

THE HIDDEN CURRICULUM

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WHAT IS YOUR DEFINITION OF THE HIDDEN CURRICULUM?

- Define the hidden curriculum in your own words.
- Have you had any formal education about the hidden curriculum?
- In what context have you been exposed to formal learning about the hidden curriculum?



THE HIDDEN CURRICULUM

- Frank Hafferty describes that “not all of what is taught in medical training is captured in course catalogs, class syllabi, lecture notes and handouts, or the mountains of documents compiled during accreditation reviews. Indeed, a great deal of what is taught – and most of what is learned – in medical school takes place not within the formal course offerings but within medicine’s “hidden curriculum.””



THE HIDDEN CURRICULUM

- The hidden curriculum refers to medical education as more than simple transmission of knowledge and skills; it is also a socialization process.
- Much of the socialization occurs in corridors and call rooms, outside formal learning environments, but it is considered “sticky knowledge” more memorable than the explicit formal curriculum.
- Every action performed or omitted, every joke, every silence, and every irritation imparts values we might never have intended to impart.
 - Sally Mahood. Medical Education: Beware the hidden curriculum (2011)



THE HIDDEN CURRICULUM

- Frank Hafferty described a multi-dimensional learning environment:
 - 1) The stated, intended, and formally offered and endorsed curriculum
 - 2) Unscripted, predominately ad hoc, and highly interpersonal form of teaching and learning that takes place among and between faculty and students (informal curriculum)
 - 3) A set of influences that function at the level of organizational structure and culture (the hidden curriculum)
- The hidden curriculum highlights the importance and impact of structural factors on the learning process.
- The “understandings” customs, rituals, and taken-for-granted aspects of what goes on in the life-space we call medical education.



ANY THOUGHTS ABOUT THE AUTHOR'S EXPERIENCE FROM THE PRE-SESSION READING?

in practice

Outing the Hidden Curriculum

by Anna B. Reisman

The *hidden curriculum*: Even if medical students haven't heard the term, no doubt they're keenly aware of what it is—the pressure to conform, the focus on pleasing superiors (at the expense of the patient, if necessary)—in short, the unofficial rules for survival and advancement. It's a series of metal dilators into the tight cervical opening which gradually yielded, allowing Todd to ease in the suction tube. Globes of red-pink pulp swooshed into a container under the table. A wave of nausea washed through me. Most of the fetus was out, Todd explained, but we had to ensure that the uterus was

Have you had any similar clinical experiences where you've felt uncomfortable?



The hidden curriculum of mental illness stigma in medical training

CMAJ • February 27, 2018 • 3 Comments



THE HIDDEN CURRICULUM

- Extracted from a qualitative study with residents in two different psychiatry residency programs. Highlights their interpretation of examples of the different curricula:

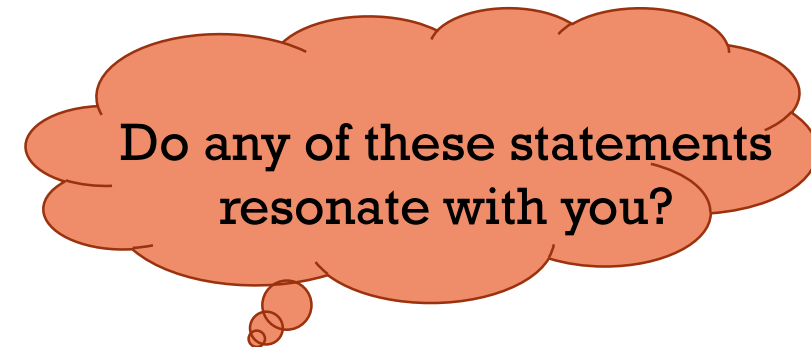
Acad Psychiatry (2016) 40:592–599

595

Table 1 Divergences in the messages arising from formal, informal and hidden curricula in postgraduate psychiatry training at program 1 and program 2

Topics of ethical concern	Message from the formal curriculum	Message from the informal curriculum	Message from the hidden curriculum
1. Interactions with pharmaceutical companies and representatives	Do not interact with industry. (1) Everyone should make his/her own decision about whether or not to interact. (2)	Interact if you wish, but don't do anything excessive. (1)	There is no consensus about what is unethical. (1, 2) You have more liberty if you are a researcher. (1)
2. Dealing with colleagues' ethical lapses	Report the problem via the chain of command or go directly to the person to address it with him/her (1,2)	Getting involved is optional. (1, 2)	Whatever you do, don't get in trouble. This might mean you do nothing. (1>2)*
3. Formal evaluations of residents' performance, particularly their professionalism	Evaluations should be conducted according to objective standards; and should adhere to the CANMEDs roles. (1, 2)	No message (1, 2)	Your personal relationship with a supervisor and your personality will influence your evaluations. (1, 2)

* This message was emphasized to a greater extent in program 1 than in program 2



A QUALITATIVE STUDY WITH MEDICAL STUDENT REFLECTIONS REVEALED THE FOLLOWING CORE THEMES OF THEIR EXPERIENCED HIDDEN CURRICULUM:

- 1) Power and Hierarchy
- 2) Patient Dehumanization
- 3) Hidden Assessment
- 4) Emotional Suppression
- 5) The Limits of Medicine
- 6) Balance and Sacrifice
- 7) Emerging Accountability
- 8) “Faking It”
- 9) Human Connection

