

Evaluation of the Feedback on the Attitude, Ethics, and Communication Module by First-Year Faculty Members in Medical Colleges

Udgi Rekha^{1*}, Ganganahali Praveen¹

¹MD, Department of Community Medicine, BLDE(DU) Shri.B.M.Patil Medical College And Research Centre, Vijayapura, Karantaka, India

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***Corresponding author:**

Department of Community Medicine,
BLDE(DU) Shri.B.M.Patil Medical College
And Research Centre, Vijayapura,
Karantaka, India.

Email: drekhaudgiri@gmail.com

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Abstract

Background: The National Medical Commission (NMC) of India has prepared a revised graduate medical training program for Indian medical graduates to develop the requisite knowledge, skills, attitude, values, and responsiveness as physicians of the first contact with the community. The attitude, ethics, and communication (AETCOM) module has been prepared as a guide to facilitate implementing a longitudinal program for institutions and faculty members that will help the students acquire the essential competency domains. The present study was an attempt to know the faculty members' perception regarding the AETCOM module based on analyzing and addressing the suggestive measures.

Objectives: To know the faculty perception regarding AETCOM module & based on the analysis, suggestive measures are recommended

Methods: The present research was a cross-sectional study. The data were collected using semi-structured questionnaires. Those who submitted the responses were included in the study. The feedback form, along with the AETCOM module curriculum, was e-mailed to those who have undergone one or the other faculty development training program from different colleges of the first professional year faculties. A total of 34 faculty members out of 60 participated in the study.

Results: About 65% of the participants were females, 50% were professors, and 44% belonged to private and deemed university colleges, respectively. The majority (60%) of the participants were told to reduce the duration of modules and avoid the repetitions concerning the communication skill modules.

Conclusion: According to the study findings, we conclude that the implementation of the AETCOM module is a good initiative taken by the NMC. The competencies specified within each module underscore the importance of cultivating attitudes, ethics, and communication skills among Indian medical graduates, reflecting the contemporary demands and standards of the healthcare profession.

Keywords: Attitude, Ethics, Communication Module, Feedback, Perception, Faculty Members in Medical Colleges

Background

The National Medical Commission (NMC) of India has formulated an updated graduate medical training program aiming to equip Indian medical graduates with the essential knowledge, skills, attitude, values, and responsiveness required to serve as primary healthcare providers within the community through competency-based medical curriculum (CBME). The AETCOM module has been designed to serve as a roadmap for educational institutions and faculty members, assisting them in establishing a comprehensive program that

empowers students to acquire essential competency domains (1).

Knowledge of proper attitude, ethics, and communication skills with the patients plays a vital role in the success of medical professionals. So, the AETCOM module has been formulated to train the medical students from the first bachelor of medicine and bachelor of surgery (MBBS) year as a part of their foundation course as early as possible. Proper physician-patient communication will increase patient satisfaction and also compliance with the treatment (2).

There has been a sudden shift from the pedagogical to the andragogical pattern of learning and education and the module was the very first time introduced into the curriculum for which formal training was conducted under the NMC supervision; hence, the study was planned to represent an endeavor to gauge the faculty members’ perspectives (one of the stakeholders responsible for program implementation) on the AETCOM module. Subsequently, the analysis of their feedback will inform recommendations for improvement and refinement.

Objectives

To know the faculty perception regarding AETCOM module & based on the analysis, suggestive measures are recommended

Methods

The present research is a cross-sectional study and the feedback form, along with the AETCOM module curriculum, was e-mailed to the first professional year medical faculty members who have undergone faculty development training programs like revised basic courses in medical education from different medical colleges. The faculty members’ list was obtained from the regional center for faculty development training. Sixty faculty member e-mails were available and all were enrolled in the study. Faculty members are among the stakeholders of the AETCOM module training; hence, they were selected for the study.

The study was conducted in 2022 after obtaining ethical permission and faculty members’ consent. The AETCOM module feedback was collected through a self-administered, semi-structured questionnaire to collect the data using Google Forum, and the validity of the questionnaire was pretested. Open-ended questions

were asked to explore issues such as the module perceptions, time allotted, and usefulness, as well as student involvement, assessment methods, reflections on the module, advantages of the module, and any suggestions for the improvement of the training using the module. For structured questions, a 5-point (1-5) Likert scale was applied to assess the objectives, duration, teaching-learning methods, and assessment. The statistical analysis was performed for quantitative data using SPSS software version 20, and content analysis was performed for qualitative data. The studied variables were gender, designation, years of experience, and the type of institute working presently, which underwent training in medical education. Qualitative data were concerning the module implementation perception, time allotted, usefulness, as well as student involvement and assessment methods.

Results

Out of 60 faculty members, 34 submitted their responses through the Google Forum. Most of the participants were females (65%). As shown in [Table 1](#), 50% out of 52.9% of the participants were professors with 5-15 years of service; 53% of faculty members had <14 years of service, and 44% belonged to private and deemed university colleges, respectively. Based on the Likert scale analysis, most participants stated that all the module mentioned for the first professional year were good (40%). Objectives intended for all the modules (40%), teaching-learning methods (40%), time allotted for the module (35%), and assessment methods (40%) were also good ([Figure 1](#)). The median score and interquartile range of the collected data are shown in [Table 2](#).

