




## THE REVISED BAMS SYLLABUS: A PROGRESSIVE REFORM WITH EMERGING CHALLENGES

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The syllabus for UG Ayurveda course had been revised recently, which has drawn more critics among the ayurvedic academicians. Here an attempt is made to critically analyze the constructive, positive and innovative aspects of new curriculum and also the challenges ahead.

Competency-based Dynamic curriculum (CBDC) is an outcome-based curricular model of an organized framework of competencies such as knowledge, skills, attitudes that students has to develop to meet health care and societal needs. It allows students to progress at their own pace and focus on areas where they need additional support or challenge. This ensures that graduates will be well-equipped to handle real-world clinical situations and contribute to healthcare. This program is also focused on self-directed learning and development of a true professional through addressing the professionalism, attitude, ethical, and communication. It incorporates ongoing formative assessments to track progress and provide feedback, guiding students' development. Integration or merging

their expertise, with other departments offers a holistic understanding of shared topics, enriching students' comprehension and cross disciplinary perspectives. Electives in CBDC provide an opportunity for the learner to explore, discover and experience the essential topics for the students.

CBDC content is based on the Millers Pyramid and Blooms taxonomy. Millers Pyramid proposes clinical competence in different levels: 'knows', 'knows how', 'shows how', and 'Does' 'knows' for gathering information for knowledge purpose. 'Knows how' is a concept building based on interpretation and application. At a higher level, 'shows how' develops the competence to 'perform'. At the highest level, the 'Does', that is, carries out the tasks competently in real-life clinical scenario and Domains of Learning are framed based on three domains of Benjamin Bloom taxonomy, they are Cognitive, psychomotor and affective. Cognitive is for Knowledge, Psychomotor is for manual or physical skills (Skills) while Affective is for growth in feelings or



emotional areas (Attitude), They are also indicated by KSA (Knowledge, Skills and Attitude)[1]

#### **Evaluation methods for Assessments.**

Scheme of assessment for the course is done in the form formative assessment and Summative assessment. Evaluation is done by, Practical / Clinical Performance Objective Structured Clinical Examination (OSCE), Objective Structured Practical Examination (OPSE), Mini Clinical Evaluation Exercise (Mini-CEX), Direct Observation of Procedures (DOP), Case Based Discussion (CBD), Open book test, spotting, clinical case study, demonstration of procedures etc.

#### **Challenges in adopting competency-based medical education:**

It is obvious that there are many challenges in the initial stages of implementing new curriculum. Major challenges include the reluctance of faculty members to shift to CBME, as Curriculum is student-centric. Faculty members have an challenge to adopt to innovative teaching methods, and each learning objectives has to be taught as per Domain learning, Blooms taxonomy, as mentioned in the curriculum. Scheduling of LH, NLHT, NLHP, to teach and assess all the core competencies within the given time frame, ensuring uniform implementation across all medical colleges are a major Challenges. Sustained support from administration, faculty shortage, lack of direction, etc are also bound to impact the successful implementation of the program.

#### **Steps to be taken**

- Needs Rigorous training for teachers
- Skill Lab mandatory for all clinical departments
- Research lab, Practical Training lab and Skill lab Clusters at least 2 to 5 per state having access for all colleges.

The Competency-Based Dynamic Curriculum for undergraduate students presents a valuable opportunity to shape competent and globally recognized Ayurvedic doctors. All stakeholders are encouraged to take this as a challenge and work together to successfully achieve the intended goals, collaborate effectively to achieve the desired outcomes.[2]

#### **References:**

1. <https://ncismindia.org/User%20manual%20AyuUG%20II.pdf>, Page No 15-18.
2. Shrivastava, Saurabh RamBihariLal, Competency-Based Medical Education for Undergraduates in India Strengths, Weaknesses, Opportunities, Challenges Analysis and the Way Forward, *Mustansiriya Medical Journal* **19(1):p 37-39, Jan–Jun 2020.** |Available from: [https://journals.lww.com/mtmj/fulltext/2020/19010/competency\\_based\\_medical\\_education](https://journals.lww.com/mtmj/fulltext/2020/19010/competency_based_medical_education) [Last accessed on 2025 May 18].