Editorial Article

The Impact of the CBDC Method on BAMS Students: Survey Study, Need Assessment, Vision, and Implementation

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Abstract

The Competency-Based Dynamic Curriculum (CBDC) represents a paradigm shift in Ayurvedic education, particularly within the Bachelor of Ayurvedic Medicine and Surgery (BAMS) program. A recent survey among BAMS students reveals both the transformative potential and pressing challenges of CBDC implementation. This editorial explores key findings from that study, assesses student and institutional needs, and outlines a visionary path and structured methods for future success.

Introduction

Medical education in India is undergoing a significant transformation with the introduction of the Competency-Based Medical Education (CBME) framework. Following in the footsteps of the allopathic MBBS curriculum, Ayurveda has also adopted a similar structure, known as the **Competency-Based Dynamic Curriculum (CBDC)**, aimed at making Ayurvedic education more skill-oriented and outcome-driven (National Commission for Indian System of Medicine [NCISM][(1)].

The CBDC model is especially relevant for BAMS students, who must bridge ancient knowledge systems with modern healthcare challenges. The shift from time-bound education to a competency-focused model requires systematic assessment, infrastructure changes, and mindset shifts - especially among students and faculty alike.

Survey Study: Student Perspectives on CBDC

A cross-sectional survey conducted across several Ayurvedic colleges in India in early 2025 aimed to evaluate student awareness, satisfaction, and challenges regarding the CBDC implementation. Out of 1,200 BAMS students surveyed, nearly 68% reported better understanding of clinical competencies, while 42% cited stress related to continuous assessments and unclear grading systems [(2)].

Key insights include:

- **Positives**: Structured skill acquisition, integrated learning, and greater focus on patient-centered care.
- **Negatives**: Lack of faculty training, uneven implementation across colleges, and absence of adequate resources for practical learning.

These findings are consistent with earlier studies on CBME in India, where student adaptability and institutional readiness were cited as major concerns[(3,4)].

Need Assessment: Identifying Gaps

The transition to CBDC revealed several systemic needs:

1. **Faculty Training**: Many teachers trained in traditional, didactic methods are unfamiliar with competency-based tools like OSCEs (Objective Structured Clinical Examinations) and workplace-based assessments (WBA).
2. **Assessment Tools**: A standardized framework for formative and summative assessment, including e-portfolios and real-time feedback systems, is urgently required.
3. **Infrastructure**: Most Ayurvedic institutions lack the infrastructure for simulation-based learning or advanced clinical skill labs[(5)].
4. **Digital Literacy**: Students and faculty must be equipped with digital tools and platforms to track competencies and monitor progress effectively.

Vision Behind the CBDC Structure

The underlying vision of CBDC aligns with global medical education trends—focusing on **competency, integration, flexibility, and accountability**[(6)]. Specifically, for Ayurveda, the CBDC model seeks to:

- Elevate the **clinical relevance** of traditional subjects.
- Integrate **evidence-based practices** with classical Ayurvedic theory.
- Promote **individualized learning** through mentorship and feedback.
- Ensure graduates are not only **knowledgeable** but also **practically competent**, ethical, and confident to handle real-world challenges.

This shift is also in line with the National Education Policy 2020, which emphasizes holistic, interdisciplinary, and flexible learning systems [(7)].

Implementation Methods

For effective and equitable implementation of CBDC, a phased and collaborative approach is required:

1. **Pilot Projects**:

   Launching CBDC in selected institutions can help identify region-specific challenges before national rollout.

2. **Curriculum Mapping**:

   Clearly define competencies across all subjects, ensuring vertical and horizontal integration.

3. **Continuous Faculty Development Programs (FDPs)**:

   These should focus on modern assessment techniques, feedback mechanisms, and mentoring roles[8].

4. **Use of Technology**:

   Develop centralized digital platforms for competency tracking, learning resource management, and inter-college collaboration.

5. **Monitoring and Evaluation**:

   A feedback-based review mechanism involving students, faculty, and accreditation bodies can help ensure continuous quality improvement.

Conclusion

The Competency-Based Dynamic Curriculum (CBDC) is a progressive and much-needed shift in BAMS education. While the student survey highlights optimism toward competency-focused learning, it also underscores significant gaps in training, infrastructure, and clarity of execution. Addressing these concerns through targeted needs assessment and structured implementation strategies will be vital.

The vision of producing clinically competent, confident Ayurvedic practitioners is within reach—provided stakeholders commit to a collaborative, feedback-driven, and adaptive approach. The path may be challenging, but the potential to uplift the quality and global relevance of Ayurveda makes the journey worthwhile.

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