THE HIDDEN CURRICULUM: A GOOD THING?

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WHAT IS THE HIDDEN CURRICULUM?

“Every action performed or omitted, every joke, every silence and every irritation teach values that physicians’ might never intended to impart”

- Dr. Sally Mahood
DOES IT MATTER?

What messages are being communicated through the Hidden Curriculum at our tertiary care institution?
(McMaster Children’s)
METHODS

• Ten sessions at McMaster University between 2013-2017
  • Anonymous submission of cue cards
  • A thematic analysis was conducted with the 185 cue cards by two independent reviewers over a three-month period.
WHAT MESSAGES HAVE YOU RECEIVED THROUGH THE HIDDEN CURRICULUM?

Hierarchy
Privilege
Navigation & Negotiation
Dehumanizing
Positivity
Vulnerability
“It is not acceptable to be vulnerable and admit you don’t know or are afraid.”

“As a student, don’t say no to anything, even if it makes you feel uncomfortable.”

“A dead or dying patient is not something to dwell on or that needs processing – shut it off and move on. Otherwise, you may not be cut out for this.”
“Know your place in the pecking order.”
“Don’t correct anyone higher than you in rank.”
“Don’t know more than the resident when asked a question by a staff.”
“Staff doctor is at the top of the pyramid.”
“Pre-clerks are at the bottom of the ladder.”
“Formally you learn finances are not a barrier to medical education. In reality you are told to dress a certain way, have a completely flexible schedule totally devoted to school above all else, be able to go to retreats/conferences/events that cost money, and then complain the government doesn’t pay doctors enough.”
“Achieving the right level of inquiry and interaction when in a clinical teaching environment. Knowing the right time to ask questions versus observe.”

“Learning more clinical skills for OSCEs versus actual skills used in clinic.”

“The faster you see the patient, the better.”
DEHUMANIZING

“Listening to clinicians’ talking about patients who are ‘difficult’ suggesting that they are burdensome and that we should try to hurry them out of clinic.”

“Being told to be compassionate and caring while the attending will ignore a patient in pain and simply relay the information to the nurse.”

“Hearing a doctor call a patient fat.”
POSITIVITY

“Safety culture.”

“Teaching about social determinants of health.”

“Doctor-patient relationship. The formal curriculum doesn’t teach us how to develop skills to develop a trustful and professional bond with our patients and families.”
DISTRIBUTION OF COMMENTS AMONG THE 6 THEMES

PERCENT (%) DISTRIBUTION

- Vulnerability
- Dehumanizing
- Navigation & Negotiation
- Privilege
- Hierarchy
- Positivity
We need to take control of the Hidden Curriculum!

Yes, but how?
NEXT STEPS

RESIDENTS
THANK YOU

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REFERENCES


