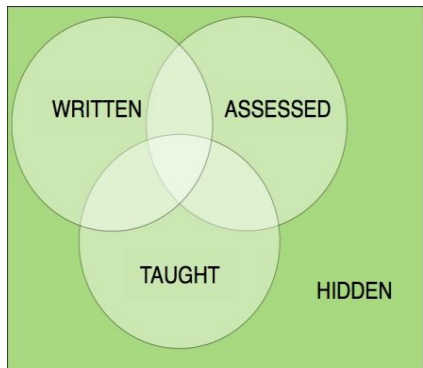


The Hidden Curriculum in Family Medicine Education – One-page Summary & Resources



From My Asperger's Child
<http://www.myaspergerschild.com/2016/02/explaining-hidden-curriculum-to.html>

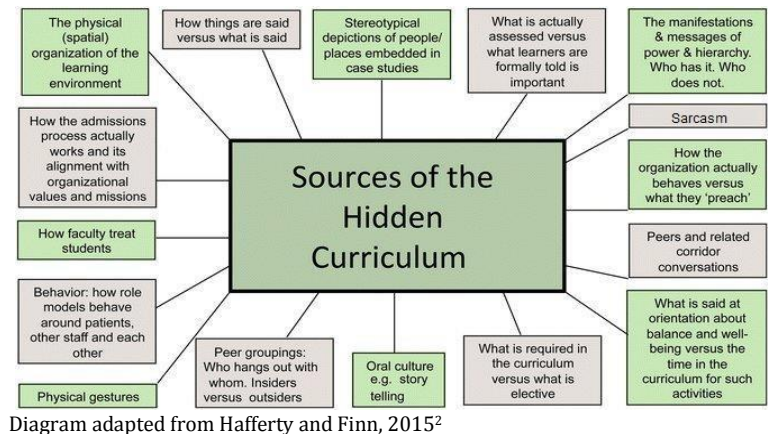


Diagram adapted from Hafferty and Finn, 2015²

Glossary of Terms Relating to the Hidden Curriculum:

Teaching: Includes formal and informal teaching of residents, including the hidden curriculum.

Types of curriculum:

Explicit:

Written, Taught, Assessed – formal curriculum

Null – that which we do not teach

Implicit:

Hidden Curriculum: A set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice.¹

Standards of Accreditation for Residency Programs in Family Medicine (Red Book) which address the Hidden Curriculum:

Element 3.3: Teachers facilitate residents' attainment of competencies and/or objectives

3.3.1.4: Teachers reflect on the potential impacts of the hidden curriculum on the learning experience.

Element 9.1: The residency program committee reviews and improves the quality of the residency program.

9.1.1.3: The program evaluates the potential impact of the hidden curriculum on the residency program.

Hidden Curriculum in Action

"Every word spoken, every action performed or omitted, every joke, every silence, and every irritation imparts values" (Mahood 2011)

The effects of the hidden curriculum (implicit or unofficial) on medical learners can be positive or negative.

Examples:

- A resident is praised for being dedicated when coming to work sick. Lesson: work comes first, before one's own needs
- While on-call, a preceptor asks the resident whether they have had lunch yet and, when learning they haven't, advises the resident to have lunch prior to continuing with rounds. Lesson: personal health and well-being is just as important as patient care

- Referring to a subset of patients, such as those with challenging questions as “difficult”, and actively trying to avoid them. Lesson: some patients deserve less time and energy than others (Rajput et al 2017)
- Not looking at a patient but only the computer during an interaction. Lesson: documentation is more important than patient relationships
- A preceptor lets their learner know that while he has additional notes to complete, he is leaving the office at 5:00 to make sure he is home for dinner with his family. Lesson: Role modeling work balance and wellness behaviour, setting tone on culture at work/learning OR that timely documentation is not as important?

When teaching medical learners about the hidden curriculum and how to avoid potential negative consequences, consider the following 4-step approach³:

1. **Priming:** discussing with students about hidden curriculum in their clinical environment and their motivations to conform or comply with external pressures
2. **Noticing:** educating students to be aware of their motivations and actions in situations where they experience pressures to conform to practices that they may view as unprofessional
3. **Processing:** guiding students to analyze their experiences in collaborative reflective exercises
4. **Choosing:** supporting students in selecting behaviours that validate and reinforce their aspirations to develop their best professional identity

Strategies for Addressing the HC:

Micro:	<ul style="list-style-type: none"> • 1:1 learner with preceptor during conversations (3.3.1.4) • HC-focused field note – under professionalism competency • Learner reflection
Meso:	<ul style="list-style-type: none"> • At resident’s review with the Program Director, there is an embedded question specifically about Hidden Curriculum • Inclusion in orientation and AHD for resident
Macro:	<ul style="list-style-type: none"> • Faculty development for all teachers on this topic – BASICS module • Review of U of T cohort data from the CFPC survey (9.1.1.3)

References and Resources:

1. The Future of Medical Education in Canada (FMEC): A Collective Vision for MD Education; 2010. Available from: https://www.afmc.ca/future-of-medical-education-in-canada/medicaldoctor-project/pdf/FMEC_CollectiveVisionMDEducation_EN.pdf. Accessed 2016 Oct 10
2. Hafferty FW, Finn GM. (2015) The Hidden Curriculum and Anatomy Education. In: Chan L., Pawlina W. (eds) Teaching Anatomy. Springer, Cham
3. Holmes CL, Harris IB, Schwartz AJ, Regehr G. Harnessing the hidden curriculum: a four-step approach to developing and reinforcing reflective competencies in medical clinical clerkship. *Advances in Health Sciences Education* 20 (5), 1355-1370
4. Crapanzano K, Schwartz A, Sperber J, Stagno S, Tynes L. Using a group exercise to teach about the hidden curriculum. Online Open Access Module. *MedEdPORTAL*. 2015;11:10223. https://doi.org/10.15766/mep_2374-8265.10223