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Faculty perception towards competency-based medical education at a tertiary care teaching hospital: A cross-sectional study.

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Abstract.

Background:

In India, the introduction of Competency Based Medical Education (CBME) aims to streamline undergraduate medical training to enhance clinical skills, encourage integration of knowledge, and promote competency acquisition.

Objective:

To explore the perception of faculty on Competency-Based Medical Education and understand the challenges associated with it in the context of the tertiary level teaching hospital.

Methods:

This cross-sectional study comprised faculty members who are engaged in undergraduate medical teaching in two types of departments namely preclinical and paraclinical. A structured and validated questionnaire with closed-ended questions related to knowledge and perception of CBME, and Likert scale questions related to attitude towards CBME implementation were used to gather data. Demographic information, training status in revised basic medical information and Curriculum Implementation Support Program (CISP), and teaching experience was captured.

Results:

Sixty-one faculty have participated in this study, comprising from various departments such as Anatomy, Physiology, Biochemistry, Pharmacology, Pathology, Microbiology, Community Medicine etc. Majority of the participants showed good knowledge about basic concepts of CBME - competencies, domains of learning and Miller's pyramid. Most faculty members agreed that CBME for better medical education is required and this highlighted the requirement of providing adequate infrastructure and administrative support.

Many of the participants noted, however, that STFP were not an adequate strategy to meet the needs of the faculty and that there were implementation difficulties, especially for seasoned faculty. Many respondents also perceived that integration between departments, and the use of newer teaching learning techniques (such as having discussions in small groups and objective structured practical examinations) were challenging.

Conclusion:

The perception of CBME among faculties is generally positive and are aware of its underlying principles, and its positive impact as a process towards enhancing medical education. Yet, there are quite a few infrastructure, faculty development, and implementation hurdles.

Keywords: *Competency-Based Medical Education, Faculty perception, Medical education, Competency-Based Medical Education (CBME) implementation, Attitude, Ethics, and Communication (AETCOM), Teaching methods, Faculty training*

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Background:

Competency Based Medical Education (CBME) is a paradigm shift in medical education in undergraduate programs that emphasizes learning of specific competencies to support successful performance in the clinical setting [1]. CBME differs from conventional knowledge-based

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curricula in its focus on outcomes rather than mere knowledge and introduces elements of skill, attitude, communication and professionalism to enhance medical graduates' readiness to serve the healthcare demands of the community [2].

CBME was first introduced in India in the year 2019 to simplify medicine education and produce medical graduates that is clinically competent, ethical and making patient-centered care [3]. This curriculum adopts a modular structure with specific competencies, integration of the disciplines, exposure to the clinical environment as early as possible, skills development, and a focus on Attitude, Ethics and Communication skills modules. The reforms are to ensure that students connect theory to practice [4].

The successful implementation of CBME depends on faculty members and they are at the heart of the curriculum delivery, assessment, and mentoring. Changing from classical to competency-based teaching demands changes in faculty teaching methods to new teaching-learning techniques like small group discussions, objective structured practical examinations, and integrated teaching. It also requires proper training, networking and institutional support [5,6].

Although there are potential benefits of CBME, there are several difficulties in implementing them. The faculty may find it challenging to implement changes to the assessment and to the development of instructional units that include multiple subject areas, as well as to the critical load of faculty duties.The faculty members may struggle with changes to assessment practices, incorporation of curriculum areas, and workload increase. Exposure to the methodology during the training, including faculty development programs, could further impact their understanding and acceptance of CBME [7,8].
Finally, knowing faculty perception is critical to uncovering barriers, measuring the faculty readiness, and creating strategies for successful implementation. In view of the above, the present study aimed to evaluate the attitude of faculty members regarding Competency-based Medical Education and to find out solutions to the problems faced in the implementation of this in the present scenario of tertiary care teaching hospital.

Methods

Study Design and Setting

It was a cross-sectional observational study, which was conducted at a tertiary care centre over a period of 3 months.

