

Incorporate the philosophical thinking of "Wu Wu Guan" into the clinical teaching of medical (Chinese medicine, Mongolian medicine, Western medicine) undergraduates

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Abstract

Since ancient times, Chinese medicine has had a profound cultural heritage. From the very beginning, Chinese medicine has focused on research related to medical humanities, with a particular emphasis on medical methodology and philosophy. On the path of medical development in China, Chinese doctors value and comprehend the "Way of Medicine", and the "Wuwu View" is one of the important philosophical thoughts of medicine proposed by the orthopedic scientist Zhang Yu, which is the "philosophical view and methodology of medicine". The teaching of medical undergraduate students integrates the philosophical thinking of "Wu Wu Guan", promoting innovation in clinical practice and avoiding the path of "mediocre doctors misleading people". This inspires medical undergraduate students to have good medical philosophy thinking and methodology in clinical, scientific research, and teaching aspects of their careers, enabling them to continuously improve and develop innovation in their medical professional field through the combination of "good service and good understanding".

Keywords: Wu Wu Guan; Zhang Yu; Traditional Chinese Medicine, Mongolian Medicine, Western Medicine; Undergraduate; Teaching

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Introduction

The development of any discipline is shaped by philosophical thinking and methodology; medical education's sustainable development is no exception. Beyond imparting professional knowledge and skills, medical education must cultivate students' modes of thinking and holistic qualities. Clinical teaching is a pivotal link in medical education, playing a crucial role in transforming theoretical knowledge into practical clinical competence. "Insight" (悟性) —highly valued by famous physicians throughout history—is a key factor in mastering Chinese medicine and an essential quality for medical students. Orthopedics scholar Zhang Yu contends that philosophy is a lifelong compulsory course for physicians (Chen & Zhang, 2019; Wang, Niu, & Zhang, 2020). Among the many strains of thought advanced by predecessors in medical education, he especially emphasizes the two characters *wu* (务, to endeavor) and *wu* (悟, to apprehend). Outside routine medical work, he explores disciplines such as military strategy (Wang & Zhang, 2019; Shen & Zhang, 2018; Wang, Liu, & Zhang, 2014; Zhang & Zhang, 2015; Shen & Zhang, 2017), martial arts (Zhang & Li, 2011), calligraphy (Zhang & Wang, 2009), drawing (Zhao & Zhang, 2013), and the Dao-yin practices of traditional Chinese medicine (Zhang, 2012), integrating their ways of thinking into clinical teaching to spark wisdom. Through ongoing inquiry across clinic, research, and teaching, he gradually formed the "Wu-Wu View" (务悟观) of being a physician. This philosophical stance is vital for innovating methods and concepts in medical education. Emphasizing the acquisition of knowledge and wisdom through practice, reflection, and insight, the Wu-Wu View aligns closely with the aims of clinical teaching. Rich in connotations, it bears long-term significance when embedded into clinical teaching for undergraduate students in Chinese, Mongolian, and Western medicine tracks. This paper conducts an in-depth investigation and discussion accordingly.

1. Overview of the Wu-Wu Philosophical Thinking

1.1 Origin

The Wu-Wu View arises from Chinese intellectual tradition. Its core comprises *wu* (务, endeavor) and *wu* (悟, insight). Shuowen Jiezi glosses 务 as "to hasten; to devote oneself," denoting busily engaging or committing to something; 悟 as "to awaken," meaning to apprehend and sense with the heart—one's capacity to understand and analyze. Understanding Wu-Wu thus starts with clarifying these two characters and their relationship.

Zhang Yu expounds the physician's Wu-Wu View as follows: "For physicians, it lies in endeavor and in insight. Endeavor is the foundation of insight; insight points the direction of endeavor. Thus from endeavor to insight and back to endeavor; from insight to endeavor and back to insight. Be diligent in endeavor and adept in insight.

Only their union can be applied universally” (Wu & Zhang, 2019). In exchanges with peers, Zhang often gifts couplets in calligraphy: the upper line “务务务悟悟悟务,” the lower line “悟悟悟务务务悟,” with the horizontal inscription “务悟悟务,” succinctly conveying the essence of their interplay (Tang & Zhang, 2020). Through the reciprocal promotion and cyclical alternation of endeavor and insight, knowledge accumulates and capability grows.

1.2 Philosophical Connotations

First, “diligence and adeptness.” To accomplish anything, one must be diligent in endeavor and adept in insight. Endeavor is the premise—an arc of time and practice: persistent study, learning from masters, reading the classics, and sustained clinical exposure. Insight is the condition: thinking and summarizing within practice, moving iteratively from theory to practice and back, falsifying error to preserve truth.

Second, “direction and method.” In medical activity, if direction or method is off, outcomes will miss the mark and effort may be wasted. Hence the Wu-Wu View introduces the complementary notions of “avoid” (勿) and “error” (误): during endeavor, use endeavor to promote insight; when having mistaken insight (误悟), avoid endeavor (勿务)—i.e., cut losses in time. This constantly reminds practitioners to recalibrate direction and method whenever errors surface, so as not to tread the path of “mediocrity that harms patients.”

2. Why Embed the Wu-Wu View in Undergraduate Clinical Teaching

Embedding the Wu-Wu View into clinical teaching accelerates growth and helps students transition earlier from learner to physician.

