Research Article

Application of the Mixed Teaching Model using Internet+ for Clinical Courses of Traditional Chinese Medicine

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With the arrival of the Internet + era and the need for development and personnel training, the traditional teaching model of TCM (Traditional Chinese Medicine) needs to be transformed into a mixed teaching mode. In addition, the TCM English teaching resources from which learners can pick are restricted, and certain critical revised TCM material is not delivered on time. For high-quality delivery of service to TCM English learners, a system with materials and communication is considered extremely important. In this connection, "Internet +" provides both possibilities and problems for the advancement of TCM English instruction, which has considered a key to advanced TCM. Therefore, motivated by the development of "Internet +," we try to establish a relevant analysis of the mixed teaching model and propose the implementation path and method of the mixed teaching model of traditional Chinese medicine: changing ideas and guiding students to enter into deep learning to build a teaching community; integration and reform of online teaching and classroom teaching of traditional Chinese medicine; emphasis on developmental evaluation. The evaluation is based on whether it provides students with meaningful Chinese medicine learning experience and deep learning status as the evaluation criteria.

1. Introduction

In recent times, Internet technology evolves and changes every single day, and the development period shrinks. Internet technology is receiving increasing attention, and the construction of related mixed teaching management systems has improved the level of medical teaching work. Unfortunately, when the traditional medicine teaching approach is used, various issues arise. There is also no medicine teaching quality assessment mechanism in the scheme or the function is not reasonable sufficiently, the management approach of the information about the database embraces slightly old questions and statistical data, without using the modern techniques, and the database features are not successfully developed and designed, resulting in some resource waste [1, 2]. As a result, a collection of medicine teaching quality assessment instruments that can respond to changing circumstances is critically needed. Excellent medicine teaching quality is the primary concern of the work task; if you want to live and progress in the community, you should strongly perform the foundation of medicine teaching quality, which is everybody's basic task. Therefore, if you want to increase the quality of this teaching, you should first analyze the teachers' actual abilities. After that, assist teachers to enhance the quality of medicine teaching according to their specializations while also improving their business level, spurred by a strong teaching group [3]. Influenced by the traditional Chinese medicine teaching quality evaluation model, a considerable majority of higher vocational institutions continue to analyze the effects of medical instruction using annual test scores.

"Internet +" is an essential beginning point for national education in clinical courses of traditional Chinese medicine. Online teaching includes the course team creating and publishing courses on an online teaching platform, as well as

guiding students to learn online independently. Offline refers to classroom instruction, learning difficulties, classroom learning organization, addressing students' questions, and enabling pupils to study independently [4–8].Traditional Chinese medicine is frequently employed by clinicians at all levels of clinical practice, with rising seniority and clinical experience, there is a tendency of expanding the importance and usage opportunities of traditional Chinese medicine. There are many practical problems in TCM education in clinical medicine-related majors, such as insufficient TCM teaching hours, relatively weak teaching teachers, insufficient TCM learning atmosphere, lack of TCM learning resources, insufficient attention to TCM curriculum construction, and not many TCM teaching practice bases. [9–11]. How to convey the essence of a subject to students in the shortest amount of time while also picking their interest in traditional Chinese medicine theory and encouraging them to explore and learn is a topic that should be discussed in traditional Chinese medicine teaching in colleges and universities. Keeping the aforementioned issues in mind, we present this paper by researching the existing blended teaching in preparation for the blended teaching of TCM Orthopedics and Traumatology in the clinical course of traditional Chinese medicine [12]. With the advent of the Internet + era and the need for development and personnel training, the traditional teaching model of traditional Chinese medicine needs to be transformed into a mixed teaching mode. In addition, we attempt to conduct a relevant analysis of the mixed teaching model and propose a path and technique for implementing the mixed teaching model of traditional Chinese medicine.

The major contributions of this work are as follow.

(i) First, we construct the ecological environment of TCM through combined teaching with advanced education concepts as the teaching of clinical courses of traditional Chinese medicine.

(ii) Second, we developed integration and reform of online classroom teaching of traditional Chinese medicine and emphasis on development.

(iii) Finally, we encourage information exchange and progress, as well as the development of students' medical abilities.

The rest of this paper is as follow. The second section of this study examines the development of mixed teaching quality evaluation and the issues that arise. The third section of this work is concerned with the investigation of mixed teaching quality evaluation based on the Internet + in clinical courses in traditional Chinese medicine. The fourth section of this study examines the mixed teaching model quality evaluation research. The fifth section of this paper is the study's conclusion, which outlines the study's limitations.

2. Related Work

"Internet +" gave birth to the emerging characteristic form of online education. From the Internet to the mobile Internet to "Internet +," people's access to knowledge has become more and more convenient, and the demand for knowledge has become increasingly diversified, and is not subject to. The limitation of objective factors such as time and space makes education more humanized and personalized, completely changing the whole teaching picture, and then the basic elements of education and the surrounding related environment have been greatly transformed, which is different from the traditional teaching model. There are essential differences in form, mode, method, and many other aspects. The renewal and reform of the technological form in the field of education not only triggers the renewal and reform of the concept but also corresponds to the transformation of the teaching form and teaching mode [13–16].

