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QUESTIONS?

We are always eager to hear from you.

Please do not hesitate to send any questions or concerns to:

Lisa.bahrey@utoronto.ca

The Hidden Curriculum

The term hidden curriculum refers **to the implicit, often unintended influences experienced by learners during their educational careers**. It 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.

Since the hidden curriculum operates at the level of structure, culture and practice, such influences can either reinforce or undermine the goals of formal training. Learners receive unspoken messages about what is important or unimportant to their education and careers through participation in practice routines, social customs, and day to day interactions in the clinical work and learning environment. There is always a hidden curriculum present anywhere education takes place, whether it is in a classroom, the hallway, the clinic or operating room.

Paying attention to, and monitoring the hidden curriculum is a marker of quality and a formal responsibility of all postgraduate training programs in Canada. **There are new accreditation standards that relate to the hidden curriculum**. Programs must now consider the hidden curriculum as part of their overarching quality improvement strategies [1].

Faculty have an important role to play in this effort by being mindful of their role modeling. Positive hidden curriculum effects can be amplified to support training objectives and negative hidden curriculum effects should be identified and addressed regularly. Our Anesthesia Residency Program has identified many ways in which a Hidden Curriculum can affect our trainees.

Hidden curriculum effects can make visible ongoing unprofessional behaviours of both faculty and learners, including racism and other forms of discrimination and microaggressions. Addressing negative hidden curriculum effects can improve the overall educational experience of learners and contribute to better patient care in the future.

Examples of practices that could contribute to hidden curriculum effects include:

The staff tells the resident to go home because it is late and the resident is working the next day. The resident is unsure of what the consultant really wants them to do and is concerned that they will be judged that they don't have a good work ethic if they leave.

Does the consultant say one thing, but really means another? Residency is their "5-year interview" and residents worry about making the right impression. It is important to acknowledge the resident's concerns and let them know its okay to leave, and is good for their wellness.

Some examples of the Hidden Curriculum are considered "negative" if there is learning which can negatively affect the education environment. Others are considered "positive" if it shows good example and positively affects the learning environment.

NEGATIVE:

1. A staff on call elected to top up the epidural, rather than do a GA for a patient who was undergoing an emergent c-section. Another consultant who does a lot of OB says to the resident: "that someone who does mostly Pain. That's not ideal patient management".

The comment implication is that consultants will openly judge each other. The faculty also implies that if one's subspecialty is Pain, they cannot appropriately manage an emergent obstetrical GA. The undertone to the learner is that certain subspecialties are "lesser skilled anesthesiologists", and this can potentially impact a resident's selection of subspecialty training.

2. A resident is asked a question in the operating room that they cannot answer, and the staff seems annoyed with their depth knowledge.

Residents may avoid asking questions for fear of being scored poorly on their evaluation. This avoidance behavior contributes to their knowledge gaps and the opportunity to discuss topics for education is lost. The resident learns to be impatient and intolerant with junior trainees who cannot answer their questions.

3. A resident overhears staff speaking negatively about another resident.

This models that negative, or derogatory comments are acceptable. The residents' trust in the faculty is degraded.

POSITIVE:

1. A staff provided care and advocated for a patient with difficult social circumstances. Through this action they showed a good example of health advocacy.

2. A staff notices that a resident doesn't seem like themselves and asks if they are okay. They follow up with the site coordinator and suggest the resident may need wellness support. This models collegiality, a sense of community and reinforces wellness as a priority.

3. A Resident Experience Committee has been struck to provide the resident perspective regarding training experiences at the learning sites. This shows the department's commitment to a positive learning environment.

Postgraduate Accreditation standards related to the Hidden Curriculum exist and training programs are held accountable to these standards. Programs must have an evaluation of the learning environment, including evaluation of any influence, positive or negative, resulting from the presence of the hidden curriculum.

Our Residency Program has reflected on the hidden Curriculum and identified that:

- The hidden curriculum exists in many positive and negative ways in our work environment day to day
- There is a power differential that exists, and residents can often feel judged and vulnerable
- It is important to try to make the implicit, explicit, as much as possible
- We are all role models and trainees look to us for example
- Its important for all faculty to reflect on their actions and impact on the Hidden Curriculum

1. The Role of the Hidden Curriculum in Postgraduate Medical Training, U ofT PGME, Tina Martimianakis, PhD, Heather Flett, MD, Linda Probyn MD