

## Summary and Reflection on the Introductory Implementation of Attitude, Ethics and Communication Skills (AETCOM) Module

Padmini Hannah Noone<sup>1</sup>, Kavita S. Konapur<sup>2</sup>, Gyata Mehta<sup>3</sup>,  
Kiran Kumar K<sup>4</sup>, Madhva Prasad S<sup>5</sup>, Jagadeesh N Reddy<sup>6</sup>

<sup>1</sup>Professor, Dept of Forensic Medicine, Vydehi Institute of Medical Sciences and RC, <sup>2</sup>Specialist, Dept of Internal Medicine, Manipal Hospital, <sup>3</sup>Professor, Dept of Anatomy, VIMS and RC, <sup>4</sup>Professor and HOD, Dept of Psychiatry, VIMS and RC, <sup>5</sup>Associate Professor, Dept of Obstetrics and Gynecology, St Johns Medical College, <sup>6</sup>Professor and HOD, Dept of Forensic Medicine and Vice Principal, VIMS and RC.

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### Abstract

AETCOM (Attitude, Ethics and Communication Skills) Module implementation was a new event in the curriculum. As per the Curriculum based medical education more importance was given to the attitude component which was a new development. The first batch of students in this curriculum started in 2019. The batch also had delay in their course due to the Covid pandemic. Despite many challenges it was possible to implement the module. Here we are detailing the process of implementation of the module in our institution and describing our experience with the first batch of students. This aims to provide a data base to build upon and further improve the future sessions in AETCOM.

**Keywords:** Attitude, Ethics and Communication Skills, Implementation, Competency Based Medical Education

### Introduction

Medical education in India is evolving at a rapid pace currently. At present, there are 555 medical colleges in the country, out of which 285 in Government and 285 are in private sector with annual admission capacity of 83050 MBBS (Bachelor of Medicine, Bachelor of Surgery) students every year.<sup>1</sup> To improve the outcome of this huge percentage of doctors reaching the community, the Medical Council

of India (MCI) envisaged the "Vision 2015" document to evolve a roadmap for graduate and postgraduate medical education comparable to global standards, with emphasis on early clinical exposure, integration of basic and clinical sciences, clinical competence, and skills. The goal is to create an "Indian Medical Graduate" (IMG), who is a skilled and motivated basic doctor, physician of first contact (primary care physician) for the community for both urban, as well as rural India, while being globally relevant.<sup>2</sup>

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**Corresponding Author:** Padmini Hannah Noone, Professor, Dept of Forensic Medicine, Vydehi Institute of Medical Sciences and RC.

**E-mail:** padmini.noone@gmail.com

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Integration of ethics, attitude, and professionalism in all phases of learning has been suggested as one of the key curricular strategies in the document to enable the IMG to function professionally. With the ever-increasing work load with added stress at work place and with several incidences of assault on doctors, it has become very important at this point of time to include communication skills and professional ethics in regular medical teaching curriculum. Several researchers have opined that communication skills among medical professionals and interns was poor and teaching communication skills had profound positive effect on their practice and improved doctor-patient relationship.<sup>3,4,5</sup> Good communication skills and appropriate attitude and good professional conduct are very essential not only to practice medicine but also to motivate the community and the health team.<sup>6</sup>

Finally, in 2020 MCI (Medical Council of India) made it mandatory to teach Attitude, Ethics and Communication skills (AETCOM) in all medical colleges across India. MCI also suggested that Nodal & Regional Centres to train the facilitators and Medical Education Units in each medical college to take the responsibility of implementing AETCOM. To guide the facilitators, MCI has provided AETCOM handbook which has systematically designed modules for each professional year with respective competencies and resources.<sup>7</sup>

In this paper, we are describing our experience in implementing AETCOM for the first CBME (Competency Based Medical Education) batch of undergraduate students. We have also put an effort to bring out the challenges we faced and the possible solution for those challenges.

### **Implementing AETCOM:**

There are 5 modules for first year Undergraduate students. These five modules were spread across first academic year. At our institution, we have 250 students per academic year. Hence 6 small groups were formed with 40 - 42 students in each group for small discussions. All modules were taken as per the norms given in AETCOM handbook and also the time allotted was as per the handbook. All modules had closure sessions as per handbook.

