

1 EDITORIALS **AETCOM: A NEW HORIZON** Dr Shaista Saiyad

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AETCOM: Attitude, ethics and communication... These are pillars of successful doctors. By successful doctors, we mean, doctors having all attributes of Indian Medical Graduate. The overall goal of undergraduate medical education programme as described in the revised Regulations on Graduate Medical Education - 2012 (GMR 2012)¹ is to create an "Indian Medical Graduate"(IMG) possessing requisite knowledge, skills, attitudes, values and responsiveness, so that he or she may function appropriately and effectively as a physician of first contact of the community while being globally relevant. Accordingly, IMG should be able to function in the following ROLES appropriately and effectively:

* *Clinician*: who understands and provides preventive, promotive, curative, palliative and holistic care with compassion.

* *Leader* and member of the health care team and system with capabilities to collect analyze, synthesize and communicate health data appropriately.

* *Communicator* with patients, families, colleagues and community.

* *Lifelong learner* committed to continuous improvement of skills and knowledge.

* *Professional*: who is committed to excellence, is ethical, responsive and accountable to patients, community and profession.

Currently, our IMG's function effectively as predominantly clinicians. For a competent IMG, they should possess all 5 roles in equal proportion i.e. All IMG's should be effective clinicians, leaders, communicators, life long learners and professionals.

Most of the IMG's are at present competent in cognitive (knowledge) domain and to some extent in psychomotor (skills) domain. However, they lack affective (attitudinal and communication domain). As a result of this, a lot of mistrust has developed between doctors and patients jeopardizing doctor-patient relationship. This has resulted in lot of litigations against doctors.

Most vital areas of patient management such as empathy, professionalism, and ethics are lacking in fresh undergraduates^{2,3}. There could be many reasons for lack of attitudinal domain among IMG's, most prominent among them is, this domain is sort of 'hidden curriculum'. Students are supposed to learn this vital domain by themselves as there is no formal training on this aspect.

Hence, students try to 'catch' it via role models or by trial and error. Since ethics, communication, professionalism, humanities etc is not in formal curriculum, it is not assessed or taught. We know that assessment drives learning... since there is no assessment, the students do not formally learn it. Also, our traditional curriculum is segmented with water tight disciplines.

All these limitations of traditional curriculum has resulted in IMG's who are not competent.

Miller's pyramid of clinical competence has 4 levels: knows, knows how, shows how and does. For a competent IMG, we need our students to go to higher levels of Miller's pyramid as they progress in their undergraduate medical studies. At present, since most of traditional curriculum is cognitive based and non-interactive, students are able to go upto knows how level only. If the students are formally trained and assessed in all three domains, they can go upto 'shows how' level at end of their internship. Main aim of facilitators should be to incorporate effective interactive teaching learning methods including self directed learning, to guide students towards higher levels of Miller's pyramid. Assessment forms core of CBME. Effective assessment methods, specially formative assessment with regular feedback is hallmark of CBME, which help students attain higher levels of Miller's pyramid.

Medical Council of India is working towards bringing in competency based medical curriculum (CBME), aimed at integration of interactive class room learning, community learning and early clinical exposure via AETCOM module.

To overcome limitations of traditional medical curriculum, MCI has rolled out AETCOM (Attitude and communication module)⁴.

AETCOM education tries to bridge the gap between doctors and patients. It is longitudinal modular program, spanning across whole of undergraduate medical studies. AETCOM focuses mainly on ethics, communication and attitudinal domain, in addition to cognitive and psychomotor domain. It also includes another grey area, medicolegal aspect in medicine. Main aim of AETCOM module is to guide undergraduate medical students towards unconscious competency.

Though the idea of implementation of AETCOM module is too lucrative, there may be challenges during its implementation. Challenges may be in terms of newer teaching learning methods, assessment, infrastructure etc. However, careful and phasic implementation promises a new horizon.

References:

- 1) Medical Council of India Regulations on Graduate Medical Education; 2012. Last accessed June 2018.
 - 2) Hojat M, Mangione S, Nasca TJ, Rattner S, Erdmann JB, Gonnella JS, et al. An empirical study of decline in empathy in medical school. *Med Educ.* 2004;38:934–41
 - 3) Vinod Kumar CS, Kalasuramath S, Kumar CS, Jayasimha VL, Shashikala P. The need of attitude and communication competencies in medical education in India. *J Educ Res Med Teacher* 2015;3:1-4.
 - 4) Attitude and Communication (AT-COM) Competencies for the Indian Medical Graduate. Reconciliation Board. Academic Committee of Medical Council of India. July 2015. Last accessed June 2018.
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