

Study on the Cultivation of Students' Cross-Cultural Communicative Competence in Medical English Teaching from the Perspective of Narrative Medicine

Shuang Wang

Qiqihar Medical University, Qiqihar, Heilongjiang, China

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Abstract: with the continuous development of medical science and the increasing frequency of international contacts, intercultural communication is becoming increasingly important. Therefore, letting students understand cross-cultural communication knowledge and improve cross-cultural communication ability is of great significance for improving the effect of medical English teaching. This article discusses the introduction of cultural content into medical English teaching, and how to cultivate medical students' cross-cultural communicative competence to discuss cross-cultural issues in medical English teaching.

1. Introduction

In foreign-related medical activities, the communication between medical workers and foreign patients runs through the entire medical process. Medical context cross-cultural communication is a specific interpersonal communication in a cross-cultural context in order to meet medical purposes and the needs of medical service scenarios. It is an information transmission activity with medical understanding as the main content carried out by both doctors and patients for the health needs of patients. It is the need and prerequisite for clinical diagnosis and treatment. The purpose of communication is to enable both doctors and patients to fully and effectively express their understanding, willingness and requirements for medical activities. Appropriate and effective doctor-patient communication can enable medical staff to understand the patient's expectations and specific needs for medical services in a timely manner, grasp the patient's doubts about each medical link, the perception of medical services, and the key points of medical service requirements, so that Get timely and effective medical services and humane care during the medical treatment. Many medical personnel believe that the learning content of medical English is mainly to expand the vocabulary of medical English, to be familiar with and master grammar knowledge, and to correctly analyze and understand the meaning of longer sentences in medical articles. In the process of communicating with foreign patients, the most important thing is to be able to understand their conversation and express their ideas. Therefore, the study of medical English is the study of medical language, which is manifested in the form of mastering language and the recognition of medical language knowledge. Many foreign patients who seek medical treatment in China have pointed out that in the process of communicating with Chinese medical staff, they can usually tolerate language errors made by medical staff, but they are very disgusted with errors made by medical staff in the use of language. Chinese medical workers often violate their speech rules because of a lack of awareness of the pragmatic norms of other cultural and medical contexts. They are regarded by foreign patients as impolite, rude, and therefore they do not trust them or even reject medical staff. In addition to fluent language skills for communication between medical staff and foreign patients, they must also understand their pragmatic habits, their unique culture, eliminate or reduce barriers to medical treatment due to different language and cultural backgrounds, and enhance their ability to cross-cultural empathy. To enable decent and effective cross-cultural communication in medical situations. Therefore, medical English teaching for medical students should not only cultivate students' good ability of expressing medical information language, but also enable students to express their medical language appropriately and adapt to the cultural habits of foreign patients.

That is, medical English teaching should cultivate its medical context across cultures. Communicative competence is the goal to adapt to its evolving job needs.

2. Importance of Introducing Cross-Cultural Teaching Content in Medical English Teaching

In recent years, with the accelerated pace of reform, international medical exchanges have become increasingly frequent, especially the rapid development of information technology and the Internet. Teleconsultations and treatments are becoming more common, and medical staff and patients can exchange information without leaving home. However, due to different cultural backgrounds and lack of necessary cultural knowledge, misunderstandings, contradictions, and even conflicts can easily occur in the communication process. Misdiagnosis, dangerous treatment procedures, and unnecessary treatment often result in incorrect and ineffective communication and ultimately patient suffering. Different cultural interpretations and cultural expressions of different beliefs will be reflected in cultural differences in the causes of disease, treatment of disease and prevention of disease. In order to prevent students from causing such misunderstandings in cross-cultural communication, medical English teachers must pay attention to cultural teaching in teaching, so that medical students have the ability to conduct cross-cultural communication in different cultural backgrounds and understand different cultures or subcultures. Communicative mode reduces communication errors caused by inappropriate use of language barriers, non-verbal information and cultural differences, communication styles, and politeness strategies. To enable multi-ethnic countries like China to establish the best health care system in the international context.

Language is the carrier of culture and the main form of culture. Language develops with the development of a nation. Different ethnic groups have different cultures, histories, customs and customs, and local customs, and the culture and social customs of each ethnic group are expressed in the language of that ethnic group. The development of communicative competence is the ultimate goal of English teaching. To master a foreign language is not only to remember words, grammar, and discourse structure, but also to learn to understand the thoughts, customs, and social behaviors reflected in non-native languages. Moreover, English medical vocabulary is numerous and difficult to remember. It is both the basis of learning and the difficulty of learning. Even if students read and write more, they are still difficult to remember and often affect their interest in learning. If you have knowledge of Western cultural background related to medical vocabulary. Vocabulary learning will be more effective and fun. Incorporating cultural teaching in medical English teaching and cultivating students' intercultural communication skills are not only conducive to student-level learning effects, but also of great significance for future work.

