

Interdisciplinary Education: Research on Collaborative Teaching of Traditional Chinese Medicine and Western Medicine

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Abstract: This study explores the integration of traditional Chinese medicine (TCM) and Western medicine in medical education, focusing on the First Affiliated Hospital of Guizhou University of Traditional Chinese Medicine. The research highlights the growing need for interdisciplinary approaches in addressing the complexities of modern healthcare. It examines the benefits and challenges of combining TCM's holistic and preventive approach with the technological advancements of Western medicine. A mixed-methods design was employed, involving 150 medical students across various levels of training, who participated in a 12-week program with lectures, clinical rotations, case discussions, and workshops. The study found significant improvements in students' knowledge, attitudes, and clinical confidence, particularly in integrating both medical systems. Despite challenges, such as cultural differences, skepticism from Western-trained students, and faculty coordination, the program demonstrated the potential of interdisciplinary education to foster patient-centered care and enhance critical thinking. The study suggests the need for clearer curriculum structures, standardized assessments, and enhanced faculty collaboration to optimize the effectiveness of such programs.

Keywords: Interdisciplinary education; Traditional Chinese medicine; Western medicine; Medical curriculum; Patient-centered care

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1. Introduction

1.1. Background and context of medical education

Medical education, in its traditional form, has been largely divided into two primary systems: Traditional Chinese medicine (TCM) and Western medicine. These two medical paradigms represent distinct approaches

to diagnosing, treating, and preventing diseases. While both systems have proven effective in various contexts, they differ significantly in their underlying philosophies, diagnostic methods, and therapeutic strategies. Western medicine, with its roots in science and technology, focuses on evidence-based practices, often employing cutting-edge diagnostic tools and treatment regimens. On the other hand, TCM, with a history spanning over two millennia, is rooted in a holistic view of health, emphasizing balance, harmony, and the interaction between the body, mind, and environment ^[1].

Given the complexity of modern healthcare and the increasing demand for patient-centered care, there has been a growing recognition of the potential benefits of integrating TCM and Western medicine. This integration is not just limited to treatment practices but also extends to the educational environment. The need for a more holistic approach to medical education, one that appreciates and incorporates the strengths of both TCM and Western medicine, has become more evident in recent years. Medical educators and institutions are increasingly exploring ways to bridge the gap between these two medical systems, aiming to equip future healthcare providers with a comprehensive skill set that spans both traditions.

1.2. The importance of integrating TCM and Western medicine in medical education

The integration of TCM and Western medicine into a cohesive curriculum can provide medical students with a more comprehensive understanding of health, disease, and patient care. Western medicine, with its focus on empirical evidence, excels in acute care, surgical interventions, and scientific advancements in the treatment of diseases. However, it often faces limitations when addressing chronic conditions, managing pain, and considering the psychosocial aspects of health. In contrast, TCM emphasizes prevention, lifestyle adjustments, and the use of natural remedies to restore balance within the body. It is particularly effective in managing chronic conditions, promoting wellness, and enhancing quality of life ^[2].

Integrating both systems into medical education allows students to gain insights into complementary and alternative therapeutic options, giving them a broader toolkit to treat diverse patient populations. This interdisciplinary education fosters a more holistic view of healthcare, one that is better suited to meet the multifaceted needs of modern patients. For instance, patients suffering from chronic pain may benefit from a combination of Western pharmacological interventions and TCM therapies such as acupuncture or herbal medicine. By understanding and practicing both medical paradigms, healthcare providers can offer more personalized treatment options, leading to improved patient outcomes ^[3].

1.3. Current challenges in medical education: The need for interdisciplinary approaches

Despite the clear benefits of integrating TCM and Western medicine, several challenges remain in effectively implementing interdisciplinary education. One major obstacle is the traditional compartmentalization of medical education into distinct fields. In many educational settings, TCM and Western medicine are taught as separate disciplines, with minimal interaction between the two. This siloed approach limits students' exposure to alternative medical practices and restricts their ability to make informed, integrative decisions when treating patients.

The integration of TCM into Western medical curricula has often been met with resistance from both educators and students. Some faculty members from Western medicine may be skeptical about the scientific validity of TCM, while students may find it difficult to balance the different paradigms and apply them simultaneously in clinical settings. Moreover, the absence of standardized teaching frameworks, assessment

methods, and faculty collaboration complicates the development of effective interdisciplinary teaching models.

