

Research on the Application of Online-Offline Blended Teaching Model Based on OBE Concept Combined with Chaoxing Learning Platform in Practical Teaching of Clinical Nursing Students

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Abstract: Objective: To explore the application effect of the online-offline blended teaching model based on Outcome-Based Education (OBE) concept combined with Chaoxing Learning Platform in practical teaching of clinical nursing students. Methods: A non-concurrent controlled study design was adopted. A total of 43 nursing interns of 2024 cohort from the Affiliated Hospital of Youjiang Medical University for Nationalities were selected as the control group receiving traditional teaching methods, while 59 nursing interns of 2025 cohort were assigned to the experimental group adopting the OBE-based online-offline blended teaching model supported by Chaoxing Learning Platform. Scores of self-directed learning ability, critical thinking ability and core nursing competency of nursing students at the end of internship were compared between the two groups, and the teaching satisfaction of the experimental group was investigated. Results: The total score and subscale scores of learning motivation and self-management for self-directed learning ability in the experimental group were significantly higher than those in the control group ($P<0.05$). In terms of critical thinking ability, the experimental group achieved higher scores in open-mindedness, critical thinking self-confidence and cognitive maturity ($P<0.05$). The total score of core nursing competency and subscale scores of clinical nursing, leadership, interpersonal relationship, ethical and legal practice as well as professional development in the experimental group were superior to the control group ($P<0.05$). The overall teaching satisfaction rate of nursing students in the experimental group reached 86.4%. Conclusion: The online-offline blended teaching model integrating OBE concept and Chaoxing Learning Platform can effectively improve clinical nursing students' self-directed learning ability, critical thinking ability and core nursing competency with high teaching satisfaction, which provides a feasible path for the reform of clinical nursing practical teaching.

Keywords: Obe Concept, Chaoxing Learning Platform, Clinical Nursing Students, Practical Teaching, Blended Teaching.

1. Introduction

Nursing is a highly practical discipline. Clinical practical teaching serves as a vital component of nursing education, acting as a bridge transforming theoretical learners into applied nursing talents competent for clinical work [1]. With the advancement of medical technology and in-depth implementation of the Healthy China Strategy, higher standards have been raised for core competencies of clinical nurses. Clinical nurses are required to possess solid theoretical knowledge, proficient nursing operational skills, as well as strong critical thinking, self-directed learning, teamwork and problem-solving capabilities [2]. Nevertheless, most clinical practical teaching for nursing students still adopts the traditional "classroom lecture + bedside preceptorship" model, which has prominent drawbacks: first, teaching is dominated by teacher-centered cramming, resulting in low subjective initiative and learning enthusiasm among students; second, teaching content fails to align with clinical practice and cannot be updated timely; third, practical teaching mainly covers routine simple clinical operations without sufficient training on complex clinical scenario handling; fourth, the evaluation system mainly relies on theoretical and skill assessments, lacking sufficient attention to process monitoring and comprehensive literacy evaluation of students [3-4]. These problems lead to poor clinical adaptability and unbalanced core competencies among nursing students, failing to meet the demands of current

medical services. Therefore, reforms in nursing practical teaching are urgently needed.

Outcome-Based Education (OBE) is an internationally recognized advanced educational philosophy centered on students' learning outcomes. It reversely designs teaching procedures and positively implements teaching activities under the tenets of "student-centered, output-oriented and continuous improvement", and has achieved favorable outcomes when widely applied in engineering and medical education [5]. Online-offline blended teaching breaks time and space constraints through information technology, integrating advantages of online and offline resources to carry out differentiated and personalized teaching, which partially resolves the limitations caused by time and space in teaching [6]. Chaoxing Learning Platform is a powerful online teaching system equipped with multiple functions including resource integration, interactive communication, data statistics and assessment evaluation, which can well meet the demands of teaching assistance, teaching management and learning performance evaluation in blended teaching [7]. Against this backdrop, this study constructs an online-offline blended teaching model integrating OBE concept and Chaoxing Learning Platform, and applies it to practical teaching of clinical nursing students to address existing problems in traditional teaching, improve nursing students' core competencies and provide new approaches for nursing practical teaching reform.

2. Research Subjects

A non-concurrent controlled study design was adopted, with nursing interns of 2024 and 2025 cohorts from the Affiliated Hospital of Youjiang Medical University for Nationalities as research subjects.

