

Construction of an evaluation system for the cultivation of medical humanities during the internship stage of medical students

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Abstract: The medical humanities of medical students are crucial to the quality of medical services, especially during the internship stage. This article discusses the construction of an evaluation system for the cultivation of medical humanities during the internship stage of medical students. First, the basic conditions for the cultivation of medical humanities are analyzed, mainly including the principles of patient-centeredness, interdisciplinary collaboration, and the integration of theory with practice. Second, the principles for constructing an evaluation system for the cultivation of medical humanities are proposed, highlighting ethical education, comprehensive quality cultivation, and practice-oriented teaching methods. Finally, a complete evaluation system is constructed to promote the improvement of medical students' humanities by designing a multi-dimensional evaluation framework, case analysis teaching methods, teacher-student interaction mechanisms, and interdisciplinary integration courses.

Keywords: Medical Students; Internship Stage; Medical Humanities; Evaluation System

Introduction

In today's booming medical industry, medicine not only requires professional skills, but also requires doctors to have good medical humanities. In particular, the cultivation of medical humanities during the internship stage of medical students is particularly critical. This stage is not only a transitional period for students to apply theoretical knowledge to practical work, but also an important stage for shaping their own professional literacy, ethical concepts, and communication skills. However, the current humanistic quality training and evaluation system for medical students has not received enough attention. The purpose of this study is to explore the construction method of the medical humanistic quality training and evaluation system for medical students during their internship, in order to propose feasible improvement strategies for medical schools.

1 Requirements for the training of medical humanistic quality during the internship stage of medical students

The training of medical humanistic quality during the internship stage of medical students should focus on enhancing ethics and professional responsibility, improving patient communication skills, and teamwork and interdisciplinary cooperation. The central goal of this stage is not only to enable students to acquire basic medical knowledge and operational skills, but more importantly, to cultivate students' comprehensive humanistic qualities to ensure that they can find a balance between technology and emotions in their future medical work. The training of medical humanistic quality first needs to have a deep ethical education, requiring students to always put patients first, respect patients' rights and privacy during treatment, and reflect a high sense of professional ethics and responsibility. At the same time, medical students should be able to deal with complex ethical issues such as bioethics, euthanasia and informed consent, so that they will not infringe on patients' basic rights in various ways. Secondly, the training of medical humanistic quality requires medical students to have good communication skills. During the clinical internship, students need to establish a trusting relationship with patients and communicate effectively with patients' families, colleagues and other medical team members, and coordinate resources from all parties to achieve the best therapeutic effect. Good communication skills help students understand patients' needs, relieve patients' emotions, enhance mutual trust between doctors and patients, and then improve the quality of medical services.

2 Principles for constructing an evaluation system for the cultivation of medical humanities during medical students' internships

2.1 Patient-centered ethical education principle

In the construction of a medical humanities cultivation and evaluation system during medical students' internships, the patient-centered ethical education principle is one of the core principles. This principle emphasizes that medical students should always put patients' needs, will and interests first in clinical practice, and pay attention to patients' physical and mental health and dignity. Medical education should strengthen ethical courses, infiltrate ethical education in all aspects of internships, and help students establish correct values and behavioral norms. Patient informed consent, privacy protection, and respect for patients' right to choose are the core elements of this principle. Medical students must strengthen their ethical decision-making ability training during their internships to help them understand the social responsibility and professional ethics of doctors, especially how to make ethical choices in complex clinical situations. In addition, the ethical education concept of putting patients first also emphasizes that medical students need to have the skills to deal with ethical conflicts. Faced with different needs of patients, expectations of their families and suggestions of the medical team, medical students must have a certain ethical judgment to ensure that all decisions are based on the best interests of the patients. This ethical judgment ability is not simply extracted from book theory, but can only be developed in real interactions with patients and their families and in the analysis of clinical cases. To this end, medical schools should use simulated situations and case analysis as a means to help students improve the depth and breadth of their ethical education as a whole during internships, in order to ensure that they can always adhere to patient-oriented professional ethics in the complex medical environment in the future.

2.2 Principles of interdisciplinary collaboration and comprehensive quality training

The principle of interdisciplinary collaboration and comprehensive quality training emphasizes that medical students should attach importance to the cultivation of interdisciplinary cooperation ability during the internship stage and promote the improvement of students' comprehensive quality. This principle is not limited to the training of medical students' clinical skills, but their teamwork ability, communication ability and problem-solving ability. Modern medicine is no longer completed independently by a single professional doctor, but relies on multidisciplinary team cooperation and communication. During the internship, medical students need to participate in multidisciplinary teamwork and learn how to communicate and collaborate efficiently with people from different professions (e.g., nurses, pharmacists, nutritionists, psychologists), so as to provide patients with more comprehensive and accurate treatment plans. In interdisciplinary cooperation, medical students not only need to have a solid medical foundation, but also must have an attitude of understanding and respect for the professional knowledge and views of other disciplines. For example, doctors must work closely with pharmacists to ensure the rational use of drugs; cooperate with nutritionists to formulate diet plans for patients; and cooperate with psychologists to solve patients' emotional and psychological problems. Therefore, medical education should attach importance to the cultivation of medical students' interdisciplinary communication skills and teamwork spirit, so as to effectively coordinate various resources and provide comprehensive treatment plans for patients. In addition, medical students need to develop critical thinking and comprehensive analysis skills, analyze problems from multiple angles and provide the best solutions.

