

Bridging Traditional Ayurvedic Pedagogy and Competency-Based Education: A Contemporary Perspective

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ABSTRACT-

Mentoring plays a pivotal part in education. It has deep roots in both the traditional practitioner-Shishya Parampara of Ayurveda and ultramodern faculty- grounded medical education. The National Medical Commission and the National Commission for Indian System of Medicine have stated that structured mentorship programs are essential to guide scholars from newcomers to interpreters. This composition looks at how these traditions connect. It explains the purpose and limits of mentoring. We give a step- by- step frame for creating a mentorship program suitable for both Ayurvedic and ultramodern medical sodalities. The frame outlines how to form tutor- mentee groups, the three phases of inauguration, civilization, and separation, and the important places of learning contracts and program evaluation. By drawing from the mentoring relationship in the Mahabharata and incorporating it with educational proposition, we propose a model that offers a safe space for scholars to learn and grow. This approach aims to develop clinicians who are n't only knowledgeable but also retain the chops and professional identity necessary to thrive in integrated healthcare systems.

Keywords:- Mentoring, faculty- Grounded Education, practitioner- Shishya Parampara, Ayurveda, Medical Education, NCISM, NMC

INTRODCUCTION- The word ‘ Mentor’ comes from Homer’s Odyssey, where Mentor helped Telemachus reach his potentia(1). At the time the foundation of Ayurveda is erected on the practitioner- Shishya Parampara, a deep mentoring relationship shown in the exchanges between Sage Punarvasu Atreya and his scholars like Agnivesha in the Charaka Samhita(2). In this tradition the Guru was n't a schoolteacher but a companion who helped the pupil grow intellectually spiritually and professionally. In times mentoring in health professions education is defined as the process where an educated person guides another person in developing their ideas, learning and particular and professional growth(3). This matches impeccably with the pretensions of faculty- Grounded Medical Education enforced by the National Medical Commission(4) and the faculty- Grounded Ayurveda Education supported by the National Commission for Indian System of Medicine(5). Both systems want to produce a graduate who is a professed clinician, a good prophet, a lifelong learner and a leader. The change from an educational model to a learner- centric frame can be delicate for scholars. A structured mentorship program acts as a support system guiding them through this trip. This composition

aims to explain what mentoring is, why it's important and how to do it offering a frame that combines the wisdom of tradition and ultramodern medical education.

Ways to tutor Combining Tradition and Innovation:- Beyond the one- on- one model there are other forms of mentoring that can be used in health lores education.

1. Online or Group Mentoring:- Digital platforms can connect scholars with Vaidyas or medical specialists from different institutions. This is useful for motifs like the treatment of piles or the rearmost advances in surgery(6).

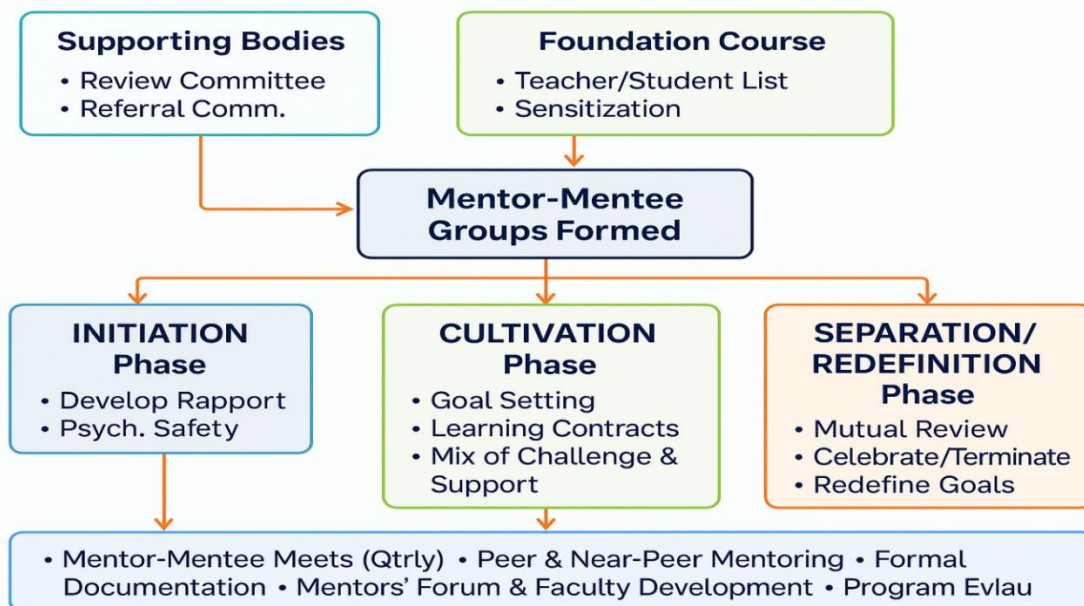
2. Peer Mentoring:- Models like Group- peer mentoring(7) and Troika peer discussion can be important. A group of scholars can meet to bandy cases creating a cooperative literacy terrain and fostering critical thinking.

