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COMPETENCY BASED MEDICAL EDUCATION CURRICULUM: PERSPECTIVE OF STUDENTS OF MBBS BATCH 2019-2020 AT THE END OF SESSION

Education

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ABSTRACT

Introduction: The Competency based Medical education program for the undergraduates is designed with a goal to create an "Indian Medical Graduate"(IMG) possessing requisite knowledge, skill attitude, values and responsiveness, so that he or she may function appropriately and effectively as a physician of first contact of the community while being globally relevant. The CBME came into implementation from MBBS 2019-20 batch admitted in first year. The present study was conducted to know the student's perspective about the new curriculum when they were at the end of the session.

Aims And Objectives: To know the student's perspective about the new curriculum at the end of session and to assess the student's experience of various aspects covered under curriculum.

Material And Methods: The present study was conducted in the Department of Biochemistry, MMIMSR, MMDU Mullana in collaboration with the Department of Physiology, MMIMSR, MMDU Mullana. The first professional year students of Batch (2019-20) were assessed at the end of the session to know about their experience of the new curriculum implemented from their batch. A questionnaire was provided to the students and they were asked to give their opinion / feedback and share their experience based on Likert's scale.

Conclusion: The implementation of competency based medical curriculum has been a paradigm shift from the traditional didactic learning curriculum. The students shall definitely analyze the medical subjects more critically and would help in making learning easier and innovative.

KEYWORDS

CBME, MBBS, Perspective, Foundation course, Integration, Curriculum

INTRODUCTION

The Competency based Medical education program for the undergraduates is designed with a goal to create an "Indian Medical Graduate"(IMG) possessing requisite knowledge, skill attitude, values and responsiveness, so that he or she may function appropriately and effectively as a physician of first contact of the community while being globally relevant.[1]

The thrust in the new regulations is continuation and evolution of thought in medical education making it more learner-centric, patient-centric, gender sensitive, outcome-oriented and environment appropriate. The result is an outcome driven curriculum which conforms to global trends. Emphasis is made on alignment and integration of subjects both horizontally and vertically while respecting the strengths and necessity of subject-based instruction and assessment.[2]

The salient features of the new CBME are the "competencies that are the main focus of the curriculum. A competency can be defined as the habitual and judicious use of communication, knowledge technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served."[3] The CBME came into implementation from MBBS 2019-20 batch admitted in first year. The subjects of first professional year-Anatomy, Physiology and Biochemistry were taught according to CBME programme to the MBBS students.

The present study was conducted to know the student's perspective about the new curriculum when they were at the end of the session.

AIMS AND OBJECTIVES:-

I. To know the student's perspective about the new curriculum at the end of session.
II. To assess the student's experience of various aspects covered under curriculum.

MATERIAL AND METHODS:-

The present study was conducted in the Department of Biochemistry, MMIMSR, MMDU Mullana in collaboration with the Department of Physiology, MMIMSR, MMDU Mullana. The first professional year students of Batch (2019-20) were assessed at the end of the session to know about their experience of the new curriculum implemented from their batch. A questionnaire was provided to the students and they were asked to give their opinion / feedback and share their experience based on Likert's scale. The questionnaire comprised of various aspects of new curriculum in medical education which included foundation course, early clinical exposure, problem based learning, Horizontal and vertical Integration of subjects, self directed learning and assessment method in the teaching of first Prof. subjects- Anatomy, Physiology and Biochemistry.

RESULTS:-

Questionnaire was answered by 147 students. 75% students agreed that the foundation course helped them in orientation to the medical college environment. While 57% students found it to be very useful in skill development (communication, computer and learning skills), 28% students were neutral to it. Foundation course gave an opportunity for interaction between peer and faculty according to majority of students (76%). 57% students had an opinion that Foundation course helped sports & extra-Curricular development, while most of them were neutral to its role in stress &time management.

RESULTS

Foundation Course:

The foundation course helped you in:-

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Orientation to medical college environment.	31	44	22	2	1
Skill development (communication, computer and learning skills).	14	44	28	9	5
Opportunity for interaction between peer and faculty.	33	43	23	1	0
Sports and extracurricular development.	23	34	31	7	5
Time management.	13	29	34	17	7
Stress management.	10	28	32	18	12

Early Clinical Exposure:
Helped you in:-

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Correlation of learning of First Prof. subjects with clinical subjects.	40	50	8	1	1
Learning topics of First Prof. subjects with their applied aspect helped in better retention.	49	35	12	3	1
Recognition of relevance of basic sciences in diagnosis, patient care and treatment.	36	47	14	2	1
Motivation to read further on the topics as a result of participation in ECE.	33	41	18	6	2

