

functionally [2]. This is also a long drawn out process of learning through professional trainers/ therapists.

6. Skill deficits such as language, communication etc. do not create 'problem students' whereas inability to take constructive feedback may—if the student is highly defensive. Normal defensiveness is there in all of us. Here again student is said to be a problem, whereas inability to take constructive feedback can also be due to judgemental communication by the feedback giver too.

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#### AUTHORS' REPLY

1. We agree that deviant behaviour of an individual can result from lacunae in the group dynamics, deficits in the system, or lack of team leadership. The same has been acknowledged in the draft and has been discussed under the section on problems pertaining to teachers and problems pertaining to system. These factors pertaining to resident, teacher or system are considered as 'predisposing factors' and not 'causative factors'. Hence, the problem that we encounter could have been predisposed by one or more than one factor. Nowhere in the draft, do we intend to blame an individual for the 'problem' in the 'problem resident'.
2. For the lack of trained experts, it may not be practical to seek professional help for every small issue at hospital. There is a need to develop awareness among the teachers who need to be sensitized on how to tackle the issues at their level. Professional help would definitely be required when it cannot be

handled by the teachers or the program director. The same has also been acknowledged in the draft.

3. Group consensus among faculty members in a closed room discussion of faculty members does not lead to public shaming. It clearly intends to clarify if it is an individual faculty's opinion or is it that the same issue has been encountered by other faculty members as well. This does not breach confidentiality of the student. This step often takes care of unnecessary harassment of the student based on single person's opinion. Thus, it is essential to reach a group consensus before remedial actions can be planned.
4. Medical Council of India has commenced Attitude and Communication (ATCOM) module in this regard to train undergraduates. This should probably address this concern.
5. It would be good to look at the article from the perspective of medical teacher rather than a behavioral psychologist. Article did not intend in-depth discussions of psychology behind attitudes, beliefs, values that are well beyond the expertise of the authors or the scope of the article. We believe that a simple classification like deficits in knowledge, skill and attitude does not add complexity when looked from the perspective of medical teachers.
6. I would bring back the attention of the reader to 'predisposing factor' and not causative factor. No where do we mention that deficit in communication alone or lack of ability to take constructive criticism leads to problems in a problem resident. We believe that lack of these essential skills like effective communication often adds fuel to the fire.

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