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Integration of Intercultural Communicative Competence in Medical English Teaching

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Abstract

The integration of intercultural communication competence into medical English teaching is an important teaching reform topic in the context of medical internationalization and increasingly frequent cultural exchanges. The current medical English teaching focuses on the training of language skills, which is difficult to meet the complex requirements of cross-cultural communication ability in clinical work. By analyzing the teaching significance of cross-cultural competence training, this study identifies the practical difficulties such as concept solidification, lack of resources and lack of evaluation system, and then systematically constructs an effective integration path from three dimensions of curriculum content reconstruction, teaching mode innovation and practice platform expansion, aiming at providing practical theoretical reference and practical scheme for improving the quality of medical personnel training.

Keywords

Intercultural, Communicative competence, Medical English teaching.

1. Introduction

Under the background of globalization, international medical cooperation and the formation of a multicultural society have put forward new requirements for the training of medical talents. Medical workers not only need to master profound professional knowledge, but also need to have the ability to communicate effectively with patients, family members and colleagues from different cultural backgrounds [1]. For a long time, traditional medical English teaching focuses on the training of language skills such as technical terms, grammatical structures and literature translation, which can lay a necessary language foundation, but to a large extent ignores the actual communicative function of language and its cultural context. The medical scene in reality is full of cultural variables, from disease cognition, doctor-patient relationship to treatment decision-making, all of which are deeply influenced by cultural concepts. Lack of cross-cultural awareness and communication strategies, even if the language is accurate, may lead to communication failure or even conflict.

Therefore, promoting the deep integration of intercultural communicative competence and medical English teaching has become an urgent issue in the reform of medical education. This integration does not simply add cultural knowledge points to the existing curriculum, but systematically reconstructs the teaching objectives, teaching contents and teaching methods. Its purpose is to combine the cultivation of cultural sensitivity, cross-cultural adaptability and the ability to use medical English, so that future medical workers can be competent for the complex international academic and clinical environment. This paper aims to explore the important value of integrating intercultural communication competence into medical English teaching, analyze the main obstacles faced at present, and on this basis, construct a feasible implementation path, in order to provide theoretical reference and practical guidance for improving the quality of medical English teaching and cultivating outstanding medical talents.

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2. The Significance of Cultivating Intercultural Communicative Competence in Medical English Teaching

It is of great practical significance and educational value to incorporate the cultivation of intercultural communicative competence into medical English teaching system. At present, with the deepening internationalization of medical services and the increasing diversity of domestic social and cultural composition, it has become normal for medical staff to contact service objects with different cultural backgrounds in their practice. If medical English teaching only stays at the level of professional vocabulary and grammar, it will be difficult to cope with the complexity of real clinical communication. The cultivation of intercultural competence promotes the shift of teaching focus from the simple mastery of language tools to the understanding and respect of cultural differences and the effective response in specific situations [2].

This transformation directly serves the improvement of medical quality. A keen insight into and proper handling of cultural factors is the key to establishing a good doctor-patient relationship and ensuring the accurate understanding and implementation of the diagnosis and treatment plan. As far as medical education itself is concerned, this makes up for the weak links in the cultivation of humanistic literacy in traditional teaching, and promotes the deep integration of professional skills and humanistic care. Therefore, integrating the cultivation of intercultural communicative competence into medical English teaching is an important way to meet the needs of the times and cultivate outstanding medical talents with international vision and humanistic competence.

3. Difficulties in Integrating the Cultivation of Intercultural Communicative Competence into Medical English Teaching

3.1. Traditional Teaching Concepts Are Difficult to Break

The solidification of traditional teaching concepts is the primary difficulty that hinders the effective integration of intercultural communicative competence into medical English teaching. This conceptual inertia is highlighted in the single understanding of the curriculum objectives, that is, medical English has long been positioned as a teaching tool for professional vocabulary and grammatical structures, rather than a carrier for the cultivation of clinical communication skills [3]. Under the guidance of this concept, the focus of teaching is naturally inclined to the mechanical memory of language knowledge and the precise translation of documents, ignoring the cultural adaptability and communicative flexibility of language in real medical scenarios. It is easy for both teachers and students to fall into the inherent role cognition: teachers are the authoritative knowledge imparters, and students are the passive knowledge receivers. This "teacher-centered" and "textbook-centered" model makes it difficult for the student-centered teaching method, which emphasizes interactive experience and ability generation, to get enough attention and practice space. In addition, the value of medical English curriculum in the overall medical education system is often narrowly understood, and its internal relationship with clinical practice and medical humanities is not fully recognized, which further strengthens its instrumental nature and weakens its important function as a platform for cultivating humanistic literacy and professional ability. Therefore, the change of teaching concept has become the premise of promoting deep integration, and its solidified state constitutes the basic obstacle in the process of reform.

