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RESIDENCY IN OTOLARYNGOLOGY IN NEPAL: TIME FOR CHANGE

Change is the law of life, and "those who look only to the past or the present are certain to miss the future".
John F Kennedy

The residency program in otolaryngology in Nepal has history of few decades, which was started first at TUTH, IOM. Since then the quality of service in the field of otolaryngology has improved significantly and general populations have benefitted enormously. The training module currently being used in Nepal is based on fixed time frame and all the residents are required to learn the skills and gain the knowledge during the three years period. They are supposed to practice independently after appearing in the final exams at the end, which assess more of the theoretical aspects rather than the surgical skills.

The medical education initially evolved as apprenticeship model in which learners observed, assisted and performed under the supervision of a mentor.[1] Halstead designed a residency program, to surpass the inadequacies of unstructured training, which required a fixed period of time for training, structured educational content, actual experience with patients, escalating responsibility for patient care during training and a period of supervised practice after formal training.[1,2] This model is still the basis of postgraduate medical education in most part of the world, including Nepal, for past 100 years. There are several drawbacks pointed out in this model. The time required for training in each speciality was arbitrarily chosen in the past and the inclusion of advancements in the medical field is practically impossible. Little attention was paid to the time required for learning particular procedural skills in each speciality. The variation in learning abilities of different individuals was overlooked as some individuals may learn sooner than others. The performance in the final exams may not reflect the competency of an individual that would be expected later in daily practice.[2]

The postgraduate training is directed not merely at attainment of knowledge, attitude and skills but also at observable responsiveness and appropriate functioning in real life situations. To overcome these shortcomings and improve the quality of medical education, the competency based medical education (CBME) has been designed and adopted in most of the developed countries like USA, UK, Australia, Canada, Netherlands, etc. CBME is defined as "an outcomes-based approach to the design, implementation, assessment, and evaluation of medical education programs, using an organizing framework of competencies".[3] The application of CBME in postgraduate education is aimed at producing the practitioners who are competent to practice independently after completion of the training.[2] The Accreditation Council for Graduate Medical Education (ACGME) has identified six core competencies (medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice) and the residents are evaluated on this basis regularly during the period of training but not just in the end.[4] In CBME, the occupational roles (competencies) are clearly predefined, translation of these roles into outcomes are assessed continuously as the training progresses on the basis of demonstrated performance. Trainees' progress is defined solely by competencies achieved rather than the underlying processes or time served in formal educational settings. The course duration is individualised and highly flexible based on one's learning abilities. The implementation of the CBME in postgraduate education in Nepal has potential to improve the quality of medical education tremendously as experienced in other countries.

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