

COMPETENCY-BASED MEDICAL EDUCATION: IMPLEMENTATION AND DEVELOPMENT AT UNDERGRADUATE LEVEL

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Competency-based medical education (CBME) is the standard for teaching physicians that is rapidly moving from theory to practice throughout the world [1; 2; 3; 4; 8]. CBME is defined as “an approach to preparing physicians for practice that is fundamentally oriented to graduate outcome abilities and organized around competencies derived from an analysis of societal and patient needs” [2, p. 632]. In fact, CBME shifts the emphasis from time-based training and eventually promises “greater accountability, flexibility, and learner-centredness” [2, p. 633]. Implementing CBME in undergraduate programs will require changes at all levels of training. In order to achieve a sustainable CBME development in higher medical education of Ukraine, a careful analysis of existing models and frameworks is indispensable.

First of all, it is necessary to observe that the rationale for CBME is not new: its origins date back to the 1970s (works by G. Grant (1975); W. G. Spady (1977) and others). However, despite its wide adoption in the early 20th century, CBME was rejected by the opposing outcome-based education (OBE) which emphasized learner’s results, in contrast to the ways of their attaining. Within medicine, CBME was first proposed in 1978 [7], but has been moved to the fore only recently [5]. Indeed, in recent years there has been a global movement towards the competency-based medical education. As a matter of fact, CBME as a “resurgent paradigm in professional training” has the potential “to transform contemporary medical education” [3, p. 639].

Competency is defined as “an observable ability of a health professional, integrating multiple components such as knowledge, skills, values and attitudes” [2, p. 635]. Since competencies are contextually dependent, they are variously prioritized in different countries. In the United States, for example, the Accreditation Council for

Graduate Medical Education (ACGME) identified the following six competencies for the physicians of all specialties: Medical Knowledge, Patient care, Interpersonal and Communication skills, Professionalism, Practice-based learning and improvement, and System-based practice [6, p. 923]. In the United Kingdom, the General Medical Council defined the following competencies: (1) Doctor as a scholar and a scientist, (2) Doctor as a practitioner, and (3) Doctor as a researcher [4, p. 647]. In our opinion, one of the best developed frameworks of CBME has been designed by the Royal College of Physicians and Surgeons of Canada (RCPSC). It comprises a wide network of the physician's roles:

- Medical expert is the central competence which integrates knowledge in theoretical medicine, clinical skills, and professional attitudes.
- Communicator's competence involves the physician's skills to form relationships, gather and share information with patients and their families.
- Collaborator's role implies the effective cooperation with other health care professionals in order to provide the high-quality patient care.
- Manager – physician develops a vision of a high-quality health care system and takes responsibility for moving toward the achievement of that vision [3, p. 640].
- Health advocate – physicians work to improve health in patients, communities, and populations.
- Scholar – physicians demonstrate a lifelong commitment to continuous learning and research.
- Professional's competence involves “ethical practices and high personal standards of behaviour” [3, p. 641].

Thus, competency-based medical education is one of the primary targets for undergraduate programs in higher medical education of Ukraine. The comprehension of CBME, its benefits and challenges for Ukraine, as well as the optimal ways of its implementation are of particular importance. It is necessary to bear in mind that CBME programs in many ways differ from the traditional ones and therefore require careful restructuring of curricula, rearrangement of instructional methods and

assessment techniques. Hence, it is essential to analyze and synthesize the key elements of CBME framework in different countries, with subsequent adoption and adjustment of the most relevant features in the higher medical education of Ukraine.

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