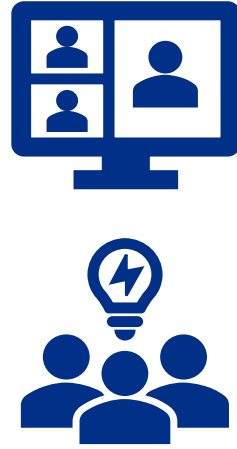


**BCH Academy
for Teaching &
Educational
Innovation and
Scholarship**



Academy Seminar Series

November 13, 2024

Beyond the Surface - Uncovering the Hidden Curriculum in Health Professions Education



Boston Children's Hospital
Center for Educational
Excellence & Innovation

Where the world comes for answers



Disclosures

The speaker(s) do not have relevant financial relationships to disclose.



To receive credit for today's BCH Academy Seminar:

Text 5091 → 617-648-7950

Your engagement

Please keep your cameras on to help us foster an engaging and connected experience for one another and our invited speakers.



Learning Objectives

By the end of the session, participants will begin to:

- Describe the Hidden Curriculum as a conceptual lens.
- Apply this lens to at least one experience within health professions education.
- Identify at least one curricular strategy to mitigate negative or accentuate positive aspects of the hidden curriculum.



Introductions



Elizabeth Gauferg, MD, MPH

*Director of Professional & Academic Development
Cambridge Health Alliance
Associate Professor of Medicine and Psychiatry
Harvard Medical School*



Christopher Reeves, MSN, CNP, NPD-BC

*Nurse Practitioner
Nursing Professional Development
Boston Children's Hospital*





What the hell is water?

The Hidden Curriculum in Health Professions Education

Liz Gaufberg MD MPH
Cambridge Health Alliance/
Harvard Medical School

Who's in the room?



See?

Think?

Wonder?

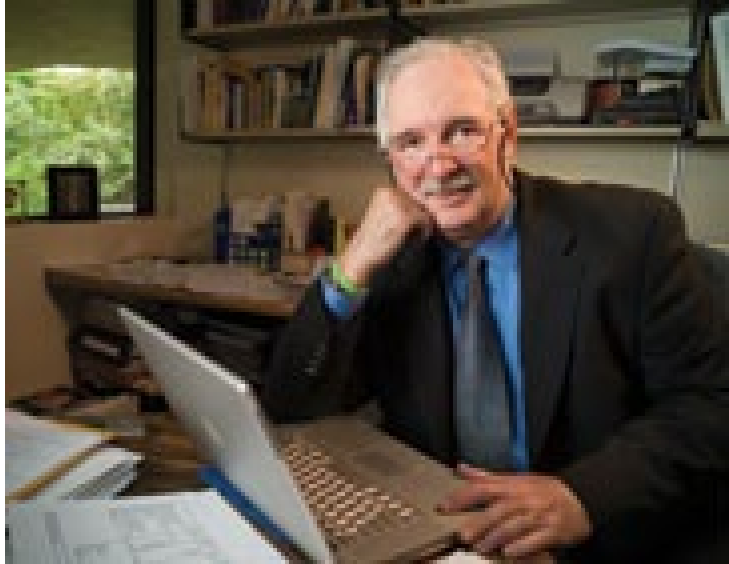


Collateral Learning

Collateral Learning: the accidental learning that occurs inside and outside of the classroom. “It is the way of formation of enduring attitudes, of likes and dislikes, may be and often is much more important than the spelling lesson or lesson in geography or history that is learned.”
(Dewey, Experience and Education, 1938)

Phillip Jackson coined the phrase "hidden curriculum." Education as a socialization process. (Jackson, Life In Classrooms, 1968).





In the 1990s Fred Hafferty brought Jackson's concepts to medical education and then more broadly to health professions education

“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'.”

(Acad Med 1998)

THE HIDDEN CURRICULUM IN HEALTH PROFESSIONAL EDUCATION

Frederic W. Hafferty and
Joseph F. O'Donnell,
editors

Copyrighted material

Contents

Foreword by Dewitt C. Baldwin

Joseph F. O'Donnell / Introduction: The Hidden Curriculum—
a Focus on Learning and Closing the Gap

I Working within the Framework: Some Personal and
System-Level Journeys into the Field

1 David T. Stern / A Hidden Narrative

2 Edward M. Hundert / A Systems Approach to the
Multilayered Hidden Curriculum

3 Brian David Hodges and Ayelet Kuper / Education Reform
and the Hidden Curriculum: The Canadian Journey

II Theoretical Considerations

4 Janelle S. Taylor and Claire Wendland / The Hidden
Curriculum in Medicine's "Culture of No Culture"

5 Delese Wear, Joe Zarconi, and Rebecca Garden /
Disorderly Conduct: Calling Out the Hidden Curriculum(s)
of Professionalism