Study Population

Faculty members from the Phase I & II teaching departments of MBBS were included, eligible faculty members were asked for their participation with the help of a convenience sample.

Bias

The methodology refers to voluntarily participation and confidentiality, but there is no description of how potential bias (in this case—self-selection bias with 36% participants from the department of Pathology) was dealt with. Add measures taken to minimize bias in recruitment and responses.

Sample Size

The study included 61 faculty members.

Inclusion Criteria

- MBBS Phase I & II Faculty
- Being willing to enroll in the study.

Exclusion Criteria

- Senior residents and tutors
- Faculty not willing to participate

Data Collection Tool

- Data was collected with a structured and validated questionnaire prepared by the researcher based on the consultation with experts of the Medical Education Unit. The questionnaire consisted of two parts:
- **Part I:** Demographic information (age, sex, department, years teaching experience, train status in the revised Basic Course Workshop and Curriculum Implementation Support Program)

Part II:

- Five closed items (Yes/No) on basic knowledge of CBME
- Nine Likert scale type questions related to perception and attitudes towards CBME (Strongly Agree, Agree, Neutral, Disagree, Strongly Disagree)
- 1 open ended question for challenges and suggestions on implementation

The questionnaire was a Cronbach's alpha of 0.8 validity.

Data Collection Procedure

The questionnaire was distributed via an online system. The faculty members were informed of the link, and participation was always voluntary. Confidentiality of the

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answer and informed consent for participation were ensured.

Outcome Measures

- Knowledge about the concepts of CBME
- Perception towards CBME implementation
- compare the responses from trained and untrained faculty.
- Identification of challenges during implementation.

Statistical Analysis

The Data were entered to Microsoft Excel and analyzed statistically using suitable statistical method. Data were summarized as frequencies, proportions and percentages.

Results

Sixty-one faculty members participated in this study from various departments such as Pathology, Pharmacology, Microbiology, Biochemistry, Anatomy and Community Medicine. This study involved both trained and untrained faculty and their different years of teaching.

Most of the participants had a satisfactory understanding about the foundations and concepts of CBME—competencies, domains of learning, and Miller's pyramid. With this conviction that the implementation of CBME in enhancing medical education is needed, most faculty acknowledged the need for adequate infra and admin supports for the CBME requirement.

There were indications of a mixed view on the effectiveness of short-termed training programmes, however, with many participants feeling that the three day faculty training is not enough. Issues with implementation, especially when incorporating senior faculty and with inter-departmental integration were frequently mentioned.

Most faculty had positive perceptions on newer ways of instructional and learning which were achieved through small group discussions and objective structured practical examinations respectively. Also, a good percentage felt that CBME is better than conventional methods.

The research revealed common issues such as inadequate infrastructure, inadequacy of faculties, lack of up to date faculty development programmes and inadequacy of assessment skills in AETCOM modules.

Table 1: Age-wise distribution of faculty

Age group (years)	Number of faculty	Percentage (%)
30–40	18	29.5
41–50	25	41.0
51–60	14	23.0
>60	4	6.5

Table 1 shows that the majority of faculty belonged to the 41–50 years age group.

Table 2: Gender distribution of faculty

Gender	Number of faculty	Percentage (%)
Male	22	36.1
Female	39	63.9

Table 2 shows a female predominance among participants.

Table 3: Department-wise distribution of faculty

Department	Number	Percentage (%)
Pathology	22	36.1
Pharmacology	4	6.6
Microbiology	8	13.1
Biochemistry	4	6.6
Anatomy	2	3.3
Community Medicine	5	8.2
Others	16	26.1

Table 3 shows that the Pathology department had the highest participation.

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Table 4: Training status of faculty (rBCW and CISP)

Training status	Number	Percentage (%)
Trained	44	72.1
Untrained	17	27.9

Table 4 shows that the majority of faculty were trained.

Table 5: Knowledge of CBME concepts (Questions 1–5)

Question	Yes (%)	No (%)
Q1	100	0
Q2	65	35
Q3	100	0
Q4	95	5
Q5	40	60

Table 5 shows that the majority of faculty answered correctly.

