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A Study on the Evaluation System for Teaching Quality in Clinical Practice Teaching Bases of Traditional Chinese Medicine

Yitian Chen[1], Rui Kang[1], Hanqi Zhao[1], Sishi Qian[2], Yong Li[2], Yimei Hu[3,*]

[1]School of Management, Chengdu University of Traditional Chinese Medicine, Chengdu, 611137, China

[2]Higher Education Research and Quality Evaluation Center, Chengdu University of Traditional Chinese Medicine, Chengdu, 611137, China

[3]Office of Academic Affairs, Chengdu University of Traditional Chinese Medicine, Chengdu, 611137, China

[*]Corresponding Author: Yimei Hu, 790960646@qq.com

Abstract

This study aims to explore the current status and significance of constructing a quality assessment system for clinical practice teaching bases in Traditional Chinese Medicine (TCM) education. Using literature analysis, the research highlights the importance of such a system in enhancing the level of teaching bases, cultivating high-quality TCM practitioners, and meeting societal demands for TCM services. The findings suggest that a well-developed assessment system can promote the dissemination of TCM culture, improve the international influence of TCM education, and foster international exchanges and cooperation.

Keywords

Traditional Chinese Medicine (TCM); Clinical Practice Teaching Bases; Teaching Quality Assessment.

1. Research Background

Traditional Chinese Medicine (TCM) is a treasured component of ancient Chinese science and a key to the rich legacy of Chinese civilization[1]. It also plays a vital role in safeguarding public health. The growing global engagement with TCM reflects not only its distinctive cultural characteristics but also a shared value pursuit across humanity, earning widespread international recognition[2]. Clinical practice teaching bases are indispensable in cultivating TCM professionals. These bases enable students to deepen their understanding of TCM theories, master essential clinical skills, and develop the ability to diagnose and treat based on syndrome differentiation.

Given the central role that clinical practice education plays in the overall TCM education system, the development of high-quality clinical teaching bases significantly influences the clinical competencies of TCM students, the overall teaching quality of TCM institutions, and the standard of TCM medical services nationwide[3]. As a critical tool for ensuring education quality, teaching evaluation—when based on a scientific framework—can provide systematic assessments of both teaching processes and outcomes. These assessments, in turn, offer a foundation for optimizing teaching approaches and enhancing educational effectiveness.

In the field of TCM education, it is therefore of particular importance to establish a scientific and comprehensive evaluation system tailored to the characteristics and needs of clinical teaching. This study focuses on the design of such a system for TCM clinical practice teaching bases, aiming to explore how a well-constructed quality assessment mechanism can contribute

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to the improvement and innovation of TCM clinical education under current educational paradigms.

2. Current Status of the Teaching Quality Evaluation System for Clinical Practice Teaching Bases in Traditional Chinese Medicine

2.1. General Overview

Driven by national policies, clinical practice teaching bases in Traditional Chinese Medicine (TCM) have undergone comprehensive and in-depth development. Improvements have been made in infrastructure, teaching conditions, curriculum systems, and faculty development, reflecting a growing emphasis on enhancing both the quality of TCM education and the practical teaching capacity of these bases. Policy support and financial investment have provided a solid foundation for the stable development of teaching bases. Simultaneously, educational reform and strengthened collaborations between universities and local entities have expanded the depth and breadth of TCM education, ensuring its alignment with social demands.

However, there remain shortcomings in the evaluation of collaborative quality between medical practice and education. Some evaluation systems overly emphasize theoretical knowledge while neglecting the development of clinical practice skills and professional competencies. Consequently, the results of quality evaluations are often underutilized in guiding educational reform and enhancing teaching quality. Additionally, these evaluation results are not sufficiently applied in contexts such as faculty promotion or performance appraisal. The failure to consider differences across regions and among institutions with varying profiles has limited the fairness and applicability of some existing evaluation systems.

2.2. Development Trends

TCM clinical practice teaching bases are rapidly progressing toward standardization and modernization. Development now emphasizes not only quantitative expansion but also quality improvement, with a focus on equitable distribution and optimal allocation of teaching resources. The integration of information technologies has significantly enhanced both the accessibility and interactivity of TCM education through the establishment of digital teaching resource repositories and remote teaching systems. Moreover, the adoption of innovative teaching approaches—such as case-based and inquiry-based learning—has promoted active learning and critical thinking among students.

