



Assessment Of Empathy Training In Medical Education: Students' Perspectives On The AETCOM Module

Dr. Kiran Thorat¹, Dr. Ila Gujaria², Dr. Vivek Kumar³, Dr. Kshatrapal Prajapati^{4*}

¹Associate Professor and Head, Department of Physiology, SRVS Government Medical College, Shivpuri, Madhya Pradesh, India

²Professor & Head, Department of Anatomy, SRVS Government Medical College, Shivpuri, Madhya Pradesh, India

³Assistant Professor, Department of Anatomy, SRVS Government Medical College, Shivpuri, Madhya Pradesh, India

⁴Associate Professor, Department of Community Medicine, SRVS Government Medical College, Shivpuri, Madhya Pradesh, India

*Corresponding Author: Dr. Kshatrapal Prajapati

*Associate Professor, Department of Community Medicine, SRVS Government Medical College, Shivpuri, Madhya Pradesh, India

Email: drkpprajapati@gmail.com

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ABSTRACT

Background and objectives: In medical practice, a physician's objective extends beyond mere disease treatment; it encompasses holistic healing. This approach includes not only pharmacological interventions but also the doctor's demeanor and attentiveness to the patient. The National Medical Commission (NMC) has incorporated these principles into the new curriculum, emphasizing respect for patients and deceased individuals. This study aimed to assess students' perceptions on AETCOM module of this competency-based medical education curriculum.

Methods: This study involved surveying 200 first-year MBBS students trained in AETCOM (Attitude, Ethics, and Communication) modules. These modules encompassed lectures, patient-doctor interactions, role-playing, poster presentations, art exhibitions, opinion polls, panel discussions, and simulated patient interactions. Assessment was based on reflective practices and feedback, reflecting a multidisciplinary approach.

Results: Our study showed that majority of participants agreed with the new curriculum's concepts. Notably, significant number of students recognized the distinction between healing and curing, and emphasized the ethical imperative of treating all patients impartially. Furthermore, most of them acknowledged their societal duties as future physicians, and endorsed the ethical principle of respecting patients' autonomy.

Conclusion: Students grasped the significance of empathy in fostering strong doctor-patient relationships and its pivotal role in effective patient care, as facilitated by the AETCOM modules.

Keywords: AETCOM, Competency-based medical education, doctor-patient relationship, empathy, medical ethics.

INTRODUCTION

In the present context, there is a noticeable rise in societal unrest, primarily attributed to a lack of empathy towards patients, posing a significant challenge to the ethical standards upheld by healthcare professionals. While the foundation of medical ethics traces back to the inception of the Hippocratic Oath, updates to the medical code of ethics have been consistently implemented [1].

The elements of Attitude, Ethics, and Communication (AETCOM) have traditionally been informally conveyed to students during their clinical rotations and internships, albeit in an unsystematic manner. Students were left to independently glean these informal lessons, often relying on their peers, seniors, or instructors as role models. However, not all senior physicians exemplify commendable soft skills consistently, prompting various professional organizations to advocate for integrating attitude, ethics, and communication skills training formally into the curriculum [2-4]. The primary challenge lies in seamlessly merging these skill sets with clinical training.

In clinical settings, empathy plays a pivotal role in enhancing patient satisfaction [5-6], promoting better therapy adherence [7-8], improving clinical outcomes [9-10], and reducing malpractice risks [11]. Empathy, defined as the cognitive ability to understand a patient's inner experiences and effectively communicate this understanding, is crucial [12].

Numerous studies stress the importance of developing tailored training methodologies to sensitize healthcare professionals to appropriate attitudes, practices, ethics, and communication skills [13]. Some studies highlight the minimal emphasis on ethical dilemma resolution within medical curricula, underscoring the urgent need to integrate these soft skills into education [14].

Empathizing with patients not only alleviates anxiety but also facilitates the healing process and fosters a positive patient-doctor relationship. However, there existed gaps between theoretical knowledge and practical application of soft skills until the incorporation of AETCOM modules into the curriculum. The introduction of this new curriculum in medical education, where soft skills training commences early in the program, has revolutionized teaching methods, incorporating behavior, communication, respect for patients, and ethics alongside medical subjects.

Our study aimed to gauge students' awareness of the significance of these soft skills, particularly in the realm of medical ethics. Additionally, we sought to assess the impact of AETCOM sessions on first-year MBBS students and understand their perception of this innovative curriculum approach.

MATERIALS AND METHODS

This study was a cross-sectional study that involved 200 first-year MBBS students, encompassing both genders, who underwent six months of training in various AETCOM modules. The training comprised lectures, patient-doctor interactions, role-playing, poster presentations, art exhibitions, opinion polls, panel discussions, and interactions with simulated and real patients. Evaluation was conducted through reflection and feedback, employing a multidisciplinary approach and endorsed by the Institutional Ethical Committee.

