Competency-based education (CBE): its important implications for management and quality improvement of health education/promotion curricula

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Abstract: Introduction: The aim of this article is to review the literature on the competency-based education (CBE), explaining its importance and implications for managing, evaluating and reforming HE/P curricula.

Methods: Over thirty prestigious scientific papers or documents, in the field of competence-based education in health sciences were studied. A substantial number of scientific articles published about the social accountability of schools of health sciences were also reviewed. Our focus in this review was to explore the basic concepts of CBE, its applications in the areas of teaching, research and services in education and health promotion.

Results (key points): Schools of health sciences should be held accountable for their products, research results, type and pattern of health services that they offer. Today, it is considered as a fundamental right of the communities, which provide resources, seeking from educational institutions. The quality of an educational system can be judged from at least three perspectives: the inputs, the process and the outputs from the system. In recent years there have been increasing calls in the world for greater attention to be paid to the outcomes of education so that the return on investments in education could be evaluated. General agreement seems to indicate that improvements will come when health care providers work more effectively in teams and when they have the competencies to practice in increasingly accountable and technological environments. Health professionals themselves feel insecure about their ability to deal with workplace challenges and performing skillfully. Indeed, Staff competency is one of the Immediate Determinants of high quality care. CBE is outcome-based instruction and is adaptive to the changing needs of students, teachers, and the community. CBE offers a powerful and appealing way of managing and reforming health education. The emphasis is on the product rather than on the educational process. It provides a framework for curriculum evaluation. A clear Log of competencies is also useful but essential for well implementation of managerial tasks such as monitoring, supervision and evaluation of performance. It guides continuous professional development programs, as well. It seems that CBE makes teaching-learning activities more meaningful and helps students to be satisfied.

Conclusion: In sum, multiple evidences emphasize on educational reform and improving administrative processes, using CBE approach. It seems that this movement should be considered as a priority in health education/promotion research, education and practice.