Inclusion Criteria

- 1) Full-time third-year undergraduate nursing students;
- 2) About to enter clinical internship with no prior clinical nursing work experience;
- 3) Voluntarily participate in this study and sign informed consent forms.

Exclusion Criteria

Students unable to fully participate in teaching activities due to leave of absence, suspension or other reasons.

Finally, 43 nursing students of 2024 cohort were assigned to the control group (34 females, 9 males), aged 20–22 years with an average age of (21.2 ± 0.8) years; 59 nursing students of 2025 cohort formed the experimental group (47 females, 12 males), aged 20–23 years with an average age of (21.5 ± 0.9) years. There were no statistically significant differences in gender, age and pre-internship theoretical scores between the two groups ($P > 0.05$), indicating comparability (see Table 1).

3. Research Methods

3.1 Control Group: Traditional Practical Teaching Model

Teaching content was formulated in accordance with the clinical nursing practical teaching syllabus, covering basic nursing operations, specialized nursing skills and clinical nursing case analysis. Teaching forms mainly included classroom lectures, skill demonstrations and bedside preceptorship.

3.2 Experimental Group: OBE-Based Online-Offline Blended Teaching Model Supported by Chaoxing Learning Platform

3.2.1 Teaching Objective Formulation (First Step of OBE Reverse Design)

Based on the National Standards for Undergraduate Professional Teaching Quality (Nursing Disciplines), National Nurse Licensing Examination Syllabus and clinical nursing post requirements, three core expected learning outcomes for nursing students upon completing practical training were clarified:

- 1) Knowledge Objective: Master clinical nursing knowledge of common diseases, standardized nursing operations and nurse-patient communication skills;
- 2) Ability Objective: Possess proficient nursing operational skills, independent problem-solving capacity for common clinical scenarios, critical thinking ability and self-directed

learning ability;

- 3) Literacy Objective: Cultivate sound professional ethics, teamwork spirit and humanistic care awareness.

3.2.2 Construction of Teaching Resources (Supported by Chaoxing Learning Platform)

1) Development of online resources: The teaching team consisting of clinical preceptors and nursing education experts jointly developed online curriculum resources, including teaching videos (operational skill demonstrations, clinical case analysis, simulated nurse-patient communication), PPT courseware, electronic textbooks, exercise banks, case discussions and latest industrial guidelines;

2) Optimization and integration of resources: High-quality existing nursing resources on Chaoxing Learning Platform were screened and integrated with self-developed resources to form a three-tier online resource system: Basic Module for all nursing students, Specialized Module tailored to different internship departments, and Expansion Module to satisfy personalized learning demands.

3.2.3 Teaching Process Design (Integration of Online and Offline Sessions)

- 1) Pre-class online self-directed learning via Chaoxing Learning Platform

Teachers released preview tasks on the platform 3–5 days in advance, including watching teaching videos, reading relevant materials, finishing pre-class quizzes and participating in case discussions. Nursing students arranged learning schedules independently and communicated with teachers and peers about questions through the platform. Teachers tracked students' learning progress via platform data and focused on explaining common problems in subsequent offline teaching.

- 2) In-class offline interactive seminars

(1) Problem introduction: Teachers raised practical clinical questions or displayed typical cases based on pre-class learning performance to guide students' reflection; (2) Skill training: Students practiced operational skills in groups, with teachers conducting rounds of guidance to correct non-standard operations and emphasize key points and precautions; (3) Scenario simulation: Complex clinical scenarios (e.g., emergency and critical care nursing, communication with difficult patients) were set for group simulation exercises, followed by teachers' comments and summaries; (4) Group discussion: Group discussions targeting unresolved pre-class questions and clinical hot topics were organized to cultivate critical thinking and teamwork capacity.

- 3) Post-class consolidation and feedback

(1) Online reinforcement: Students completed after-class assignments, unit tests and extended learning tasks on Chaoxing Learning Platform, and participated in online Q&A and discussions; (2) Offline clinical practice: Students applied

acquired knowledge and skills during clinical internship, recording practice insights and encountered problems; (3) Feedback and improvement: Teachers collected feedback through platform data, assignment grading and internship performance to timely adjust teaching content and methods; students evaluated teaching effects and put forward improvement suggestions via the platform.

3.2.4 Construction of Evaluation System (OBE Outcome-Oriented)

A multi-dimensional evaluation system combining “process evaluation + summative evaluation” and “quantitative evaluation + qualitative evaluation” was established. The platform automatically recorded learning data, which was combined with clinical performance, skill assessments and questionnaires for comprehensive evaluation.

