



Design and Implementation of the Attitude, Ethics and Communication Module -Working in a Healthcare Team in a Medical Institute

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ABSTRACT

Background

Communication and inter-personal skills are an imperative requirement in undergraduate medical curriculum. Incorporation of Attitude, Ethics and Communication module (AETCOM) was a major change in the new curriculum implemented by National Medical Commission (NMC) of India in 2019. Implementing modules related to soft skills like “Working in a healthcare team” come with challenges and novel learning experiences for the medical faculties.

Methods

This prospective cross-sectional study was conducted in the department of Pathology at a medical college institute over a period of four months. AETCOM module “Working in a healthcare team” was to be taken over a duration of six hours on every Saturday 8:00 to 9:00 am consecutively for six weeks. Two hours were taken as small group discussions and four hours as class room based planned interview sessions with under recognized personnel of healthcare team – billing, housekeeping staff, junior residents, and technicians

Results

A brief outline of the entire module was conveyed in the first small group session. Subsequent interview sessions were divided into icebreaking, interview and concluding sessions. In the last small group session, students were asked to give feedback and write the narrative reflective writing in their log books as a formative assessment. The students liked interview session of housekeeping personnel the most.

Conclusions

We wish to share our experience of designing and implementing this module which not only gave students a preview into contribution of various personnel in daily patient care but also stressed upon the need for developing an attitude of respect and good communication.

Keywords: education; attitude; communication; ethics.

INTRODUCTION

Cognitive components of attitude and ethics are very fundamental and closely connected to basic human values.¹ Ethical dimension play a crucial role in behavioral evolution. The basic building block of good communication is instilling in one’s mind that every human being deserves respect and whatever job one does is of equally important value. Implementation of the Curriculum Based Medical Education (CBME) by the National Medical Commission (NMC) in India from 2019 for undergraduates has been one of the major reforms in Indian medical education system.²

Among the many changes is incorporation of the attitude, ethics, and communication (AETCOM) module as a part of regular teaching and assessment process. AETCOM serves as an important way to foster important skills in medical students. Though flexibility has been assigned being part of a reformed syllabus, designing and implementing the module comes with challenges for medical colleges.³ In addition, there is paucity of resources and reference material pertaining to the same. Hence, we intent to present an outline of the way in which we formulated and implemented the module “Working in a healthcare

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team” to our first batch of undergraduate students.

METHODS

This prospective cross-sectional study was conducted in the department of Pathology at a medical college institute over a period of four months. The methodology and design were as follows.

Planning phase: As per the master time table, AETCOM module assigned to Pathology was “Working in a healthcare team” to be taken over a duration of six hours on every Saturday 8:00 to 9:00 am consecutively for six weeks. The senior department faculty had a brain storming session on planning of this module two weeks prior to the first class. By referring available literature references, medical education journal articles and interaction with peers from other medical institutes, an outline was drafted. Out of the six hours, two hours were to be taken as small group discussions and remaining four as hospital tag along sessions as per the NMC guidelines (Figure 1).

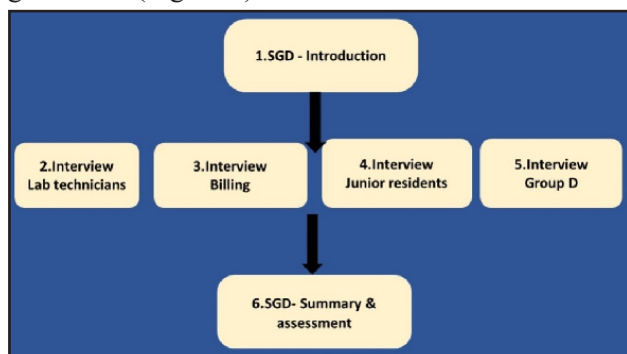


Figure 1. Outline of the instructional method for the module.

Considering a batch strength of 150 students and the first morning hour allotted for the class below mentioned outline of the module was planned.

Prior preparedness by faculty: For Class 1: Introduction session - A brief introduction about competencies that students are expected to acquire at the end of this 6-hour session was compiled along with a plan to organize a role play to stress the importance of various subgroups and teamwork in healthcare. For Classes 2 to 5: Interview sessions - As it would be challenging to organize tag along sessions keeping in mind the large number of students and early morning timings, the same was decided to

be simulated through interview sessions in classroom setting in two batches of 75 each. Instructions were drafted to be conveyed to students three days before each class which included – observing the work pattern of the healthcare personnel assigned for that week, preparing a list of questions they would want to ask during the interview session during the class hour and observe the roles various subgroups play in the hospital functioning. The intent was to familiarize students with the less observed but crucial role players in hospital functioning team like junior residents, billing personnel, housekeeping workers and technicians. A few days prior the faculty would also coordinate with the interviewers to confirm their availability as per timings of their shifts, sensitize them to interact with the students as a part of interview and brief them regarding the same which was scheduled from 8 to 9 on a Saturday morning. Class 6: Winding up and summarizing the session with formative assessment in the form of a narrative reflective writing was planned. A feedback form was formulated to gather the student’s opinion about their views on implementation and usefulness of this module.

