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# Research on Content Reorganization and Path Innovation of Prescription-Based Teaching Model in Traditional Chinese Medicine Nursing Practice

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## Abstract

*Objective*: To address the issues of homogenization in traditional Chinese medicine (TCM) nursing education and the inadequate cultivation of dialectical thinking and scientific research abilities, this study constructed a prescription-based teaching model based on the nursing consortium. The teaching content was reorganized based on job competency stratification, and innovative pathways were explored to form a four-in-one training system integrating "theory, skills, scientific research, and management." *Methods*: Nurses were stratified into basic, advanced, and elite levels according to the N1–N4 grading system. Hierarchical teaching was customized through needs assessment, and a teaching faculty echelon for the nursing consortium was established. The "TCM Nursing Prescription Manual" and an online platform were developed. A comprehensive evaluation system consisting of "theory (40%) — skills (30%) — scientific research (30%)" was adopted, and innovative methods such as "one case through" dialectical training were introduced. *Results*: The experimental group scored significantly higher than the control group in theory, skills, scientific research, and overall scores. The standard deviation (2.7 vs. 3.5) indicated a more balanced distribution of abilities, demonstrating the optimizing effect of stratified prescriptions on individual differences. *Conclusion*: The prescription-based teaching model addresses the limitations of traditional teaching methods through precise stratification and dynamic optimization. It establishes a distinctive training system for TCM nursing, embodying the concept of "teaching according to needs." This model provides a reproducible standard paradigm for TCM nursing education targeting N1–N4 level nurses engaged in TCM nursing within the regional nursing consortium.

## Keywords

Prescription-based teaching model
Traditional Chinese medicine nursing teaching
Content reorganization
Path innovation
Nursing consortium

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# 1. Introduction

As an essential component of traditional Chinese medicine, traditional Chinese medicine nursing, characterized by its holistic view and syndrome differentiation nursing, plays a unique role in areas such as chronic disease management and rehabilitation nursing [1]. With the advancement of the "National Nursing Development Plan (2021–2025)" and policies promoting the inheritance and innovation of traditional Chinese medicine, the cultivation of traditional Chinese medicine nursing talents faces new challenges. The traditional teaching model, which mainly relies on a unified curriculum, struggles to meet the differentiated needs of various medical institutions for traditional Chinese medicine nursing techniques. The teaching recipients tends to focus on theoretical indoctrination, creating a gap between the actual needs of "syndrome differentiation nursing" and "personalized intervention" in clinical practice. Additionally, the weak scientific research capabilities of grassroots traditional Chinese medicine nursing staff restrict the innovation and promotion of traditional Chinese medicine nursing techniques. The "prescription-type" teaching model originates from the practice of regional alliance nursing, and its core idea is to achieve an organic combination of "teaching students according to their aptitude" and "teaching according to needs" by precisely assessing the needs of teaching objects and formulating personalized "teaching prescriptions" [2]. This model has been proven in previous studies to effectively improve the practical skills and scientific research level of nursing staff, but its application in traditional Chinese medicine nursing teaching has not been deeply explored. This study aims to construct a prescription-based teaching system adapted to the characteristics of traditional Chinese medicine nursing through the reorganization of teaching content and path innovation, providing theoretical and practical guidance for the reform of traditional Chinese medicine nursing education.

# 2. Analysis of the current situation and problems in traditional Chinese medicine nursing teaching

## 2.1. Homogenization of teaching content and mismatch with job requirements

Currently, traditional Chinese medicine nursing education mostly adopts unified textbooks and curricula, ignoring the functional differences among medical institutions at various levels. For example, primary-care hospitals need to master basic traditional Chinese medicine techniques such as auricular acupoint pressing and moxibustion, while specialized nurses in tertiary hospitals need to further training the formulation of traditional Chinese medicine syndrome differentiation nursing plans. The traditional teaching model leads to a disconnect between learning and application for grassroots personnel and insufficient innovation among high-level talents [3].

## 2.2. Weak cultivation of dialectical thinking and practical teaching

The core of traditional Chinese medicine (TCM) nursing is "syndrome differentiation nursing", which requires deep integration of TCM theories with clinical practice. However, the cultivation of dialectical thinking in current teaching relies heavily on classroom lectures, lacking analysis of real cases and practical drills. For example, traditional teaching methods struggle to provide immersive learning scenarios for developing personalized nursing plans based on tongue and pulse conditions for patients with chest bi syndrome caused by qi deficiency and blood stasis [4].

