



SWOC-ANALYSIS OF CBME IMPLEMENTATION FOR PHASE II MBBS IN ONE OF THE LARGEST PRIVATE MEDICAL COLLEGES OF EASTERN INDIA

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ABSTRACT Competency Based Medical Education (CBME) was introduced in medical education in India in the year 2019 with an aim of producing more competent and globally relevant doctors to the community. CBME is a learner driven process where faculty members play the role of facilitators only. Though CBME has its own advantages but implementing it across all the medical colleges in India has been a huge challenge. Curriculum Implementation Support Programs (CISP) were already introduced for the faculty members of first and second professional MBBS in a phase wise manner by National Medical Commission (NMC) under the National Faculty Development Program (FDP) to orient the faculty members regarding the implementation of this new curriculum. Students of Phase II MBBS were exposed to this new curriculum for the first time in the year 2021, an unavoidable delay caused by the pandemic situation. This study was conducted to analyze the strengths, weaknesses, opportunities, and challenges of this new curriculum from the perspectives of faculty members of Phase II M.B.B.S.

KEYWORDS : competency, curriculum, evaluation

INTRODUCTION:

Most of the countries in the world have adopted a competency-driven medical curriculum.¹ However, the medical education in our country, till very recently, had relied more on a conventional teacher-centered approach with didactic lectures as the predominant tool for teaching and assessment being focused on irrelevant recall of information mostly. Therefore, in India also, the need for such a structured skill-based and competency-driven curriculum has long been felt.² This paradigm shift brought about in the year 2019 by the top regulatory body after almost two decades was definitely a welcome decision.³

CBME is a learner-driven process with faculty members serving the role of facilitators. It emphasizes on the shift from a teacher-centered to a learner-centered educative method and a systematic interdisciplinary integrated learning. The goal of CBME is to produce an Indian Medical Graduate (IMG) who is envisaged as a doctor fulfilling the roles of clinician, leader, communicator, professional and lifelong learner.⁴

However, anything new when implemented for the first time, has its own challenges.⁵ This study was therefore framed to analyze strength, weakness, opportunities and challenges (SWOC) of newly implemented CBME curriculum for the first academic batch of 2nd Professional MBBS in one of the largest private medical colleges of Eastern India.

MATERIALS AND METHODS:

Focus group discussions (FGD) with faculty members of 2nd Professional MBBS were done to discuss the Strength, Weakness, Opportunities and Challenges that they had envisaged during teaching of the students as per CBME curriculum for the first time in Phase II MBBS in this institution.

RESULTS:

Twenty-four faculty members teaching the subjects of 2nd Professional MBBS were included in our study and focus group discussion (FGD) were done discussing the strengths, weaknesses, opportunities and challenges of newly implemented CBME. Four sessions of FGDs consisting of 6 faculty members each were conducted. Content analysis of FGDs is as per Table 1 mentioned below-

Table 1: Content Analysis Of FGD

Factors	Responses
Strengths	Target oriented competency-based learning
	Both facilitators and learners know what level of learning to be achieved (as per Miller's pyramid)
	Core/ Non-core specified
	More of applied/clinical oriented (vertically integrated) curriculum

Weaknesses:	Too much stress on small group teaching (SGT) but low faculty strength in colleges
	Guidelines on teaching and assessing AETCOM were not very clear
	It does not make it mandatory for the Head of the Institute to attend the CISP training
Opportunities:	Greater involvement with students in Small Group Teachings
	Scope of Self-directed Learning (SDL) helps the students to bring out their own potential (Learner centred curriculum)
	AETCOM (Attitude, Ethics, Communication) module provides an opportunity to train the students in ethics and moral besides communication skills
	Dedicated hours for sports and extracurricular activities help the students to destress themselves
Challenges	Faculty strength low
	Faculty not oriented and usually resist change
	Duration reduced in Second Professional MBBS
	Intra and inter-departmental coordination is not cordial always for successful integration of classes
	Setting Question papers as per new guideline of CBME is not uniformly followed as per the assessment module of NMC

Additional challenges faced by the teachers in implementing this curriculum in the Phase II MBBS for the academic batch of 2019 was because of the second wave of COVID-19 pandemic which struck around end of April 2021 when the batch was just about to begin its Phase II MBBS. Therefore, the classes had to start online which continued till mid-July 2021. Offline classes resumed only by end of July 2021. Online classes have their own challenges which actually made the implementation of CBME in Phase II MBBS all the more difficult.

DISCUSSION:

The untiring efforts taken to plan and implement this curriculum must be lauded, and many changes suggested in the document are progressive and welcome.^{4,5} Teachers of Phase II MBBS have mostly agreed that the curriculum is very objective and structured and therefore makes it easy to teach the various competencies and assess them accordingly. The emphasis on a more outcome-based curriculum with provisions for horizontal and vertical integration was also appreciated. However, anything new always brings some challenges. The most common challenge encountered during implementation of a change has always been resistance towards the change and implementation of CBME was not an exception.⁶ In spite of its various positive points, the major challenges were low faculty strength in the institutions, lack of orientation amongst faculty members regarding

teaching as well as assessment, reduction in the duration of Phase II MBBS and reluctance by faculty members to devote extra effort for various components of CBME like small group teaching, teaching of AETCOM modules etc.

Many educators feel that faculty development is a critical factor in the success of curricular implementation.⁷ Thousands of medical instructors have been taught by the Council through basic course workshops and advanced courses in medical education over the previous few years; with the establishment of the new curriculum, the focus has switched to a curriculum implementation asupport programme (CISP).⁸ A fundamental understanding of medical education training is required for many of the guiding concepts and learning tactics used in CBME, such as adult learning principles, framing objectives, aligning objectives and teaching–learning methods to assessments, and various assessment methodologies.³ CISP training may become an useless activity if the minimal minimum of sensitization to the fundamentals of medical education training is not provided.⁷

To summarize, a competency-based curriculum focused on meaningful outcomes and formative evaluations is absolutely required.⁷ The Academic Cell and the Board of Governors have produced an exceptional act by creating a comprehensive curriculum after a gap of two-decade. This curriculum has lot of opportunities if implemented in an organized manner. Nonetheless, successful implementation will involve prompt and evidence-based responses to all stakeholders' concerns including faculty as well as students.^{8,9} In order to keep the reform process going, faculty development programmes must continue to focus on capacity building.¹⁰ We all look forward to a time when Indian medical education will evolve into a truly competency-based system, creating competent primary care physicians with ethical and professional values.

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