

## FREE\* Newsletter

\*(Faculty Resources for Educational Excellence)

### VTCSOM Office of Continuing Professional Development

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#### Quote of the Month

*“Competency-based medical education (CBME) is a general approach to fostering the professional development of physicians at every stage of learning, from undergraduate years through practice” (Susan Swing, PhD, 2010).*



*“Education for Competency:  
What’s the Difference?”*

#### What is CBE (Competency-Based Education)?

Ever heard of CBE? Competency-based education appears to be well established in clinical medical education, having gained much attention particularly over the past 20 years or so. CBE is based on the idea that certain educational methods are more likely to result in competence on the part of the trainee. In physician training, “professional competence” has been defined as “the habitual & judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values & reflection in daily practice for the benefit of the individual & community being served”<sup>1</sup>. In this article, we will consider further the implications of this approach for educating physicians; next month, we will discuss how CBE can & should impact assessment practices.

Does CBE differ from more traditional education, and if so how? Or is it simply a matter of semantics? There is a sense in which physician training has always been concerned about clinically competent patient care; this fact seems obvious. However, the more traditional apprenticeship model of clinical training is in contrast to CBE in several important ways:

- 1) In designing an educational experience, CBE often begins with the end in mind. In other words, one must think about what the trainee is expected to be able to do (or demonstrate) upon completion of his/her training. “Curriculum development & assessment follow from the competencies, not vice versa”<sup>2</sup>. This is very different than beginning with knowledge objectives, and fits particularly well with skills-based training.
- 2) Being “competent” involves not only what one knows, but one’s skills, values & attitudes. All of these factors impact competence, & must be given adequate attention when designing & assessing an educational experience.
- 3) CBE implies a continuum of knowledge & skill gained over time. Theoretical models of CBE emphasize that achieving competence should not necessarily be tied to a given time frame. For example, some medical school graduates could probably complete residency training faster than the prescribed time frame currently allocated to various specialties.
- 4) It is very task oriented, & features heavy emphasis on measurable performance, feedback, application of knowledge & mastery of skills. A key question often asked in this regard is “competent to do what?”

More on this topic next month!

*David Musick, PhD*

1. Epstein R, Hundert E. Defining & Assessing Professional Competence. JAMA 2002; 287 (2): 226-35.
2. Holombae, E. The Value of Competency-Based Education, 2013.