Pediatric Resident Experiences with the Hidden Curriculum at the University of Toronto

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I do not have an affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.

Je n’ai aucune affiliation (financière ou autre) avec une entreprise pharmaceutique, un fabricant d’appareils médicaux ou un cabinet de communication.
Overview

• Introduction and background
  » What is the hidden curriculum
  » Our questions

• Methods
  » Our question
  » Study design
  » Analysis

• Results
  » Findings and examples

• Conclusion and Future Directions
The Curriculum of Medical Education
Defining the Hidden Curriculum

• Set of influences that function at the level of organizational structure and culture (Hafferty et al.)

• Informal medical learning that takes place as a result of interactions between learners, faculty and other individuals (Gaufberg et al.)

• Cultural mores that are transmitted, but not openly acknowledged, through formal and informal education endeavors (Haffler et al.)
Our Question

What is the experience of pediatric residents at University of Toronto with the Hidden Curriculum?
Study Design

• Qualitative Study
• All pediatric residents in the core pediatrics residency training program eligible
• The study took place during academic half day
  » Approx 30 attendees at half day
• Subjects invited to submit a written reflection describing their experience with the hidden curriculum
Please write a reflection on the HC as you may have experienced it in your paediatric training at UT. This may include how your experiences with the HC at UT are similar or different from other settings you may have trained at. It may be helpful to begin with a personal experience. Include one positive and one negative experience if you can.
Data Analysis

• Submissions randomized
• Reflections were analyzed by all investigators iteratively for emergent themes
• Commonalities and differences were identified using a constant comparison method and synthesized into overarching thematic categories
• Secondary analysis of data set to assign relevant CanMEDS competency framework
Results

• 19 Responses to the study
• Primary thematic analysis revealed 3 major themes
• Secondary analysis revealed links between the HC domains and the CanMEDS competencies
Emergent Core Themes

- Role modelling
- Work-life balance and academic expectations
- Power relations and value as a team member
- Other
Role Modeling

• Skills, attitudes and behaviours
  » CanMEDS competency: Professional

• “Working the System”
  » CanMEDS competency: Manager

• Both role modeling categories reflected positively within the reflections
Role Modeling of Skills, Attitudes and Behaviours

“I think the #1 HC I have experienced is role modeling... I have gathered those things that I think have been done well, and less well. I have come across those who practice in the way that I hope to practice in the future, and have (hopefully) been shaped by these interactions”
Role Modeling how to “Work the system”

“I have learned from watching senior residents that the success of getting things done at night relies on how you communicate with allied professionals and consultation services.”

“One of the hidden ways to survive residency is finding the ability to push back. This ability is honed throughout residency by observing older colleagues who do this well”
Work-life Balance and Academic Expectations

- CanMEDS competencies
  - Professional, Scholar, Manager
- Mixed positive and negative reflections
Work-life Balance and Academic Expectations

“one negative aspect the of HC I have encountered has been the sense that there is an expectation of huge work commitment, research output and teaching on top of clinical responsibilities that is necessary to earn enough respect to have a career here; even if that means that many people’s work-life balance is in fact hugely imbalanced towards their work”

“I have appreciated that there is more a focus on resident well being today vs. many years ago”
Power Relations and Value as a Team Member

• Many CanMEDS competencies
  » Professional, Manager, Collaborator, Advocate
• Primarily negative reflections
Power Relations and Value as a Team Member

“Isn’t that your job?” Those words caught me off guard. (the attending staff) had asked me what another service had planned for our patient and I fumbled, not knowing what had been arranged the day prior in my absence. “I...don’t know.” “Well isn’t that your job?” I felt dejected, feeling the sting of my staff’s words. Was I not capable of managing my patients issues?”

“I came on call just before a code was called. I wasn’t allowed to participate in any aspect of the code even though I was suppose to be part of the team. The child passed away and I was quite disturbed by this. In my interactions with the staff after the event there was no discussion or debriefing. TO me the HC was that residents are not valued.”
Discussion and Conclusions

- Hidden curriculum exists within the pediatric residency program at University of Toronto
- Both positive and negative lessons within the hidden curriculum
- Formal curriculum framework (CanMEDS competencies) is learned through hidden curriculum as well as in formal teaching
- Many teachers of the hidden curriculum
Acknowledgements

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References

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