Table 6: Perception towards CBME implementation (Question 6)

Response	Number	Percentage (%)
Strongly agree	22	36.1
Agree	28	45.9
Neutral	7	11.5
Disagree	3	4.9
Strongly disagree	1	1.6

Table 6 shows that the majority strongly supported CBME implementation.

Table 7: Infrastructure requirement (Question 7)

Response	Number	Percentage (%)
Strongly agree	35	57.4
Agree	20	32.8
Neutral	4	6.6
Disagree	2	3.2
Strongly disagree	0	0

Table 7 shows strong agreement for the need for infrastructure.

Table 8: Adequacy of 3-day training (Question 8)

Response	Number	Percentage (%)
Strongly agree	3	4.9
Agree	6	9.8
Neutral	8	13.1
Disagree	24	39.3
Strongly disagree	20	32.8

Table 8 shows majority disagreed that training is sufficient.

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Table 9: AETCOM importance (Question 9)

Response	Number	Percentage (%)
Strongly agree	30	49.2
Agree	22	36.1
Neutral	6	9.8
Disagree	2	3.2
Strongly disagree	1	1.6

Table 9 shows strong agreement on importance.

Table 10: Challenges in CBME implementation (Questions 10–11)

Response	Number	Percentage (%)
Strongly agree	18	29.5
Agree	22	36.1
Neutral	10	16.4
Disagree	8	13.1
Strongly disagree	3	4.9

Table 10 shows moderate agreement regarding challenges.

Table 11: Teaching-learning methods (Question 12)

Response	Number	Percentage (%)
Strongly agree	20	32.8
Agree	26	42.6
Neutral	8	13.1
Disagree	5	8.2
Strongly disagree	2	3.3

Table 11 shows a positive perception.

Table 12: CBME vs traditional teaching (Question 14)

Response	Number	Percentage (%)
Strongly agree	25	41.0
Agree	24	39.3
Neutral	6	9.8
Disagree	4	6.6
Strongly disagree	2	3.3

Table 12 shows that the majority favor CBME.

As per Table 1, 41–50 years age group has the largest number of faculty having 25 (41.0%), followed by 30–40 years age group with 18 (29.5%), then 51–60 years age group with 14 (23.0%) and finally, age group above 60 years with 4 (6.5%) indicating a wide spread of middle aged faculty members. Most of the teaching faculty were female (63.9%) as compared to males (36.1%) as recorded in Table 2, indicating female predominance among the teaching faculty in the college. The Pathology department (36.1%) had the greatest number of participants, followed by Microbiology (13.1%), Community Medicine (8.2%), Pharmacology and Biochemistry (6.6% for each), and Anatomy (2.2%). Other departments had a total of 16 participants (26.1%). Table 4 reveals that faculty members' exposure, though good, was relatively good in faculty development programs as 44 respondents (72.1%) were considered trained, and 17 respondents (27.9%) untrained in CBME related courses. The level of knowledge on CBME concept was generally good as most of the participants gave the correct answers to the questions on the CBME concept in table 5. In Question 4, 58 (95.1%) participants got it right and 3 (4.9%) wrong. Only 40 people (65.6%) answered the correct solution to Question 2 and only 24 people (39.3%) answered to Question 5, which showed some conceptual

