**TITLE: Nonmaleficence in medical training**

Comments of Reviewer 1

1. The article is global in perspective and raises an important issue with relevance to Under Graduate and Post Graduate clinical training.

2. The subject is very relevant and while not new, because it has been discussed under topics like patient safety and medical error, the approach of linking it to Non-maleficence is refreshing.

3. The interpretation is warranted, it is well developed and important to disseminate.

4. Regarding omissions, a greater focus on the virtues of doing no harm and how to inculcate these virtues. Many educational institutions in developing countries may not have the luxury of simulation labs, but perhaps that is not a situation the writers would have encountered.------------

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Comments of Reviewer 2:

General Comments

1. Although the article has addressed the issue of Non-maleficence with respect to Medical training in the United states, the issue is very much applicable to the scenario that exists in developing countries as well. The article gives references of studies done and the scenario in the United states alone. Because this is an issue which is applicable to medical education all over the world and that it has been submitted to an Indian Journal, the authors could consider referring to studies done in developing countries as well and thereby widen the horizon of discussion so that it becomes more generalizable.

2. The issue discussed here is something that the Medical education system is facing universally. Thereby the discussion and reference to review of literature could be elaborated further with respect to developing countries as well. (as suggested above)  
  
3. The topic seems to be apt for this journal and the paper may add to practice and policy in medicine.  
  
4. The interpretations are well developed. The conclusions could include some more possible solutions with inclusions of the above suggestions. (as listed under “Other comments” below).

Specific comments

5. a) In ‘Root Causes of Patient Harm: Special Cause and Common Cause Process Variation’

Comment: The authors could add the role of ‘Hidden curriculum’ under ‘common cause’ process variation and thereby elaborate the influence of observations and experiences of behavior of doctors, seniors and health care team on students which is a potential contributor to patient harm.

b) ‘Possible solutions: resolving the tension’:

The authors could consider including the following measures and elaborate as to how they would add to reduce the harm to patients:

1. To introduce the ethics teaching to students right from the preclinical years which would add value.
2. The regular faculty orientation and training to make them conscious that the students learn the issue of non-maleficence not only through formal teaching but largely by observing the behavior of faculty given the role of ‘Hidden curriculum’ in medical education.
3. Early clinical exposure during preclinical years which could include brief exposures like getting to know the hospital system, the first patient interaction, be an observer during doctor patient-interaction in the outpatient departments and clinical rounds, communication with patients, etc.
4. Although using simulation technology has many advantages, the shortcomings of simulated technology needs a mention. Simulated experiments are not without disadvantage that it does not provide the feel of interaction with humans, it is preprogrammed and thus limited in variation.