

Addressing the Hidden Curriculum at UBC

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Abstract

The hidden curriculum, a set of unspoken rules and conventions in medical practice, is a much more powerful force influencing professional behaviours of learners in the health professions than what they learn in the classroom. In this commentary, I explore the effect of the hidden curriculum on the learning environment. Findings from a hidden curriculum study from the UBC Faculty of Medicine are used to illustrate what medical students can do to manage the more distressing aspects of the hidden curriculum.

What is meant by the hidden curriculum in health professions training?

In medical education, the formal curriculum can be described as the structured intentional curriculum found in documents, such as course syllabi, lecture handouts, case-based learning materials, and clinical skills materials, to name a few. The informal curriculum refers to the more unplanned, unscripted, and often opportunistic learning that occurs during delivery of the formal curriculum and in delivery of teaching with patient care, such as in physician offices, in clinics, and on the hospital wards. The hidden curriculum refers to the “cultural mores” of the profession that are transmitted but not openly acknowledged through formal and informal teaching encounters.¹ Gofton and Regehr² describe the hidden curriculum as “a set of influences, defined by the organizational culture and enacted by the members of the organization, which shape the attitudes and values of the trainee.”

On the positive side, the hidden curriculum plays a key role in transmitting the values, ideals, and conditions required to become a physician. Implicit in the medical profession’s “social contract” with society is the public’s expectations of the medical profession, such as competence, altruistic service, morality, integrity, honesty, accountability, trust, shared responsibility for health, and a balanced lifestyle.³

Yet the hidden curriculum also has a more pernicious side, whereby professionalism lapses and unethical behaviours are normalized, particularly in the clinical setting. This erosion of humanism is prominently represented in the literature whereby the hidden curriculum is perceived to enact, through mistreatment and negative role-modeling, a “stamping out of the innate humanistic tendencies of medical students.”⁴ Feudtner and Christakis studied Year 3 medical students and provided a chilling insight into the ethical dilemmas and distress experienced by new clerks as they experienced pressures to fit into their medical teams on the wards.⁵

The literature describes three approaches to redress the pernicious aspects of the hidden curriculum: 1) focus on the learners; 2) train faculty to behave more professionally; and 3) change the institutional culture. In this commentary, I will focus on what students can do to manage the hidden curriculum based on research at UBC, while acknowledging that managing the hidden curriculum is a collective responsibility.

Hidden curriculum research at UBC

Based on the literature,^{6,7} the UBC Faculty of Medicine Medical Undergraduate Program (MDUP) envisioned a learner-centered approach to the hidden curriculum involving four iterative steps: 1) priming students that there is a hidden curriculum and that all students

are prone to incidental adoption of the values transmitted from their learning environment; 2) noticing these moments of enculturation as something to be reflected on; 3) reflecting on experiences in a safe, guided, and group setting; and finally 4) choosing strategies for the future that best reflect each student’s own internal values. Based on this model, the MDUP implemented a reflection-based course for medical students transitioning to clerkship with three goals: 1) to sensitize learners to the hidden curriculum; 2) to provide a safe and confidential forum to discuss their experiences; and 3) to co-construct strategies to deal with the pressures in the clinical environment.⁸ Students found the group setting helpful and commented on the importance of sharing their experiences and gaining feedback from others.

Informed by previous research,^{6,9} the MDUP, as part of curriculum renewal¹⁰, instituted the Portfolio program¹¹ in all four years of the program at all four sites. Modeled after the UBC study on the hidden curriculum, this program creates a safe and confidential forum whereby groups of eight medical students meet regularly with a Portfolio Coach to explore socialization and the hidden curriculum, grounded in clinical experiences. In Years 1 and 2, the sessions are more structured. However, in Year 3, as students’ clinical experiences dramatically increase, the sessions become more flexible to allow students space to discuss and process these experiences.

Managing the effects of the hidden curriculum

The Portfolio Program was designed to be a safe space for conversations about ambiguity, uncertainty, death and dying, communication, professionalism, ethical dilemmas, teamwork, professional identity, moral distress, and other issues encountered in the hidden curriculum. After completing our study, students shared with me the following helpful tips, illustrating each step in the MDUP’s approach to the hidden curriculum. These tips can be springboards for discussion in the portfolio groups at UBC.

1. Recognize that you are human, and the human condition is that we are hardwired to mimic:

“I was amazed with how much my preceptors’ attitudes towards a patients’ illness (e.g., frustration with addiction or recurrent abdominal pain presenting to the ED) affected my personal attitude and how difficult those attitudes/prejudices were to correct once established.”

2. Find ways to notice the hidden curriculum and how it is affecting you:

“I recognize that it is incredibly challenging to recognize and address these nuances in our day to day but I have found that they are both consciously and unconsciously noted by learners and carried forward. Preceptors can make an incredible difference in a learner’s attitude towards a specialty, profession, disease, social class, and colleague simply by recognizing their nonverbal cues, inflection, etc. and addressing them in a conversation with the learner. This is especially true in early clerkship where a student’s professional identity is far from established.”

This may actually be the hardest step; noticing when you are experiencing the hidden curriculum. Some students solved this for

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themselves by taking their own emotional temperature:

“A significant tool that the hidden curriculum course provided me with was the capacity to notice when patients were being treated a way I didn't agree with or when an environment was unnecessarily unpleasant. Once I notice these things, I try to set internal ‘alarms.’ These ‘alarms’ serve as personal reminders that I hope to use as tools to recognize signs of burnout or prejudice within myself and correct it early.”

3. You can unhide the hidden curriculum by discussing what you are going through with your colleagues and in your portfolio groups:

“Discussing the hidden curriculum with classmates and physicians in a small group empowered me to identify discourse between how preceptors treated patients or how they perceived patients and how I want to practice. As a new clerk, I had no framework within which to place patient–physician interactions and insufficient confidence to question my preceptors' attitudes, however, discussing the hidden curriculum caused me to realize early in my clinical education that our preceptors are not always right. In other words, I realized things don't have to be certain way. I have the power to recognize issues and ensure that they are not carried forward into my own practice.”

4. Even the best preceptors have bad days and you have the power to choose the behaviours that reinforce your best professional identity:

“I have the power to recognize issues and ensure that they are not carried forward into my own practice. Specifically, the patient with borderline personality disorder doesn't have to be seen as a nuisance, and the patient suffering from addiction doesn't have to be viewed as a waste of resources. I do not need to carry the prejudices and perceptions of my preceptors.”

In summary, UBC medical students have an opportunity to use portfolio group time as a safe space to co-construct strategies to deal with the powerful forces of enculturation that go against their internal ideals of being a physician. In naming the hidden curriculum and noticing how it affects them personally, students can harness these positive and negative experiences to better prepare themselves to

respond in ways that reinforce their best professional identity.

The hidden curriculum is a collective responsibility

In conclusion, the most powerful antidote to the more negative aspects of the hidden curriculum is to empower students through guided group reflective experiences so they can choose to act differently, hopefully changing the culture of medicine. As Graber¹² writes, “we look with great hope at the possibility that the next generation of clinicians will ‘get it.’” As clinicians and medical students, the risk of ignoring our role in the hidden curriculum is that we perpetuate its harmful effects on our and others' professional identity formation. Thus, it is our collective responsibility to monitor and address our own resiliency and how we contribute to medicine's hidden curriculum.

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