Author's response to reviews

Title: Competency-based education in the health professions: Implications for improving global health

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To the editor,

We greatly appreciate the insightful comments and thoughtful analysis of the three reviewers of our paper. We have sought to address as many of their concerns and suggestions as possible and believe that the revised manuscript is substantively improved as a result.

Dr. Mercer’s review was generally favorable and did not indicate changes he considered necessary. He is right, of course, that this manuscript is not a ‘typical’ research manuscript. Still, we believe that the conceptual issues we raise are important for the readership of Human Resources for Health.

In response to Dr. Miller’s review, we have sought to expand our description of the challenges to be considered in implementing a CBE approach, particularly in the section on “The practical steps in implementing a competency-based educational system.” Specifically, we have included her points about the need for documentation systems for achievement, the transitions from one phase of education to another, the need for faculty development (also relevant to Dr. Ribiero’s review, below), and robust assessment (which is a point we believe we have already emphasized as a contrast to traditional models). Dr. Miller also raises excellent points about resource-rich and -poor countries or institutions working together on developing CBE systems and on faculty development. There is, indeed, much to be learned from each other and we have expanded on this point in the section “Implications for competency-based education in resource-poor settings.”

Both Drs. Miller and Ribiero recognize that Figure 2 is also present in Frenk J, Chen L, Bhutta ZA, Cohen J, Crisp N, Evans T, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. Lancet. 2010;376:1923-58 – which we cite. However, the original diagram came from a report we authored for The Commission on Education of Health Professionals for the 21st Century, which provided part of the foundation for Frenk, et al.’s Lancet article. Thus, the diagram is original to us, but first published in Frenk, et al., however, without attribution to the original (unpublished) report. We would appreciate your guidance on how to deal with this complexity. We have tried to clarify it in the footnote to the Figure 2 in the manuscript but will be guided by your recommendation.

Dr. Ribiero raises numerous important thoughts related to our manuscript. One theme is the importance of wide stakeholder involvement in defining competencies and not relying on the profession alone. We complete agree with this stand and have sought to clarify in several places the importance of incorporating the community, patients, and health care workers in the field in the process of defining competencies.
We have acknowledged that there are numerous alternative definitions of ‘competence’ and provided citations to that effect.

Dr. Ribiero highlights the relationships among competencies and behavioral goals and work-based learning in the context of cognitive psychology and recent theories of education. Again, we agree that these concepts are closely related, but believe that clarifying these relationships and their historical roots is beyond the scope of our manuscript.

Dr. Ribiero also analyses the relationship between the goals of education (competencies) and the process and recognizes that CBE and traditional models are different in the relationship between the two. She claims to find the text of the manuscript contradictory on this point, but we are uncertain as to where the ambiguity lies. She seems to be interpreting Figure 2 in the same way we do, indicating that, in the traditional model, each course contributes its own objectives, regardless of the overall purpose of education – in contrast to the purpose driven development of CBE. We have sought to clarify our language and simplify several of our statements to make this essential relationship more clear.

We agree with her critique about the need to clarify the role of society in defining competencies and have modified out text accordingly in several places (as noted above). In the section “Defining the health needs of the community,” we have also sought to provide more explicit model or examples for how resource-poor countries can avoid the risk of relying solely on Western models or on the perspective of their own health care professionals (and not those of the patients and providers ‘in the field.’)

We hope that these revisions address the key concerns of the reviewers and will meet with your final approval of the manuscript. If there are any additional points or issues, please do not hesitate to contact me.

Sincerely,

Larry D. Gruppen, Ph.D.