

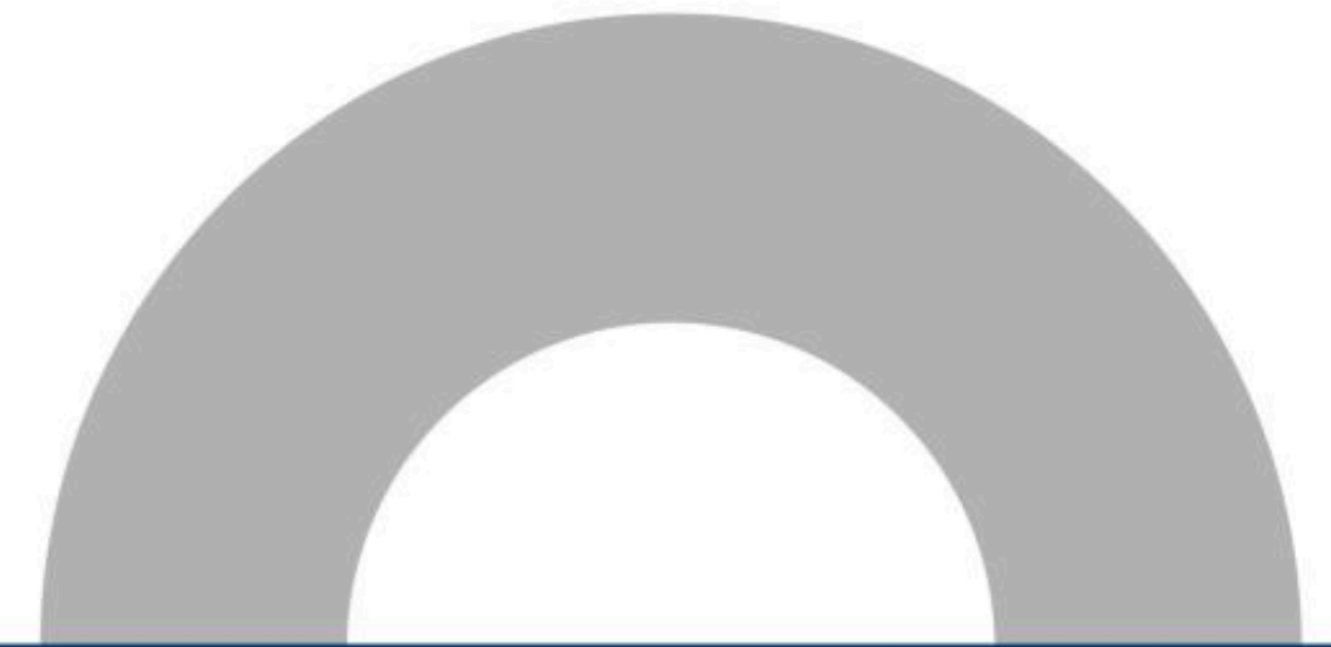


**YONSEI** GLOBAL  
INSTITUTE FOR HEALTH



University of Medicine and Pharmacy  
at Ho Chi Minh City

**KOICA**



**MEF Project: UMP-Yonsei Collaboration Supported by KOICA**

**Item Bank Establishing Project (IBEP) at UMP-HCMC**

*Why, what, and how do we?*

**Shinki An, MD, PhD, MDiv**

Chair Professor, Dept. of Medical Education, Yonsei University Medical College

Chair, Institute for Global Engagement and Empowerment at Yonsei University

Director, global Medical Education Development Working Group, Yonsei University Health System

\*IBEP: Item Bank Establishment Project



# An Epochal Change to an Integrated and competency-based ME Curriculum

## Transforming medical education to strengthen the health professional training in Viet Nam: A case study

Tuan D. Tran,<sup>a,1\*</sup> Phuc M. Vu,<sup>a</sup> Hong T.M. Pham,<sup>a</sup> Luan N. Au,<sup>a</sup> Hung P. Do,<sup>a</sup> Hoa T.T. Doan,<sup>a</sup> Nghia Huynh,<sup>a</sup> Quynh T.V. Huynh,<sup>a</sup> Bao K. Le,<sup>a</sup> Dat Q. Ngo,<sup>a</sup> Hanh T.M. Nguyen,<sup>a</sup> Khanh D. Nguyen,<sup>a</sup> Nghia A. Nguyen,<sup>a</sup> Phong H. Nguyen,<sup>a</sup> Tuan A. Nguyen,<sup>a</sup> Thang C. Tran,<sup>a</sup> Hoa N. Chau,<sup>a</sup> Lan N. Vuong,<sup>a</sup> and Nu V. Vu<sup>b,1</sup>

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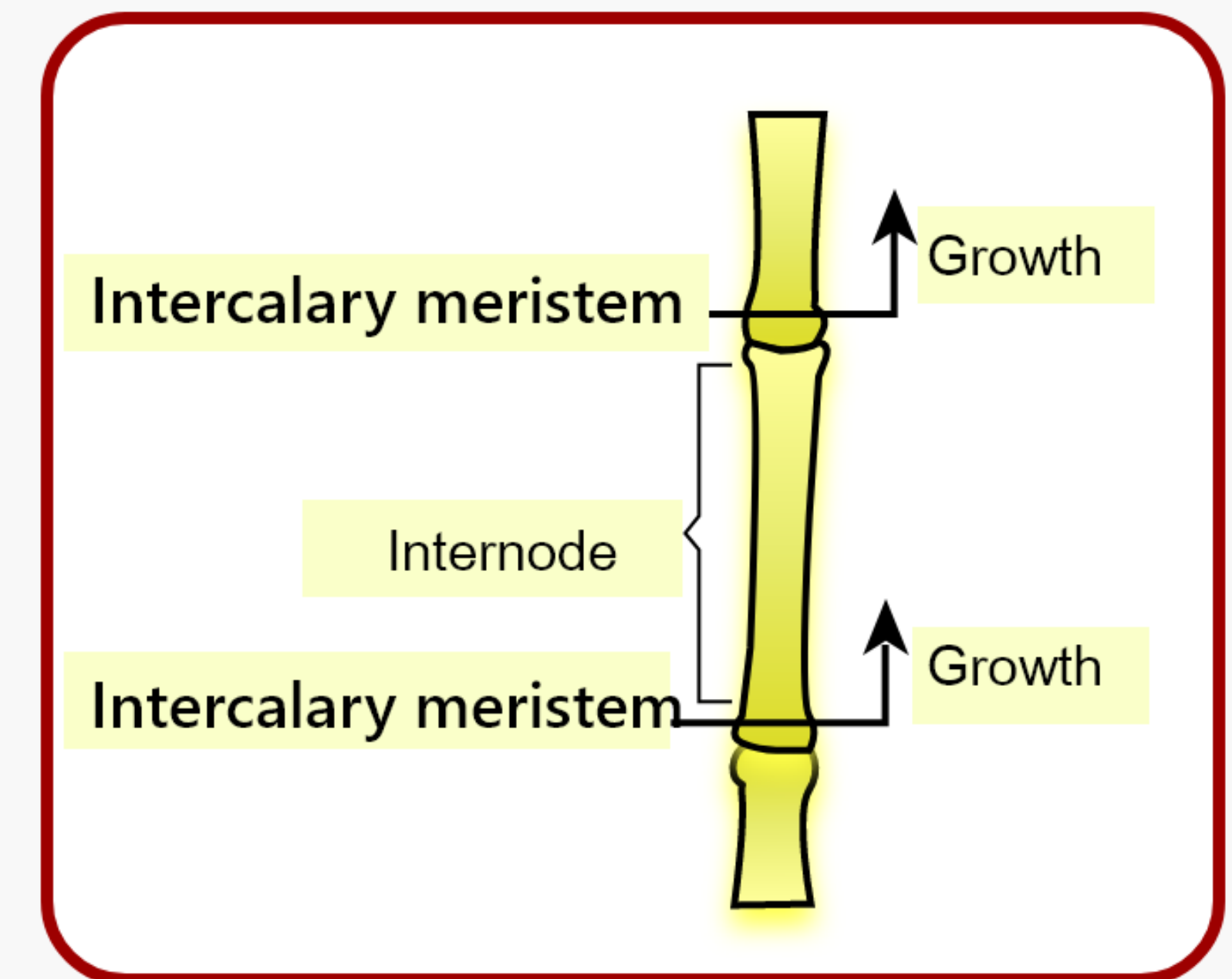
### Summary

The competency-based undergraduate curriculum reform at the University of Medicine and Pharmacy at Ho Chi Minh City, Faculty of Medicine (UMP-FM) is detailed and reviewed in reference to the instructional and institutional reforms, and enabling actions recommended by the Lancet 2010 Commission for Health Professional Education. Key objectives are to: revise the overall 6-year curriculum to be more integrated and competency-based; reinforce students' knowledge application, problem-solving, clinical competence, self-directed learning and soft skills; develop a comprehensive and performance-based student assessment programme; and establish a comprehensive quality monitoring programme to facilitate changes and improvements. New features include early introduction to the practice of medicine, family- and community-based medicine, professionalism, interprofessional education, electives experiences, and a scholarly project. Institutional reform introduces a faculty development programme, joint planning mechanism, a "culture of critical inquiry", and a transparent faculty reward system. Lessons learnt from the curriculum reform at UMP-FM could be helpful to medical schools from low- and middle-income countries considering transitioning from a traditional to a competency-based curriculum.