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misconceptions in those. As shown in Table 6, 36.1% of the respondents and 45.9% agreed strongly and agreed respectively that the implementation of CBME was necessary, followed by those that strongly disagreed with the implementation of CBME in 3.1% and agreed in 4.5%. 11.5% of the 7 participants were neutral, with Only 4 participants expressing disagreement, indicating high CBME support. As shown in Table 7, inadequate infrastructure, and administrative support was strongly agreed as a need by 35 of the 38 respondents (57.4%) and agreed by 20 of the 38 respondents (52.6%) with 2 participants (3.2%) not agreeing. The little approval that was obtained for an adequacy of a 3-day faculty training program was equivalent of 44 participants (72.1%) who disagreed (24) or strongly disagreed (20). (See Table 8.) Slightly more than a quarter (14.7%) agreed and strongly agreed that extended or continuous training programs are needed, highlighting the need for increased or ongoing training. Strong agreement of the importance of AETCOM skills was seen by 30 participants (49.2%) and agreement by 22 of the 60 participants (36.1%) for a total of 52 (85.3%) showing a strong agreement on the relevance of AETCOM skills; however, only three of the 60 participants (4.8%) disagreed. As mentioned in the comparison in the past in the literature, a significant proportion of faculty members (40, 65.6%) strongly agreed that the implementation of CBME was a challenge and 22 (36.1%) strongly agreed on it, while 10 (16.4%) agreed, and 11 (18.0%) disagreed. As illustrated in Table 11, newer teaching-learning methods like SGD and OSPE were perceived positively (46 people strongly agreed and 26 people agreed which means 75.4% agreed) with 7 people (11.5%) disagreeing. From Table 12, the majority (49, 80.3%) strongly agree or agree that CBME is superior to the traditional teaching methods while 6 participants (9.8%) were in the middle and 6 participants (9.9%) disagreed.

Discussion

This study aimed at assessing the perception of the faculty toward Competency Based Medical Education (CBME) in a tertiary care teaching hospital and determine the major factors affecting its implementation in the hospital. The findings suggest that faculty members have quite high awareness level and acceptance of CBME, but there are certain practical challenges which are limiting its implementation [9]. One strength seen from this study is the very high conceptual awareness among faculty relating to CBME. Most participants correctly grasped concepts like competencies, domains of learning and Miller pyramid [10]. This indicates to the extent of disseminating important concepts of CBME via faculty development programmes. But focuses on the understanding of specific components, with conceptual clarity lacking in specific areas, especially where formative assessment is concerned, indicate that this is not the case in all parts of CBME [11].

The overall perception was mostly positive regarding CBME. It received strong endorsement by a large proportion of the faculty, and they felt it could benefit the quality of medical education. Thus, faculty will be the most important agents for curriculum transformation, which in turn depends on having a positive attitude. The use of CBME as a better alternative to conventional teaching methods further complements faculty's mindset for implementing new approaches to teaching [12,13].

Among the most constant conclusions of this study, is the heavy reliance on a well-developed infrastructure and administration. Most of the faculty pointed out the importance of infrastructure to enable good implementation of CBME [14]. This encompasses schools' provision of skill laboratories, small group teaching rooms and teaching materials. If no support is provided, applying the principles of CBME is difficult, particularly for skill-based training and working in small groups, [15] would be difficult to do so without any support.

Proficiency of teachers' training was a major issue of concern. Many participants were not convinced that short training programmes (three-day workshops) are enough to achieve full understanding and implementation of CBME [16]. This further exposes the need for ongoing and longitudinal faculty development programmes, instead of a single training session. Training on assessment techniques and AETCOM modules, which are relatively new aspects of the curriculum, were also highlighted as important for faculty members [17].

Learning challenges in implementation were unique and prevalent. Faculty highlighted problems adapting to integrated teaching methods and organizing in different departments. While interdepartmental collaboration is an effective part of CBME, there may be situations where effective communication and planning are not easily facilitated in a hectic academic environment [18]. Moreover, senior faculty members may require additional support and training to fall in step with new teaching methods, which is a challenge.

Overall, there was a positive attitude among the students toward newer teaching-learning strategies like small group discussions and objective structured practical examinations. The techniques have been shown to facilitate active learning and to enrich the learning of skills. For the successful implementation of their use, an effective faculty strength and infrastructure is necessary, which were also listed as constraints in this study [19].

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Research results clearly shed light on the practical problems of faculty. Lack of good infrastructure, recruitment of more teachers to keep the ratio of students/teachers and implementing training programmes were frequent themes. It was also recommended that some faculty develop a set of standardized teaching materials and improve orientation programs on the assessment techniques to minimize variability and workload [20].

