

# Teaching Strategy Handout

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## 1. Title of Teaching Strategy

Using Role-Playing Pedagogy for Historical Analysis

## 2. Foundational Skill(s) Addressed

Critical thinking, historical analysis, empathetic reasoning, argumentation and debate, collaborative learning

## 3. Learning Outcome & Artifacts/Evidence

**Learning Outcome:** Students will 1) Analyze the socio-political and economic contexts of early 20th-century China. 2) Evaluate the motivations and biases of historical actors. 3) Develop persuasive argumentation skills through role-based debate. 4) Reflect on the disparities between historical outcomes and simulated decisions.

**Artifacts/Evidence:** 1) Role descriptions and preparatory research notes. 2) Student active engagement during the simulation. 3) Post-simulation reflections. 4) Student oral and written feedback on the activity's impact, including their takeaways.

## 4. Teaching Strategy Overview (with sources, if applicable)

This teaching strategy employs a role-playing simulation to immerse students in a pivotal but often overlooked historical event: the 1929 Central Health Committee Meeting in the Republic of China, where policymakers debated the abolition of indigenous Chinese medicine (derogatorily termed “old medicine”) (Barnes, 2022, p. 653; Hu, 2008). Grounded in constructivist pedagogy (Dewey, 1938; Kolb and Kolb, 2017), the activity emphasizes active learning and historical empathy by having students assume historically accurate or fictionalized roles—such as government officials, Western-trained doctors, or traditional medicine advocates. Through these roles, students interrogate how cultural bias, power dynamics, and institutional pressures shaped medical policy. To enhance accessibility and depth, ChatGPT assists in streamlining role creation, providing nuanced character backgrounds without excessive prep time. The simulation concludes with a guided reflection, prompting

students to connect historical decision-making to contemporary debates on medical legitimacy, cultural erasure, and public health governance.

## 5. Teaching Strategy Implementation

1. **Preparation Phase (10 minutes)**
  - o Students randomly receive role descriptions, construct arguments based on their roles, and discuss positions within their role groups.
  - o Moderators (peer evaluation group, including the instructor) review structure and criteria.
2. **Opening Statements (15 minutes)**
  - o Each stakeholder gives a brief self-introduction and position statement.
3. **Negotiation & Open Debate (20 minutes)**
  - o Students engage in dynamic discussions, form alliances, and challenge opposing arguments.
  - o Moderators facilitate the debate and assess participation.
4. **Final Arguments & Voting (20 minutes)**
  - o Each stakeholder group delivers a brief closing statement.
  - o Formal vote on Yu Yan's proposal.
5. **Debrief Discussion (10 minutes)**
  - o Reflection on historical implications and modern parallels.
  - o Peer evaluation feedback shared.

## 6. Evidence of Impact (*Plan for assessment & evidence collection in advance*)

**Engagement Metrics:** 1) Direct observation of student interactions during the simulation (e.g., participation frequency, depth of historical reasoning, adherence to role). **Feedback Channels:** 1) Mid-semester pulse-check: Anonymous survey on perceived learning value and challenges. 2) Ethnographic journals: Longitudinal reflections where students connect the simulation to broader course themes (qualitative analysis of recurring insights).

## 7. Implementation Challenges & Refinements

**Challenges:** 1) Time-intensive preparation for role descriptions. 2) Balancing factual rigor with creative freedom in role-playing. 3) Time management during simulation.

**Refinements:** 1) Use ChatGPT to streamline role profile creation based on academic literature. 2) Offer flexible role options to accommodate diverse student interests. 3) For unfinished discussions, assign a brief written reflection and continue the debrief in the next class session (to be adopted for future iterations)

## 8. Transferability Across Disciplines

This strategy adapts readily to diverse subjects, including 1) Political Science: Simulate UN negotiations or parliamentary debates to explore policymaking and diplomacy. 2) Philosophy (Ethics): Role-play medical ethics committee to deliberate

on real-world moral dilemmas. 3) Literature: Reenact pivotal scenes (e.g., the Salem trials in *The Crucible*) from multiple character perspectives to deepen textual analysis. 4) Sociology/Anthropology: Stage multi-stakeholder deliberations on complex social issues, such as assisted voluntary death, as modelled in the instructor's course *Good Death: China and Comparative Perspectives*.

## 9. Specific Implementation Challenges & How to Overcome Them

### **Challenge: Student discomfort with role-playing**

*Solution:* Begin with low-stakes warm-up activities and provide clear, structured guidelines to build confidence and engagement.

### **Challenge: Maintaining historical accuracy**

*Solution:* Supply students with carefully curated primary and secondary sources to ground their arguments in historical context.

### **Challenge: Limited time for a thorough debrief**

*Solution:* Assign post-activity reflective essays that invite students to explore the motivations of historical actors and analyze the impact of the simulation on their understanding.

### **Bibliography:**

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- Hu, X. (2008). 'Minguo shiqi "feizhi zhongyi an" huigu yu fansi' [Review and reflection on the 'Abolition of Chinese Medicine Case' during the Republican period]. *Zhong Hua Yi Shi Za Zhi [Chinese Journal of Medical History]*, 38(2), pp. 67-72.
- Kolb, A.Y. and Kolb, D.A. (2017). "Experiential learning theory as a guide for experiential educators in higher education". *Experiential Learning & Teaching in Higher Education*, 1(1), pp.7-44.

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