

EDITORIAL

Competency Based Education – Better late than never!

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Indian Dental Education System has been subject of debate for a long time, in terms of quality of outgoing graduates.(1–4) The training in the institutions is oriented primarily on the procedural skills. Other crucial areas such as clinical decision making, communication skills and aspects of professionalism are neither trained nor assessed. When it comes to enhancing the quality of education, many reforms in the curricula have been proposed with various models incorporating these virtues. Competency Based Medical Education evolved as an offshoot of outcome based education system, which focused to address the aforementioned problem. (5,6) The Accreditation Council on Graduates Medical Education and American Dental Education Association has outlined competencies necessary for the Medical and Dental Graduate.(7,8) It is saddening to face the fact that most of the institutions are even unaware of ‘what is competency?’ and ‘what is the concept of competency based education?’

‘Competencies’ are often confused with ‘skill sets’ required for practice. Competency is defined as “habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflections in daily practice for the benefit of individuals and communities which they serve”.(9) Skill is purely a kinesthetic activity. The various competencies attempt to integrate skills, knowledge and various other components towards a right clinical decision making, patient centered procedural care and maintenance of health. Competency Based Dental Education is very much deemed necessary to hone the graduates in a systematically structured curriculum which facilitates learning much relevant to clinical practice.

Conventional Curriculum is ‘teacher centered’, as the teacher decides the curriculum in its pacing, methods and assessment. Competency Based Education is considered to be ‘student centered’ in a manner, that it considers the wholesome development of the individual. The concept of feedback and continuous monitoring to enhance the level of competency itself gives ‘well – being’ and ‘holistic development’ of the individual.

In our conventional education system, we find gaps in bridging the gap between community needs and the training imparted in dental institutions.

1. The conventional training do not mirror the clinical setting in practice or in community.
2. The training is not supervised to evaluate the students on the ‘care’ rendered to the patient in their communication skills and professional behavior.
3. The assessment carried out is very basic at the fact level, which would not enable the student to make decisions in clinical practice.
4. The conventional training do not stimulate the students in being a life-long learner nor adapt in evidence based decision making.
5. The conventional learner finds it difficult to adapt himself towards practice management.

In the Indian Scenario, any Dental Education system therefore should aim to develop the requirements of a Indian Dental Graduate which should address the ‘community needs’ primarily and also in the process progress towards ‘professional development’. The System should also be structured to produce outcomes which develop the individual in their competencies required to achieve these goals. This bridging is essential to overcome the various criticisms that are prevalent among the dental fraternity towards the profession. This is possible only by a humongous attitudinal shift of the Dentists involved in planning, executing and evaluating education system. (10)

The Medical Council of India has made its venture in designing the competency based educational system in all medical schools. Very few medical schools have taken this up seriously and have implemented to the undergraduates. They face practical difficulties like unpreparedness of the faculty to train students in the competencies frame-work, workforce shortage, and difficulty to carry out assessment and reduced teacher–student ratio. (11) The Dental Council of India soon may bring out his change in the curriculum. Similar difficulties and challenges faced in Medical are

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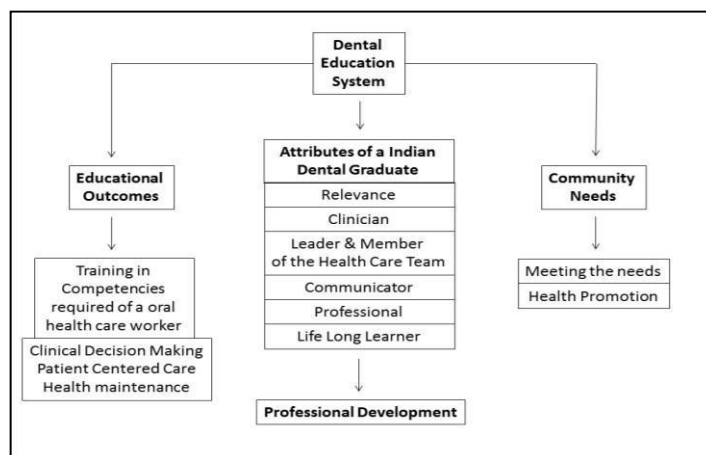


Figure: Competency Based Education bridging the Needs and Outcomes

definitely anticipated in Dental specialty also, while training and assessment. Hence the preparedness is expected from all the dental institutes to deliver such a demanding task. Faculty awareness, capacity building workshops in competency oriented training, monitoring and assessment is needed. This can be brought to reality only with continuous faculty development through nodal centers and dental education units who are trained primarily by a core team.

CONFLICT OF INTEREST

There is no conflict of interest

REFERENCES:

- Jain H, Agarwal A. Current Scenario and Crisis Facing Dental College Graduates in India. *J Clin Diagn Res.* 2012;6:4.
- Jaiswal AK, Srinivas P, Suresh S. Dental Manpower in India: Changing Trends since 1920. *Int Dent J* 2014;64(4):213–8.
- Padminee K, Anusha R, Lakshmi K, Madan Kumar P. Geographic Disproportions in Dental Workforce Distribution and its Impact on Oral Disease Burden: An Indian perspective. *SRM J Res Dent Sci.* 2020;11(2):76.
- Lagali-Jirge V. Need for Paradigm Shift in Indian Dental Education: A Case for Change toward Competency Based Education. *J Indian Acad Oral Med Radiol.* 2015;27(2):230.
- Ten Cate O. Competency-Based Education, Entrustable Professional Activities, and the Power of Language. *J Grad Med Educ.* 2013;5(1):6–7.
- Yip H K, Smales RJ. Review of Competency Based Education in Dentistry. *Br Dent J.* 2000; 189:324–6.
- Wijnen-Meijer M, van der Schaaf M, Nillesen K, Harendza S, ten Cate O. Essential Facets of Competence that Enable Trust in Graduates: A Delphi Study Among Physician Educators in the Netherlands. *J Grad Med Educ.* 2013 ;5(1): 46–53.
- Frank JR, Snell L, Englander R, Holmboe ES, on behalf of the ICBME Collaborators. Implementing Competency Based Medical Education: Moving forward. *Med Teach.* 2017; 39(6): 568–73.
- Manoharan PS, Sethuraman KR, Adkoli BV, Saravanakumar R. Speaking the same Language in Health Professions Education. *J Adv Clin Res Insights.* 2017 ;4(6): 181–6.
- Aquilante AG, da Silva RF, de Souza MBB, Kishi RGB. Implementation of Competency-Based Curriculum in Medical Education: Perspective of Different Roles. *ISRN Educ.* 2012;20:1–7.
- Dath D, Iobst W, For the International CBME Collaborators. The Importance of Faculty Development in the Transition to Competency Based Medical Education. *Med Teach* 2010;32(8):683–6.

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