Raise Rehab Education Quality bar with implementation of Outcome Base Education

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The purpose of this commentary is to highlight the concept about shift of teaching to learning which is fulfilled by the implication of outcomes- based education (OBE) model. It is also known as performance based approach that provides an Individual educational opportunity. The outcomes measurement explicitly indicates the individual competence level. It is not a new concept in medical education and technology. It is equally applicable throughout the educational continuum from school system to postgraduate training. OBE emphasizes on the finished product and develops the learner as a competent representation of the teaching and learning program. OBE specifically enhances performance and skill development rather than knowledge building only.¹

In the last decade, the shortage of physical therapy task force in Pakistan has been overcome in an attempt to cope with the societal needs.² With growing numbers of PT graduates in market, policy makers are now more concerned about quality education.^{3, 4} For quality improvement in education, OBE is considered a holistic approach that offers a powerful and appealing way of reforming and managing medical education for mastery in learning and to meet the prerequisites for local and international accreditation.⁵

Currently, major issues are associated with OBE model's implementation in medical education. These issues are related with the change in role of institution, educator and students. In traditional educational programs, faculty members act authoritatively hence controlling the curriculum to ensure consistency and continuity in student learning. In contrast, OBE learners take responsibility for their own learning and faculty

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member with lesser influence play a role as facilitator, advisors and mentors. Major role of an educator in OBE is being assessor to assess the student skill, level of performance in compliance with defined learning outcomes. Riphah college of Rehabilitation Sciences adopted the suggested OBE steps for the development of the primary draft of the entry level physical therapy curriculum. It is following the core competencies of physiotherapist which are Proposed by CanMed framework.⁶

It is suggested to build OBE institutional profile for successful Outcome Based Education implementation. Ronald Harden has proposed 'Inventory' to assess the level of OBE for selection approach according to the institution. This Inventory helps to define the OBE adoption level on behalf of nine dimensions i.e. Learning outcomes statements, level of communication about the outcomes with students and faculty, adopted educational strategies, available learning opportunities, course content, student progress in the course, students assessment, learning environment and student selection criteria. Furthermore, faculty development plans to prepare for OBE acceptance and its implementation after the identification of faculty's behavior patterns to assess the motivation towards its implementation.⁷

Another issue in OBE implementation is it scattered spread sheets, models, and work presented in form of paperwork. It can be addressed with help of software tools thus improving learning outcomes by improving teaching and assessment. Software tools implementation accelerates the continuous quality improvement process of OBE.

Though, depending upon individual circumstances, the course of action could vary from organization to organization, however, the following steps can be followed to achieve the objectives of OBE. It is pertinent to define program mission statements and program educational objectives and their Key performance indicators. Program outcomes are assessed at the point of graduation which are mapped with course learning outcomes. Program educational objectives are also assessed over a long period after graduation for quality of learning program. It is vital to define the learning outcomes according to a level of bloom's taxonomy while assessment be carried out against defined learning outcomes.8,9

We can't ignore the urgent need for the implementation of OBE to meet the accreditation essential requirements for the physical therapy education program. There is a dire need to proceed with a constructive approach guided by the knowledge and experience of Rehab education experts or else problems may begin to dominate with inconsistencies and inadequacies in meeting educational and societal needs. In conclusion, raising the quality bar of Rehab health care highly depends upon quality improvement in Rehab education and OBE implementation has proven.

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