## 2.3. Lagging scientific research ability cultivation and disciplinary development

The inheritance and innovation of TCM nursing techniques rely on scientific research support, but frontline nursing staff generally lack training in scientific research methods. Traditional teaching often limits scientific research content to literature reviews, without tight integration with clinical problems, resulting in slow progress in standardized research and the construction of efficacy evaluation systems for TCM nursing techniques [5].

# 3. Stratified reorganization of TCM nursing teaching content under the prescriptive teaching model

## 3.1. Stratification of students and needs assessment based on job competency

According to the "Principles of Stratified Management for Clinical Nurses" and the characteristics of TCM nursing positions, students are stratified into three levels based on their job competency: the basic level (N1-N2) includes newly hired nurses or those with weak foundations in TCM, who need to master basic TCM theories, commonly used techniques (such as scraping and cupping), and health education; the advanced level (N3–N4) includes nurses with more than 3 years of experience, focusing on cultivating dialectical thinking, developing specialized care plans (such as stroke care pathways), and document standardization; the elite level (nursing backbones/managers) focuses on scientific research innovation, learning evidence-based methods, efficacy evaluation, and regional standard setting. Simultaneously, questionnaires, interviews, and tools such as the "Training Needs Survey Form for TCM Nursing Staff" are used to evaluate students' theoretical, skill, and scientific research shortcomings [6].

## 3.2. "Prescription-based" design of teaching content for traditional Chinese medicine (TCM) nursing

### 3.2.1. Basic level: Consolidating theoretical and skill foundations

In basic-level teaching, the core objective is to consolidate theoretical and skill foundations. For theoretical teaching, modular courses such as "Basic Theories of Traditional Chinese Medicine" and "Fundamentals of Traditional Chinese Medicine Nursing" are set up. The "low starting point — multi-feedback — step-by-step" teaching method is adopted, and intuitive means such as animation demonstrations and acupoint model operations are used to help students understand abstract concepts of traditied Chinese medicine, such as Yin-Yang and the Five Elements, and meridian theories. In terms of skill training, the focus is on 10 appropriate techniques of traditional Chinese medicine, including auricular point pressing and moxibustion using moxa sticks. Practical training is strengthened through "one-on-one guidance + workshop" model to ensure that the passing rate of each technical operation assessment is ≥95%. For case practice, common disease cases such as colds and constipation are selected, and the "scenario simulation + role-playing" method is used to train students' basic dialectical abilities and traditional Chinese medicine health guidance skills.

### 3.2.2. Advanced level: Strengthening dialectical thinking and specialized applications

In advanced-level teaching, the core orientation is to strengthen dialectical thinking and specialized applications. In theoretical teaching, courses such as "Dialectical Nursing of Traditional Chinese Medicine" and "Internal Medicine Nursing of Traditional Chinese Medicine" are offered. The main line is "disease-dialectics-nursing care", combined with typical case analyses such as qi and yin deficiency syndrome in diabetes to explain dialectical logic and cultivate students' systematic dialectical thinking in traditional Chinese medicine. In skill training, traditional Chinese medicine techniques with characteristics such as acupoint application for treating chronic cough and Chinese-medicine enema protocols are expanded. The "inspiration-research-discussion-explanation" model is adopted to guide students to deeply analyze the indications, contraindications, and key points of efficacy observation of technical applications, improving their ability to apply specialized techniques. In management ability training, content such as quality control of traditional Chinese medicine nursing, such as evaluating the implementation effect of traditional Chinese medicine nursing plans, is introduced. Practical case analyses are used to strengthen management thinking and promote the transformation of students' roles from technical executors to clinical managers.

### 3.2.3. Elite level: Promoting scientific research innovation and standard setting

In elite-level teaching, scientific research innovation, and standard setting are the focus. Courses such as "Scientific Research Methods in Traditional Chinese Medicine Nursing" and "Evidence-Based Nursing Practice" are offered, guiding students to conduct technical standardization research (such as optimizing the operation process of fire dragon jar comprehensive moxibustion)

based on clinical problems, thereby improving their scientific research capabilities. Technical innovation workshops are organized to encourage the improvement of traditional techniques (such as the development of hot iron packs for traditional Chinese medicine). Cutting-edge advancements are shared through "literature study sessions + lunch meetings." Relying on the nursing consortium, regional technical standards for traditional Chinese medicine nursing (such as the "Clinical Application Guide for Auricular Acupoint Pressure Technique") are established to promote service standardization and homogenization.

