

# Innovative Practice of Medical Chinese Teaching Based on Constructivism Theory

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**Abstract:** Based on constructivism theory and task-driven teaching methods, medical Chinese teaching gradually transitions from the current teaching mode to a “student-centered” teaching mode. The ideological elements are integrated into the medical Chinese teaching curriculum, guiding students in acquiring medical Chinese language skills while instilling a spirit of humanistic care and professional ethics inherent in the medical profession.

**Keywords:** Constructivism; Medical Chinese; Teaching innovation

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## 1. The purpose of teaching innovation

To improve the professional skills and language literacy of medical students and related practitioners in China, and in response to the national “area” health cooperation initiative, a development model of “Chinese + professional” has been formulated. This mode provides a reference standard for the assessment of medical Chinese proficiency for students and practitioners in China and other related professions. The Ministry of Education Language Exchange and Cooperation Center launched the Medical Chinese Level Test (MCT) in 2019 to address this need<sup>[1]</sup>.

## 2. Theoretical background of teaching innovation

### 2.1. Constructivism theory

Constructivism theory emerged at the beginning of the 20th century, and its representatives include Jean Piaget, Lev Vygotsky, etc. This theory advocates learner-centered learning under the guidance of teachers. Constructivism not only emphasizes the cognitive subject role of learners but also prioritizes the guiding role of teachers. Teachers serve as facilitators and aides in the construction of meaning, rather than simply as conveyors and instillers of knowledge. Students are the subject of information processing and the active builder of meaning, rather than the passive recipient of external stimuli and the object of indoctrination<sup>[2]</sup>.

## 2.2. Task-driven teaching method

The task-driven teaching method was established by the British-based Indian linguist Prabhu in the 1980s. The task-driven teaching method belongs to the constructivism teaching method, advocating for the segmentation of course knowledge into several learning tasks, dividing well-defined tasks in the teaching process as the teaching goal. The teaching content is implied in each task, through each teaching task, students are guided towards autonomous learning, prompting them to actively seek and solve problems within each teaching task<sup>[3]</sup>. Students should take the initiative to obtain learning materials, formulate learning goals, complete learning tasks, and finally effectively realize the mastery of knowledge and skills, and internalize knowledge and skills into their own abilities.

## 2.3. Ideological and politics

The ideological and political construction of the international Chinese education curriculum is based on the guiding ideology of integration, modernization, Sinicization, and internationalization. It should not only follow the goal of “effectively learning Chinese and telling Chinese stories,” but also strive for the goal of cultivating international talents with international vision and global concern<sup>[4]</sup>.

The “International Students Higher Education Quality Specification (Trial)” by the Ministry of Education also clearly put forward that “students studying in China should be familiar with China’s history, geography, society, economy, and other China’s national conditions and cultural basic knowledge, understand China’s political system and foreign policy, understand Chinese mainstream values and public morality, and form a good concept of rule of law and moral consciousness. They should have the awareness, knowledge, attitude, and skills to tolerate, recognize, and adapt to cultural diversity, and to play a role in mutual respect, understanding, and solidarity among different nations, societies, and countries.”

## 3. Overview of innovation points

- (1) Innovation of teaching concept: Based on the constructivism theory, the medical Chinese teaching materials are restudied, the systematic and full macro design of medical Chinese courses is redesigned, the ideological and political elements are excavated, and the teaching concepts of teachers and students are updated<sup>[5]</sup>.
- (2) Innovation of teaching objectives: The teaching goal setting is not limited to the knowledge-based teaching goal, but also takes into account the skill-based teaching goal, and attempts to join the curriculum ideological and political goal of establishing moral education personnel<sup>[6]</sup>.
- (3) Teaching content innovation: The depth and breadth of the teaching materials are broadened, combining the excellent culture of Traditional Chinese Medicine and the spirit of the times, and carrying out innovative design of the teaching content<sup>[7]</sup>.
- (4) Innovation in teaching evaluation: In the traditional evaluation mode, “self-evaluation, group evaluation, and classroom evaluation” are added, and the teaching software of “Rain Classroom” is utilized for evaluation. On the basis of improving the evaluation system, more real and effective comprehensive teaching evaluation is obtained with the help of scientific and technological means<sup>[8]</sup>.

## 4. Main problems and proposed solutions in teaching innovation

- (1) Lack of motivation for learning Chinese courses: The complexity of medical Chinese vocabulary instills fear of difficulty among students, leading to problems such as insufficient motivation for Chinese learning and a weakened capacity for independent learning<sup>[9]</sup>. This course is planned through the task-driven

teaching method, incorporating ideological elements and critical thinking, with emphasis on “sharing compelling Chinese narratives and embracing the Chinese spirit.” The approach involves strengthening students’ pre-class preparation, improving their class participation, cultivating students’ autonomous learning skills, and nurturing a humanistic care spirit aligned with medical professional ethics <sup>[10]</sup>.

- (2) Insufficient practice of language communication skills: Traditional teaching mode mainly adopts the translation method and focuses on language ontology learning and the understanding of the text content, neglecting students’ language communication skills practice. This causes students to fail to effectively communicate with patients in the medical scene and provide a more accurate description of the condition, and lack medical Chinese learning meaning <sup>[11]</sup>. Through a variety of classroom activities, this course simulates the doctor-patient dialogue scene, strengthens the training of language communication skills, and guides international students to apply the learned language knowledge and independently practice language communication.
- (3) Imperfect teaching evaluation system: The traditional teaching evaluation system mainly focuses on students’ paper-based test scores and regular assessments <sup>[12]</sup>. As long as international students attend classes on time, actively participate in classroom learning, and complete the paper tests as scheduled, they can obtain teacher evaluation, while practical skills such as verbal communication are not evaluated. Simultaneously, teachers also lack real teaching evaluation from international students, so teachers’ after-class teaching reflection and future teaching design do not take into account the learning demands of international students <sup>[13]</sup>. Therefore, this course adopts a comprehensive scale encompassing “self-evaluation, group evaluation, teacher evaluation, classroom evaluation” <sup>[14]</sup>. Additionally, the “Rain Classroom” teaching software is used as an auxiliary evaluation. This approach aims to improve the teaching evaluation system, enabling both teachers and students to engage in genuine and effective teaching evaluation that facilitates practical reflection on teaching and learning, thus jointly promoting the improvement of classroom teaching effect.

## 5. Summary

Based on the core of constructivism theory and the requirements of MCT outline, medical Chinese teaching is re-examined and designed to improve the teaching level of medical Chinese teachers; task-driven teaching method is adopted to establish “student-centered” teaching mode, enhance the learning motivation of international students, exercise the independent learning ability of international students, and cultivate the spirit of exploration and innovation.

Combined with the ideological and political elements of the course, excellent Chinese culture and quality “smooth things silently” through medical Chinese courses rooted in the hearts of international students, laying a foundation for the construction of excellent medical students with professional quality, and escorting the training of outstanding international medical talents <sup>[15]</sup>.

Through multi-evaluation, it helps international students to consolidate the language knowledge foundation and improve their language communication skills, as well as helps the teachers to adjust the teaching design in time, so as to promote the improvement of classroom teaching effect with the teaching design aligned with the teaching practice.

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