Exploring Intercultural Dynamics in Medical English Education in China: an In-depth Analysis and Strategic Enhancement

Guojun Zhou[1], Lubna Ali Mohammed[2]

Abstract

With the continuous development of modern society, information transmission has become more rapid and convenient, which has gradually increased the economic exchanges among various countries in the world, and has also led to more frequent communication among political, cultural, medical and other fields between different regions. At the same time, the mutual penetration and integration between foreign medical culture spread through English and domestic traditional medical concepts have also put forward new demands for the cultivation of high-quality talents in China's medical field. Researchers have explored the cross-cultural complexity of Medical English Teaching (MET) in Chinese higher education institutions and its impact on global medical communication. With the increasing internationalization of healthcare services, English, as the main language of medical communication, is gaining prominence in education. In this broader context. The status of English in global medical education and its teaching in non-native English-speaking environments are facing great challenges, especially in China's higher education settings. Based on an in-depth analysis of the literature and empirical research, this study reveals cross-cultural barriers to MET practice and adopts a mixed-methods research design that combines both quantitative and qualitative methods of data collection and analysis in order to comprehensively examine the current status of MET in China. Special attention was paid to teachers' intercultural competence development, teaching method innovation, and course content adaptation. Based on this, the researcher proposes targeted strategies aimed at improving intercultural competence in MET, including strengthening teacher training, improving curriculum design, and promoting the integration of intercultural communication skills. The findings of the study not only provide insights into existing MET practices, but also offer constructive suggestions for future educational strategies and research directions. Through this study, we expect to contribute a valuable reference and guidance to the field of medical English education in China and globally.

Keywords: *Intercultural Competence, Medical English Teaching, Non-Native English Speaking Environment, Educational Strategies.*

Introduction

Background of The Study

With the accelerating process of globalization and the rise of multiculturalism, the cultivation of intercultural communicative competence for medical students is

not only limited to the enhancement of general communicative competence, but also to meet the needs for effective communication in the special situation of medicine. The latest (2020) edition of the University English Teaching Guide clearly states the teaching objectives of the university English program, namely, "to cultivate students' ability to apply English, to enhance their cross-cultural

communicative awareness and communicative competence, and at the same time, to develop their independent learning ability and to improve their comprehensive cultural literacy". China's higher education is becoming more and more internationalized, and it is an important mission for higher education institutions to cultivate senior specialists with strong professional ability and English application ability.

Challenges of teaching in the native English language permeate all aspects of medical intercultural competence development, and both students and teachers report difficulties in teaching in the native English language. Students perceived English textbooks as more up-to-date and useful, but they faced challenges in effectively utilizing them for learning. Teachers, on the other hand, perceived English

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[1] Faculty of Social Science, Arts, and Humanities at LINCOLN UNTVERSITY, Malaysia.

[2] Faculty of Social Science, Arts, and Humanities at LINCOLN UNTVERSITY, Malaysia

textbooks as more effective learning tools. Classroom effectiveness was a concern for both groups, with teachers experiencing difficulties in imparting subject matter clearly in English (Jiang, 2022).Xiao et al. (2013) stated that developing intercultural competence among Chinese medical students is a key task in medical education. This study emphasizes the importance of cultural competence in improving the quality of medical services and patient care. At the same time, communication skills are an integral part of medical education.Zhang et al. (2018) conducted a study to develop the Communication Skills Attitude Scale (CSAS-Ch) applicable to medical students in Liaoning Province, China, to assess medical students' attitudes toward learning communication skills. The results of the study suggest that communication skills teaching methods need to be further improved to enhance students' communication effectiveness.

The challenges of teaching English as a mother tongue are not only linguistic, but are also heavily influenced by social and cultural factors. Teachers' and students' limited English proficiency plays an important role in these challenges (Yang, 2019). In foreign medical activities, communication between medical workers and foreign patients occurs throughout the medical process. Medical Situational Intercultural Communication (MSC) is a specific interpersonal communication in a cross-cultural context to meet the needs of medical purposes as well as medical service situations. It is an information transfer activity with the main content of medical understanding between doctors and patients for the sake of patients' health needs. It is the need and prerequisite for clinical diagnosis and treatment, and the purpose of communication is to enable doctors and patients to fully and effectively express their understanding of medical activities, wishes and requirements. Appropriate and effective doctor-patient communication can enable medical staff to understand patients' expectations and specific needs for medical services in a timely manner, and to grasp patients' concerns about each medical process, their feelings about medical services, and the key points of their needs for medical services, so as to enable patients to receive timely and effective medical services and humanistic care in the process of medical treatment.Blatt et al. (2009) discuss the importance of promoting patient-centered communication and group teaching skills in China's healthcare system, and discuss the importance of patient-centered communication and group teaching skills. importance of patient-centered communication and group teaching skills in the Chinese healthcare system. This study highlights the challenges of teaching Western physician-patient communication skills in a different cultural context and the trend towards cross-cultural medical education in the era of globalization.

