

Cultivating Compassion in Medical Students Through Films: A Student Feedback Study

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Background: The National Medical Commission places Attitude, Ethics and Communication (AETCOM) at the core of MBBS training. Yet under crowded timetables, empathy and communication can remain abstract. We explored whether a compact, film-based classroom session (“cinemeducation”) could translate these aims into concrete, patient-centred behaviours.

Aim: To measure and promote empathy among MBBS students by integrating a one-hour cinemeducation intervention within an AETCOM slot.

Methods: Cross-sectional, interventional classroom study during a scheduled AETCOM session at Himalayan Institute of Medical Sciences, SRHU, Dehradun (India). Second-year MBBS students (n=145) viewed three short scenes from *The Doctor* (1991). Each scene was paired with a focused prompt and a brisk, guided debrief oriented to “one thing you can do tomorrow.” Anonymous end-of-class reflections were summarised via light-touch word-frequency signals; a 4-item feedback form captured acceptability and perceived learning.

Results: Scene-wise discourse showed a clear progression from constraints (e.g., time pressure, burnout) to technique (e.g., warn → name → pause & check; allow silence; invite questions; ensure informed consent) and then to commitments (e.g., warm greeting, using names, eye-level seating, brief emotional check-ins, closing instruction loops). Post-session feedback indicated high acceptability and perceived value: enjoyable/very enjoyable 94%; prefer films for empathy/communication learning 89%; strongly recommend continuing such sessions 92%; reported enhanced understanding of empathy 88%.

Conclusion: A single AETCOM hour built on a scene → prompt → debrief spine is feasible, low-cost, and well-received, and it appears to nudge learners from problem-spotting toward actionable, ethically grounded communication. This approach aligns with NMC’s AETCOM intent and merits wider implementation and rigorous follow-up (e.g., delayed reflections, observer-rated behaviours, multi-site studies).

Keywords: AETCOM; cinemeducation; empathy; communication skills; medical humanities; MBBS; India.

Introduction

In India’s competency-based MBBS curriculum, empathy, communication, and professionalism are named outcomes. The National Medical Commission (NMC) embeds Attitude, Ethics and Communication (AETCOM) longitudinally from the foundation course through clinical postings.^{1–3,10} The AETCOM module explicitly frames communication as foundational to safe, ethical care and provides competencies, session outlines, and assessment guidance. This signals that NMC recognises that these domains deserve protected time and deliberate pedagogy.^{1–3,9,10}

However, in our experience, these values risk

becoming abstract under crowded timetables. We therefore trialled a compact, one-hour AETCOM session that used selected scenes from *The Doctor* (1991) to provoke feeling, perspective-taking, and ethically grounded “micro-actions” students can attempt immediately.

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effective? How would you apply it?

Aims and Objectives

Aim: To measure and promote empathy among MBBS students by integrating a compact, class-embedded cinemeducation intervention within the AETCOM timetable.

This approach known as cinemeducation, has long been described in medical education to enliven ethics, professionalism, and communication.^{4,5,7,8} Empathic engagement is associated with better patient outcomes and adherence.⁶ So, we felt it reasonable to test classroom designs that help students translate empathy into concrete behaviours early in training.

Objectives:

1. Implement a structured film-based session using three short scenes from *The Doctor* (1991), each paired with a focused prompt and guided debrief.
2. Characterise empathy-relevant attitudes and language expressed by students immediately after the session through scene-wise short-answer reflections
3. Assess acceptability and perceived utility of the session via post-class feedback.
4. Summarise scene-wise reflections of students using light-touch word-frequency signals.

Methodology

Design and setting. It was a Cross-sectional, interventional classroom study during a scheduled AETCOM session at Himalayan Institute of Medical Sciences, SRHU, Jolly Grant, Dehradun, Uttarakhand, India.

Participants. The participants were the MBBS Prof II students (n = 159) who provided consent and completed an anonymous Google Form at the end of the class. Only the consenting students (n = 145) were included and any unwilling or incomplete submissions were excluded (n = 14).

Intervention. Three short scenes from *The Doctor* (1991; lawful copy) were chosen for escalating ethical complexity. After each scene, we posed one focused prompt and conducted a brisk, guided debrief oriented to “one thing you can do tomorrow.” This aligns with NMC’s AETCOM guidance that positions communication and ethics as teachable competencies with explicit, observable behaviours.^{1-3,9}

Prompts.

