

Tales From the New Crusade: Addressing “Hidden” Curricula in Health Sciences Education

Paul Haidet MD MPH
Director, Medical Education Research
Penn State College of Medicine

The ‘Hidden Curriculum’

- “understandings,” customs, and rituals
- taken-for-granted aspects
- informal conversations
- defines “good” and “bad” medicine
- portrays “real world truths”

Hafferty Acad Med 1998

Effects of the Hidden Curriculum

- Creates internal conflict and moral dilemmas for students DelVecchio Good 1995
- Barrier to the teaching of humanism on ward services Branch et al JAMA 2001
- Students are less patient-centered in later years of medical school Haidet et al. Medical Education 2002
- Attending physicians often inadvertently **strengthen** messages sent by the hidden curriculum Burack et al J Gen Intern Med 1999

Culture

- “the integrated pattern of human knowledge, belief, and behavior that depends upon man's capacity for learning and transmitting knowledge to succeeding generations”
- “the customary beliefs, social forms, and material traits of a social group”
- “the set of shared attitudes, values, goals, and practices that characterizes a social group”
- “a group of people *enacting a shared story*”*

*Quinn, 1995

Message - Premise

Messages

- It's OK to be rude when you are doing something really important
- You don't have to attend class to be a successful student
- Communication skills are nice to have but not essential

Premise

- Outcome is more important than process

Haider and Stein, 2006

October 1st

You ask about my day –
 I should have taken a Polaroid:
 lime curtains, black sheets,
 yellow man, your age,
 rusted nails on restless fingers,
 pregnant belly with twisted purple veins,
 afraid to ask for directions.

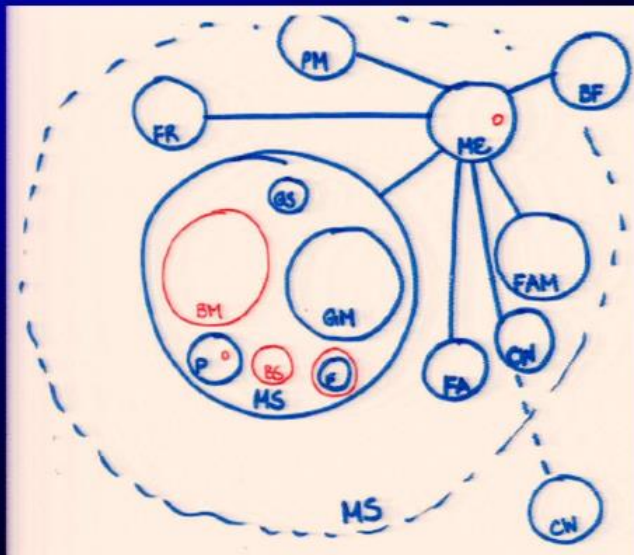
Said he drank to escape the loneliness.
 That down escalator, no basement floor.

I hold his hand, breathe through my mouth,
 discuss the facts from yesterday's spill;
 a new liver, perhaps.

You ask about my day –
 I tell you it was fine;
 my side of the bed grows farther.

- Mairi Leining

Life Space Diagram



Haidet et al, 2008

Early Influences/Priorities - Altruism

- “I did a lot of work at Oakland Children’s Hospital and I had a lot of doctors there that were community workers, which was probably what got me interested in that stuff in the first place and they were just so caring and loved the patients so much and just were really, really amazing people.”
- “...one of my mentors lived in ... the community that she served ... she wasn’t making that much money, you know, like [she] definitely ... compromised a lot of [her] own lifestyle and, like, life for the populations that [she] treated...”

Gravitation Toward Like-Minded People

- “I don’t think you can say that if everything revolved around med school for you and you didn’t [have] any friends outside of med school or any family or anything outside of med school that you wouldn’t get sucked in and be almost worse off for it.”
- “It’s just you’re in such a weird bubble and it’s such a weird culture and I can’t put my finger on it, but *something happens to you when you go through med school and it’s just nice to have people outside of it** that ... can keep you grounded. It’s so important and I really think that ... I’m the person I am because of it and I would probably be way worse off if I didn’t have that in my life...”

