

Student's Opinions of the Role Play as an Aetcom Learning Technique Among First-Year MBBS Students

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Abstract

Background: Evaluation of the Doctor-Patient Interaction. The doctor-patient relationship is the cornerstone of health care and has far-reaching effects on patients' mental, social, and physical well-being. In order to become effective doctors, undergraduate medical students must learn to interact with patients on a personal level. To use the student's responses to a Likert-scale survey to gauge the doctor-patient relationship's openness to sharing and concern for one another. **Material and Methods:** The Malla Reddy Institute of Medical Sciences, Hyderabad, India, was the site of our observational descriptive cross-sectional study. As observers, 69 first-year MBBS students from the Class of 2021 watched as 10 students, after extensive preparation, acted out the scenario. 69 students' responses on Google forms Likert scale. **Results:** There were a total of 35 observers, with men making up 50.7% and women making up 49.3%. We had 69 students participate as either actors or audience members, and 100% of those students filled out our evaluation form. Sixty-nine out of seventy-two students (100%) agreed that good communication skills are essential in the doctor-patient relationship; 52 out of seventy-five students (75%) agreed that role-play facilitated their future learning of communication skills; 50 out of seventy-two students (72%) agreed that this exercise generated interest; 47 out of seventy-two students (68%) agreed that such exercises were necessary in communication; and 45 out of sixty-nine students (65%) were agreed in learning. **Conclusion:** The findings of this study have implications for the way in which medical students are taught about the doctor-patient relationship. Perception, the doctor-patient bond, and preclinical posting students are three of the most important concepts to understand.

Keywords: AETCOM learning technique, Likert scale, Questionnaire.

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Introduction

Medical education includes the development of knowledge, clinical skills, attitude, and communication. As behaviour is an expression of attitudes, the AETCOM idea contends that altering behaviour can also alter attitudes.

These soft skills were ingrained in students by teachers as part of the older curriculum's "secret curriculum." The "Competency Based Undergraduate Medical Education Curriculum 2019" has included a structured programme on "Attitude, Ethics and Communication." It seeks to introduce and impart the knowledge and abilities needed to become a qualified medical professional and a successful doctor.^[1,2] Due to the growing disagreements between patients and doctors in the modern day, this is particularly crucial.

The Indian medical graduate should be aware of both the legal and moral obligations that doctors and patients have to one another. Empathy in healthcare is crucial for improving

patient satisfaction and fostering positive doctor-patient relationships.^[3-5] The definition of humanism in the medical field is "a courteous and sympathetic interaction between physicians, members of the medical community, and their patients." An observer and a subject engage in empathy when the observer recognizes and briefly experiences the subject's emotional state based on visual and aural signals. The ability of a doctor to appropriately recognise a patient's emotional state and to express that understanding to the patient is known as empathy in the medical sector.^[6,7]

Learning empathy in patient interactions is the focus of AETCOM module 1.2 within Competency based medical training. The current study intends to assess students' perceptions of the module.

Methodology

After Institutional Ethics Committee approval, Malla Reddy Institute of Medical Sciences in Hyderabad in 2021 study on AETCOM learning technique opinions in first years MBBS students participated in a one-month cross-sectional observational study. Lastly opinions were collected by google feedback form, which were evaluated.

Our study included 69 students who consented. 4, three-hour AETCOM Module sessions were planned. This is the first class to take this foundation course, which will help them interact with different patients in their undergrad years. The course taught students theoretically. Later, they learned about patient-doctor communication, doctors' roles in society, and peer-teacher communication. We also taught students about patient communication during clinical postings. Their appearance, dressing, language, nonverbal communication, and conversation start and end were emphasized. All sessions were interactive. Video, live role plays, and symposium. Every student shared his/her patient and family conversation experience. This discussion taught students how to communicate with different types of patients and how to avoid common issues. They also discussed attitude and ethics case scenarios in sessions. After the module, Likert scale data was collected and analysed on their perception.

RESULTS

Table 1: Feedback questionnaire.