Furthermore, cultural differences play a significant role in the challenge of integrating TCM and Western medicine. In some regions, particularly in the West, TCM is still viewed with skepticism due to its non-empirical, holistic nature. Overcoming this skepticism requires a robust educational framework that addresses the scientific foundations of TCM while respecting its cultural and historical significance. The challenge lies in creating a curriculum that is evidence-based, respects the unique aspects of both medical systems, and prepares students to work with diverse patient populations who may seek care from either or both traditions ^[3-4].

1.4. The role of interdisciplinary education in shaping future healthcare providers

Interdisciplinary education, particularly in the context of integrating TCM and Western medicine, plays a pivotal role in shaping well-rounded healthcare providers. The incorporation of TCM into Western medical education helps students develop critical thinking skills and fosters an appreciation for diverse medical traditions. By engaging with both systems, students are more likely to approach patient care with an open mind, considering a wide range of treatment options that extend beyond conventional Western practices.

Interdisciplinary medical education also enhances communication skills, which are essential for effective patient care. When healthcare providers are trained in both TCM and Western medicine, they are better equipped to communicate with patients who may have a preference for one system over the other. This understanding allows providers to engage in meaningful discussions with patients, fostering trust and improving patient satisfaction. Moreover, interdisciplinary education encourages collaborative learning among students from different medical disciplines, promoting teamwork and mutual respect.

As the healthcare landscape continues to evolve, there is an increasing need for healthcare providers who are capable of thinking critically, collaborating across disciplines, and providing holistic care. Interdisciplinary education is key to addressing this need, as it enables future doctors, nurses, and other healthcare professionals to incorporate the strengths of both TCM and Western medicine into their practice ^[5-7].

1.5. Research objectives and scope of the study

The primary objective of this study is to explore the impact of interdisciplinary education that combines TCM and Western medicine in the training of medical students. This study aims to investigate the benefits, challenges, and outcomes of such an educational approach, with a particular focus on the development of clinical skills, decision-making, and patient care. The study will examine the experiences of medical students and faculty members involved in interdisciplinary teaching programs at the First Affiliated Hospital of Guizhou University of Traditional Chinese Medicine.

Through this research, we aim to identify the key factors that contribute to the success of interdisciplinary medical education and propose strategies for overcoming the challenges associated with curriculum integration, faculty collaboration, and assessment standards. The findings of this study will provide valuable insights for medical educators seeking to implement or improve interdisciplinary teaching programs that integrate TCM and Western medicine.

2. Literature review

2.1. Historical context of traditional Chinese medicine and Western medicine

Traditional Chinese medicine (TCM) has a history spanning over two millennia, deeply rooted in the cultural

and philosophical traditions of China. It is based on the principles of balance, harmony, and the interconnection between the human body and the natural environment. TCM practices are built upon foundational concepts such as Yin and Yang, the Five Elements, and Qi (vital energy). These principles guide the diagnosis and treatment of illness, emphasizing the importance of maintaining balance and prevention over merely addressing symptoms. Treatments in TCM include herbal medicine, acupuncture, dietary therapy, and Qi Gong, each focusing on restoring harmony within the body.

In contrast, Western medicine, also referred to as biomedicine, emerged through a scientific approach to health and disease. It is based on the understanding of human biology, pathophysiology, and the use of empirical evidence. Western medicine is grounded in the principles of anatomy, physiology, and pharmacology, and its treatments largely revolve around technological advancements, surgical procedures, and pharmacological interventions. The advent of the scientific method and clinical trials has led to evidence-based practices that dominate healthcare systems worldwide.

While these two medical traditions have developed separately, there has been growing recognition of the value in integrating their respective strengths. The coexistence of both systems in contemporary medical education has created opportunities to blend the holistic approach of TCM with the technological advancements of Western medicine, offering a more comprehensive approach to patient care^[8-10].

2.2. Benefits of interdisciplinary education

Interdisciplinary education has gained significant attention in recent years, particularly in the context of healthcare. It refers to the integration of knowledge, skills, and perspectives from different disciplines to provide a more holistic and collaborative approach to problem-solving and decision-making. In the case of TCM and Western medicine, interdisciplinary education offers several notable benefits, both for medical students and healthcare providers.

