



PGME Information Sheet

Hidden Curriculum

What is Hidden Curriculum?

The Hidden Curriculum (HC) is a set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice.¹ There is some degree of overlap between the formal and hidden curriculum. However, the HC typically operates outside of the formal curriculum and by nature is obscured or unacknowledged. This means that many of its lessons and messages are difficult to perceive or measure.

Formal Curriculum	Hidden Curriculum
<ul style="list-style-type: none"> Official teaching and learning experiences (courses, rotations, academic sessions including lectures, grand rounds, seminars, simulation learning). 	<ul style="list-style-type: none"> All pervasive “cultural-political-architectural-historical” context and influences. Unspoken or implicit academic, social, and cultural messages that are communicated to trainees while they are in a learning environment.
<ul style="list-style-type: none"> Formally structured social activities. 	<ul style="list-style-type: none"> Informal, unplanned and unscripted.

Why is the HC Important in Medical Education?

Professional development (skills, knowledge, beliefs, values) occurs through learning and socialization.^{2,3} Much of this socialization occurs within medicine’s HC that shapes learners professional and emotional growth as well as provides awareness and strategies for resilience, burnout, and increases trainees’ productivity.⁴

The hidden curriculum can be both negative or positive.⁵

Positive Impacts of the Hidden Curriculum	Negative Impacts of the Hidden Curriculum
<ul style="list-style-type: none"> Transmit values, ideals, and conditions required to become a physician. Effects can be amplified to support objectives.⁶ 	<ul style="list-style-type: none"> Is perceived as mistreatment and negative role modelling, a “stamping out of the innate humanistic tendencies of medical students.”⁶
<ul style="list-style-type: none"> Example:⁷ “The program has an appointed wellness advisor on the RPC. This reinforces that the program values wellness.” Example: Faculty in our program frequently network with residents, faculty and other health professionals. This perpetuates a positive culture of collaborative practices within the program. 	<ul style="list-style-type: none"> Example:⁷ “The clinic is always overbooked and there is little time for bedside teaching. Faculty tell residents to manage “medical student questions” so that the clinic isn’t slowed down. Residents avoid asking questions for fear of being characterized as weak on their evaluation.” Example:⁸ “A fellow resident came to work with a 100-degree fever; our attending physician called her dedicated. Lesson: The work comes first, in front of your needs, health or illness.”

The Hidden Curriculum is Linked to the Following Accreditation Standard:

STANDARD 9: There is continuous improvement of the educational experiences, to improve the residency program and ensure residents are prepared for independent practice.

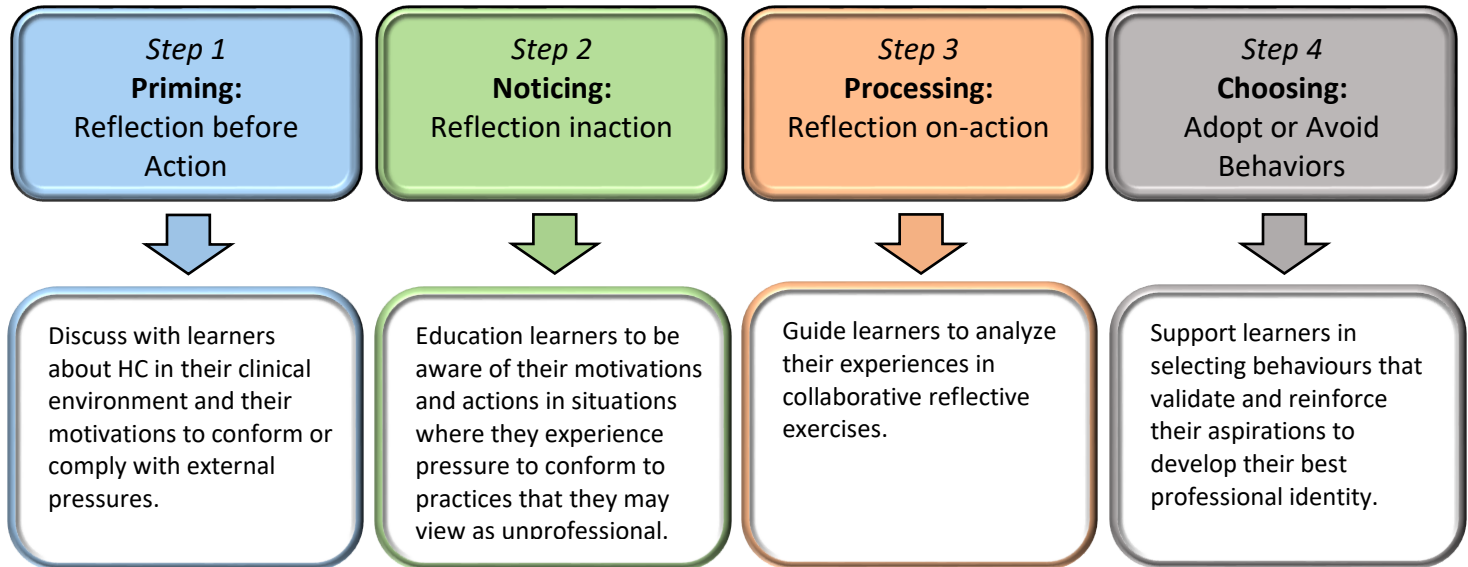
- Requirement 9.1.1:** There is a systematic process to regularly review and improve the residency program.
 - Indicator 9.1.1.2:** There is an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.

Paying attention to, and monitoring the HC is a marker of quality and a formal responsibility of all postgraduate training programs in Canada.



Strategies and Best Practices:

1. Teaching medical learners about the hidden curriculum: a four-step approach.⁹



2. Develop a system for learners to report practices that make it difficult for them to fulfill formal learning objectives.⁷

3. Add questions on program evaluations that capture HC effects.⁷

4. Create safe forums that respect learner and teacher privacy for discussing and addressing HC effects.⁷

Resources:

- PGME Resident Resource Office** (<https://medicine.usask.ca/residents/wellness.php>)
 - The office supports residents who may be coping with professional or personal challenges, and the Resident Wellness Coordinator helps individuals develop proactive strategies around health and wellness issues specific for physicians.
 - Contact:** Jennifer Uhryn, Jennifer.Uhryn@usask.ca, 306-966-1669
- PGME Anonymous Reporting Line: An online anonymous safe disclosure reporting system managed by Resident Resource Office** <https://medicine.usask.ca/residents/wellness.php>
- Discrimination And Harassment Prevention Services (DHPS):** 306-966-4936 | dhps@usask.ca

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