Currently, intercultural communication-related research in China is more oriented to general theories and teaching strategies, with more discussions on language and culture teaching, and not much practical research on how to integrate intercultural teaching with the characteristics of medical-related specialties. As a special communicative situation, cultural differences in the medical field will not only affect the communicative effect, but also influence people's medical decision-making, treatment effect, and medical experience, etc. Therefore, the training of cross-cultural teaching and learning in the medical field is not a matter of practice. Therefore, cultivating cross-cultural communication skills is of far-reaching significance in enhancing the future professionalism of medical students.

Problem Statement

The construction of a new English teaching system in higher medical schools is based on a correct view of history and development. As far as English teaching in higher medical schools around the world is concerned, it has been in the exploratory stage for a long time and has not formed a scientific, rational and characteristic teaching system. Since the 1960s, medical English educators have begun to explore how to construct an English teaching model for higher medical schools. However, since the 21st century, English teaching in medical colleges and universities is still in an unorganized state, with problems such as the lack of a unified syllabus to guide the teaching, the imbalance between the basic English courses and the specialized English courses in medicine, the unitary content of the teaching that cannot satisfy the students' various needs, the lack of class hours, the unitary teaching methods of teachers that cannot satisfy the students' motivation, and the uneven level of the teachers' qualifications, and so on. Under such circumstances, it is crucial to build a new English teaching system in medical schools to meet students' learning needs and the social demand for new medical talents (Chen, 2012).

Medical English teaching emphasizes the ability to communicate in English in medical situations. It has two distinctive features: one is that learners have a clear purpose, i.e., to apply to communication in the field of medicine; the other is that it has special content, i.e., it involves specialized content related to the occupational field of medicine. Unlike general English teaching, university medical English

teaching focuses on the medical environment, although it also emphasizes training in basic aspects of language such as structure and function. Decisions on course content and teaching methods are based on the needs of medical students. It guides the selection and determination of teaching objectives, contents and methods by the students' learning objectives and communicative needs. Its ultimate goal is to develop students' ability to use language for communication in certain work environments (Wang, 2020). Because of the cross-cultural nature of English communication in non-English-speaking countries, the ultimate goal of medical English teaching should be to cultivate students' cross-cultural communicative competence in medical activities, i.e. cross-cultural communicative competence in medical situations.

As Yue (2015) said in her study, the existing intercultural competence cultivation model is mainly researched on the basis of general foreign language courses, discussing the current situation of communicative competence of college students in general, lacking the segmentation of college student groups, and failing to take into account the learning needs of students of different specialties. In addition, there is a lack of experimental research on theories and models at the level of teaching practice, so that these new concepts can be applied to classroom teaching and the organic combination of language teaching and cultural education can be explored in practice.

Objectives

To assess the current situation of intercultural communication skills among Chinese medical students.

To analyze the main factors affecting students' intercultural communication skills.

To explore effective teaching methods to improve students' intercultural communication skills.

To propose reforms for medical English education in China.

Research Problems

What is the current level of intercultural communication skills of Chinese medical school students?

What factors most significantly affect the intercultural communication skills of Chinese medical school students?

What kind of teaching methods can effectively improve the intercultural communication skills of Chinese medical school students?

How should effective reform strategies be developed and implemented for medical

English education in China?

