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Short Communication

Competency – based medical education in India: Journey from resistance to acceptance

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National Medical Commission (NMC) in 2019, launched Competency-Based Medical Education (CBME) curriculum in India. CBME led to a turbulent change. This sudden change in medical education leads to resistance from teachers and students also. The generalized apprehension may be due to the lack of faculty training and no proper guidelines to students and teachers.[1] The previous medical education system was a subject-centered and more focused on knowledge as compared to attitudes and skills. This leads to lack of the essential clinical skills and soft skills like communication and ethics, in medical graduates. CBME introduced new concepts like the foundation course, early clinical exposure, attitude ethics and communication (AETCOM), elective postings, electives, self-directed learning (SDL), problem-based learning (PBL), structured feedback, and maintenance of logbook. This new curriculum is more focused on cognitive, psychomotor, and affective domains as compared to the older curriculum which give more importance t ocognitive domain only.[2]

Competency-Based Medical Education (CBME), make sure that medical graduates acquire the skills which are necessary to address the demands of the patients.[3]

From initial resistance to the CBME now the all stakeholders are trying to solve the issues encountered while implementation of it. The new studies finding a positive attitude among both the students and faculty. Different suggestions for improvements in CBME are coming both from faculty and teachers. Students find the newly introduced foundation course, early clinical exposure, attitude ethics and communication (AETCOM), elective postings, self-directed learning (SDL), problem-based learning (PBL) very helpful for the understanding of the subject. They also suggest interactive learning formats such as skits, debates, and ole plays to should be included.

Extracurricular activities, like sports field visits

Must be encouraged.[4]

Srivastava TK, et al suggested departmental curriculum committee is very important for smooth implementation of the CBME curriculum. It could conduct fortnightly meetings for timetable preparation and development of different learning and assessment methods along with the student feedback for further changes.[5]

For practical's teaching DOAP (Demonstrate, Observe, Assist, Perform) give a promising results and even students appreciate it. DOAP is a small-group teaching where the teacher show demonstrations, observes students, assists the teacher, and finally performs tasks under supervision then independently.[6] Another study found that the DOAP sessions were well-received by medical students and enhanced their knowledge, skills, and attitudes.[7]

From the initial stage of resistance now both the medical teachers and students are accepting the CBME. Different studies are trying to address the difficulties both students and teachers face while CBME implementation. These studies also give clue to overcome these difficulties along with suggestions to improve the CBME.

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The CBME is not fixed or static module. It has room for modifications as per the suggestions of students, faculty and managements. It is adapting the changes for the overall improvement in quality of medical graduate as well as faculty.

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Conflict of Interest

None.

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