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Integrating Ideological and Political Education into the Course Rehabilitation Medicine: An Exploration Based on the "Three Comprehensive Educations" Principles

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Abstract: Against the backdrop of high-quality higher medical education development and the Healthy China initiative, integrated training of professional capabilities and humanistic values is urgently needed for rehabilitation talents. As a fundamental introductory course for rehabilitation undergraduates, Rehabilitation Medicine fails to deliver effective curriculum ideological and political education (IPE) due to fragmented value guidance, shallow integration of professional and ideological contents, and inadequate whole-process evaluation systems. Guided by the "Three Comprehensive Educations" concept, this study launched targeted teaching reforms. It updated teaching philosophies, revised textbooks and diversified teaching forms, expanded practical education channels, and built a multi-subject full-cycle dynamic evaluation system combining quantitative and qualitative indicators to realize deep integration of IPE and professional teaching. Two years of practice demonstrated that the reforms significantly motivated students' learning, elevated their professional proficiency, humanistic literacy and social responsibility, and realized the trinity goals of knowledge transmission, ability cultivation and value shaping. This research provides replicable IPE reform experience for rehabilitation and other medical courses to cultivate high-standard, morally sound rehabilitation talents for modern healthcare needs.

Keywords: Three Comprehensive Educations; Curriculum Ideological and Political Education; Rehabilitation Medicine; Teaching Reform; Talent Cultivation; Evaluation System

1. Introduction

The "Three Comprehensive Educations" refers to "all-staff, all-process and all-round education", representing an integrated educational paradigm that mobilizes all teaching and administrative staff, covers the entire student training cycle, and realizes multi-dimensional educational coverage in cognition, morality, emotion and social practice [1]. Rooted in the fundamental task of fostering virtue through education, this concept defines the core mission of higher education as holistic talent cultivation. It requires systematic embedding of ideological and political education (IPE) throughout curriculum design, classroom teaching and extracurricular training, so as to form a continuous, value-oriented educational system and promote the high-quality development of higher education in China.

Against the backdrop of socioeconomic advancement, population aging and evolving disease spectra in China, public demands for high-quality healthcare and rehabilitation services have continued to rise. Modern rehabilitation professionals are no longer merely required to possess solid professional knowledge and clinical skills, but also sound humanistic literacy, ethical judgment and compassionate professional qualities. Given that rehabilitation medicine primarily serves vulnerable groups with functional impairments, the discipline inherently places high requirements on professional empathy, social responsibility and moral accomplishment. In this context, strengthening IPE in rehabilitation education is not only an essential requirement for disciplinary talent training, but also an urgent social demand for constructing a high-quality healthcare workforce [2].

As a foundational introductory course for freshmen majoring in rehabilitation therapy, rehabilitation physical therapy and occupational therapy, Rehabilitation Medicine undertakes the important function of laying professional

foundation and shaping initial professional cognition. The organic integration of IPE into this course helps universities implement the fundamental task of moral education, and cultivates students' political literacy, scientific spirit, humanistic sentiment and professional ethics. It further establishes a solid foundation for students' lifelong professional growth, standardized clinical practice and sustainable career development.

The Occupational Therapy program of our university has obtained international professional accreditation. To cultivate high-level rehabilitation talents with global competitiveness and adaptive capacity to China's healthcare reform, talent training must be guided by the core values of medical humanities and aligned with the patient-centered, function-oriented and interdisciplinary modern medical model. This study explores the systematic integration of IPE into the curriculum of Rehabilitation Medicine, aiming to realize the trinity educational goals of knowledge imparting, ability training and value shaping. It contributes to the comprehensive quality improvement of rehabilitation undergraduates and fosters ethical, competent and socially responsible rehabilitation practitioners for the new era [2].

2. Current Situation and Problem Analysis

First, although Rehabilitation Medicine is a core foundational course for freshmen in rehabilitation-related majors, some teachers lack systematic understanding of curriculum-based ideological and political education and relevant teaching theories. Teachers' ability to explore ideological and political elements from professional knowledge is insufficient, resulting in inadequate integration of moral education and disciplinary teaching. IPE resources are not fully excavated, and the value guidance embedded in professional knowledge fails to be effectively delivered in classroom teaching.

Second, the current IPE integration in Rehabilitation Medicine remains fragmented and unsystematic. Existing teaching designs lack standardized ideological penetration paths. The combination of ideological elements and professional content is superficial and rigid, lacking organic integration and situational embedding. There is a lack of overall teaching design covering the whole teaching process, which makes it difficult to form an all-staff, all-process and all-round educational synergy. The separation between professional ability training and value shaping has not been fundamentally resolved.

Third, there is a lack of scientific, standardized and multi-dimensional evaluation mechanism for curriculum-based IPE effects. At present, the assessment of teaching effectiveness mainly relies on simple classroom feedback and subjective evaluation, without quantitative indicators, whole-process tracking methods and long-term effect assessment systems. The absence of systematic evaluation tools makes it difficult to objectively reflect the actual quality of IPE teaching and provide targeted optimization for teaching reform.