RESULTS

Session 1: Venue for all sessions was lecture halls with students being divided in 2 batches as decided prior. A brief outline about what would be expected in the next 4 interview sessions was conveyed and students were instructed to actively participate in the assigned activities like observing the roles played by different personnel, preparing and participating in interviews etc. Students were asked to perform a role play to portray their views on the various roles involved and attitude towards working in a healthcare team.

For classes 2 to 5: Every week around Wednesday, the students were informed by the faculty about the category of healthcare worker to be observed - billing, senior residents, group D workers and laboratory technicians. Over the next 4 consecutive classes, concerned healthcare worker who were informed prior were requested to come to classroom and interact with students in the form of an informal

interview which was facilitated by the faculty. At the beginning of the class, students greeted the healthcare worker who was introduced and welcomed. After the initial ice breaking session, the students interacted by asking details of their role like work pattern, educational details, work challenges, what makes them happy, how do they relieve stress, work experience etc. Language barrier when present was moderated by the facilitator. After about 30 minutes of interview, students thanked the healthcare worker. This was followed by summarizing of the session by the teacher. Students were made to write a short reflective writing of the summary of their experience in each session followed by attendance (Figure 2).

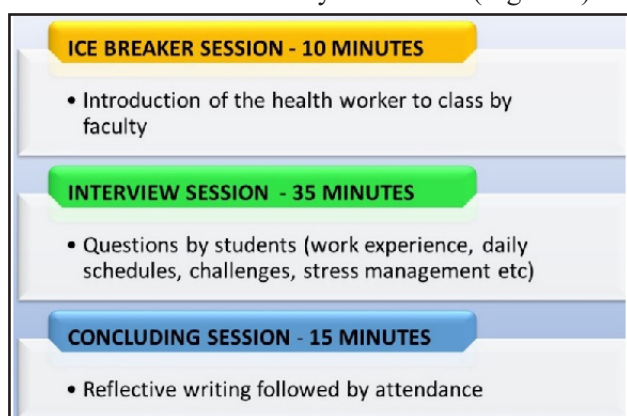


Figure 2. Outline of time break up for each class of one hour duration.

Session 6: The last session was a summary of the entire module taken in the form of small group discussions. The facilitators, discussed the salient points observed over the past 4 sessions and stressed the importance of attitude, ethics and communication as contributing factors to the well-functioning healthcare team. Students were asked to write the narrative reflective writing in their log books, which was considered as a formative assessment. A feedback form was also shared with all students. The most liked interview session was of housekeeping personnel (Figure 3).

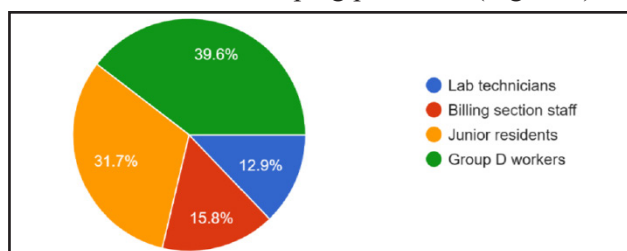


Figure 3. Interview sessions most liked by students.

Developing an attitude of respect and realization of importance of collaborative team work were the key points perceived by students (Figure 4).

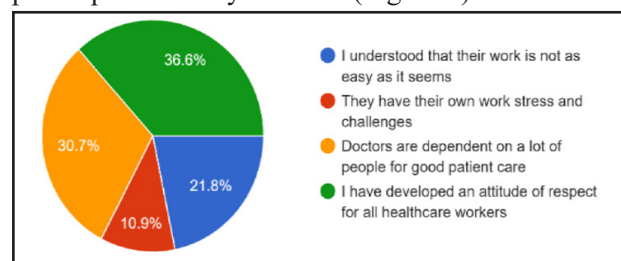


Figure 4. Important attitudes perceived by students post AETCOM session.

DISCUSSION

The purpose of introducing AETCOM (attitude, ethics and communication) module by the National Medical Commission of India as a part of the new CBME curriculum for the undergraduates is to have an holistic Indian Medical Graduate with the best of soft skills.⁴ The earlier curriculum was based only on cognitive learning.⁵ As per the new CBME curriculum, a total of 27 topics are covered in preclinical, paraclinical and clinical subjects with each being a comprehensive self-contained unit expanding to overlapping 54 competencies. Of these, 39 are core and the remaining 15 are noncore competencies. As many as 26 competencies are knowledge based (knows and knows how) while 18 are skill based (shows and shows how). Total time mandated for transacting these modules amounts to 140 teaching hours spread over to different phases of learning.³ Though the new guidelines command development of AETCOM competencies through 27 modules, designing and incorporation of these modules is an arduous task as it is new to the faculty without experience of teaching these modules, a disproportionate student teacher ratio and challenges in infrastructure and logistics.⁶ Since the competency based AETCOM module differs in many ways from the traditional curriculum, it is vital to sensitize faculty for this change. Though faculty development is gaining momentum in India through Medical Education Units there are still many institutes where it is yet to be materialized. In addition, the pandemic has slowed down the educational training programs scheduled to orient the teachers to the new curriculum.⁷