* Emphasis added by investigators

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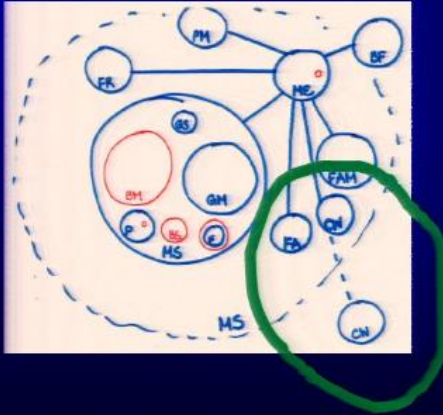
'Sentinel' Stressor

- "I was an 18 to 22-year-old girl who didn't have to pay for college, didn't have to work, lived in my bubble in my sorority house with my sorority sisters and bought whatever I wanted and, you know, spent ridiculous amounts of money and meanwhile thought that like socializing everything in the U.S. was the best idea for everyone"
- "...but now, you know, being on loans and having to watch my money and realizing that one day I want to have a family and one day I want to have the privilege of being able to put my kids through college without them having to worry about it either and, you know, just realizing that money doesn't grow on trees any more, I realized that ... it's ignorant maybe, to say that money isn't important..."

Changing Priorities

- "That that's how all of medicine was, this "feel good, touchy-feely, let's help all the poor people." It was a very skewed view ... now we have lectures and some guy will come in and talk about how you can do a laparoscopic procedure and bill more for it in your clinic than you can in the hospital and how great that is for the doctors, because they'll get paid ten times as much – I never thought that doctors were the type of people – this is so stupid now looking back on it – that they cared that much about how much money they make.
- "if I was one of those people that didn't have loans to pay off... there would still be a part of me that would just want to work in a community hospital and would be happy with that, but now I feel like there are certain things that are important for myself and for my own family and that I want to make sure that I can take care of my family before I'm taking care of other people's families..."

... my side of the bed grows farther.



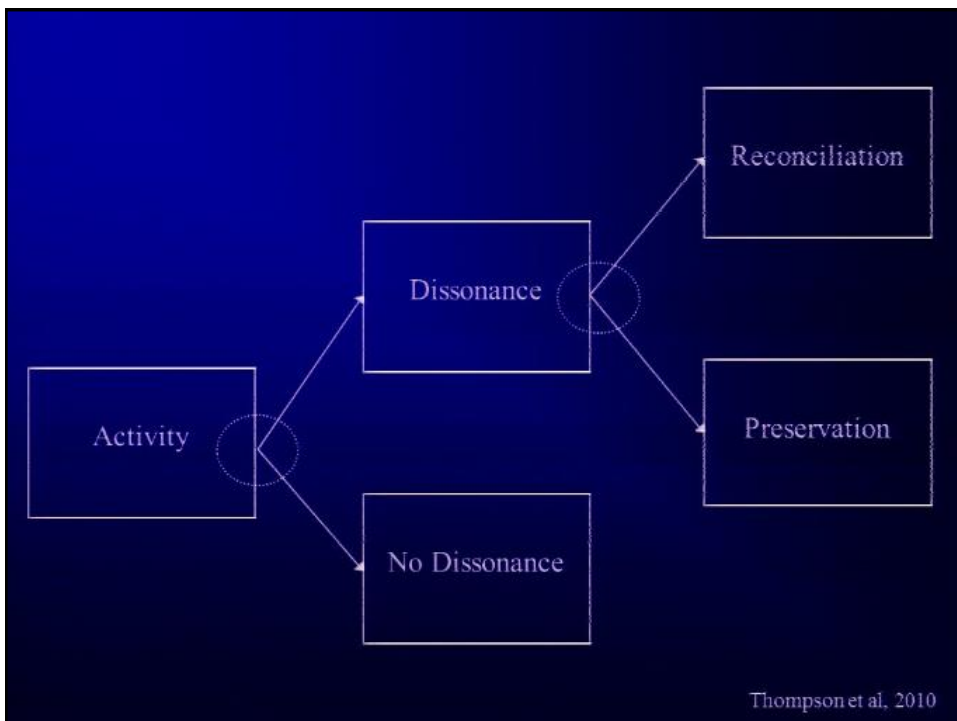
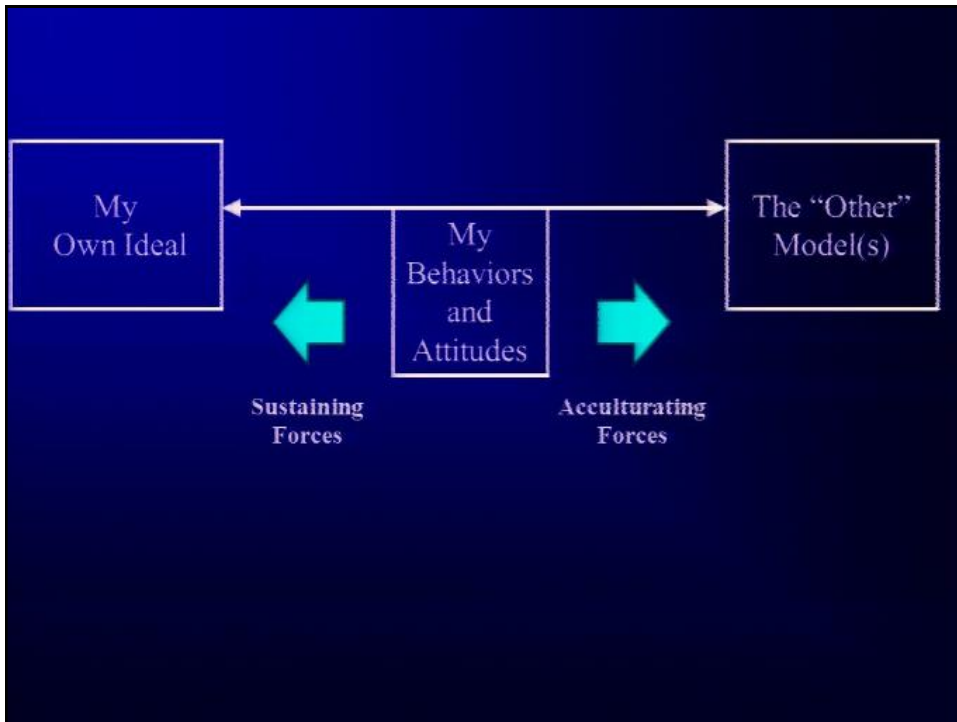
INTERVIEWER: “If you could go back and talk to yourself as a college student and say: ‘this is what I’ve learned about the kind of doctor you should want to be,’ what would you tell that person?”

