Comparative Analysis of Curriculum Structures and Clinical Practice Models in Baccalaureate Nursing Education: Implications for Chinese Context

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Abstract: This study compares nursing education in China and Australia, focusing on curriculum, clinical practice, and theory-practice integration. It identifies differences in credit hours, clinical hours, simulation use, and interprofessional collaboration through document comparison and interviews with educators from six universities. Australian education highlights outcomes, simulations, and community placements, whereas China prioritizes theoretical teaching and hospital practice. Recommendations for China's curriculum revision, clinical innovation, and educator development are suggested based on Australia's model. The research offers insights for improving nursing education in China's modernizing healthcare system.

***Keywords*:** Nursing education; China; Australia; clinical practice; curriculum design; comparative study; localization strategy

1. Introduction

The global evolution of healthcare has heightened the need for nursing education systems to adapt to increasingly complex clinical environments. In China, recent reforms aim to modernize nursing curricula, improve clinical competency, and align with international standards. Australia, as a leader in nursing education in the Asia-Pacific region, offers a mature model balancing academic rigor with clinical relevance. This paper explores the structural differences and pedagogical strategies in undergraduate nursing programs between the two countries, with the goal of informing context-sensitive improvements in Chinese nursing education.

2. Methodology

2.1 Study Design

This study employs a comparative qualitative approach, which is grounded in the thorough examination of documents and the collection of insights through expert interviews. The purpose of this methodology is to gain a deeper understanding of the subject matter by comparing and contrasting different perspectives and data sources.

2.2 Data Sources

From Chinese institutions, the study draws upon the expertise and resources of Peking University School of Nursing, Fudan University, and Sichuan University. These institutions are renowned for their contributions to the field of nursing education and research.

On the other side of the globe, the study taps into the knowledge and experience of Australian institutions, namely the University of Sydney, Monash University, and the University of Queensland. These universities are also recognized for their significant impact on nursing education and have been selected for their excellence in this domain.

2.3 Interview Participants

The study involved a group of six highly experienced educators, each with more than a decade of teaching under their belts. These experts were engaged in detailed discussions about various aspects of curriculum design[1], the intricacies of clinical scheduling, and the establishment of assessment standards. Their insights were invaluable in providing a comprehensive view of the current practices and challenges faced in nursing education.[2]

3. Results

3.1 Curriculum Structure Comparison

Comparison of key metrics includes credit hours, duration, and simulation hours.

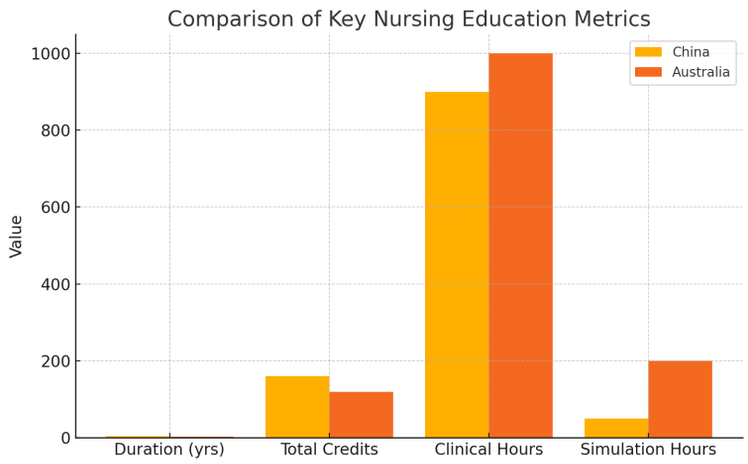

Figure 1. Comparison of Key Nursing Education Metrics between China and Australia

3.2 Clinical Practice Model

China: Predominantly hospital-based; theory and practice often disconnected; clinical placement begins in Year 3 or later.

Australia: Begins clinical immersion in the first year; includes rural and aged care rotations; practice-based learning emphasized.

3.3 Simulation and Assessment

Australia employs high-fidelity simulation and OSCEs (Objective Structured Clinical Examinations) as core assessment tools. Chinese universities still rely heavily on paper-based testing and subjective clinical evaluation.