On one hand, many teaching bases have increased investment in and application of digital tools. The National TCM Clinical Research Data Sharing System (Shared System) has been implemented in key TCM institutions, serving as a technological platform for real-world clinical studies. This system facilitates the simultaneous support of clinical diagnosis, treatment, and data collection, transforming clinical data into research data. It enables the sustainable development of real-world TCM research, reflecting the TCM philosophy of derived from clinical practice and applied to clinical practice [4]. Furthermore, it supports data integration and exchange between universities and external educational resources, providing a robust data foundation for educational management, self-assessment, and continuous improvement across academic programs, teaching bases, faculty, and students.

On the other hand, deficiencies remain in the use of information-based tools for evaluation. The implementation of online learning platforms, smart classrooms, and big data technologies allows for the comprehensive collection, aggregation, and analysis of evaluation data—effectively breaking spatial and temporal barriers. Through the digital management of evaluation databases, preliminary quantitative analysis can be conducted on data such as student performance, class completion rates, and the basic status of clinical practice bases. This

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approach addresses problems such as poor data integration, limited data sharing, and low user satisfaction, thereby maximizing the utility of collected data [5].

2.3. Key Development Priorities

In the current and near future, the development of TCM clinical practice teaching bases is expected to focus on several key areas. First is the development of faculty teams—ensuring professionalism and teaching competency through rigorous recruitment and ongoing professional development. Second is the innovation of teaching content and methods, encouraging the use of diverse teaching strategies to enhance engagement and instructional effectiveness. Third is the improvement of educational quality monitoring systems by establishing robust mechanisms for evaluation and feedback. Finally, deepening collaborations between universities and local governments or healthcare institutions can enhance the social service capacity of teaching bases and strengthen the practical relevance of TCM clinical education.

In the evaluation process, it is also essential to ensure that coordinated efforts between education and medical practice are supported by institutional structures and mechanisms for interdepartmental consultation, these are critical to institutionalizing and normalizing collaborative medical education at all levels[6]. Moreover, continuous educational monitoring should be prioritized. A dynamic, real-time, and data-driven quality monitoring and evaluation system for coordinated medical-education efforts should be explored to improve both the methodology and substance of monitoring[7]. Through ongoing monitoring and iterative improvements to educational methods and content, the overall quality of education and training can be continuously enhanced.

3. Challenges in the Quality Evaluation System of TCM Clinical Practice Teaching Bases

3.1. Insufficient Policy Orientation Fails to Meet High-Standard Development Needs

The integration of medical practice and education plays a critical role in cultivating TCM talents. However, in practice, the scale and capacity of clinical teaching bases are increasingly falling short of the growing demands for high-quality TCM education. In September 2020, the General Office of the State Council issued the Guidelines on Accelerating the Innovative Development of Medical Education, which emphasized the urgent need to consolidate the foundational role of affiliated hospitals in cultivating medical professionals [8]. The guidelines also called for the establishment of clear standards and a sound evaluation and accreditation system for clinical teaching bases such as university-affiliated hospitals. These directives highlight the urgency of establishing standardized entry criteria and comprehensive evaluation systems that cover teaching activities, resources, and outcomes. The current gaps in these areas underscore the importance of constructing a robust teaching quality assessment framework.

In April 2022, the Ministry of Education and the National Administration of Traditional Chinese Medicine jointly released the Notice on the Construction of National Demonstration Centers for TCM Clinical Teaching and Training, which proposed the establishment of several high-standard demonstration centers aimed at improving clinical practice teaching and accelerating the cultivation of high-level TCM professionals[9]. These policies indicate that the development of a teaching quality evaluation system for TCM clinical teaching bases is a crucial step toward realizing the objectives of demonstration center construction and aligning with the overall development of TCM education.

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3.2. Lack of Long-Term and Sustainable Evaluation Indicators

Ensuring continuous improvement in teaching quality is essential in medical education, particularly in TCM. When quality monitoring is limited to periodic assessments and lacks long-term oversight and feedback mechanisms, it cannot fully capture the consistency and sustainability of teaching activities. A comprehensive evaluation system tailored for TCM clinical practice bases should be developed to guide their sustainable development.

In China, the "national performance appraisal" of tertiary public hospitals is a key mechanism for evaluating hospital performance. However, the Operational Manual for the Performance Evaluation of Tertiary Public Hospitals contains limited content related to teaching quality indicators[10]. Strengthening the mechanisms for access, withdrawal, and record-keeping in clinical teaching bases can encourage hospitals to deepen their commitment to integrated medical-education collaboration. A model of integrating clinical services, teaching, and research—with teaching as the core—can help enhance student's overall competencies by embedding research and clinical practice within educational frameworks[11]. While maintaining the central role of teaching, such a model also encourages innovation in clinical research and practice, enriching educational content and improving instructional effectiveness.