6 Heidi Lempp and Alan Cribb / The Diversity and Unity
of the Hidden Curriculum: Medical Knowledge in an Era
of Personalized Healthcare

III Methodological and Assessment Approaches

7 Paul Haidet and Cayla R. Teal / Organizing Chaos:
A Conceptual Framework for Assessing Hidden Curricula
in Medical Education

8 Maria Athina (Tina) Martimianakis and Nancy McNaughton /
Discourse, Governmentality, Biopower, and the Hidden
Curriculum

9 Pooja C. Rutberg and Elizabeth H. Gaufberg / Medical
Student Narratives and the Hidden Curriculum

10 Dorene Balmer and Boyd F. Richards / Bounded and Open:
A Personally Transformative Empirical Journey into Curricula,
Objectives, and Student Learning

IV The Hidden Curriculum and Health Professions Education

11 Michael W. Rabow / Becoming a Doctor: Learning from
the Hidden Curriculum in Medical Education

12 Lisa Day and Patricia Benner / The Hidden Curriculum
in Nursing Education

13 Virginia Wright-Peterson and Claire E. Bender / Making the
Invisible Visible: Uncovering the Hidden Curriculum in
Allied Health Education

14 Jill Thistlethwaite / Hidden Amongst Us: The Language of
Inter- and Outer-professional Identity and Collaboration

V Special Topics and Applications

15 Richard L. Cruess and Sylvia R. Cruess / Professionalism,
Professional Identity, and the Hidden Curriculum: Do As
We Say and As We Do

16 Shaun C. Ewen / Indigenous Health and the Hidden
Curriculum: A View from the Outside In

17 David Hirsh / Longitudinal Integrated Clerkships: Embracing
the Hidden Curriculum, Stemming Ethical Erosion, and
Transforming Medical Education

18 Richard M. Frankel / Tweets, Texts, and Facebook Requests:
Social Media and the Hidden Curriculum in Medical Education

19 Britta M. Thompson, Allison R. Ownby, and Janet P. Hafler /
The Hidden Curriculum for Faculty: Betwixt and Between

20 Kelly Edwards / What Does the Culture of Research Teach
Next-Generation Scientists?

Frederic W. Hafferty and Joseph F. O'Donnell / The Next
Generation of Work on the Hidden Curriculum:
Concluding Thoughts

Socialization



“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 myself awareness, my ability to perceive. I am being had by medicine”

-- Health Professions Student

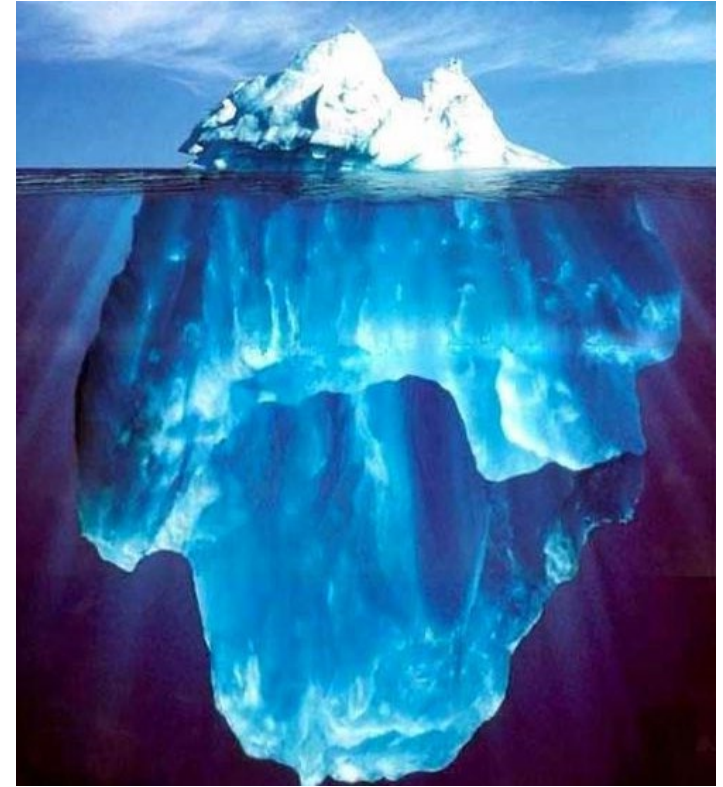
Multidimensional Learning Environment

- **Formal Curriculum:** stated objectives, course materials, syllabi, mission statements, what we 'intend' to teach
- **Informal Curriculum:** haphazard, unscripted teaching and learning that occurs outside the formal curriculum (rounds, hallways, cafeteria); role modeling
- **Hidden Curriculum:** lessons transmitted the level of culture, organizational structure, language, resource allocation (time, space, money). Not explicitly intended to be taught
- **Null Curriculum:** that which is taught by omission

Other-than-formal
often called “hidden”



hidden≠bad



Often a disconnect between...



