

Assessment in Competency-Based Medical Education: Significance and the Existing Challenges

Dear Sir,

Over the years, a significant gap between the education given to medical graduates, healthcare delivery, and the needs of the society has surfaced.^[1] This directly points question toward the quality of medical education and whether the produced medical graduates are competent enough to meet the healthcare needs of the general population.^[1] To move in the right direction, the Medical Council of India (MCI) defined an Indian Medical Graduate (IMG), who should have all the desired attributes to work effectively as the first point of contact of the community and be simultaneously globally relevant.^[1]

It is quite clear that the traditional mode of curricular delivery has no provisions to meet the vision of MCI to produce an IMG, and that has led to the origin of competency-based medical education (CBME).^[1] A series of three crucial steps have been identified in the planning of a competency-based curriculum, namely identification of the specific competencies, recognizing the content and organization of the program, and assessment and program evaluation.^[2,3] In CBME, the assessment is made with a purpose to improve the quality (to move toward expertise).^[2] The assessment focuses on the “does” level of Miller’s pyramid of skill acquisition and is criterion-referenced, wherein none of the students are compared with others, but with the set criteria.^[2,3]

The assessments are formative in nature and performed continuously to enable the progression of the learner.^[3] The emphasis is on the development of abilities or acquisition of skills, and it can be done by any of the involved stakeholders (namely faculty, peers, nursing staff, patient, relatives, etc.) depending on the competency which is being assessed.^[4,5] In general, assessment is carried out only for measurable activities and is done in workplace settings using workplace-based assessment tools.^[2] In addition, qualitative tools such as narratives, reflections, and portfolios are also being used for assessing the extent of learning of the students.^[4,5] However, the standards of an acceptable level of expertise (in terms of milestones) have to be defined well in advance to measure the progress of learning.^[3]

The results of all these assessments are systematically recorded and periodically reviewed for taking a high-stake decision and to assess the progression of students.^[1] However, a wide range of challenges have been identified in ensuring a systematic assessment such as designing of entrustable professional activities (EPAs) for specific subjects, identification of the competencies in each of the EPAs, formulation of the rubrics of milestones for each of the EPAs, validation of the designed tools, training of the faculty members regarding CBME and principles of assessment, infrastructure and learning resources, sensitization of students to understand that CBME can meet their unmet needs, support from administration and financial support.^[2-5] Nevertheless, considering that we are still in the early days, it will take sometime to streamline the entire process.^[1]

In conclusion, a meaningful and robust assessment of competence is a crucial aspect in the successful implementation of effective CBME in medical colleges. Thus, all efforts should be taken to streamline the existing issues, and support from all the concerned stakeholders should be sought.

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Conflicts of interest

There are no conflicts of interest.

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