

Attitude, ethics and communication in dental education- the road ahead

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Abstract

The social dimension of healthcare sciences is fundamental, as healthcare involves interactions among various stakeholders both in education and delivery. In recent years, medical education has undergone rapid progression with much emphasis placed on student-centered active learning and the development of clinical competencies. The incorporation of the Attitude, Ethics and Communication module (AETCOM), a structured longitudinal program, by the National Medical Commission (NMC) represented a significant step forward for development of non-clinical competencies, namely in communication, attitude and ethical domains.

However, in dental education, the primary focus has been in the cognitive and psychomotor domain, with limited emphasis on the affective domain. In light of the inevitable need for a structured module for developing the affective domain among dental

graduates, the existing AETCOM module framework by NMC can be adapted to dental programs in India. The peculiar nature of the dental profession involving early clinical exposure, face-to-face interactive practice, and increased workload necessitates integration of communication skills, interpersonal “soft” skills, dental ethics and practice management knowledge in dental education and healthcare delivery. With the new dawn of the National Dental Commission, guidance from domain experts and learning from peers, the proposed outcome-based curriculum that develops the affective domain can be implemented for more sustainable transformation in dental health care delivery. It will facilitate the development of competency-based dental education for better health care services.

Keywords: affective domain, AETCOM, communication, competence, ethics, dental education, dental healthcare

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The inherently social nature of healthcare sciences cannot be overlooked as it involves interactions among different stakeholders of health care delivery and education.¹ The delivery of quality healthcare services is becoming increasingly demanding, vulnerable and competitive owing to challenges involved in achieving optimal clinical workflows, advancing health equity, managing professional burnout, ensuring patient and doctor safety and meeting peer and community professional upkeep pressure. Therefore, a framework for a structured teaching and learning module that can support the

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affective domain, such as effective communication of ideas, networking, and engagement within the limits of professional ethics, is the need of the hour—especially in developing countries like India.

In the contemporary context, medical education and healthcare delivery are closely intertwined, with medical education preparing competent healthcare professionals to deliver high-quality care to patients, while healthcare delivery is continually dynamically evolving. In recent years, medical education has undergone rapid progression with much emphasis being placed on student-centered

active learning and the development of clinical competencies.² With this aim to promote learner-centered curricula, competency-based medical education (CBME) has emerged as a global paradigm, aligning medical training with outcome-based commitment in preparing clinicians to serve their patients and communities.²

In 2017, Graduate Medical Education Regulations in India envisioned different key roles for medical graduates, such as clinician, leader and member of the health care team and system, communicator, lifelong learner and professional.³ The adoption of a competency-based curriculum by Medical Council of India in 2019 paved the way for future-oriented medical education with incorporation of Attitude, Ethics and Communication module (AETCOM), a structured longitudinal modular program of 27 modules designed to develop competencies in attitude, ethics, and communication skills domains.⁴

In dental education, while much of the focus has been on the attainment of competence in cognitive and psychomotor domains in the graduate curriculum of Dental Council of India, competence in the affective domain (feelings, attitudes and emotions) has been overlooked. Even in the Master of Dental Surgery (MDS) Regulations 2017,⁵ although, human values, ethical practice and communication abilities have been outlined as the learning objectives to be attained by the learners on completion of the postgraduate course, there is no mention of any structured module program such as AETCOM for addressing the affective domain. Safi et al⁶ underscored the necessity of additional training for Iranian dental graduates, for integration of multiple nonclinical competencies such as communication skills, interpersonal soft skills, dental ethics, and practice management knowledge in routine dental practice. Such training would facilitate seamless and effective dental healthcare delivery, foster strong dentist-patient relationships, promote accurate diagnosis, tailored treatment and positive patients' experiences in alignment with their needs, values, and preferences.

In spite of the widely acknowledged importance of effective interpersonal communication skills among healthcare practitioners,⁷ fundamental deficiencies do exist in dental education in various parts of world, which hinder the achievement of constructively aligned objectives in all three domains of learning (attitudes, ethics and communication). The reason for this is attributed to the lack of a systematic structured curriculum and longitudinal program aimed at acquisition of the

desired competencies in the attitudinal, ethical and communication domains.

Literature has highlighted the need for utility of a more structured module for attainment of competency in general skills, attitude, and knowledge to foster increased confidence among dental undergraduates to commence independent clinical practices.⁴ Very recently, Sahanaa et al⁸ also reported the beneficial effects of AETCOM sessions for MBBS second professional year students, which provided an invaluable insight into the understanding of the facilitating and hindering factors found in healthcare delivery in the country, from the students' perspective.

The authors observed changes in the attitude of medical students toward patients, and improvement in their communication skills. The peculiar nature of the dental profession involving early clinical exposure, face-to-face interactive practice, and increased workload necessitates the integration of communication skills, interpersonal soft skills, dental ethics and practice management knowledge in dental education. In contemporary times with increased awareness of patients' rights and frequent incidences of dental malpractice litigation against dentists, implications of suboptimal medical communication are enormous and cannot be ignored. This underscores the additional importance and advantages of affective domain training. Hence, the time is ripe to formally seize the opportunity for incorporation of AETCOM in the existing curriculum of undergraduate dental education at the earliest opportunity.

The strategies pertaining to implementing the AETCOM module in dental education can be in accordance with those already implemented by National Medical Commission, with added emphasis on psychomotor skills owing to the nature of dental healthcare delivery. Establishment of multiple nodal faculty training centers and a curriculum implementation support program (CISP) for every institution could prove to be a stepping stone for facilitation of the nationwide implementation of the AETCOM module in dental institutions.⁹

Potential barriers to overcome for the successful incorporation of AETCOM in dentistry would be faculty training, alignment with existing curriculum, and the unanimous acceptance of all stakeholders for embracing major academic reforms. However, with the dawn of the National Dental Commission, guidance from domain experts

and learning from peers, the proposed outcome-based curriculum developing the affective domain can be successfully implemented for more sustainable transformation in dental healthcare delivery.

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