2.1 Clinical Reasoning

Clinical reasoning is a core competency for medical students. Traditional “didactic infusion” emphasizes knowledge and skills at the expense of reasoning. The Wu-Wu View stresses thinking and grasping through practice, guiding students to analyze conditions, plan management, and reflect on outcomes in clinical work—thus gradually forming systematic, comprehensive clinical reasoning (Zhao, Jia, Xiao, et al., 2015). For instance, when facing complex cases, students proceed through “endeavor”—patient contact, history taking, and physical exam—then link back to learned knowledge to apprehend disease mechanisms and key points of diagnosis and treatment, sharpening accuracy.

2.2 Knowledge-to-Practice Transfer

Within campus training, endeavor helps students internalize foundational clinical knowledge and operating norms, accumulating diagnostic-therapeutic experience through abundant practice; insight then leads them to probe mechanisms behind

diseases, appreciate complexity and heterogeneity, and strengthen problem-solving and adaptive capacity—advancing from rote memory to deep understanding and improving technical proficiency (Wang, Liang, & Li, 2011).

2.3 Professional Formation

For future professional identity, the Wu-Wu View fosters diligence and reflection. Endeavor builds rigor, patience, and responsibility toward every patient and task; insight cultivates reflective habits—summarizing each encounter to optimize care plans. Their combination elevates ethics, responsibility, and appropriate medical values.

2.4 Innovative Thinking

Sound endeavor supplies robust practical soil and rich clinical material for innovation; appropriate insight enables sifting and optimizing, spurring departures from convention to discover issues, offer novel ideas, and solve them effectively (Li, Jiang, & Su, 2022). Thus, the Wu-Wu View emboldens innovation and exploration in practice and research, advancing medicine and medical education over the long run.

3. Pathways for Embedding the Wu-Wu View in Undergraduate Clinical Teaching

3.1 Curriculum & Structure: Be diligent in endeavor and adept in insight

(1) Increase the proportion of practice. Balance theory and practice credits, extend internship duration, and diversify sessions (skills training, case discussion, simulated encounters).

(2) Offer philosophy-of-medicine courses. Add modules such as philosophy of medicine and medical ethics to systematically cultivate critical and dialectical thinking as a foundation for the Wu-Wu View (Zhou, 2024).

(3) Integrate content. Break disciplinary silos and pivot around diseases, fusing basic science, clinical knowledge, and procedural skills so students master diagnosis and treatment through the endeavor–insight cycle.

3.2 Pedagogy: Be diligent in endeavor and adept in insight

(1) Case-based teaching. Use representative cases to guide Wu-Wu analysis—data review, hypothesis generation, small-group debate, and instructor synthesis—to connect knowledge and practice and strengthen reasoning.

(2) Problem-based learning (PBL). Pose catalytic questions (e.g., “How do we diagnose whether chest pain indicates coronary heart disease?”) to drive self-directed inquiry, keeping the “endeavor→insight” chain intact.

(3) Clinical simulation. Provide a safe, controllable setting for repetitive hands-on training and crisis handling; embed sudden events to train students to respond with Wu-Wu thinking.

(4) Undergraduate mentorship. Adopt one-to-one clinical mentoring (“master–apprentice”) so mentors transmit skills and thinking, achieving mutual growth in teaching and learning.

3.3 Teacher Guidance: Be diligent in endeavor and adept in insight

(1) Enhance teachers’ philosophical literacy. Through training and academic activities, improve educators’ understanding and application of the Wu-Wu View to better guide students.

(2) Lead students to think and apprehend. When problems arise, avoid supplying answers directly; instead, prompt literature search, case analysis, and comparative discussion to enable autonomous discovery (Wei, Qiu, & Wu, 2013; Liu, 2013a).

(3) Cultivate reflective capacity. Encourage daily internship logs and regular debriefs (“write–tell–review–revise”) to promote self-improvement (Huang, 2005; Liu, 2013b).

4. Practical Effects (Classes of 2019 & 2020, Clinical Majors in Chinese/Mongolian/Western Medicine)

(1) Marked gains in clinical reasoning. Students improved in systematic history taking, examination, test interpretation, and decision-making.

(2) Noticeable enhancement of practical ability. Procedural fluency increased; students could independently complete varied clinical tasks and respond more effectively to emergencies in simulations.

(3) Strengthened professionalism. Greater ethical awareness, patient respect, teamwork, communication, and responsibility.

(4) Heightened innovation. Students proposed method and workflow optimizations, participated in research, popular science writing, book projects, and article publication, achieving preliminary outcomes.

5. Conclusion and Prospects

Current training models still insufficiently combine endeavor and insight: “endeavor” has not fully realized earlier, more frequent, and repeated clinical exposure; “insight,” often perceived as non-rational or “mystical,” is undervalued in modern education and easily (mis)associated solely with Confucian, Daoist, or Buddhist traditions (Liu, 2013b; Zhu, 2007; Pei, 2011). Embedding the Wu-Wu View in undergraduate clinical

teaching (Chinese/Mongolian/Western) is an effective route to better quality and higher-caliber talent. Through curriculum optimization, pedagogical innovation, and teacher guidance, the Wu-Wu View can permeate the clinical teaching process and systematically elevate reasoning, practice, professionalism, and innovation. Future work should refine embedding strategies, improve the clinical teaching system, and account for individual differences to teach according to aptitude, enabling each student to develop fully under the Wu-Wu View (Li, 2019).

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