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A study on a localized model for narrative medicine

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Abstract. Since its introduction into China as an emerging approach to optimizing physician–patient relationships, narrative medicine has rapidly attracted the attention of many scholars in clinical medicine and the medical humanities. However, local medical colleges currently face multiple challenges: medical students have limited awareness of narrative medicine, show notable deficiencies in humanistic literacy, and possess narrative skills in need of improvement. In light of this, and to effectively enhance students' understanding of narrative medicine and promote its practical implementation in higher medical education, this study proposes a localized model of narrative medicine structured around four key stages: stimulating awareness, autonomous learning, institutional support, and practical application. This model aims to contribute to the advancement of medical education.

Keywords: narrative medicine, humanistic literacy, project-based learning, parallel medical records, localization

1. Introduction

Narrative medicine was first proposed in 2001 by American internist Rita Charon, who defined narrative competence as the ability to acknowledge, absorb, interpret, and act on the stories and sufferings of others. Medical practice that demonstrates such narrative competence is termed narrative medicine [1]. As an effective approach to improving physician–patient relationships, narrative medicine has been recognized by many medical schools and research institutions abroad and has been implemented in medical education practice [2]. In recent years, some Chinese scholars have begun to explore educational models for narrative medicine that align with the current teaching realities of medical schools in China [3-7]. Since its introduction into the country in 2011, narrative medicine has received considerable attention from educators in both clinical medicine and the medical humanities. Nevertheless, local medical colleges continue to face the challenges of low student awareness of narrative medicine, insufficient humanistic literacy, and the urgent need to enhance narrative competence. To address these issues, this study systematically constructs a localized model of narrative medicine based on four critical stages—stimulating awareness, autonomous learning, institutional support, and practical application—with the goal of promoting the integration and sustainable development of narrative medicine in Chinese medical universities, thereby contributing to the advancement of medical education.

2. Stage of stimulating awareness: cultivating the physician's "benevolence and skill"

At present, medical students in universities have an urgent need for knowledge of narrative medicine. From the perspective of social development, there is likewise an urgent demand for versatile medical professionals who combine superb clinical skills with humanistic care. In light of this, it is important to seize the opportunity to plant the seed of narrative medicine in the fertile soil of students' cognition, relying on the positive atmosphere created by medical humanities to lay a solid foundation for future medical practice.

2.1. Strengthening the study of medical humanities to cultivate medical literacy

The core of medical students' humanistic literacy lies in their ultimate concern for the meaning and value of human existence. Due to the abstract and profound nature of medical theory and the heavy course load in medical education, students often seek quick results in their studies. Many focus solely on mastering professional medical knowledge and skills, neglecting the study of the humanities and social sciences, which results in a tendency to prioritize medicine over the humanities [8] and leads to a severe lack of humanistic literacy. Therefore, courses in the humanities and social sciences hold an indispensable place in the

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training system for medical students. Even with demanding academic schedules, students can make full use of class time, follow the pace of instruction closely, and devote themselves to courses such as Ideological and Moral Cultivation and Fundamentals of Law, College Students' Mental Health Education, and Communication and Etiquette. Through such study, they can broaden their horizons, appreciate the charm of the humanities, and understand the unique brilliance that emerges from the deep integration of humanistic and medical knowledge.

2.2. Deepening medical knowledge: benevolent skill in medicine

Medicine, as a science, is itself a humanistic ideal [9]. As the saying goes, "A good doctor treats the disease; a great doctor treats the person who has the disease." In the ongoing progress of modern healthcare, physicians must adhere to the principle that "medicine is a benevolent art." The advancement of medical technology is meant to benefit humanity and promote healthy development. Only by integrating top-tier medical techniques with the humanistic spirit of benevolence can patients truly enjoy safe, comfortable, and high-quality medical services [10]. For current medical students, education is not only a process of accumulating knowledge but also of elevating political and moral consciousness. They bear society's expectations to become outstanding physicians who combine noble medical ethics with superb skills and serve the people wholeheartedly. Thus, during their studies, they should diligently explore academic knowledge, master professional skills, attach great importance to medical practice courses, keep pace with the times, stay abreast of the latest technological advances, and continuously refine their medical expertise—striving to devote their lifelong learning to relieving human suffering and promoting health and well-being.