3. Near- Peer Mentoring:- This model, where elderly scholars guide their inferiors has shown results in both medical(8) and Ayurvedic surrounds(9). A elderly pupil can help a inferior pupil understand bulletins or test medication serving as a part model and buttressing their own literacy.

4. Speed Mentoring:- This format allows scholars to gain perceptivity from experts in a short time whether about career paths in surgery or medical oncology(10).

The Mentorship Program: A Structured Framework:- The mentorship program should produce a space that fosters disquisition and growth(11). The following way are essential for its success.

Figure 1 A Framework for Mentoring in Health Professions Education



I. Inauguration

Faculty Development: Train faculty from both disciplines in mentoring chops moving from a schoolteacher- centered approach to a pupil- centered approach(12). Pupil Sensitization Educate scholars about the mentoring process, its benefits and boundaries. Group conformation Allocate scholars to a tutoring a blend of backgrounds to encourage perspectives. { Table- 1 }

II. Structure and Process:- Formal meetings should be listed regularly supplemented by relations. A crucial tool is the literacy contract,(13) where the pupil commits to learning pretensions, similar as performing palpitation opinion or presenting a casketX-ray. This promotes tone- directed literacy. The mentoring relationship evolves through three phases(14)

a) Inauguration:- structure fellowship and establishing trust.

b) civilization:- The tutor provides a blend of challenge and support guiding the pupil through the layers of capability(16).

c) Separation:- Concluding the relationship upon scale or reconsidering it for continued guidance.

III. Program Evaluation:- Methodical evaluation is pivotal. Feedback should be gathered from all stakeholders and attestation of meetings can give data for perfecting the program(17).

What's Not Mentoring? Establishing Boundaries:- It's vital to define the boundaries of the instructors part a conception in the practitioner- Shishya relationship where the focus was on literacy and practice. Mentoring is a relationship concentrated on academic and professional growth. It is n't a relationship where the pupil must observe. The tutor listens to understand the scholars pretensions and literacy style acting as a sounding board for the scholars reflections. The tutor balances. Support for optimal development knowing the pupil as a person to grease literacy.

Table 1 Boundaries of the Mentor- Mentee Relationship

Mentoring is	Mentoring is not
A collaborative relationship focused on academic and professional growth.	An authoritative relationship where the mentee must blindly obey.
Listening carefully to understand the mentee's goals, needs, and learning style.	Deciding what is best for the mentee without discussion or mutual understanding.
Acting as a sounding board for the mentee's ideas, reflections, and concerns.	Dominating conversations with only the mentor's opinions and experiences.

Mentoring is	Mentoring is not
Balancing support and constructive challenge for optimal development.	Spoon-feeding information or taking excessive responsibility for the mentee's performance.
Understanding the mentee as an individual to facilitate effective learning.	Solving all of the mentee's personal and practical life problems.
Providing guidance within mutually agreed professional boundaries.	Being held completely responsible for the mentee's personal failures or adverse outcomes.
Encouraging independent thinking, self-reflection, and professional growth.	Creating dependency or limiting the mentee's autonomy and confidence.

Table 2 Types of Mentoring in Ayurveda/ Medical Education

Type of Mentoring	Description	Key Benefits	Challenges / Limitations
One-to-One Mentoring	Traditional form where an experienced faculty member mentors a single student.	Personalized guidance, strong trust, and tailored academic/career support.	Time-intensive and limited in reach.
Group Mentoring	One mentor guides a group of students together.	Encourages peer learning, collaborative discussion, and efficient use of mentor's time.	Individual needs may receive less attention.
Peer Mentoring	Students of the same academic level mentor each other.	Promotes shared experiences, mutual support, and reduces communication barriers.	Limited expertise and possibility of misinformation.
Near-Peer Mentoring	Senior students (interns or PG scholars) mentor junior UG students.	Relatable guidance, role modeling, and bridging the gap between teacher and student.	Senior students may lack formal mentorship training.
Online Mentoring	Mentorship conducted through digital platforms and virtual communication.	Accessibility, flexibility, and continuity across geographical boundaries.	Reduced personal interaction and risk of digital fatigue.
Speed Mentoring	Short, structured sessions with multiple mentors in rotation.	Exposure to diverse perspectives and increased networking opportunities.	Limited depth of interaction and time constraints.