For data collection, a self-administered, semi-structured questionnaire was developed, graded on a 5-point Likert scale ranging from "Strongly Disagree" to "Strongly Agree," with an additional category for indecision. Total 15 questions were posed to the students, eliciting their opinions on various aspects related to patient empathy and encounters. Open-ended questions were included for qualitative insights, and reflections were gathered after each AETCOM session.

Data were collated, entered into a Microsoft Excel sheet, and analyzed using descriptive statistics and Student's paired t-test. The questionnaire results were meticulously evaluated to derive meaningful conclusions.

RESULTS

The analysis was conducted using descriptive methods. From a total of 200 students, we received 150 completed and valid responses. Among these, the majority of students completely agreed with the positive impact of the competency-based medical education (CBME) new curriculum, particularly the AETCOM modules. However, a few students expressed disagreement with this new CBME AETCOM module. These opinions are summarized in Table 1.

An opinion poll was conducted regarding "Empathy in patient encounters" before the AETCOM module session on "Doctor-patient relationship." Initially, around 30 students agreed that empathizing with patients would lead to a strong patient-doctor relationship and foster long-term rapport with patients. After the session, approximately 105 students shared this viewpoint. The Student's paired t-test revealed a significant shift in student opinions after the session ($P < 0.05$).

Additionally, we included three open-ended questions, and the responses to these questions are presented in Table 2.

Table 1: Students' feedback about AETCOM module teaching

Statement	Strongly Disagree		Disagree		Neutral		Agree		Strongly Agree	
	n	%	n	%	n	%	n	%	n	%
Continuous learning is a key aspect of a student's academic journey.	0	0.00	2	1.33	14	9.33	125	83.33	9	6.00
I acknowledge the responsibilities and obligations we have towards society as medical professionals.	0	0.00	2	1.33	2	1.33	137	91.33	9	6.00
I have gained a better understanding of the distinction between illness and disease.	2	1.33	3	2.00	29	19.33	96	64.00	20	13.33
I have learned about the various components of the Kalamazoo consensus statement through the "The foundations of communication – 1" session.	0	0.00	3	2.00	33	22.00	94	62.67	20	13.33

I now appreciate the significance of active listening in building strong patient connections.	0	0.00	2	1.33	15	10.00	125	83.33	8	5.33
I recognize the benefits that come with improving as a healthcare provider.	3	2.00	9	6.00	56	37.33	62	41.33	20	13.33
I understand the difference between healing and curing patients.	0	0.00	3	2.00	18	12.00	123	82.00	6	4.00
It is important to always consider the patient's well-being from a comprehensive perspective.	11	7.33	18	12.00	39	26.00	65	43.33	17	11.33
Maintaining fairness and impartiality when treating patients is fundamental in clinical practice.	0	0.00	5	3.33	8	5.33	131	87.33	6	4.00
My perspective on viewing cadavers as initial patients has improved after attending the "The cadaver as our first teacher" session.	0	0.00	0	0.00	45	30.00	105	70.00	0	0.00
Recognizing and valuing patients' perspectives is integral to effective communication in healthcare.	0	0.00	3	2.00	5	3.33	137	91.33	5	3.33
Showing empathy towards patients leads to more insightful medical histories.	0	0.00	2	1.33	26	17.33	107	71.33	15	10.00
The session on "The cadaver as our first teacher" has increased my respect for deceased bodies as educational tools.	0	0.00	0	0.00	0	0.00	141	94.00	9	6.00
Transparency and honesty play a vital role in building strong doctor-patient relationships.	0	0.00	3	2.00	14	9.33	127	84.67	6	4.00
Upholding patient autonomy during medical interactions is crucial.	3	2.00	2	1.33	26	17.33	110	73.33	9	6.00

Table 2: Students' responses to open ended questions

Open-ended questions	Responses (%)
What changes did you notice in how you approached the cadaver?	
Humility	12
Respect	51
Seriousness	8
What does the role of a doctor entail?	
Becoming a lifelong learner	13
Commitment to work	21
Human Service	33
Social responsibility	17
How might you foster a positive connection with patients?	
Being empathetic	22
Being kind	22
By giving Reassurance	13
Providing time to describe their story	11

DISCUSSION

In our investigation, we observed that following the AETCOM sessions, students have gained a deeper understanding of empathy towards patients. They now recognize the importance of comprehending and respecting patients, actively listening to their concerns, and showing empathy. The concept of treating patients in a holistic manner, understanding their condition, and focusing on healing rather than just curing was effectively conveyed. Additionally, students acknowledged an increased albeit partial awareness of medical ethics and its significance.

The development of soft skills, along with knowledge and practice of medical ethics, was previously an informal aspect embedded within the medical curriculum, often learned implicitly by observing seniors or through firsthand experiences in clinical settings. This aspect was not prominently emphasized in mainstream medical education.