The combination of the Internet and education is not simply a mechanical superposition of the two, and the traditional teaching content is moved to the Internet intact. There is no substantial change. It is only to change the teaching content to a different presentation form. It is "Internet + knowledge," not "Internet + education." The Internet only plays a role in the process of knowledge dissemination, but there is no qualitative change in teaching [17, 18]. The advantage of the traditional classroom is that teachers and learners can achieve face-to-face instant communication, which is irreplaceable by any other form of teaching in terms of knowledge transfer and emotional interaction. Therefore, traditional teaching forms are necessary and irreplaceable sex. However, the traditional face-to-face teaching resources are blocked, the teaching is too uniform, and the efficiency is low. However, many teaching bottlenecks existing in traditional teaching seem to find a way to ease after encountering the Internet. The characteristics of the Internet, such as high transmission efficiency, breaking the boundaries of time and space, and open connectivity, are the state that traditional teaching struggles to pursue.

As a result, the combination of online and conventional instruction has become unquestionable [19–21]. Face-to-face instruction and online network instruction both have advantages and downsides. Society, schools, instructors, and students do not require a single application of any teaching model, and the hybrid teaching model is built on keeping the original face-to-face teaching. Combining the benefits of the two, the introduction of online teaching greatly expands the spatial dimension of teaching, activates teaching resources, enriches teaching methods, and provides teachers and students with more possibilities for teaching and learning, learners' interests, and personalities. Blended learning allows students to express themselves via personalization, autonomy, and inquiry. Teaching is more active than a prescriptive set program. Teachers have more instructional organization and resource presentation formats, while students have more independent time. Arrange your study assignments to maximize your energy [22, 23]. Inspired by the work above, in this paper, we attempt to conduct a relevant analysis of the mixed teaching model and propose a path and technique for implementing the mixed teaching model of the traditional Chinese medicine.

3. Reforms of the Mixed Teaching Model of Traditional Chinese Medicine Education and Problems Existing in Internet + TCM Teaching

3.1. Main Reasons. The main causes for the reform of traditional Chinese medicine education's mixed teaching model are discussed in this section. We will start by discussing the emergence of online classrooms and traditional Chinese medicine in the Internet + era. After that, we will explain the blended medicine teaching mode. Finally, we will discuss problems existing in Internet + TCM teaching. Furthermore, in this section, we would use the words blended and mixed interchangeably.

3.1.1. The Rise of Online Classrooms and Traditional Chinese Medicine in the Internet + Era. In the "Internet +" age, different businesses, including education, are innovating and integrating with Internet technologies. In this era, the large-scale development of online classrooms is quietly changing people's learning methods, learning content, and teaching modes. Ubiquitous mobile learning has become a trend these days. The emergence of the Internet and intelligent terminals has broken the time and space limitations of people's learning. They allowed for the potential of learning activities in a range of circumstances, as well as the convenience of "always and everywhere" learning. The blended teaching reform, which organically integrates modern online classrooms and traditional face-to-face classrooms, is more and more popular and valued by everyone. The purpose of this teaching model reform is to increase students' independence in learning through teacher-led learning. Other aims include achieving the teaching goal by integrating online and offline education, autonomous and collaborative learning, virtual experimentation, and on-site training. After 95, they began to receive a lot of digital information from the moment they were born. Their learning methods and learning channels are not limited to classrooms. Mobile phones and computers are their must-haves. They receive and are influenced by a large amount of information every day from interactive media such as the Internet and electronic products. Accustomed to looking for answers from the Internet, you can multitask, deal with multitasking information, and filter out the content you are interested in from a large amount of digital information. They are active in thinking, have a broad vision like thinking independently, like to find answers to questions in online communication, discussion, and debate, and enjoy the excitement and fun in the process. They are willing to learn, but they are reluctant to passively accept knowledge, preferring to make their own choices, and want to learn in the way that suits those best [24, 25].

