

Challenges in Implementation of the Competency Based Medical Education

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ABSTRACT

Introduction: Competency-based medical education (CBME) is an approach to ensure that medical students develop those competencies, desired to meet the needs of patients in the community and at the same time meet international standards. **Aims & Objectives:** This study aims at imparting competencies needed to produce efficient medical graduates who would function as Basic doctors or first contact Physicians, Development & Progression of competency framework, Teaching, Learning and Systemic assessment with the decision of trainee's progression. To identify about the key aspects of competency-based medical education (CBME) among faculty members of Physiology and to know the various challenges faced by them during the implementation of this new medical curriculum programme. **Methods:** A Questionnaire based descriptive qualitative study of 4 months duration was conducted among the faculty members of department of Physiology. Initially free listing was done to elicit views of faculty members. **Results:** Two faculty members of Physiology participated in the free listing. Responses were obtained pertaining to the key aspects of CBME. About eight challenges were identified in the implementation of the new medical curriculum programme during the free listing. Cognitive mapping was also done separately to understand the relationship between the key aspects of CBME and its challenges. **Conclusion:** By employment of the free listing method, formulation of entrustable professional activities and their assessment using appropriate tools were the identified crucial areas in CBME, while the lack of sensitisation of stakeholders and inadequate planning were identified as the predominant challenges in the implementation of CBME.

Key word: Competency-Based Medical Education, curriculum programme, faculty members, medical graduates.

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INTRODUCTION

Introduction of Competency-Based Medical Education (CBME) has vast significant challenges {as the alignment of all the regulatory stakeholders so that they support competency-based progression, integration of efforts in clinical care & medical education...}; opportunities, strengths & weaknesses, even though it is important to improve the health care services by it. MCI is the method of aligning it to the emerging necessary health needs of the society. Medical Education in this developing

world is awaking to the reality of a need for change from the current most knowledge-based education to focus on the skills that are needed to perform regular duties as a health care professional. This is mainly because, the knowledge base has expanded exponentially through gains in scientific facts, new knowledge which is expedited the tools now made available in this new age of information technology. Hence, as a result, what is now a new knowledge becomes obsolete in a short period of one's lifetime.¹

Many of the challenges will pertain to three key aspects of implementation as, organizing the structural changes necessary to deliver new curricula and methods of its assessment; modifying the processes of teaching and evaluation; and helping to change the culture of education so that the CBME paradigm gains acceptance². The Regulatory body has approved the transition from the traditional curriculum to the competency-based curriculum for undergraduates from the 2019 academic year hence all the medical colleges across India have implemented this new competency-based medical education (CBME) within their setups since September 2019. It won't be wrong to admit that most of the medical colleges have been facing various obstacles and challenges, which is not something unusual, as it happens with any change and this being a major educational reform.³ Competency-based medical education (CBME) is an approach to ensure that medical students develop those competencies, desired to meet the needs of patients in the community and at the same time meet international standards.^{4,5}

METHODOLOGY

A Descriptive qualitative study & content analysis with conventional approach were undertaken for about duration of 4 months. The participants were 14 Physiology faculty members, a Questionnaire based study on the challenges faced by them during the implementation of this new curriculum of CBME was conducted in Physiology department of Kurnool government medical college.

Study design: Questionnaire based descriptive qualitative study.

Study duration: The study was conducted for 4 months (July–October 2020).

Study area: The study was conducted in the Department of Physiology.

Study population: The study population included faculty members of the Department of Physiology.

Inclusion and exclusion criteria: Study includes Physiology faculty members who are trained in the

basics of CBME and are involved in the implementation of the programme for at least 3 months. Out of the 14 faculty members in the department, two were trained and remaining were excluded from the study.

Study tool - Free listing: To identify perception about the key aspects of CBME and the challenges involved in its implementation.

Statistical analysis: Qualitative analysis was done among the faculty and Visual Anthropac software was used to interpret the results of the free listing.

Ethical considerations: Consent was obtained from the faculty members before enrolling them into the study.

RESULTS

On Preliminary analysis, Formative assessment and group formative feedback were recognized as facilitating factor for CBME along with short term research projects, assignments, seminars.... Both small and large group teaching were advocated for specific competencies, Group activities and faculty development workshops, Self and peer assessment and learning, horizontal and vertical integration are few areas stressed upon. Cognitive mapping was also done which shows the below findings.

Cognitive mapping

Figure 1: Key aspects and Challenges in CBME

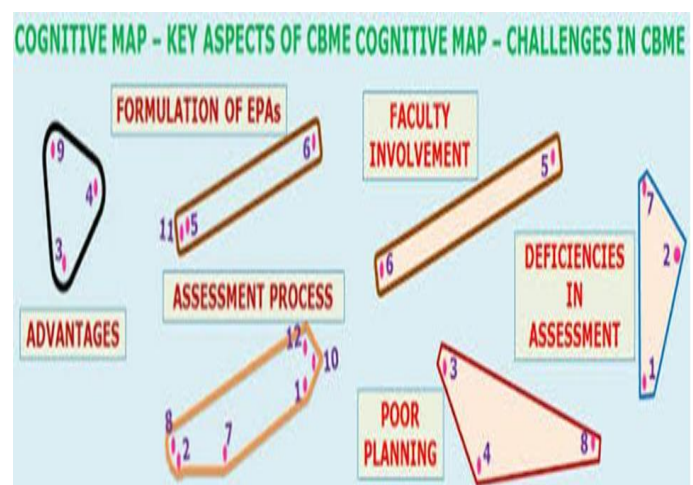


Table 1: Key aspects of Competency-Based Medical Education (CBME)

Below are the responses obtained; Free listing - Key aspects of CBME

Involved assessment method	Year wise grading of student is possible	Reflection
Acts as assessing tool	Specific ATCOM module	Student oriented
Skill focused	Self - assessment tool	Focus on acquisition of skills
Constructive feedback	Emphasis on formative assessment	Focus on outcome
Identification of must know EPAs	Not friendly for senior faculty	Constructive feedback
Syllabus can be broken down to functional	Computer skills required	Skills from all the three domains can be assessed

ATCOM – Attitudinal & communicational competencies module; Longitudinal program on attitude, communication & ethics.

EPAs – Entrustable professional activities.

Table 2: Challenges faced by the faculty in implementation of Competency-Based Medical Education (CBME) in Physiology department.

Below are the responses obtained; Free listing - Challenges faced by the faculty in implementation of Competency-Based Medical Education (CBME).

Each month specific time allotted for each faculty for assessment
No involvement in formation of EPAs
Lack of clarity among postgraduates
No sensitization on CBME
No periodicity in assessment
Dilemma about scope of CBME in final exams

DISCUSSION

It is hard to achieve the consensus, faculties may get lost in different foci of duty & fragmented contexts. Medical teachers who have been trained in conventional educational systems need development of the faculty to function effectively in CBME. CBME is an approach which is learner-driven, and it is not right to initiate this new curriculum programme without sensitization. All

the postgraduate, undergraduate students must be primed about CBME and adequately prepared so that the students can acquire the desired skills and become competent.⁶⁻⁸

CONCLUSION

Competency-based curriculum for undergraduate students has to be taken as a goal to produce globally acceptable & competent doctors and thus all the stakeholders should be sensitized & accept this as a challenge and work in a particular perfect manner to accomplish intended goals. Its execution can be significantly improved in the further coming years.

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