Table 1. Distribution of the participants’ profile

Variables	Categories	Frequency	Percentage
Age group (years)	< 40	08	23.52
	40 - 49	21	61.76
	50 - 59	03	8.82
	60 & above	02	5.90
Gender	Female	22	64.70
	Male	12	35.30
Length of service (years)	5 - 14	18	52.94
	15 - 24	13	38.23
	25 - 34	01	2.94
	35 & above	02	5.89
Type of institute working	Deemed university	15	44.11
	Public	04	11.78
	Private	15	44.11
Present designation	Assistant professor	06	17.64
	Associate professor	11	32.36
	Professor	17	50.00

Table 2. Measures of the central tendency and standard deviation of the data

	Module I	Module II	Module III	Module IV	Module V
Mean	2.980392	2.946078	3.622549	3.044118	3.362745
Median	3.166667	3.000000	3.833333	3.083333	3.333333
Standard deviation	.7964195	.7562540	.8239970	.6795582	.6349403
Quartiles					
25	2.333333	2.500000	3.333333	2.666667	3.000000
50	3.166667	3.000000	3.833333	3.083333	3.333333
75	3.541667	3.500000	4.208333	3.541667	4.000000

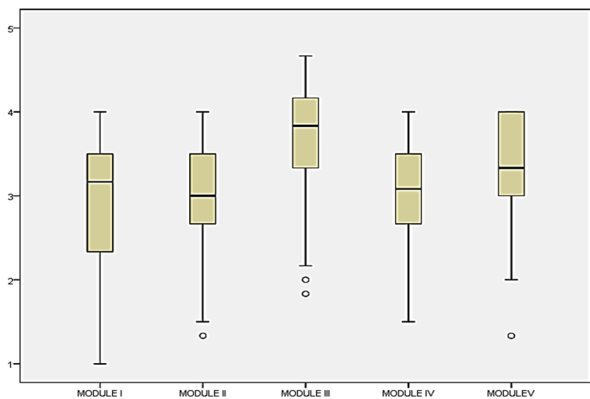


Figure 1. The box plot representation of the five modules

Open-ended responses for the modules: Repetition was avoided in the open-ended responses.

1. Perception regarding implementation of all modules in the first professional year

- a. A very important and basic need for students to learn attitude and communication while treating patients;
- b. Ethics and communication will greatly help in future practices and teaching;
- c. It inculcates a professional attitude among budding physicians;
- d. It guides them to have appropriate behavior and approach toward the patient and society;
- e. Apart from acquiring knowledge, one should know how to approach a patient;
- f. Having good communication is the key to a successful physician.

2. The time duration allotted for each module

- a. Regarding the physician-patient relationship, it can be introduced in the second professional year;
- b. Hectic implementation of all competencies of the five modules in the first professional year;
- c. Only a few hours are required for strengthening the philosophical foundation of humanity’s culture;
- d. Implementing two modules in the first professional year and the other three modules in the second professional year;
- e. It is good, but overlapping topics need to be removed from the foundation course;

- f. It is not much useful to the first-year students;
- g. Modules are good and much needed, as they give a picture of what they can expect once they are involved in patient care.

3. Which module (M) do you think was very useful in the first year?

The majority (80%) of the faculty members mentioned cadaver as their first teacher (1.5 M), followed by the foundation of communication (1.4 M) and what it means by the physician (1.1 M).

4. Comments on the student involvement in conducting this activity

- a. It was very good; the students were very much involved and curious about their responsibilities;
- b. Student involvement was poor. They did not realize its importance;
- c. They are not that active, as topics are a little vague to understand for the first professional year students;
- d. Students are the least interested;
- e. The pandemic was a problem in conducting the activity;
- f. It was an interactive session. They enjoyed it as it was different from usual studies;
- g. They were involved in the debates, role plays, and discussions very enthusiastically;
- h. Involvement was affected by online classes.

5. Comments on the assessment method adopted for the modules

- a. Most of them considered it appropriate, good, and satisfactory;
- b. They are not able to write reflections properly;
- c. It requires further incorporation of assessment tools.

6. Reflection

- a. It is beneficial to have it, as we can start training medicos to develop the Indian Medical Graduate (IMG) guidelines from the first day;
- b. It is important to give them a correct picture of their roles and responsibilities as a physician in the future;
- c. The students understand the importance of teamwork;
- d. Introducing medical students to the dynamics

between physicians, patients, and their relationship should be prioritized at the outset of their training, laying the foundation for a strong professional connection and fostering positive rapport

- e. The AETCOM module will help produce not only highly skilled physicians but also incorporate the true values of professionalism;
- f. The AETCOM module is a longitudinal program to educate the students regarding attitudes, ethics, and communication skills required to be a good physician;
- g. It is taught explicitly using experiential learning, discussions, role plays, and student-oriented learning;
- h. The physician-patient relationship is an essential component in helping students understand the relationship. If the physician conducts these modules, it will enhance the outcomes.
- i. Developing soft skills, professionalism, and ethics needs to be taught from the beginning;
- j. The Cadaver as Teacher module enhances reverence for cadavers.
- k. It will take some time to get mainstream and to change the mindset of faculty members;
- l. Case scenarios are good;
- m. We, as faculty members, also benefitted from and learned newer perspectives on the topic.

