Letter To The Editor

COMPETENCY BASED MEDICAL EDUCATION: NOTION PUT TO PLAY

To the editor,

The very prolonged and lagging feud with regard to the issuance of the new CBME curriculum finally set its prodigious foot to momentum with the commencement of batch 2019 all over the country. A term quite acquainted to all but in practice, nonconversant.

With the departure of the old traditional theory-based learning, CBME brought in more of the evidence-based approach for learning, evaluation and assessments. The terms 'competency' 'curricula' 'reflections' echoed our ears and left a trademark of the inception of the new so called competent batch.

With the implementation of the new curriculum, leaving the students bombarded with the newer clinical based learning scenario was somewhat like chalk and cheese. The introduction of CBME has led to a paradigm shift in medical education across India.

Students were asked to inculcate the ability to correctly and succinctly develop communicative skills, the primary motto of the new constructive curricula.

The foundation course aimed to orient students to all aspects of medical college milieu, equipping students with basic life support and first aid and also providing an opening for peer and faculty sensitization to create a robust bonding. Studies have shown the foundation course to be reported as pleasant and beneficial experience to undergraduate medical students. [1]

The AETCOM is the core perspective of the novel CBME, to stress on the need of teaching medical ethics amongst students and develop communicative skills, the whole idea of the new competency program. A severe emphasis on attitude and communication stoned down the sheer substantial precedents for using modulebased teaching and proposed formation of CBME as a whole. The sideline kick is to avert future incidences of violent mishaps associated with healthcare workers.

The design and concept of logbook evolved as an instrument in recording reflections of all clinical rotations and procedures to draw a bead to thoughtful and meaningful feedback to the trainees.

CBME came with overarching challenges faced by the faculty as well, which led them to seek collaborative approaches to common problems in order to establish a compelling outcome. Faculty development and meticulous systemic training programs will set a benchmark in the idea of the new medical teaching.

The erstwhile medical council of India had prepared a meticulous roadmap for this and dedicated faculty development programs were initiated for the smooth and effective transition into CBME. Altogether the competency based medical education, an experiment hypothesized to deliver competent physicians, still waiting to see its denouement.

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