### **First Module – What does it mean to be a Doctor?**

The first module had a panel discussion based on title, white coat ceremony, small group discussion and hospital visit. The faculties identified for each of the activity, were personally contacted and briefed about the objectives and plan of the program. For the small group discussion 12 faculties were identified. They were briefed as to how to conduct the discussion and resource material was shared with them. Learning objectives, competencies and assessment format were specified.

A facilitated panel discussion was conducted with one of the AETCOM committee members as the moderator. The panellists consisted of faculty with varying capacities from preclinical & clinical departments and an intern. During panel discussion, panellists shared their views on responsibilities of a good doctor in hospital as well as in community. Panellists also stressed the double-edged nature of social media and explained how to maintain balance between profession and media. The importance of communication skills and team building was shared in alignment with the IMG goals.<sup>7</sup> The panellists also answered questions raised by students. This was followed by 'white coat ceremony' as recommended in the module.<sup>7</sup> During this session the senior doctors discussed about the sanctity and the privilege of the white coat.

The following day, small group discussions were held which was mainly explorative in nature. The students discussed on why they chose this profession and their expectations. After this the students in small groups were taken to the different areas of the hospital involved in patient care. During the closure session, students shared their reflections on panel discussion, white coat ceremony and hospital visit.

### **Second Module: What it means to be a patient?**

The first session in this module was small group discussion for which same group division and faculty allotment was followed as per module 1. During this session, students had to reflect on their past illness. Few of the questions that guided students to reflect were - How this illness affects them? What do they believe patients go through during the course of illness? How does the illness affect one's behaviour, outlook and expectations? And importance of careful

listening and time given by doctors to the patient in OPDs. Faculty also took time to sensitise them to empathy and non-judgemental attitude.

This was followed by interaction with patient. Focus was given on what the patient's concerns were, how it feels to be admitted and their expectation from a doctor. Following this, a case study was shared with them as an assignment. The assignment was regarding a doctor reflecting his experience during illness and hospital admission.<sup>8</sup> The students were instructed to answer few questions and discuss on the case study. The self-directed learning activity was based on patient interaction. Students had developed role plays on good and bad behaviour of doctor. They performed it in groups while others observed and noted the points. Formative assessment was conducted based on the completion of assignment, analysing and interpretation of SDL, comprehending empathy and non-judgemental attitude. Thus, the session closure was done.

### **Third Module- Doctor Patient Relationship**

Module three started with an anchoring lecture as part of large group discussion by one of the AETCOM committee resource persons. Cases for small group discussion as given in the module were given to the students at the end of the discussion, based on which students completed their self-directed learning. The faculty for small group discussion were given hand outs on duties of doctor as part of MCI code of ethics IMC (Indian Medical Council) Professional Conduct, Etiquette, and Ethics Regulation 2002<sup>9</sup>, Consumer Protection Act<sup>10</sup>, KPME (Karnataka Private Medical Establishment) rules<sup>11</sup>, salient points from the Clinical Establishment Act<sup>12</sup>, and also Charter For Patients' Rights For Adoption by NHRC (National Human Rights Commission)<sup>12</sup>, various articles and case reports on rights of patient and also regarding boundaries, trust and vulnerability in the doctor patient relationship<sup>14-17</sup> for preparing for the same. Students were intrigued by patient's charter and the case study was focal point of discussion since it was regarding consent and patient autonomy in relation to end of life care. Closure and formative assessment were conducted based on self-directed learning, discussions and understanding.

### **Fourth Module- Foundations of communication**

It was conducted online as lockdown was imposed due to COVID 19 pandemic. Using zoom platform, anchoring lecture on communication skills was given by the MEU (Medical Education Unit) Coordinator and AETCOM faculty. They were briefed about the Kalamazoo consensus in communication skills and the importance of good communication skills was imparted.<sup>18</sup> As part of self-directed learning four videos on communication skills and assignments were shared with students. The videos demonstrated appropriate and inappropriate behaviour of doctor while breaking bad news to patients and inappropriate communication based on patient's ethnicity. And thus, videos played an important role in making students understand the importance of good communication.<sup>19-22</sup> Snippets from well-known online series were also used for better understanding.<sup>23</sup> Different videos were given to each small group of students and they had to discuss about the video based on Kalamazoo consensus during discussion sessions. Student's reflections on these videos gave us the opportunity to understand their thought process and helped to rectify whenever needed. Based on the assignment and interaction, formative assessment was conducted followed by closure of the session.