3.2. Systematic Teaching Resources Are Relatively Scarce

The relative lack of systematic teaching resources is another realistic challenge that restricts the integration of intercultural communicative competence training into medical English

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teaching. At present, the authoritative teaching material system suitable for the integrated teaching objectives is not yet mature, and most of the existing teaching materials are based on language knowledge modules as the main structure, in which the cultural content is often fragmented and superficial, and there is a lack of curriculum materials that systematically integrate cultural dimensions with clinical communication skills [4]. At the same time, the auxiliary resources to support classroom teaching are also insufficient, especially the audio-visual materials, typical case bases and simulation training projects that can truly reflect the cross-cultural medical situation are scarce, which makes teachers face the dilemma of material selection when organizing interactive teaching.

In addition, the development of teaching resources suitable for cross-cultural competence training puts forward higher requirements for editors, which requires not only solid linguistic and medical background, but also cross-cultural research literacy and certain clinical practice experience. The shortage of such compound talents further restricts the construction process of high-quality teaching resources. The lack of teaching resources directly limits the breadth and depth of teaching content, making cross-cultural teaching easy to stay at the level of theoretical introduction, and difficult to transform into practical skills that can be trained and evaluated, thus affecting the actual effect of integrated teaching. Therefore, resource construction has become an indispensable basic support to promote this teaching reform.

3.3. The Scientific Evaluation System Has Not Yet Been Established

The lack of scientific evaluation system is one of the key factors that hinder the integration of intercultural communicative competence into medical English teaching. The existing evaluation models mainly focus on the mastery of language knowledge, such as professional vocabulary, grammatical accuracy and literature translation ability. These standardized tests are difficult to effectively measure students' practical communication ability, cultural sensitivity and adaptability in cross-cultural medical scenarios. The connotation of intercultural communicative competence includes cognitive, affective and behavioral dimensions, and its implicit and situational characteristics make the traditional written assessment inadequate.

At present, there is a lack of targeted assessment tools and clear assessment criteria to accurately capture students' understanding, respect and adaptability in cross-cultural interaction. The evaluation of teaching effect often stays at the level of subjective feeling or general impression, lacking the recording and feedback mechanism of process and formation. The lag of this evaluation system not only cannot provide an objective basis for teaching improvement, but also may weaken the importance of teachers and students to the cultivation of cross-cultural competence [5]. Therefore, it has become an urgent task to construct a multi-evaluation system that can scientifically reflect the development level of students' intercultural communicative competence.

4. Specific Approaches to the Cultivation of Intercultural Communicative Competence in Medical English Teaching

4.1. Reconstructing the Curriculum Content System

Reconstructing the course content system is the basic work to realize the deep integration of intercultural communicative competence training and medical English teaching. Its core is to break through the traditional textbook arrangement mode with language knowledge as the single main line, and to construct a new framework that systematically embeds the cultural dimension into professional language learning. Specifically, it is necessary to integrate the core theoretical modules of cross-cultural communication and medical professional context in the existing medical English syllabus. These modules should cover key topics such as cultural values and health belief systems, core strategies for cross-cultural doctor-patient

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communication, medical practices and taboos for specific cultural groups, and cultural differences in nonverbal communication in medical scenarios.

