

# Perception of Faculty Regarding Competency-based Medical Education

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**Keywords:** Curriculum, Focused group discussion, Healthcare, Hybrid teaching method

Dear Editor,

This is in relation to the article titled "Perception of Faculty regarding Competency-based Medical Education (CBME): A Qualitative Study from Mizoram, India." [1] Authors have touched upon a very relevant topic as it is the need of the hour to increase the awareness regarding competency-based system amongst the healthcare professionals. Competency is defined as "the ability to do something successfully and efficiently," [2] and CBME is an approach to guarantee that the graduates develop the competencies necessary to meet the needs of the patients in the community [3]. Being learner-centric, it de-emphasises time-based training and ensures better flexibility and accountability.

Authors have used the "Focussed Group Discussion" (FGD) method to assess the perception of the faculty towards CBME, however; they have included individuals who are already trained in medical education, arising the probability of the opinion to be presumptive, if not biased. It would probably be a good idea to compare the level of awareness and difference in perception regarding CBME amongst with and without any formal training in Medical Education. This shall also highlight the need to increase awareness regarding such trainings amongst healthcare professionals.

Since there were two different modes of FGD; the homogeneity of response could be an issue. Question that arises is; if the moderator for all these groups the same and if not; was the calibration of the moderators done.

There are also some inherent limitations of FGD; which include the reluctance of respondent to share some concerns publicly. It can also be perceived as a quasi-artificial set up and influence the respondents to express unnaturally or in a biased manner. We wonder if a survey with concealed identity triggers more honest responses.

Coming back to the CBME, inadequately trained and smaller work force seem to be major hurdle in the implementation of CBME [4].

Stoffman JM, in an article published in 2022, stated that the implementation of CBME needs a transformative change in the medical education at the Postgraduate level along with several adjustments in curriculum, teaching-learning and assessment [5].

It is of equal and in fact of greater significance in Indian scenario to initiate the reforms at the basic level. It shall also require engagement of various stakeholders, enhancing the inter-personal dynamics and implementation requirements.

Nevertheless, authors have highlighted a very relevant issue and similar studies with hybrid interviewing method and in different regions of India must be conducted to analyse the scenario further.

## Reply for the Queries

**Query 1:** Authors have used the "Focussed Group Discussion" (FGD) method to assess the perception of the faculty towards CBME, however; they have included individuals who are already trained in medical education, arising the probability of the opinion to be presumptive, if not biased. It would probably be a good idea to compare the level of awareness and difference in perception regarding CBME amongst with and without any formal training in medical education. This shall also highlight the need to increase awareness regarding such trainings amongst healthcare professionals.

**Reply for Query 1:** The authors have used FGD as a method to assess the faculties perception towards CBME. The main objective of the study is to analyse the faculties perception among those who have undergone some kind of training in medical education. The reason why authors choose those who have already undergone training is that because, the CBME is a new concept and it has lots of sub components. So, people who are untrained may not know much about CBME. So our study questionnaire had lots of sub components which discusses about various aspects of CBME, hence we included the faculties who have undergone some kind of trainings like the basic course in medical education, revised basic course in medical education and advance course in medical education. Secondly, our study objective is not to compare the faculties perception among those trained and untrained.

**Query 2:** Since there were two different modes of FGD; the homogeneity of response could be an issue. Question that arises is; if the moderator for all these groups the same and if not; was the calibration of the moderators done.

**Reply to Query 2:** To answer this question, the moderator for all the FGD were same and one person only, it was the principal investigator.

## REFERENCES

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