Therefore, a teaching quality evaluation system that places appropriate emphasis on educational outcomes is essential for the development of TCM clinical practice bases.

3.3. Lack of Distinctive TCM Characteristics in Evaluation Criteria

In recent years, the dominant influence of Western medical education has affected higher education in TCM. Despite progress in training high-level management professionals in TCM, many evaluation systems for clinical teaching bases lack distinctive TCM features, and some evaluation indicators remain overly "Westernized."[12]

Currently, the weight assigned to TCM-specific content in most evaluation frameworks is insufficient. Key elements such as TCM classics, TCM diagnostic thinking, and unique therapeutic methods are often underrepresented. For example, the weight of classical TCM coursework is low in some systems, failing to reflect its foundational role in TCM education[13]. Many institutions also adopt Western models of clinical skill assessment—such as Objective Structured Clinical Examinations—while neglecting essential TCM diagnostic techniques such as observation, auscultation, inquiry, and palpation[14].

To address this gap, evaluation systems should be built around core TCM principles and designed to train professionals with strong foundations in both classical theory and clinical competence[15].

4. The Importance of Constructing a Teaching Quality Evaluation System for TCM Clinical Practice Bases

Developing a national teaching quality evaluation system ensures that TCM education aligns with public health policies and strategic development goals. It also promotes the sustainable and high-quality development of the TCM sector.

4.1. Enhancing National-Level Standards for Teaching Quality Evaluation

As a key carrier of traditional Chinese culture, TCM education plays a vital role in cultural inheritance and development. However, the internationalization of TCM education faces challenges due to inconsistent teaching approaches, diverse teaching materials, and a lack of standardized faculty qualifications and evaluation systems across countries[16]. A high-quality and standardized evaluation system is therefore essential for increasing the global influence of TCM education and enhancing international exchanges and collaboration.

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4.2. Promoting Collaborative Quality Improvement among Universities and Teaching Hospitals

Hospitals serving as clinical teaching bases directly impact the quality of medical services and patient satisfaction. High teaching quality is central to hospital service excellence. Establishing and implementing rigorous teaching evaluation systems and faculty assessment plans not only improves educational management within hospitals but also facilitates innovation in clinical research[17]. This integrated approach enhances institutional reputation and supports the hospital's long-term competitiveness in the healthcare sector.

4.3. Encouraging Educational Reform in Medical Universities

By constructing a teaching quality evaluation system, medical universities can continuously improve educational outcomes, ensure that graduates meet societal needs, and promote innovative instructional methods. Moreover, such a system can strengthen the construction of TCM disciplines and enhance their competitiveness and influence. Designing dynamic and practice-oriented evaluation standards for faculty can also guide teaching reforms and support rational resource allocation in higher education institutions[18].

4.4. Cultivating Competency-Based Medical Professionals

Through participation in high-quality clinical teaching programs and strict evaluation mechanisms, medical students can acquire deeper knowledge of TCM, enhance professional development, and become more competitive in the job market. The evaluation system also fosters a culture of lifelong learning, encouraging students to improve their professional competencies. Competency-based evaluation plans tailored to real-world demands can help develop versatile professionals capable of meeting the challenges of modern healthcare systems[19].

5. Construction of the Teaching Quality Evaluation System for TCM Clinical Practice Teaching Bases

Based on an analysis of national and local policies and a review of relevant literature, this study proposes a comprehensive teaching quality evaluation system tailored to clinical practice teaching bases in Traditional Chinese Medicine (TCM). The system includes three primary (first-level) indicators: Practical Teaching Support System, Practical Teaching Management System, and Practical Teaching Quality Monitoring System. Each subsystem contains multiple norms and requirements, forming an evaluation framework that reflects the characteristics of TCM and meets the needs of the modern educational context. This system aims to promote the reform of clinical practice teaching and improve both educational quality and talent cultivation.

To construct this evaluation system, we searched the CNKI (China National Knowledge Infrastructure) database using the keywords "clinical practice teaching base" and "teaching quality evaluation," covering the time span from January 1, 2015, to May 31, 2024. After eliminating duplicate entries and screening abstracts and full texts based on inclusion and exclusion criteria, a total of 60 highly relevant articles were selected. Inclusion criteria included topics related to clinical practice teaching and teaching quality, while exclusion criteria involved studies with irrelevant focus, insufficient data, or unavailable information

Using content analysis with the sentence as the minimum unit of analysis, we identified elements that reflect the core dimensions of evaluating TCM clinical teaching bases. In total, 3 first-level indicators, 9 second-level indicators, and 36 third-level indicators were established to form the preliminary version of the TCM Clinical Practice Teaching Base Teaching Quality Evaluation System.