### **Module Five- Cadaver as Our First Teacher**

This was conducted as part of the teaching schedule in the department of Anatomy. During this session awareness regarding sanctity of the cadaver was created among students and were told how to show respect to dead body. They were also made aware of body donation and handling of biological tissues. There were discussions on the ethical aspects of dissection. Reflections of the students were collected on online platform during lockdown. Further closure session was planned towards the end of the academic year by the department of Anatomy.

**Challenges-** Competency Based Medical Education is not only a new concept which has to be incorporated with in the teaching syllabus and stipulated with minimum trained faculty but COVID 19 pandemic also posed a challenge as a part of AETCOM had to be covered through online platform.

**Challenge-** Introduction of a new concept and availability of minimum faculty trained in advanced medical education and CBME. It was difficult to convince few faculties and Heads of various departments (who had not undergone CBME training) to cooperate for small group discussions and hospital visits.

**Proposed Solution-** MCI/NMC (National Medical Council) should permit to have more regional centres for Medical Education training and also allow more faculties to be trained in CBME in every medical college.

**Challenge-** Resources provided in the AETCOM manual were not sufficient to have a uniform teaching throughout the country and several links provided did not open. With this insufficient literature, each college will try to plan or prepare their own resources due to which there can be major differences in contents thought in various medical colleges.

**Proposed Solution** - Adequate resource materials with accessible links could be provided in the AETCOM manual.

**Challenge-** As per AETCOM module, in small group activity (case discussion/ problem-based learning) each group should consist of only 8 - 10 students. In colleges with 250 students like our institute we would require 25 batches and 50 faculties (2 for each group) which is not feasible along with routine college and hospital related activities. A lot of planning was required to arrange for free lecture halls, gather all required resources and arrange for faculty. Hence, we divided students in to 6 groups with 12 faculties. Faculty with passion and interest were chosen. They also had to be free on the respective days. Hence standby faculty were also identified for the same. There was shortage of faculty as compared to number of UG students in each batch. We also recommend MCI/NMC to increase the teacher student ratio to improve the teaching.

**Challenge-** Formative assessment i.e. getting all 250 students to talk and give reflections is practically difficult in the given time. Only few students could volunteer to answer in the open forum.

To over-come this challenge, students were asked to participate in role plays and write their thoughts

and reflections. This was read by facilitators and students were corrected wherever necessary.

#### **Students Feedback:**

With respect to the first module, the students were overall satisfied with the discussions and the efforts put in. They liked the interactive discussions. This made them realise the good and bad effect/influence of social media in professional life. They also understood the importance of serving in rural area. Some students however requested that the white coat ceremony could have been held on the first day of joining college itself. Some of them wished to include more light hearted discussions in panel discussion.

During discussion on second module, by their reflections in patient interaction, the students brought out the problems faced by patients. Following facilitator guided patient interaction, students were able to pen down the problems faced by patients admitted in hospitals well. They also understood how body language of doctor helps to ease mind and build rapport with the patient without feeling intimidated or being judged. Most patients are satisfied when doctors communicate to them in a simple, respectful and non-judgemental manner.

With respect to the third module, the students expressed difficulty in deciding against patient autonomy. In the case that was given in AETCOM module, there was an elderly lady who wishes to give the assets to the caretaker and visiting doctor instead of her son who lives abroad. Initially some students did feel that it was not a bad idea to accept the proposal. After discussion and deliberations, we were able to convey the boundaries in doctor patient relationship and how to counsel against such decisions which may affect the patients' family bonds as well.

In the session on fourth module, the students brought out the importance of good communication skills. They also realised how the poor communication can give rise to ethical and legal problems during medical practice. They understood that non-verbal communication is as important as verbal communication. Students participated actively in discussion though the module was implemented on online platform.

In the session on the fifth module, the students were emotional about the selflessness of the body donors who voluntarily gave themselves for academic purpose. The session was an eye opener for bringing out the ethical aspects of anatomic dissection.

One of the feedbacks given by the first-year faculties in general, prior to the COVID 19 pandemic was that the student's attitude is different from the previous batches. They were not worried about passing tests; rather they chose to believe in some long-term goal. This is good but from a teaching learning point of view is this going to hamper their immediate content learning? Did the new curriculum change their attitude towards basic much needed knowledge acquisition?

Once the pandemic started there were challenges faced in implementing the remaining modules. However, with the help of technology and administrative support we were able to complete the modules with modification in teaching learning methods. Students were divided in to small groups and they interacted with each other online to complete the reflections and closure sessions. The assignments, material for SDL( Self Directed Learning) and reflections were shared online. This was a new experience for us but we realized that when one door closes, another door opens. We do not know when the classes may resume in the actual classrooms, but are confident that through virtual classrooms also we can conduct interactive sessions.