The Lancet Regional Health - Western Pacific 2022;27: 100543  
Published online xxx  
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## Intercalary meristem



# Wonderful Accomplishment: Curricular Reformation

## Summary

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# Student-centered

- **Competency-based Learning**  
= *mastery learning (how to teach)*
- **Individualized**  
= *different preferences and needs (what to teach)*  
= *different learning styles (how to learn)*
- **Respecting the learners**  
= *to let learners play active roles*
- **Excelling at learning**  
Intrinsic motivation
- **Experience-based learning**
- **Role of teacher**  
= *from the sage on the stage to the guide on the side*

## Summary

The competency-based undergraduate curriculum reform at the University of Medicine and Pharmacy at Ho Chi Minh City, Faculty of Medicine (UMP-FM) is detailed and reviewed in reference to the instructional and institutional reforms, and enabling actions recommended by the Lancet 2010 Commission for Health Professional Education. Key objectives are to: revise the overall 6-year curriculum to be more integrated and competency-based; reinforce students' knowledge application, problem-solving, clinical competence, self-directed learning and soft skills; develop a comprehensive and performance-based student assessment programme; and establish a comprehensive quality monitoring programme to facilitate changes and improvements. New features include early introduction to the practice of medicine, family- and community-based medicine, professionalism, interprofessional education, electives experiences, and a scholarly project. Institutional reform introduces a faculty development programme, joint planning mechanism, a "culture of critical inquiry", and a transparent faculty reward system. Lessons learnt from the curriculum reform at UMP-FM could be helpful to medical schools from low- and middle-income countries considering transitioning from a traditional to a competency-based curriculum.

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- Role of teacher  
= *from the sage on the stage to the guide on the side*
- *Do our students have a chance to make up?*  
= Remediation policy
- *Do our students have a chance to choose?*  
= Elective courses policy
- *Do our students have a chance to have varied teaching styles?*  
= Teaching and Learning Design
- *Do our students have a chance to join in the planning and evaluating process?*
- *Are we ready to change ourselves?*

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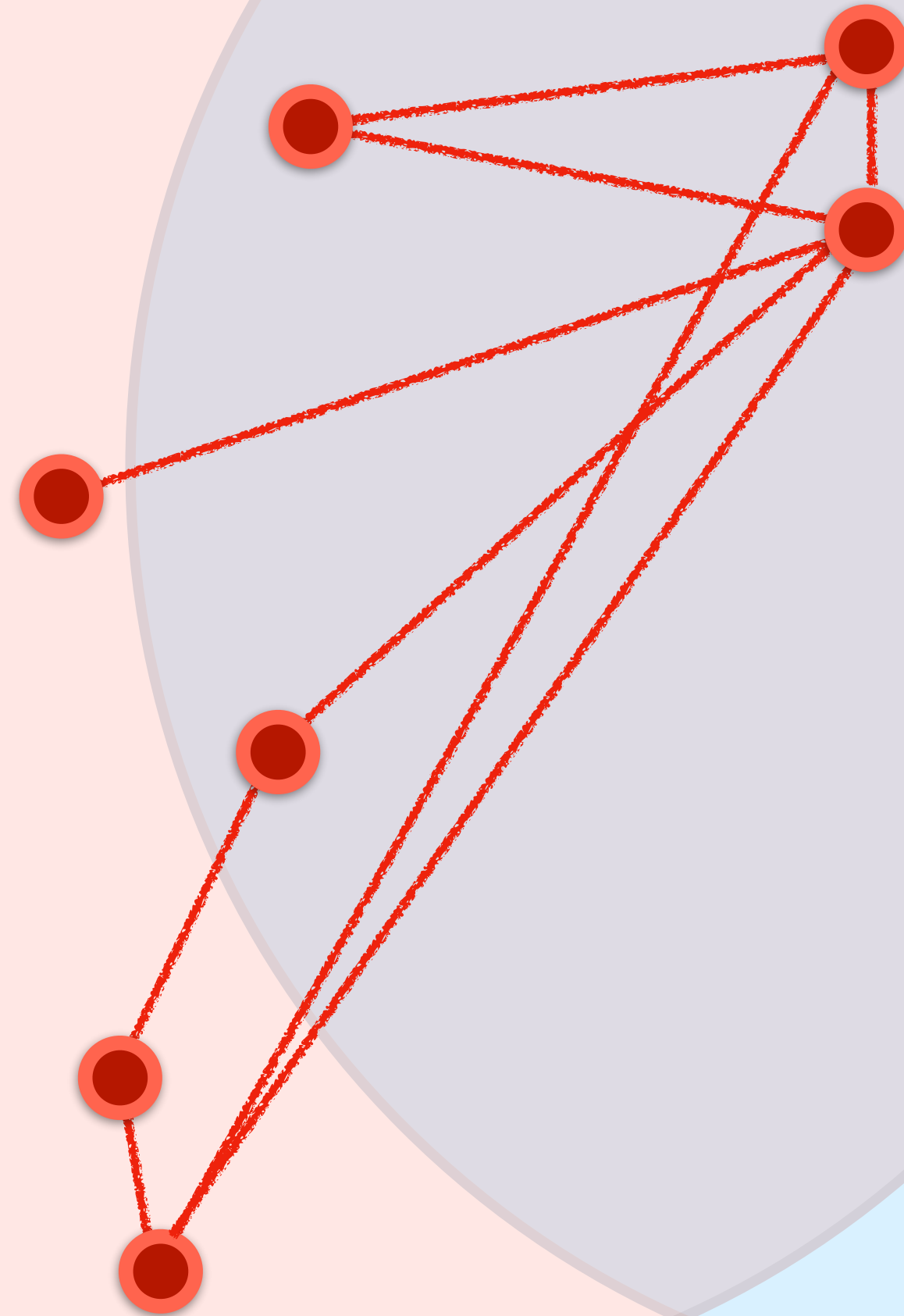
# Active Learning

- Flipped Learning/Team-based Learning  
= *Provision of necessary resources*
- Transformation of learners  
= *from passive listeners to active problem-solvers*
- Much better educational outcome
- Learning Behaviors as a lifelong learner

Medical  
Education  
for the Future

# Student-centered

# Active Learning



- More fun & Retainable
- Assessment for learning
- Accurate Assessment of Competencies  
*= Development of an accurate assessment system*

Medical  
Education  
for the Future

Medical  
Education  
for the Future

## Research Project 2

# What has UMP-HCMC done after Curricular Transformation?

## Transforming medical education to strengthen the health professional training in Viet Nam: A case study



Tuan D. Tran,<sup>a,1\*</sup> Phuc M. Vu,<sup>a</sup> Hong T.M. Pham,<sup>a</sup> Luan N. Au,<sup>a</sup> Hung P. Do,<sup>a</sup> Hoa T.T. Doan,<sup>a</sup> Nghia Huynh,<sup>a</sup> Quynh T.V. Huynh,<sup>a</sup> Bao K. Le,<sup>a</sup> Dat Q. Ngo,<sup>a</sup> Hanh T.M. Nguyen,<sup>a</sup> Khanh D. Nguyen,<sup>a</sup> Nghia A. Nguyen,<sup>a</sup> Phong H. Nguyen,<sup>a</sup> Tuan A. Nguyen,<sup>a</sup> Thang C. Tran,<sup>a</sup> Hoa N. Chau,<sup>a</sup> Lan N. Vuong,<sup>a</sup> and Nu V. Vu<sup>b,1</sup>

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### Summary

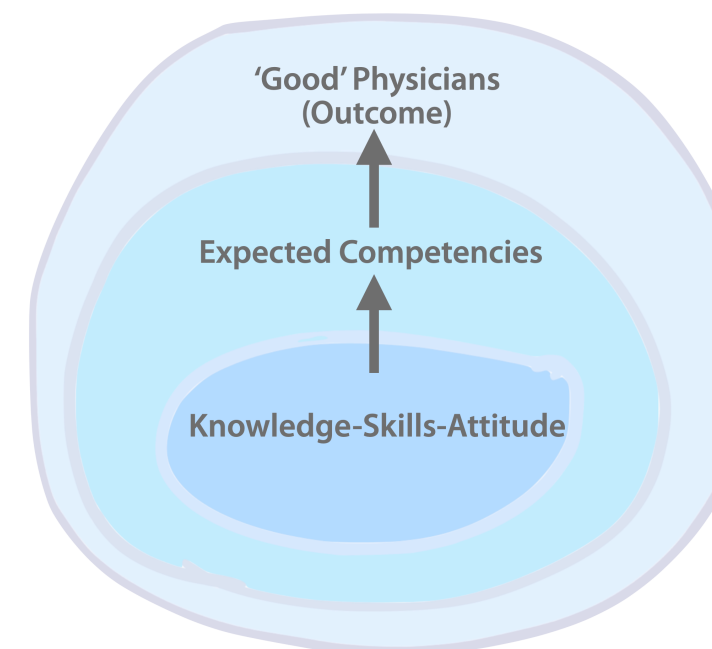
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- **Graduation Examination in 2022**
  - ➔ **Confirmation of the student's graduation competencies**
  - ➔ **Policy decisions to determine the student's career path**
- **What would be the appropriate level of difficulty for the graduation exam according to UMP?**