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5.1. First-Level Indicators: Practical Teaching Support System

Under the first-level indicator "Practical Teaching Support System", this paper provides corresponding second-level and third-level indicators, with specific details shown in Table 1-4.

Table 1. Second-Level Indicators: Institution and Planning

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Institution and Planning	Teaching Planning and Development	Hospitals assign teaching work equal importance to clinical and research activities; promote coordinated development of medical education, teaching, and research; establish long-term cooperative relationships with universities[20]. Leverage brand advantage of tertiary hospitals to facilitate regional integration[21]. Explore mechanisms for faculty exchange and integration of teaching, research, and medical practice[22].	3
	Management Policies and Regulations	Hospitals establish comprehensive teaching management systems covering teaching, student affairs, faculty management, teaching evaluation, and incentives[20].	1
		Refinement of clinical teaching base standards and establishment of unified access criteria[23].	1
	Leadership Team	The hospital leadership prioritizes teaching, incorporates teaching quality results into performance appraisals[20]. Establishing dedicated teaching management positions[24].	2

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Table 2. Second-Level Indicators: Institution and Planning

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Software resource	Teaching Organization Structure	Hospitals establish teaching organizations and management systems[25]. Enhancing clinical teaching frameworks, and strengthen teaching teams within affiliated hospitals[26].	2
	Teaching Administration Department	Improve the operational mechanisms of medical education management across the medical school, its subordinate pharmaceutical colleges, and affiliated hospitals to ensure the continuity of medical education[27]. Clinical hospitals have established inspection systems within their teaching administration departments to conduct supervision and assessment of postgraduate clinical competence training[28]. Despite the presence of clinical teaching management departments in most hospitals, deficiencies in system implementation and oversight have resulted in teaching outcomes that fall short of expectations[29].	3
	Teaching and Research Offices	The construction of teaching and research offices in clinical teaching bases has been continuously strengthened, with their organizational structures becoming increasingly rationalized[30]; Universities have guided affiliated clinical teaching bases to improve the organizational setup, staffing, and operational mechanisms of these offices, while standardizing clinical teaching procedures[31].	2
	Faculty Quantity and Structure	Given the current limitations of a homogenous knowledge background among medical humanities instructors, it is essential to develop an interdisciplinary teaching team[32]. Measures such as assigning full-time teaching staff within clinical practice bases help strengthen the quality assurance system[33]. Establishing clear standards for teaching base construction—particularly regarding faculty qualifications—and providing targeted faculty training are crucial for improving the overall quality of clinical teaching bases[34].	3
		Building a well-structured, highly competent, and dedicated teaching team is fundamental to the quality of TCM talent cultivation[35]. Furthermore, faculty structure and base-level teaching capacity can be effectively assessed through internship evaluation systems, which serve as a tool for competitive quality monitoring[36].	2
	Faculty Recruitment and Policy	Teaching performance holds significant weight in evaluation systems for TCM faculty, including promotion, performance assessment, job appointment, and awards[9]. Universities have established qualification certification systems for clinical instructors at TCM teaching bases[20]. Zhengzhou University determines teaching capacity based on affiliated hospitals' faculty recruitment and qualification assessments[3].	3
	Faculty Development	Medical universities actively promote faculty enthusiasm by enhancing faculty development mechanisms[37]. Hospitals strengthen faculty teams by selecting and training instructors for residency programs, thereby improving the quality of clinical teaching in postgraduate education[38].	2
	Faculty Teaching Competency and Proficiency	To enhance teacher's expertise and instructional skills, institutions select core faculty to mentor others and elevate overall teaching standards[39]. Measures such as "inviting experts in and sending instructors out," including lectures, bedside teaching, and training workshops, are used to improve the teaching capacity of non-directly affiliated hospitals[40]. Standardized criteria for selecting teaching bases are implemented, including rigorous evaluation of hospital level, teaching facilities, organizational structure, teaching practices, and instructional quality—all closely aligned with talent cultivation requirements[41].	3

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Table 3. Second-Level Indicators: Hardware Resources

