Journal of Innovation and Development
ISSN: 2958-4752 | Vol. 13, No. 3, 2025

Exploration and Innovation of Medical Students Social Practice in the Context of New Medicine

Yibing Wang, Xuchen Du *

Shaanxi University of Chinese Medicine, Xianyang, Shaanxi 712046, China
*** Corresponding author:** Xuchen Du

Abstract: Medicine is both a science and an art. Social practice, serving as a crucial bridge between theoretical knowledge and real-world application, plays a vital role in preparing medical students for clinical practice and social engagement. This paper examines the practical experiences of students at Shaanxi University of Chinese Medicine, integrating relevant theories and policies to explore its positive impacts on cultivating professional ethics, social awareness, and comprehensive competencies. By addressing specific challenges encountered in our university's social practice initiatives, the study proposes actionable optimization suggestions to deepen and solidify medical students social practice experiences.

Keywords: Medical Students; Social Practice; Medical Education; Humanistic Literacy; Shaanxi University of Chinese Medicine.

1. Introduction

The "Healthy China 2030" Outline clearly states that it is necessary to strengthen the collaboration between medical education and healthcare, innovate talent cultivation models, and focus on the development of interdisciplinary medical professionals[1]. As students from traditional Chinese medicine institutions, we deeply understand that "great physicians are not only skilled in their craft but also demonstrate profound care for patients and society." Scholars have pointed out that early exposure to society helps medical students form stable professional values [2]. However, daily classroom learning and hospital internships still have certain limitations. Therefore, organized and targeted social practice activities have become an important way for us to engage with society and understand the realities of healthcare. This article, based on the actual situation of our university, explores this issue from three aspects: practical value, current challenges, and development suggestions.[1][2]

2. The Core Value and Significance of Medical Students Social Practice

2.1. Deepen Professional Identity in Service and Strengthen the Original Aspiration of Medical Practitioners

Social practice serves as our "frontline" for engaging with real-world medical scenarios and understanding patient needs. As Professor Wang Yifang, a medical humanities educator, aptly noted, "The warmth of medicine is cultivated through empathy with patients" [3]. Last summer, our university's "Qiu Ye Jing Mei" team conducted palliative care volunteer services in communities and nursing homes. Through interactions with critically ill patients and elderly residents, we truly grasped the essence of the saying: "Sometimes we heal, often we help, always we comfort." When an elderly woman with terminal illness held our hands and said, "Your presence makes me feel less alone," we realized that medicine isn't just about curing diseases—its about nurturing the heart. Such experiences can never be replaced by classroom learning.[3]

2.2. Expand Your Horizons and Understand the Reality of Primary Care in the Survey

Our university has organized multiple "Three Rural Services" field trips for students to grassroots health centers in southern and northern Shaanxi. During a survey at a county-level township clinic, we observed that despite the national push for tiered healthcare systems, local clinics still grapple with outdated equipment and talent drain. Through interviews with village doctors and hands-on public health services, students gained firsthand experience of the challenges in implementing policies at the grassroots level, which corroborates research findings on "uneven regional development of primary healthcare services" [4]. These experiences have taught us to think critically about real-world issues, strengthening our sense of social responsibility and professional mission.[4]

2.3. Practice Ability and Improve Comprehensive Quality

Social practice serves as a vital supplement to the "early clinical engagement and extensive clinical experience" framework. For instance, our university's "Health Education Team" visits primary and secondary schools as well as communities, using accessible language to promote traditional Chinese medicine knowledge for preventing and treating common diseases. From designing presentations and creating PPT to facilitating on-site interactions and answering questions, the entire process is student-led. This not only enhances communication and organizational skills but also tests our grasp of professional knowledge. Research shows that participatory learning effectively improves medical students communication, collaboration, and knowledge transfer abilities [5]. Additionally, soft skills such as teamwork, problem-solving, and emergency response have been practically enhanced through these experiences.[5]

3. Challenges and Problems Facing Social Practice in Our School

3.1. Some Activities are Superficial and Lack Professional Depth

While universities encourage social practice, many programs remain limited to basic activities like "leaflet distribution and blood pressure checks," lacking well-designed integration with Traditional Chinese Medicine (TCM) specialties. Students often report feeling "insufficiently engaged," describing their participation as mere task completion rather than genuine professional practice. This "formalistic" tendency is a common phenomenon in university social practice initiatives[6].[6]

3.2. The Effectiveness of the Mentor System has not Been Fully Realized in Practice

While our university has implemented a mentorship system across the board, its guiding role remains underutilized in social practice. Mentors primarily focus on academic planning and research training, often limiting their involvement in designing social practice projects, monitoring progress, and conducting in-depth reflections due to time constraints, limited resources, and insufficient evaluation weight. This results in students struggling to receive timely, targeted support from mentors when encountering specialized challenges during practical activities, ultimately diminishing the depth of professional development achieved through these initiatives.