- **CBME**
- **2022, The 1st Cohort of CBME**
- **2022, Change of UMP-HCMC Graduation Examination**

**1** the 1st Round of the New GEx



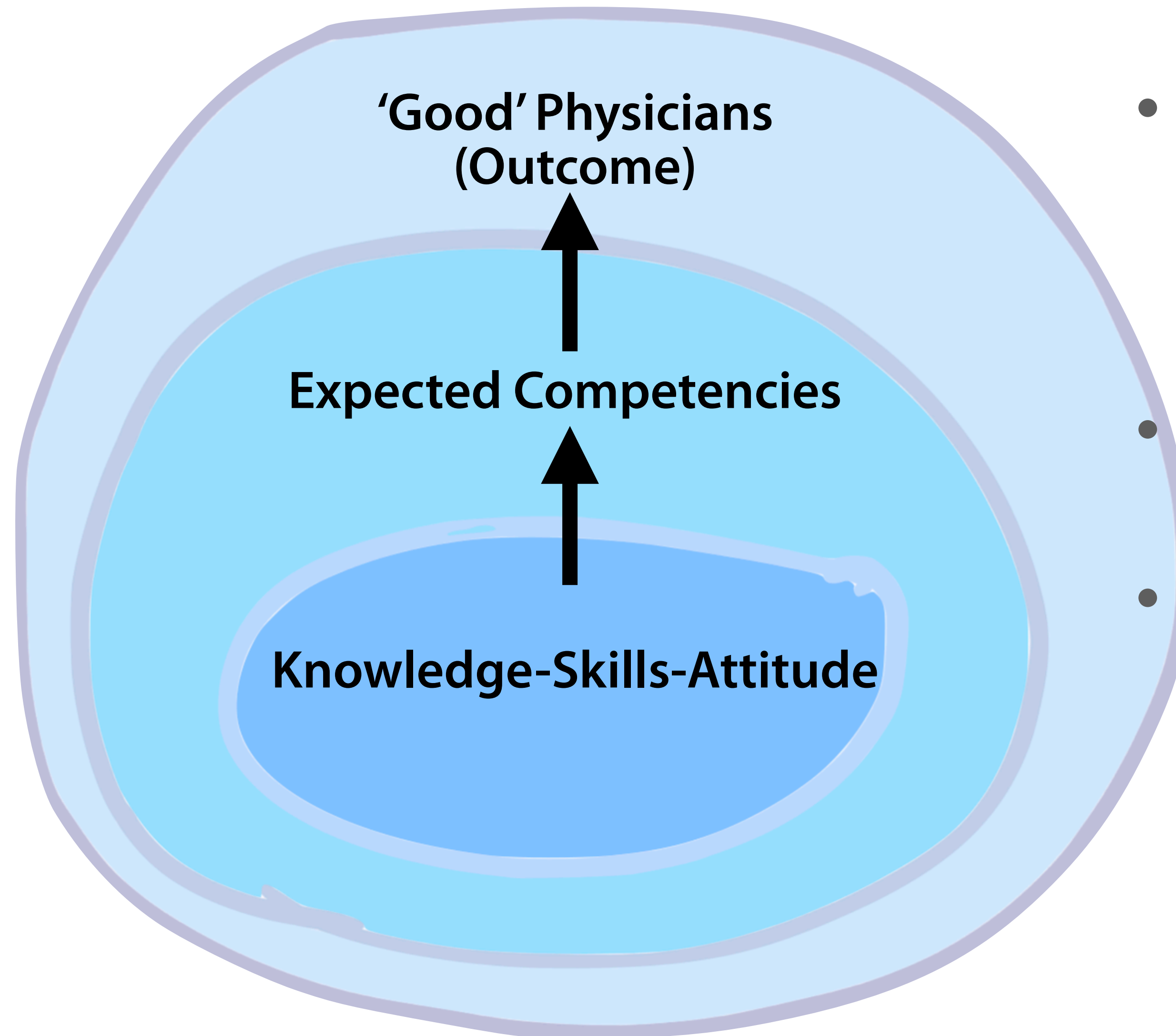
- to **optimize the capabilities of all learners & practitioners** by providing motivation and direction for future learning,
- to **protect the public** by identifying incompetent physicians,
- and to **provide a basis** for choosing applicants for advanced training.

Ronald M. Epstein. Assessment in Medical Education. NEJM 2007;356:387-96.