Significance of the Study

This study embodies the application of general education in the field of English humanities education in medical schools. University education should be a kind of comprehensive education, the scope of which should cover not only the knowledge of natural sciences, social sciences and humanities, but also the philosophies of life and cultural connotations embedded in such knowledge. Liberal education is a kind of life education opposite to professional education, aiming to make students get healthy, comprehensive and sustainable development. In view of the special characteristics of the student body in medical schools, this study considers and draws on the new concept of "general education of English in medical schools", i.e.,

"English education for medical humanities". By setting up the specialized course of "Public Medical English", we aim to cultivate students' comprehensive application ability of English and at the same time strengthen the education of doctors' professional ethics, so that the students can establish good medical ethics in a subtle way, and become what Albert Einstein called a "harmonious human being" instead of a "medical machine". instead of a "medical machine", as Einstein said. As Ho et al. (2008) point out, the development of intercultural competence involves not only language skills, but also understanding and adapting to healthcare practices in different cultures, which is essential for providing effective healthcare in a multicultural environment (Outemzabet & Sarnou, 2023).

This study applies the theory to the construction of university English teaching system in medical schools, and innovatively proposes four teaching modules focusing on the cultivation objectives of "listening and speaking ability, reading and writing ability, translation ability and comprehensive ability", which ensures the relative completeness of each module while realizing the effective articulation and reasonable transition between modules. Lodhi et al.'s (2019) analysis of the English language needs of medical students and doctors in Pakistan, as well as a study on the occupational language needs of medical students in Thailand, suggest that the implementation of ESP needs to be based on an exhaustive needs analysis and appropriate curriculum design. These studies support the direction of this study, which is to design and implement a medical English language education program through specific needs analysis, thereby improving the language skills and professional competence of medical students. This is a rational application of the theory and also expands the application of the theory in the field of medical English teaching system construction, and its findings will surely play a significant theoretical role in guiding research in the same field in other related institutions (Nuchapong, 2023).

Literature Review

Research on Cross-Cultural Medical Education in Related Asian Countries

In Japan, medicine has always been in a leading position and medical education is more developed than in our country. In higher medical schools, medical English courses are compulsory for medical students and last for a long period of time, from the first year of university up to the postgraduate level, with an average of about 100 teaching hours per year (Cheng Jingjun, Yan Qingjun, Wu Qikai, 2010). Proficiency in medical English is not only a necessary skill for a qualified medical student, but also a necessity for many medical workers in the Japanese medical community to participate in international exchanges (Barron, 2015). Medical English is necessary for medical students, and the teaching of English for Medical Purposes (EMP) at Tokyo Medical University is in the leading position in Japan (Lv Gui, Liang Ping, 2009), and medical English is necessary for the Japanese medical profession to participate in international exchanges and international competition. It is worthwhile for us to learn from the advanced educational concepts and experiences of medical English education in Japan. In South Korea, the medical school is basically located in the comprehensive university, is a college in the comprehensive university of South Korea's education department to encourage the medical university all courses in English or English medical vocabulary plus Korean auxiliary words for teaching, part of the textbooks use the international common English textbooks, slides are written in English, some of the questions of the examination paper are directly in English, encouraging students to answer the questionnaire in English, and to write the laboratory report in English, to create a A good English learning atmosphere and learning environment have been created. However, it is difficult to create a good English learning environment for all medical students only by foreign language teachers, which requires the joint efforts of foreign language teachers and teachers of medical specialties in order to cultivate and create medical researchers and related staffs who are proficient in professional knowledge as well as foreign language skills.

Cultural Values Theory

One of the core contents of intercultural communication research is to analyze and compare the similarities and differences of different cultures. Only by understanding the characteristics of various cultures and the differences between them can we

effectively utilize this knowledge in the process of communication and avoid misunderstanding and communication failure. In this field, many scholars such as Kluckhohn and Strodtbeck (1961), Hofstede (1980, 1991), Trompenaars (1993, 1998), and Hall (1976) have proposed several theoretical frameworks. For example, Kluckhohn and Strodtbeck's values orientation theory emphasizes cultural differences in basic human nature, human-nature relations, time orientation, activity orientation, and relational orientation, while Hofstede's cultural dimensions theory analyzes cultural differences along the dimensions of individualism-collectivism, power distance, uncertainty avoidance, gender-role differences, and longterm time orientation. Hofstede's cultural dimensions theory analyzes cultural differences in terms of individualism-collectivism, power distance, gender-role differences, and

long-term time orientation, which can help medical students to understand the expectations and behaviors of patients from different cultures, while Hall's high-low-context theory, which focuses on the extent to which cultures rely on explicit linguistic coding and implicit contextual information in communication, can help medical professionals to communicate effectively in different cultures. Parsons' modal variable theory focuses on differences in subjective orientations and the nature of the social systems in which actors interact. Medical English education should emphasize these cultural differences and incorporate them into the curriculum design in order to improve medical students' intercultural communication skills.