- **Problem based Learning:-**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Learning topic made interesting.	38	42	16	3	1
Helped in better learning of the topic.	42	40	16	2	0
Better clinical correlation of subject.	46	39	14	1	0
Enhanced critical Learning.	35	39	22	3	1

- **AETCOM:-**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Knowledge of Attitude, ethics and communication will help you in dealing with patients in future & gaining their confidence.	25	48	23	3	1
It strengthens the existing Doctor- Patient Relationship.	25	46	22	5	2

- **Self- Directed Learning:-**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Sessions are interactive and you discovered innovative ways to learn.	22	45	25	6	2
It promotes team work.	23	36	28	9	4

- **Integration (Horizontal & Vertical):-**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Helped in learning topic better being covered in all subjects at a time.	21	45	29	4	1
Basic and Lab sciences integrated with their clinical relevance.	20	49	26	3	2

- **Assessment/ Exam pattern:-**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
More scoring.	10	39	40	6	5
Based more on overall understanding of concepts.	20	49	27	1	3

- **New Curriculum:-**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Makes medical education more learner and patient centric as whole.	27	50	20	2	1

DISCUSSION:-

The students enter a new environment in medical college at around 17 years of age directly from school which can be challenging. Therefore, it is desirable to create a period of acclimatisation and familiarization to the new environment.[4] This was achieved through the one month foundation course at the beginning of the MBBS course. Majority of students found that definitely the foundation course helped them in orientation to all aspects of medical college environment and equipping them with important skills required for the patient care as well as enhancing their communication, language, computer and learning skills. Also it allowed peer and faculty interaction. It also helped them in understanding ethics and professionalism concept. Though some students were neutral about role of foundation course in time and stress management.

Introduction of early clinical exposure in the first phase of MBBS has also been found useful by the students. 90% students are of the view that this has helped in better understanding of the basic sciences with their applied aspect. Simultaneously, 83% agree that they have been able to recognize the role of subjects of first Prof in diagnosis, patient care and treatment. The formulated case studies, actual patients, simulated patients or videos have been found to be interesting as well as helpful in better retention of subject. 73% students agree that it gave them a positive impetus to read further on the topic discussed.

Case Based Learning aims at teaching content while actively engaging students in real life case study scenarios, in order to expose students to the scientific process.[5] Problem based learning in the form of clinical case studies has been found to be effective as well as interesting way of learning by majority of students (79%). They are of the view that rather than cramming, it promotes the active and critical learning.

The introduction of AETCOM module at the beginning of MBBS has been introduced to strengthen the doctor patient relationship of the students in the future. Though majority of students (56%) at this stage were neutral about this module, they felt that as and when they will come across patients in future, they will be able to realize its importance in a greater practical sense. “Medicine is an art whose magic and creative ability have long been recognized as residing in the interpersonal aspects of Patient-Physician relationship.”[6]

'Self Directed Learning' describes a process by which individuals take the initiative with or without assistance of others, in diagnosing their learning needs, formulating learning goals, identifying human and material resources for learning, choosing and implementing appropriate learning strategies, and evaluating learning outcome. [7]

Students had mixed opinion on SDL. Some found sessions interactive and gap in knowledge made them curious and find innovative methods to learn (66%). It also promoted team work while some students found SDL as quite time consuming and difficulty in self evaluation of work (29%).

Integration is a learning experience that allows the learner to perceive relationships from blocks of knowledge and develop a unified view of its basis and its application. Majority students (69%) agreed that learning a particular topic being covered in all subjects at a time is easy and they can better focus on the topic rather than learning different topics in all subjects at a time. The clinical cases used to integrate the subjects helped in proper alignment of learning process.[8]

The Assessment pattern or the examination paper is formative rather than subjective. 49% students agreed that the division of question paper into problem based Questions, short answer questions and multiple choice questions made it more scoring. The overall pattern of assessment made the understanding of concepts more important rather than cramming long answers was the view point of 69% students.

As a whole, majority of students (76%) found that the competency based curriculum has made medical education more learner and patient centric as a whole. The role of teacher as facilitator in the entire curriculum is very important and was well acknowledged by the students.

CONCLUSION:

The implementation of competency based medical curriculum has been a paradigm shift from the traditional didactic learning curriculum. The students shall definitely analyze the medical subjects

more critically and would help in making learning easier and innovative. The knowledge of ethics and professionalism would definitely help them strengthen doctor-Patient relationship in the coming times. Definitely, the new curriculum is a welcome step in medical education from student's as well as teacher's perspective. It would definitely serve the cause of medical education and create a competent Indian medical graduate to serve the community.

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