This was only a beginning and we tried to give it the best with the available resources. The intention was good and the efforts have been sincere. We are yet to see the result ripening to fruition once this batch passes out and actually works in the society. A feedback study at that time would reveal much-needed information regarding the effectiveness of the new curriculum.

### Discussion

Teaching communication skills to medical undergraduate students, either with the help of simulated patients or in skills lab is not a new concept. Even before the implementation of foundation course and AETCOM in regular undergraduate curriculum, various authors have

reported that teaching communication skills during formative years is crucial for medical students and practitioners.<sup>3-6</sup>

Several other authors from various medical institutes also have reported that AETCOM modules are beneficial for students.<sup>24-28</sup> M. Vijayasree has reported that 84% of students were satisfied with AETCOM modules. The author has also reported that students felt AETCOM sessions will help them in gaining patients confidence and will be very useful in their future practice.<sup>28</sup>

Among the challenges which we faced during implementation, arranging faculties and providing resource material for AETCOM session, were also reported by Anil Kapoor in his paper. The author also opined that more resource material should be provided by MCI, now NMC to maintain uniformity in implementing AETCOM.<sup>29</sup>

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### References

1. List of colleges teaching MBBS. [Online]. 2020 [cited 5th February 2021]. Available from: URL: <https://www.nmc.org.in/information-desk/for-students-to-study-in-india/list-of-college-teaching-mbbs>.
2. National Meet on Implementation of Reforms in Undergraduate and Postgraduate Medical Education. Medical Council of India: Vision 2015. [Online]. March 2011 [cited 5th February 2021]. Available from: URL: <https://www.niti.gov.in/writeraddata/files/mci1.pdf>
3. Choudhary A, Gupta V. Teaching communications skills to medical students: Introducing the fine art of medical practice. *Int J App Basic Med Res* 2015;5:S41-4.
4. Sharma P, Mahajan N. Development of Competency in Communication Skills in Third Year MBBS Students Based on AETCOM Module: A Pilot Study. *Natl J Integr Res Med* 2020; Vol.11(1): 35-40.
5. Gomes IT, Cardoso RM, Braga MF. Communication Skills in Medical Students – An Exploratory Study Before and After Clerkships. *Porto Biomedical Journal* 2016 September;1(5):173-180.
6. Mitra J, Saha I. Attitude and communication module in medical curriculum: Rationality and challenges. *Indian J Public Health* 2016;60:95-8.