3.1.2. Insufficiency of Traditional Chinese Medicine Teaching Mode. Traditional Chinese medicine focuses on restoring the body's natural conflicting energies of yin and yang, which can block qi and create sickness. Acupuncture, nutrition, herbal treatment, relaxation, physical activity, and massage are all part of traditional Chinese medicine. The traditional Chinese medicine teaching approach proposed by Nei focuses on "teachers, educational materials, and classrooms," focusing on harmony, and the learning is limited to a specific time and place situation. This method of instruction is more strict and regular, allowing for more centralized information transmission as well as the examination and explanation of complex concepts. The disadvantage is that the students have no choice in learning content and no freedom in learning methods, which can easily lead to indoctrination and cramming teaching. The demonstrated teaching effect is a learning of understanding and memory. The discipline of traditional Chinese medicine has a long history and is a discipline with strong practicality. The era of big health puts forward higher ability requirements for the cultivation of traditional Chinese medicine talents. However, the current higher education of traditional Chinese medicine generally has the problems of a large amount of course study, many class hours, and a heavy academic burden for students. Teachers' teaching methods are outdated, and they are still dominated by the traditional teaching models. They are faced with low teaching efficiency and poor teaching and learning experience. Students stay at a shallow level of comprehension and memory and lack innovation ability and other practical problems. Therefore, the traditional teaching according to the subject teaching has fallen behind the requirements of the development of the times. Teachers are overwhelmed, their classes are dull, they do not understand students, and there are many distractions, cell phones, and even skipping classes in the classroom. Students trained by the University of Traditional Chinese Medicine are faced with the embarrassment of being able to endorse and take exams, but they will not be able to see a doctor in clinical practice, and they will not be able to start experiments. With the development of the times, the concepts of "certainty," "universality," and "foreseeability" of traditional knowledge are constantly diminishing, and the "situational," "relativity," and "individuality" of knowledge are constantly highlighted. The unpredictability of future occupations has changed the orientation of course goals. It has become a consensus to shift from knowledge-based to ability-based. The failure of the traditional teaching model determines that the ancient teaching methods must keep pace with the development of the times to radiate infinite vitality and vitality. The teaching model of traditional Chinese medicine should also make good use of the network teaching platform by carrying out the reform of the mixed teaching mode. In addition, it should guide the students majoring in traditional Chinese medicine to learn independent learning, collaborative learning, and independent thinking, while continuously improving their practical ability.

3.1.3. Blended Medicine Teaching Mode. Blended teaching refers to the technique of teaching students utilizing both online and also in teaching skills. In a blended learning environment, for instance, learners may join a regular

classroom class taught by a teacher while simultaneously autonomously pursuing online course elements outside of the classroom. In this situation, the in-class period might be substituted or augmented by online teaching experiences, with students learning about the same topics online as they do in class. For example, the online and in-person teaching experiences could parallel and supplement one another.

On the other hand, blended teaching methods may differ greatly in concept and implementation from one institution to the next. Blended teaching, for instance, may be given only by a few instructors in an existing school or it could be the dominant learning paradigm around which a school's academic program is constructed. Online teaching could be a minor component of a classroom-based curriculum, or video-recorded courses, live streams, text messages, and other digitized teaching methods may constitute the majority of a student's educational contacts with a teacher. In other circumstances, students may work alone at home or somewhere on online classes, assignments, and projects, only interacting with teachers regularly to check their student achievement, debate their progress, ask questions, or receive support with the challenging ideas. In other circumstances, children may spend their full school day in a typical school facility; however, they will spend much more time studying online and autonomously than taking lessons from a teacher. Use of blended teaching model can be explained in Figure 1.

(i) Screening prior class: before beginning medicine classroom training, teachers should follow the corresponding textbook existing knowledge in the courses and course structure, and structure a teaching plan depending on the present situation to better nurture students' capacity for independent learning. The teaching material content can be naturally beautiful relating to the teaching course of network capacity. For instance, the "novel idea medical teaching system," etc., can allow teachers and students to learn medicine at any moment. The usage of this system will address the medicine teaching material of knowledge sharing on time to learners' hands, such that pupils may carry on the information of preparations earlier, successfully developing students' independent learning capacity. Teachers must take advantage of all the benefits of this network and excel at interactive engagement with pupils so that the teachers may fully appreciate what information students need, provide timely assistance, and do a great job in important medical information teaching.

(ii) Learning of classroom: before class, teachers should study the medical teaching overview and ask some questions. Following that, the instructor continues the scene teaching, utilizing multimedia to reinforce the teaching creative concept then raises some queries again, allowing the student to continue thinking, and must stimulate the student's passion. Teachers prepare for pupils to engage in role discussions based on real-life scenarios so that the medical classroom environment is no more
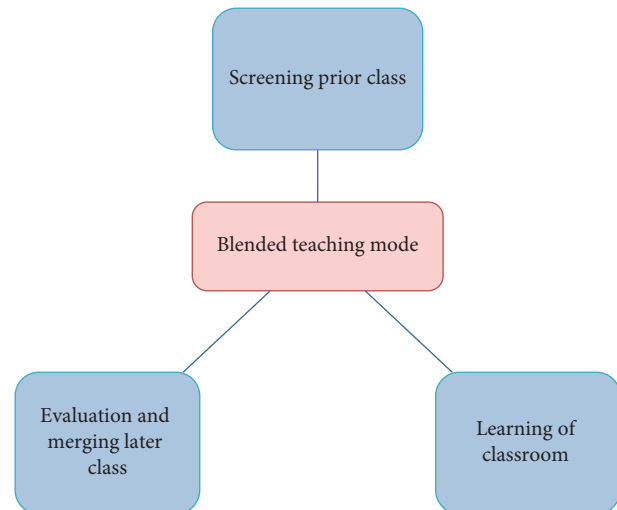

Figure 1: Use of blended teaching.

uninteresting. Lastly, teachers should address questions presented in medical class and assess students' progress to increase students' interest in the medicine study. Students' English skills can be increased further by using a complete teaching approach.