...formal and hidden.

...what we intend to teach and what is learned.

...what we say we value and what we do.

We value interactive learning.



We value developmental, relational learning.

LEAP Student Clinical Rotations					
Month	Student 1	Student 2	Student 3	Student 4	Student 5
Aug 2015	Orientation	Orientation	Orientation	Orientation	Orientation
Sep 2015	Cardiology	Cardiovascular Surgery	Medicine	Cardiovascular Surgery	Observation
Oct 2015	Cardiovascular Surgery	Medicine	Cardiology	Neurosurgery	Oncology
Nov 2015	Heart Failure Clinic	Observation	Cardiovascular Surgery	Cardiology	Cardiovascular Surgery
Dec 2015	Observation	Neurosurgery	Medicine	Rehab	Cardiology
Jan 2016	Rehab	Cardiology	Neurosurgery	Observation	Emergency Response Team
Feb 2016	Cardiology	Emergency Response Team	Cardiovascular Surgery	Heart Failure Clinic	Neurosurgery
Mar 2016	Emergency Response Team	Rehab	Observation	Emergency Response Team	Rehab
Apr 2016	Neurosurgery	Cardiology	Rehab	CV Surgery	Heart Failure Clinic
May 2016	CV Surgery	Observation	Emergency Response Team	Medicine	Cardiology
Jun 2016	Medicine	Emergency Response Team	Heart Failure Clinic	Cardiology	CV Surgery
Jul 2016	Heart Failure Clinic	CV Surgery	Cardiology	Emergency Response Team	Observation
Aug 2016	Observation	Medicine	CV Surgery	Observation	Emergency Response Team

We value empathy.



**We value the contributions of all
health professionals.**



We care about health professional wellbeing.



Copyright © 2016 Board of Trustees of the Leland Stanford Junior University. All rights reserved.

A word on language...

Metaphors: military, machines

Language of business

Dehumanizing language

Becoming an 'insider': not just words, patterns of speech

Language of the BCH Academy

TIPS/GUIDANCE

The BCH Academy works diligently to be inclusive of all persons and professions. This begins with the language we use when presenting to our audience. Here are a few tips to adopt for your Seminar session:

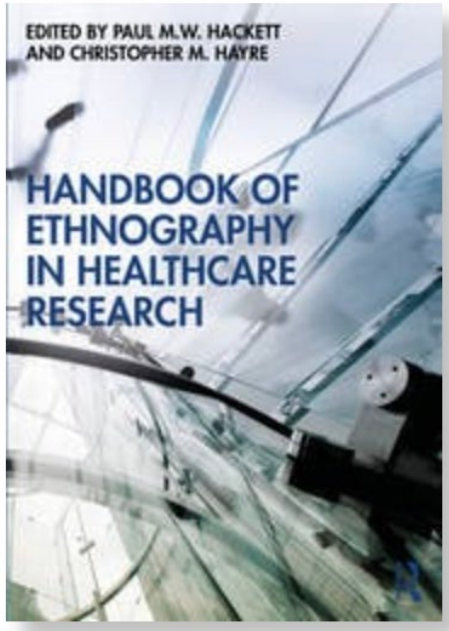
PLEASE USE	DO NOT USE	WHY
<i>Learners</i>	<i>Trainees, students, preceptees, orientees</i>	To avoid using profession-specific terminology, “learners” is the best all-encompassing term inclusive of all professions.
<i>Education</i>	<i>Training</i>	Many audience members have fully completed their professional school training.
<i>First and Last Names only</i>	<i>Professional titles or degrees</i>	Removing hierarchical structures encourages participants to see each other as equals engaging in a collaborative dialogue. This also encourages generalized application of learning across professions.
<i>Educator, Teacher, Supervisor</i>	<i>Faculty or Attendings</i>	All Academy members are educators, teachers and/or supervisors. Only physicians are faculty or attendings, which excludes a large portion of the audience.

Windows into the Hidden Curriculum



How can we figure out what is going on in our learning environments?

Ethnography



Scales



Nurse Education Today
Volume 97, February 2021, 104688



Developing a measurement tool for
evaluating the hidden curriculum in nursing
education ☆

Berna Akçakoca , Fatma Orgun

> [Acad Med](#). 2005 Jan;80(1):44–50. doi: 10.1097/00001888-200501000-00012.