2022



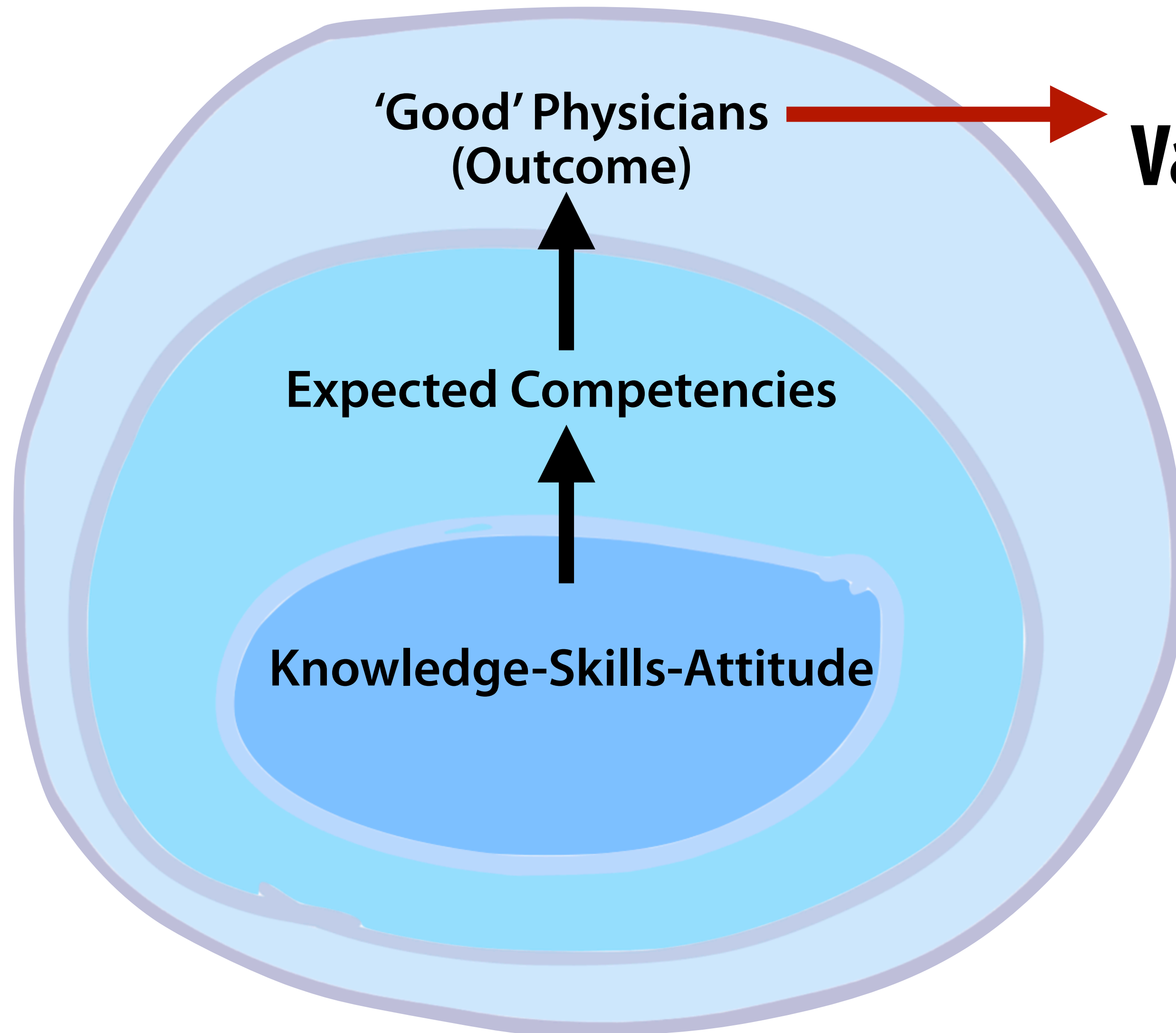
# Goal of Evaluation & Assessment



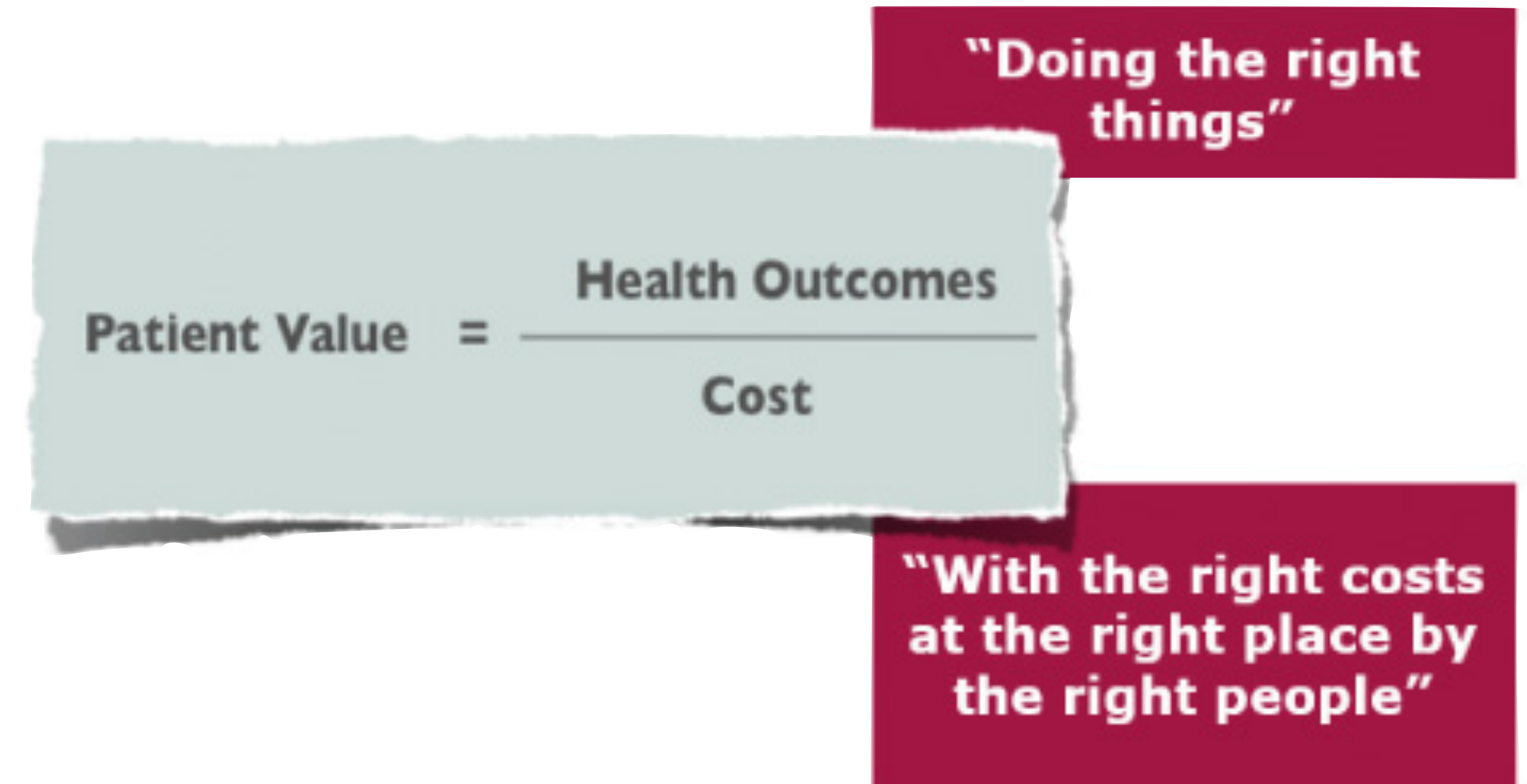
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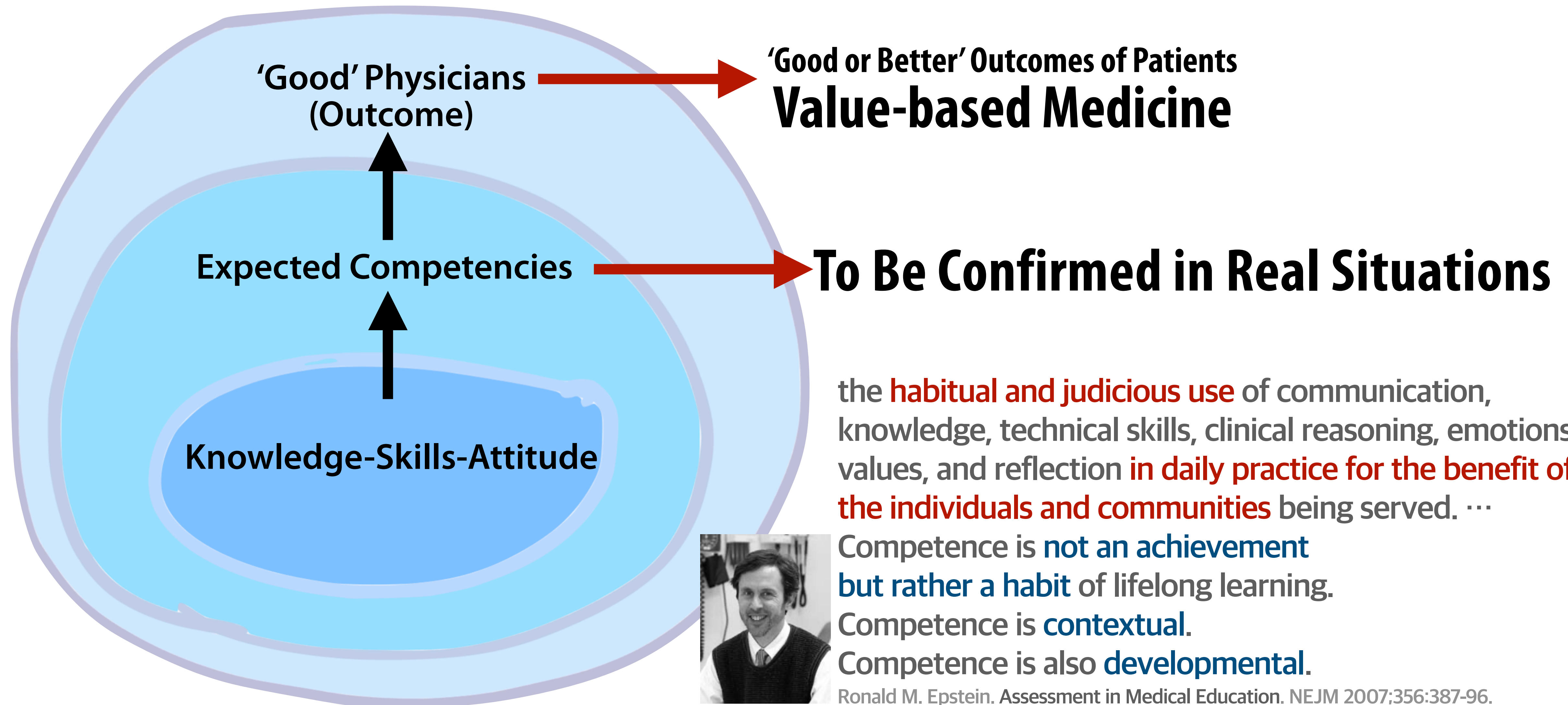
# Dimension of Evaluation & Assessment



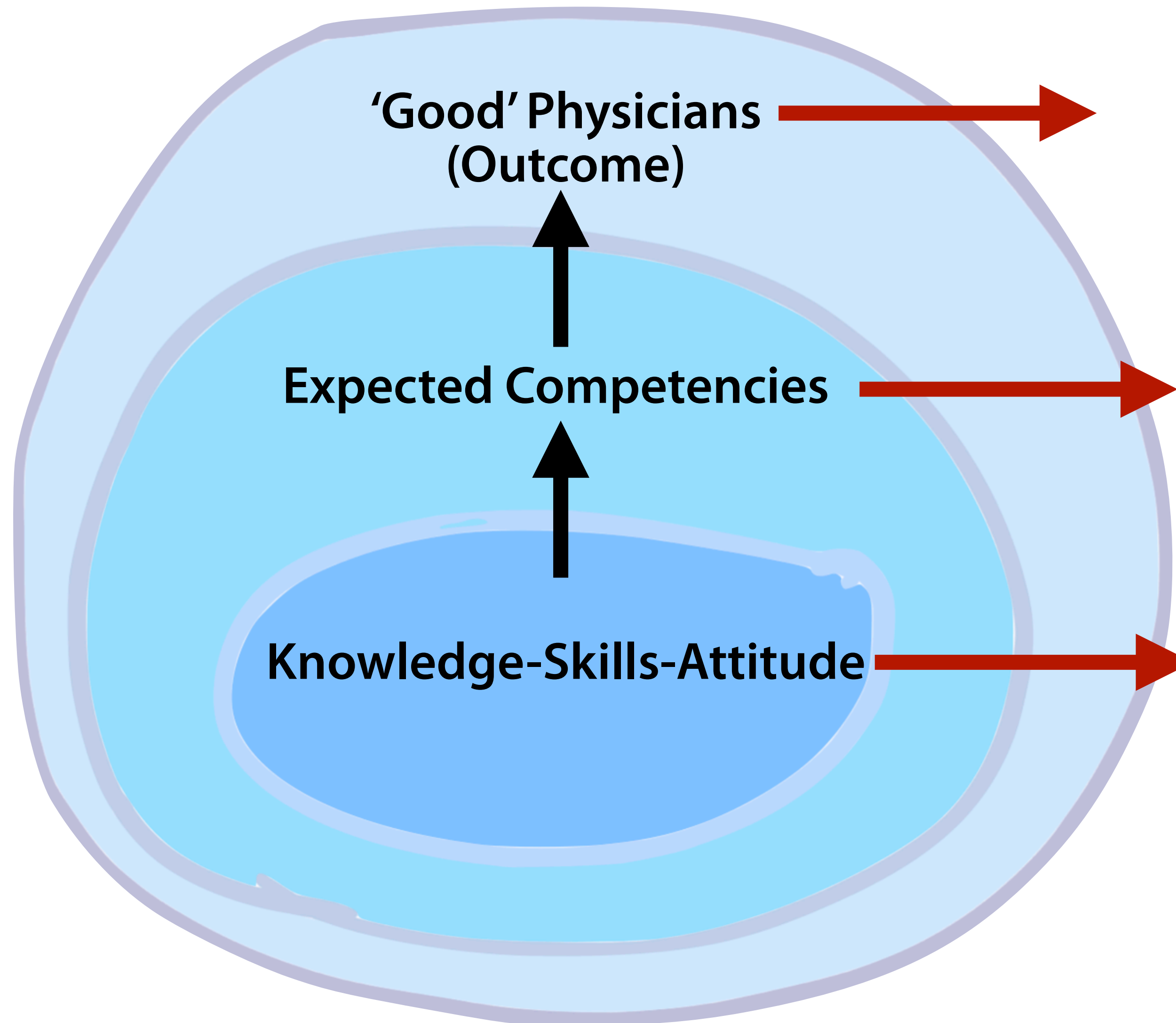
'Better' Outcomes of Patients  
**Value-based Medicine**