3. Reform Measures

Based on the disciplinary characteristics and teaching rules of Rehabilitation Medicine, this study constructs a whole-process and all-round teaching reform system guided by the "Three Comprehensive Educations" concept, focusing on the trinity goals of knowledge, ability and value. The team has optimized teaching content, innovated teaching methods, compiled characteristic textbooks, and built specialized IPE resource libraries to realize normalized, systematic and high-quality integration of ideological and political education [3,4].

(1) Update educational philosophy and adhere to holistic talent cultivation. Guided by the student-centered educational concept, the course integrates knowledge teaching, skill training and value guidance throughout the whole teaching process. Teachers take the initiative to undertake the responsibility of moral education, realizing organic integration of curriculum design, classroom implementation and teaching evaluation, and promoting students' coordinated development of professional ability, scientific literacy and moral quality.

(2) Optimize systematic teaching content and construct characteristic curriculum resources. The teaching team thoroughly studies national IPE policy documents and disciplinary curriculum standards, systematically explores humanistic spirit, medical ethics, craftsman spirit and social responsibility elements contained in rehabilitation medicine, and compiles the revised textbook Rehabilitation Medicine with embedded curriculum ideology and politics. Meanwhile, a digital teaching resource library including ideological cases, clinical typical cases and frontier disciplinary

materials has been established to support diversified and high-quality IPE teaching.

(3) Revise and improve the whole-process syllabus. The teaching plan is comprehensively optimized to incorporate IPE elements into chapter settings, class arrangements, collective lesson preparation, pre-class preview, in-class teaching and after-class expansion. Each teaching link is equipped with corresponding value guidance goals to ensure full coverage and seamless integration of ideological education in the curriculum system.

(4) Adopt diversified and student-oriented teaching methods. Multiple teaching modes including flipped classroom, problem-based learning, case-based teaching and inquiry teaching are comprehensively applied. Ideological and political elements are naturally embedded in professional knowledge explanation and clinical case analysis, rather than being mechanically superimposed. This approach effectively stimulates students' autonomous learning, cultivates their scientific thinking, dialectical cognition and professional ethics, and improves their comprehensive professional quality.

(5) Strengthen practical teaching and expand off-campus educational scenarios. By enriching clinical practice, social investigation, public welfare rehabilitation services and other practical activities, the course realizes the integration of theoretical teaching and social practice. Through on-site clinical teaching, teacher role demonstration and post-practice reflection, students can internalize professional ethics, medical responsibility and humanistic care awareness, and establish correct professional values and vocational mission.

(6) Encourage students to participate in scientific research and discipline competitions. The university actively guides undergraduates to participate in scientific research projects, innovation and entrepreneurship training programs, and national medical skill competitions. These practical platforms cultivate students' scientific research literacy, innovative thinking and rigorous academic attitude, and help cultivate high-quality innovative talents who can serve the national health strategy.

4. Construction of the Evaluation System

Teaching evaluation is a core guiding link of curriculum reform. The "Three Comprehensive Educations" emphasizes all-staff participation, whole-process penetration and all-round coverage, covering classroom teaching, extracurricular activities, campus culture and social practice, involving teachers, students, alumni and social institutions, and running through the whole cycle of curriculum design, teaching implementation and talent development. Therefore, the IPE evaluation of rehabilitation professional courses must break through single score-oriented assessment and build a diversified, systematic and whole-process evaluation system.

Current domestic and foreign studies on IPE evaluation still have obvious deficiencies [5]. Most evaluation systems lack rigorous indicator screening and scientific weight distribution, fail to form standardized operational implementation procedures, and cannot effectively reflect the holistic and systematic characteristics of the "Three Comprehensive Educations". Most existing evaluations remain in simple descriptive assessment, lacking dynamic tracking, cyclic feedback and continuous improvement mechanisms, which restricts the iterative optimization of curriculum reform.

In view of the above problems, this study constructs a multi-subject collaborative evaluation mechanism involving teachers, students, alumni and social employers, which improves the objectivity, comprehensiveness and social adaptability of evaluation. In terms of evaluation orientation, the system abandons the single assessment of professional knowledge and skills, and focuses more on the fundamental goal of moral cultivation and all-round talent development. A whole-chain evaluation indicator system covering curriculum construction, teaching implementation, educational participation and long-term talent development is established [4].

In terms of evaluation process, the traditional summative evaluation is transformed into a dynamic cyclic evaluation mechanism including pre-class diagnosis, in-process adjustment, terminal assessment and continuous improvement, realizing whole-process quality monitoring. In terms of evaluation methods, quantitative data such as classroom performance, learning data and assessment results are combined with qualitative analysis such as student interviews, teaching reflection and expert comments, forming a data-supported and evidence-based scientific evaluation model [5].