3.3. The Safeguard Mechanism is Not Perfect, and There are Worries

Social practice funding typically combines partial support from schools with student contributions, yet projects in remote areas often struggle to maintain operations due to financial constraints. Furthermore, safety protocols and emergency response plans lack specificity—particularly when grassroots healthcare institutions provide services, where staff face occupational exposure risks despite inadequate protective training. A robust safeguard system remains a critical prerequisite for the sustainable development of social practice initiatives[7].[7]

3.4. The Evaluation Method is Monotonous and Lacks Effective Feedback

Current evaluation practices predominantly rely on reports and photographs, lacking substantive outcomes and feedback. Some students produce superficial reports merely to meet teachers requirements, even resorting to imitation, failing to establish a virtuous cycle of "practice-reflection-growth." Diversified evaluation mechanisms can better guide students to prioritize the practical process over mere result pursuit[8].[8]

4. Pathways and Suggestions for Optimizing Medical Students Social Practice

4.1. Build Brand Projects with Characteristics of Traditional Chinese Medicine

It is recommended that schools integrate resources to prioritize sustainable practical projects closely aligned with academic disciplines. For instance, expanding the "Autumn Leaves in Serene Beauty" palliative care volunteer program into a long-term initiative could encourage broader student participation in life education. Establishing grassroots TCM technology outreach teams to provide acupuncture, massage, and herbal medicine education in rural areas would ensure practical learning resonates with academic studies. The "service-learning" model adopted by international medical schools, which seamlessly integrates community service with academic credits, offers a valuable reference with proven effectiveness [9].[9]

4.2. Build a Distinctive "One Mentor, One Brand" Program with Mentors at its Core

The university encourages and supports mentors to leverage their research expertise and professional strengths in designing and guiding long-term, stable social practice programs. For instance, mentors in Traditional Chinese Medicine Resources may lead students in conducting "Comprehensive Survey and Public Education of Qin Medicine Herbs," while those in Acupuncture and Massage Therapy could establish "Community Chronic Pain TCM Appropriate Service Teams." This approach transforms social practice into an extension and validation platform for mentors research, creating a virtuous cycle of "teaching-research-practice" integration.

4.3. Improve the Guarantee Mechanism and Establish a Practice Base

It is recommended that schools establish long-term partnerships with community hospitals, county-level TCM hospitals, and elderly care institutions to jointly build practice bases. Through stable cooperative relationships, the organizational costs and safety risks of each practical activity can be reduced. Simultaneously, a dedicated practice fund should be established to support students in conducting in-depth and meaningful research and service initiatives. The development of stable practice bases serves as the foundation for institutionalizing and maintaining regular social practice programs [7].[7]

4.4. Optimize the Evaluation Method, Pay Attention to the Process and Growth

Students are encouraged to transform their practical achievements into diverse "products", such as: a policy recommendation micro-report submitted to local health authorities, a health education toolkit (short videos, manuals) for specific groups (e.g., left-behind children, empty-nest elders), or a mini-program or workflow designed to solve real-world problems (e.g., rural medicine box management). The focus lies on the innovation, practicality, and potential social impact of these outcomes.

Design a concise feedback questionnaire and invite practitioners and service recipients (e.g., patients and residents) to evaluate students' service attitude, professional competence, and communication effectiveness. This voice from the field serves as the most authentic benchmark.

5. Conclusion

"Knowledge from books is shallow; true understanding comes from personal experience." For medical students, social practice isn't just an optional extracurricular activity—it’s an essential journey to become compassionate and

competent healthcare professionals. Through our studies and hands-on experience at Shaanxi University of Chinese Medicine, we have learned that only by immersing ourselves in real-life medical scenarios, listening to patients voices, and understanding grassroots healthcare realities can we truly grasp the essence of medicine and the weight of responsibility. We hope that through the joint efforts of the university, faculty, and students, social practice will evolve from a mere formality into a valuable asset in every medical students growth. What we take away isn't just a certificate, but vivid memories of life experiences and a more resolute commitment to our medical vocation.

Acknowledgments

The "Qingmiao Program" of Shaanxi University of Chinese Medicine: Fragrance drifts far and grows purer, Youth pursue with steadfast action. (2024QR17).

References

[1] The CPC Central Committee, the State Council. "Healthy China 2030" Outline [R]. 2016.

[2] Li Qing, Wang Lei. The Impact of Early Social Practice on the Formation of Medical Students Professional Values [J]. Chinese Journal of Medical Education, 2020,40(1):25-28.

[3] Wang Yifang. Fifteen Lectures on Medical Humanities [M]. Beijing: Peking University Press, 2022.

[4] Zhang Hua, Liu Mei. Analysis of Regional Differences in Primary Healthcare Service Capacity in China [J]. China Health Policy Research, 2021,14(3):45-50.

[5] Miller, S. E., & Teter, R. E. The impact of service-learning on medical students communication and collaboration skills[J]. Medical Education, 2019, 53(8): 812-822.

[6] Chen Xiaohong. The Formalization Trend of Social Practice in Higher Education and Its Governance Pathways [J]. China Higher Education, 2022(18):60-62.

[7] Liu Yang. Building a Long-Term Mechanism for Social Practice Safety Assurance in Higher Education Institutions [J]. Experimental Technology and Management, 2019,36(10):230-233.

[8] Wang Lu, Gao Jian. Application of Formative Assessment in Social Practice Evaluation for Medical Students [J]. Chinese Journal of Medical Education Exploration, 2023,22(1):88-91.

[9] Bringle, R. G., & Hatcher, J. A. Implementing service learning in higher education[J]. The Journal of Higher Education, 1996, 67(2): 221-239.