# Dimension of Evaluation & Assessment



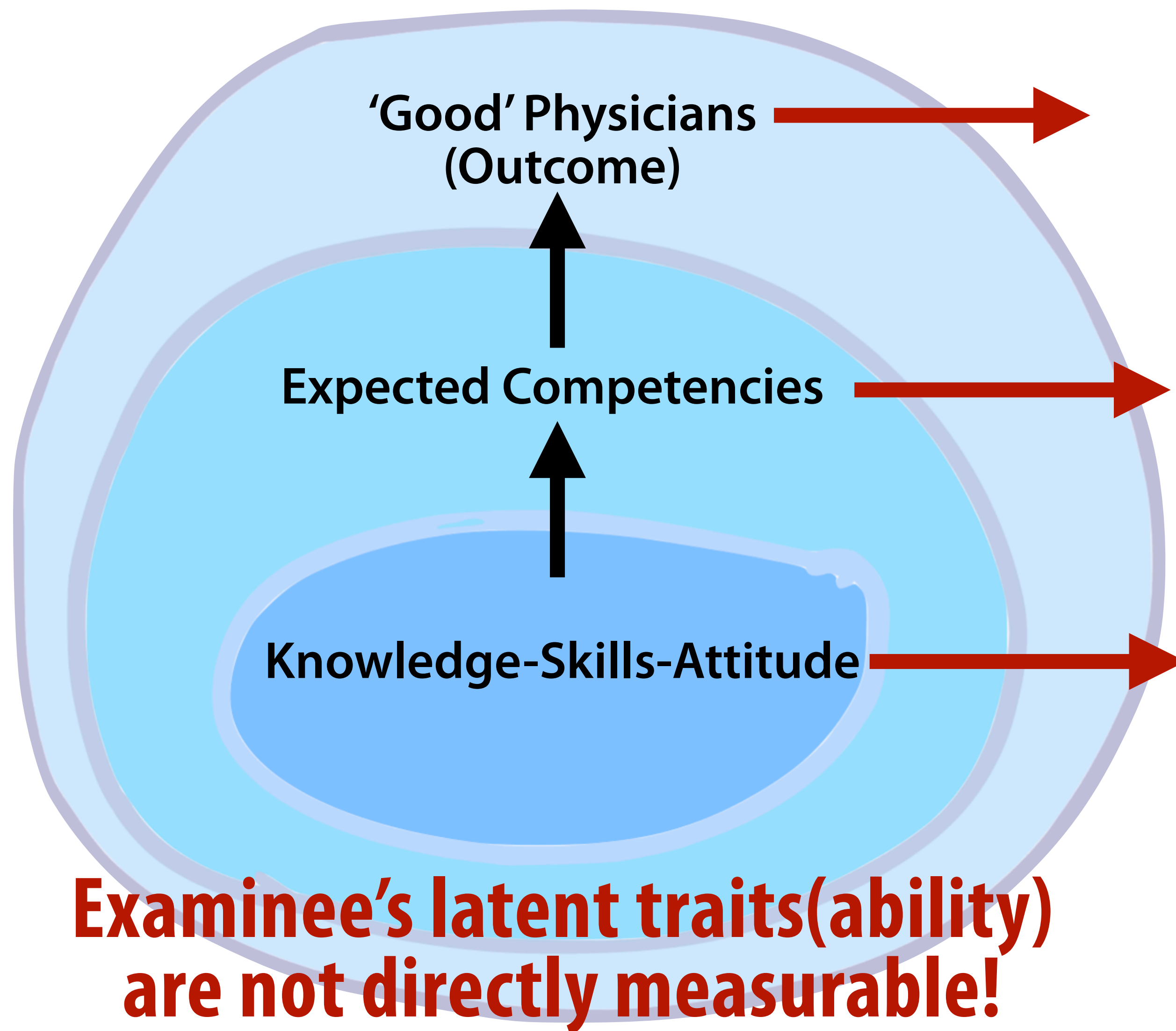
# Dimension of Evaluation & Assessment



**Proxy,  
Benchmarks  
at Med. Schools  
to predict  
Competencies  
& Outcomes  
at Communities**

	MCQ	Essay	Oral (verbal) exam	Single encounter direct observation by faculty <sup>a</sup>	Longitudinal assessment by faculty across many domains <sup>b</sup>	Record review/chart-stimulated review <sup>c</sup>	Standardized examinations (OSCE/CPEX)
Biomedical knowledge (recall and recognition level of cognition)	●	◇	◇				◇
Problem assessment	◇	●	●	◇	◇	●	◇
Professional behavior			◇	◇	●		◇
Personal qualities				◇	●		◇
Concern for patient's well-being				●	◇	◇	◇
Patient examination skills				●	◇		●
Patient interviewing and communication skills				●	◇		●
Ordering/interpreting diagnostic (lab) tests	◇	●	●	◇	◇	◇	●
Performing technical procedures				●	◇		● Non-invasive and reversible
Resource use and functioning within health care system					●	◇	

Every test is a proxy of reality.



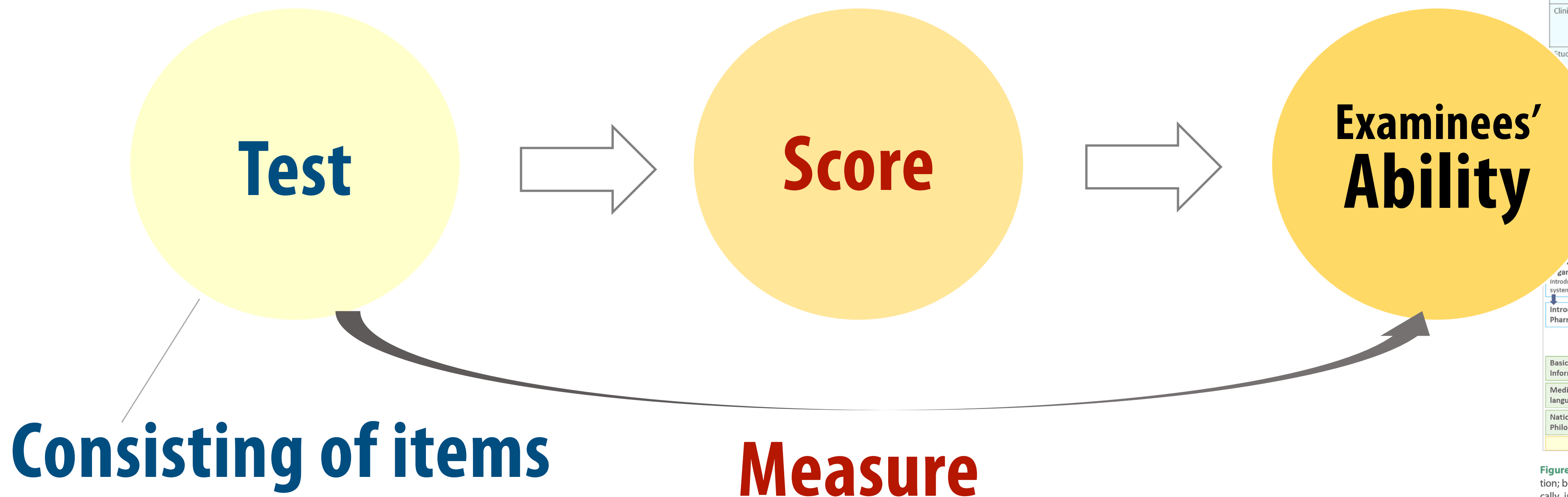
**Proxy, Benchmarks at Med. Schools to predict Competencies & Outcomes at Communities**

	MCQ	Essay	Oral (verbal) exam	Single encounter direct observation by faculty <sup>a</sup>	Longitudinal assessment by faculty across many domains <sup>b</sup>	Record review/chart-stimulated review <sup>c</sup>	Standardized examinations (OSCE/CPEX)
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Problem assessment	◇	●	●	◇	◇	●	◇
Professional behavior			◇	◇	●		◇
Personal qualities				◇	●		◇
Concern for patient's well-being				●	◇	◇	◇
Patient examination skills				●	◇		●
Patient interviewing and communication skills				●	◇		●
Ordering/interpreting diagnostic (lab) tests	◇	●	●	◇	◇	◇	●
Performing technical procedures				●	◇		● Non-invasive and reversible
Resource use and functioning within health care system					●	◇	

# Why does UMP-HCMC need to have 'good' tests?

Why does the examinee take tests?  
 Why should test developers make reliable and valid tests?  
 Why should item writers make high-quality items?

