Is the competency-based curriculum, evidence-based?

Sir,

I read with interest the editorial entitled, ‘In pursuit of excellence in anaesthesia education. vision, challenges and opportunities’ in the recent issue of the Indian Journal of Anaesthesia.[1] I congratulate the authors for the wonderful account, analysis and inference drawn of the competence-based undergraduate (UG) and postgraduate (PG) curricula recently rolled out by the regulating council. Further, I also compliment the editor for dedicating almost the entire issue of the journal for the subject of competency-based curriculum and the outcome-based anaesthesia education at the appropriate time. The views expressed and the gap analysis that the various authors have performed on anaesthesia education and the corrective measures suggested, certainly give a lot of food for thought, for the anaesthesia/medical educators, across the country.[2-5]

The regulating council has rolled out the UG competency-based curriculum in 2018 and the PG competence-based curriculum a year after in 2019. Though rolled out recently, the preparations for the same, we all know, had commenced more than a decade back, when the establishment of Medical Education Units was made mandatory for all the medical colleges in the country and structured faculty development programmes were undertaken through the establishment of nodal/regional centres. The teachers were made to compulsorily complete the Revised Basic Course Workshops and Curriculum Implementation Support Programmes. Now, we all are halfway through the curriculum implementation process. Myself being a teacher of Anaesthesiology and also being passionate towards the practice of Evidence Based Medicine (EBM), one fundamental question that has been haunting my mind (ever since the new competency-based curricula are being advocated by the regulating body) is – Is the competency-based curriculum, evidence-based?

Following the universal acceptance of EBM as the gold standard tool for offering patient care, it is becoming increasingly accepted that all the other scholarly activities performed by the teachers in medical colleges, viz., teaching, research and administration should also be evidence-based. In this era of EBM, when the patients are demanding evidence-based patient care and the community is expecting the implementation of evidence-based public health strategies, our students certainly are expecting the evidence-based education. Are there sufficient studies to prove that the new medical graduate coming out of this new curriculum fares better than the one who has already emerged out of the traditional curriculum? The answer in itself, can be a big question! Only the predicted advantages or the benefits of the new curriculum are being quoted. We, the current generation of teachers or practising doctors are all the products of the traditional curriculum and there is no doubt about the quality of doctors and Indian doctors are accepted and applauded all across the globe. The proponents of competency-based medical education argue (and I agree) that the competency-based curriculum is well grounded, has been conceptualised, taking into consideration the current needs of the society and all the stakeholders across the globe, but scientific studies proving its trustworthiness are definitely lacking. The next question that comes in front of us will be – Who will conduct educational research (ER) to generate such evidence?

Is it not an irony that, at one end, the evidence-based medical education is expected by the stakeholders and at the other end, the non-evidence-based competency-based curriculum is being implemented? Let us stop this debate at this point and let us console ourselves that, in the absence of valid scientific evidence, the new competency based curriculum is founded on various educational theories, intuitions of pioneer educationists across the globe and also inputs from the society about the ever changing needs of the community. In such a peculiar situation, what are the duties and responsibilities of a teacher in a medical college? Harden and Crosby, in the year 2000, had described the twelve roles of a medical teacher, mainly based on an analysis of the tasks expected of the teacher in the design and implementation of a curriculum. The functions of the teacher are complex and the role will vary depending on several factors, viz., the aim of a course, the level of the student (UG or PG), the curriculum within which the teacher functions and the culture.[6] Based on similar philosophy, I strongly suggest an important (in the present context) 13th role of a medical teacher of being an educational researcher, capable of generating evidence for what he or she is teaching. We, the teachers, not only have to realise our responsibility, but also have to act, to generate the
Letters to Editor


evidence for (or against) the new competency-based curriculum by conducting ER. The next question is – Are the teachers in medical colleges, capable of performing the much needed ER? I agree that an ideal teacher need not be or cannot be competent in all thirteen roles and it is not possible to find (and it is wrong to expect also) one teacher to possess all the competencies to play all the roles. Obviously, the teachers may not be familiar with the problems of ER and they need to be trained to perform ER. In my opinion, all the teachers in the medical colleges need to be sensitised first during the Revised Basic Course Workshops (RBCWs), to the concept of ER and those teachers having an aptitude or open mind towards acquiring competence to perform ER, have to be identified and further trained for conducting ER. ER has to gain much more significance in the context of the new competency-based education for which scientific studies proving its trustworthiness are lacking and the teachers have excellent opportunities to excel as educational researchers. In the context of the developments taking place in medical education wherein there is a definite scarcity of quality evidence in support of competence-based curriculum, the onus of responsibility of generating evidence in support of (or otherwise) the curriculum they are teaching, has to be shouldered by the teachers themselves. The teacher’s role goes well beyond teaching and the teacher has to be prepared to accept other roles in the education process. Such of those teachers interested to perform ER, need to be identified by the administration and necessary training, support, encouragement and rewards need to be provided for them to create evidence for competency-based medical education. It is also essential to understand that evidence is never static but is always dynamic and hence the generation of newer research evidence has to be an automatic and a continuous process; in other words, ER has to go on in a relentless fashion. We will be able to do justice to our students only then.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Premanath Fakirayya Kotur
Department of Anaesthesia, Aarupadai Veedu Medical College and Hospital, Pondicherry-Cuddalore Main Road Kiumampakkam, Pondicherry, India

Address for correspondence:
Dr. Premanath Fakirayya Kotur, Department of Anaesthesia, Aarupadai Veedu Medical College and Hospital, Kiumampakkam, Pondicherry - 607 402. India. E-mail: profkotur@gmail.com

Submitted: 09-Feb-2022
Revised: 10-Feb-2022
Accepted: 10-Feb-2022
Published: 24-Feb-2022

REFERENCES

1. Mehdiratta L, Bajwa SJ, Kurdi MS. In pursuit of excellence in anaesthesia education…. vision, challenges and opportunities. Indian J Anaesth 2022;66:3-7.
2. Kundra P, Kurdi M, Mehrotra S, Jahan N, Kiran S, Vadhanan P. Newer teaching-learning methods and assessment modules in anaesthesia education. Indian J Anaesth 2022;66:47-57.
3. Malhotra N, Koshy T, Bhatia P, Datta R, Jain D, Koppal R. The changing face of postgraduate anaesthesia teaching curriculum: Need of the hour! Indian J Anaesth 2022;66:15-9.
4. Mehdiratta L, Dave NM, Sahni N, Johnson E, Bidkar PU, Grewal A. Comparing postgraduate anaesthesia education in India and abroad: Strengths and scope. Indian J Anaesth 2022;66:70-6.
5. Jadon A, Theerth KA, D'souza N, Jana JJ. National board governed post graduate curriculum: Strengths and scope. Indian J Anaesth 2022;66:20-6.
6. Harden RM, Crosby J. AMEE Guide No 20: The good teacher is more than a lecturer- The twelve roles of the teacher. Med Teach 2000;22:334-47.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

How to cite this article: Kotur PF. Is the competency based curriculum, evidence-based? Indian J Anaesth 2022;66:164-5. © 2022 Indian Journal of Anaesthesia | Published by Wolters Kluwer - Medknow

Indian Journal of Anaesthesia | Volume 66 | Issue 2 | February 2022

165