

Stalwart Insight

Community-Based and Community-Oriented Education in Competency Based Medical Education: A reflective critique and way forward to improve the quality of learning



Thomas V. Chacko

Emeritus Professor, Medical Education,
 Believers Church Medical College Hospital,
 Thiruvalla, Keralam, India

Our current Competency Based Medical Education is aimed at producing a competent Indian Medical Graduate (IMG) who is a Physician of first contact of the community.¹

Since Curriculum is defined as “*a planned and guided set of learning experiences designed to achieve specific educational goals*” (Kern)², and the NMC curriculum document and its objectives and outcomes reflect this purpose, we consider this curriculum as Community Oriented Medical Education. And since the purpose of Competency Based Medical Education is to make graduates, “job-ready” to work in primary care settings, it is necessary to plan and implement those learning experiences in those settings including care in the community with a full understanding of the social determinants of health and disease that prevail in the community from where users of health care and the system come from.³ These planned curricular learning experiences when implemented in the community & health care system constitute Community Based Medical Education.

Whereas in the clinical teaching environment, the context and purpose of learning is obvious, community-based education that are currently mostly field visits during which oftentimes they are left to their own devices and so often reduced to “picnics” that are welcome relief that breaks the monotony of the classroom learning. The WHO Expert committee set up to review and improve the teaching of Public Health, recommended that community medicine training should be of the *experiential learning type* that supplements and builds on the learning that takes place in the classroom by active engagement of the students.⁴

For experiential learning to be effective, we need to

visit Kolb’s *Adult Learning Theory and Experiential Learning*.⁵ The Kolb’s four stages of learning consisting of concrete experience, reflective observation, abstract conceptualisation and active experimentation makes us aware of stages of adult learning and provides a good framework for us to design and improve learning experiences so that we teachers can consciously scaffold and help them convert simple community based observation visits into active experimentation and application of learning to their future role as a basic doctor. As learning facilitators we can help transform field visits by doing *session /lesson planning* using Gagne’s *Nine Events in Instruction*⁶ for meaningful active engagement of students motivated by *gaining attention* through making them know why the specific learning opportunity is relevant and related to their career roles and *informing students of the visit/ session objectives* during pre-visit briefing, *provide learning guidance* for active interactive observation and collecting of information as per session objectives, *reflective observation and student presentation* makes individuals to analyse and make sense of their experiences relative to their application and usefulness to their future role as a doctor. The *abstract conceptualisation* and *active experimentation* prompts help learners involved in competency improvement in situations where they are expected to use similar opportunities in the community to do deliberate practice to overcome and improve gaps identified. This is particularly useful during internship and postgraduate period when specific competencies are required to be achieved in a time-bound manner as a *curriculum matrix*.⁷ I make the learners develop their own ‘*learning contract*’ where the expected competencies are listed in a matrix of expected competencies against specific planned rotations over time. The onus on learning and acquisition of these

competencies then falls on the learner who then has to seize the available learning opportunities, seek feedback on performance from peers and preceptors and get their competency progression captured onto their specifically designed logbook that serves as evidence of their progress to being job-ready.⁸ This enhances the value of the final high-stakes assessment (expected to be) done during university examination where the external examiner goes through the evidence of competency progression formatively assessed and objectively recorded in the Learning Portfolio / Logbook and based on this and the snapshot of performance assessment done during the limited day(s) of the examination can with increased confidence arrive at pass-fail decision in the competency assessing university exam.

REFERENCES

1. Medical Council of India, Competency based Undergraduate curriculum for the Indian Medical Graduate, 2018. Vol. 1; pg 14-20 available from <https://www.nmc.org.in/wp-content/uploads/2020/01/UG-Curriculum-Vol-I.pdf>
2. Thomas PA, Kern DE et al: Curriculum Development for Medical Education – A Six-Step Approach. Baltimore: The Johns Hopkins Univ. Press.1998, 3rd Edition , 2016
3. Dongre AR, Chacko TV. A critical review of new competency-based curriculum for community medicine using various curricular review frameworks. Indian J Public Health 2019;63:362-6.
4. World Health Organisation 2011. Improving the Teaching of Public Health at Undergraduate level in Medical Schools – suggested guidelines. SEA-HSD-344. available from <https://iris.who.int/server/api/core/bitstreams/f00d000d-507a-4f04-8743-aaced2787b40/content>
5. Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development*. Englewood Cliffs, NJ: Prentice-Hall.
6. Gagné, R. M. (1985). *The conditions of learning and theory of instruction* (4th ed.). New York, NY: Holt, Rinehart & Winston. Accessed from NIU Blog <https://www.niu.edu/citl/resources/guides/instructional-guide/gagnes-nine-events-of-instruction.shtml>
7. Chacko TV. Simulation-based medical education: Using best practices and curriculum mapping to maximize educational benefits in the context of shift toward competency-based medical education. Arch Med Health Sci 2017;5:9-15.
8. Chacko TV. Moving toward competency-based education: Challenges and the way forward. Arch Med Health Sci 2014;2:247-53.

About the Author:

Dr. Thomas V. Chacko is Professor Emeritus of Community Medicine and Medical Education at Believers Church Medical College Hospital (BCMCH) in Kerala, India. With over four decades of academic leadership, he is a globally recognized expert in public health, curriculum innovation, and competency-based medical education. He previously served as the President of the Academy of Health Professions Educators (AHPE) and is the Founding Director of the PSG-FAIMER Regional Institute.

Email for correspondence:

drthomasvchacko@gmail.com