## With competency-based learning



	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6
	CLINICAL: PRACTICE OF MEDICINE			EARLY CLINICAL	INTERMEDIATE CLINICAL	ADVANCED CLINICAL
Clinical Experiences	Understand roles	Collaborate with clinical team			Increased responsibility	Co-lead teams
Communication and Collaboration	Understand social and cultural situation / actual conditions	Thorough and focused history			Thorough, focused - complex patients	
Clinical Skills	Vital signs	Basic physical exam		Increasing accuracy	Increasing efficiency	Ability to teach exam
The Developing Professional (professionalism)	Fundamental professional attributes	Cases from clinical experience			Advocacy	
Clinical reasoning	Apply basic sciences/physiology to history and physical exam			Basic diagnostic/therapeutic plan		
Student-as-teacher	Self-directed learning	Defining and researching clinical questions		In-depth learning/teaching		Co-lead clinical team
	Peer teaching/learning	Near-peer teaching (history/PE)		Near-peer teaching ethics, professionalism, clinical reasoning		
	REPORTER			INTERPRETER	MANAGER	EDUCATOR

Figure 1. Application of the RIME (reporter, investigator, manager, and educator) model to curriculum reform. PE, physical examination.

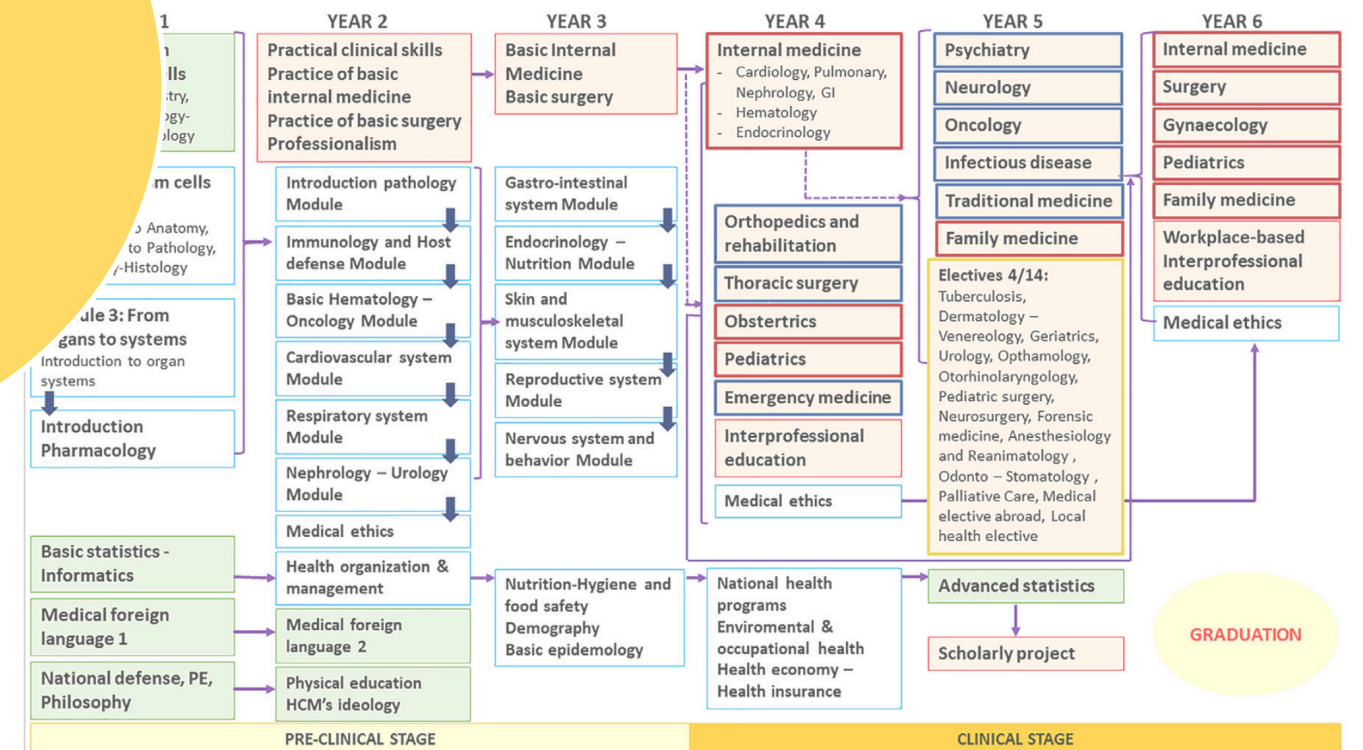


Figure 2. New curriculum map. GI, gastro-intestinal system; HCM, Ho Chi Minh; PE, physical examination. Green box: general education; blue box: basic medical education; orange box: medical education; dark blue arrow: horizontally integrated; purple arrow: vertically integrated; continuous line: directly relevant; broken line: indirectly relevant. dark red borders: core clerkship; dark blue borders: secondary clerkship; dark yellow borders: electives.

# Why does UMP-HCMC need to have 'good' tests?

Why does the examinee **take tests**?

Why should **test developers make reliable and valid tests**?

Why should **item writers make high-quality items**?

**Mid-term exam**  
**Final exam**  
**Quiz**

**KMLE**  
**USMLE**  
**MCAT**  
**GAMSAT**  
**UCAT**

- **Classroom-level test**
- **Standardized test:**  
a test where all procedures and methods are standardized to ensure consistent administration, scoring, and interpretation of results
- **Standardized test is**  
a time-consuming, high-stakes and advanced task

# Medical Licensing Examination as a Standard Test

## USMLE

### ▶ STEP 1:

- Determine whether examinees understand and can apply important concepts of the sciences basic to the practice of medicine
- 280 items over an 8-hour a day
- Criterion-referenced test: Pass/Fail since 2022

### ▶ STEP 2:

- Clinical Knowledge Measure of examinee's ability to apply medical knowledge, skills, and understanding of clinical science
- 318 items over an 9-hour in a day
- Score range: 1~300
- Passing standards: over 60% of the total score
- **Score: important for residency matching**

## KMLE

### ▶ Clinical Skills:

- OSCE ( + CPX )
- 10 items, with 12 minutes per item
- Criterion-referenced test:  
Modified Angoff Method

### ▶ Written test:

- Computer-Based Test
- 320 items 10-hour in 2 days
- Score range: 1~320
- Passing standards:  
over 60% of the total score,  
with at least 40% in each subject
- **Score: important for internship matching**



# The Path We've Taken for IBEP

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## VMLE in 2027

### Vietnam Medical Licensing Examination as a Confirmed National Agenda:

- National Item Bank Establishment
- Experts for VMLE preparation, execution and QA
- Last but not least: Money, Places

- CBME
- 2022, The 1st Cohort of CBME
- 2022, Change of UMP-HCMC Graduation Examination

1 the 1st Round of the New GEx

2 the 2nd Round of the New GEx

2022

2023

KMLE or USMLE score has a significant impact on career path,  
therefore, the test should be **Reliable and Valid!**

**Reliability: Consistency of a test(assessment).**

A reliable test consistently produces the same results under the same conditions.

**Validity: Accuracy of a test measuring what it is intended to measure**

A valid test ensures that the results are an accurate reflection of the dimension undergoing assessment.