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Hardware Resources	Teaching Funding	Hospitals ensure stable and sustained investment in teaching funds, with annual increases[9]. Additional financial input is required to support the full range of clinical learning activities for TCM students, particularly during clinical internships[42].	2
	Teaching Beds	Affiliated and non-affiliated hospitals must maintain a minimum number of approved hospital beds, with at least 0.5 beds per undergraduate TCM student and 3 beds per graduating intern[20]. Teaching resources and student support infrastructure—such as bed availability, clinical department development, instructional space, clinical skills laboratories, recreational facilities, and dormitories—are all essential components of teaching quality assurance[43].	2
	Instructional Space	Physical resources—such as libraries, classrooms, and laboratory equipment—represent basic infrastructure necessary to support students' academic and practical training[44]. Teaching hospitals are expected to provide multimedia-equipped classrooms, libraries, dedicated teaching spaces, and student duty rooms within each department undertaking clinical internships[45].	2
	Student Living Facilities	Student dormitories and living services should support both daily life and personal development, including ideological education, administrative management, and psychological growth[46]. Hospitals should undergo regular expert inspections to evaluate teaching spaces, library resources, and student facilities in non-directly affiliated institutions, with the goal of enhancing teaching quality[47].	2
	Clinical Skills Training Centers	Laboratories and training centers for TCM programs should demonstrate distinct characteristics and exemplary standards[25]. Most affiliated hospitals involved in standardized residency training have established comprehensive clinical skills centers to support practical teaching[48].	2
	Community Medicine Bases	Universities are encouraged to establish collaborative training mechanisms involving governments, teaching hospitals, and community institutions. Practical teaching should include integrated TCM and Western medical training, intensive hands-on workshops, and rural/community-based clinical internships[49]. Expanding cooperation with rehabilitation centers, nursing homes, and primary care units provides students with broader training opportunities through formal agreements[50].	3

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Table 4. Second-Level Indicators: Information Technology Development

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Information Technology Development	Infrastructure Development	The assessment of laboratory-based courses should adopt diversified methods, integrating formative and summative evaluations. Through the digital platforms of clinical practice teaching bases, continuous and real-time assessment of student performance can be achieved[51]. The TCM information infrastructure—encompassing scientific data exchange and clinical research systems—should be enhanced to establish an integrated digital network for TCM institutions[52].	2
	Application and Implementation	Digital teaching platforms should effectively integrate educational resources from both universities and teaching bases, thereby facilitating online instruction and expanding students access to learning opportunities across time and space[53]. By leveraging specialized digital tools, students can better understand the modern applications of TCM health preservation and improve their ability to solve practical problems[54]. Under the “strong integration of education and healthcare” model, instructors can utilize digital resources such as electronic medical records from affiliated hospitals to build comprehensive clinical knowledge databases[55].	3
	Evaluation via Digital Platforms	Teaching management platforms can record departmental teaching workloads and generate structured data to support teaching quality evaluations[56]. The application of digital tools in the training and evaluation of healthcare professionals in public TCM hospitals helps identify deficiencies, overcome bottlenecks, and address common issues in talent development. Moreover, it supports the differentiation of training models based on shared standards and individual needs[57].	2

5.2. First-Level Indicators: Practical Teaching Monitoring System

Under the first-level indicator "Practical Teaching Monitoring System", this paper presents corresponding second-level and third-level indicators, with detailed contents provided in Tables 5-7.

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Table 5. Second-Level Indicators: Quality control system

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Quality control system	Teaching Task Execution Monitoring	In addition to routine monitoring of instructional activities, institutions are enhancing the composition and training of full-time and part-time quality assurance teams. This strengthens the execution framework for teaching quality supervision and improves overall monitoring capacity[58].	2
		Systems for graduate tracking and employer feedback have been established, enabling continuous quality monitoring throughout the educational process[59].	
	Classroom Teaching Quality Monitoring	Clinical teaching base inspections are included in the annual work plan, forming a closed-loop quality improvement mechanism: guidance→inspection→feedback→rectification→re-evaluation.	3
		Teaching quality is monitored throughout the academic cycle via semester-start inspections, mid-term evaluations, routine supervision, and peer observation by department heads and school leaders[60].	
		A three-level quality assurance structure—university, department, and teaching base—has been established, with the university's Teaching Quality Evaluation Center responsible for assigning academic supervisors[61].	
	Daily Teaching Order Monitoring	Clinical supervision of instructors includes random, periodic, and designated reviews. Random inspections are conducted by experts to assess ongoing teaching activities[62].	2
		Additionally, online teaching evaluations are governed by supervisory mechanisms established by internal quality assurance departments, with customized implementation at the school level[63].	