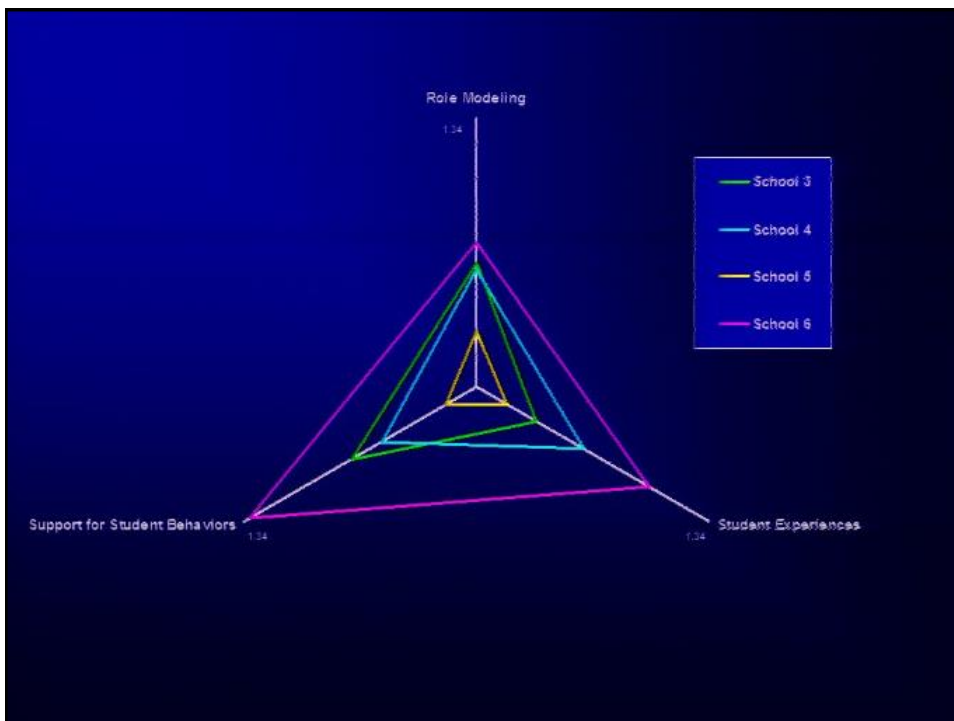
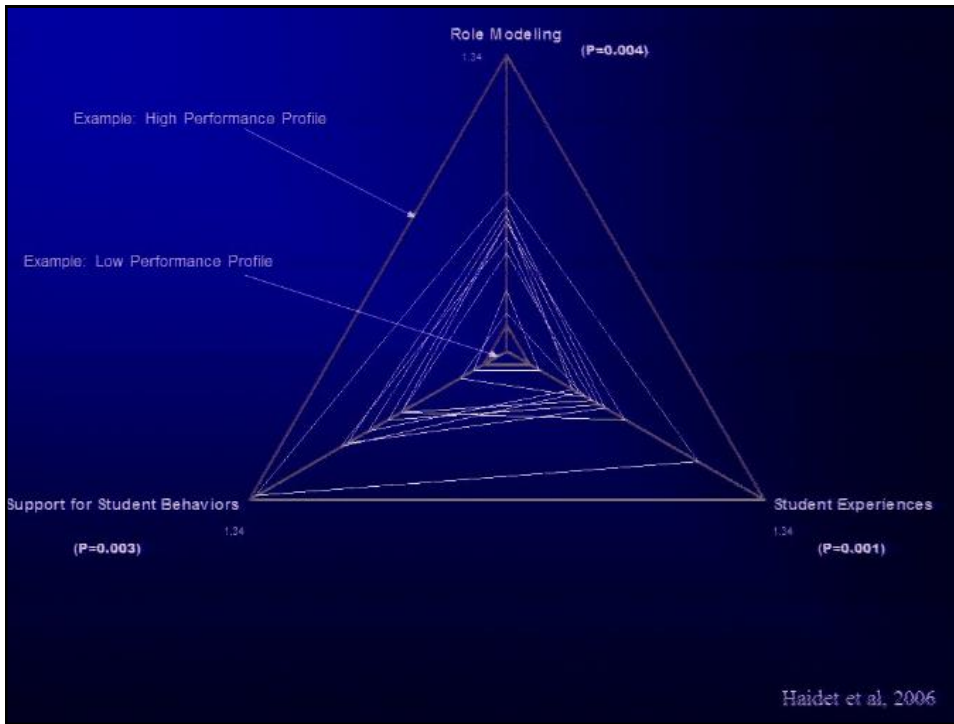
STUDENT: “I think I’d probably have my college self come and talk to me.”