4. Discussion

4.1 Curriculum Flexibility and Outcome Orientation

Curriculum flexibility and outcome orientation are key features of educational systems that aim to prepare students for the demands of the modern workforce. In the context of Australian nursing programs, this approach is exemplified through the adoption of outcome-based education (OBE). This model emphasizes the development of practical competencies and skills over the rote memorization of content.[4] The focus is on what students can do with their knowledge rather than just what they know. This outcome-oriented approach ensures that nursing graduates are not only knowledgeable but also possess the necessary skills to apply their knowledge effectively in real-world clinical settings.[3]

Chinese curricula, though advancing in educational reform, are typically structured around specific academic disciplines, potentially causing a lack of subject integration. Interdisciplinary components, essential for holistic understanding and solving complex issues, are not common in the current structure.[7]

4.2 Clinical Education Integration

China's key challenge lies in the insufficient integration of academic and clinical guidance, which may affect the quality of medical professional training. Australian institutions bridge the gap between theory and practice by employing clinical facilitators who work closely with students and mentors to ensure the educational significance and academic relevance of clinical experience.[6]They also maintain collaborations with medical institutions to strengthen feedback loops, ensuring teaching reflects the latest clinical practices and keeping clinical guidance aligned with educational objectives.

4.3 Faculty Roles and Professional Development

Australian faculty members combine clinical practice with education, ensuring teaching is both theoretically grounded and practically relevant. They engage in ongoing professional development to keep abreast of advancements. Chinese faculty, however, may require more clinical experience and modern teaching methods to bridge the gap between theory and practice. To enhance their effectiveness,[5]they should prioritize professional development and clinical exposure to better equip students for contemporary healthcare challenges.

5. Localization Strategies for China

Key strategies include modular curriculum, simulation labs, and faculty exchanges.

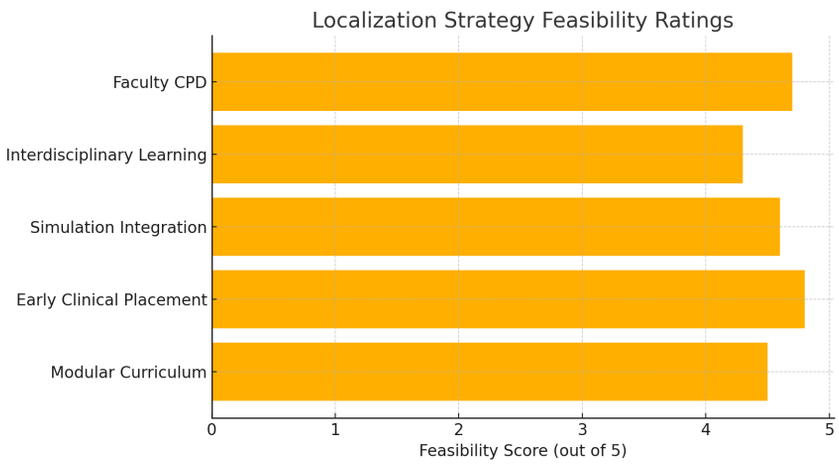

Figure 2. Localization Strategy Feasibility Ratings for Chinese Nursing Education

6. Conclusion

This study used a comparative qualitative approach, combining document analysis and interviews with 6 educators (3 from Chinese and 3 from Australian universities), to compare curriculum structures, clinical practice models, and theory-practice integration in undergraduate nursing education between the two countries, identifying core differences for China's reform. Australia's nursing education is outcome-oriented (OBE), with flexible curricula, high-fidelity simulations, OSCEs, sufficient clinical hours, early clinical immersion (Year 1) (rural/aged care included); its faculty has clinical/teaching experience and continuous professional development (CPD). In contrast, China's nursing education, though advancing, is discipline-centered (no interdisciplinary integration), relies on paper-based tests/subjective evaluations, delays clinical practice (Year 3+), focuses on hospital placements, and has faculty gaps in clinical experience and modern teaching methods. To fit China's modern healthcare system, reforms are proposed: develop OBE-based modular curricula with more simulations and OSCEs; start clinical practice earlier, expand placements, set up clinical facilitator systems; enhance faculty via clinical engagement, training, and Sino-Australian exchanges. Future research should assess reform effectiveness to foster quality nursing talents.

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