- Scene 1: Should emotional care be part of daily duties? What gets in the way?
- Scene 2: What could the diagnosing doctor have done differently to make the news manageable?
- Scene 3: Was the role-reversal method

Data and analysis.

- Scene-wise short answers were pooled for simple word-frequency reads to identify patterns.
- Four Likert-style items captured enjoyment, preference for film-based learning, recommendation to continue, and perceived enhancement of empathy. Descriptive statistics are reported.

Ethics. The activity was part of scheduled AETCOM teaching. Reflection/feedback participation was voluntary, carried no academic credit/penalty, and could be skipped. Data were anonymous. Results have been presented as counts/percentages and summary word-frequency signals. No raw responses have been reproduced. Any illustrative phrasing is paraphrased so that individual students are not identifiable. This feedback was gathered for classroom quality-improvement with anonymous minimal-risk data.

Copyright and access control. Scenes were exhibited solely for classroom/LMS spaces restricted to enrolled learners and faculty under Section 52(1)(j) of the Indian Copyright Act. A lawful copy was used; recording/redistribution was prohibited; a compliance notice and slide footers were displayed. (Operationalisation details available on request.)

Results

Scene-wise reflections (word-frequency signal).

- **Scene 1 — Naming obstacles.** Top terms: “patient” (98), “emotional” (76), “time” (73), “doctor” (63), “doctors” (60), “lack” (32), “burnout” (13). Analysis: students affirmed emotional care yet foregrounded structural constraints (time pressure, workload, limited training, language/culture gaps, institutional supports).
- **Scene 2 — From critique to craft.** Top terms: “patient” (100), “procedure” (84), “news” (82), “diagnosis” (54), “explained” (49), “empathy” (44), “consent” (25). Analysis: students proposed concrete communication moves: warm → name → pause & check; allow silence; invite questions; ensure informed consent and documentation.
- **Scene 3 — Actionable empathy.** Top terms: “patient” (123), “patients” (72), “empathetic” (55), “empathy” (29), “care” (22), “communication” (14). Analysis: reflections shifted to first-person commitments: warm greeting, using names, eye-level seating, brief emotional check-ins, closing instruction loops.

Progression across scenes. The class moved from constraints (Scene 1) → technique (Scene 2) →

commitments (Scene 3), the intended instructional arc.

Post-session feedback (n = 145).

- Enjoyable/very enjoyable: 94%
- Prefer films for empathy/communication learning: 89%
- Strongly recommend continuing such sessions: 92%
- Reported enhanced understanding of empathy: 88%

Discussion

A single AETCOM hour, built on a scene-prompt-debrief spine, produced an observable discursive shift toward concrete, ethically coupled behaviours. This resonates with published accounts of using films to teach professionalism, ethics, and communication—domains where affect and reflection are essential to learning.^{4,5,7,8}

Films provide emotionally credible, consequence-rich scenarios without exposing real patients, creating a safe space for perspective-taking and practice with language. Learners can rehearse “moves” (warn → name → pause & check) that map directly onto NMC’s AETCOM expectations for communication and consent.^{1-3,9,10} Beyond professionalism, empathy links to adherence and clinical outcomes in observational work, strengthening the case for early, deliberate pedagogy rather than leaving empathy to the hidden curriculum.⁶

The intervention fit within routine time, required only a lawful film copy, and used prompts/debriefs that any instructor can adopt with minimal preparation—factors that matter for wide AETCOM implementation.^{1-3,9,10}

Limitations:

- This was a Single-institution study. Findings may not generalize beyond this setting.
- Design was descriptive. There was no comparison group or inferential statistics, so, causality cannot be inferred.
- Word-frequency analysis is a signal and not saturation. Counts indicate salience but do not replace rigorous thematic coding.

Conclusion

Within routine AETCOM time, a compact cinemeducation session elicited strong student endorsement and a clear movement from “we lack time” to “here’s what I will try tomorrow.” In an NMC framework that places attitude, ethics, and communication at the centre of the Indian Medical Graduate’s roles, this is a practical, low-cost way to help students translate compassion from cinema to

clinic.^{1-3,10}

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