

Ideological and Political Education in Medical Colleges Based on OBE Theory

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Abstract:

Driven by the dual impetus of new medical education and educational reform, ideological and political education in medical colleges is confronting challenges such as ambiguous training objectives, monotonous teaching methods, and inadequate learning effectiveness evaluation. The Outcomes-Based Education (OBE) theory emphasizes learning outcomes as the core focus, advocating a closed-loop logic of “reverse design-forward implementation-sustainable improvement” that provides a systematic approach for ideological education in medical institutions. This paper explores goal-setting, curriculum system optimization, pedagogical innovation, and evaluation mechanism development in medical school ideological education through OBE principles. Considering the professional and practical nature of medical talent cultivation, it proposes an optimized educational model focused on shaping medical students’ professional ethics and values. Research findings indicate that OBE-based ideological education not only effectively integrates value guidance with knowledge transmission but also enhances medical students’ humanistic care capabilities and social responsibility awareness, thereby promoting deep integration between medical education and ideological-political education.

Keywords:

OBE Theory, Medical School, Ideological and Political Education, Talent Training

1. Introduction

The fundamental objective of medical education is to cultivate high-caliber healthcare professionals who possess both specialized expertise and humanistic values with social responsibility. However, long-standing teaching practices in medical colleges have exhibited issues such as prioritizing theory over practice, classroom instruction over clinical application, and knowledge transmission over value cultivation. Meanwhile, the Ministry of Education’s recent initiatives—such as the “New Medical Education” framework and the “Comprehensive Ideological Education” paradigm—have raised higher standards for medical talent development. How to organically integrate ideological education throughout the entire medical education process has become an urgent challenge. As an internationally recognized educational philosophy, OBE theory emphasizes reverse design and forward

implementation guided by students' expected competencies and qualities upon graduation. This provides theoretical foundations and practical frameworks for precise educational objectives, effective implementation, and scientific evaluation of ideological education. Therefore, exploring innovative pathways for ideological education in medical schools based on OBE not only represents an inevitable trend in educational reform but also serves as a crucial support for enhancing the quality of medical talent cultivation.

2. The Basic Connotation of OBE Theory and Its Conformity to Medical Education

The OBE theory was first proposed by American scholar Spady. Its core philosophy focuses on student learning outcomes, emphasizing the “reverse design,” “holistic approach,” and “continuous improvement” in educational planning. Unlike traditional teacher-centered models that prioritize knowledge transmission, OBE prioritizes student achievement. It advocates starting from the “competencies and qualities students should possess upon graduation” to reverse-engineer teaching objectives, content, and activities, with dynamic optimization through scientific evaluation feedback. The theory's key characteristics are threefold: First, goal orientation—ensuring all educational components align with specific outcome requirements; Second, student-centeredness—implementing personalized cultivation based on individual learning processes and differences; Third, measurable outcomes—using multidimensional assessment tools to evaluate students' comprehensive abilities, ensuring educational goals are effectively achieved.

Integrating Outcomes-Based Education (OBE) into medical schools' ideological and political education demonstrates strong alignment. Medical education fundamentally aims not only to impart clinical knowledge and skills but also to cultivate students' values, professional ethos, and social responsibility—key objectives of ideological education. OBE's “end-oriented approach” perfectly matches medical training goals, as the ultimate aim is to nurture compassionate, skilled physicians with reverence for life and humanistic care. Therefore, educational practices should align with these core objectives, integrating value cultivation alongside knowledge transmission. In curriculum design, OBE provides clear pathways for embedding ideological elements: Through reverse design, it effectively incorporates ethical considerations, doctor-patient communication, and public health responsibilities into anatomy, physiology, and clinical practice courses, achieving organic integration of “ideological education within curricula.” Regarding teaching methods, OBE emphasizes student engagement and outcome-driven learning. Case discussions, scenario simulations, and clinical internships enable students to internalize ideological values through practical application. Additionally, its blended assessment model combining formative and summative evaluations aligns with medical students' developmental journey, fostering a competency-based evaluation system that emphasizes competence, literacy, and values. Therefore, OBE not only provides systematic theoretical support for the goal setting, path optimization and effect evaluation of ideological and political education in medical colleges and universities, but also provides scientific educational logic and operable practical framework for medical talent training, promoting the deep integration of medical education and ideological and political education.

