Competency-based medical education

- A curriculum for epilepsy surgery: A report from the Surgical Commission's Epilepsy Surgery Educational Task Force and the Educational Council of the ILAE
- A national study of neurosurgical residency competency development
- Competency-Based Neurosurgical Residency Training Program in Korea
- In Reply: Delineating Neurosurgery Resident Development: Insights From a Ten-Year National ACGME Milestones and Learning Trajectories
- Communication skills of residents: are they as good as they think?
- Assessing Neurosurgery Training: Accreditation Council for Graduate Medical Education Case Minimums Versus Surgical Autonomy
- Educating residents in spine surgery: A study of Entrustable professional activities in neurosurgery and orthopedic surgery
- Education Research: Competency-Based EEG Education: An Online Routine EEG Examination for Adult and Child Neurology Residents

Competency-based education in neurosurgery

The goal of all graduate medical education is to ensure that the graduating physician is competent to practice in his or her chosen field of medicine. The evaluation of a resident competence to practice, however, has never been clearly defined, nor has the fixed period given for residency training in each specialty been shown to be the right amount of time for each resident to achieve competency. To better ensure that new physicians have the competencies they need, Long proposes the replacement of the current approach to residents' education, which specifies a fixed number of years in training, with competency-based training, in which each resident remains in training until he or she has been shown to have the required knowledge and skills and can apply them independently. Such programs, in addition to tailoring the training time to each individual, would make it possible to devise and test schemes to evaluate competency more surely than is now possible.

Long reviews the basis of traditional residency training and the problems with the current training approach, both its fixed amount of time for training and the uncertainty of the methods of evaluation used. He then explains competency-based residency education, notes that it is possible, indeed probable, that some trainees will become competent considerably sooner than they would in the current required years of training, quotes a study in which this was the case, and explains the implications. He describes the encouraging experience of his neurosurgery department, which has used competency-based training for its residents since 1994. He then discusses issues of demonstrating competency in procedural and nonprocedural fields, as well as the evaluation of competency in traditional and competency-based training, emphasizing that the latter approach offers hope for better ways of assessing competency $1^{1/2}$ 3.

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