You Can’t Hide: the Informal and Hidden Curriculum in Health Professions Education

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“I am in it and I do not even notice it. I am the frog basking in a slow simmer, unaware that the gradually rising temperature will ultimately consume me. I overestimated my self awareness, my ability to perceive. I am being had by medicine” -- MSIII

When will I become that cynical, exhausted intern?
"Not all of what is taught during 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 formal course offerings but within medicine's 'hidden curriculum'."
Multidimensional Learning Environment

• **Formal**: course offerings, curricula, syllabi, what we ‘intend’ to teach

• **Informal**: haphazard, unscripted interpersonal interactions, role modeling; occurs on rounds, hallways, cafeteria

• **Hidden**: messages transmitted at the level of institutional structure, language, resource allocation, policy

• **Null**: what students learn by what is not said

**Other-than-formal**
Often a misalignment between formal and hidden; what we intend to teach and what is learned
hidden ≠ bad
Look Through New Lenses
Learning Messages?
Windows into the Hidden Curriculum
How can we figure out what is going on in our learning environments?

Surveys
Pololi et al. Why Are a Quarter of Faculty Considering Leaving Academic Medicine? A Study of Their Perceptions of Institutional Culture and Intentions to Leave at 26 Representative U.S. Medical Schools. Acad Med 2012

Scales/Measures

Confidential Reporting
Sharing Stories
• Interviews
• Focus Groups
• Narrative
“Maybe stories are just data with a soul.”

--Brene Brown
The Hidden Curriculum: What Can We Learn From Third-Year Medical Student Narrative Reflections?

Elizabeth H. Gaufberg, MD, MPH, Maren Batalden, MD, MPH, Rebecca Sands, DO, and Sigall K. Bell, MD

Abstract

Purpose
To probe medical students’ narrative essays as a rich source of data on the hidden curriculum, a powerful influence shaping the values, roles, and identity of medical trainees.

Method
In 2008, the authors used grounded theory to conduct a thematic analysis of third-year Harvard Medical School students’ reflection papers on the hidden curriculum.

Results
Four overarching concepts were apparent in almost all of the papers: medicine as culture (with distinct subcultures, rules, vocabulary, and customs); the importance of haphazard interactions to learning; role modeling; and the tension between real medicine and prior idealized notions. The authors identified nine discrete “core themes” and coded each paper with up to four core themes based on predominant content. Of the 30 students (91% of essay writers, 20% of class) who consented to the study, 50% focused on power–hierarchy issues in training and patient care; 30% described patient dehumanization; 27%, respectively, detailed some “hidden assessment” of their performance, discussed the suppression of normal emotional responses, mentioned struggling with the limits of medicine, and recognized personal emerging accountability in their medical training; 23% wrote about the elusive search for personal/professional balance and contemplated the sense of “faking it” as a young doctor; and 20% relayed experiences derived from the positive power of human connection.

Conclusions
Students’ reflections on the hidden curriculum are a rich resource for gaining a deeper understanding of how the hidden curriculum shapes medical trainees. Ultimately, medical educators may use these results to inform, revise, and humanize clinical medical education.
Study Methods

• MSIII’s assigned to write a 2 page paper reflecting on the hidden curriculum
• Prompt based on Hafferty definition
• 30/33 students consented to have their papers studied
• Qualitative thematic analysis

Gaufberg et al Acad Med 2010
The Hidden Curriculum: Specific Themes

- Power and Hierarchy
- Patient Dehumanization
- Hidden Assessment
- Emotional Suppression
- Limits of Medicine
- Personal Accountability
- Balance/Sacrifice
- Faking It
- Human Connection

Gaufberg, Batalden, Sands, Bell  Acad Med 2010
“...This attending was not using his best clinical judgment; however, no one said a word to him because of his rank as an attending.... [he is] in essence, untouchable.”