Research on Intercultural Communication in Medical Situations

Medical situational intercultural communication research mostly centers on the study of cultural diversity in Western medical situations. (Kleinman, 1980; Helan, 1994), and the research mainly focuses on the effects of differences in the cultural backgrounds of doctors and patients on communicative errors. Some scholars have used an anthropological approach to study the impact of communicative errors due to differences in the medical cultural systems of physicians and patients. These medical cultural perspectives affect the definition of the body, what is healthy, what causes illness, and the response to illness. Communication barriers are caused by the dissonance between the patient's interpretive model of illness held by the patient and the physician's interpretive model of diagnosis and illness during the doctor-patient exchange, resulting in communicative conflict.Rehbein (1980) found that inconsistencies in the perceptions of illness between the physician and patient can lead to schema conflict (Tannen & Wallat, 1983). Quill (1989) summarized multiple invisible markers for identifying barriers to doctor-patient conversations, strategies, and methods for probing the source of the barriers, and also proposed communicative techniques for removing the barriers: identification, acknowledgement, probing, empathy, and legitimation. ohtaki, ohtaki, and Fetters (2003) compared the duration of

U.S. and Japanese outpatient conversations at various stages of the consultation, the speech act quantity, distribution of question types, feedback responses, and interruptions, arguing that these differences are the result of cultural differences between Japan and the U.S., while the similarities stem from the common need to bridge the doctor-patient information gap in medical practice. Other scholars have argued that differences in different cultures' perceptions of nonverbal communicative behaviors can also affect the smooth flow of communication. Due to the specificity of medical situations, compared with daily communicative activities, communicative activities in medical situations have their own unique characteristics, which are manifested in the use of language, the sequence of discourse, the way of information transfer, and the style of conversation. The communication between doctors and patients varies in different cultural backgrounds, and the medical concepts of people in different cultures are also different. A communicator with good communication skills is able to use appropriate ways to communicate and achieve appropriate feedback.

Methodology

Research Methodology

Literature review method: Scopus, Web of Science, Knowledge.com, Google Scholar and other databases were selected for literature search, and a combination of related keywords was used to search for specific topics. For example, use "intercultural communication", "medical education", "cultural differences", etc. Screening based on titles and abstracts to exclude materials that are not relevant to the research topic or do not meet the criteria. The screened literature is categorized and organized according to topics, ages, fields, etc. to form a clear and concise data catalog. Full-text review of the initial screened literature to further confirm its relevance and quality. Final literature was selected based on preset inclusion and exclusion criteria. Key information, such as study design, sample characteristics, and major findings, was extracted from the selected literature. Information is recorded using a uniform data extraction template as a way to visualize the current status and trends in the field under study.

Study design

Qualitative analysis methods: selected methods such as thematic analysis, content analysis or framework analysis, depending on the specific needs and objectives of the study. Thematic analysis was chosen in this paper because of its suitability for exploring complex themes and nuances in medical intercultural communication. Descriptions of doctor-patient intercultural communication in the literature were coded to identify key themes such as communication barriers and cultural differences. This usually involves close reading of the text, tagging key words or phrases, and categorizing them into themes or categories. Integrate findings from different literature, such as differences in cultural understanding between doctors and patients, to develop a comprehensive understanding of intercultural communication in medicine. By comparing and contrasting findings from different literature, the researcher can help the reader to develop a more comprehensive understanding.

Theoretical Framework of The Study

With the advancement of science and technology and the change of human communicative activities, the past communication mode which is mainly based on language and text has been gradually replaced by the communication process which is based on multimedia technology as a platform and interacts with multiple modalities such as sound, language and image, etc. In 1996, the New London Group proposed the new term of multimodal teaching which focuses on the elements of multifaceted literacy, information interoperability and multimedia technology. It focuses on the relevance of multiple literacies, information interoperability, and multimedia

technology. Multimodal teaching is characterized by the use of multimodal symbols, such as paper resources, images, audio and video, animation, tables and PPTs, and the use of tones, intonations, facial expressions, gestures and emotions to stimulate students' senses and improve multimodal literacy skills in a multimodal learning environment. Under the background of global integration, diversification and technologization, the concept of multimodal teaching has become the development trend of university foreign language teaching mode. Multimodal teaching advocates the participation of teachers and students in the teaching process, encourages students to take the initiative to participate in the classroom, strengthens students' sense of independent learning, and enhances their ability to learn through exploration, practice and cooperation.