One of the primary advantages of an interdisciplinary approach is the development of critical thinking and problem-solving skills. By being exposed to two different medical paradigms, students are encouraged to think creatively and consider a broader range of treatment options. This not only enriches their clinical decision-making but also enhances their ability to treat patients more holistically. For example, a patient suffering from chronic pain may benefit from Western pharmacological treatments alongside TCM therapies such as acupuncture, which could help alleviate pain and improve the patient's overall well-being.

Furthermore, interdisciplinary education fosters cultural competence and empathy. TCM has a deep cultural and philosophical foundation that emphasizes the connection between mind, body, and spirit. By learning about TCM, students gain insights into different cultural approaches to health, which helps them better understand and respect the diverse beliefs and preferences of patients. This cultural awareness is particularly important in today's increasingly globalized healthcare environment, where patients often come from varied cultural backgrounds and may prefer alternative or complementary treatments.

Additionally, interdisciplinary education promotes collaboration and teamwork. In the clinical setting, healthcare providers often work in multidisciplinary teams, and the ability to collaborate effectively with professionals from different fields is crucial for providing high-quality patient care. By integrating TCM and Western medicine into educational curricula, students are trained to approach healthcare as a team effort, recognizing the value of each discipline and working together to meet the needs of patients^[8-12].

2.3. Challenges of integrating TCM and Western medicine

Despite the potential benefits of integrating TCM and Western medicine, several challenges hinder the successful implementation of interdisciplinary education. One of the most significant barriers is the lack of standardized frameworks for curriculum development. TCM and Western medicine are typically taught as separate disciplines, with distinct educational pathways, teaching methods, and assessment criteria. As a result, finding common ground and creating a cohesive, interdisciplinary curriculum can be difficult.

In addition, there is often a lack of collaboration between TCM and Western medicine faculty members. Educators from different medical traditions may have differing views on teaching methodologies and clinical practices, which can lead to resistance when attempting to design an integrated curriculum. Some instructors from Western medicine may be skeptical about the scientific validity of TCM, while TCM instructors may feel that Western medicine overlooks the holistic aspects of healthcare. This lack of consensus can create tensions and complicate the development of interdisciplinary programs.

Another challenge is the time and resources required to implement interdisciplinary education effectively. Incorporating both TCM and Western medicine into medical curricula requires significant investment in faculty training, curriculum development, and assessment tools. Furthermore, the integration of two complex medical systems demands additional time in the classroom and clinical settings, which may be difficult to accommodate within the constraints of existing medical programs.

Furthermore, students may face difficulties in balancing the theoretical and practical aspects of both systems. TCM and Western medicine have different approaches to diagnosis and treatment, which can be overwhelming for students who must learn and apply both systems simultaneously. The lack of a unified approach to teaching and assessment may also result in confusion and cognitive overload for students, making it challenging for them to apply both paradigms in clinical settings effectively.

2.4. Existing models of TCM and Western medicine collaboration

Although integrating TCM and Western medicine into a single educational framework presents challenges, several institutions have successfully developed collaborative models. These models provide valuable insights into how interdisciplinary education can be implemented effectively.

One example is the integration of TCM into the curricula of medical schools in China, where both systems are taught side by side. In some institutions, students begin their education with a strong foundation in Western medicine, followed by the introduction of TCM concepts later in their training. This approach allows students to appreciate the strengths of both medical systems without overwhelming them early in their studies. In these institutions, clinical rotations often involve exposure to both Western medical practices and TCM therapies, allowing students to experience the complementary nature of the two systems firsthand.

Internationally, several medical schools have also explored the integration of TCM into Western medical curricula. For instance, the University of Maryland School of Medicine has developed a program in which medical students receive training in acupuncture and TCM as part of their overall medical education. This program aims to introduce students to alternative treatments and broaden their therapeutic options, particularly in the management of chronic conditions.

Similarly, the University of Sydney in Australia has introduced complementary medicine into its medical curriculum, which includes elements of both Western medicine and TCM. This program seeks to provide students with a well-rounded education, incorporating both evidence-based practices and holistic approaches to

patient care. In these models, faculty members from both disciplines collaborate to develop a comprehensive curriculum that addresses the needs of students and prepares them for diverse patient populations.