“I am standing before an anxious, supine woman, holding a gleaming large metallic object that I am about to place into her vagina. Right now only two things stand between me and an unpleasant encounter with law enforcement. One is the remarkable prerogative bestowed upon medical professionals to do such strange things. The other is my patient’s half-hearted consent: "You're letting the novice do it?" the patient groans to my intern.”
Patient Dehumanization

• patients are often dehumanized, disrespected or coerced in the day-to-day practice of medicine
• anal wink
• the whale

“Humiliation is a very important part of the process, Mr. Keifer.”
Hidden Assessment

• Students are judged/evaluated on much more on how they ‘fit in’ with the culture of medicine than on the 'core competencies’

• Laughing at bad jokes

• Rolling cart

Gaufberg et al Acad Med 2010
Emotional Suppression

Suppressing or dissociating from normal emotional responses to tragedy, suffering and death

“There was no reality to what I did, only motions. I read a paper on how to determine death, and wondered at my lack of empathy.”

Gaufberg et al Acad Med 2010
“... And a signature here verifying your witness to my empathy.”
Balance/Sacrifice

Prioritization of medicine over everything else in the student’s life, including basic human needs (eating, sleeping, breastfeeding, personal safety)

Gaufberg et al Acad Med 2010
Human Connection

The importance of positive and authentic human connection for both learning and patient care

“There is a Hebrew term, Talmid Haver, which means a student who is friend and a colleague....”

Gaufberg et al Acad Med 2010
Key insights: Micro-ethical challenges

- Pervasive
- Thematic overlap
- Absent from ethics courses
- 40% of clinical medical students reported doing something wrong or improper for fear of poor evaluation or in an effort to “fit in” with the team

Feudtner and Christakis, Acad Med 1984
What didn’t they write about?

Little on nurses and other team members...

We train, hire, and pay doctors to be cowboys. But it’s pit crews people need.  Atul Gawande
Exercise

• Take 3 minutes to free write about a time you *taught* in the informal, hidden or null curriculum.
• Then, in pairs, tell your story while your partner listens with genuine curiosity (5”)
• Switch (5”)
• Large group debrief: Insights?
Now What?!!
How might themes link to curricular strategies?

Define meaningful roles for all team members

Safe havens for reflection and feedback

Transparent expectations and evaluation
Leading Culture Change in Academic Medicine: Confronting the Hidden Curriculum

Thursday January 30, 2014 • 4:00-6:00 PM

Overview

This time of change in the curriculum at HMS provides an opportunity for us to step back and rethink assumptions, as we re-imagine the four-year developmental experience of our students. Workshop attendees will be able to brainstorm ways to initiate a positive culture change in whatever sector of HMS in which they work. Senior leaders will be present to share their personal insights and experiences with culture change. The reflections of leaders who have directed large medical organizational culture change will shed light on some of the components of the hidden curriculum which influence the culture in which we teach and practice.

Schedule of Events

Welcome and Overview

Introduction
Edward M. Hundert, M.D.

Changing Culture: Reflections on a Personal Journey of Being a "Change Maker“
Jo Shapiro, M.D.

Leading the Modern Academic Medical Center: Preserving and Fostering Academic Culture During Changing Economic Times
Gary L. Gottlieb, M.D., M.B.A.

Panel Discussion and Next Steps
Gary L. Gottlieb, M.D., M.B.A., Jo Shapiro, M.D., and Edward M. Hundert, M.D.
Why Does it Matter?

Neuroscience: Feeling safe is a precondition, biologically, to feeling compassion.
A medical education program must define and publicize the standards of conduct for the faculty-student relationship and develop written policies for addressing violations of those standards.
Toward an Informal Curriculum that Teaches Professionalism

Transforming the Social Environment of a Medical School

Anthony L. Suchman, MD, MA, Penelope R. Williamson, ScD, Debra K. Litzelman, MD, Richard M. Frankel, PhD, David L. Mossbarger, MBA, Thomas S. Inui, ScM, MD, and the Relationship-centered Care Initiative Discovery Team

The social environment or “informal” curriculum of a medical school profoundly influences students’ values and professional identities. The Indiana University School of Medicine is seeking to foster a social environment that consistently embodies and reinforces the values of its formal competency-based curriculum. Using an appreciative narrative-based approach, we have been encouraging students, residents, and faculty to be more mindful of relationship dynamics throughout the school. As participants discover how much relational capacity already exists and how widespread is the desire for a more collaborative environment, their perceptions of the school seem to shift, evoking behavior change and hopeful expectations for the future.
Build Educational Models from Principles

Relational

Integrated

Developmental
We leave traces of ourselves wherever we go, on whatever we touch

-Lewis Thomas