(iii) Evaluation and merging later class: learners should check their information in class after medicine class, and teachers should complement the related textbooks information course materials for sharing, such as video and audio, so that the learners may further enhance their perception of the information after class. Students should be encouraged to create complete use of the medical teaching platform for the extension of medicine knowledge acquisition so that pupils have a wider perspective and to better foster students' potential for autonomous learning.

The traditional technique of a delivered lesson followed by assignments is "flipped," with students learning about the subject first at home, using video or online material. Blended learning maximizes teaching/learning time and approaches. With the involvement in the present, this is probably more essential than before. Although mixes are frequently a combination of classroom and online instruction, they can also be a collection of activities that occur outside of the classroom. Figure 2 details the medical blended teaching paradigm.

3.2. Problems Existing in Internet + TCM Teaching

3.2.1. Blended Teaching Is Not a Disorganized Blend. The mixed teaching model is not a random disorganized mixing; it must adhere to core educational concepts and respect people's cognitive rules. There is a distinct teaching design, teaching objectives, teaching material, and assessment standards in both online and classroom instruction, by building a pleasant online and classroom learning environment, setting learning objectives and material, pre-assessing learners, and generating a positive learning environment. Furthermore, it prepares and activates old information while acquiring new knowledge. Teachers assist
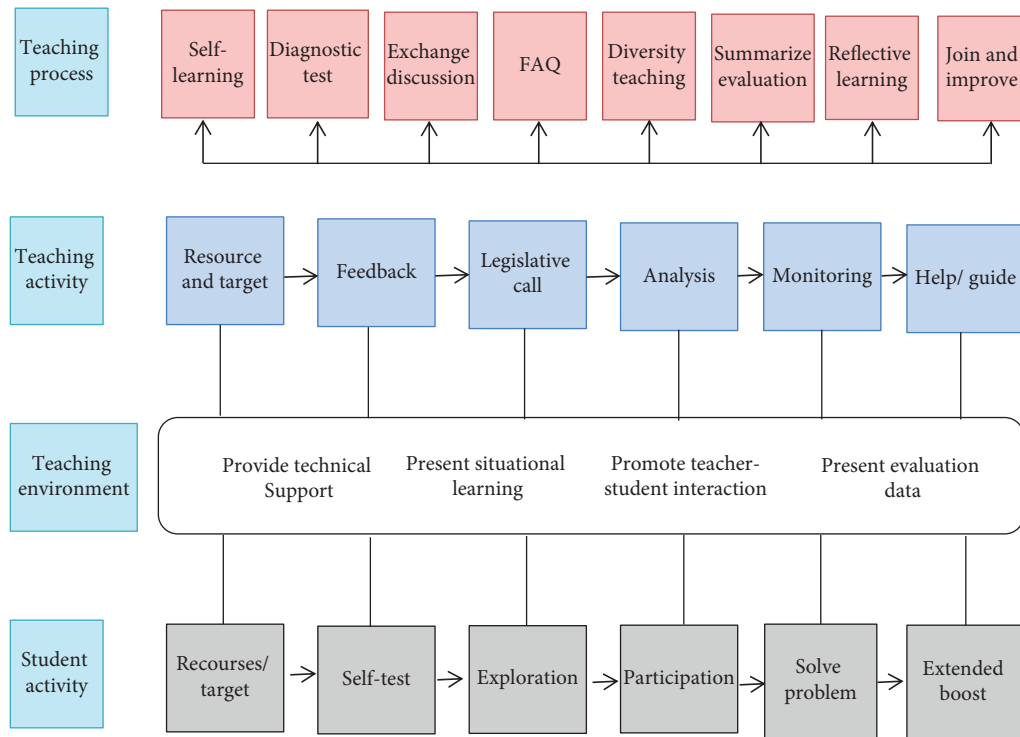
FIGURE 2: Medical blended teaching model.

students through deep learning layer by layer because deep learning is the opposite of shallow learning. Shallow-level learning is simply comprehension and memory learning, while deep-level learning is an active, critical approach to learning based on understanding. Only after entering the state of deep learning, can students criticize, speculate, and create new knowledge and new ideas based on the original knowledge structure, thus completing the transfer of learning, and internalizing knowledge as a kind of ability. The teacher-led dual-subject educational thought, focusing on the effective communication between teachers and students in classroom teaching and the self-construction of the learned content in online learning, can effectively guide students into a state of deep learning.

