RESEARCH ARTICLE

Exploring the "Friendly Clinic" Teaching Model in Medical Humanities

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Abstract: To address the current issues of disconnection between medical humanities education and clinical practice, as well as the generally weak development of medical students' humanistic literacy, this study explores a novel teaching model for role empowerment and humanistic cultivation based on the "Friendly Clinic" concept. This model was implemented and tested in the training of 320 medical students at a large tertiary general hospital in China. Results demonstrate that humanistic education driven by clinical scenarios enables students to simultaneously apply knowledge, develop skills, and internalize values during real-world service, achieving effective integration of teaching and learning. Role empowerment not only reinforces professional understanding but also promotes value internalization, offering a practical solution to the "separation of knowledge and action" in ideological and political education. This innovative medical humanities teaching model for Friendly Clinics holds significant practical value.

Keywords: friendly clinic, role empowerment, humanistic shaping, medical humanities teaching model

1. Introduction

With the continuous expansion of the elderly population and the rapid development of smart medical services, digital services have established efficient and convenient healthcare access pathways for the public. while also bringing into sharp focus the difficulties elderly patients face in seeking medical treatment (Wang, et al.2024). Higher demands are also placed on the cultivation of medical students' role adaptability and comprehensive service capabilities. The continuous reform of medical education aims not only to focus on the transmission of professional knowledge but also to regard "moral education and talent cultivation" as the fundamental task (Shi, et al.2025). However, the current medical education system still exhibits significant shortcomings in addressing this demand (Zhang, et al.2020). On the one hand, the teaching philosophy of medical humanities is seriously disconnected from

clinical practice. The humanistic theories taught in classrooms predominantly focus on abstract ethical principles, failing to integrate them with specific clinical scenarios. This results in medical students' theoretical knowledge being difficult to translate into clinical service capabilities. On the other hand, the traditional medical education model places greater emphasis on training in technical aspects such as disease diagnosis and treatment protocols. The lack of training in addressing the emotional needs and psychological state of elderly patients, coupled with insufficient awareness and responsiveness, often leads to awkward situations when dealing with patients' confusion and anxiety due to inadequate interpersonal communication skills.

Medical education bears the crucial mission of cultivating "guardians of public health." How to break through existing teaching bottlenecks and establish a novel teaching model that not only

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empowers medical students to rapidly adapt to friendly outpatient service scenarios but also deepens their humanistic development has become an urgent issue in the field of medical education. This study was conducted against this historical backdrop, implementing the guiding principles of the "Guidelines for the Construction of Ideological and Political Education in Higher Education Courses" issued by the Ministry of Education in 2020 to comprehensively advance ideological and political education in higher education. It explores a new model for integrating value shaping, knowledge imparting, and capability building into the ideological and political education of medical students' courses.

2. Definition of Friendly Clinic

The Friendly Clinic is a patient-centered medical service environment guided by the core philosophy of patient orientation. Through environmental optimization, process reengineering, service enhancement, and cultural cultivation, it provides patients with safe, convenient, warm, and humanistic medical care. It serves as a practical platform for the deep integration of the humanistic and professional aspects of medical services (Zhang, et al.2020). Through multidimensional age-friendly design, the friendly clinic is not only a place where elderly patients can safely and conveniently access basic medical services, but also a health service window that conveys the warmth of medical care and promotes intergenerational harmony.

3. Subjects and Methods

3.1 Study subjects

From March to September 2024, a total of 320 undergraduate students from the Class of 2023 in the Clinical Medicine program at a medical college were selected as subjects for the study, who participated in the Friendly Clinic practice. Among them, there were 238 female students and 82 male students. The pilot clinic was selected from the Geriatrics Department, with a practice period of 6 weeks, consisting of 3 half-days per week.

3.2 Methods

To scientifically validate the reform's effectiveness, this study employed a randomized controlled design. Medical students were randomly assigned to either an experimental group receiving the "Role Empowerment—Practical Experience" teaching model or a control group maintaining the original teaching approach, based on variables such as their academic specialization and prior humanities course completion. The two groups were systematically compared and assessed for changes in core ideological and political qualities, such as empathy and ethical decision-making abilities.