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Table 6. Second-Level Indicators: Quality evaluation

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Quality evaluation	Internship Management	Attendance and completion of internship curricula are key components of student management. Evaluation of clinical internship quality is widely practiced internationally and has become an important measure in undergraduate medical education[64].	2
	Instructional Methods and Supervision	Clinical teaching seminars have promoted dialogue among base instructors and administrators[65]. Teaching quality evaluation systems assess instructor attitude, methods, content, teaching effectiveness, and outcomes through comprehensive scoring mechanisms[52].	2
	Assessment and Outcomes	In collaborative clinical education models, sound quality control systems ensure that assessments are evidence-based and reflect actual performance, thereby facilitating achievement of instructional objectives[66].	1

Table 7. Second-Level Indicators: Feedback on Teaching Quality

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Feedback on Teaching Quality	Theoretical knowledge assessment	Periodic evaluations are conducted to assess student's mastery of theoretical content[67].	1
	Clinical Competency Assessment	There is an urgent need to establish effective undergraduate clinical teaching quality monitoring systems, as the current cycle of information collection, assessment, feedback, and adjustment remains underdeveloped[68].	1
	Comprehensive Student Evaluation	Final assessments focus on theoretical knowledge, practical skills, humanistic literacy, clinical reasoning, and communication. Faculty evaluations emphasize students' overall performance and competency development across multiple domains.	2

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5.3. First-Level Indicators: Practical Teaching Management System

Under the first-level indicator "Practical Teaching Management System", this paper specifies the corresponding second-level and third-level indicators, with detailed contents presented in Tables 8 and 9.

Table 8. Second-Level Indicators: Practical Teaching Operations Management

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Practical Teaching Operations Management	Theoretical Instruction	A competency-oriented theoretical curriculum system has been developed to strengthen student's professional capabilitie.	1
	Clinical Clerkship Teaching	Teaching responsibilities are allocated based on the management structures and operational mechanisms of each clinical teaching base. Efforts have been made to standardize the management of clerkships, internships, and clinical practice; optimize the allocation of teaching beds and supporting resources; and encourage patient participation under appropriate conditions to enhance experiential learning.	2
	Internship Teaching	A progressive, competency-based internship model has been implemented, structured as "position identification–position trial-position assignment," to strengthen practice-based education.	1
	Community-Based Medical Education	To meet the needs of primary healthcare positions, new courses such as Community Medicine, Geriatric Health Preservation, Health Management, Doctor-Patient Communication, and Medical Humanities have been introduced. Community practice teaching has become a priority for educational activities in community health service institutions.	2
	Professional Ethics and Humanistic Education	Professional ethics training has been reinforced to cultivate student's sense of mission and commitment to healing and saving lives. Such training, combined with internship placements, ensures the orderly implementation of clinical practice teaching.	2

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Table 9. Second-Level Indicators: Practical Teaching Planning and Management

Second-Level Indicators	Third-Level Indicators	Example Description	Frequency
Practical Teaching Planning and Management	Design of Teaching Objectives and Content	Clinical case design is guided by educational objectives, aligned with students' knowledge levels and cognitive abilities, and incorporates authenticity, challenge, guidance, and engagement.	1
	Selection and Management of Teaching Bases	Long-term and routine evaluation mechanisms have been introduced into clinical teaching base management to ensure quality and consistency.	1
	Safety and Risk Management	Core systems for medical quality and safety are rigorously implemented. A normalized mechanism for monitoring the quality of clinical teaching has been established to enable real-time progress tracking, risk identification, and timely response actions.	1

6. Conclusion

This study underscores that the construction of a teaching quality evaluation system for TCM clinical practice teaching bases is a continuous and evolving process. It requires sustained exploration, empirical validation, and iterative refinement based on educational reform trends and clinical practice demands. While the current research provides a foundational framework, further empirical testing is needed—such as expert consultation and statistical validation—to ensure the system's scientific rigor and practical applicability.

Looking forward, institutions of higher medical education should embrace openness, incorporate new educational philosophies and technologies, and actively leverage the guiding role of evaluation indicators. Clinical teaching bases should be encouraged to enhance teaching construction, standardize teaching procedures, and ensure the quality of instruction[37]. These efforts will accelerate the modernization and internationalization of TCM education and contribute to the cultivation of competent, innovative, and globally competitive TCM professionals.

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