
THE PRIME TIMES

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EDITORIAL NOTE

The third issue of the PRIME Times presents two major themes. The first deals with the very important concept of the informal and hidden curricula in medical education and the potential negative influences they might have on student development. Dr. Thalia Arawi defines these concepts and elaborates on the role of the faculty, through proper role modelling, in upholding the formal curriculum and preventing the potential damaging effects of the hidden curriculum. Drs. Sabra and Dimassi provide a brief overview of different perspectives and/or theories in medical education and discuss their influence on curriculum development. Under Curricular Developments, Dr. Umayya Musharrafieh introduces the new two year course that was developed for the Impact Curriculum – Clinical Skills I and II. In addition, we present our usual features on resources for medical educators and recent interesting literature in medical education.

THE NOT-SO-HIDDEN HIDDEN CURRICULUM

By Thalia Arawi, Ph.D.

In 1957, as he was informed that he would be the recipient of the Nobel Prize for Literature, Algerian-French philosopher Albert Camus, wrote a short letter to his school instructor:

Dear Monsieur Germain,

I let the commotion around me these days subside a bit before speaking to you from the bottom of my heart. I have just been given far too great an honour, one I neither sought nor solicited.

But when I heard the news, my first thought, after my mother, was of you. Without you, without the affectionate hand you extended to the small poor child that I was, without your teaching and example, none of all this would have happened.

I don't make too much of this sort of honour. But at least it gives me the opportunity to tell you what you have been and still are for me, and to assure you that your efforts, your work, and the generous heart you put into it still live in one of your little schoolboys who, despite the years, has never stopped being your grateful pupil. I embrace you with all my heart.

Albert Camus

On a January afternoon, two years after his Nobel Prize, Camus was killed instantly when his friend's (Gallimard) Facel Vega car left the icy road and tilled into a tree. The manuscript of *Le Premier Homme*, an autobiography, was ironically found in the boot of the car. In it we read about the young Jacques (no other than Albert himself) and his professor Mr. Bernard (Germain). In Mr. Bernard's class students felt for the first time they existed and that they were looked at with highest regard. They were considered worthwhile and ready to discover the world. Thus, it was not his mastery of the French language, nor necessarily his instructional methods or evaluation techniques that made Mr. Germain a legend. It was rather what he inspired students to do, think, and be. A few years later, the university student who studied literature was inspired by Mr. Grenier, the author of *Les Iles*, who motivated him to read philosophy in addition to literature. Grenier was Camus' mentor as a young writer. He shaped his intellectual world and vocation. Grenier's aim was less to teach the official syllabus than to open his pupils' minds to culture in a broad sense¹. Camus dedicated his first book, *Betwixt and Between*, to his mentor. Germain and Grenier were role models, invisible forces that were at the center of the "hidden curriculum" that Camus experienced.



Albert Camus during the Nobel Prize Ceremony



Monsieur Louis Germain



Prof. Jean Grenier

Sources:

Camus: <https://www.pinterest.com/marycatherine45/albert-camus/>

Germain: <https://raelsalvador.wordpress.com/2011/02/11/louis-germain/>

Grenier: <http://www.babelio.com/auteur/Jean-Grenier/53473>

According to Hafferty, the hidden curriculum is the "set of influences that function at the level of organizational structure and culture" whereas the informal curriculum is an "unscripted, predominantly ad hoc, and highly interpersonal form of teaching and learning that takes place among and between faculty and students"². The hidden and the informal curricula (see table 1) play a crucial role in the making of the physician, much more than the formal one. Indeed, I will even venture to say that the informal curriculum can either undo or enforce much of what the formal curriculum teaches. Nowadays, most medical schools offer their students significantly more formal education on an array of clinical topics including how to take a history and do physical exams, how to reach a diagnosis, how to come up with a prognosis, how to conduct tough conversations with family members, and even how to act ethically and professionally, particularly that ethics and professionalism are top on the lists of competencies for undergraduate medical students as well as graduate physicians in training. The hidden curriculum is more than the diffusion of medical knowledge and skill. It more importantly encompasses a socialization process that allows the formation of 'attitudes' which in turn affect the way medicine is practiced, the way history is taken, physical exam is done, communication takes place, etc. The norms and values diffused (through some peculiar process of osmosis) to future physicians can either injure or enhance the messages of the formal curriculum. These norms and values can be said to be everything that occurs in the medical school and more.

Spheres of Influence	Formal Curriculum	Informal Curriculum	Hidden Curriculum
Description	Overt, explicit or written curriculum which is delivered as part of formal instruction.	Unofficial, unwritten, and often unplanned lessons that are learned while in medical school, that are not part of the formal curriculum, and that transmit attitudes, norms, values, and beliefs. It can exert enormous power on the teaching and learning environments.	Emphasizes the importance of the organization and the culture of the institution on medical students. It includes the policies, procedures, priorities, and practices of the institution as a whole.
Example	The basic and clinical science curriculum which portrays medical practice as a profession or the clinical skills curriculum that teaches history, PE and communication while emphasizing empathy.	Communication practices and relationships among students, staff, faculty, and patients in the clinics, wards, cafeteria, elevators, coffee-shop etc., where no formal teaching rules occur. Role modeling by seniors.	Introducing a formal course in ethics in itself sends a message. Scheduling ethics mid-day on a weekday vs. Friday evening reflects priorities. Establishing a new program, building or curriculum implicitly refers to what the institution stands for as a whole (its vision, beliefs and values).