Despite these successful models, the integration of TCM and Western medicine remains a work in progress. Further research is needed to assess the effectiveness of these programs, identify best practices, and develop standardized frameworks for integrating both medical systems into educational curricula ^[13–16].

2.5 Conclusion of the literature review

The literature review highlights the rich history and distinct principles of TCM and Western medicine, and it emphasizes the benefits and challenges of integrating these two systems in medical education. Interdisciplinary education that combines TCM and Western medicine has the potential to broaden students' understanding of healthcare, enhance their clinical decision-making, and improve patient outcomes. However, challenges related to curriculum integration, faculty collaboration, and student adaptation must be addressed to ensure the successful implementation of such programs.

Existing models of TCM and Western medicine collaboration demonstrate the viability of interdisciplinary education but also highlight the need for further research and development. As the demand for more comprehensive and patient-centered care continues to grow, the integration of TCM and Western medicine in medical education will play an increasingly important role in preparing healthcare providers for the complexities of modern healthcare.

3. Methodology

3.1. Study design

This study utilized a mixed-methods approach to investigate the effectiveness of interdisciplinary education that integrates traditional Chinese medicine (TCM) and Western medicine in the medical curricula at the First Affiliated Hospital of Guizhou University of Traditional Chinese Medicine. The mixed-methods design was chosen because it allows for both quantitative data to measure the outcomes of the educational intervention and qualitative data to explore the perceptions and experiences of participants involved in the program.

The research design consists of two main components:

Quantitative component: A survey-based approach to assess students' knowledge, attitudes, and clinical skills before and after participating in the interdisciplinary educational program.

Qualitative component: In-depth interviews with faculty members and medical students to gather insights into the challenges and benefits of integrating TCM and Western medicine in the educational setting.

The mixed-methods approach enables a comprehensive analysis of the impact of interdisciplinary teaching, providing both measurable outcomes and a deeper understanding of the factors influencing the success of such an educational program.

3.2. Participants

This study involved 150 medical students from the First Affiliated Hospital of Guizhou University of Traditional Chinese Medicine: 50 undergraduate interns, 50 master's students, and 50 regulation training residents.

Interns were final-year undergraduates with basic TCM and Western medicine training but limited clinical integration experience.

Master's students had deeper TCM knowledge but limited exposure to Western medicine.

Residents were trained in Western medicine and sought TCM integration.

Inclusion criteria: Active enrollment, willingness to participate, and completion of basic TCM and Western medicine coursework.

Exclusion criteria: Prior advanced interdisciplinary training or dual formal qualifications.

3.3. Interdisciplinary Educational Program

A 12-week program combined TCM and Western medicine through lectures, clinical rotations, case discussions, and practical workshops. Lectures introduced diagnostic and treatment principles from both systems. Rotations allowed students to apply integrated knowledge in clinical settings. Case discussions promoted critical thinking and cross-disciplinary decision-making. Workshops offered hands-on training in techniques from both medical traditions.

3.4. Data collection

Data were collected via surveys and interviews at three stages: before, during, and after the program.

Surveys measured knowledge, attitudes, and clinical competence. Weekly feedback guided program improvements. Interviews with 30 students and faculty explored experiences and challenges.

3.5. Data analysis

Quantitative: Paired *t*-tests and correlation analysis assessed changes and group differences.

Qualitative: Thematic analysis using NVivo identified key themes in faculty and student interviews.

3.6. Ethical considerations

IRB approval was obtained. All participants gave informed consent. Data confidentiality was strictly maintained, and participation had no impact on academic evaluation.

3.7. Limitations

The single-institution scope and sample size limit generalizability. Self-reported data may include biases. Future research should expand to larger, multi-site studies.

4. Results

4.1. Overview of data collection

Data were collected in three phases—before, during, and after the interdisciplinary education program—from 150 medical students (50 undergraduate interns, 50 master's students, 50 regulation training students) and 20 faculty members. Quantitative surveys assessed changes in knowledge, attitudes, and clinical skills, while qualitative interviews captured experiential feedback.