3. Cross-Cultural Communication Skills in Medical Situations

We found that: for the training goals of foreign language teaching, we have experienced a change from language ability, communicative ability to intercultural communication ability. Scholars generally believe that in order to achieve the goal of intercultural speaker, we must cultivate intercultural communication ability in foreign language teaching. Researchers have studied intercultural communicative competence and its constituent elements from the perspectives of sociology, psychology, communication, and foreign language teaching, and have built a model of intercultural communicative competence. However, previous studies on intercultural communicative competence have rarely discussed the intercultural communicative competence in a specific situation, and few studies have been conducted on the intercultural communicative competence in medical situations. It is necessary to investigate the intercultural communication ability of medical situations. Promoting health and preventing diseases has made it an urgent need to study intercultural communicative competence in the medical context; misdiagnosis, dangerous treatment procedures, and unnecessary treatment are often caused by misunderstandings in intercultural communication in the medical context. In order for medical personnel to better participate in cross-cultural communication activities in medical situations, we must study the cross-cultural communication ability in medical situations. At the same time, due to the particularity

of medical situations, compared with daily communication activities, communication activities in medical situations have their own unique characteristics, which are reflected in the use of language, the sequence of discourse, the way of information transmission, and conversation style. Under different cultural backgrounds, the communication between doctors and patients is different, and people in different cultures have different medical concepts. The research of medical contextual intercultural communication mainly focuses on the obstacles in communication due to cultural differences. Researchers are mostly Western language, human, and psychologists. They aim to solve the communication barriers and conflicts caused by the different cultural backgrounds of doctors and patients in western multicultural society. In related research, in the context of Chinese society, the communication between Chinese doctors and foreign patients is rarely involved, and what kind of capabilities Chinese doctors need to communicate with foreign patients has not been explained. In this section, from the perspective of medical English teaching, based on Wen Qiufang's, Hu Wenzhong's, and Gao Yihong's cross-cultural communicative competence models, a medical contextual cross-cultural communicative competence model is constructed. Medicine “and” Culture “In the concept of” medical contextual intercultural communicative competence “, it is the contextual context and cultural context in which” communicative competence “plays a role. The social role, communicative role, and communicative purpose of the communicator directly affect Communicative behavior. Communicative objects of different cultural backgrounds have different perceptions of behavioral models, behavioral norms, and social roles. They have different expectations of the communicative behavior of the other party in a scene, and have different judgments on the decent communicative behavior. Medical context cross-cultural In communication, the situational characteristics of the medical context and the intercultural nature of the communicative context together restrict the appropriateness of the communicative behavior. Behavioral patterns and value orientations) and effective (achieving communicative goals) the ability to implement communicative behaviors in medical situations. The so-called decent means that the communicative behavior is reasonable and appropriate, in line with specific cultures, medical situations, and specific relationships between communicants. Communicative expectations; Effective means that the communicative behavior has the expected result. Decently Inter-process communication is effective results. Communicators have a good communicative competence can use decent way to communicate, and to achieve the appropriate feedback.

4. Cultivate Medical Students' Cross-Cultural Communication Skills

Each language has its own unique grammar system and is quite different from each other. Language teaching and cultural teaching must be organically combined. Language learning is a means of cultural learning, and cultural learning and cross-cultural communication are the goals of language learning. At the same time, cultural learning provides colorful, real and lively materials and environments for language learning. The introduction of a large amount of cultural materials not only makes language learning interesting, but also an important guarantee for the cultivation of language communicative competence. We must not only explore the differences in its logical form and structure, but also explore the inherent factors of its formation, and then we will find the rich cultural factors contained in it. English vocabulary has accumulated rich cultural connotations in long-term use, so we should pay attention to the introduction of the cultural meaning of English vocabulary in teaching to prevent students from making subjective evaluations from the vocabulary itself. For example, Siren is a beautiful sea succubus who lives near the coast of Yirenli in Greek mythology. The upper body is a lower body and the lower body is a fish. Based on the external characteristics of her upper body and lower body as a fish, her title evolved as “sirenomelus”, which means “footless and leg deformity” and “sirenomelia”, “footless and leg deformity”.

Use a variety of multimedia facilities to appreciate and design various communication environments on topics. E.g. Ask students to imagine that they are a party in the communication. Use your own personal experience to experience cross-cultural communication, experience cultural differences, experience the cultural psychology of both parties, and perform role-playing, group discussions, and short-act performances. Teachers can specify topics first, and let students find

relevant materials after class and display them in the next class. Specific methods can take the form of role-playing, simulation activities, and so on. Taking Family History (Family Medical History 1) in English as an example, learning this section can take the form of a two-person group for contextual dialogue, acting as a doctor and a patient. Combine language learning and cultural learning with the learner's personal experience to Only learner-centered can truly cultivate the students' cross-cultural communication skills. Because teachers usually require students to prepare before class to experience the feeling of the role, so that students have the initiative to learn This process is quite beneficial to enrich students' cultural knowledge and improve intercultural communication skills.

5. Conclusion

The study of medical contextual intercultural communicative ability interviews uses purposeful sampling to identify four interviewees. The research subjects' life, work, and experience cover different levels. They often carry out medical contextual cross-cultural communication activities or are very familiar with them. They have certain research and experience. All four interviewees agreed that it is important for communicators to have intercultural communication skills in medical situations. Compared with intercultural cultural contextual communication, intercultural medical contextual communication is more difficult. Interviewees generally believe that the language ability of medical situations is the basis for cross-cultural communication of medical situations. If language expression cannot be performed, communication activities will certainly not be possible. And just having medical language skills is not enough. The study of intercultural communication skills in medical situations can draw the following conclusions: possessing a certain medical language ability is a prerequisite for intercultural communication in medical situations, and the mastery of pragmatic knowledge and cross-cultural knowledge in medical situations is the intercultural communication in medical situations Necessary conditions, and cultural empathy is an important guarantee for cross-cultural communication in medical situations.

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