**Reliable  
Not Valid**



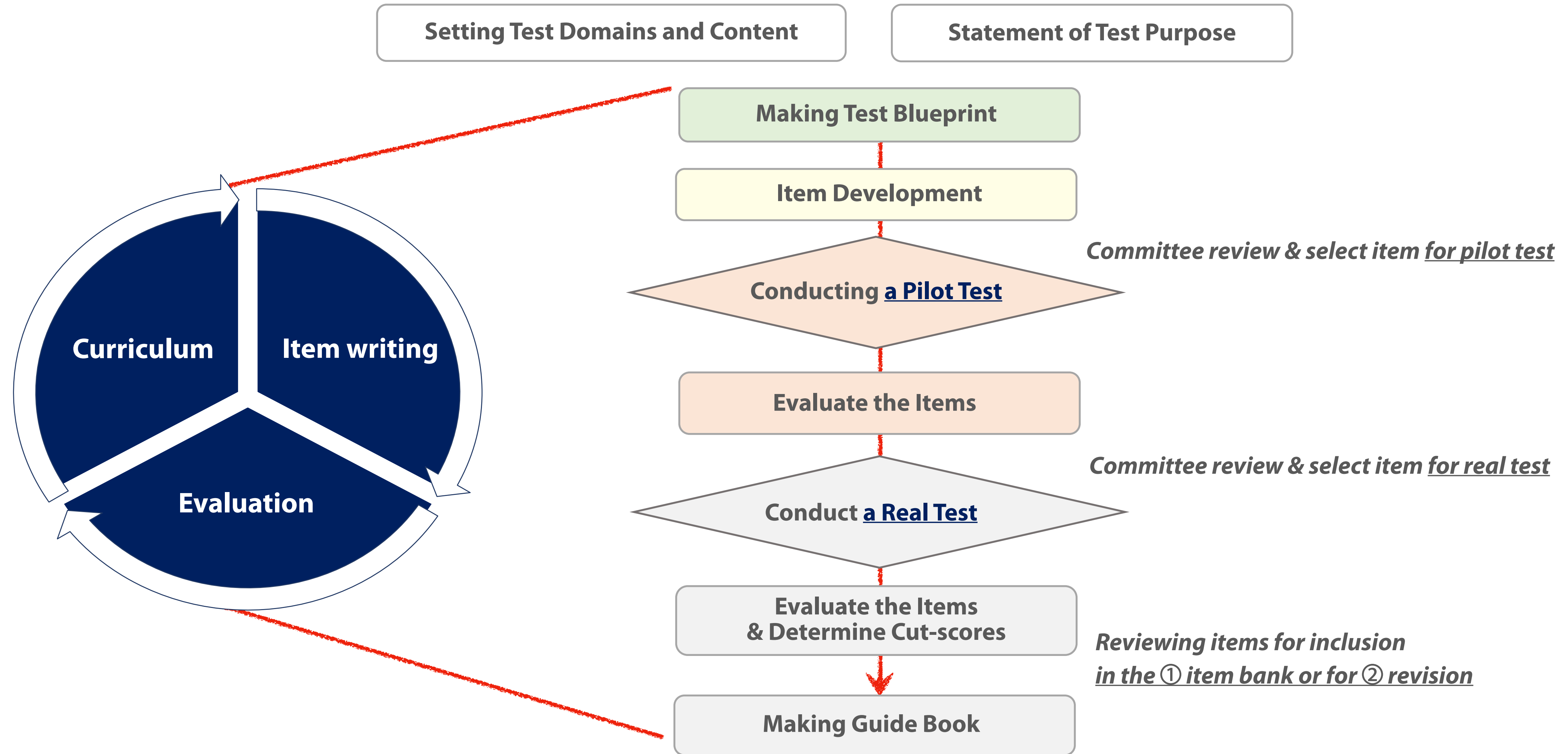
**Not Reliable  
Not Valid**



**Reliable  
Valid**

# therefore, the test should be Reliable and Valid

## Model Process to Write a Reliable and Valid Test



# The Path We've Taken for IBEP

Activities & Outcomes: Expectations			
	06/2023- 12/2023	01/2024- 12/2024	01/2025- 06/2025
Activities	<ul style="list-style-type: none"> <li>Train 40 faculty in writing and 40 faculty in reviewing test items</li> </ul>		
	<ul style="list-style-type: none"> <li>Write and review 300 items for each period</li> </ul>		
	<ul style="list-style-type: none"> <li>Pilot 450 items for each period</li> </ul>		
Outcomes	<ul style="list-style-type: none"> <li>Build item bank SOP</li> </ul>		
	<ul style="list-style-type: none"> <li>3 workshops</li> <li>1<sup>st</sup> set of 300 items written, reviewed</li> </ul>	<ul style="list-style-type: none"> <li>2 workshops</li> <li>2<sup>nd</sup> set of 300 items written, reviewed</li> <li>1<sup>st</sup> set of 450 items tested</li> </ul>	<ul style="list-style-type: none"> <li>2 workshops</li> <li>3<sup>rd</sup> set of 300 items written, reviewed</li> <li>2<sup>nd</sup> set of 450 items tested</li> <li>1 item bank SOP suggested</li> </ul>

## IBEP Expectation by 2025

*Item Bank Establishment Project of UMP-HCMC x MEF as a Possible Model for VMLE:*

- **UMP-HCMC** Item Bank Establishment
- **80 Experts (W&R)** for IB at UMP for preparation, execution & QA
- **Important but it won't be the same: Money, Places**

- **CBME**
- **2022, The 1st Cohort of CBME**
- **2022, Change of UMP-HCMC Graduation Examination**



