Indian Journal of Preventive Medicine
Volume 11 Number 2, July - December 2023

Competency Based Medical Education: A SWOT Analyis

Fazila Patankar

How to cite this article:
Fazila Patankar/Competency Based Medical Education: A SWOT Analyis/Indian J Prev Med. 2023;11(2): 53-55.

INTRODUCTION

Medical education is changing to meet the demands of our evolving health care system. One of these changes is the development and implementation of competency based medical education (CBME).

The replacement of two decades old traditional curriculum (1997) by the newly reformed competency based medical education (CBME) in 2019, has brought about a sudden paradigm shift in medical education.

The traditional approach to Medical Education was

- Subject centred
- Time based
- Summative assessmentswith little or no feedback
- Focus more on knowledge than on attitude and skills

This approach often placed the student at a disadvantage as they were found lacking in basic clinical skills, soft skills related to communication, doctor patient relationship, ethics, and professionalism inspite of having vast amounts of theoretical knowledge.

The National Medical Council has announced a number of reforms and upgrades to medical education, including the inclusion of competency based medical education. CBME is sought to bring about a welcome change from the traditional teaching methodology. Four overarching themes have emerged:

i. Focus on outcomes
ii. Emphasis on abilities
iii. De-emphasis of time based training
iv. Promotion of learner centredness

Author Affiliation: [1]Associate Professor, Department of Community Medicine, Terna Medical College, Thane 400706, Mumbai, Maharashtra, India.

Corresponding Author: Fazila Patankar, Associate Professor, Department of Community Medicine, Terna Medical College, Thane 400706, Mumbai, Maharashtra, India.

E-mail: fazilapatankar@yahoo.com

Received on: 27.03.2023

Accepted on: 02.05.2023

CBME promises to be flexible, with learner centric teaching methods with formative assessments and scope for feedback. **Competency is defined as *"the ability to do something successfully and efficiently,"*** and CBME is an approach to ensure that the graduates develop the competencies required to fulfil the patients' needs in the society. This means that teaching learning and assessment would focus on the development of competencies and would continue till the desired competency is

achieved. The training would continue not for a fixed duration, but till the time the standard of desired competency is attained. Assessments would be frequent and formative in nature, and feedback would be inbuilt in the process of training. Furthermore, each student would be assessed by a measurable standard which is objective and independent of the performance of other students. Thus, it is an approach in which the focus of teaching learning and assessment is on real life medical practice.

The learner centred approach versus the teacher centred approach of traditional teaching has brought about many challenges both to teachers as well as students.

The shift in medical education has occurred from the 2019 academic year. With close to 4 years into this transition and implementation, we have realized a wide range of strengths weaknesses opportunities challenges (SWOC) and it is the need of the hour to learn from the same and plan our curriculum in such a manner that the execution of the same can be significantly improved in the coming years.

STRENGTHS

i. A well drafted curriculum with the framework of competencies.
ii. Defined outcomes and specific guidelines for the foundation course, early clinical exposure, assessment, Attitude Ethics and Communication Module (AETCOM) competencies.
iii. Establishment of skills laboratory.
iv. Sensitisation of faculty members (in most of the medical colleges) to CBME and their responsibilities.
v. Dedicated Medical Education Unit.
vi. Supportive administration has also been the strength of the program in its earlier stages.
vii. Innovative teaching learning methods to impart problem-solving and clinical thinking skills to the students.
viii. Due to the weightage being allocated to informal assessments and formative assessments, not only it has undermined the significance of summative assessments, but also it has given multiple opportunities for the students to improve upon based on the feedback received/mentoring.
ix. Focused on self-directed learning and development of a true professional through addressing the professionalism, attitude, ethical, and communication domains.

WEAKNESS

i. ***Faculty Level:*** faculty members who are not sensitized about CBME, lack of faculty strength, or dynamic pool of faculty members (due to transfer, resignation, etc.), resistance from them, and lack of commitment or failure to keep them motivated throughout, are bound to impede the progress of the entire process.
ii. Assessment is one of the most crucial aspects of CBME and as we want it to be authentic, preparation of the assessment toolbox, standardization of tools, implementation of programmatic assessment, and observing performance, etc., need to be rectified.
iii. Lack of commitment or motivation of students will not help in the attainment of learning outcomes and might even make them pretty anxious.
iv. No action plan has been laid down with regard to meeting the needs of slow learners.
v. Lack of infrastructure support (such as skill laboratory or the presence of rooms for the conduction of small group teaching sessions or WiFi availability) or lack of administrative or faculty support.
vi. Lack of co-operation and co-ordination between pre/para-clinical and clinical departments has affected the process of alignment and integration.
vii. Shortage of time for some of the professional years and inability to complete the entire portion.

OPPORTUNITIES

i. Institutions can plan and implement the program in a better way.
ii. Students to become accountable for their own learning, and be totally involved in all the aspects of learning (viz., designing of curriculum and assessment plan).
iii. From the faculty's perspective, it is an opportunity for them to be more dedicated and accountable for their actions by guiding their mentees in a meaningful and customized manner. It favours a multi departmental approach to ensure the conduction of integrated teaching sessions for enhancing the understanding about complex topics.
iv. Strengthening of the medical education unit/quality assurance programs of the college, faculty development programs, capacity building, motivation of faculty members to join medical education related courses, and promotion of research activities in the field to generate evidence to decide about what might work and what not, especially in the field of assessment.
v. Initiation of electives, focus on teaching and assessing professionalism, and provision of holistic preventive promotive curative rehabilitative care.

THREATS/ CHALLENGES

i. Reluctance of faculty members to shift to CBME.
ii. Fear among the students as it is a student centric curriculum.
iii. Development of the entire assessment framework.
iv. Scheduling of classes to teach and assess all the core competencies within the given time frame.
v. Resources/logistics/financial support.
vi. Ensuring uniform implementation across all medical colleges.
vii. Ways to deal with slow learners.
viii. Co-ordination with other departments.
ix. Sustained support from administration, faculty shortage, lack of direction, etc.

WAY FORWARD

i. The need of the hour is to allay this apprehension and address the key issues that are hindering the implementation of CBME.
ii. Follow the example of organisations who have successfully implemented CBME, sharing of best practices by institutions.
iii. Active involvement of all the stakeholders.
iv. Faculty Development programs elaborative FDPs to meet the demands of CBME are required rather than just passively attending few days' workshop. Frequent and constant hands-on workshops are required to bring much needed awareness.

The CBME program has already started to deliver encouraging results in nations where it has been implemented. The need of the hour is to remain dedicated to the entire transition process and keep working with a goal to strengthen the implementation of the program for the current and future batches of medical students.