3. Construction of Ideological and Political Education Goal System in Medical Colleges Based on OBE

3.1. Design of medical talent value shaping goal based on the end in mind

Under the OBE philosophy, the primary objective of ideological and political education in medical schools should focus on cultivating professional ethics and value orientations essential for future healthcare practitioners. Specifically, the core spirit of medicine can be distilled into ultimate educational goals such as “reverence for life, saving lives, dedication to healing, and boundless compassion.” In curriculum design, these objectives should serve as the starting point for top-level educational planning, with detailed value standards established for graduates. For instance, measurable outcomes could include “medical students demonstrating conscious adherence to medical ethics, respect for patient rights, and conflict resolution skills in clinical practice upon graduation.” To achieve this, schools should implement a “Medical Mission Identification Course” during freshman orientation, using physician oaths and major medical history case studies as foundational value guidance. During senior clinical rotations, real-world doctor-patient communication assessments and social service records should validate students’ value cultivation through verifiable achievements. This goal-oriented approach ensures alignment between ideological education objectives and the ultimate training requirements for medical professionals, truly realizing the principle of “starting with the end in mind” in educational design.

3.2. Hierarchical and progressive path of cultivating ideological and political education ability

To prevent ideological and political education objectives from becoming abstract and vague, the OBE framework requires hierarchical progression of goals, forming a continuous chain from short-term to medium-term to long-term. Specifically, short-term goals focus on students’ understanding of medical humanistic spirit and social responsibility. For instance, embedding a “Medicine and Society” module in basic medical courses requires students to analyze the relationship between medical development and social progress in their class reports. Medium-term goals aim to cultivate stable value judgment capabilities and professional identity during the learning process. Schools can assess students’ ethical choices in dilemmas through interdisciplinary discussions (e.g., “Medical Equity and Public Health”). The ultimate goal is for medical students to transform values into behavioral habits and professional norms upon graduation. To achieve this, schools can establish a vertically integrated “ideological and political competency development roadmap”: freshmen should complete medical mission and responsibility awareness; sophomore and junior years emphasize ethical judgment and public health responsibility experience; senior years and clinical internships involve clinical assessments of doctor-patient communication and social care. This layered goal chain not only provides clear progression pathways for value learning but also ensures that final outputs align with medical talent cultivation requirements.

3.3. Value goal mapping of curriculum system integration

Under the OBE framework, ideological and political education objectives should be deeply integrated with the medical curriculum system to establish an “integrated goal mapping” model. Specifically, a “Curriculum Ideology-Matrix Table” should be developed to align teaching goals across disciplines with corresponding ideological

education targets. For instance: “Respect for Life” in anatomy; “Social Responsibility and Equity” in public health; “Professional Ethics and Doctor-Patient Trust” in internal and surgical medicine; and “Dedication and Teamwork” in clinical internships. This matrix is centrally managed by academic affairs departments and incorporated into the OBE platform, ensuring ideological orientation is established during course design. Case-based teaching enhances implementation, such as using “Diagnosis and Treatment Challenges of Rare Diseases” in pathology courses to guide students in balancing research responsibilities with societal needs, with these case studies being part of course assessments. Through dual integration of the matrix and case studies, ideological education becomes not just abstract lectures but concrete, context-driven elements embedded in course delivery, achieving consistency between ideological cultivation and professional training.

3.4. Results-oriented evaluation and continuous improvement mechanism

The Object-Oriented Education (OBE) framework emphasizes that educational objectives must be validated through measurable outcomes, necessitating a results-driven evaluation and feedback mechanism for constructing the ideological and political education goal system. The implementation involves establishing a “three-in-one” assessment system integrating classroom performance evaluations, practical behavior assessments, and graduation competency evaluations. Classroom performance is quantified through regular assignments, discussion contributions, and value analysis reports. Practical behavior assessments are conducted through volunteer services, clinical internships, and research participation, jointly evaluated by instructors and social service agencies. Graduation competency evaluations combine clinical simulation assessments with professional ethics interviews to ensure students demonstrate values and professional standards in authentic scenarios. All evaluation data is systematically stored in the school's OBE teaching achievement database for educators to analyze periodically, identifying gaps between set goals and actual outputs. Through quarterly review meetings, insights are fed back into curriculum design to drive continuous improvement. For instance, if students underperform in “Public Health Responsibility” metrics, subsequent years may incorporate pandemic prevention case studies or interdisciplinary lectures into relevant courses. This closed-loop mechanism establishes a virtuous cycle of “goal-setting → implementation → evaluation → improvement,” ensuring the long-term effectiveness of the ideological and political education goal system.