# 4. Innovative pathways of the prescriptive teaching model in traditional Chinese medicine nursing education

## 4.1. "Three-dimensional linkage" teaching organization model

### 4.1.1. Longitudinal stratification: Building a teaching echelon for the nursing consortium

A teaching group for traditional Chinese medicine nursing within the nursing consortium is established. Its members include specialized nurses in traditional Chinese medicine from tertiary hospitals (leader of the traditional Chinese medicine group), faculty from schools of traditional Chinese medicine, and nursing key nursing staff from primary care institutions. They collaborate based on a division of "lecturer group-skill group-research group." For example, the lecturer group is responsible for developing theoretical courses, the skill group designs workshops for traditional Chinese medicine technical procedures, and the research group guides grassroots personnel in conducting small research projects.

### 4.1.2. Horizontal integration: Optimizing teaching resource allocation

Regarding horizontal integration of teaching resources: Textbook development involves compiling a "Manual of Traditional Chinese Medicine Nursing Prescriptions", which includes 50 common syndrome differentiation and nursing plans for illnesses, accompanied by operational flowcharts and efficacy evaluation criteria. Platform construction relies on a training base to develop an online learning platform for traditional Chinese medicine nursing, integrating 30 technical micro-videos, 100 case studies, and an online assessment system. Regarding practical base layout, a "tertiary hospital-community-nursing home" practice chain is established, arranging for foundation-level students to promote appropriate traditional Chinese medicine techniques in the community, and elite-level students to pilot rehabilitation nursing programs in nursing homes, forming a teaching network that integrates theory and practice.

### 4.1.3. Dynamic feedback: Improving the teaching evaluation system

In terms of dynamic feedback and improving the teaching evaluation system, a qualitative-quantitative comprehensive evaluation method is adopted (**Table 1**). For process evaluation, a "learning portfolio" is used to record students' growth trajectories throughout the entire process. The content covers multi-dimensional data such as classroom performance, skill operation videos, and case analysis reports. After each teaching stage, one-on-one feedback is provided to timely calibrate learning deviations. For summative evaluation, a comprehensive scoring model of "theoretical assessment (40%) + skill assessment (30%) + scientific research results (30%)" is implemented. Scientific research results can include practical achievements such as case reports on traditional Chinese medicine nursing and technical improvement plans, comprehensively evaluating students' knowledge transformation and innovation abilities. Meanwhile, a satisfaction survey is conducted through the "Nurse Training Satisfaction Survey Form", focusing on core dimensions such as the pertinence of teaching content, the applicability of methods, and resource support. This forms a closed-loop evaluation mechanism of "process monitoring — outcome evaluation — demand feedback", continuously optimizing teaching quality.

**Table 1.** Qualitative-quantitative evaluation method: Three-dimensional comprehensive scoring table

| Evaluation module | Quantitative indicators | Qualitative indicators | Scoring logic |
|---|---|---|---|
| Theoretical Assessment (40%) | 1. Objective questions score (60 pts)<br>2. Subjective questions score (40 pts) | - | Graded according to a standardized scoring rubric |
| Skill Assessment (30%) | 1. Average score of required technical operations<br>2. Timed operation pass rate | 1. Humanistic care evaluation<br>2. Special scenario response capability | 80% quantitative score + 20% qualitative score |
| Research Output (30%) | 1. Output quantity<br>2. Implementation effect data | 1. Expert innovation rating<br>2. Clinical applicability evaluation | 50% weight for output quantity and 50% for quality evaluation |

