The Hidden Curriculum
And The Pedagogy of Discomfort

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“[The] hidden curriculum highlights the importance and impact of structural factors on the learning process. Focusing on this level and type of influence draws our attention to, among other things, the commonly held ‘understandings,’ customs, rituals, and taken-for-granted aspects of what goes on in the life-space we call medical education.”

(Hafferty 1998, p. 404)
What is the hidden curriculum?

- Defined as a set of influences that function at the level of organizational structure and culture (Hafferty, 1998)
- Students go through a process of professional identity formation (Hafferty and Franks, 1994)
- Rules of community and culture are learned through non-overt attitudes and behaviors of peers, educators, administrators, and others
Components of the Hidden Curriculum

- Rules and Guidelines
- Policy development/implementation
- Role models
- Resources
- Peer interactions
- Faculty and staff interactions
- Physical environment
- Patient population/interactions
- Institutional slang
Processes Attributable to the Hidden Curriculum (Lempp and Seale, 2004)

- Loss of idealism
- Adoption of a ritualized professional identity
- Emotional neutralization
- Change of ethical integrity
- Acceptance of hierarchy
- Learning of less formal aspects of “good doctoring”
Uncovering the Hidden Curriculum

Requires:
- Collective commitment among students and educators
- Understanding of the plurality of values, beliefs, and cultures
- Recognition of that which is external to the formal curriculum
- Community education
The Physician-Patient Relationship

* One model used in medical education from a variety of perspectives and disciplines
* Elements are critical to the moral and professional development of students
* Looking beneath the formal curriculum reveals hidden aspects that students are attending to (both positive and negative)
Physician - Patient

“The hyphen,” Ron Carson argues, “is a key to understanding the relationship between patients and doctors. . . . It calls attention to the distance between parties to the clinical encounter. And then, in the blink of an eye, it is a bridge across the divide”

Landscape with the Fall of Icarus
From Musée Des Beaux Arts

About suffering they were never wrong,
The Old Masters: how well they understood
Its human position; how it takes place
While someone else is eating or opening a window or just walking dully along;

In Brueghel’s Icarus, for instance: how everything turns away
Quite leisurely from the disaster; the ploughman may
Have heard the splash, the forsaken cry,
But for him it was not an important failure; the sun shone
As it had to on the white legs disappearing into the green Water; and the expensive delicate ship that must have seen
Something amazing, a boy falling out of the sky,
Had somewhere to get to and sailed calmly on.

--W. H. Auden
Hidden and Implicit Curricula in Cultural Context

“...there are many hidden and implicit curricula and that each is dependent on the degree of specificity that characterizes communication in a given society”

- Low-context communication
- High-context communication

(Fins & del Pozo, 2011)
Minimizing Iatrogenesis in Breaking Bad News

“...the student needs to be aware of the cultural forces that compel him or her to adopt degrees of transparency or opacity to achieve the most effective communication. Students learn these lessons about implicit communication from creating narratives as part of the explicit curriculum.”
Cultural Web Framework

- Symbols
- Power Structures
- Organizational structures
- Rituals and routines
- Control systems
- Paradigm
- Stories

Mossop et al., 2013
Experience from Obstetrics

- 27 (7 male and 20 female) Obstetrics and Gynecology residents from three programs voluntarily participated in one of three focus groups.
- Discussions about what makes them uncomfortable were prompted.
- Moral Distress was an outcome of hidden curriculum.
Moral Distress

- Mom versus baby
  - End of Life
  - Family planning
  - Surgery
- Resident versus Attending
- Resident versus Institution
  - Ethics
  - Law
“By definition, the hidden curriculum is operational but will remain invisible unless it jolts students with messages and meanings that are outside of or counter to students’ own norms and expectations”
Finding Resolutions

The Pedagogy of Discomfort
Pedagogy of Discomfort

Shows us how the physician and patient become mutually aware of each other’s dynamic beliefs and values through:

- Collective witnessing
- Creating of spaces
- Stepping out of comfort zones
“...a pedagogy of discomfort closes the relational gap between physician and patient and opens up discussion through which both physician and patient can bear witness and inhabit a more ambiguous sense of self, collectively exploring those emotions, beliefs, and behaviors that lie beneath the surface of the narrative...”

Aultman, 2005, p. 271-2
Challenges

- Unwilling participant
- Resistant educator
- Difficult, complex feelings and beliefs
- Making spaces and comfort zones
- Resources
Questions?
References


Hafferty, F. (2000) In search of a lost cord: Professionalism and medical education’s hidden curriculum. IN D. Wear and J. Bickel (Eds.) Educating for Professionalism: Creating a Culture of Humanism in Medical Education. Iowa City: University of Iowa Press.