4. Ideological and Political Education in Medical Colleges Based on OBE Theory

4.1. Build a contextualized teaching model with case ethics as the core

Under the OBE framework, ideological and political education should be embedded in medical case studies and clinical ethics. The specific approach involves using “case ethics—communication skills” as the core thread of curriculum design, establishing a closed-loop system of four stages: “pre-class preparation—group discussion—simulation practice—evaluation feedback.” First, instructors distribute 5-minute micro-videos and key question cards (such as “the boundaries of physician responsibility when patients refuse treatment”) through teaching platforms before class, requiring students to complete value analysis sheets. Classroom sessions adopt PBL (Problem-Based Learning) format where students analyze cases in groups,

sorting out medical facts and ethical dilemmas, followed by CBL (Case-Based Learning) where instructors pose conflict points like “divided family opinions” and “patients’ financial constraints,” requiring students to draft communication scripts within 10 minutes. Standardized Patient (SP) simulations are then introduced to assess empathy expression, information articulation, and value positioning. Finally, mini OSCE assessments evaluate dimensions including empathy, logical reasoning, ethical compliance, and clarity, with each item scored from 0-3 points and a passing score threshold. Students must submit reflection reports and revised scripts within 48 hours, forming complete outcomes archived in e-Portfolios. Through this design, ideological and political education objectives are concretely implemented in each simulated dialogue, enhancing clinical communication skills while grounding medical ethics education in actionable situational practices.

4.2. Implement cross-curriculum integrated teaching matrix of ideological and political education

Ideological and political education objectives should not exist in isolation but must be organically integrated with medical curricula. Based on the OBE (Outcome-Based Education) framework, a “curriculum-based ideological education matrix + integrated practice” model can be designed to systematically map educational goals across different stages. For instance, anatomy courses could include a module on “Human Donation Rituals and Life Dignity,” requiring students to write 500-word ethical essays. In public health courses, students would form groups to conduct health surveys at least 20 elderly households in communities, then use GIS software to create accessibility maps of healthcare resources, thereby addressing social equity issues. Clinical courses might incorporate multidisciplinary consultation (MDT) simulations where students must develop treatment decision trees under limited medical resources, testing their value-based decision-making skills. During clinical rotations, students observe real doctor-patient interactions while completing structured observation forms to reflect on professional responsibilities and humanistic care. All outputs—including ethical essays, health education materials, decision tree models, and clinical observation records—are incorporated into assessments using a three-dimensional evaluation model combining “output quality + process participation + peer review.” This approach ensures clear alignment between knowledge objectives and ideological education goals, enabling students to progressively cultivate values while acquiring medical expertise, ultimately forming a fully traceable and assessable results-oriented system.

4.3. Establish a data-driven formative evaluation and personalized improvement mechanism

The OBE’s outcome-oriented approach requires evaluations to extend beyond summative assessments, adopting data-driven methods throughout the entire process. The specific implementation involves establishing a formative assessment system based on a learning analytics platform that integrates quantitative metrics with qualitative evidence. Quantitatively, empathy scales (JSE), cross-disciplinary communication competency scales (ICCAS), and ethical scenario scoring systems are introduced, with assessments conducted at the beginning and end of each semester, as well as during team tasks or micro-OSCEs. Qualitatively, students’ scripts, reflection screen recordings, and community service records are incorporated into e-portfolios for blind peer reviews by instructors. The system sets three warning thresholds: no

improvement in empathy levels, two consecutive low ethical scores in OSCEs, or sustained below-average team evaluations. When warnings are triggered, mentors sign “Learning Improvement Agreements” with students specifying improvement goals (e.g., “emotional soothing techniques”), practice frequency (weekly SP drills), and verification criteria (≥ 2 -point improvement in next OSCE). Term-end assessments combine comprehensive evaluations including ethical station OSCEs (40%), blind reviews of student work (30%), and 360-degree multidimensional evaluations (30%) to ensure multi-dimensional validation. The course team holds PDCA cycle meetings each semester to adjust teaching content based on data, such as adding medical insurance system case studies when identifying weaknesses in “resource allocation value judgment” in subsequent semesters. Through dynamic evaluation and continuous feedback, a closed-loop system of goal-setting, implementation, assessment, and improvement is established, achieving synergistic optimization between ideological-political education and medical professional training.

5. Conclusions

Within the OBE theoretical framework, the value of ideological and political education in medical colleges has transcended its traditional role as a “curriculum supplement,” evolving into an intrinsic logic and core component of medical talent development. Through goal-oriented objectives, tiered progressive training pathways, integrated curriculum alignment, and outcome-driven evaluation mechanisms, this educational approach achieves systematic integration with medical education. It not only imparts knowledge and skills but also infuses humanistic values and professional ethics throughout the entire medical education process. Contextualized teaching strategies, curriculum-based ideological frameworks, and data-driven dynamic evaluation systems further drive educational transformation and innovation. Practice demonstrates that this model effectively enhances medical students’ professional competence and ethical judgment while cultivating their social responsibility and humanitarian awareness. Moving forward, as medical education reforms deepen, continuous improvements should be made through multidisciplinary collaboration, digital platform development, and outcome-oriented evaluations. These efforts will advance the scientific and systematic development of ideological education in medical institutions, ultimately nurturing more high-caliber professionals equipped with compassionate expertise and patriotic dedication for the medical field.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

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