3.2.2. Blended Teaching Is Not a Reversal of Traditional Teaching Forms. Blended teaching is not a flip of the traditional teaching form, but a flip of the concept of "teacher-centered" to "student-centered." Blended teaching is not simply a flip of traditional learning activities inside and outside the classroom. Teachers' knowledge transfer has transformed into online classroom students' autonomous learning and self-testing, and traditional out-of-classroom exercises have transformed into online classroom interaction and group collaboration.

Its fundamental educational philosophy is to transform from traditional knowledge imparting and "teacher-centered" teaching to modern "student-centered" teaching that integrates knowledge, ability, and quality training. The traditional teaching model is one teaching material, one language, one volume, and the teacher is the main body. Under the mixed teaching mode, students are the main body of learning, and teachers are the guides. Students must complete online and offline learning tasks and assessment requirements under the guidance of teachers, and the learning results are clear at a glance. This is face-to-point teaching, and every student has to be the master of his learning.

3.2.3. Online Teaching Cannot Replace Classroom Teaching. Blended teaching is the outcome of deep integration of information technology and education; nonetheless, true teaching cannot rely solely on technology; technology is merely a means to an end. The interaction between teachers and students in classroom teaching is immediate and face-to-face. Teachers' encouragement or appropriate criticism of students can elicit positive emotions in students and make them believe that teachers care about their learning and would like to help them learn better, influencing students' deep learning effects. The positive emotions generated by the face-to-face interaction between teachers and students cannot be replaced by technology. Therefore, online teaching cannot completely replace classroom teaching, but can only be an extension and expansion of classroom teaching.

4. The Implementation Path and Method of the Mixed Teaching Model of Traditional Chinese Medicine

4.1. System Design. This study develops a hybrid teaching model of traditional Chinese medicine based on the Internet +, and the model includes the processing of quantitative assessment results, the standardization of factual index values, and the quantification of qualitative assessment. Figure 3 explains the flowchart of the mixed teaching
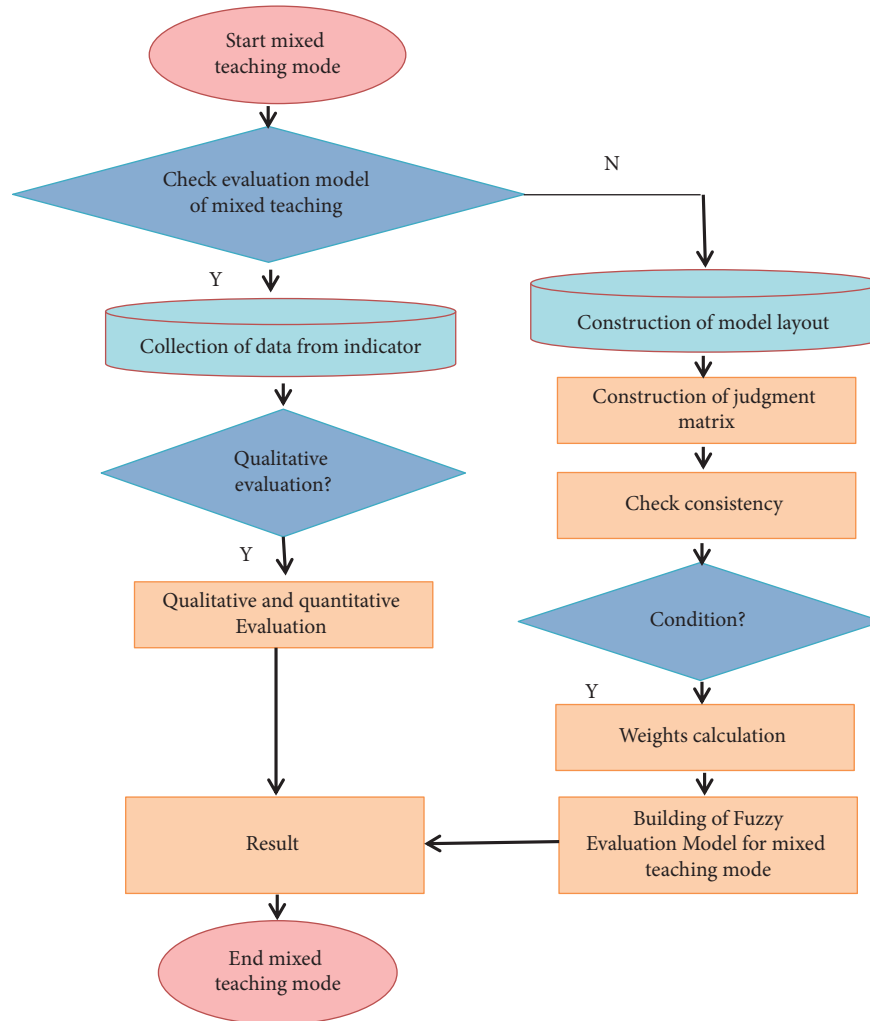
FIGURE 3: Flowchart of the mixed teaching model of traditional Chinese medicine.

model of the traditional Chinese medicine. The left side of the picture depicts the data processing process, while the right side depicts the building of the combined teaching model of the traditional Chinese medicine model [26]. To begin, we establish a hierarchical structure with linked items. Secondly, we build a judgment matrix for the specified level and then test its consistency. Lastly, the weight value of each level element is computed. The element level and judgment matrix construction will have a direct impact on the final comprehensive assessment outcome. As a result, these two sections are provided by persons with professional skills, prior years of experience, and traditional Chinese medicine quality evaluation techniques.

