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Research on the Cultivation Path of "Narrative Competence" for Pediatrics Major Medical Students from the Perspective of New Media

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Abstract: The in-depth integration of new media technology provides an opportunity for systematic innovation in pediatric medical humanities education. Addressing the practical dilemmas in the current cultivation of narrative competence for pediatrics major medical students, such as single teaching form, disconnection from clinical practice, and insufficient empathy and communication skills, this paper aims to explore how to effectively leverage the interactivity, immersion, and diversity advantages of new media to construct a narrative medicine cultivation system deeply integrated with the characteristics of pediatrics. By integrating theoretical analysis and practical paths, the study proposes core strategies including building an intelligent teaching platform, promoting modular integration of courses, strengthening clinical narrative practice, and establishing interdisciplinary learning communities. It also emphasizes the necessity of ethical guarantees and emotional support, aiming to provide theoretical and practical references for systematically improving the humanistic care ability and clinical competence of pediatric medical students.

Keywords: New media; Pediatrics major; Narrative medicine; Literacy cultivation; Doctor-patient communication

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1. Introduction

Pediatric practice relies heavily on stable doctor–patient trust and effective family cooperation, placing higher demands on clinicians' empathy, narrative competence, and communication skills. As a key paradigm for enhancing medical humanistic quality, the value of narrative medicine has been widely recognized in academic circles [1]. However, traditional narrative medicine teaching mostly relies on text reading and classroom discussions, with inherent limitations such as limited material sources, rigid teaching scenarios, and insufficient alignment with the complexity of pediatric clinical settings. This results in a marked gap between classroom narrative learning and its application in clinical settings. When entering clinical practice, they struggle to directly apply classroom knowledge when facing inarticulate children and anxious parents. Against this background, the immediacy, immersion, and strong interactivity of new media technology provide a new path to address these dilemmas. This paper aims to systematically analyze the core difficulties of current cultivation work and, based on this, construct a targeted and operable integrated cultivation

plan for pediatric narrative competence from the perspective of new media.

2. Current practical dilemmas and cause analysis of pediatric narrative competen -ce cultivation

To construct an effective cultivation path, it is first necessary to accurately diagnose the crux of the current system. In China's pediatric medical education, the cultivation of narrative competence mainly faces the following three deep-seated dilemmas.

2.1. Structural contradiction between the limitations of traditional teaching models and the diversity of pediatric narratives

The existing medical education curriculum system is compact, and content related to narrative medicine is often offered as an optional humanities course, loosely connected to core professional courses [2]. Teaching methods are dominated by theoretical lectures and classic literary work analysis. This "static" narrative stands in stark contrast to the dynamic, vivid narratives in pediatric wards, which are often presented in non-verbal forms (such as crying, drawing, and game behaviors). Pediatric narrative is essentially a triangular narrative system of "doctor-child-family": children have distinct expression styles based on different ages and developmental stages; parents often bear complex emotions such as anxiety, expectations, and guilt. Traditional single, linear text teaching is difficult to simulate this multi-dimensional, three-dimensional, and uncertain narrative field, resulting in students' insufficient anticipation of the complexity of pediatric clinical work and a prolonged clinical adaptation period [3].

2.2. Dual "Emotional-skill" gap between theoretical teaching and clinical practice

In theoretical classrooms, students can learn empathy and communication in a relatively safe and detached emotional environment. However, once entering the real pediatric clinical setting, they need to immediately face highly concentrated emotional pressure, such as children's fear and crying or parents' doubts and anger. This intense emotional impact is difficult to replicate in classroom teaching. Without timely clinical guidance and psychological support, students not only struggle to apply learned narrative skills but also tend to develop defensive communication attitudes due to setbacks or even fall into emotional exhaustion [4]. This gap from "cognitive understanding" to "emotional practice" has become one of the shortcomings of the current cultivation system.

2.3. Severe mismatch between teaching resource supply and the needs of real pediatric scenarios

Existing teaching case libraries focus more on typical symptoms, signs, and diagnosis and treatment plans of diseases, "the story of the disease," while seriously lacking "the story of the person with the disease." For pediatric medical students, understanding treatment plans is certainly important, but understanding the family's collapse upon diagnosis, the child's fear during treatment, and even the psychological changes of siblings is equally indispensable. These narratives carrying emotions, family relationships, and social culture are the core materials of narrative medicine. However, such materials are extremely scarce in traditional teaching resources due to their privacy, emotionality, and unstructured nature, leaving the training of students' narrative understanding ability without a foundation and difficult to deepen [5,6].

3. Construction of the cultivation path of pediatric narrative competence from the perspective of new media

In response to the above dilemmas, new media technology should not merely be a tool addition but an enabling engine for systematically reconstructing the cultivation model. This paper proposes the following integrated path system.

3.1. Build a pediatrics-oriented intelligent narrative medicine teaching platform and resource library

This platform is the material foundation of the cultivation path. It should go beyond ordinary information management systems and become an intelligent learning space integrating "resource aggregation, scenario simulation, interactive learning, and effect evaluation".

(1) Construct an age-classified pediatric narrative material library

Resource library construction must closely focus on the characteristics of pediatrics. First, narrative materials should be classified according to four key developmental stages: infants (0–3 years old), preschoolers (3–6 years old), school-age children (6–12 years old), and adolescents (12–18 years old). Under each category, in addition to children's verbal self-reports, non-verbal narrative materials such as their paintings, play therapy videos, and behavioral observation records should be prioritized [7]. Second, establish "typical clinical scenario case packages", such as "breaking bad news" and "chronic disease management family interviews". Each case package integrates disease introduction, desensitized doctor-patient communication videos, family emotional change records, attending physician reflection notes, and humanities/ethics expert comments to form a complete narrative learning unit.

