THE HIDDEN CURRICULUM: WHAT ARE YOU TEACHING?

What Is Meant By The “Hidden Curriculum”?

While the formal curriculum, such as the APGO objectives, is well recognized, the hidden curriculum is the unrealized, often ad hoc and opportunistic transmission of implicit beliefs and behaviors. It comprises those messages sent to the learner about the culture, customs, rituals and informal rules of our profession. It is a part of the socialization process of the institution and the faculty.

Can You Give A Few Examples?

When medical students hear preceptors complain about the high cost of malpractice and/or the lifestyle of a practicing obstetrician, the hidden message, no matter what is being taught formally, is that the student might want to consider a different specialty. If a student witnesses the negative reaction or disapproval of a preceptor when faced with a patient who needs a blood transfusion, but refuses due to religious beliefs, they may incorporate this into their professional behavior.

When the formal curriculum states that NBME Subject examination, known as the “Shelf exam,” USMLE and CREOG exams are important, but the clerkship or program fails to discuss the results for individual or program improvement or discussion, the hidden message becomes loud and clear.

When you make comments about how great it is to see your patients improving or praising the patient who has quit smoking, students may adopt this positive professional approach to patients.

If you leave clinic on time to watch your child in a play or other activity, the importance of incorporating lifestyle into our profession is obvious.

Is The Hidden Curriculum A Byproduct At Most Institutions And In Most Specialties?

The hidden curriculum is not unique to obstetrics and gynecology. Research in curricula, ranging from mathematics to continuing medical education, shows that it is pervasive. In the medical field, we often hear comments such as “he acts like a surgeon,” or “that’s how family physicians are.” At the institutional level, the hidden curriculum often functions to such a degree that we say “she has the demeanor of someone from that medical school.” Such statements are generally attributed to behavior and attitudes that are not part of the formal curriculum.

THE IMPACT OF THE HIDDEN CURRICULUM

In What Ways Does The Hidden Curriculum Impact Learning?

The hidden curriculum functions covertly in several aspects of obstetrics and gynecology education: a) professional behavior and attitudes; b) assessment; c) institutional policy; and d) allocation of resources.

How Is Professionalism Impacted?

While most medical schools offer biomedical ethics courses, it is clear that such courses are too brief and too abstract and, therefore, make it unlikely that professionalism is learned. It is much more likely that day-to-day exposure in the clinical environment has a greater influence than the formal curriculum. If the majority of our professionalism values are learned through the hidden curriculum, we must be cognizant of what we are teaching.

Lucien Leape, references a “culture of disrespect” as a factor in the development of a new generation of physicians who are poor team members, as well as contributors to an unsafe environment for our patients, where trainees and nurses may be reluctant to speak up when they see potential risk.

In addition, the hidden curriculum messages from preceptors and faculty play a significant role in defining our profession to the medical student, thereby affecting their specialty choice. If students believe that obstetrics and gynecology is incompatible with a successful marriage and a satisfactory family life, we need to check into the source of this misperception. It definitely is not in the formal curriculum.

Gender issues may, on occasion, result from the hidden curriculum. With a significant increase in female medical students in the past several years, the field of ob-gyn has seen a disproportionate decrease in the number of males entering the specialty. Are we inadvertently sending the message to our medical students and incoming residents that males are not welcome in ob-gyn?

When supervising or teaching, we need to acknowledge that we may unwittingly make comments or do things that cast a shadow on appropriate professional behavior. If we speak disrespectfully with a colleague or about a colleague, it sends an inappropriate message to students that this may be acceptable behavior. Additionally, it promotes a poor learning environment overall. These types of interactions often cause internal conflict in medical students, confusing them about appropriate behavior and possibly teaching them unprofessional behaviors. On the other hand, we should embrace and utilize those times when we can transmit a positive professional message.

In What Ways Can The Hidden Curriculum Affect Assessment?

Since medical education at all levels is now outcome-based, we often find that assessment drives learning. What we
assess sends a message to our learners about our priorities. However, there can be a divergence between the formal curriculum and the hidden curriculum in terms of what is deemed important. Our formal objectives and outcome measures may connote one message, while what is emphasized in the surgical suite or clinic connotes another. Sometimes a preceptor may actually point out this discrepancy but, more often than not, it is conveyed in other, more insidious ways.

Not only is it a question of what is assessed, but also of who completes the assessment. Using nurses or other health care providers in a 360-degree evaluation communicates that medical care requires a team approach and that the physician is a member of that team. In addition to team members, learners must consider patient feedback and satisfaction surveys.

The key issue in all of these assessment concerns is the role of the preceptor. When completing the customary assessment form, what factors do you take into account in conjunction with the actual behaviors listed on the form? How well do those factors align with the formal curriculum when compared to the hidden curriculum? These are important questions to ask.

**What Would Be The Hidden Curriculum At The Institutional Level?**

Policies and allocation of resources are two of the most visible components of the hidden curriculum. Policies regarding preceptors may demonstrate strong support and appreciation but, in fact, may not be seen as such by preceptors who would like library access, recognition of their efforts, increased collegiality with medical school faculty and more help from clerkship directors. The hidden message is much more likely to affect their attitudes and behavior than the written policy. Similarly, resource allocation, from dollars to space, reflects the institution’s values. Does the dean’s discretionary fund help support teaching efforts, including the preceptor program? Are community-based preceptors provided the necessary tools to successfully meet their mission?

**THE HIDDEN CURRICULUM AND THE STUDENT-TEACHER RELATIONSHIP**

**Positive Influences Or Messages**

- Expressing satisfaction with patient encounters
- Engaging in professional and friendly interaction with all staff
- Integrating professional and personal life, including work-life balance and effective time management

- Showing enthusiasm about your teaching assignments
- Role modeling the “big picture” of ob-gyn and not just the procedures
- Demonstrating quality and collegial interactions with subspecialists and colleagues
- Appreciating that there may be more than one right answer – medicine is complex

**Negative Influences Or Messages**

- Complaining about workload, the cost of malpractice, number of patients
- Making disparaging remarks about health team members, other students or residents
- Failing to take time for family or self care
- Ignoring patient concerns
- Skipping mid-rotation evaluations
- Over or under-emphasizing the shelf, USMLE and CREOG in-training exams
- Being rude to patients or talking negatively about patients


quality of learning that occurs in an established relationship between the teacher and the student often meets the challenge of educating physicians in today's chaotic health care environment. It allows doctors in training to practice as much like doctors as good medical practice will allow, and it provides a setting in which some of the best medical education in our nation takes place.

To learn more about APGO and The Preceptorship Series publications, contact:
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