



Personal Narrative

Transforming lives through competency-based medical education: my story with medical students

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When I first stepped into medical education, I was filled with both excitement and anxiety. The shift from traditional teaching to Competency-Based Medical Education (CBME) felt like unknown territory, not just for the students, but for me too as a faculty member. I was passionate about teaching, but I also knew that guiding students through this change would demand more than lectures and assessments. What I did not realize then was how deeply this journey would transform me; how it would reshape the way I viewed teaching, learning, and the very purpose of being an educator.

The first breakthrough came when we introduced a Mentor-Mentee program, which was not just a checkbox exercise but a commitment to student growth. With the full support of the management and the administration, we set up a 1:2 faculty-to-student ratio so that every student could receive the attention they deserved. We gave each student a printed Mentorship booklet to document their academic progress, co-curricular achievements, personal struggles and goals. I still remember the first time a

student hesitantly shared his concerns about balancing academics and personal life. Over time, I saw students grow, blossom and trust their mentors. I personally trained every faculty member and student to actively participate in this process. Watching students open up, work through challenges, and celebrate their successes often brought tears to my eyes. Their reflections gave me new insights into their world; and made me a better listener, a better guide and ultimately, a better human being.

Another transformative moment came when we launched the Learner-Doctor Method (LDM) in the first year itself. Five students, along with a mentor, were paired with real patients in hospital wards who were followed from admission to discharge beyond class hours. At first, I worried whether students would be able to handle the responsibility and whether parents and patients would accept it; but their enthusiasm blew me away. Their daily reflections spoke of new-found compassion, clinical insight, and professional curiosity. One student wrote, "I never imagined how much we could learn by simply being present and

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listening to a patient's journey." Our work was recognized with a Special Prize at a State Conference and later published in our University's journal. For me this was proof that experiential learning can humanize medicine.

Yet, learning need not always be solemn. We infused fun into academics through crossword puzzles, quizzes, word scrambles, role-plays, painting competitions, and open mic sessions. These weren't distractions; they were learning tools that encouraged creativity, teamwork and healthy competition. Seeing students laughing together while solving a crossword or passionately debating in a role-play made me realize that joy and learning go hand in hand.

Beyond the classroom, we strove to build a culture of excellence. Together with students and management, we promoted quality across educational practices through accreditation processes and systematic reviews. I believe that educational processes must be continually evaluated and refined to be effective and meaningful.

Curriculum delivery too was transformed. Self-Directed Learning and Early Clinical Exposure sessions encouraged students and faculty to ask the fundamental question: Why are we learning basic medical sciences? These sessions gave meaning, purpose, and direction to learning. Formative assessments and regular Parent-Teacher Meetings brought families into the conversation, making education a shared responsibility.

Outside academics, our student clubs, guided by enthusiastic mentors, created a vibrant, healthy campus atmosphere. The Foundation Course, in the first 15 days, helped new students feel welcome and prepared. I still recall parents' expressions during the White Coat Ceremony - for them it wasn't just a formal event but a moment of pride and hope.

Over the years, as the batches trained under the CBME curriculum began to graduate, I started witnessing the real transformation. The change was evident in the confidence with

which students approached clinical problems, communicated with patients, and reflected on their own actions. One such moment came during a ward round when a final-year student, once a shy first-year mentee, skillfully explained a patient's electrolyte imbalance. Her clarity, compassion, and professionalism made me pause. This was no longer the hesitant student I had once mentored; this was a young doctor shaped by a system that emphasized understanding, empathy, and meaningful engagement.

Another memorable experience was when a group of interns, who had participated in LDM during their first year, shared with me how those early interactions made them more comfortable talking to patients and more aware of issues beyond diagnoses, such as family dynamics, financial challenges, and fears and hopes. One intern confessed, "Sir, earlier I used to see patients as cases; now I see them as people." This shift, I realized, was the true essence of CBME. Transformation was not merely academic, it was humanistic. These students had grown into clinicians who valued listening as much as examining, and who approached patients with compassion rather than haste.

Recent graduates spoke about feeling more prepared for clinical postings, more confident in decision-making, and more grounded in ethical reasoning. One graduate, now a junior resident, told me, "The habits we developed under CBME - asking why, reflecting, collaborating - have stayed with us." Listening to them, I realized that transformation was happening in small but profound ways.

Looking back, I realize how much this journey has changed me. I began as a faculty member focused on content delivery and assessments; today, I stand as a compassionate guide, constantly learning from my students' resilience, creativity, and humanity. More importantly, I have seen my students evolve into empathetic, confident, and thoughtful medical professionals who care not only for their patients but also for each other.