4.2. Design Method. In the Internet plus medical course, we try to classify subjective inference by fuzzy set theory (such as "good," "very good," and "not very good") and indicate the possibility of different degrees of conclusion. Fuzzy clustering is used to determine the attribution of an object in a certain class by producing a function that changes in 0 to l intervals. Fuzzy clustering can provide more information about data structure than precise clustering (in precise clustering, an object can only belong to a certain cluster). Using this discussion can make intuitive judgment very accurate.

4.3. Change Ideas, Guide Students to Enter Deep Learning, and Build a Teaching Community. The requirements for the cultivation of TCM talents in the current era are to integrate ancient and modern, inherit tradition, master modern technology, and be able to combine tradition with modernity, theory, and practice. Cultivating talents is inseparable from teaching. The value guidance of teaching should be whether our teaching provides students with an effective learning environment and meaningful learning experience and whether it guides students into a deep learning state. The blended teaching model is a reform of the teaching model that is student-centered and aimed at cultivating students' ability, which can effectively guide students into a state of deep learning. The key to the construction of a hybrid teaching model centered on "learning" lies in the transformation of the roles of teachers and students, which is a structural change in the education system. To transform

instructors into organizers, guides, and facilitators, students engage in solo learning, collaborative learning, and seminar learning, and this role switching should occur throughout the course of instruction.

Before the class starts, teachers should carefully design the course teaching. The integration of course knowledge modules and online and offline teaching design should be carried out under the reform needs of the mixed teaching model and the features of medical education. Furthermore, the course curriculum and lesson plans should be changed, while the appropriate teaching materials should be created. The integration of the curriculum knowledge module is mainly to reposition, classify, supplement, or expand the original curriculum knowledge according to the students' learning ability and current situation. Medical courses, for example, can be re-distributed into unique themes and clinical medical records. According to the most recent medical advancements and research findings, experimental training procedures and video materials of the most recent research findings can be provided. The difference between online and offline teaching design is that the teachers must design which online teaching resources must be generated. These are the growing educational resources that must be gathered or made available. It is critical to understand which significant and challenging problems should be addressed in the classroom, as well as which medical records or experiments should be reviewed on-site. Students need to complete the learning of the basic resources of the online course according to the requirements of the teacher and clarify the problems encountered in their learning.

In the course of online teaching, teachers should organize the navigation of online teaching, enrich online teaching resources, and clarify the specific learning requirements of online teaching resources for courses. With the assistance of teaching assistants, teachers, and students, student-student exchanges, and teacher-student interactions in the online platform discussion area are organized under online teaching norms, and timely responses to students' questions in online learning are provided. Students should complete online assignments, tests, etc. as required by teachers. At the same time, they independently choose other content to expand their learning to participate in the exchange and discussion of the network platform. Online learning aid is also available, as are study groups, specific talks, or experimental design, and teachers can introduce suitable teaching teams for cross-temporal supervision. During the course, classroom teaching: advocate a problem-centered teaching method, teachers analyze and explain the key and difficult problems in the course learning, solve the common problems encountered by students in the process of autonomous learning, and must organize on-site guidance and assessment of experimental training content.

The blended learning program should be assessed and reflected upon after the course begins. Establish a blended teaching model to reform curriculum learning evaluation standards. The evaluation focuses on the formative evaluation of learning and the developmental evaluation of the curriculum and formulates the evaluation indicators of students' self-learning experience, teachers' self-teaching experience evaluation indicators, and teacher-student mutual evaluation indicators. Therefore, through the teaching activities throughout the whole process, teachers and students can learn from each other's teaching, from the original teaching-centered paradigm to a learning-centered paradigm, and teachers and students build a teaching community.

4.4. Integration of Online Teaching and Classroom Teaching of Traditional Chinese Medicine.

We also need to differentiate and treat the implementation of mixed teaching. Online teaching and classroom teaching should perform their respective duties according to their teaching environment, and teaching advantages, and make corresponding adjustments and changes. The respective responsibilities of the two teaching methods are as follows:

