

1

Doi [10.48165/ijabms.2022.243801](https://doi.org/10.48165/ijabms.2022.243801)

Editorial

COMPETENCY-BASED MEDICAL EDUCATION:MYTHS AND TRUTHS

CBME: MYTHS AND TRUTHS

Dr. Shaista Saiyad, **MD, Ph.D., ACME, FAIMER**

Depart of Physioly, Smt. NHL Medcial College, Ahmedabad.

Abstract: Competency based medical education

- Focus of curriculum: Competencies are clearly defined and that needs to be achieved at the end of training.
- Structure and content of curriculum: CBME is paced.
- Goal: Knowledge application.
- Learning style: Teachers and learners are both equally involved.
- Logistics of training Implementation: CBME it is not time bound.
- Assessment: Assessment is based on Formative assessment, feedback and is criterion referenced. Assessment is by multiple tools, multiple assessors, multiple times, longitudinal and frequent. Lot of emphasis is on authentic work-based assessment under direct observation.

According to The International CBME Collaborators, 2009, “Competency-based education is an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs. It reemphasizes time-based training and promises greater accountability; flexibility, and learner-contentedness”.

Salient features of CBME:

- Focus of curriculum: Competencies are clearly defined and that needs to be achieved at the end of training.
- Structure and content of curriculum: CBME is paced.
- Goal: Knowledge application.
- Learning style: Teachers and learners are both equally involved.
- Logistics of training Implementation: CBME it is not time bound.
- Assessment: Assessment is based on Formative assessment, feedback and is criterion referenced. Assessment is by multiple tools, multiple assessors, multiple times, longitudinal and frequent. Lot of emphasis is on authentic work-based assessment under direct observation.

Myths and truths:

* Myth: CBME is only skill based training.

Truth: CBME is about application of knowledge rather than knowledge acquisition. It helps to develop higher levels of all three domains of learning: knowledge, attitudes as well as skills. In cognitive domain, CBME helps to develop analytical and synthesis of knowledge. In psychomotor domain, it helps in bringing automaticity of performing skills. And in affective domain, CBME helps in internalizing the feelings/attitudes.

* CBME is student centered and targets individual students only.

CBME is student centered and it encourages team work and collaboration. It is student centered in a way that previous teacher centered learning is decreased.

In CBME, rather than making students learn in general cohorts, emphasis is on learning according to student’s pace and ability. Hallmark of CBME is appropriate feedback to students which intends to drive their learning.

* Myth: Competency based training is not content driven.

Truth: Though CBME focuses on ability of students, it is driven by content related to learning outcomes and well defined competencies. It de-emphasizes traditional approach of organizing curricular components around educational objectives. It is about integration of content of learning domains and various disciplines.

* Myth: CBME limits student's learning and is a restrictive model of learning.

Truth: Though CBME is driven by predefined competencies and learning outcomes, there are ample opportunities for student's lateral development of learning. In fact, students are encouraged to learn on their own (self directed learning), with the help of facilitators. Regular and timely feedback by facilitators helps in broader development of student's learning compared to conventional learning.

* Myth: CBME requires much resources.

Truth: There are ample of opportunities in CBME for self directed learning of students with the help of facilitators. Once students and trainers are sensitized and trained, CBME has potential to run with mediocre resources.

Further reading:

1. Black D. An end to box ticking: an overhaul of competency based education *BMJ* 2016; 353 :i3020
2. Modi JN, Gupta P, Singh T. Competency-based Medical Education, Entrustment and Assessment. *Indian Pediatr.* 2015 May;52(5):413-20.
3. Mahajan R, Aruldas BW, Sharma M, Badyal DK, Singh T. Professionalism and ethics: A proposed curriculum for undergraduates. *Int J App Basic Med Res* 2016;6:157-63
4. Chacko, T.V. (2014). Moving toward competency-based education: Challenges and the way forward. *Archives of Medicine and Health Sciences*, 2, 247 - 253.
5. Leung W. C. (2002). Competency based medical training: review. *BMJ (Clinical research ed.)*, 325(7366), 693–696.