

# PRACTICE AND EXPLORATION OF CURRICULUM IDEOLOGY AND POLITICS IN DIAGNOSTICS OF TRADITIONAL CHINESE MEDICINE UNDER OBE ORIENTATION

Lei Liu

College of Integrated Traditional Chinese and Western Medicine, Jining Medical University, Jining 272076, Shandong, China.

Corresponding Email: 375281995@qq.com

**Abstract:** This paper explores the teaching model of Curriculum Ideology and Politics in *Diagnostics of Traditional Chinese Medicine* based on the OBE concept, aiming to achieve the trinity teaching goal of "knowledge impartment, ability cultivation, and value guidance". By reverse-designing teaching objectives, integrating professional knowledge such as the Four Diagnostic Methods and syndrome differentiation with ideological and political elements like medical ethics and cultural inheritance, adopting methods such as blended teaching, scenario simulation, and case-based teaching, and constructing a "three-dimensional evaluation" (knowledge/skills/literacy), the practice was carried out in the majors of Integrated Traditional Chinese and Western Medicine Clinical Medicine and Acupuncture-Moxibustion & Tuina. This effectively improved students' syndrome differentiation thinking ability, medical ethics cognition level, and clinical skills.

**Keywords:** OBE; Diagnostics of traditional Chinese medicine; Curriculum ideology and politics; Teaching practice

## 1 INTRODUCTION

Outcome-Based Education (OBE) is an education model for students that assist the teachers to outline the cause and evaluation with goals in mind to achieve results such as Program Outcome (PO) and Course Outcome (CO) which forms the basis for evaluating student performance [1]. OBE has brought along a significant development in health professions education in the past decade, it is valuable for ensuring graduate quality and facilitating global movement of healthcare workers [2]. OBE as an educational philosophy oriented towards learning outcomes, is reshaping the value logic of higher education through reverse-designing teaching processes and focusing on closed-loop ability cultivation. Curriculum Ideology and Politics, which undertakes the fundamental mission of fostering virtue through education, requires integrating value guidance throughout the entire educational process [3]. The organic integration of the two not only responds to the urgent need for "excellence in both medical skills and ethics" in medical talent cultivation in the new era but also provides methodological support for the in-depth coupling of professional courses and ideological and political education. Through the outcome-oriented framework of OBE, ideological and political elements are transformed into observable and evaluable learning outcomes, realizing the trinity of knowledge impartment, ability cultivation, and value shaping.

As a bridge course connecting the basic theories of Traditional Chinese Medicine (TCM) and clinical practice, *Diagnostics of Traditional Chinese Medicine* requires both a solid theoretical foundation and the refinement of clinical thinking ability for its core thinking of "syndrome differentiation and treatment". The course itself contains rich traditional cultural genes and medical ethics connotations, from the preventive thought of "treating diseases before they occur" in *Huangdi Neijing* (Yellow Emperor's Inner Canon) to the diagnostic wisdom of "observing the pulse and symptoms, knowing the inversion, and treating according to the syndrome" in *Shanghan Lun* (Treatise on Febrile Diseases), from Bian Que's diagnostic skills to Sun Simiao's "Great Medical Sincerity". These contents provide a natural fertile ground for Curriculum Ideology and Politics. Introducing the OBE concept into the teaching reform of this course can shape students' professional values imperceptibly while mastering the Four Diagnostic Skills and syndrome differentiation methods by clarifying the ideological and political education outcome goals, designing immersive teaching experiences, and constructing a diversified evaluation system.

Current medical education is facing the challenge of transforming from "knowledge-oriented" to "ability-oriented". Traditional teaching of *Diagnostics of Traditional Chinese Medicine* has problems such as disconnection between theory and practice and formalization of ideological and political education, which urgently need to be broken through by innovating teaching models. Based on the OBE teaching concept, this study systematically constructs the Curriculum Ideology and Politics teaching system of *Diagnostics of Traditional Chinese Medicine*, explores the collaborative path of "professional knowledge impartment-clinical ability cultivation-medical ethics literacy cultivation", and provides a replicable and promotable practical paradigm for the construction of ideological and political courses in TCM. This exploration not only helps to improve the teaching quality of TCM diagnostics but also has important practical significance for cultivating new-era TCM talents with cultural confidence, professional ethics, and innovative ability.

## 2 CONSTRUCTION OF OBE-ORIENTED CURRICULUM IDEOLOGY AND POLITICS TEACHING SYSTEM

### 2.1 Teaching Objective Design

The design of teaching objectives under the guidance of the OBE concept follows the principle of reverse mapping, that is, deducing the specific teaching requirements of the *Diagnostics of Traditional Chinese Medicine* course from the ultimate outcomes of TCM talent cultivation. A "knowledge-ability-value" three-dimensional objective system[4] is constructed to transform abstract ideological and political education requirements into operable and observable learning outcomes. The knowledge dimension focuses on professional core contents such as the Four Diagnostic Skills and syndrome differentiation methods; the ability dimension emphasizes practical abilities such as clinical thinking and doctor-patient communication; the value dimension highlights ideological and political connotations such as medical ethics literacy and cultural confidence, forming an interlocking objective chain.

