

10.53106/199457952023071704001

International Trends: Application and Latest Developments of Competency-Based Medical Education (CBME)

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Abstract

The contemporary competency-based medical education (CBME) focuses on individuals' entrustable professional activities (EPAs) and milestones. The EPAs that describe professional work complement the milestones that describe individual competencies. In recent years, EPAs have become a key component in international CBME due to their high operability. Elaine Van Melle et al. proposed five core components of CBME: outcome competencies, sequenced progression, tailored learning experiences, competency-focused instruction, and programmatic assessment. This core components framework could facilitate the implementation of CBME. EPAs should be written using eight descriptive items, an appropriate entrustment scale, and assessment methods such as entrustment-based discussion; the A-RICH (Agency, Reliability, Integrity, Capability, Humility) framework should be employed to aid entrustment decision making. CBME may be extended vertically from resident doctor training to medical student training and postgraduate year training. Technologies may also be incorporated for assessment in CBME. In the near future, time-variable training programs are likely to be realized and will be an indicator for the full-scale implementation of CBME.

Keywords: competency-based medical education (CBME), entrustable professional activity (EPA), entrustment decision

國際趨勢一 勝任能力導向醫學教育(CBME)應用與最新進展

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摘要

當代勝任能力導向醫學教育(competency-based medical education, CBME)以可信賴專業活動(entrustable professional activities, EPAs)及里程碑(milestones)為兩項主要推動項目。描述專業工作的EPAs不僅能與描述個人能力的里程碑相輔相成，近年來因其可操作性高，成為國際CBME推動上的關鍵項目。Elaine Van Melle等人提出的CBME核心組成架構，包括成效能力、序列性進展、量身打造的學習經驗、聚焦於能力的指導、計畫性評估5項，可作為落實CBME的參考。在EPAs運用上，需有完整的八大描述項目，選定合適的信賴等級量尺，善用以信賴授權為導向的討論(entrustment-based discussion, EBD)等方式來評估，並參考A-RICH框架(Agency, Reliability, Integrity, Capability, Humility)來進行信賴授權決策。CBME可縱向延伸，自專科住院醫師訓練往醫學生及PGY階段發展，也能整合科技應用進行評估。在不久的將來，時間可變訓練計畫(time-variable training programs)極有可能成真，並會是CBME全面落實的指標。

關鍵詞：勝任能力導向醫學教育、可信賴專業活動、信賴授權決策