In terms of evaluation methodology, the system integrates four approaches: mentor assessments, patient feedback, volunteer reflections, and outpatient behavior observations, enabling cross-validation of multi-source data. To enhance the application of outcomes, a closed-loop mechanism of "evaluation-diagnosis-feedback-improvement" is established. Identified issues and strengths are transformed into visualized feedback reports, which are promptly communicated to individual students and teaching teams. This mechanism not only facilitates targeted improvements in medical students' ideological and political behaviors but also promotes continuous optimization of course-based ideological and political education content, forming a virtuous cycle of "teaching-evaluation-feedback-improvement." Ultimately, this ensures the solid implementation of ideological and political education objectives in the "Friendly Clinic" practice.

3.2.1 Preparation of teaching resources

This study integrates humanistic ideas and cases into teaching and practice, explores regional characteristic ideological and political(IP) teaching resources, and conducts research on IP integration in teaching. Systematically analyze typical scenarios in the 'Friendly Clinic' and extract key IP elements. Collecting friendly clinic IP cases, analyzing situation description, IP reflection points, guiding questions and action suggestions, forming a structured resource that can be directly used for

teaching. Develop a series of micro-course modules, using forms such as short videos, interactive Q&A, and scenario simulations, facilitates the seamless integration of IP elements with professional practice contexts, ultimately achieving the effective transformation of IP content from theoretical analysis to teaching practice.

3.2.2 Teaching content and design

Select a faculty team with rich experience and high humanistic literacy to form the course teaching team, Implement a "theory + practice" teaching curriculum to guide medical students to actively explore and enhance their ability to solve problems independently. This approach effectively trains the students' thinking and discernment skills, and strengthens their initiative in learning as well as their ability to engage in clinical practice and handle real-life problems. Meanwhile, with the growth of medical students as the thread, it deeply integrates "clinical competency enhancement" and "humanistic literacy cultivation" to achieve "learning by doing and understanding through learning".

In the course design, the existing teaching problems are collected through interviews and questionnaires, and the theoretical teaching is combined with the analysis of practical needs to improve the educational efficacy of humanities courses, and cultivate medical students' social responsibility and humanistic care.

Foundation course: By utilizing specialized courses such as Geriatrics, students will acquire professional theoretical knowledge and technical skills, thereby providing a solid foundation for accurately identifying elderly health needs in practical teaching.

Humanities courses: Through interdisciplinary courses such as "Medical Humanities," humanistic education is delivered via the Friendly IP education platform. Deepen humanistic awareness, master skills such as empathetic expression and nonviolent communication, lay a theoretical foundation for the emotional connection in practical teaching, and empower humanistic theoretical teaching.

IP Education Course: In response to the university's "curriculum-based IP education" requirements, we have thoroughly explored teaching resources for geriatric medicine courses with regional and institutional characteristics. The "Friendly Clinic" medical student volunteer service serves as an extended classroom for ideological and political education courses. Through serving the elderly population, deepen the understanding of concepts and empower practical teaching.

In practical design, by creating immersive teaching scenarios and integrating various instructional methods such as situational simulation, role-playing, and structured reflection. Design a role for medical students as "outpatient volunteers" to conduct real-scenario teaching in the outpatient department of a large tertiary general hospital. Simultaneously, an effective closed-loop feedback mechanism is established to improve and optimize the teaching process, thereby achieving the evaluation of the course's ideological and political education objectives.

Friendly Clinic Practice: Utilizing the 'Friendly Clinic' of a large tertiary general hospital for medical student role empowerment practice, integrating humanistic education with real outpatient diagnosis and treatment. To make knowledge lively and engaging, stimulate medical students' intrinsic motivation for learning, cultivate their sense of social responsibility and professional fulfillment, and promote deep learning. In collective practice, communication and collaboration among medical students can also enhance teamwork and interpersonal skills. Real-scenario practice serves as a bridge connecting the school and the hospital, facilitating the growth of medical students in practice and fostering the comprehensive qualities needed by society.

