humanistic aspects. Integrating medical humanities aligns perfectly with this trend, enriching the curriculum's connotation and

meeting the specific needs of medical universities (Zhao & Liu, 2022). The current education reform emphasizes the organic combination of knowledge imparting, ability cultivation, and value guidance, which provides policy support for the integration of medical humanities. Internationally, integrating the humanities into medical English courses is a common practice, enhancing students' overall literacy through debates and case analyses. This international consensus provides a good reference for our teaching reform.

3.2 Abundant Humanistic Elements in Textbook Resources

Existing College English textbooks, such as the "New Horizon College English" series, often contain essays, short stories, and articles exploring themes like doctor-patient relationships and medical ethics, providing excellent resources for teachers (Cai & Shi, 2022). These materials contain rich humanistic elements that can be used for medical humanistic education. Furthermore, the internet offers easy access to a wealth of authentic materials, including documentaries and journal articles, allowing for further content enrichment. Teachers can use multimedia resources to present authentic medical scenarios, helping students understand the humanistic spirit in medical practice. The diversity of teaching resources provides ample material support for integration.

3.3 Fostering Multidimensional Thinking

Activities inherent to language learning, such as debates and writing assignments, are ideal for cultivating critical thinking. By discussing medical ethical dilemmas or analyzing cases, students learn to consider issues from multiple perspectives (e.g., legal, ethical, social). This process expands their capacity for reasoned judgment and innovative thought regarding medical humanities (Ji & Li, 2022). Through group discussions and case analysis, students can exchange ideas and collide thinking in the English classroom, which helps break thinking stereotypes and cultivate innovative thinking. This teaching method not only improves language skills but also promotes the development of humanistic literacy.

4. Reform Model: Integrating Medical Humanities into College English Teaching

4.1 Refining Teaching Objectives for Holistic Education

Teaching objectives can be structured into three levels:

Cultivating National Sentiment and Cultural Confidence: Through activities like "Telling Chinese Medical Stories in English," students learn to express Chinese medical achievements in English, enhancing cultural confidence.

Tempering Professional Spirit: By analyzing exemplary medical deeds and role-playing communication scenarios, students develop a rigorous and responsible professional attitude.

Nurturing Humanistic Literacy and Global Vision: Via simulated international conferences and exchange lectures, students' cross-cultural communication skills and international perspective are enhanced.

This three-dimensional approach ensures the organic unity of knowledge acquisition, skill development, and value shaping. Each level should formulate specific teaching themes to ensure the high unity of teaching content and objectives.

4.2 Integrating Teaching Content Thematically

Using textbooks as a foundation, teachers can design thematic units (e.g., "Medical Ethics") supplemented with current topics like gene editing or real dispute cases. This approach facilitates the integration of language learning with professional and humanistic cultivation. When processing teaching content, attention should be paid to the connection between general education and professional education, and medical humanities elements should skillfully be integrated when learning medical English vocabulary. For example, when teaching the word "cancer," activities can include:

Patient Perspective Discussion: Using a short video to discuss patient emotions and communication strategies, focusing on analyzing how doctors use language to convey care.

Humanistic Vocabulary Association: A group game to brainstorm words like "hope" and "courage," followed by sharing related stories, with teachers providing feedback on vocabulary usage and story expression.

Ethical Exploration: Debating simplified questions like "Should doctors always tell cancer patients the truth?" to guide ethical thinking from perspectives such as patient psychology and cultural differences.

4.3 Innovating Teaching Methods

Moving beyond lectures, methods like Task-Based Learning (TBL), Problem-Based Learning (PBL), and the Production-Oriented Approach (POA) can stimulate student initiative. In theme teaching such as "doctor-patient communication," problem-driven methods can be used to guide students to think about obstacles in cross-cultural doctor-patient communication and solutions. Technology, such as Virtual Reality (VR) to simulate international medical conferences, can create immersive environments for practicing language and cross-cultural skills simultaneously. This immersive learning method not only exercises language expression ability but also enhances medical humanistic literacy.

4.4 Developing a Multidimensional Evaluation System

The evaluation system should balance knowledge acquisition and humanistic literacy, employing formative assessment and qualitative feedback (Hou, 2020). It should incorporate multiple assessors, including self-assessment, peer assessment, and evaluation by medical professionals. For example, when evaluating an English speech on a medical humanities topic, English teachers, medical professional teachers, and clinical doctors can evaluate from different perspectives to provide comprehensive feedback. Maintaining student learning portfolios can provide a comprehensive record of growth in both language ability and humanistic understanding. The portfolio can include classroom performance, group assignments, learning reports, etc., to comprehensively promote the construction of curriculum ideology and politics.