3.3 Evaluation Tools

3.3.1 General Information Questionnaire

Self-designed questionnaire covering age, gender, place of origin, recognition of nursing major and pre-internship nursing course scores.

3.3.2 Self-Directed Learning Ability Scale

The scale compiled by Cheng et al. [8] with 20 items covering four dimensions: learning motivation, planning and implementation, self-management and interpersonal communication. A 5-point Likert scale was adopted (1=strongly disagree, 5=strongly agree), with higher scores representing stronger self-directed learning ability. The Cronbach's α coefficient of the total scale in this study was 0.908.

3.3.3 Chinese Version of Critical Thinking Disposition Inventory (CTDI-CV)

The Chinese revised version developed by Peng Meici et al. [9] with 70 items covering seven dimensions: truth-seeking, open-mindedness, analyticity, systematicity, critical thinking self-confidence, inquisitiveness and cognitive maturity. A 6-point Likert scale was used. Total score ≤ 210 indicates negative critical thinking disposition; 211–280 indicates moderate disposition; 281–350 indicates positive disposition; >350 indicates strong critical thinking capacity. The Cronbach's α coefficient of the total scale in this study was 0.935.

3.3.4 Chinese Registered Nurse Core Competency Scale

The revised scale developed by Liu Ming et al. [10] containing 55 items across seven dimensions: clinical nursing, leadership, interpersonal relationships, ethical and legal practice, professional development, education and consultation, critical thinking and research. A 5-point Likert scale was adopted (0=no competency at all, 4=fully competent), with total scores ranging from 0 to 220; higher scores represent stronger competency. The Cronbach's α coefficient of the total scale in this study was 0.976.

3.3.5 Teaching Satisfaction Questionnaire

Self-designed questionnaire evaluating teaching model, teaching resources, teaching effects, learning burden and overall satisfaction, with five rating levels: very satisfied, satisfied, neutral, dissatisfied and very dissatisfied. An open-ended section was set to collect opinions and suggestions on teaching reform. Satisfaction rate = (Number of very satisfied students + Number of satisfied students) / Total number of students $\times 100\%$.

3.4 Data Collection and Statistical Analysis

Questionnaires were distributed via class groups on Chaoxing Learning Platform one week before the end of internship, with restrictions of one response per IP and mandatory completion of all items to ensure authenticity and validity. Valid questionnaires recovered: 43 from the control group and 59 from the experimental group, with a 100% valid recovery rate for both groups.

SPSS 27.0 statistical software was adopted for data analysis. Measurement data conforming to normal distribution were expressed as mean $\pm$ standard deviation; independent samples t-test was used for inter-group comparison. Enumeration data were presented as rates (%) and compared via Chi-square test. The test level $\alpha=0.05$, and $P<0.05$ indicated statistically significant difference.

4. Research Results

4.1 Comparison of General Information Between Two Groups

No statistically significant differences were found between the two groups in gender, age, place of origin, recognition of nursing major and pre-internship course scores ($P>0.05$), confirming comparability (see Table 1).

4.2 Comparison of Self-Directed Learning Ability Between Two Groups

The total score and subscale scores of learning motivation and self-management for self-directed learning ability in the experimental group were significantly higher than those in the control group ($P<0.05$). No statistically significant inter-group differences were observed in planning and implementation as well as interpersonal communication dimensions ($P>0.05$) (see Table 2).

4.3 Comparison of Critical Thinking Ability Between Two Groups

The experimental group obtained significantly higher scores in open-mindedness, critical thinking self-confidence and cognitive maturity dimensions than the control group ($P<0.05$). No statistically significant inter-group differences were found in total score and other subscales ($P>0.05$) (see Table 3).

4.4 Comparison of Core Nursing Competency Between Two Groups

The total score of core nursing competency and subscale scores of clinical nursing, leadership, interpersonal relationships, ethical and legal practice as well as professional development in the experimental group were significantly higher than those in the control group ($P < 0.05$). No statistically significant differences were detected in education and consultation, critical thinking and research dimensions ($P > 0.05$) (see Table 4).

4.5 Teaching Satisfaction Evaluation of the Experimental Group

The overall satisfaction rate of nursing students in the experimental group toward the OBE-based blended teaching model supported by Chaoxing Learning Platform was 86.4% (51/59), including 28.8% (17/59) very satisfied, 57.6% (34/59) satisfied, 10.2% (6/59) neutral and 3.4% (2/59) dissatisfied. A total of 83.1% of students believed this teaching model improved learning interest and enthusiasm; 89.8% agreed it facilitated knowledge and skill mastery; 86.4% recognized its role in cultivating problem-solving capacity. Nevertheless, 66.1% (39/59) of students reported increased learning burden (see Table 5).