7. AETCOM: Attitude, Ethics & Communication. Medical Council of India. [Online]. 2018 [cited 5th February 2021]. Available from: URL: [https://www.nmc.org.in/wp-content/uploads/2020/01/AETCOM\\_book.pdf](https://www.nmc.org.in/wp-content/uploads/2020/01/AETCOM_book.pdf)
8. Pandya SK. My recent experiences as a patient. *Indian J Med Ethics*. 2012 Jul-Sep;9(3):158-60. DOI: 10.20529/IJME.2012.052. PMID: 22864069.
9. Professional Conduct, Etiquette and Ethics-Regulations. Indian Medical Council. [Online]. March 2002 [cited 5th February 2021]. Available from: URL: <https://wbconsumers.gov.in/writereaddata/ACT%20&%20RULES/Relevant%20Act%20&%20Rules/Code%20of%20Medical%20Ethics%20Regulations.pdf>
10. The Consumer Protection Act, 2019. Ministry of Law & Justice, Government of India. [Online]. August 2019 [cited 5th February 2021]. Available from: URL: <http://egazette.nic.in/WriteReadData/2019/210422.pdf>
11. The Karnataka Private Medical Establishments Rules. Part IV A. Health & Family Welfare Secretariat. Government of Karnataka. [Online]. March 2018. [cited 5th February 2021]. Available from: URL: [https://dpal.karnataka.gov.in/storage/pdf-files/Kanunu%20padakosha%20PDF%20Files/The%20Karnataka%20Private%20Medical%20Establishments%20\(Amendment\)%20Rules,%202018%20\(Eng\).pdf](https://dpal.karnataka.gov.in/storage/pdf-files/Kanunu%20padakosha%20PDF%20Files/The%20Karnataka%20Private%20Medical%20Establishments%20(Amendment)%20Rules,%202018%20(Eng).pdf)
12. Clinical Establishment Act Standards for Hospitals. Ministry of Health and Family Welfare. Government of India. [Online]. 2010 [cited 5th February 2021]. Available from: URL: <http://clinicalestablishments.gov.in/WriteReadData/776.pdf>
13. Charter of Patient's Rights for Adoption by NHRC. Patients' rights are Human Rights!. Ministry of Health and Family Welfare. Government of India. [Online]. 2018 [cited 5th February 2021]. Available from: URL: <http://clinicalestablishments.gov.in/WriteReadData/8431.pdf>
14. Nadelson C, Notman MT. Boundaries in the doctor-patient relationship. *Theor Med Bioeth*. 2002;23(3):191-201. DOI: 10.1023/a:1020899425668. PMID: 12467344.
15. Guidelines for doctors on boundaries with patients. Perappadan BS. *The Hindu*. [Online]. 6th April 2019 [cited 5th February 2021]. Available from: URL: <https://www.thehindu.com/news/national/guidelines-for-doctors-on-boundaries-with-patients/article26757920.ece>.
16. MCI Adopts Guidelines on Sexual Boundaries for doctors. *Outlook- The News Scroll*. [Online]. 10th April 2019 [cited 5th February 2021]. Available from: URL: <https://www.outlookindia.com/newscroll/mci-adopts-guidelines-on-sexual-boundaries-for-doctors-hc-told/1513335> accessed on 30-1-2020.
17. Pellegrini CA. Trust: The keystone of the physician-patient relationship. *Bulletin of the American College of Surgeons*. [Online]. 1st January 2017 [cited 5th February 2021]. Available from: URL: <http://bulletin.facs.org/2017/01/trust-the-keystone-of-the-physician-patient-relationship/> accessed on 30-1-2020.
18. Joyce B, Steenbergh T, Scher E. Use of the Kalamazoo Essential Elements Communication Checklist (Adapted) in an Institutional Interpersonal and Communication Skills Curriculum. *J Grad Med Educ*. 2010 Jun; 2(2): 165-169.
19. University of Nottingham. Clinical communication skills - verbal communication - version 2 of 2. [Online]. September 2013. [cited 5th February 2021]. Available from: <https://youtu.be/Cg4BbnkBavQ>
20. University of Nottingham. Clinical communication skills - explanation Skills. [Online]. July 2014. [cited 5th February 2021]. Available from: <https://youtu.be/SSJFJpk0osU>
21. IHI Open School. How Should Providers Deliver Bad News? [Online]. October 2015. [cited 5th February 2021]. Available from: [https://youtu.be/qHGvjv\\_7PLU](https://youtu.be/qHGvjv_7PLU)
22. ABC News. Doctor caught on camera laughing and cursing at a patient. [Online]. June 2018. [cited 5th February 2021]. Available from: <https://youtu.be/NFvU5AGs02U>
23. House MD. [Online]. June 2018. [cited 5th February 2021]. Available from: [https://en.wikipedia.org/wiki/House\\_\(TV\\_series\)](https://en.wikipedia.org/wiki/House_(TV_series))
24. Muthammal R, Natarajan A. Role of simulation in AETCOM and skill development of surgery interns. *Int Surg J* 2019;6: 56-60.
25. Varma J, Prabhakaran A, Singh S. Perceived need and attitudes towards communication skill training in recently admitted undergraduate medical students. *Indian J Med Ethics*. 2018 Jul-Sep;3(3):196-200.
26. Dabas A, Verma D, Kumar D, Mishra D. Undergraduate medical students experience with foundation course at a public medical college in India. *Indian Pediatrics*. March 202 57:261-262.
27. Gurleen Kaur, Jaspreet Singh, Karanpreet Bhutani, Naresh Jyoti Delmotra, Adish Goyal. Development and Introduction of Module on Medical Ethics in Patient Care To 2nd Professional MBBS Students. *Int J Med Res Prof*. 2019 Mar; 5(2):22-27.
28. Vijayasree M. Perception of attitude, ethics and communication skills (aetcom) module by first mbbs students as a learning tool in the foundation course. *J. Evid. Based Med. Healthc*. 2019; 6(42), 2750-2753.
29. Kapoor A. ATCOM – Challenges in Implementation and Possible Way Forward. *Journal of Research in Medical Education & Ethics* 2017 July;7(2):85-92.