Community Service Practice: Through community open days, medical students are encouraged to step out into the community to participate in a series of activities that care for the elderly, making their classroom more vibrant. Promote the transformation of medical students from 'medical learners' to 'medical practitioners', and

reserve a reserve force with energy, warmth, and responsibility for the cause of elderly health. Transform course theory into professional awareness of respecting aging and addressing needs, achieving dual enhancement of professional hard power and humanistic soft power.

3.2.3 Teaching implementation process

The control group followed the original teaching arrangement and participated in case analysis as an observer. The experimental group received the "Role Empowerment—Practical Experience" teaching model: The systematic practice teaching design is carried out to realize the whole process guidance of ideological and political elements from cognition internalization to behavior transformation. To facilitate the role development of medical students, a standardized and replicable practical teaching process is constructed around the role of 'outpatient volunteer', which includes three key stages: 'practical training in position → scenario simulation exercise → multidimensional reflection and evaluation'. The study focuses on exploring the effective integration of teaching components such as situational simulation, role-playing, peer observation, and multidimensional reflective analysis to create immersive learning experiences. This approach aims to facilitate the transformation of medical students from "observers" to "actors" and "reflectors," thereby deeply understanding how immersive experiences promote the internal process of transforming value cognition and emotional identification into behavior. Ultimately, this seeks to achieve the unity of knowledge and practice in IP literacy within real-world clinical settings.

3.3 Teaching evaluation

During the peer observation and multidimensional reflective evaluation phase, medical students engage in self-assessment and peer evaluation through reflective journals and group discussions. The self-designed questionnaire was used to interview the students, which included the learning interest, learning enthusiasm, clinical thinking ability and so on. A questionnaire survey was conducted among all participating medical students to understand their views and suggestions on the medical humanities teaching model under the "Friendly Clinic" initiative. For the teaching team involved in the experimental group, a retrospective analysis of the teaching work was conducted. This included multidimensional evaluation of the achievement of teaching objectives, the rationality of course design, and the effectiveness of teaching problem rectification. Feedback on the teaching effectiveness of medical students was provided through indicators such as enthusiasm for practical operations, results of theoretical assessments, and the pass rate of practical operations.

4. Research Results

Public hospitals, as vital healthcare venues for the general public, have their service quality and efficiency directly impacting patient satisfaction (Gu, et al.,2011. Guo,2021). In recent years, with the trend of population aging, the demand for medical services among elderly patients has been increasing. The deep integration of elderly patient care with medical humanities education not only addresses the issue of "overemphasis on theory at the expense of practice" in traditional teaching, but also achieves dual improvements in medical efficiency and humanistic quality through the participation of medical students, thereby enhancing their comprehensive capabilities. Elderly people need not only concern for their physical condition but also respect on a psychological level — this is where the true warmth of humanistic care lies (Fan,2021).

4.1 Evaluation of medical student assessment outcomes

In response to the characteristics of elderly patients as a group, we have enhanced the humanistic care services provided by medical students, thereby reducing the number of times elderly patients need to travel to and from the hospital, the waiting time in the outpatient department, and the number of times they have to queue repeatedly within the hospital. In 2024, our hospital applied the role empowerment and humanistic service process for medical students in the Friendly Clinic to the routine medical visits of

elderly patients. . Through the assessment analysis of the experimental group and control group, the outpatient volume, satisfaction of elderly patients (≥70 years old), and the recognition of outpatient management by healthcare staff in our hospital were significantly improved, while the outpatient complaint rate was markedly reduced. This has achieved favorable outcomes in enhancing the 'dual satisfaction' of both patients and staff.