2.3. Reverence for life: the physician's benevolent heart

As the reserve force for the future of healthcare, medical students are expected not only to achieve precision in their "medical skills" but also to embody the "benevolent heart" [11]. The phrase "physician's benevolent heart" refers to revering life and respecting patients. In life's darkest valleys, medicine may reach its limits, but the medical humanities can still hold a patient's hand and walk alongside them. As new members of the medical community, medical students should actively participate in volunteer medical services. The report of the 20th National Congress of the Communist Party of China emphasized the importance of vigorously promoting the spirit of dedication and advancing the development of volunteer service. Medical students, therefore, should act pragmatically and take on responsibilities, using weekends and holidays to engage with school communities, visit factories and nursing homes, and work in clinics and hospitals. Through such actions, they can embody the spirit of youth volunteerism, strengthen their sense of responsibility and mission, and, in the process, immerse themselves in volunteer service to experience the humanistic sentiment and the beauty of life's value embedded in narrative medicine—achieving personal growth and self-transcendence.

3. Stage of autonomous learning: mastering two tools of narrative medicine

The constant renewal of medical knowledge and the public's ever-growing demand for health and healthcare make it essential for medical students to strengthen their autonomous learning abilities in order to keep pace with the development of medical science and the health sector [12]. Against this backdrop, the current narrative competence of medical students remains far from ideal. Therefore, mastering two key tools of narrative medicine—close reading and reflective writing—is of particular importance, carrying profound significance for their personal and professional growth.

3.1. Understanding the essence of narrative medicine: close reading

Close reading, also referred to as narrative situational comprehension, refers to the physician's ability to listen to, understand, and respond to patients' stories in clinical practice through careful reading and reflection on works of varied themes. To cultivate this skill, medical students can start with readily available literary narratives, learning to adopt alternative perspectives and enhance their capacity for empathy through the stories of others. Reading offers a chance to experience many different lives and to gain insights and lessons from them. By transforming casual online entertainment into literary engagement during their spare time, students can conduct close readings of literary works, attentively exploring protagonists' emotional journeys, interpersonal relationships, narrative perspectives, and the social values embedded in the text. Sustained and effective close reading not only enriches the "thickness" of one's bookshelf, but also deepens the "thickness" of one's life experience, while simultaneously expanding the "thickness" of one's narrative competence in medicine [13].

3.2. Perceiving the needs of life: reflective writing

Within the framework of narrative medicine, reflective writing applies narrative theory to guide patients in writing about their illnesses and to encourage healthcare providers to rewrite stories from the patient's perspective, thereby narrowing the gap in understanding between different parties [14]. For medical students, reflective writing practice need not be confined to interactions with hospital patients; other approaches can also be employed.

On one hand, close reading and reflective writing have a mutually reinforcing relationship. Through close reading, medical students can delve into a text's deeper meaning, which in turn prompts profound personal reflection. The insights thus gained can be recorded, and during moments of inspiration, students can engage in literary creation. In the process of writing, they indirectly perceive real-life events—those filled with genuine joy or sorrow—across the human life cycle, thereby deepening their understanding of life. On the other hand, every individual possesses a unique life trajectory, and most people have at some point been patients themselves. This gives everyone the potential to be both narrator and author of their own life story. Medical students can take themselves as the focal point, revisiting memorable moments in their life journey, or adopt a patient's perspective to record firsthand experiences and inner feelings during medical consultations. From there, they can reflect on how, as future healthcare providers, they might offer appropriate care and treatment—enhancing both their empathy and professional competence.

4. Stage of institutional support: integrating narrative medicine into the second classroom

Integrating narrative medicine organically into the "second classroom" not only helps medical students study narrative medicine but also simultaneously advances their humanistic literacy. The second classroom, as a new teaching paradigm distinct from yet connected to the first classroom, is characterized by flexible formats, diverse content, and strong spatial extensibility. It provides a broad arena for enhancing the humanistic qualities of medical students.

4.1. Advancing through thematic activities

Campus culture plays an important role in shaping the spirit of medical humanities and cultivating well-rounded talent with both virtue and competence. While delivering rigorous scientific education, universities should also carry out healthy, lively, and engaging campus cultural activities, providing opportunities and conditions for medical students to express their individuality. Such activities help students cultivate their moral character, inspire their intellect, improve their overall quality, and promote their all-round development.