**Characterizing the patient-centeredness of hidden
curricula in medical schools: development and
validation of a new measure**

Paul Haidet ¹, P Adam Kelly, Calvin Chou; Communication, Curriculum, and Culture Study Group

Surveys:

AACN Culture and Climate Survey
AAMC Graduation Questionnaire
ACGME CLER Surveys and Site Visits

Confidential reporting

Sharing Stories

- Interviews
- Focus Groups
- Narratives

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.

Core Themes

Power and
Hierarchy

Patient
Dehumanization

Hidden
Assessment

Emotional
Suppression

Limits of Medicine

Personal
Accountability

Balance/Sacrifice

Faking It

Human
Connection

Power and Hierarchy

- “...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.”
- Students practicing on patients; inadequate patient consent.



Patient Dehumanization



"Humiliation is a very important part of the process, Mr. Keifer."

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

Hidden Assessment

- Learners are judged/evaluated on much more on how they 'fit in' with the culture of medicine than on the 'core competencies'



Emotional Suppression

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



Human Connection



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

What didn't they see, hear or write about? (null curriculum)

- Little on nursing and other health professional colleagues
- Little on race, ethnicity, gender...



How might themes link to curricular strategies?



Power and Hierarchy:
Define meaningful roles
for all team members;
interprofessional
education



Hidden Assessment:
Transparent
expectations and
evaluation



Emotional Suppression:
Debriefing and
reflective practice
opportunities

Your Stories

Free write (2-3 min): Tell a story from the Hidden Curriculum at Boston Children's

Breakouts (10 min): Share your story, and discuss:

- What messages does this story convey to the learner about what we value?
- In what ways do these hidden curricular messages compliment or conflict with the formal curriculum? (What are the gaps between what we say we value and what we do)

Large Group Debrief

- Common themes within your group: What messages are conveyed through the hidden curriculum?
- Insights: Professional socialization of the learner *within their own profession* and professional socialization of the learner to their role *within the interprofessional team*?
- What strategies might be helpful at BCH to mitigate unwanted influences of the hidden curriculum or build upon positive influences?
 - Consider both interpersonal and deeper structural strategies.

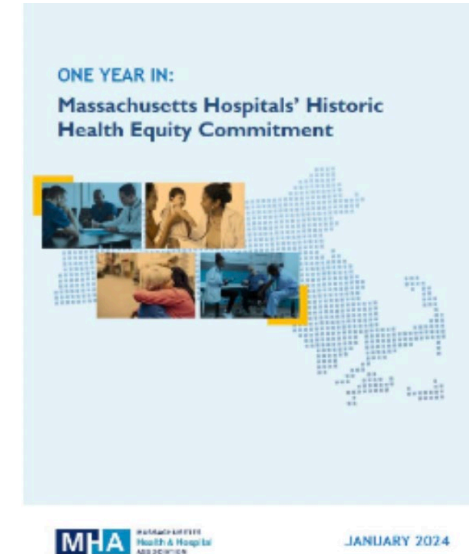
Why Does it Matter?



Patient Safety



Burnout



Equity



Accreditation



Psychological safety as a precondition to learning



HC is the soil for any formal curriculum you implement

Engage Learners In Making Change

> J Grad Med Educ. 2019 Feb;11(1):72-78. doi: 10.4300/JGME-D-18-00278.1.

CEO-CLER Innovation Grants Program: Empowering Residents as Clinical Learning Environment Change Agents

Maren Batalden, Carolyn Fisher, Richard Pels, Elizabeth Gaufberg



Asian American Community and Advocacy Group
Jenny Wen
Internal Medicine



Medical Assistants as Faculty and Coaches
Josue Fernandez, Deyang Nyandak
Family Medicine



Revere High School PREHealth:
A pipeline program for local high school students
Paul Rizzo & Omar Wahid
Family Medicine

<https://chacpad.org/ceo-cler-program>

Celebrate what we value

Awards

2024 John Cloherty Excellence in Clinical Teaching Award



Elizabeth M. Petersen, MD, MPH
Hospital Medicine



M. Teresa Shannon, MSN, RN, CPN, NPD-BC
Nursing Professional Development

Rituals



32 candles were ignited to show respect and gratitude towards each of the donors who dedicated their bodies to the College of Health Sciences.

SHOWING GRATITUDE TO ANATOMY DONORS

May 04, 2022 | Written by Colin Heffinger | Photos courtesy of Madison Roehrig and Emily Schmidt

Organizations



Excellence in Interprofessional Education Collaboration Award

Optimizing Health for Individuals and Populations



White Coat and Nursing Oath Ceremonies

Every time you walk down the hall
you're teaching.

-Liz Armstrong



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

-Lewis Thomas

We're all part of the soup!



I used to think...

Now, I think...

Other questions, wonderings.