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A Culture of Respect

To the Editor: Leape et al[1,2] highlighted the importance of a safe educational environment for medical education, one where learners are protected from harm. That harm may be intellectual, if learners cannot ask questions and express ideas; emotional, if learners are subject to belittlement or humiliation; or cultural, if learners cannot inform their interpersonal interactions and relationships with individual cultural perspectives. Harm may even be physical, if learners are physically intimidated or are subjected to excessive demands, such as long work hours or heavy patient loads.

We believe that safety and respect are two sides of the same coin. The best way to protect our learners is to establish a culture where they are respected intellectually, emotionally, culturally, and physically. The intrinsic value of each individual student should be affirmed. Moreover, affirmation must occur in the context of respect for every individual in the medical education environment—not only physicians but all other health professionals as well—because each individual is unique and has intrinsic value, no matter how different. Similarly, every patient has value and is worthy of respect. We must acknowledge that we are all learners—faculty, residents, and students. As learners we will make mistakes; these are not occasions for shame but are opportunities to learn. To learn from our mistakes, we must be honest and transparent, both with ourselves and our colleagues. Our students must directly experience how it feels to be respected so they can grasp how important it is to ensure their patients and colleagues are treated similarly.

We recommend several interventions to cultivate a culture of respect and safety. One is to introduce an assessment of ethical and professional behavior during the admission process. Also, students should see patients in an interprofessional ambulatory setting from the first weeks of their first year. Inpatient "week on the ward" experiences in the first three months of the first year can help students uncover the "hidden curriculum." Simultaneously, residents should be enrolled in a project to identify elements of the hidden curriculum in graduate medical education through ongoing, collaborative reflection.

All of us involved in medical education at our institution are implementing the above recommendations and educational strategies. Although we have identified a few principles to guide us, "walking the walk" is a lot tougher. We are committed to holding one another accountable to these principles. We know it won't be easy, but we believe it is the right thing to do if we are to continue to learn, as well as set the right example for our new colleagues.

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References

1 Leape LL, Shore MF, Dienstag JL, et al. Perspective: A culture of respect, part 1: The nature and causes of disrespectful behavior by physicians. Acad Med. 2012;87:845–852.
2 Leape LL, Shore MF, Dienstag JL, et al. Perspective: A culture of respect, part 2: Creating a culture of respect. Acad Med. 2012;87:853–858.

In Reply to Alexander et al: Drs. Alexander, Rajput, and Katz appropriately focus on the educational environment, which is where the task of making the culture of health care more respectful must begin. We agree with and endorse all of their points and emphasize the following:

First, it is crucial for students not just to *learn about* respect but also to *experience* it, both as recipients of respectful treatment and as members of a health care team that treats everyone respectfully.

Second, we agree on the importance of those experiences being *interprofessional*, which helps students learn to respect nurses, pharmacists, and other members of the team from the beginning, something too few medical schools now provide. At Harvard Medical School, such early modeling of well-functioning ambulatory interprofessional teams is a priority we are pursuing.

Third, it is as role models that faculty teach respect most powerfully, because most (some say all) behavioral learning comes from imitation. As the Lucian Leape Institute report on reforming medical education advises, "Every teacher must be the kind of physician we want our students to become."[1] This must be enforced. All hospitals have policies prohibiting disruptive behavior, but when students report disrespectful behavior and nothing is done about it, that silence speaks loudly.

No one would argue with the importance of assessing ethical and professional behavior during the medical school admission process. While blaming admission committees for choosing students who demonstrate deficits in ethics and professionalism is popular, in fact, those committees are quite sophisticated in their ability to collect rich information about applicants' character from a variety of sources.

Unfortunately, the forces during medical training that degrade empathy and professionalism—not the least of which is exposure to disrespectful and demeaning behavior by their teachers—bring out the worst in even