# The Path We'd Better to Take *for IBEP*

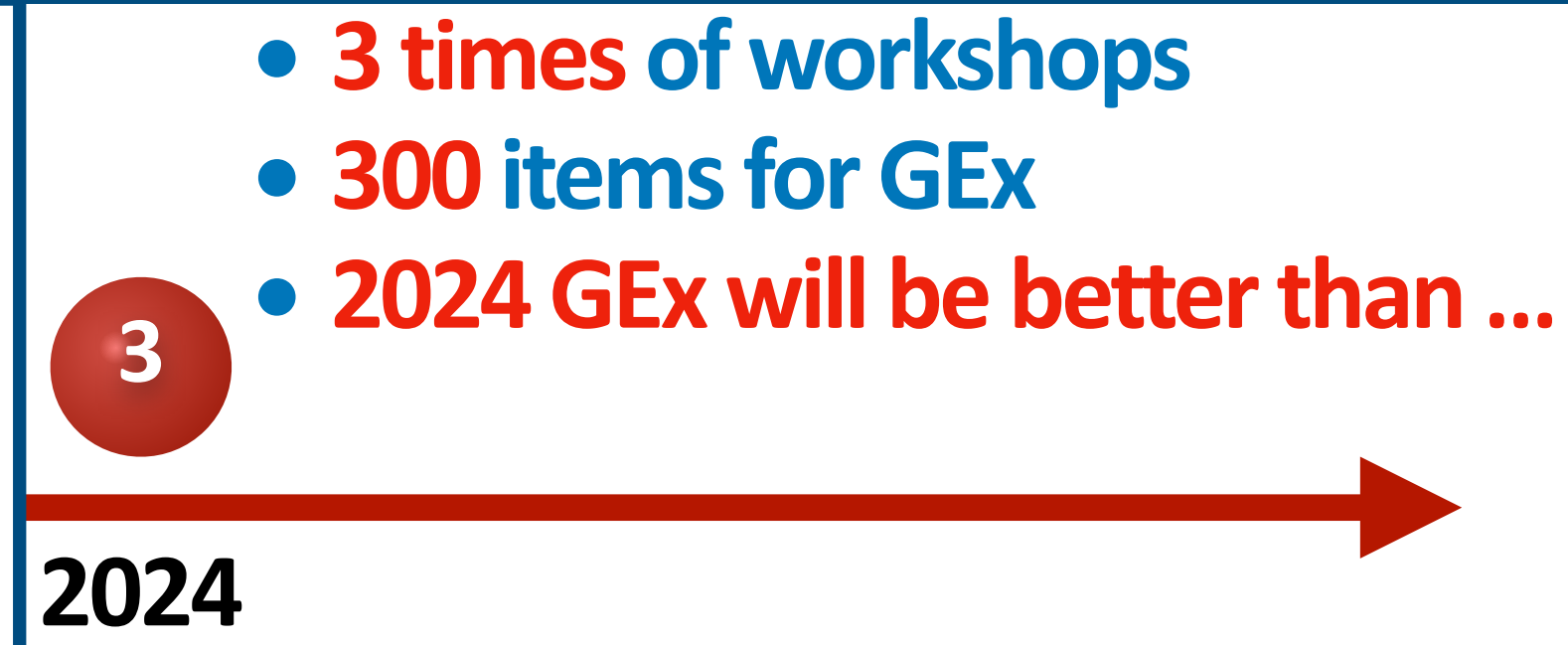
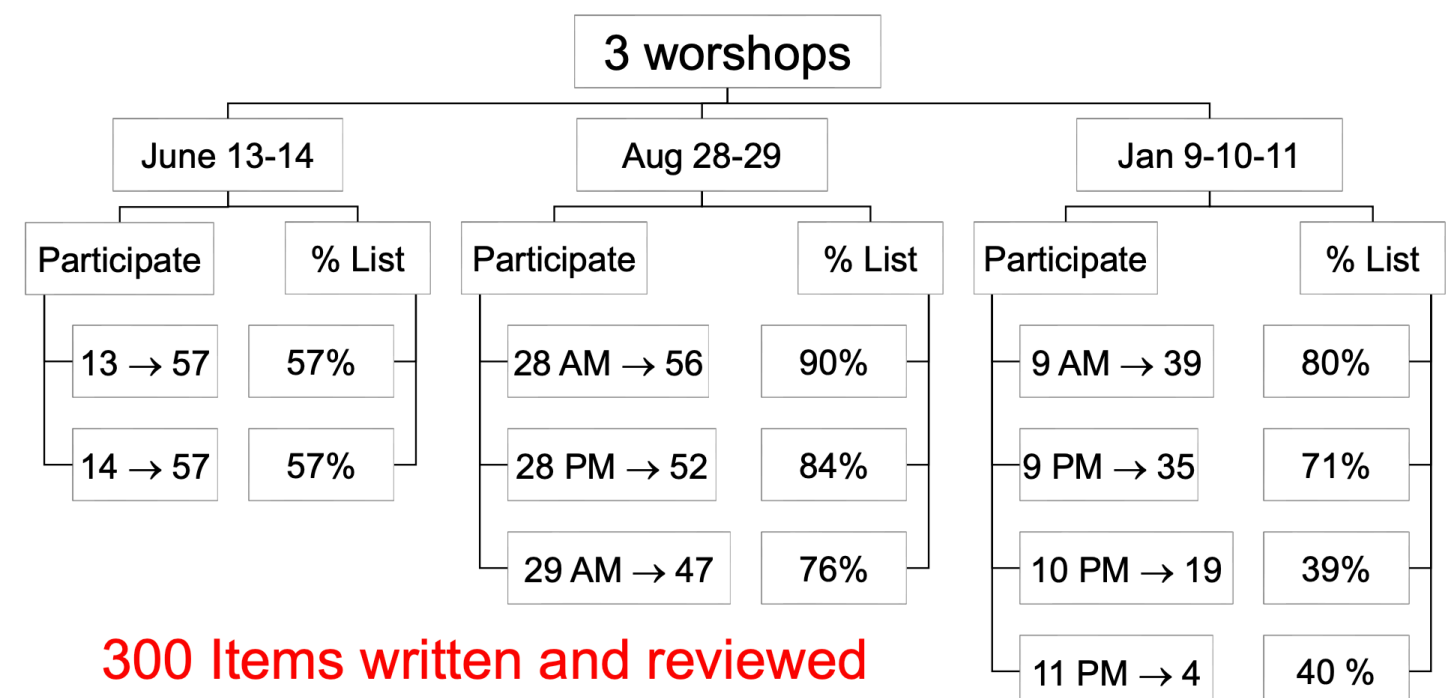
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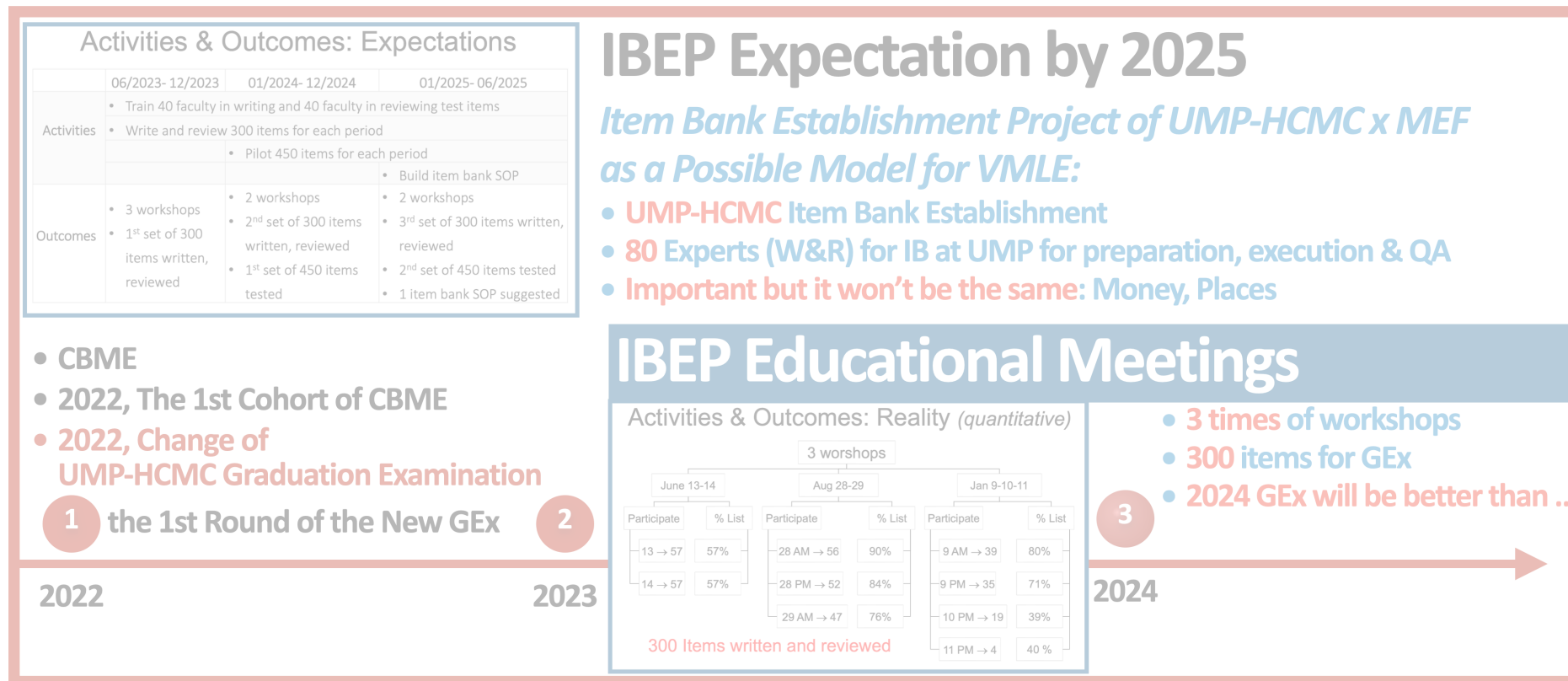


## IBEP Educational Meetings

### Activities & Outcomes: Reality (*quantitative*)



# The Path We'd Better to Take *for IBEP*



## Layered Approach: Consolidation and Expansion

- **A New round for the Core:**
  - Consolidate of the trained as the core of IB-UMP: Writer, Revisioner, Manager, Researchers
  - Make the core as trainers for the beginners

- **Another Round for the Expanded: Repetition of 2023 training contents**

# Student-centered

- **Provision of Quality Medical Education**  
= *Program Evaluation with KIMEE(2024-2026)*

Medical Education for the Future ME Project 1

- **Accurate Assessment of Competencies**  
= *Development of an accurate assessment system*  
= *Establishment of Item Bank with 900 items (2025)*

Medical Education for the Future Research Project 2

Medical Education for the Future Research Project I

- **Provision of necessary resources**  
= **50 Keyconcept videos with assessment**  
= **50 Procedural videos with assessment**  
= **82 Digital learning material with assessment**
- **Digital Platform for Teaching and Learning**
- **FDP & FL/TBL Curricular Development**

- **Provision of Quality Medical Education**  
= *New Media Studio (2023), New Digital Platform(2024)*

Medical Education for the Future ME Project 1

Active Learning

# Student-centered

## Summary

The competency-based undergraduate curriculum reform at the University of Medicine and Pharmacy at Ho Chi Minh City, Faculty of Medicine (UMP-FM) is detailed and reviewed in reference to the instructional and institutional reforms, and enabling actions recommended by the Lancet 2010 Commission for Health Professional Education. Key objectives are to: revise the overall 6-year curriculum to be more integrated and competency-based; reinforce students' knowledge application, problem-solving, clinical competence, self-directed learning and soft skills; develop a comprehensive and performance-based student assessment programme; and establish a comprehensive quality monitoring programme to facilitate changes and improvements. New features include early introduction to the practice of medicine, family- and community-based medicine, professionalism, interprofessional education, electives experiences, and a scholarly project. Institutional reform introduces a faculty development programme, joint planning mechanism, a "culture of critical inquiry", and a transparent faculty reward system. Lessons learnt from the curriculum reform at UMP-FM could be helpful to medical schools from low- and middle-income countries considering transitioning from a traditional to a competency-based curriculum.

Research Project 2: Item Bank  
// Faculty Development Workshop (2023, ~)  
--> VNMLE (2027)

// Faculty Development Workshop (2023, ~)  
Research Project 1 / New Media Studio

KIIME Collaboration Project  
(2024, 2026)

Better UMP ME Program

ces  
assessment  
assessment  
with assessment  
and Learning  
Development

Education  
New Digital Platform(2024)

# Active Learning



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## Summary

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Faculty Development Workshop (2021~)  
Research Project 1 / New Media Studio

Research Project 2: Item Bank  
Faculty Development Workshop (2021~)  
→ VNMLE (2027)

KEMEE Collaboration Project  
(2024, 2026)  
Beta UMP ME Program

VAME Conference (2024.11)

Item Bank at UMP-HCMC (2025)

Sharing of UMP ME model with other VMSS (2026~)

Beginning of VNMLE (2027)  
Establishment of ME Accreditation Body endorsed by WFME

## Student-centered

- Competency-based Learning = mastery learning (how to teach)
- Individualized = different preferences and needs (what to teach) = different learning styles (how to learn)
- Respecting the learners = to let learners play active roles
- Excelling at learning  
Intrinsic motivation
- Experience-based learning
- Role of teacher = from the sage on the stage = to the guide on the side
- Flipped Learning/Team-based Learning = Provision of necessary resources
- Transformation of learners = from passive listeners to active problem-solvers
- Much better educational outcome
- Learning Behaviors as a lifelong learner

## Active Learning

# Active Learning