5. Implementation Paths

5.1 Optimizing Curriculum Design: A Three-Level System

A "Basic-Advanced-Practical" curriculum system is recommended:

Basic Courses: (e.g., College English I/II) focus on fundamental language skills and general medical terminology, integrating historical humanistic stories to stimulate learning interest.

Advanced Courses: (e.g., Medical Humanities English, Selected Readings in Medical Literature) delve deeper into ethical and professional issues, cultivating critical thinking ability.

Practical Courses: (e.g., Simulated Clinical Scenario English, hospital internships) emphasize applying knowledge in real-world contexts, fostering a deep integration of theory and practice.

In the curriculum design process, the learning characteristics of medical students and career development needs should be fully considered to ensure the coherence and progression between different levels of courses.

5.2 Selecting and Developing Localized Textbook Resources

While fully utilizing existing textbooks, developing school-based teaching materials that incorporate localized medical humanities content is crucial (Liu, 2022). When selecting teaching materials, priority should be given to textbooks rich in medical cases, medical records, and literature. These resources can include modules like a "Medical Humanities Case Library," featuring real cases with discussion questions, facilitating both autonomous and classroom learning. In the development of teaching materials, multimedia technology should be fully utilized to integrate audio and video resources, selecting materials close to students' real life, and designing inspiring exercises to enhance learning interest.

5.3 Promoting Diverse Teaching Models

Adopting case studies, role-playing, and project-based learning (e.g., producing English brochures on medical humanities) enhances participation. For example, in the theme teaching of "handling medical disputes," students can be organized to read real English cases, then conduct case analysis, role-playing, and propose solutions. Blended online-offline teaching and school-hospital cooperation (e.g., inviting clinicians to share experiences) provide authentic learning contexts and bridge the gap between academia and practice. Regular organization of hospital visits

and observations allows students to apply the knowledge they have learned in real work environments and improve their ability to solve practical problems.

6. Teaching Practice and Effect Analysis

6.1 Practice Design

Two parallel classes of the 2023 cohort from Guangxi University of Chinese Medicine participated in a one-year experiment. The experimental class (EG) received instruction based on the proposed integrated model, while the control class (CG) followed the traditional curriculum. During the experiment, irrelevant variables were strictly controlled to ensure the scientificity and reliability of the experiment. Data were collected through questionnaires, tests, and assessments to conduct a comprehensive evaluation of students' learning attitudes, English application ability, medical humanistic literacy, and other aspects.

6.2 Effect Analysis

Results demonstrated the effectiveness of the reform:

Medical English Application Ability: The EG's average score on a medical English proficiency test was 86.5, significantly higher than the CG's 72.3 ($P<0.05$). The EG also showed greater accuracy in translating medical literature (82% vs. 61%) and superior performance in oral presentations, with clearer logic and fewer grammatical errors.

Ethical Decision-Making: In simulated doctor-patient communication assessments, the EG achieved a 78% correct decision rate in ethical scenarios, compared to 53% for the CG. For instance, when facing the dilemma of truth-telling to a terminally ill patient, 65% of EG students could analyze the situation from multiple dimensions (e.g., patient autonomy, psychological impact), versus 32% in the CG.

Learning Interest and Self-Assessment: Questionnaires indicated that 89% of EG students reported increased interest in English learning (vs. 41% in the CG), and 85% reported a deep understanding of medical humanities (vs. 39%). In the survey on "willingness to actively learn medical humanities-related English knowledge," 82% of EG students expressed willingness, compared to only 27% in the CG.

These findings confirm that the integrated model enhances both English proficiency and medical humanities literacy, increasing learning interest and better preparing students for their future careers. The reform effectively promotes students' all-round development and helps them better adapt to future career development needs.

7. Conclusion and Outlook

This study confirms the feasibility and effectiveness of integrating medical humanities into College English teaching. Through a one-year teaching practice, we have verified that the integrated teaching model can significantly improve students' medical English application ability and medical humanistic literacy. The proposed model addresses current deficiencies and contributes to cultivating versatile medical professionals. The research results provide useful references for the reform of College English teaching in medical universities.

However, the integration of medical humanities and College English teaching still needs further deepening. Future work should focus on deeper integration, perhaps leveraging AI for personalized learning, developing intelligent teaching evaluation systems, and establishing resource-sharing platforms. At the same time, there is a need to strengthen the follow-up research on teaching reform practices, continuously summarize experiences, and improve the teaching reform plan to adapt to the constantly changing educational environment and student needs. Long-term follow-up studies are also needed to assess the enduring impact of this reform, especially by tracking the performance of graduates in actual clinical work, to further verify the long-term effect of the reform.

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