Table 1: Comparison of General Information Between Two Groups

Group	n	Gender (Male/Female)	Age ($\bar{x} \pm s$)	Place of Origin (Urban/Township/Rural)	Major Recognition (Yes/No)	Pre-internship Course Score ($\bar{x} \pm s$)
Control Group	43	9/34	21.2 $\pm$ 0.80	12/20/11	32/11	78.56 $\pm$ 6.72
Experimental Group	59	12/47	21.5 $\pm$ 0.90	18/26/25	46/13	79.23 $\pm$ 7.15
t/ χ^2 value		$\chi^2=0.038$	t=-1.742	$\chi^2=0.305$	$\chi^2=0.409$	t=-0.478
P value		0.845	0.085	0.859	0.522	0.634

Table 2: Comparison of Self-Directed Learning Ability Scores Between Two Groups ($\bar{x} \pm s$, points)

Group	n	Learning Motivation	Planning and Implementation	Self-Management	Interpersonal Communication	Total Score
Control Group	43	20.35 $\pm$ 4.12	21.08 $\pm$ 4.25	13.42 $\pm$ 2.71	14.18 $\pm$ 2.85	69.03 $\pm$ 13.07
Experimental Group	59	22.17 $\pm$ 4.06	22.54 $\pm$ 4.33	14.56 $\pm$ 2.48	15.22 $\pm$ 2.61	74.49 $\pm$ 11.85
t/ χ^2 value		2.198	1.708	2.163	1.916	2.198
P value		0.030	0.091	0.033	0.058	0.030

Table 3: Comparison of Critical Thinking Ability Scores Between Two Groups ($\bar{x} \pm s$, points)

Table 3: Comparison of Critical Thinking Ability Scores Between Two Groups (X ² , points)						
Group	n	Open-Mindedness	Critical Thinking	Self-Confidence	Cognitive Maturity	Total Score
Control Group	43	39.58±6.87	40.26±6.41		36.95±10.12	275.42±30.56
Experimental Group	59	42.75±5.92	43.58±5.76		40.82±8.94	284.76±29.84
t/χ ² value		2.510	2.710		2.058	1.542
P value		0.014	0.008		0.042	0.126

Table 4: Comparison of Core Nursing Competency Scores Between Two Groups ($\bar{x} \pm s$, points)

Group	n	Clinical Nursing	Leadership	Interpersonal Relationships	Ethical and Legal Practice	Professional Development	Education and Consultation	Critical Thinking & Research	Total Score
Control Group	43	25.12 $\pm$ 8.34	24.56 $\pm$ 7.82	21.08 $\pm$ 6.45	21.67 $\pm$ 6.98	14.28 $\pm$ 5.12	17.42 $\pm$ 5.34	26.35 $\pm$ 6.72	150.48 $\pm$ 45.67
Experimental Group	59	28.34 $\pm$ 8.12	28.12 $\pm$ 7.15	24.02 $\pm$ 6.18	24.85 $\pm$ 6.42	16.18 $\pm$ 4.86	19.08 $\pm$ 5.02	28.42 $\pm$ 6.45	169.01 $\pm$ 42.13
t/ χ^2 value		1.952	2.406	2.333	2.395	1.902	1.612	1.560	2.114
P value		0.047	0.018	0.022	0.019	0.045	0.110	0.122	0.037

Table 5: Teaching Satisfaction Evaluation of the Experimental Group [n=59, n(%)]

Evaluation Item	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Satisfaction Rate (%)
Abundant online learning resources	19(32.2)	32(54.2)	7(11.9)	1(1.7)	0(0)	86.4
Convenient platform functions	17(28.8)	34(57.6)	7(11.9)	1(1.7)	0(0)	86.4
Improves learning interest and enthusiasm	16(27.1)	33(55.9)	8(13.6)	2(3.4)	0(0)	83.1
Facilitates knowledge and skill mastery	18(30.5)	35(59.3)	5(8.5)	1(1.7)	0(0)	89.8
Cultivates clinical practical ability	17(28.8)	33(55.9)	8(13.6)	1(1.7)	0(0)	84.7
Cultivates problem-solving capacity	18(30.5)	33(55.9)	7(11.9)	1(1.7)	0(0)	86.4
Cultivates teamwork capacity	16(27.1)	32(54.2)	9(15.3)	2(3.4)	0(0)	81.4
Cultivates critical thinking	15(25.4)	34(57.6)	9(15.3)	1(1.7)	0(0)	83.1
Improves clinical internship adaptability	16(27.1)	31(52.5)	10(16.9)	2(3.4)	0(0)	79.7
Overall satisfaction with blended teaching model	17(28.8)	34(57.6)	6(10.2)	2(3.4)	0(0)	86.4