Column 1	Q.1	%	Q.2	%2	Q.3	%3	Q.4	%4	Q.5	%5	Q.6	6%	Q.7	%7
Strongly agree	54	78.2	47	68.1	45	65.2	50	72.4	43	62.3	52	75.3	48	69.5
Agree	8	11.5	22	31.8	23	33.3	15	21.7	24	34.7	14	20.2	20	28.5
No comments	0	0	0		0		4		2		0		0	
Disagree	5	7.2	0		1		0		0		3		0	
Strongly Disagree	2	2.8	0		0		0		0		0		0	

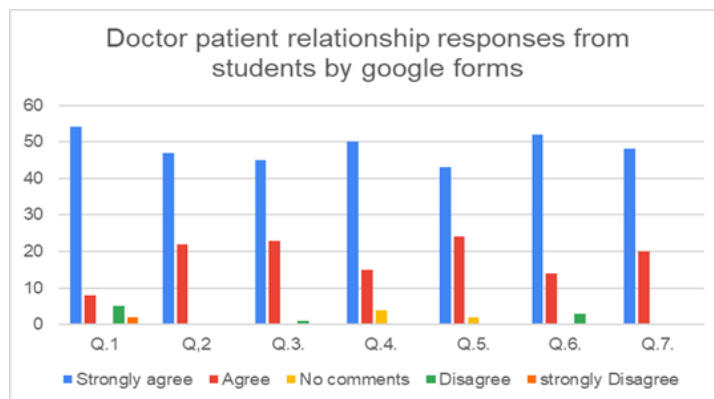


Figure 1: Doctor patient relationship responses from students by google forms

DISCUSSION

In our study, question 1. had 78.2% strongly agree, whereas 8 agree. In the second quarter, 68.1% of respondents provided a positive response while 22.1% provided a neutral response. Ninety-two percent of the students in the vijaysree study felt that their patient communication skills were significantly enhanced after attending AETCOM sessions. Jagzape TB, et al. found that students' communication skills increased by 78.54% in their observational study. Towle et al five-module's advanced communication skills course was well-received by both students and instructors.^[7,8]

Wagner PJ, et al. planned and analyzed four different hands-on laboratory sessions. Student and patient communication improved greatly after completing this curriculum. Vijaysree found that 92% of students agreed that communication skills training should be a mandatory part of the MBBS curriculum. This backed up what Jagzape TB et al. Early communication skills instruction in medical and dental schools has been the subject of multiple studies in recent years. While the methods used to teach and evaluate medical students' communication skills varied by study, all of them concluded that such courses are effective in improving students' communication abilities.^[7-9] It was found in a study conducted by vijaysree that 84% of students found the AETCOM Module to be to their satisfaction. Twelve percent of respondents said they were satisfied, while four percent said they were extremely satisfied. They were content with the lesson after being exposed to the A's Model. Evaluation and Treatment that Caters to Each Individual Patient's Needs. A brief (2 minutes) overview of the consultation service for mental health issues.

We looked at the responses to question 3 and found that 65.2% of people agreed strongly and 33.3% agreed. Consultation problem is identified and clarified in 1 minute; functional assessment takes 12-15 minutes. Describe the issue in a nutshell (in no more than a minute and a half) Initiating a change plan or conducting a brief round of Motivational Interviewing. By having the patient participate in the decision-making process, an agreement can be reached in as little as ten minutes. It would take about half an hour.^[8,9] We used case studies to illustrate the varied effects of these systems on patient well-being. With regard to question 5, 62.3% responded with a strong agreement, while 34.7% responded with an agreement. Systems or environmental theory, which postulates that a person's actions are influenced by their surrounding conditions. As a result, interventions that take into account both the person and their surroundings may prove useful. Human development theory posits that as individuals progress through life, their individual requirements and abilities change accordingly. According to the grief and loss theory, all people go through the five stages of grief after a loss: denial, anger, depression, bargaining, and acceptance. According to the theory of social support, no one should try to tackle a problem alone.^[8-10]

A strong social network may help patients better cope with their healthcare needs. In order to better understand the person, we had students apply the theory and come up with at least two

questions for each theory. After being exposed to all of these theories, students in the vijaysree study felt that AETCOM was an asset for gaining patient confidence (72%), useful for themselves and future practise (10%), an excellent method for improving diagnosis (8%), desired continuous exposure to it throughout the UG course (6%), and could help them avoid medico legal issues (4%). Our data showed that 69.5% of participants either strongly agreed or were in agreement with the statement. Patient empowerment is defined as "the process by which people gain mastery over their lives," as stated by J. Rappaport in his article. The students were convinced that patient empowerment is essential to disease management after reading "an educational process designed to help patients develop the knowledge, skills, attitudes, and degree of self-awareness necessary to effectively assume responsibility for their health-related decisions" by Feste-Anderson and finally "Increased self-efficacy allows patients to view disease and symptoms differently, giving more opportunities for effective self-management."

CONCLUSION

Based on the findings of this study, various teaching and learning tools could be incorporated into the curriculum of medical schools to improve students' perceptions of the doctor-patient relationship.

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