

## Teaching by Humiliation: The international experience

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***“Teaching by humiliation”*** is rampant worldwide. Haphazard tuition and teaching by humiliation exists in undergraduate medical education as well and has been referred to as the ***‘hidden curriculum’***.<sup>1</sup> Humiliation is especially reported during ward rounds in clinical postings, the perpetrators being male doctors and senior medical staff.

*“My first rotation was very stressful and humiliating. I worked and read because of fear, because of being targeted, and was just miserable” said one student at a British medical college.*

Teaching by humiliation, bullying and harassment most often relates to teachers’ lack of awareness of educational skills and knowledge,<sup>2,3</sup> and inability to promote a good supportive educational climate for trainees in which to learn.<sup>4,5</sup>

*A young doctor said, ‘It could have been such a wonderful thing to be a doctor - but it’s not. It’s just a disaster.’<sup>2</sup>*

With ongoing reforms in the manifest curriculum, it is time to rid medical education of the 'hidden curriculum' as well. The practice of humiliation and bullying of medical students is destructive to self-confidence and well being.<sup>6</sup> Students are exposed to remarks degrading doctors and medicine as a profession. Increased mistreatment is positively associated with a perceived increase in cynicism. The culture of bullying sets in place a self-perpetuating culture of abuse, where the victims become the perpetrators. In this context, 'teaching the teachers' is a movement to encourage teaching based on sound educational principles.<sup>3</sup> Monitoring examiners' performances, and assessment by the whole team, not just the consultants, is recommended to prevent abuse.

The Figure, based on the author's experience as an undergraduate student at UCMS (2001-2006), as well as a survey of 250 students and several faculty members conducted at UCMS (published in Sankalp 2004), summarizes some of the major issues plaguing Medical Education. Fear seems to be the primary driving force for the teaching-learning process. Sadly, when 'teaching by humiliation' is the central teaching methodology, fear is also the primary hindering force.

**Conclusion:** It takes no special effort to see the presence and crippling effects of 'teaching by humiliation'. The international community of medical teachers is becoming increasingly aware and is making efforts to bring about fundamental changes. A series of tragic suicides by medical

students and residents in the recent past makes it imperative for us in India to recognize this and take corrective measures. Increasingly, Business schools are setting education free from the shackles of ritualistic fear, and adopting unorthodox modes of teaching. Why then, can't medical education break free from its age old tradition of teaching by humiliation? Why can't we replace it with a new paradigm where one is *inspired* to become a good doctor and a good human being, and not just scared into learning?

#### **References:**

1. Hafferty FW. Beyond curriculum reform: confronting medicine's hidden curriculum. *Acad Med* 1998;73:403-7.
2. Lowry S. What's wrong with medical education in Britain? *Br Med J* 1992;305:1277-80.
3. Lowry S. Teaching the Teachers. *Br Med J* 1993;306:127-30.
4. SCOPME: Teaching Hospital Doctors and Dentists to Teach: It's Role in Creating a Better Learning Environment. Proposals for Consultation—Full Report. London, Standing Committee on Postgraduate Medical and Dental Education. 1992.
5. SCOPME: Creating a Better Learning Environment in Hospitals 1: Teaching Hospital Doctors and Dentists to Teach. London, Standing Committee on Postgraduate Medical and Dental Education. 1994.
6. Wolf TM, Randall HM, Von Almen K, Tynes LL. Perceived mistreatment and attitude change by graduating medical students: a retrospective study. *Med Educ* 1991;25:182-90.