Haidet et al, 2008

“We were discussing whether a surgical intervention was indicated for a patient. And the attending was kind of speaking about the patient in front of the patient. And he used phrases like, ‘We’d be less likely to kill the patient,’ and by the time we were done with that, the patient was crying and nobody picked up on it but the medical students that were there.”

Thompson et al, 2010



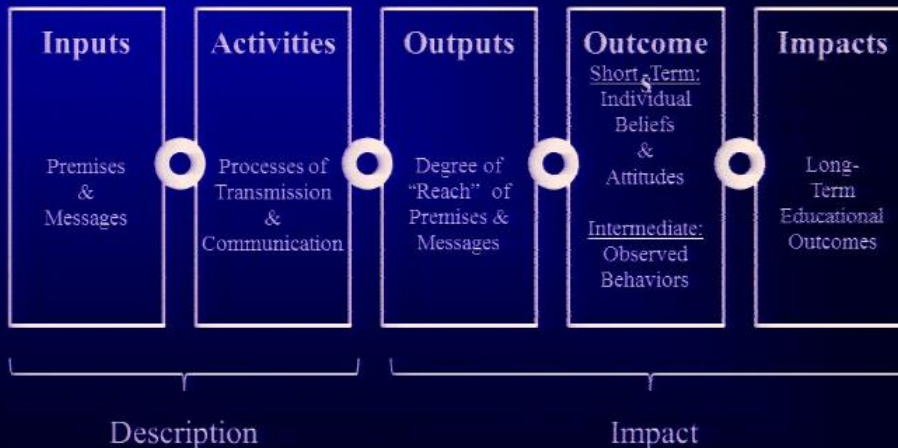


Measuring the Hidden Curriculum

1. About What?
2. In What Context?
3. As Experienced By Whom?

Haidet and Teal, in preparation

A Conceptual Model for Assessing the Hidden Curriculum



Haidet and Teal, in preparation