7. Any disadvantages of these modules:

- a. The time allotted for each module is a bit much;
- b. All departments must coordinate with each other;
- c. Management in public colleges is not showing interest;
- d. Staff should be trained and a lot of preparation is required;
- e. Some of the modules are too early to be introduced;
- f. All faculty members were not equally enthusiastic. Some lacked training and simply refused to take the classes;
- g. Regarding students, they started presuming that they were already physicians and the seriousness of learning the science for getting the MBBS degree was sometimes lost;
- h. Good assessment methods are required.

8. Do you want to suggest any improvements for these modules?

- a. The modules are fair, best, and well-addressed;
- b. The time duration should be reduced;
- c. The modules must be implemented during the second year;
- d. Case scenarios may be improved;
- e. The AETCOM module taught in the first year should be precise and brief;
- f. Possible improvements should be planned

based on feedback and opinions from stakeholders and teachers;

- g. Communication is almost available in every part of the module, except for the cadaver as a teacher, so it feels like repetition. Hence, some can be incorporated and taken;
- h. Faculty members should get some credit for conducting such classes in terms of points or certification;
- i. All the additional work concerning the CBME is being conveniently getting passed onto the medical education members in the departments;
- j. A team should be created from the first-year faculties.

Discussion

The proposed AETCOM module is a manifestation of understanding that endeavors to strike a balance between the five identified roles of IMGs, viz clinicians, leaders, and the healthcare team members, communicators, lifelong learners, and professional learners, right from their first training professional year. The entire concept of the AETCOM module lies in the fundamental principle that changing an individual's attitude can change his or her behavior. As these new modules are introduced in the CBME curriculum, there is limited available literature associated with the present study regarding AETCOM modules.

According to the feedback responses, the majority of the faculty members stated that it was a good initiative taken by the NMC; similarly, according to Zayapragassarazan Z. *et al.*, it is a really valuable step taken by the Medical Council of India (MCI) to bring changes in the present curriculum (1). This indicates that it is necessary because the AETCOM module is a longitudinal program to train the students regarding attitudes, ethics, and communication skills required to be a good physician. There is a due emphasis on introducing a module on attitude, ethics, and communication skills for medical students from the day they enter medical college (3).

Feedback responses indicate a need for staff training and extensive preparation for implementation; however, management in public colleges shows limited interest. In a study, Modi J.N. *et al.* (4) suggested a lack of training among medical faculty members on designing and implementing the CBME curriculum and a lack of commitment among management to bring changes to the existing system. This shows that accepting and

implementing the new curriculum is a challenging issue in all medical colleges, particularly in public colleges.

Feedback responses also highlight that all faculty members were not equally enthusiastic; some lacked training and simply refused to take the classes. According to Lal S. *et al.* (5), regular sensitization of the learned faculty is essential for the AETCOM core competencies, and one-time training at nodal and regional centers of MCI is not sufficient.

Faculty members also stated that student involvement was poor. They did not realize its importance and were not that active as topics were a little vague to understand for the first professional year students. Various researchers have found that students were not showing keen interest and were exhibiting casual behavior toward this module, and some found that when taught and assessed properly, AETCOM modules were perceived well by students (6, 7), highlighting that the implementation level from faculty members and students is equally responsible.

Some of the faculty members reflected that faculty member should get some credit for conducting such classes in terms of points or certification. Zayapragassarazan Z. *et al.* (1) suggested that incentive mechanisms would also encourage adoption and adaptation to the module. (1) They also commented that it would take some time to get mainstream and to change the mindset of faculty members. Other researchers also believe that the restrained environment of medical colleges leads to difficulties in accepting newer module introductions other than their conventional medical subjects (8-10).

Limitations: The response rate was less and also the representation throughout the country was not present. Hence, observations cannot be generalized.

Conclusion

Based on our study, it can be deduced that the NMC's introduction of the AETCOM module is a commendable initiative. The competencies outlined within each module, emphasizing attitudes, ethics, and communication, are not only commendable but also essential for the current landscape of Indian medical education. These modules play a crucial role in restoring a human touch to the medical profession.

The study indicates that a significant portion of respondents suggested shortening the duration of the modules and reducing redundancy in the communication skills section. It is worth noting that the implementation of the AETCOM module has elicited

diverse reactions from various colleges. In order to enhance the effectiveness of this program, it is imperative to consider the feedback and opinions provided by stakeholders and educators to make necessary improvements.

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