5. Discussion

5.1 The Blended Teaching Model Significantly Improves Clinical Nursing Students' Self-Directed Learning Ability

This study found that the total score and subscale scores of learning motivation and self-management for self-directed learning ability in the experimental group were significantly higher than those in the control group ($P < 0.05$), consistent with research findings of Yang Jing et al. [11]. The OBE concept emphasizes student-centered teaching and reversely designs teaching procedures based on expected learning outcomes. Nursing students must actively complete online learning tasks to achieve preset goals, which objectively

promotes self-directed learning behaviors. In this study, the visualized learning data function of Chaoxing Learning Platform (task completion progress, instant quiz feedback) helped students track personal learning status timely and gain a sense of competence, thus enhancing self-efficacy and stimulating internal learning motivation.

The blended teaching model supported by Chaoxing Learning Platform provides full-process support for self-directed learning. In pre-class sessions, students independently arrange learning schedules and replay teaching videos repeatedly, realizing self-paced personalized learning. In in-class sessions, offline case analysis and scenario simulation require students to fully acquire knowledge in advance, forming a task-driven

closed loop of “self-directed learning – classroom application”. In post-class sessions, extended learning resources and online discussions support students to conduct targeted in-depth learning according to individual demands. This connected full-process design transforms occasional self-directed learning into sustainable learning behavior. Previous studies have confirmed that learning motivation serves as the internal driving force of self-directed learning, and the significantly elevated learning motivation score of the experimental group ($t=2.198$, $P=0.030$) provides direct evidence for this viewpoint [12]. However, although scores of planning and implementation as well as interpersonal communication dimensions showed an upward trend, no statistical significance was observed. This may be attributed to incomplete adaptation to the new teaching model and insufficient time management capacity among partial students, suggesting that targeted learning strategy guidance should be strengthened in future teaching.

5.2 The Blended Teaching Model Improves Partial Dimensions of Clinical Nursing Students’ Critical Thinking Ability

This study indicated that the experimental group achieved significantly higher scores in open-mindedness, critical thinking self-confidence and cognitive maturity ($P<0.05$), which aligns with Yang Jing et al.’s research on blended teaching in pediatric nursing courses and the conclusion of network Meta-analysis conducted by Zhang Zhigang et al. on the effects of multiple teaching methods on nursing students’ critical thinking ability [11,13]. Knowledge acquisition is not a passive acceptance process but an active meaning construction process through interaction between learners and the environment [14]. In this study, offline case discussions and scenario simulations created cognitive conflicts and perspective exchange scenarios for students. Listening to and accepting diverse opinions during intra-group and inter-group communication promoted assimilation and accommodation of cognitive structures, thereby cultivating open-mindedness. The complete process of finishing case tasks accumulated effective learning experience and generated positive feedback for students, gradually establishing self-recognition of rational problem analysis and boosting critical thinking self-confidence. Knowledge application and reconstruction during case analysis pushed students beyond simple memorization to high-order cognitive levels including analysis, evaluation and creation, advancing cognitive maturity [15].

Notably, no statistically significant inter-group difference was found in the total score of critical thinking ability ($P>0.05$), and no significant improvement was observed in analyticity and systematicity dimensions. Possible explanations are as follows: first, the intervention period was limited to one internship cycle, while cultivation of critical thinking is a progressive process requiring continuous training across multiple courses and stages; second, students went through an adaptation period when shifting from passive knowledge reception to active inquiry-based learning, and partial students failed to fully integrate into the new teaching model; third, 66.1% of students reported increased learning burden, which may weaken the positive effects of the blended teaching model.