(2) Realize immersive learning through new media technology

VR and interactive video technologies can be employed to develop simulated pediatric communication scenarios. Students enter a virtual consulting room through role-playing, facing "children's parents" with dynamically changing emotions driven by actors or AI. The system can record students' language, facial expressions, and body movements, and generate multi-dimensional communication analysis reports afterward to provide precise feedback and improvement basis.

3.2. Promote modular in-depth integration of narrative medicine with core pediatric courses

Improving the narrative competence of pediatric medical students lies in integrating narrative ability training into the professional curriculum system, avoiding the separation of humanities education and clinical teaching. With new media as the link, promote the organic integration of narrative medicine content with pediatric theoretical courses, clinical skills courses, medical ethics courses, etc. [8–10] For example, in the teaching of "pediatric respiratory system diseases," short videos shot by asthmatic children's families can be introduced to show real scenes of nighttime attacks and parents' anxiety, guiding students to analyze the condition from a bio-psycho-social medical model perspective. In the "pediatric communication skills" training course, real doctor-patient dialogue cases from social media can be used to organize students to conduct narrative analysis, identify links of empathy deficiency or misunderstanding in communication, and carry out improvement training through role-playing. Meanwhile, digital platforms such as WeChat official accounts or Xuexitong, regularly push "pediatric narrative cases" with thinking questions, requiring students to write short narrative reflections, which are included in the usual performance assessment. This integrated teaching not only enhances the humanistic temperature of courses but also enables students to gradually establish the ability to listen to, understand, and respond to patients' stories while mastering professional knowledge. Especially in pediatrics, doctor-patient communication often involves both children and parents. Narrative training helps students learn to handle complex family dynamics and emotional needs, improving clinical competence. Through systematic curriculum design, narrative medicine is no longer an isolated optional course but a core literacy running through the entire process of pediatric medical education [11].

3.3. Construct a closed-loop mechanism of "narrative practice-feedback-reflection" during clinical internship

Clinical internships serve as a pivotal phase for internalizing narrative literacy, necessitating the establishment of structured and routine training support mechanisms. Implement a "pediatric narrative medical record" writing system. In addition to the standard SOAP medical record, add a "narrative appendix" to encourage students to record children's emotional

reactions and parents' core concerns in non-technical language. This appendix is submitted through a dedicated teaching APP and reviewed and annotated by clinical tutors trained in narrative medicine, with feedback focusing on the detail of observation and depth of understanding. Launch a "new media health science popularization creation" project. Require internship groups to create popular science works for children and parents in their departments, such as rehabilitation story comics and disease knowledge animations. This effectively trains students' ability to transform professional language into warm, understandable narratives. Establish an "online narrative reflection meeting" system. Organize interns to hold monthly narrative reflection meetings under the guidance of tutors through online meeting platforms. Following the principle of confidentiality, the meetings encourage students to share communication dilemmas and touching moments in clinical practice. Peer resonance and professional guidance from tutors can elevate individual emotional experiences into universal professional wisdom and build a positive emotional support network [12].

3.4. Create an interdisciplinary, multi-subject narrative medicine learning community

(1) Construct a "pediatric narrative medicine growth circle"

Use platforms such as WeChat and DingTalk to establish online communities, actively inviting teachers and students from fields such as medical anthropology, psychology, social work, and art therapy to join. Reasonably invite understanding parents of recovered children as "community guests" to form a learning ecosystem with the integration of multiple perspectives.

(2) Organize online thematic salons and co-creation activities

Regularly hold online salons such as "How to interpret children's graffiti?" and "Strategies for communicating with 'helicopter parents'", broadening students' narrative horizons through interdisciplinary dialogues. At the same time, launch online co-creation activities such as "Light in the Ward" graphic collection and "Hearing Children's Voices" audio story collection, encouraging students to record and share clinical experiences through multiple media, and solidify moments of humanistic care in co-creation.

4. Guarantee for implementation paths: Ethical boundaries and emotional support

While using new media to empower narrative medicine education, we need to be highly vigilant about its potential risks and establish solid protective barriers [13].

4.1. Establish strict ethical and privacy protection mechanisms

This constitutes an unbreachable ethical red line for all pathway implementations, requiring the establishment of comprehensive ethical guidelines covering the entire process from material collection, de-identification processing, storage, to utilization. All clinical narrative materials used for teaching must obtain full informed consent from children and their parents, and undergo thorough anonymization and de-identification. Both students and teachers must receive specialized ethical training and sign confidentiality agreements.

4.2. Construct a sustained emotional support system

Continuous exposure to others' painful narratives is an important cause of compassion fatigue and burnout. Narrative medicine education emphasizes both "nurturing individuals" and "cultivating emotional intelligence." In addition to the support provided by "online narrative reflection meetings," convenient professional psychological counseling channels should be available. On teaching platforms and communities, resources on self-care, stress management, and mindfulness practice should be regularly pushed to teach students to protect their mental health in high-emotion work and achieve sustainable professional development [14,15].

5. Conclusion

Today, as new media technology profoundly reshapes social interaction patterns, pediatric medical education has ushered in an opportunity for systematic innovation. The core of the cultivation path constructed in this paper is to elevate new media from an auxiliary tool to an enabling concept for systematically reconstructing the educational ecosystem, through technological empowerment, integrating narrative medicine from a marginal humanities course into the entire process of cognitive, emotional, and skill development of pediatric medical students. This requires the joint efforts of educational administrators, clinical teachers, and humanities researchers to invest in continuous curriculum development, resource construction, and institutional innovation. The ultimate goal is to cultivate pediatricians who are able to genuinely attend to children's needs, understand family dynamics, and sustain humanistic professionalism throughout their careers.

Disclosure statement

The author declares no conflict of interest.

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