

Understanding Periodic Changes in Competency-based Medical Education

Competency-based medical education (CBME) 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.¹

In India, CBME has been adopted everywhere. The initial batches of CBME serve as test subjects. To make changes, their results—exam performance, internship preparation, and feedback—are essential. CBME is not failing because of frequent adjustments. Rather, they show that the system is being actively modified to make it more practical, efficient, and in line with India's healthcare requirements.

With the implementation of the CBME curriculum, all the colleges are following a system-based curriculum in which competencies are divided across the system and sub-competencies, so that students benefit from whole system-related competencies within 1-2 weeks. This will help them to avoid redundancy and doubts related to it. This method is personalized to meet different learning abilities and can lead to more effective student outcomes.

There are numerous crucial modules. The first is a 2-week foundation course that gave students an orientation to all environments, improved their computer, communication, and language abilities, and equipped them with the basic skills needed for patient care.² The foundation course also places a high value on extracurricular activities and sports. A novel teaching-learning approach called “early clinical exposure” allows students to interact with patients during their first year. It exposes students to actual patient health issues.

Since doctors are the community's first point of contact, Attitude, Ethics, and Communication (AETCOM) is a long-term program that will assist students in gaining the necessary competencies.³ In order to keep up with newly emerging and reemerging diseases, pandemic modules were included for all professional years in 2021. In addition to laying the groundwork for future career pathways, electives give students the chance to gain an immersive experience of a career stream, discipline, or research project.⁴

Continuous curriculum review in CBME will help in shaping a better curriculum. Many studies are conducted all around India related to the implementation of CBME, and it

is ongoing. Some of the feedback was that the number of competencies was too many. Records requirements were more, and teaching hours were insufficient. Based on this feedback, modifications are made to make the curriculum more practical.

Although CBME places a strong emphasis on formative assessment and skill certification, many faculty members still need training, assessment instruments need to be improved, and college-wide uniformity was lacking. Exam structure and internal assessment rules are improved annually. Redundancy will be eliminated, similar competencies will be integrated, learning will become more feasible, and evaluation techniques will be improved.

Many Indian educators received their training in conventional methods. Curriculum standards are streamlined to facilitate implementation, provide clearer instructions, and align teaching-learning approaches as faculty training increases.

As medicine advances rapidly, adapting to evolving healthcare needs is essential. Therefore, the curriculum has been revised to better address community health needs, enhance communication and ethics training, and emphasize primary care.

Every year, CBME is modified since it is still stabilizing, incorporating feedback, correcting excess, and addressing implementation issues. In order to make Indian graduates competitive and skilled globally, the National Medical Commission (NMC) updated the CBME criteria to bring Indian medical education into line with international standards. The impending National Exit Test (NExT) in India was created using CBME concepts. Doctors are expected to be skilled clinicians, not just test takers, for this frequent licensure exam. To prepare students for this, the curriculum was altered.

References

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