



Modern Medical Education



shifting the Paradigm from Knowledge Transfer to
Competency-Based Learning

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Paradigm Shift: Then vs Now

Traditional Model

The time-based instructional pipeline.

- **Fixed Duration:** Core focus is on "seat time" and completing standard clinical rotations.
- **Passive Transfer:** Heavy reliance on didactics, lectures, and knowledge memorization.
- **Proxy Assessment:** Evaluation is largely summative through retrospective high-stakes exams.
- **Program Centric:** Expects uniform student speeds with highly variable graduate output profiles.

Competency-Based Model

The outcomes-oriented educational architecture.

- ✓ **Outcomes-Focused:** Structured strictly around performance milestones and proven clinical skills.
- ✓ **Active & Experiential:** Promotes interactive clinical reasoning, simulation, and real-world duties.
- ✓ **Workplace Observation:** Programmatic assessment focused on direct, continuous clinical oversight.
- ✓ **Learner Centric:** Adapts training pacing dynamically to ensure consistent medical competence.

Three Pillars of CBME



Outcome-Driven

Curricular goals are built backwards from desired professional capabilities. Program objectives directly prioritize patient safety and local societal healthcare realities over historical department silos.



Sequenced Milestones

Learning trajectories are mapped as progression pathways. Trainees undergo step-by-step developmental stages (novice to master clinician) backed by clear benchmarks and objective criteria.



Programmatic Feedback

High-stakes periodic examinations are replaced with rich, low-stakes clinical workplace observations. Assessment shifts from grading performance to active coaching for clinical growth.

Real-World Clinical EPAs

Translating Ability into Action

Entrustable Professional Activities (EPAs) represent real-world clinical tasks that clinical supervisors eventually delegate entirely to a trainee once competence is established.

Rather than evaluating knowledge in artificial silos, EPAs integrate medical skill, clinical reasoning, and communication into actionable workplace decisions.



Comparison of Key Models

Educational Aspect	Traditional Approach	Competency-Based Approach (CBME)
Primary Measure	Time in Rotation	Demonstrated Ability
Assessment Focus	Rote knowledge recall & factual exams	Direct workplace observation & clinical outcomes
Educational Driver	Standardized department schedules	Societal health needs & professional competencies
Role of Educator	Lecturer & information transmitter	Clinical coach, observer, and feedback partner
Learning Path	Rigid time timeline; variable skills	Flexible time timeline; standardized skills