The case of Amer (not his real name) illustrates how harmful the socialization process can be. Amer (a 3rd year medical student at AUBFM) came to my office a few years back startled at having seen one doctor billing patients without having seen them. "This is neither what we were taught, nor what we intuitively would like to agree with", he said. I looked back at Amer and asked him, "Would you ever do that yourself?" That is when his genuine reply came, "After what I have seen... I might. It will allow me to pay my debts if I need to". But Amer was not proud of that. Indirectly, albeit not purposefully, this was the result of an internationally noted cynicism, a process of moral erosion, a decline in moral reasoning that occurs during medical school years. At the center of the medical teaching milieu are the hidden and informal curricula. Though clandestine, they exert enormous power on the teaching and learning environment of medical school. The informal curriculum is the way one sees people treating each other and the way one sees himself being treated. Thus, it is part of the social environment the student lives, in a way similar to Paulo Freire's "liberating education". Medical students quickly learn the rules of behavior by seeing those with influence behaving one way or another.

Some physicians are more prone than others to become moral exemplars, some even moral heroes and saints, but we cannot, nor should we, require from all physicians to be like that. However, we can, and indeed must, require that physicians be, at least, virtuous. The virtuous physician would be one who strikes the mean between the excesses. Once physicians have good character and are virtuous, playing the role of good mentors and ideal role models ensues naturally.

Zeina (not her real name), like many other students, was happy and proud to share a personal experience where she felt proud to be at AUBFM, proud to have such a great role model to emulate. "The surgeon gently welcomed the patient who has been suffering from her recurrent knee ailment. She could not climb the stairs without serious discomfort. Instead of asking her to go up and sit on the examination bed, he kneeled next to her, bent down gently decorously raising, with permission, the border of her skirt and explained everything the patient needed to know. I have never seen such remarkable humility on behalf of a physician, such genuine consideration of the patient's discomfort, nor such a wonderful grateful look in the patient's eyes. That is when I decided: I want to be like him".

Recently, bioethics and medical humanities have become part of the AUBFM-MC Impact Curriculum because of the belief that such training plays a role in shaping the character of students and in sculpting their moral fiber. Notwithstanding these courses, students of medicine often note a gap separating what they have learned from what the concrete life on the floors is. Something else is needed to bridge the gap between theory and practice that will allow students to behave in a certain way and to be a certain kind of person. Authentic education cannot happen if students are taught one thing during lectures and witness the opposite during rounds.

In order to reinforce the moral development of students and ensure that moral erosion is minimized if not eliminated, a number of activities need to be done to support, enhance and improve role modeling. However, and perhaps most importantly, there needs to be an exposure to views from the perspectives of patients, which was done lately with the Caring Spotlight Experience 1 & 2 modules developed by the Salim El-Hoss Bioethics and Professionalism Program (SHBPP) and required by medical students as well as with the recent release

of the first SHBPP-FROST (From the Other Side of the Stethoscope) event. Ethical thinking cannot remain descriptive. It has to move a little further into the realm of moral imagination for the student of medicine and the attending physician to try to think what life might be like for the person on the other side of the stethoscope, backed up by an organizational culture that supports a culture of ethics and professionalism.

Gofton and Regeher argue that "in moving towards the goal of a truly concordant curriculum, it will be important to ensure this is more than a one-time change. To be successful, we will have to design a mechanism to facilitate continual evaluation not only of the formal curriculum, but also of the informal and hidden curricula to ensure that together they transmit a strong message continuing to meet the changing needs of society." The medical student needs to find her own path guided by a role model who teaches not only in lectures, OPD rounds and private clinics, but also a role model who walks the walk and is a living embodiment of the ethics he is teaching.

Monsieur Germain, of course, replied to Camus with another beautiful letter from which I quote main excerpts:

My dear child,

I do not know how to express the delight you gave me with your gracious act nor how to thank you for it. If it were possible, I would give a great hug to the big boy you have become who for me will always be "my little Camus."

Who is Camus? I have the impression that those who try to penetrate your nature do not quite succeed. You have always shown an instinctive reticence about revealing your nature, your feelings. You succeed all the more for being unaffected, direct. And good on top of that! I got these impressions of you in class. The pedagogue who does his job conscientiously overlooks no opportunity to know his pupils, his children, and these occur all the time. An answer, a gesture, a stance are amply revealing. So I think I well know the nice little fellow you were, and very often the child contains the seed of the man he will become.

(...)It gives me very great satisfaction to see that your fame has not gone to your head. You have remained Camus: bravo.

Louis Germain

For many of us who are in medical education, the Camus-Germain / Camus-Grenier legacies cannot but be admired. The hidden curriculum is not so hidden after all.

1. Toby Garfitt, "Situating Camus: the formative years," in *The Cambridge Companion to Camus* (Cambridge: Cambridge University Press, 2007): 26-38.
2. Ibid.
3. Gofton, W., & Regeher, G. (2006) 'What we don't know we are teaching: unveiling the hidden curriculum', *Clinical Orthopaedics and Related Research*, no. 449, pp. 20-27.