The findings from this study reflect those of other studies carried out in educational institutions where overall faculty members were more positive about CBME but voiced concerns about its implementation, as well as training availability and resources. This means, there is acceptance of conceptual framework of CBME, but operational challenges are universal.

This study has certain limitations. It took place in one facility, hence its limitations for generalizability. Though the sample size was adequate for descriptive analysis, it may not reflect the diversity of faculty perceptions throughout various schools. Additionally, responses were self-report, and subjectivity might have affected these responses.

From the overall outcome of the study, it is noted that the effective implementation of CBME will need the awareness and acceptance of the faculty, continuous faculty development, as well as adequate infrastructure. Recognizing and dealing with these influences is key for achieving concrete educational results from the theoretical benefits of CBME.

Limitations

The generalizability of this study was limited as the study was done in a single tertiary care teaching hospital. There may be limited representation of varied perceptions from institutions in this sample, with a total of 61 faculty members. Self-reported answers could also have engendered bias, and the brief length of the study limited the possibility of longitudinal study of how the faculty adapted to the actual CBME implementation.

Recommendations

In addition to short workshops, faculty development programs are recommended as a continuous process to enhance CBME programmes. Focusing on investment of Infrastructure, Skill Lab and Teaching resource for Institutions. Interdepartmental collaboration needs to be organized and targeted training needs for the Senior Faculty must be provided. AETCOM modules will be delivered using standardized assessment methods and orientation.

Acknowledgement

Thanks are due to the members of the Medical Education Unit and to the staffs, the faculty participants who helped with their cooperation. Thanks are given to colleagues who assisted with the development of the questionnaire and the analysis of the data. Collective contributions and the commitment of faculty towards improving the medical education made this study possible.

List of abbreviations

CBME: Competency-Based Medical Education
AETCOM: Attitude, Ethics, and Communication
CISP: Curriculum Implementation Support Program
rBCW: Revised Basic Course Workshop
OSPE: Objective Structured Practical Examination
SGD: Small Group Discussion

Source of funding

The research base for this study was not funded by any form of external governmental, industrial or private funding. All resources used are with the support of institutional facilities and their allocations. This made the findings free of external funding bias, and independent to validate faculty perceptions of CBME implementation.

Conflict of interest

There is no conflict-of-interest disclosure in relation to this study by the authors. All data collection, analysis and interpretation were independent of the influence from outside organisations or individuals. A trusted research process for all aspects of the study was maintained.

Author biography

The medical educators and clinicians from Sri Venkateswara Medical college, Sri Balaji Medical college and Vijaya Diagnostics, Tirupati are the authors. They are specialists in Pathology, Nuclear medicine and are experienced in undergraduate education, curriculum development. They have worked together towards the progression of competency based medical education in India.

Author contributions

All co-authors participated equally in the conception of the study, design of the questionnaire, collection of data and analysis of the data. Drafting and final arrangements of the manuscript was done jointly. All authors presume responsibility for the accuracy, completeness and ethical and scientific integrity of the work they have submitted for publication.

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Data availability

All data that support the findings of this study are available with request by the corresponding author on a reasonable request. Participant responses will be kept confidential and only accessed for academic and research purposes as per institutional ethical recommendations.

Conclusion

The present study illustrates that the awareness of faculty members about Competency Based Medical Education is high and the perception of faculty members towards the implementation of Competency Based Medical Education is generally positive. Most faculty understand the benefits of CBME over old-fashioned lecture-based learning and appreciate its contribution to improve the quality of medical education.

Despite these, there are many issues to be addressed in the effective implementation of CBME. However, the following barriers to capacity building were identified: inadequate infrastructure, lack of sufficient faculty strength, and constraints on short-duration training. The challenges faced by teachers were also noted in terms of adapting themselves to new assessment techniques and integrated teaching methods that needed constant capacity building.

The results highlight that the acceptance of CBME is high while implementation of CBME calls for continuous institutional support, proper faculty development program and empowering the institution's resources. Solving these challenges will play a crucial role to make the objectives of CBME fully come true in undergraduate medical education.

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