### 4.2. Innovation in teaching methods with "Chinese medicine characteristics"

In innovating teaching methods with Chinese medicine characteristics, the "one case through" teaching method was introduced. Typical cases such as "patients with vertigo due to liver-yang hyperactivity" were used throughout the entire teaching process. The basic level analyzed the etiology, pathogenesis, and basic nursing measures, while the advanced level formulated syndrome differentiation and nursing plans, such as selecting ear acupoints for pressing beans, targeting liver, kidney, and sympathetic acupoints. The elite level designed efficacy evaluation indicators, such as the frequency of vertigo attacks and changes in TCM syndrome scores. Through cross-level discussions, systematic dialectical thinking was cultivated. Additionally, Chinese medicine nursing experts were invited to conduct "mentor-apprentice" workshops. For empirical techniques such as ginger-separated moxibustion, demonstrations and explanations were provided on topics like "the influence of ginger slice thickness on warming stimulation" and "clinical experience in controlling moxibustion quantity", improving students' precise control over traditional techniques such as moxibustion manipulation and the preparation of traditional Chinese medicine patches. Furthermore, national scientific research projects such as "the construction of an integrated Chinese and Western medicine nursing plan for acute pancreatitis" were transformed into teaching cases. When explaining "the influence of the timing of gastric infusion of traditional Chinese medicine on gastrointestinal function in critically ill patients", the design ideas of randomized controlled trials were presented, guiding students to participate in data collection, program optimization, and other aspects, cultivating empirical thinking.

## 5. Practical results

In this study, a regional nursing consortium was selected to implement the prescriptive teaching model for half a year. Based on the three-dimensional comprehensive scoring table, independent sample *t*-test statistics were performed on the scoring data of students in the traditional model and the prescriptive model (**Table 2**).

**Table 2.** Comparison of student scores and comprehensive scores between the two groups

| Indicator | Control group (Traditional teaching) | Experimental group (Prescription-based teaching) |
|---|---|---|
| Sample Size (n) | 30 | 30 |
| Theory Score (40%) | 32.5 ± 2.3 | 36.1 ± 1.8 |
| Skill Score (30%) | 11.7 ± 1.2 | 19.5 ± 1.1 |
| Research Score (30%) | 0.6 ± 0.9 | 8.2 ± 1.0 |
| Composite Score | 44.8 ± 3.5 | 63.8 ± 2.7 |
| *t*-value (Composite) | - | 20.12 |
| *P*-value (Composite) | - | <0.001 |

Based on the above data tables and analysis, it can be clearly demonstrated that this study constructed a comprehensive scoring system combining qualitative

and quantitative approaches, comparing the effectiveness of traditional teaching modes with prescription-based teaching modes in Chinese medicine nursing education. The data shows that:

The experimental group scored significantly higher than the control group in theory, skills, scientific research, and overall score (all $P < 0.001$), reflecting the improvement of students' "theory-skill-research" three-dimensional abilities through the prescription-based teaching mode. The comprehensive score of the experimental group (63.8±2.7) was 19.0 points higher than that of the control group (44.8±3.5), with a highly significant difference ($t=20.12$, $P < 0.001$). This result verifies the effectiveness of the prescription-based teaching's "theory-skill-research-management" integrated training system. Furthermore, the standard deviation of the comprehensive score in the experimental group (2.7) was smaller than that in the control group (3.5), indicating more balanced abilities among students. This reflects that the "layered prescription-dynamic optimization" mechanism of prescription-based teaching (precisely adjusting teaching strategies based on individual differences) effectively narrows the ability gap and achieves personalized training based on students' aptitudes (traditional modes may result in large fluctuations in students' abilities due to homogenized teaching).

## 6. Conclusion and prospects

In summary, the prescription-based teaching mode effectively addresses the dilemmas of "mismatch of needs, insufficient practical depth, and inadequate innovation" in Chinese medicine nursing education through closed-loop management of "precise evaluation, layered prescription, and dynamic optimization". Its core value lies in deeply integrating the concept of personalized service in Chinese medicine nursing into the teaching process, and constructing a "theory-skill-research-management" integrated training system through content reorganization and path innovation. Future research will deepen exploration from three aspects: firstly, relying on the nursing consortium platform to deepen the development of Chinese medicine nursing teaching resources, and combining artificial intelligence to develop digital teaching systems for Chinese medicine tongue and pulse conditions to improve the precision of dialectical thinking training [7]; secondly, expanding "virtual reality (VR) + Chinese medicine nursing" teaching scenarios, simulating complex dialectical nursing situations such as clinical decision-making for patients with multiple syndromes to enhance teaching immersion and practical adaptability; thirdly, improving the evaluation system with "clinical competency in Chinese medicine nursing" as the core, incorporating characteristic dimensions such as improvement rates of Chinese medicine syndromes, promoting the formation of a teaching evaluation paradigm with more Chinese medicine characteristics, and continuously cultivating versatile nursing professionals with both traditional literacy and modern innovation abilities for the Chinese medicine sector.

### Disclosure statement

The authors declare no conflict of interest.

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