This kind of reconstruction is not a simple superposition of content, but a pursuit of chemical fusion. This means that students should be consciously guided to pay attention to and analyze the cultural assumptions and communication patterns contained in the traditional contents such as disease terminology, inquiry dialogue and medical record writing. For example, when designing a teaching unit with the theme of "inquiry", in addition to training relevant sentence patterns and vocabulary, it is necessary to compare the differences in patients' description of symptoms, the way they express pain, and the impact of doctor-patient power distance on information disclosure in different cultural backgrounds. Through this design, the training of language skills and the cultivation of cross-cultural awareness can be carried out simultaneously in the same teaching activity, so that students can naturally build up their sensitivity to cultural factors while mastering professional foreign languages. Ultimately, the reconstruction of the course content aims to provide students with a knowledge framework that not only grasps the language tools, but also understands the cultural context, and is competent for complex medical communication tasks in the context of globalization.

4.2. Innovating Classroom Teaching Model

The innovation of classroom teaching mode is the core link to ensure the effective implementation of intercultural communicative competence training in medical English teaching. This requires a fundamental change in the traditional classroom form, which is mainly taught by teachers and passively received by students, to build a student-centered, real task-driven, highly interactive and collaborative learning environment. The key to achieve this change is to widely adopt and flexibly use a variety of experiential and situational teaching methods. Case analysis can guide students to conduct in-depth discussions around real cross-cultural medical situations, so that they can exercise cultural sensitivity and critical thinking in the process of analyzing complex communication dilemmas and decision-making. Role-playing and high-fidelity simulation create a low-risk practical exercise platform for students to experience cultural conflicts in communication and practice key communication skills such as empathy, interpretation and negotiation by playing doctor-patient roles with different cultural backgrounds.

Task-driven learning integrates specific projects into teaching, such as guiding students to compile medical guidelines for foreigners in China or comparing and analyzing medical cultural differences in different countries, so that students can actively collect information, integrate knowledge and create solutions. The common feature of these methods is to emphasize students' active participation and knowledge construction, and to transform the learning process from the memory of abstract knowledge to the application and internalization of complex abilities. In this process, the teacher's role has also changed from the authority of knowledge to the designer, guide and promoter of learning, through carefully designing teaching links and providing timely feedback, effectively supporting the gradual generation and development of students' cross-cultural communication ability. The innovation of this teaching mode is the key bridge to activate the course content and transform knowledge into practical competence.

4.3. Expanding the Platform for Extracurricular Practice

Expanding the platform of extracurricular practice is an important guarantee to consolidate and deepen what we have learned in class and to realize the transformation of intercultural communicative competence from cognitive understanding to practical application. Although the simulation training in the classroom is necessary, its environment ultimately has the characteristics of presupposition and simplification, and the real exercise of students'abilities ultimately needs to be completed in a more realistic and changeable situation. Therefore,

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consciously and systematically opening up and utilizing extracurricular practice channels constitutes an indispensable part of the teaching path. The aim is to break down the physical and conceptual boundaries of the classroom and extend the learning experience to the real world of cross-cultural medical interaction.

Specifically, we can actively seek to establish long-term cooperative relations with hospitals, foreign-funded clinics or international communities with international medical service experience, and organize students to participate in medical volunteer service, serve as cultural exchange assistants or conduct non-invasive clinical observation. In such real situations, students can face the challenges of instant communication brought by cultural differences and learn how to use communication strategies flexibly under actual pressure, so that their knowledge, skills and attitudes learned in class can be fully tested and sublimated. In addition, we should make great efforts to develop and introduce high-quality virtual simulation teaching projects with the help of modern educational technology. These technology platforms can build highly simulated and highly immersive training scenarios, such as informing virtual international patients of complex conditions and dealing with medical disputes caused by cultural misunderstandings, and provide students with repeatable and evaluable standardized practice opportunities on the premise of ensuring ethical safety. Through systematic extracurricular practice, students can "learn by doing", effectively bridge the gap between theory and practice, and ultimately achieve the teaching goal of the unity of knowledge and practice.

5. Concluding Remarks

Integrating the cultivation of intercultural communicative competence into medical English teaching system is an inevitable requirement for medical education to adapt to the development of the times. Faced with the realistic challenges of concept, resources and evaluation, we need to deal with them through systematic curriculum integration, diversified teaching modes and rich practical links. This integration process aims to promote the coordinated development of language application ability and humanistic literacy, and has far-reaching significance for cultivating medical talents with international vision and cross-cultural competence. The future teaching practice needs to continue to explore and optimize the specific implementation plan, so as to truly improve the professional communication and service level of medical talents in the multicultural environment.

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