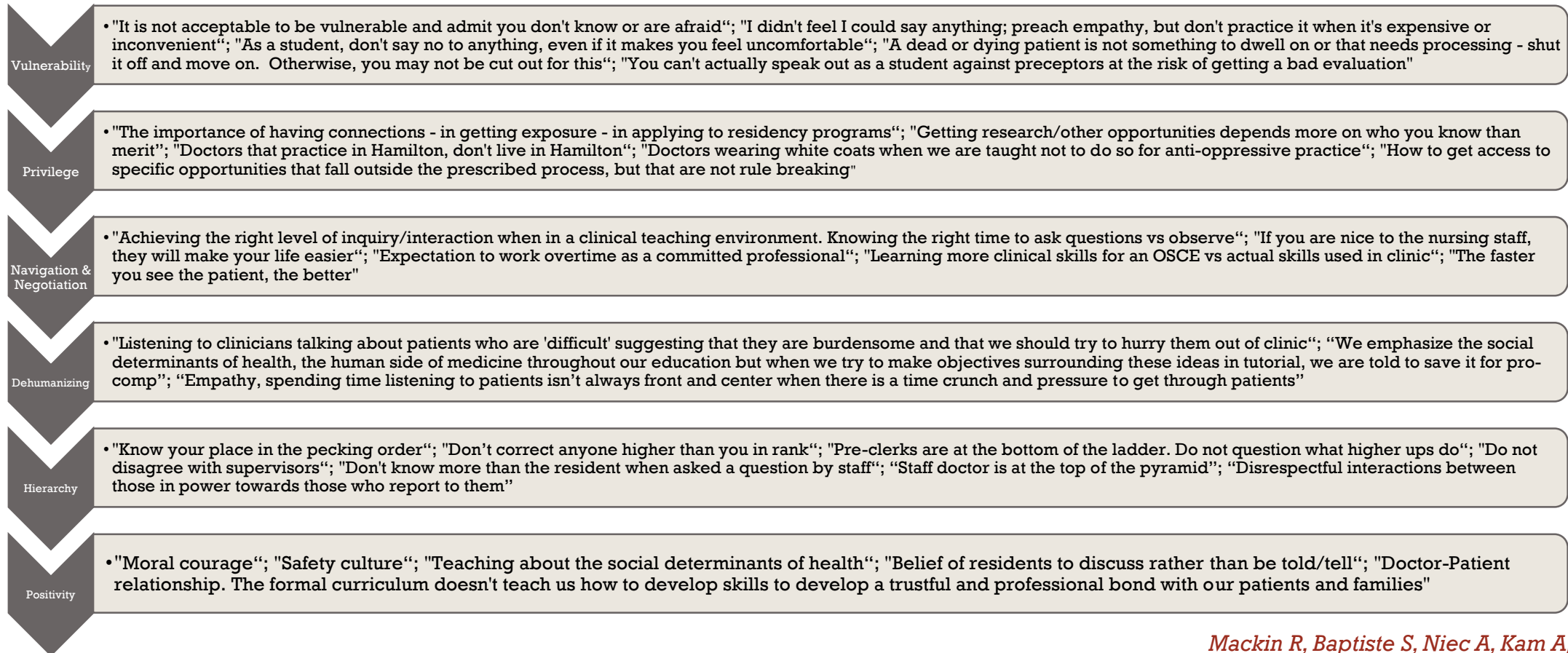
Do you have any examples of how you've been affected or know of other people that have been affected by the hidden curriculum?



THE HIDDEN CURRICULUM: A GOOD THING?

Experienced Hidden Curriculum from McMaster Medical Students, Residents, Faculty and Allied Health.

Themes: **Vulnerability**, Privilege, Navigation & Negotiation, Dehumanizing, **Hierarchy**, Positivity



THE HIDDEN CURRICULUM

- As a group, have you been able to identify 2-3 examples of the hidden curriculum?
- With those examples in mind, can you think of any strategies or ideas on how to address the hidden curriculum?
- Were most of your examples of the hidden curriculum positive or negative? Can the hidden curriculum be positive?



THE RESIDENTS ROLE IN FACILITATING THE HIDDEN CURRICULUM

- “What we are like as physicians is just as important as what we know. Addressing the hidden curriculum is important to the development of medical students, and it is hoped that the next generation of physicians will be much less blind to its existence” (Hopkins, 2016)



RESIDENTS AS PRECEPTORS FOR JUNIOR LEARNERS

- Doctors in training are increasingly encouraged to develop their roles as near-peer clinical teachers with mutual benefit for themselves and their learners. **Near-peer teachers are neither professional educators nor experts in a given field; they teach their peers or junior learners while they themselves continue to learn.** (Ross, 2007)
- Residents have a unique role in that they are subjected to the hidden curriculum while also being facilitators of the hidden curriculum.



Moving forward, how will being aware of the hidden curriculum impact your role as a preceptor? What can you do to positively impact the hidden curriculum?



THANK YOU FOR YOUR PARTICIPATION

- Please fill out the post LCC survey that will be sent to your e-mail following the session. We would be greatly appreciative!

-Robin & Dr. Kam