Relevant college departments can promote narrative medicine through thematic initiatives. For instance, they can have senior students guide juniors in creating short films on narrative medicine—transforming parallel medical records into more developed stories, role-playing standardized patients and attending physicians, and empathetically interpreting patient perspectives on screen. Schools could also host creative competitions related to narrative medicine, such as essay contests, crafting figurines of patients with various illnesses, or storytelling competitions on medical humanities. These activities allow participants to experience the humanistic care embedded in narrative medicine during the process of reflection and creation. Additionally, institutions can organize social practice activities with a narrative medicine orientation—such as visits to orphanages for children with disabilities or to elder care homes—where students engage in deep conversations, explore the dynamics of communication, and learn from residents' lived experiences. Such immersion helps enhance empathy and deepens understanding of the human side of medical care.

4.2. Combining project-based learning

With advances in medicine and the development of the internet, society's demands for medical talent have increased, and medical students' learning methods have become more diverse. The traditional teacher-centered classroom model is undergoing reform, with the core gradually shifting toward a student-centered approach that maintains interest while better guiding students to learn proactively. "Project-based learning" represents a revolution in the traditional engineering education model focused mainly on knowledge transmission. This approach has been implemented with notable success at dozens of universities worldwide, led by institutions such as the Massachusetts Institute of Technology (MIT), and has received high praise from industry [15]. Integrating narrative medicine with project-based learning under institutional support allows narrative medicine to be presented in project form. Learning groups engage in self-directed study driven by projects, promoting narrative medicine on campus—an effective strategy to advance the discipline.

Within this project-driven learning model, medical students autonomously form narrative medicine reading groups, create narrative medicine WeChat public accounts, and establish social practice groups related to narrative medicine. Members of reading groups share their insights and questions in meetings, facilitating interactive exchanges that deepen their understanding

of the humanistic dimensions of medicine. The WeChat public account groups serve as knowledge dissemination platforms, pushing relevant content to build a shared space for learners to communicate and study. Social practice groups organize narrative medicine lectures online, offline, or in hybrid formats, using a "student-led, peer-learning" model. This encourages medical students to clarify the essential significance of narrative medicine and comprehensively enhance their humanistic literacy.

5. Stage of practical application: practicing narrative medicine during clinical internships

Narrative medicine is born from clinical practice and naturally serves clinical care [16]. Social internships and clinical rotations, as required components of medical education, build a bridge between theory and practice for medical students. During this period, students deeply engage with narrative medicine in healthcare settings, effectively applying what they have learned to support their professional development.

5.1. Social internships: experiencing the patient's voice

Empathy refers to an individual's ability to understand and share the feelings of others. In medicine, it means that healthcare providers can accurately recognize and comprehend patients' emotions and enable patients to feel understood [17]. Physicians with strong empathy facilitate effective communication and foster a harmonious clinical environment.

Medical students can undertake hospital internships during holidays. On one hand, internships allow students to closely observe patients and, through doctors' conversations with patients, gain a deeper understanding of patients' conditions, past experiences, and emotional fluctuations—thereby appreciating patients' mental states. On the other hand, students learn effective communication skills by engaging with patients' inner worlds. For third- and fourth-year undergraduate medical students, who have completed most of their coursework, and with patients' consent, they can conduct detailed interviews and comprehensive physical examinations, listen attentively to patients' stories, and provide appropriate responses. This not only improves their clinical skills but also strengthens understanding and trust between doctors and patients.

5.2. Clinical rotations: experiencing the writing of parallel medical records

The traditional, procedural clinical medical record tends to objectify patients, with physicians' understanding of patients often limited to the surface. The emergence of parallel medical records effectively bridges the gap between medical science and the humanities [18]. Used in narrative medicine education, parallel medical records train medical students' holistic narrative abilities and positively enhance their humanistic literacy [19]. This approach moves physicians from textual empathy to clinical empathy, from abstract sympathy to experiential sympathy, from superficial care to genuine concern—treating not only diseases but also human suffering, embodying the purpose, dignity, and conscience of medicine [20]. During clinical rotations, besides writing standard medical records, students should explore writing parallel medical records. They may select two to three patients to engage in in-depth interviews to understand their illness trajectories. Based on the principle of empathy and using non-technical language, students write complete, dialogue-based parallel medical records rich in humanistic warmth, promoting deeper understanding between doctors and patients.

6. Conclusion

Since ancient times, medical technology has been able to cure "disease," but has never been able to cure "life." The proposal of a localized model for narrative medicine calls for the return of the humanistic spirit in medicine. The patient's experience of illness is a living story—one with tears to shed and emotions to release. Localizing narrative medicine can attract more medical students to actively learn narrative medicine, promote diversified narrative medicine activities in medical schools, and cultivate medical professionals who embody both benevolence and skill.

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