2.3 Teaching principles combining practice orientation and theory

The teaching principle combining practice orientation and theory emphasizes that medical students should attach importance to both theoretical knowledge and the connection between theory and practice during the training process. The ultimate goal of medical education is to train doctors who can solve practical clinical problems, which requires a solid foundation of theoretical knowledge and proficiency in clinical skills. Medical students need to undergo a lot of clinical practice during their internship to consolidate and deepen their theoretical knowledge, especially when they encounter real cases, they can flexibly apply the medical principles they have learned to diagnose and treat. Practice-oriented teaching requires medical students to continuously accumulate experience in a real clinical environment, and to promote

the improvement of their clinical operation ability and problem-solving skills through contact with various diseases and patients. At the same time, the teaching model that combines theory with practice also requires students to constantly reflect and summarize in the process of practice, so as to further deepen their medical knowledge. This combination is conducive to the transformation of students' academic theories into clinical operation skills, and is also conducive to students making rational medical judgments in the face of complex cases. In addition, the teaching model that combines practice-oriented and theory will also encourage medical students to participate in scientific research projects, and further improve their ability to analyze and solve problems through research-based teaching, so that they can comprehensively apply the knowledge they have learned to solve problems in reality.

3 Path to constructing an evaluation system for cultivating medical humanities during the internship stage of medical students

3.1 Design and implementation of a multidimensional evaluation framework

Constructing a multidimensional evaluation framework is an effective means to ensure that medical students cultivate medical humanities during the internship stage. The core of this framework is to take into account the embodiment of students' medical professional knowledge, humanities literacy, professional ethics, communication skills, and teamwork ability. A complete multidimensional evaluation system should not only be based on students' technical operation ability, but also on students' attitudes, behaviors, clinical ethics, patient communication, and psychological care. Taking some medical institutions as an example, a three-dimensional evaluation model is applied to them: first, through self-evaluation, students' understanding of themselves is strengthened, prompting them to reflect on and reflect on their communication with patients, their attitudes towards patients, and their performance in the group; second, the teacher conducts the evaluation and observes the students' clinical practice, such as whether they respect the privacy of patients and whether they can put patients first; finally, through patient feedback and team member evaluation, especially the performance of clinical skills and interpersonal communication. For example, through the feedback of patients on the service attitude of medical students, the feelings of the doctor-patient relationship, and the degree of acceptance of treatment plans, their medical humanities quality can be comprehensively evaluated. In addition, the comprehensive use of dynamic evaluation and quantitative indicators is an important part of the multidimensional evaluation framework. For example, a medical school uses patient feedback and medical team evaluation systems to conduct continuous, practical evaluation data research on each intern, and uses a data analysis platform to analyze the performance of each intern in real time.

3.2 Innovation of teaching methods based on case analysis

Case analysis teaching method is an innovative medical humanities quality education method that helps students deepen their understanding of the combination of theoretical knowledge and clinical practice, especially for the handling of complex humanities and ethical issues, which requires students to integrate medical technology and humanistic care. By analyzing specific cases, students can exercise their clinical judgment and ethical decision-making abilities in real situations. Under some advanced teaching models, medical students need to consider individual cases from multiple perspectives such as ethics, sociology, psychology and medicine. As an example, a hospital has opened a course called "Ethical Decision-making Simulation, etc." In this course, students need to analyze whether a terminal cancer patient chooses to continue treatment or enter the stage of palliative care. During the simulation process, students need to understand the emotional appeals of patients and their families, take into account medical ethics, patient quality of life and other factors, give reasonable suggestions, and communicate with patients and their families. This teaching method not only tests students' clinical decision-making ability, but also their communication skills and sensitivity to patients' needs. In addition, the application of digital tools also promotes continuous innovation in case teaching. For example, by introducing virtual reality technology, students can deeply participate in the complex ethical decision-making process, and feel the pain caused by the disease and the possible side effects during the treatment process from the patient's perspective. Through such an immersive learning method, students can have a deeper understanding of the connotation of medical humanities and truly feel the social responsibility and humanistic care that medical workers must bear.