4.2. Pre-program survey results

Students showed stronger baseline knowledge of Western medicine (avg. 82%) than TCM (avg. 62%), with master's students scoring higher in TCM. Attitudes toward integration were generally positive, though Western-focused students were more skeptical. Confidence in clinical skills varied: master's students felt more confident

applying TCM (mean: 4.1) than interns (3.2) or regulation students (2.8).

4.3. During-program feedback

Lectures received high ratings (88% helpful/very helpful), particularly for integrated case studies. Clinical rotations were valuable for 70% of students but posed challenges in reconciling differing approaches. Interdisciplinary case discussions boosted critical thinking (85% positive). Practical workshops were well-received (90%), though some skepticism about TCM remained among Western medicine students.

4.4. Post-program survey results

Post-program surveys showed increased knowledge (Western: 88%, TCM: 76%), especially among regulation students. Positive attitudes toward integration rose to 92%, with more students open to using both systems. Confidence improved across all groups, and 80% reported better clinical decision-making and communication with diverse patients.

4.5. Faculty feedback

Faculty noted both benefits and challenges in collaboration. Differences in pedagogy and philosophy occasionally caused tension, but interdisciplinary teaching deepened mutual understanding. Concerns were raised about assessing integrative competencies and the need for faculty development. Overall, faculty supported the program's value in enhancing students' critical thinking and holistic care capacity.

4.6. Student feedback

Interviews with 30 students highlighted broadened perspectives and appreciation for holistic care. Challenges included reconciling TCM with Western scientific frameworks and a desire for clearer guidance during clinical integration.

4.7. Summary of results

The program significantly improved students' understanding, attitudes, and confidence in integrating TCM and Western medicine. Both students and faculty affirmed the program's role in fostering patient-centered, interdisciplinary medical education, despite some implementation challenges.

5. Discussion

5.1 Key findings and their implications

This study demonstrates that integrating Traditional Chinese Medicine (TCM) and Western medicine into medical education significantly enhances students' knowledge, attitudes, and clinical skills. Students showed improved understanding and increased confidence in applying both systems, supporting a holistic approach to healthcare.

A key finding is the shift in attitudes, especially among students trained in Western medicine, who initially expressed skepticism about TCM. After completing the program, most recognized its complementary role, suggesting that interdisciplinary education fosters greater openness to diverse medical perspectives.

Clinical rotations played a vital role in helping students apply both systems in practice. Through hands-on experiences, students saw how integrating TCM and Western medicine can enhance clinical decision-making

and patient care.

5.2 Integration of TCM and Western medicine: Benefits and challenges

Combining TCM and Western medicine broadens students' clinical reasoning by exposing them to a wider range of treatment strategies. For example, integrating pharmacological and traditional therapies like acupuncture can better address chronic conditions.

The program also promoted cultural competence. Understanding TCM helped students appreciate patient diversity and tailor care accordingly, a crucial skill in multicultural healthcare settings.

However, challenges remain. A major issue is the absence of standardized interdisciplinary curricula. Differences in teaching methods and philosophies complicate curriculum design. TCM emphasizes individualized, holistic care, while Western medicine focuses on evidence-based, standardized practices, requiring careful coordination between faculties.

Faculty collaboration is another barrier. Although educators value the integrated model, differing medical paradigms can create tension. Cross-training and joint professional development are needed to improve teaching cohesion.

5.3. Faculty and student perspectives

Faculty generally supported the program, noting improvements in students' clinical and critical thinking skills. However, they acknowledged challenges in unifying teaching approaches across disciplines and stressed the need for structured training in interdisciplinary methods.

Students welcomed the dual-system education and felt it prepared them for comprehensive care. Yet, some—particularly from Western backgrounds—struggled to reconcile different diagnostic models. A gradual curriculum introducing foundational knowledge before advanced integration may be more effective.

Students also found the program intellectually demanding. Many suggested additional support during clinical training would help manage the complexity of learning and applying two distinct medical systems.

5.4. Opportunities for curriculum and teaching improvements

While successful overall, the program would benefit from a clearer progression. Rather than combining both systems from the start, a stepwise structure—beginning with core principles and advancing to integration—may aid student learning.

Standardized assessments are also needed to evaluate students' ability to apply both medical systems in practice. Faculty collaboration should be enhanced through joint workshops and development programs to address differences in teaching styles and promote interdisciplinary cohesion.

Disclosure statement

The authors declare no conflict of interest.

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