First, classroom instruction is designed to help students understand the broad conceptual structure of medical courses as well as to help them better understand and apply what they have studied, because students have a hazy and shallow understanding of professional schools. For example, they do not know the difference and connection between the internal classics, the basic theory of traditional Chinese medicine, and the internal science of traditional Chinese medicine. Through classroom teaching, students can have a clearer understanding of the learning of this course, understand the relationship between Chinese medicine courses in professional learning and the cross-connection of knowledge, and avoid online learning. The second is to focus on explaining difficult issues to help students successfully overcome the obstacles in their learning. For example, the analysis and evolution of pathogenesis in clinical medical records, the key points of syndrome differentiation, identification of syndromes, and the error-prone points of experimental operation are the contents that need to be emphasized and emphasized in the classroom teaching. The common mistakes found by teachers in the online test also need to be analyzed and explained in classroom teaching. The third is to urge students to complete their learning tasks on time, and through face-to-face communication, establish a real learning situation connection to deal with practical problems, stimulate learning motivation, and build positive emotional communication and emotional-intelligence connection between teachers and students. Medicine is a highly practical discipline, and students need to solve practical problems in the real clinical environments and laboratories. Therefore, online teaching cannot replace bedside teaching, nor can it replace the hands-on operation of experiments. Teachers and students need to conduct on-site teaching, operation, and doctor-patient communication at the bedside and laboratory.

Teaching effect evaluation of blended teaching model based on a network teaching platform: more than 90% of students agree with the blended teaching model based on the network teaching platform's teaching approach, which increases students' ability, and learning efficiency, and showcases possibilities. Table 1 explains the blended teaching model's teaching effect valuation.

TABLE 1: Teaching effect evaluation of blended teaching model (%).

| Project	Fully endorses	Basically agree	Disagree
Teaching methods with a clear purpose	88.6	8.6	2.8
Online teaching platform provides more learning resources	74.3	25.7	0.0
Facilitate preclass preparation	62.9	31.4	5.7
Promote the use of extracurricular learning resources (libraries, Internet, etc.)	62.9	34.3	2.8
Provide more opportunities for self-expression	62.9	31.4	5.7
Enhance teamwork spirit	74.3	25.7	0.0
Enhance interpersonal communication skills	74.3	17.1	8.6
Acknowledging the importance of team discussions	80.0	17.1	2.9
Enhance the interaction between teachers and students	77.1	17.1	5.8
Improve problem solving skills	77.1	20.0	2.9
Improve independent learning ability	57.1	34.3	8.6
Improve learning efficiency	71.4	22.9	5.7
Improve summary ability	62.9	31.4	5.7
Improve the ability to link theory with practice	71.4	25.7	2.9
The learning effect can get timely feedback	65.7	25.7	8.6
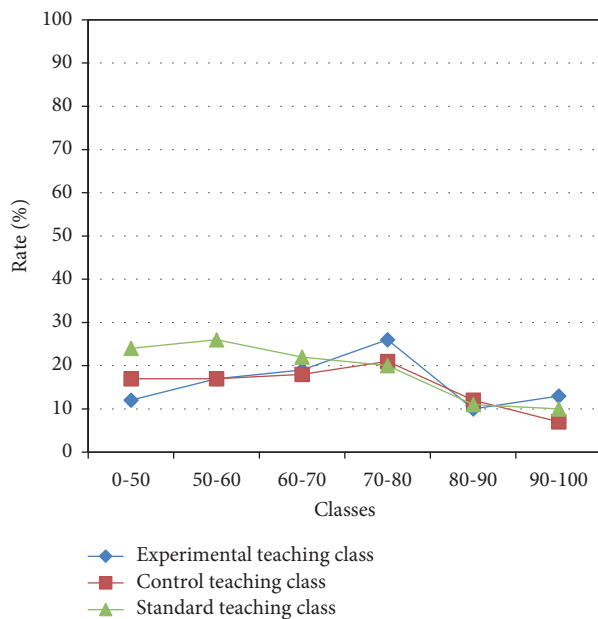
FIGURE 4: Comparison results of conventional teaching mode.

FIGURE 5: Unused Internet + classroom performance.