The intense stress experienced throughout medical training contributes to burnout symptoms among students, leading to decreased morale and lower empathy scores [15]. Several studies, including those by Ahsin et al. [16], Mueller [17], Roberts et al. [18], and others [19], have stressed the necessity of integrating medical ethics and communication training into the medical curriculum itself. The introduction of AETCOM modules within the

competence-based medical education framework, aiming to explicitly incorporate attitude, ethics, and communication skills into mainstream education, represents a significant step towards cultivating professionalism among young medical professionals.

Our study's strength lies in capturing firsthand experiences of students who recently underwent AETCOM sessions, providing valuable insights. However, a limitation of our study is that it has not yet been extended to second and final-year students, who have direct patient exposure, making it challenging to assess their hands-on experience with empathy and the associated difficulties in its application.

CONCLUSION

The competency-based medical curriculum, emphasizing early clinical exposure and the development of soft skills like communication, ethics, and the appropriate attitude for medical practitioners, has garnered significant recognition among medical students. Through AETCOM modules, students are learning crucial aspects of empathy that are vital for cultivating strong doctor-patient relationships and enhancing patient management effectiveness.

REFERENCES

1. Association of American Medical Colleges. Learning Objectives for Medical Student Education. Medical School Objectives Project. Washington, DC: Association of American Medical Colleges; 1998.
2. General Medical Council. Tomorrow's Doctors: Outcomes and Standards for Undergraduate Medical Education. London: General Medical Council; 2009. Available from: http://www.gmcuk.org/Tomorrow_s_Doctors_1214.pdf_48905759.pdf.
3. Simpson J, Furnace J, Crosby J, Cumming A, Evans P, Friedman M, et al. The Scottish doctor--learning outcomes for the medical undergraduate in Scotland: A foundation for competent and reflective practitioners. *Med Teach*. 2002;24:136-43.
4. Zachariae R, Pedersen CG, Jensen AB, Ehrnrooth E, Rossen PB, von der Maase H. Association of perceived physician communication style with patient satisfaction, distress, cancer-related self-efficacy, and perceived control over the disease. *Br J Cancer*. 2003;88:658-65.
5. Vermeire E, Hearnshaw H, Van Royen P, Denekens J. Patient adherence to treatment: Three decades of research. A comprehensive review. *J Clin Pharm Ther*. 2001;26:331-42.
6. Kim SS, Kaplowitz S, Johnston MV. The effects of physician empathy on patient satisfaction and compliance. *Eval Health Prof*. 2004;27:237-51.
7. Hojat M, Louis DZ, Markham FW, Wender R, Rabinowitz C, Gonnella JS. Physicians' empathy and clinical outcomes for diabetic patients. *Acad Med*. 2011;86:359-64.
8. Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: A systematic review. *Lancet*. 2001;357:757-62.
9. Rakel DP, Hoeft TJ, Barrett BP, Chewning BA, Craig BM, Niu M. Practitioner empathy and the duration of the common cold. *Fam Med*. 2009;41:494-501.
10. Rakel D, Barrett B, Zhang Z, Hoeft T, Chewning B, Marchand L, et al. Perception of empathy in the therapeutic encounter: Effects on the common cold. *Patient Educ Couns*. 2011;85:390-7.
11. Levinson W, Roter DL, Mullooly JP, Dull VT, Frankel RM. Physician-patient communication. The relationship with malpractice claims among primary care physicians and surgeons. *JAMA*. 1997;277:553-9.
12. Hojat M, Gonnella JS, Nasca TJ, Mangione S, Vergare M, Magee M. Physician empathy: Definition, components, measurement, and relationship to gender and specialty. *Am J Psychiatry*. 2002;159:1563-9.
13. Hariharan S, Jonnalagadda R, Walrond E, Moseley H. Knowledge, attitudes and practice of healthcare ethics and law among doctors and nurses in Barbados. *BMC Med Ethics*. 2006;7:E7.
14. Mattick K, Bligh J. Teaching and assessing medical ethics: Where are we now? *J Med Ethics*. 2006;32:181-5.
15. Koehl-Hackert N, Schultz JH, Nikendei C, Möltner A, Gedrose B, van den Bussche H, et al. Burdened into the job--final-year students' empathy and burnout. *Z Evid Fortbild Qual Gesundhwes*. 2012;106:116-24.
16. Ahsin S, Shahid A, Gondal GM. Teaching communication skills and medical ethics to undergraduate medical student. *J Adv Med Educ Prof*. 2013;1:72-6.
17. Mueller PS. Incorporating professionalism into medical education: The Mayo Clinic experience. *Keio J Med*. 2009;58:133-43.
18. Roberts LW, Warner TD, Hammond KA, Geppert CM, Heinrich T. Becoming a good doctor: Perceived need for ethics training focused on practical and professional development topics. *Acad Psychiatry*. 2005;29:301-9.
19. Shilpa M, Shilpa M, Raghunandana R, Narayana K. Empathy in medical education: Does it need to be taught? – Students feedback on AETCOM module of learning. *Natl J Physiol Pharm Pharmacol*. 2021;11(04):401-405.