This study invites six experts in rehabilitation medicine, ideological and political education and

higher education pedagogy to form an evaluation team. Based on the Delphi method, the weight, feasibility and practical value of each indicator are systematically demonstrated, forming a standardized and operable comprehensive evaluation system [6]. This evaluation system constructs a comprehensive evaluation index system to assess the implementation effects of the "Three Comprehensive Educations" in the Rehabilitation Medicine course, with the overall curriculum education effectiveness as the evaluation target. Five primary indicators are established. The first is curriculum development, covering four secondary indicators: completeness of teaching design and syllabi, richness and uniqueness of ideological and political teaching materials, digitalization of teaching resources, and the integration level of ideological-political elements with professional knowledge. The second indicator evaluates the quality of process implementation, including standardized whole-process teaching delivery, innovative teaching approaches, and collaborative education efficiency. The third one reflects collaborative education efficiency, which assesses the participation scope of multiple educators, depth of teacher-student interaction, sharing of high-quality teaching resources, and transformation efficiency of teaching reform outcomes. The fourth indicator focuses on educational outcomes, measuring students' cultural confidence and professional identity, internalization of professional ethics and values, and overall improvement of professional competence. The last primary indicator concerns long-term development mechanisms, evaluating sustainable capacity for teaching reform, supporting teaching resources, and sound institutional frameworks. The layered indicators systematically evaluate the curriculum's "Three Comprehensive Educations" performance by taking process, outcomes and long-term guarantees into full consideration as shown in Table 1 [7].

Table 1. Comprehensive Evaluation Index System for Assessing the Effectiveness of the "Three Comprehensive Educations" Approach in the course of "Rehabilitation Medicine"

Target Layer	Primary Indicator	Secondary Indicator
Systematic evaluation of the effectiveness of the "Three Comprehensive Educations" in the course	A: Course Development	A1: Completeness of teaching design and syllabus A2: Richness and characteristics of IPE teaching materials A3: Digitalization level of teaching resources A4: Organic integration degree of IPE elements
	B: Process Implementation Quality	B1: Standardization of whole-process teaching implementation B2: Innovation of teaching methods and modes B3: Efficiency of collaborative education
	C: Collaborative Education Efficiency	C1: Participation breadth of multiple educational subjects C2: Depth of teacher-student participation and interaction C3: Sharing level of high-quality educational resources C4: Transformation efficiency of educational reform achievements
	D: Educational Outcomes	D1: Students' cultural confidence and professional identity D2: Internalization level of professional values and ethics D3: Comprehensive improvement of professional competence
	E: Long-term Development Mechanism	E1: Sustainable teaching reform capability E2: Teaching resource guarantee level E3: Completeness of institutional construction

5. Reflection and Outlook

The teaching reform of integrating IPE into Rehabilitation Medicine based on the "Three Comprehensive Educations" concept has been carried out for two consecutive years. Through classroom observation, student questionnaires, chapter tests, case analysis and teacher-student interviews, this study preliminarily verified the reform effect. The results show that students hold high recognition and acceptance of the new teaching model. The all-staff, all-process and all-round educational system effectively stimulates students' professional learning motivation, improves their disciplinary literacy, teamwork ability and humanistic quality, and achieves remarkable comprehensive training effects [8].

Our university has built a sound educational reform environment and perfect institutional support system for curriculum IPE innovation, providing stable policy support, professional teaching guidance and special fund guarantees for teaching reform practice. The Rehabilitation Therapy program has been recognized as a

Provincial First-Class Undergraduate Course. In 2023, the Occupational Therapy program successfully passed international professional accreditation, and the Physical Therapy program is actively promoting international accreditation application. As a core foundational course of these majors, Rehabilitation Medicine plays a key supporting role in cultivating high-quality international rehabilitation talents.

This teaching reform strictly responds to the national quality-oriented education reform requirements, and is a practical innovation of IPE in medical and rehabilitation disciplines. It is of great significance for cultivating high-level rehabilitation talents with firm ideals and beliefs, solid professional skills, good humanistic accomplishment and social responsibility, and serves the national Healthy China strategy. This study systematically summarizes the practical experience of IPE reform in rehabilitation courses, which can provide reference for curriculum ideological and political construction of other medical disciplines, and promote the overall improvement of medical undergraduate talent training quality [9].

In addition, the reform realizes mutual promotion of teaching and learning. In the process of curriculum construction and teaching practice, teachers' political literacy, humanistic quality, interdisciplinary teaching ability and curriculum design level have been significantly improved, which helps build a high-quality professional teaching team with firm political stance, profound educational feelings and excellent teaching ability, and promotes the sustainable development of disciplinary teaching construction [10].

6. Conclusion

The teaching reform model of integrating IPE into Rehabilitation Medicine under the "Three Comprehensive Educations" framework constructs a systematic and holistic curriculum education system that unifies professional knowledge teaching, clinical ability training and value shaping. Centering on the strategic demand of high-quality development of national health care, this model commits to cultivating high-quality rehabilitation professionals with rigorous scientific literacy, standardized clinical ability, noble medical ethics and comprehensive professional quality. It provides effective practical exploration and replicable experience for promoting high-quality rehabilitation medical education and serving the Healthy China initiative.

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