Analysis and Discussion

Suggestions and Discussions of the Research on Teaching Subjects

In China's undergraduate medical education, one of the basic requirements for clinical graduates is an understanding of the multiple factors that affect the health of populations, including health inequalities, cultural diversity, and socioeconomic status (Dogra et al., 2016). This requires students to understand not

only the disease itself, but also its impact in different social and cultural contexts. Particularly in the development of intercultural competence, teachers need to deepen students' understanding of cultural differences in the context of their personal identities and value systems (Dolhun et al., 2003; Betancourt et al., 2005). Teaching content should cover, for example, cultural values, practices, and understanding of cultural phenomena, especially in the context of the medical profession (Dogra et al., 2010). Intercultural education should be integrated into the teaching of medical specialties to develop students' cultural sensitivity and critical thinking skills in medical practice.

Research Recommendations and Discussion for Intercultural Educators

Psychological safety is seen as an important foundation for learning behaviors. Current literature reports that students who feel psychologically unsafe tend to avoid doing or saying things that may suggest inadequacy (Dogra, 2010). Therefore, creating a safe learning environment in which students can seek clarification or help without the risk of being judged or stigmatized is critical to addressing discrimination, prejudice, and stereotyping in intercultural competence. The teacher's role in the classroom should be not only as a transmitter of information, but also as a guide and facilitator, helping students to explore the world and develop multicultural open-mindedness in a non-threatening way. This includes encouraging students to engage in role-playing and imagery exercises to increase their understanding and empathy for different cultural backgrounds (Dolhun, 2003). Including diverse family demographics charts and cultural scenario simulation activities in the design of medical curricula can help students better understand and appreciate cultural diversity.

This approach not only enhances students' understanding of sociocultural contexts, but also promotes a deeper appreciation of different cultural values and practices. Conduct assessments of diversity and inclusion in existing medical education and develop improvements based on these assessments. For example, learning materials that include more diversity-related content, the use of inclusive language, and the discussion of the social context of illness in medical education to avoid stereotyping (Betancourt, 2005).

Research Recommendations and Discussions for the Intercultural Classroom

In medical education, teachers should rely on the content of the curriculum and use learning materials to create intercultural contexts, thus designing activities to help students develop intercultural knowledge discovery skills. This approach includes the discovery of new cultural knowledge (exploration), comparison with one's own culture (contrast), and the ability to interpret cultural events or materials (analysis). For example, Kolb's experiential learning theory emphasizes learning through concrete experiences, reflective observation, abstract conceptualization, and active experimentation (Kolb, 1984). In addition, instructors can assign group work related to medical culture, such as research reports or role-plays, to promote deeper understanding and application of topics. Research-based deep learning, which is student-centered, focuses on developing medical students' intercultural communication skills. This teaching method emphasizes the importance of imparting knowledge while also valuing students' autonomy in exploring new knowledge, constructing knowledge, and stimulating creative thinking. For example, Mezirow's theory of transformative learning emphasizes facilitating learning through critical reflection, dialogue, and experience (Mezirow, 1997). In this context, medical education requires diverse and inclusive pedagogical approaches to meet the needs of students from different cultural backgrounds (Dogra et al., 2010). Research has shown that when students feel psychologically safe, they are more inclined to engage in learning and improve communication skills (Edmondson, 1999). Through the study of medical English stage enables students to be able to basically understand the specialized courses taught in English: to be able to read the synthesis literature of their specialties: to be able to write English abstracts of the papers of their specialties; to be able to translate the literature of their specialties with the help of dictionaries. Actively promote the combination of medical English in higher medical schools with the latest achievements in basic medical research and basic medicine, and ultimately promote the innovation of the overall education model of higher medical schools.