This objective design breaks the limitation of traditional teaching that emphasizes theory over practice. By clarifying specific standards for what students can do after learning, Curriculum Ideology and Politics is transformed from implicit requirements to explicit goals. For example, in pulse diagnosis teaching, students are not only required to "master the characteristics of 28 pulses" (knowledge objective) but also emphasized to "be able to explain pulse changes in combination with the patient's psychological state" (ability objective), and finally achieve the value objective of "understanding the bio-psycho-social medical model", realizing the in-depth coupling of professional education and ideological and political education.

### 2.2 Teaching Content Optimization

The shift toward OBE is not merely a curricular adjustment but a transformative opportunity to redefine how clinical readiness is cultivated [5]. The curriculum content reconstruction adopts a "double-helix integration" model, weaving TCM diagnostic professional knowledge and ideological and political elements into a mutually supportive content system. By systematically sorting out the course chapters, while maintaining the knowledge main line of "Four Diagnostics-Syndrome Differentiation-Diagnostic Synthesis", three ideological and political auxiliary lines of "medical ethics cultivation-cultural inheritance-thinking methods" are embedded, forming a content pattern of "one chapter, one theme; one diagnosis, one ideological and political element".

Content optimization pays special attention to the natural integration of ideological and political elements. In the teaching of "tongue inspection", by displaying photos of tongue coatings of different constitutions, students are guided to understand the individualized diagnosis and treatment thought of "treating according to individual differences". In the inquiry chapter, the historical allusion of "Zhang Zhongjing and Wang Can" is used to explain the preventive medical thought of "excellent doctors treat diseases before they occur", avoiding ideological and political content becoming an additional "label". The TCM diagnostic principles such as "inferring the internal from the external" and "observing the subtle to know the obvious" are connected with the epistemology of materialist dialectics to help students establish scientific thinking methods.

### 2.3 Teaching Method Innovation

In the teaching implementation level, a "three-dimensional interactive" teaching model is constructed. Blended teaching is used to break the boundaries of time and space, scenario simulation teaching is used to strengthen clinical experience, and case-based teaching is used to deepen thinking training, forming a diversified and three-dimensional teaching method system. Blended teaching adopts a three-stage design of "pre-class, in-class, and post-class"[6]: pre-class, classic medical cases and ideological and political case preview materials are pushed; in-class, flipped classroom mode is adopted to organize students to discuss; post-class, assignments are arranged, requiring students to present the diagnostic reasoning process with mind maps. Scenario simulation teaching focuses on building a standardized patient (SP) resource library, training simulated patients covering different ages, genders, and disease types, and designing case scripts from simple to complex. Case-based teaching uses the professional dimension to analyze diagnostic basis and differential points, the ideological and political dimension to explore the value orientation behind doctors' decisions, and the innovation dimension to discuss the optimization space of diagnosis and treatment plans.

## 3 EXPLORATION OF PRACTICAL PATHS FOR CURRICULUM IDEOLOGY AND POLITICS TEACHING

### 3.1 Integration of Ideology and Politics in Theoretical Teaching

Theoretical teaching adopts a three-stage infiltration model of "knowledge points-case chain-values", naturally integrating ideological and political education into the process of professional knowledge teaching. In the teaching of the "complexion inspection" chapter, starting with the theoretical entry point of "the essence and five colors are the glory of qi" from *Neijing*, by analyzing the diagnostic significance of "pale complexion indicating deficiency syndrome", the discussion is extended to the TCM view of life of "unity of body and spirit". Ancient medical cases are

introduced to show how they judged the patient's emotional state through complexion inspection and adjusted the diagnosis and treatment plan, enabling students to understand the profound connotation of "doctors not only treat diseases but also treat people".

In the inquiry teaching link, a situational teaching of the "Ten-Question Song" is designed to transform traditional inquiry content into modern doctor-patient communication scenarios. Taking "inquiring about cold and heat" as an example, combined with the classic statement in *Shanghan Lun* that "a patient with high fever but wants to wear clothes has heat on the skin but cold in the bones", students' meticulous observation ability is cultivated; through simulated inquiry scenarios, students are trained to use humanistic care questions such as "What makes you feel most uncomfortable now" to avoid mechanically applying inquiry items.