3.3 Optimization of the interactive feedback mechanism between teachers and students

The interactive feedback mechanism between teachers and students is the core link to promote the development of medical humanities quality. An effective feedback mechanism can not only help students recognize their own progress and shortcomings in a timely manner, but also encourage students to continuously improve their humanistic qualities and clinical abilities during clinical internships. Traditional medical education feedback is usually limited to technical operations and ignores feedback on students' professional attitudes, ethical judgments, and communication with patients. To this end, it is necessary to optimize the interactive feedback mechanism between teachers and students on the basis of the traditional model to form a diversified, dynamic, and continuous feedback system. For example, a medical center implemented the teaching model of "instant feedback, regular evaluation". During the students' clinical internship, as long as they complete a certain link or encounter a difficult problem, the teacher should give specific feedback in a timely manner, not just to test the operation skills, but also to guide the students based on their humanistic qualities, such as whether they actively communicate with patients and whether they respect the patients' wishes. In addition, there will be a comprehensive feedback meeting every month. In addition to testing students' medical skills, students' humanistic qualities can also be evaluated from various angles. Student feedback is not limited to teachers. Patients can also use questionnaires, interviews and other methods to provide feedback on students' communication skills, service attitudes, etc. This two-way feedback mechanism promotes students' self-reflection and helps them better integrate patient needs and humanistic care in practice. Optimizing the feedback mechanism can enable medical students to have a clearer understanding of their own deficiencies in professionalism, humanistic qualities, etc., so as to make improvements.

3.4 Construction and implementation of interdisciplinary integration courses

Modern medical education is no longer limited to the teaching of professional knowledge. It also requires extensive interdisciplinary integration to cultivate medical students' comprehensive judgment and teamwork ability in complex clinical environments. The cultivation of medical humanistic qualities has just been expanded through the cross-disciplinary integration, especially the integration of psychology, sociology and ethics. For example, a medical school has opened a cross-course of "Medical Ethics and Social Psychology". In this course, medical students not only learn the basic theories of medical ethics, but also understand the needs and behaviors of patients from the perspectives of sociology and psychology. In the course, students need to analyze some clinical cases, such as elderly patients' care decisions and psychological problem intervention, and propose solutions in combination with relevant psychological theories. In addition, interdisciplinary courses have the advantages of promoting the development of students' diversified thinking. For example, when medical students work in teams, they need to work with social workers, psychologists, nurses and other interdisciplinary experts, stand from different disciplinary perspectives, conduct a comprehensive analysis of patient needs, and provide patients with more comprehensive treatment plans. This interdisciplinary education model can not only promote the improvement of students' comprehensive quality, but also strengthen their communication ability and cooperation spirit with multidisciplinary teams, thus laying a solid foundation for future medical work.

3.5 Dynamic feedback system for continuous evaluation and improvement

The dynamic feedback system that is constantly evaluated and improved is an important guarantee to ensure the continuous improvement of medical students during the internship stage. The growing development of the medical industry has brought more and more demands on doctors, so the cultivation of medical students' humanistic qualities needs to be continuously tracked and dynamically evaluated throughout the internship process. The core of this system is to help students find problems and make timely improvements through periodic evaluation and real-time feedback. A hospital regularly evaluates interns' medical skills, humanistic qualities, communication skills and teamwork by building an intelligent evaluation platform. Feedback from patients, instructors and peers can make medical students clearly aware of their progress and shortcomings in various aspects. For example, patient satisfaction surveys and ward team evaluations are important bases for assessing the level of medical humanistic qualities of medical students. Students receive multi-dimensional feedback information from patients, instructors and peers every month, and formulate personal development plans based on the evaluation results. In addition, the dynamic feedback system includes regular self-reflection and evaluation during the internship to ensure that students deepen their understanding of

medical humanistic qualities through continuous self-evaluation, and continuously adjust their learning strategies based on their grades. This constantly improving feedback system not only helps students improve their clinical abilities in a short period of time, but also has a certain supporting role in their long-term career development.

3.6 Long-term mechanism guarantee for medical humanistic quality training

In order to ensure the sustainability and long-term effectiveness of medical humanistic quality training, a sound guarantee mechanism should be established. This mechanism should not only cover the entire learning process of medical students, but also have a lasting effect on improving their humanistic qualities in their careers. Some medical institutions and medical schools have realized the importance of cultivating humanistic qualities and have begun to build a “lifelong education” model to continuously cultivate medical humanistic qualities for doctors. These institutions have included medical humanistic qualities as core courses for students and in the continuing education of in-service doctors. For example, a hospital has built a medical humanistic quality evaluation platform based on big data. After joining the hospital, doctors will often participate in humanistic quality training, self-evaluate and continue to learn through this platform. In addition, the hospital regularly holds interdisciplinary humanistic quality forums and invites sociologists, psychologists and other experts to communicate with doctors to improve their humanistic qualities. Through the guarantee of this long-term mechanism, medical humanistic quality training has become both a phased goal and a continuous education throughout the entire medical career, thus ensuring the cultivation of high-quality humanistic care physicians in the medical industry.

Conclusion

Cultivating medical humanistic qualities is of great significance to the comprehensive development of medical students. By constructing a scientific and systematic evaluation system, it can not only effectively improve the professional quality of medical students but also promote the continuous optimization of medical humanistic education. The evaluation system path and construction principles proposed in this study have certain practical significance and are valuable for future medical education reform. It is expected that with the promotion and application of this system, medical personnel with high humanistic qualities can be better trained to better serve patients and society.

References

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