

The Role of the Hidden Curriculum in Postgraduate Medical Training

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The term hidden curriculum refers to the implicit, often unintended influences experienced by learners during their educational careers. The hidden curriculum operates at the level of structure, culture and practice. Such tacit influences can either reinforce or undermine the goals of formal training. Learners receive tacit messages about what is important or unimportant to their education and careers through participation in divisional routines, customs, and rituals and day to day interactions in the clinical work and learning environment on your unit and across TAHSN (Toronto Academic Health Sciences Network). There is always a hidden curriculum present anywhere education takes place, whether it is in a classroom, the hallway, administrative office or the clinic.

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. Faculty and program administrators 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. Some first steps for doing this include:

- Developing a system for learners to report practices that make it difficult for them to fulfil formal learning objectives
- Adding questions on program evaluations that capture HC effects
- Creating safe forums that respect learner and teacher privacy for discussing and addressing HC effects

Often, tracking hidden curriculum effects can make visible ongoing unprofessional behaviours of both faculty and learners, including racism and other forms of discrimination. 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 contribute to hidden curriculum effects include:

Negative:

1. Faculty power through clinical work, often skipping lunch or staying late to finish up paperwork. Residents stay post-call beyond the required time because they want to make a good impression in order to get a good reference letter for future jobs.
2. Clinic is always overbooked and there is little time for bedside teaching. Faculty tell residents to manage "medical student questions" so that clinic isn't slowed down. Residents avoid asking questions for fear of being characterized as weak on their evaluation.

Positive:

1. The program has an appointed wellness advisor on the RPC. This reinforces that the program values wellness.
2. Having a "resident report" in the RPC agenda shows that the RPC values input from the residents.

Postgraduate Accreditation standards related to the HC

General Standards of Accreditation for Residency Programs Version 1.1

Element 3.3: Teachers facilitate residents' attainment of competencies and or objectives

3.3.1.4: Teachers reflect on the potential impacts of the **hidden curriculum** on the learning experience.

Element 9.1: The residency program committee reviews and improves the quality of the residency program

9.1.1.3: The process includes reflection on the potential impact of the **hidden curriculum** on the residency program.

Standards of Accreditation for Residency Programs in Family Medicine

Element 3.3: Teachers facilitate residents' attainment of competencies and/or objectives.

3.3.1.4: Teachers reflect on the potential impacts of the **hidden curriculum** on the learning experience.

Element 9.1: The residency program committee reviews and improves the quality of the residency program.

9.1.1.3: The program evaluates the potential impact of the **hidden curriculum** on the residency program.