Conducting and allotting the AETCOM module is at the discretion of the institution. In our medical college this module was allotted department wise with freedom for inter departmental and inter discipline collaboration when needed. The department of Pathology was allotted the competency of “2.4-Working in a Health care team” under AETCOM. This module recognized the importance of respect in relationship with fellow team members. It basically involved introducing students to health care team and their roles in successfully delivering the best health care services to the society. Health care delivery is mainly a team based and collective matter and learning opportunities like this module help transform the learner’s attitude and enables them to widen and enhance health outcomes.⁸ Modules in the AETCOM are case-based and require proper organization and delivery of concrete learning experience to achieve desired goals.⁹ Since ours was a new medical college with only few faculties in the department trained in Revised Basic Medical Education Training (RBMET), it was tough task to plan the sessions (Table1). Primarily, it was crucial for us to work out the logistics.⁹ Senior faculty who were trained at regional centers on the reformed curriculum discussed the best possible implementation of AETCOM module after receiving a basic overview post visiting the Phase I-Preclinical departments and obtaining inputs of experience in conducting similar sessions allotted to them previously. Two-faculty allotted each for one two group of undergraduates made an outline individually and later sat together and finalized the framework for the subsequent class. Naturally a lot of time was consumed in planning the sessions.

During the first small group discussion (SGD) class, students were emphasized about importance of a good team in delivering best health care to the patients. The students of 2nd phase who had just stepped into hospital wards for their clinicals were under the delusion that clinicians were the sole key players in treating patients. The students were hardly aware of the existence and role of different strata in the health care delivery system.³ So, the first task for us was to

eliminate this belief and prepare them for ‘real life’ scenarios. Students had an intense brainstorming session about the different strata which shaped the health care team.

Since the health care team involved so many groups of health care workers choosing only four of them for interview sessions was a difficult task. It was decided to involve healthcare groups which are an integral part of day-to-day patient care in hospital like billing, group D workers, technicians and junior residents who often go unnoticed by students and well as general population. Interview sessions were finalized, as tag along sessions were not practical considering the 150-batch strength and early morning allotted hours. Allotted faculty checked availability of health care workers for the interview sessions. This was to be done at least 3-4 days in advance of the sessions as students had to be informed prior to observe their work flow process. They were instructed to go the section where the health care worker was posted observe and understand nature of work and the work flow process. Students were enthusiastic but faced the initial difficulty in taking time out from their hectic class schedule during college hours. Our institution had an advantage in this aspect as majority of students were residential and students could go to respective sections and see personnel working in the evening hours post class. A few enthusiastic ones also squeezed out time during lunch hours. It was difficult to have health care workers at 8 a.m. for the interview sessions during the class hour. This was the time for change of shifts and hand over as per the hospital policy. At times they were requested to spare some extra time and stay back for the students’ interaction, which they willingly obliged. One they were in class; students were sensitized to respect them and avoid any offensive action or question during the interview.¹⁰ Faculty had to facilitate and control interview sessions as few of the health care workers were hesitant while others were extremely verbose. The faculty also synchronized and combined the individual team member contributions and moderated to wisely direct the sessions to keep it relevant, engaging, informative and within the stipulated time.

Scheduling the sessions on Saturdays turned out beneficial to us as it kept students stress free. They looked forward to these less hectic, non-theoretical, exciting and interesting session on weekends.

Effectiveness of any newly introduced module is best analyzed by obtaining feedback from students. The most liked session was of the housekeeping workers. Need to develop and attitude of respect and importance of collaborative work were the key points mentioned about students. We also decided to analyze students' perception of this module through reflective writings. This would also help us to improvise its implementation and maximize the benefits for the successive batches.¹¹It was evident from developed respect for paramedical staff, understood and learnt the jobs of the health team, their workload, their ways of working in the community, their workplan, available resources, community relationship and accountability to the community. We concluded that affective competencies are best taught by a mix of different methods to encourage reflection, critical analysis, and developing ethics.¹²A combination of interactive (small) group discussions, active involvement and observation by students, designing methods that are lateral from the traditional didactic formats are all necessary for optimal transfer of holistic knowledge in medical curriculum.¹² In our scenario reflective writing was also helpful as a record keeping tool and was documented in the logbook as a formative assessment which is a requirement as per the reformed , newly introduced curriculum.¹³ After an extensive

literature search, we encountered limited literature on planning and execution of attitude, communication and ethics module of working in a healthcare team to compare with ours. We intent to share our experiences to serve as a source and reference in helping others to implement soft skill modules in their institutes, which is an integral part of global undergraduate medical curriculum.

CONCLUSIONS

Designing and implementing soft skill modules in medical institutes needs extra time and effort by the faculty but is nonetheless achievable. Incorporating soft skill-based modules in undergraduate medical curriculum gives students a sneak peek into the contribution of the various health care team members in daily patient care and helps develop an attitude of respect and good communication. It is hoped that this experience of ours will serve as reference for peers.

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