Table 3 places and liabilities of Instructors vs. Mentees in Ayurveda Education

Mentors' Roles & Responsibilities	Mentees' Roles & Responsibilities
Provide academic, clinical, and professional guidance based on Ayurveda principles and evidence-based learning.	Show commitment, enthusiasm, and readiness to learn from guidance.
Create a safe, respectful, and supportive environment for discussions.	Respect the mentor's time, experience, and professional boundaries.
Help mentees set realistic academic and career goals.	Take initiative in setting personal learning goals and career aspirations.
Act as a role model by demonstrating ethical practice, clinical skills, and scholarly behavior.	Observe, learn, and emulate professionalism and ethical conduct.
Provide formative feedback on academic performance, research, and clinical skills.	Accept feedback positively and work towards self-improvement.
Encourage self-reflection and critical thinking.	Engage in self-reflection and actively participate in discussions.
Facilitate networking and professional opportunities.	Utilize the opportunities provided and expand professional connections.
Respect the mentee's individuality, learning pace, and learning style.	Communicate openly about needs, challenges, and progress.
Offer continuous clinical and professional support while maintaining a positive mentoring relationship.	Maintain discipline, responsibility, and mutual respect throughout the mentoring process.

Table 4 Stages of the Mentoring Process in Ayurveda/ Medical Education

S. No.	Stage of Mentoring Process	Description	Mentor's Role	Mentee's Part
1	Inauguration	The beginning of the mentoring relationship where roles, expectations, and objectives are established.	Establish trust, clarify objectives, and define boundaries.	Express learning needs, set personal goals, and build rapport.
2	Cultivation	The most active phase where learning, guidance, and skill development take place.	Provide feedback, share knowledge, model professionalism, and encourage research and clinical practice.	Actively participate, practice skills, seek clarification, and accept formative feedback.

S. No.	Stage of Mentoring Process	Description	Mentor's Role	Mentee's Part
3	Separation	Gradual transition towards independence as the mentee gains confidence and competence.	Encourage autonomy, reduce direct supervision, and support decision-making.	Demonstrate independence, apply learning in real-life situations, and prepare for self-reliance.
4	Redefinition	Transition from a dependent relationship to a collegial or professional association.	Maintain professional connection and facilitate networking and collaboration opportunities.	Value continued guidance, sustain the professional relationship, and become a future mentor.

The mentoring process has stages each, with its own pretensions and objects. The inauguration stage establishes trust and clarifies objects while the civilization stage provides a blend of challenge and support. The separation stage concludes the relationship reconsidering it for continued guidance. Mentoring is an important part of literacy and growing.

The first phase is civilization. This is where the tutor and the pupil work together nearly. The tutor gives feedback. Shares their knowledge. They show the pupil what it means to be a professional. The pupil practices their chops. Asks for help when they need it. They also learn to take feedback and use it to ameliorate.

The coming phase is Separation. At this point the pupil is getting further confident and suitable to do effects on their own. The tutor gives them space and lets them make their own opinions. The pupil starts to use what they've learned in situations and gets ready to work singly.

The last phase is Redefinition. Now the pupil and the tutor are like associates. They still keep in touch. Help each other but the pupil is suitable to work on their own. The tutor is still available for guidance. The pupil may indeed come a tutor to someone differently one day. Instructors are veritably important. They can not do everything. For illustration, if a pupil is having problems with their internal health or is floundering with other particular issues they need to see a specialist. Instructors can help with some effects, but not everything.

There are assignments about mentoring in the Mahabharata(18), an old Indian textbook. One story is about Krishna and Arjuna. Krishna was like a tutor to Arjuna. He tutored him numerous effects. One assignment is that everyone can profit from mentoring, not those who are floundering. Another assignment is that having a tutor is more important than reading books. The pupil must also take responsibility for their literacy. The tutor can give guidance. The pupil must make their own opinions. Trust and open communication are also essential for a mentoring relationship.

Challenges-

Starting a mentoring program can be grueling . Some preceptors may not want to share because they're formerly busy. Some scholars may be reluctant because they are n't used to talking to their preceptors. There may also be problems. If the institution is committed to making it work and if the preceptors are given the support they need it can be successful. Getting feedback and assessing the program are also important.

Conclusion-

In conclusion mentoring is a part of literacy and growing. It can help scholars come not good at their jobs but also wise and compassionate. By combining wisdom with ultramodern tutoring styles, we can produce a system that produces well- rounded healthcare professionals. This is essential for the future of both Ayurveda and ultramodern drug. Mentoring is the key, to making this be.

Declarations

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Conflict of interest

The authors declare that there are no conflicts of interest.

Ethical Approval

This article does not contain any studies with human participants or animals performed by any of the authors.

Data Availability

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