The novel medical humanities teaching model relocates the humanities classroom into hospitals, where medical students engage in comprehensive outpatient diagnosis and treatment through real-world scenarios. This immersive approach allows them to participate deeply in daily clinical practice and gain firsthand understanding of the genuine needs of elderly patients. After a six week immersive learning experience, clinical thinking shifted from a 'disease perspective' to a 'humanistic approach,' with improvements observed in medical students' problem-solving accuracy, their recognition of elderly healthcare humanistic needs, and their performance in practical assessments. See **Table 1** for details.

Table 1 Evaluation of Medical Student Assessment Outcomes

Year	Accuracy of problem analysis (%)	Cognitive score for healthcare humanistic needs (%)	Practical assessment pass rate (%)
Control group	88.3%	91.4%	92.7%
Experimental group	99.1%	96.2%	98.9%

4.2 Student interview results

Interviews with medical students revealed that the novel medical humanities teaching model brings humanities education into hospitals. Through authentic practical scenarios, medical students can directly experience outpatient diagnosis and treatment processes, enhancing their understanding of medical humanistic care and participation in teaching, thereby better comprehending and mastering clinical knowledge and skills.

4.3 Teacher interview results

Through sharing with teachers involved in practical teaching, it is found that the complex environment of real venues poses certain challenges to teaching, requiring teachers to have high adaptability on the spot. The effectiveness of humanities teaching is different from skill operation assessment. For medical students, whether they truly "respect the elderly" and "communicate patiently" is reflected in the details and is difficult to measure with a unified grading standard. Evaluation primarily relies on observation records, student reflection reports, and practical feedback, which are highly subjective. Establishing a more scientific and quantifiable evaluation system for humanistic literacy is the next objective.

5. Discussion

5.1 Realistic scene drives humanistic teaching

Innovating the teaching model by transforming real - life outpatient scenarios into the main educational arena, and constructing a new ideological and political education field integrating "service-learning-value shaping" to address the disconnection between traditional IP courses and professional practice. By transforming the real high-frequency service scenario of "Friendly Clinic" into an immersive teaching environment, medical students can simultaneously apply knowledge, train skills, and develop value recognition in authentic service settings, thereby achieving effective integration of teaching and learning.

5.2 Empowerment of outpatient volunteer roles

Focusing on the psychological mechanisms that promote value identification through identity experiences. This study systematically designed the role of "outpatient volunteer" to guide medical students in achieving a shift from being students to being service providers within the responsibilities and norms assigned to this role. The path emphasizes learning in practice and reflection in action, which not only strengthens professional cognition but also promotes value internalization, providing a feasible method to solve the problem of "separation of knowledge and action" in IP education.

6. Conclusion

This study explores the rich ideological and political elements embedded in the practices of the 'Friendly Clinic', 'Huxiang Culture', and the 'Xiangya Spirit'. Internalize core values such as patriotism, social responsibility, professional ethics, and humanistic care as the spiritual pursuit of medical students, and externalize them as conscious actions of 'patient-centered care'. Integrate IP education throughout the entire teaching process, thoroughly explore the IP elements in professional courses, combine knowledge transmission with value guidance, and subtly cultivate virtue and nurture talent (Liu, et al.2025). On this basis, by empowering medical students through the role of "Outpatient Volunteers," it promotes their shift from "passive acceptance" to "active responsibility - taking," realizes the combination of theory and practice, stimulates their internal driving force, and comprehensively improves their role - adaptation ability and comprehensive service capacity, ultimately achieving the educational effect of "unity of knowledge and action."

The "Friendly Clinic" medical humanities teaching model, grounded in real outpatient scenarios and guided by the role development of medical students, effectively addresses the challenges of traditional humanities education theory being difficult to implement and lacking practical guidance. Through role empowerment, medical students enhance their clinical competencies in service, while humanistic cultivation internalizes professional ethics in practice, ultimately achieving the goal of nurturing compassionate and capable healthcare professionals. The "Friendly Clinic" medical humanities teaching model demonstrates low resource dependency and strong replicability, which holds promise as a significant practical paradigm for medical humanities education and provides robust support for advancing the humanistic development of the healthcare industry.

Conflict of Interest

The authors declare that they have no conflicts of interest to this work.

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