The first online teaching is to provide students with a resource library of core course groups, personalized learning resources, and learning methods according to the main medical majors, which expands the depth and breadth of course learning. The construction of the resource library should follow the structure and connotation of the knowledge and skill system of traditional Chinese medicine so that the students can learn online and expand the relevant learning content. In addition, students can make full use of the online learning platform, repeatedly watch the video of the practical training operation and can virtual repeat the experiment on the Internet or shoot the process of their experiment as video materials and upload them. This is very beneficial to the improvement of practical operation skills of medical students. The second is to provide students with evaluation tools to help them understand their learning and continuous improvement, to grow into active and efficient lifelong learners. After completing the relevant knowledge
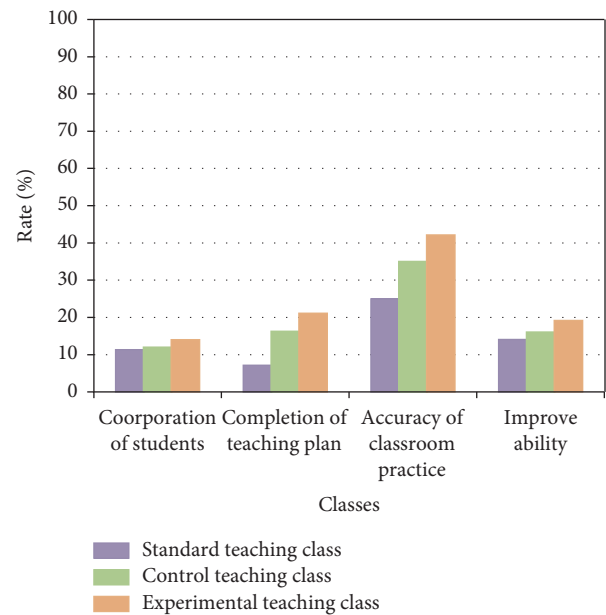
points in online learning, students can check their mastery of the application through the online test. For example, through the analysis of medical records, skill tests, etc., through the analysis of the test papers, you can clearly understand your weak questions, your ranking among the co-learners, etc., which will help stimulate the students' learning motivation. Third, online teaching needs to provide students with all-time and ubiquitous learning support to support joint and cooperative learning. This needs to rely on the strength of the teaching team and active and effective organization. Medical education often requires the collaboration of medical education and the combination of medical technology. The advantage of online teaching is that it can break the constraints of time and space. Therefore, the medical network teaching team can be teachers of this course, teachers of interdisciplinary subjects, doctors of related departments of hospitals, technicians of pharmaceutical enterprises, teaching assistants of graduate students,
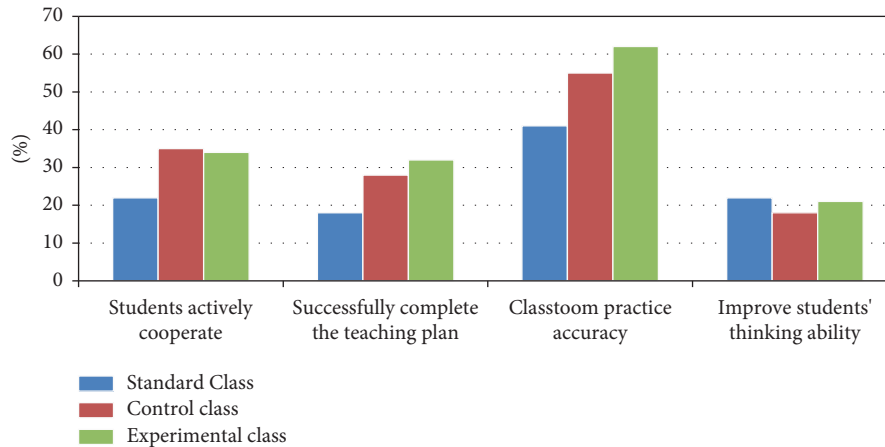
FIGURE 6: Internet + classroom performance.

etc. Through the effective organization of the course teachers, all forces can be gathered on the online teaching platform to conduct equal and free discussions on related topics, and can also answer questions. Fourth, the individual data of many students' learning can be obtained from online teaching, which has laid a foundation for us to study the law of medical students' learning and growth and then continuously improve the course teaching.

Figure 4 depicts the standard teaching mode comparative findings. According to this figure, pupils have a poor degree of information understanding under the conventional teaching style, with a total mastery rate of only 15%. The Internet + teaching method has substantially enhanced the student's information mastering rate. The total mastering rate is as high as 46%. In addition, the student's knowledge mastery has increased significantly, showing that the Internet + teaching mode may increase students' interest in learning and enhance learning effectiveness.

Figure 5 depicts a statistical chart of unused Internet + classroom performance, whereas Figure 6 depicts a chart of used Internet + classroom performance. We may deduce from the research findings in Figures 5 and 6 that when Internet + instruction is not employed, students' collaboration, classroom practice accuracy, and classroom completion percentage are low. However, these issues have been reduced as a result of the usage of Internet + in the classroom. Students' collaboration and the precision of exercises have considerably increased. The experiment class's accuracy rate is as high as 63.2%, and pupils' thinking capacity has also considerably improved.

5. Conclusion

The arrival of the "Internet + in clinical courses" period presents both possibilities and problems for the advancement of TCM medicine. As a result, we should grab chances and think clearly. We must remember that "medical education is the foundation, and the Internet is the instrument." No matter how technology advances, we must constantly remember that medical education is the primary goal, and the Internet is only a tool to improve and modify education

technology, and it must be utilized responsibly. Second, TCM English education should take the risk of shifting from knowledge to thought education. In a word, the mixed teaching model based on the Internet + can improve the deficiencies in the teaching of traditional Chinese medicine, mobilize the enthusiasm of students for independent learning, better train students' ability to solve practical clinical problems, and enhance students' awareness of the teamwork. In the future, we will make further in-depth research and discussion on the blended teaching model of TCM to promote the teaching reform of this course.

Data Availability

All the data used to support the findings of the study are available within the article.

Conflicts of Interest

The authors declare that they have no conflict of interest.

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