5.3 The Blended Teaching Model Elevates Clinical Nursing Students’ Core Nursing Competency

This study demonstrated that the total score of core nursing competency and subscale scores of clinical nursing, leadership, interpersonal relationships, ethical and legal practice as well as professional development in the experimental group were superior to the control group ($P<0.05$), consistent with previous research results [16]. The OBE-based reverse teaching design formulated targeted teaching activities and clinical practical tasks according to core competency objectives that nursing students were expected to achieve. Scenario simulation enabled students to experience the complete nursing procedure covering nursing assessment, clinical decision-making, nursing implementation and effect evaluation, allowing repeated practice and reflection in near-real clinical scenarios, narrowing the gap between teaching and clinical practice and effectively improving nursing students’ core competencies [17]. Significant improvements in leadership and interpersonal dimensions were closely related to group collaborative tasks; coordinating work allocation and communicating within teams inherently trained leadership and interpersonal skills. The enhancement of ethical and legal practice capacity stemmed from in-depth analysis of ethical dilemmas and legal issues during case discussions.

Nevertheless, no statistically significant inter-group differences were found in education and consultation as well as critical thinking and research dimensions. Cultivation of health education and consultation capacity requires repeated training in systematic health education activities and patient guidance, while nursing students had limited opportunities to participate in such practice during internship. Critical thinking and research capacity demand high-order cognitive processing and systematic training on research methodology, which cannot achieve qualitative breakthrough within a single internship stage. This suggests that future internship plans should add more health education and research practice sessions, such as organizing nursing students to host departmental health education lectures and carry out small-scale clinical nursing research projects.

5.4 High Teaching Satisfaction Yet Concerning Learning Burden

The overall satisfaction rate of students in the experimental group reached 86.4%, with 89.8% of students recognizing the model’s role in knowledge and skill mastery and 86.4% affirming its function in cultivating problem-solving capacity, indicating high overall acceptance of the new teaching model, consistent with prior research outcomes [18]. Students generally recognized the richness of online learning resources (86.4%) and convenient platform functions (86.4%), proving that Chaoxing Learning Platform can effectively support blended teaching implementation. However, 66.1% of students reported increased learning burden, a proportion highly consistent with the 66.4% recorded in Yang Jing et al.’s research [11], implying that learning burden is a prominent issue to be addressed during the popularization of blended teaching.

Reasons for the increased burden are analyzed as follows:

blended teaching shifted partial classroom content to pre-class online learning and added extended post-class tasks, objectively prolonging students' learning hours. Meanwhile, the transformation from passive listening to active inquiry-based learning required greater cognitive effort and mental input, leading to adaptation difficulties and learning anxiety among partial students in the initial stage [19]. For future teaching optimization, on one hand, learning tasks should be further streamlined and core knowledge points screened to eliminate redundant learning content; on the other hand, learning strategy guidance should be strengthened to improve students' time management and information processing efficiency.

5.5 Research Limitations and Prospects

This study has several limitations: first, a non-concurrent controlled design was adopted. Although general information of the two groups was comparable, potential differences may exist between students of different cohorts such as admission foundation and learning environment; second, the research cycle only covered one internship phase, failing to track long-term effects of teaching reform; third, evaluation indicators mainly relied on self-rated scales without supporting objective assessment data such as standardized skill examination scores. Future research can adopt randomized controlled trials or prospective cohort studies, extend the intervention cycle to the full multi-department rotation period, add objective evaluation indicators, and combine qualitative research methods such as semi-structured interviews to deeply explore internal mechanisms of teaching reform and real learning experience of nursing students.

6. Conclusion

The OBE-based online-offline blended teaching model supported by Chaoxing Learning Platform forms a closed teaching loop consisting of pre-class online self-directed learning, offline classroom teaching and practical training, as well as post-class consolidation and expansion. It effectively improves clinical nursing students' self-directed learning ability, partial dimensions of critical thinking ability and overall core nursing competency, and achieves high teaching satisfaction. This model provides feasible approaches and empirical evidence for the reform of clinical nursing practical teaching, and can be promoted and applied after further optimizing learning task design and controlling reasonable learning burden.

Fund Projects

1) Regular University Education and Teaching Reform Project of Youjiang Medical University for Nationalities in 2024 (J2024-22): Reform Exploration of Online-Offline Blended Teaching Model Based on OBE Concept Combined with Chaoxing Learning Platform in Practical Teaching of Clinical Nursing Students;

2) Regular University Education and Teaching Reform Project of Youjiang Medical University for Nationalities in 2023 (J2023-04): Practice of Chaoxing Learning Platform Under Constructivism Theory Among Undergraduate Nursing Interns;

3) Construction Project of Key Clinical Specialty (Pediatric Nursing) in Guangxi Zhuang Autonomous Region.

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