



Competency-based Medical Education curriculum for Indian Medical Graduates, will Really be Impactful?

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“Health professionals “are highly skilled workers, in professions that usually require extensive knowledge including university-level study leading to the award of a first degree or higher qualification [1]. Competency-based education has been defined as an outcome-based approach to the design, implementation, assessment, and evaluation of a medical education program using an organizing framework of competencies [2].

The competency-based curriculum moves away from time-bound education and looks at competency as the endpoint [3]. With keeping above statement the national medical council of India has implemented CBME in 2019 for Indian medical graduates. This method is tailored to meet different learning abilities and can lead to more efficient student outcomes. There are many different modules that are implemented for students within the same framework.

The first one is a foundation course of one-month duration, in which students were oriented in all aspects of the medical college environment, equipping them with certain basic skills required for patient care, enhancing their communication, language, and computer and learning skills. Sports and extracurricular activities are also given importance in the foundation course [4]. But the duration is too long for the course as opined by both students and faculty's of medical college. In the present scenario computer skill were already taught in the school so, the computer and extracurricular activities can be reduced. At the beginning if we tell more about professionals and ethics they might not remember, sensitization of all the aspects for one week will be better instead of in-depth teaching. And by practice, they will learn more and more in their field.

Early clinical exposure is a new teaching-learning methodology that helps the student to expose them to patients in the first year. It gives them feeling about patient health problems and also about actual human contact makes them to feel they are studying in medical college. It is a good initiative taken by national medical council.

The other module is Attitude Ethics and Communication (AETCOM), to develop the requisite knowledge, skill, attitude, values, and responsiveness as physicians are the first contact of the community [5] it is a longitudinal program that will help the students to acquire the necessary competencies domain. It is a good initiative taken by the national medical council but again the duration of modules is too lengthy as feedback given by students and faculty. In all the professional years these modules are implemented like 34 hours (5 modules) in the first professional year, 37 hours in the second year (8modules).25 hours in the third year (5 modules) and 44 hours (9 modules) in the fourth year. In my observation, these many hours are not required for the learning stage of students. Each phase one module is enough to make them aware of AETCOM. It is very important to inform the students that attitude will help them to grow if they lack the skill. These aspects of attitude and communication are taught in community medicine by exposing them to field visits, interactions with the patients in the family study, and role play. Teaching them so many hours really will not help them much.

The next module is an elective module (2 months), in which student will select their area of interest as a choice-based on any of subjects like Pre-Para, surgery, and allied, medicine and allied subjects. Electives are learning experiences that will provide the

learner with an opportunity to gain an immersive experience of a career stream, discipline, or research project an elective allows students to think of a career beyond examinations and gives them an impetus to think laterally besides laying down the foundation for future professional pathways [6]. It also allows students to match their aspirations with the ground reality in the field of their dreams. It doesn't help the students to choose at this level their area of interest about future, because they are not fully exposed to all the subjects in-depth and not possible to select their area of interest. In my opinion, it is just wasting a number of hours instead of focusing on major subject skills. NMC need to think facilities available at all the medical colleges to implement it. It should not be compulsory for all the students .it is choice- based ,if they are interested they can opt for it .and do some small projects as they can enroll in ICMR projects.

In the present CBME, some slot was given for self-directed learning (SDL), in which students have to prepare under the guidance of a moderator. Anyway, in professional colleges, the student has to read himself, as there is no need to mentor them. However, these sessions have significantly less impact on the students. During 2021 pandemic modules were added for all the professional years. In all subjects one topic of recent advance is already mentioned in the curriculum that itself will cover whatever new emerging and reemerging diseases and there is no need of separate module for the same. It is almost repetition of theory part of epidemic investigations.

If we follow the logbook of interns in real-time observation which is prepared for their training period will definitely help the students to reach basic doctor skills, unfortunately, this is not happening in many of the colleges.

To conclude, all the modules are required to include as a sensitization for a few hours with a special focus on subjects, in which they are supposed to learn all the competencies.

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