

Short Communication

Vigour of Competency based medical education (CBME)

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Positive Initiatives of CBME

Competency based medical education (CBME) was introduced by the Medical Council of India (MCI, now called as National Medical Commission, NMC) from 2019 batch across the India. CBME was rolled over to provide effective outcome based strategy and to develop the framework of competencies. Before its introduction, we were following the traditional medical curriculum put forward by Regulations on Graduate Medical Education, 1997. A strong need of change in the traditional curriculum was felt by many educationalists across the nation. This was the basis of emergence of CBME.

According to CBME, each subject to be taught for the undergraduates is divided into number of topics and topics are further subdivided into competencies. The various CBME inclusions like Foundation Course, Early Clinical Exposure, AET COM, Electives, and SDL etc are the backbone of the CBME curriculum. Immediately after rolling of CBME curriculum from August 2019, within 6 months or so we faced an enormous challenge in form of COVID pandemic. This caused disruption of all teaching learning activities across the globe and India was no exception to this. It took some time for the colleges and universities to recover and develop the alternative plan of online teaching.

First wave of COVID imposed many challenges in implementing the various inclusions of CBME. The foundation course for the batch 2020 was entirely online after the late admissions in January 2020. Early Clinical Exposure in hospital setting was not possible due to the fear of infection. Community and field visits were further challenging. The whole schedule was heavily disturbed throughout this academic year.

Vigour of CBME:

The major vigour of CBME was the appropriately and constructively created guidelines by the expert group of MCI. These guidelines allowed all the colleges to develop

their Medical Education Units (MEU), Curriculum committees etc. Roles and responsibilities of all were clear. During the COVID pandemic also, regular updates from MCI helped all to recover the situation.

The Nodal and regional centres helped in the training of the faculties and rebuilding of MEUs.

AETCOM module will help to build up the attitude and communication skills among the students which will be addressing the one of the goal Indian Medical Graduates.



Sermon ceremony

Foundation course for the first MBBS students is really an innovative idea which allows the students to express themselves in a new atmosphere of a medical college. This alleviates their anxiety about the course. The various activities conducted during foundation course like guest lectures, visits, etc increase their interest in the profession.



Glimpse of Cadaveric Oath symbolic of respect to the cadaver as a part of AETCOM activity.

What's in the future?

The COVID-19 pandemic affected the implementation of CBME to great extent for the previous two batches. Early Clinical Exposure for the first year students was severely affected. ECE is implemented for the new batch but exposure of students to hospital in the middle of increasing cases in April 2022 in certain parts of India is the matter of concern.

AET COM is also getting implemented with new zeal across all the institutions. The faculties also got oriented with the concept and are in better position to impart to students. Role plays and group discussion along with exploratory sessions and hospital visits will bring out behavioural evolution through improvement of cognitive and affective attitudes. AET COM competencies need to be dealt appropriately, which will allow students to share their reflection and fulfil their personal and professional roles.

The faculties are learning from the previous experiences and overcoming the short falls. Technical and infrastructural shortcomings are being overcome by the college administration. Consideration of faculty perception and addressing the difficulties are the crux of successful CBME implementation. Faculty development programs should be planned regularly so faculties will be trained appropriately. Post pandemic the teaching is also shifted in new horizons. The students also became more oriented to online contents which are easily available and accessible. But these online lectures cannot replace the traditional mode of learning in the lecture halls. Face to face teaching in the institutional atmosphere improves the understanding of the topic as compared to online teaching. Certain portion of curriculum e.g. osteology, dissections, lab tests, patient examinations etc is better understood in the college itself.

The students need to be well oriented towards various aspects of CBME. Their involvement in various inclusions of CBME will increase only if they are motivated towards it. Learners are the centre stone of CBME and all the parameters evolve around them. So their involvement and interest is the prime factor for successful implementation of CBME.

The development of skill labs is in progress in many institutions in the India. This will help to build up the skill domain of the learner. Imparting skill to the students in skill lab also alleviate the anxiety of direct patient contact thereby reducing the fear of infection. Further students can repeat the same module again and again till he/ she achieve that skill competency. We have state of art "School of Virtual Learning" in our university with high fidelity

mannequins like Human Patient Simulator, SimMam, SimMom, LapMentor, US mentor, Anatomage etc.



Anatomage table- a virtual dissection table as part of Skill lab

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