In theoretical teaching, special attention is paid to excavating ideological and political elements in TCM classics. When teaching "pulse diagnosis", the original text of *Mai Jing* (Pulse Classic) is quoted to explain the theoretical basis of cun-kou pulse diagnosis, and through the story of Wang Shuhe compiling *Mai Jing* over ten years, students are cultivated with the academic perseverance spirit of "sitting on the bench for ten years without distraction". At the end of each chapter, a "medical ethics micro-discussion" session is set up, such as discussing "how to inform patients of bad news" after inspection, and reflecting on whether technological progress will weaken doctors' benevolence after pulse diagnosis, so that value guidance runs through the entire process of theoretical learning.

### 3.2 Strengthening of Practical Teaching Links

Practical teaching constructs a three-stage training system of "basic training-comprehensive simulation-clinical application", integrating ideological and political literacy cultivation into all links of diagnostic skill training. The training center is equipped with TCM pulse diagnosis instruments, inspection instruments, and TCM clinical diagnosis and treatment thinking training systems for students to conduct standardized training. The pulse diagnosis instrument is simulated, and students compare and analyze the differences between their own finger sensations and different pulses to cultivate a rigorous and realistic scientific attitude; tongue diagnosis training uses real tongue coating images in the system database to train students' differential diagnosis ability of "same disease, different tongue coatings; different diseases, same tongue coating", helping them understand the flexibility and principle of TCM syndrome differentiation and treatment.

Diagnostic thinking training adopts a closed-loop design of "case deduction-scenario simulation-reflection and improvement". In the basic stage, logical training of syndrome differentiation thinking is carried out, and students need to sort out the four diagnostic data according to the logical chain of "symptoms-disease location-disease nature-syndrome name" and draw visual thinking maps to cultivate systematic analysis ability; in the advanced stage, SP scenario simulation is implemented, and students are grouped to play doctors and patients to complete the whole process training from consultation to diagnosis. SP case design specially adds ethical dilemma elements to cultivate students' professional ethical decision-making ability.

## 4 CONCLUSION

For medical schools providing outcome-based education, systematic mission statement and continuous improvement are prerequisites [7]. We will further develop a smart curriculum ecosystem and actively promote AI-assisted teaching innovations. By training intelligent tutoring systems using big data from traditional Chinese medicine diagnosis, we can automatically identify force deviation errors in students' pulse diagnosis operations and provide corrective prompts, investigate innovative applications of Convolutional Neural Networks to develop models proficient at recognizing facial expressions [8]. Through natural language processing technology, we analyze logical flaws in students' medical record documentation to generate personalized improvement plans. We will deepen the organic integration of ideological and political elements by establishing a dynamic update mechanism for these components and incorporating contemporary teaching cases that reflect modern characteristics. Expanding clinical practice dimensions, we will conduct community health volunteer services to enhance TCM diagnostic skills while cultivating noble professional ethos and fine traditional virtues.

### COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

### FUNDING

The project was supported by Undergraduate Teaching Reform Research Project of Jining Medical University (Project No. yb202423) and Industry-university-research collaborative education project of Ministry of Education (Project No. 230805236295049).

### REFERENCES

- [1] Krishnappa Sudarshan, Das Subhashish, Raju Kalyani, et al. Outcome-Based Medical Education Implication and Opportunities for Competency-Based Medical Education in Undergraduate Pathology. *Cureus*, 2023, 15(8): e42801. DOI: 10.7759/cureus.42801.
- [2] Er Hui Meng, Nadarajah Vishna Devi, Chen Yu Sui, et al. Twelve tips for institutional approach to outcome-based education in health professions programmes. *Medical teacher*, 2021, 43(1): S12-S17. DOI: 10.1080/0142159X.2019.1659942.
- [3] Lu LiHong. Research on Ideological and Political Education in Basic Accounting Courses of Open Education under the Background of New Productive Forces. *Accounting*, 2025(03): 78-80.
- [4] Yang XiuCui. Research on the Integration of Practical Teaching and Curriculum Ideological and Political Education. *University Education*, 2024(6): 90-94.
- [5] O'Sullivan Orfhlaith E, Daykan Yair, Rote Reut. Advancing obstetrics and gynecology training: The shift toward outcome and based education, a narrative review of literature. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*, 2025. DOI: 10.1002/ijgo.70284.
- [6] Li Qian, Lu RuoNan. Research on Integrating Ideological and Political Elements into the Teaching Path of the "Market Survey" Course. *Cai Zhi*, 2025(13): 37-40.
- [7] Kim Youngjon, Choi Hyoseon. Beginning of outcome-based medical education: development of medical schools' mission statements based on stakeholders' priority. *Korean journal of medical education*, 2021, 33(3): 215-226. DOI: 10.3946/kjme.2021.201.
- [8] Herbawani Lindya Okti, Susanti AriIndra, Adnani Qorinah Estiningtyas Sakilah. The Revolution in Midwifery Education: How AI and Deep Learning are Transforming Outcome-Based Assessments?. *Advances in medical education and practice*. 2025(16): 1579-1599. DOI: 10.2147/AMEP.S543098.