Research Suggestions and Discussions on Cross-cultural Medical Materials

The selection of materials for university public medical English teaching materials should be centered on the connotation of humanism, which is directly related to the cultivation of students' humanistic qualities. The content of the teaching materials should contain the humanistic spirit, improve the students' humanistic realm, cultivate

their excellent humanistic qualities, guide them to think deeply about the relationship between human beings and the relationship between human beings and nature, and improve their awareness of the humanistic spirit and sense of social responsibility. The selection of medical English teaching materials should focus on practicality. The survey shows that practicality occupies an important position in the process of selecting medical English teaching materials. Medical English teaching materials should be centered on cultivating how to improve students' ability to read original literature, write English papers and communicate in real-life scenarios, for example, the selection should contain targeted and practical materials such as medical journal literature, manuals of instruments and medicines, etc., and it should focus on cultivating the ability of students to write abstracts and papers of cases and medical papers, and focus on training the students' medical conversations such as doctor and patient, doctor We focus on training students in medical conversation, such as conversations between doctors and patients, doctors and nurses, doctors and doctors, case reports or simulated consultations. In addition, half of the medical English materials are from original foreign textbooks or treatises, which is difficult, so the process of adapting the textbooks should not only take into account the actual English level of the students, but also reflect the training of listening, speaking, reading and writing.

Summary

In today's world, international cooperation and communication is booming, and English is almost the official language of international forums or authoritative journals. Whether students of medical colleges and universities are studying for graduate school or doctoral degree, or participating in clinical practice and scientific research, their English language knowledge and comprehensive utilization ability are crucial. The construction of a new English teaching system in China's higher medical schools requires the joint action of many factors, and its successful implementation requires long-term efforts from the state, society, schools, and teachers and students. First of all, in terms of teaching concept, it should be fully recognized that the goal of English teaching in medical schools is "to cultivate compound medical talents with high English quality and strong humanistic literacy", and at the same time, the status of medical professional English teaching and basic English teaching should be correctly dealt with, which is a prerequisite for the strengthening and improvement of English teaching in colleges and universities. This is a prerequisite for strengthening and improving English teaching in higher medical schools. Secondly, in terms of teaching guarantee, medical schools should try to adapt to the development needs of today's society, seriously carry out the selection and compilation of English teaching materials for medical schools, and strengthen the construction of teaching staff, which are the key factors to improve the status quo of English teaching in medical schools. Finally, in the construction of the teaching system, English teachers in medical schools, as medical English educators, should constantly explore the unique rules of teaching and learning medical English, understand, master and adopt new foreign

language teaching theories and methods in a timely manner, and constantly improve the quality of teaching, so as to enable students to comprehensively improve their comprehensive ability to use medical English. To strengthen and improve the teaching of medical English in higher medical schools, we should fully understand the important position of medical English teaching in English teaching, which is the prerequisite for strengthening and improving the teaching of medical English; in the teaching style, we should keep exploring the characteristics and rules of medical English to form a set of unique teaching mode, which is the core content of improving the quality and level of medical English teaching. The establishment of a sound teaching system in higher medical schools is the top priority for the reform and development of medical English, which is the key to the successful reform and development of university English teaching in medical schools. On this basis, a whole set of unique teaching system covering teaching philosophy, teaching objectives, teaching mode, curriculum, teaching evaluation system, and faculty construction is

formed. It is hoped that this system can provide ideas and methods for the reform of English teaching in China's higher medical schools, and ultimately realize the instrumental and humanistic nature of English in medical schools. This paper reviews the cultivation of intercultural communicative competence in medical education, with special emphasis on the importance of coping with cultural differences and promoting students' intercultural understanding in the Chinese medical education system. The paper discusses how to create a psychologically safe learning environment in medical education and how teachers can utilize classroom texts and activities to develop students' intercultural communication skills. Literature support suggests that the principles of experiential learning, transformative learning, and psychological safety are critical to promoting students' intercultural competence. However, there are some limitations in this paper, such as the fact that the study relies too much on existing literature and theoretical models, which may not adequately take into account the idiosyncrasies of all educational environments and cultural contexts, and that the paper may fail to cover all the relevant strategies of intercultural education due to the limitations of literature resources and data. Future research could explore a wider range of cultural contexts and educational settings to provide a more comprehensive picture of intercultural education strategies. Empirical studies can be conducted to further validate the effectiveness of the teaching methods and strategies discussed in this paper in different educational settings. Continuous assessment and improvement of intercultural communication competence development in medical education can be strengthened to meet the changing social and medical needs.

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