

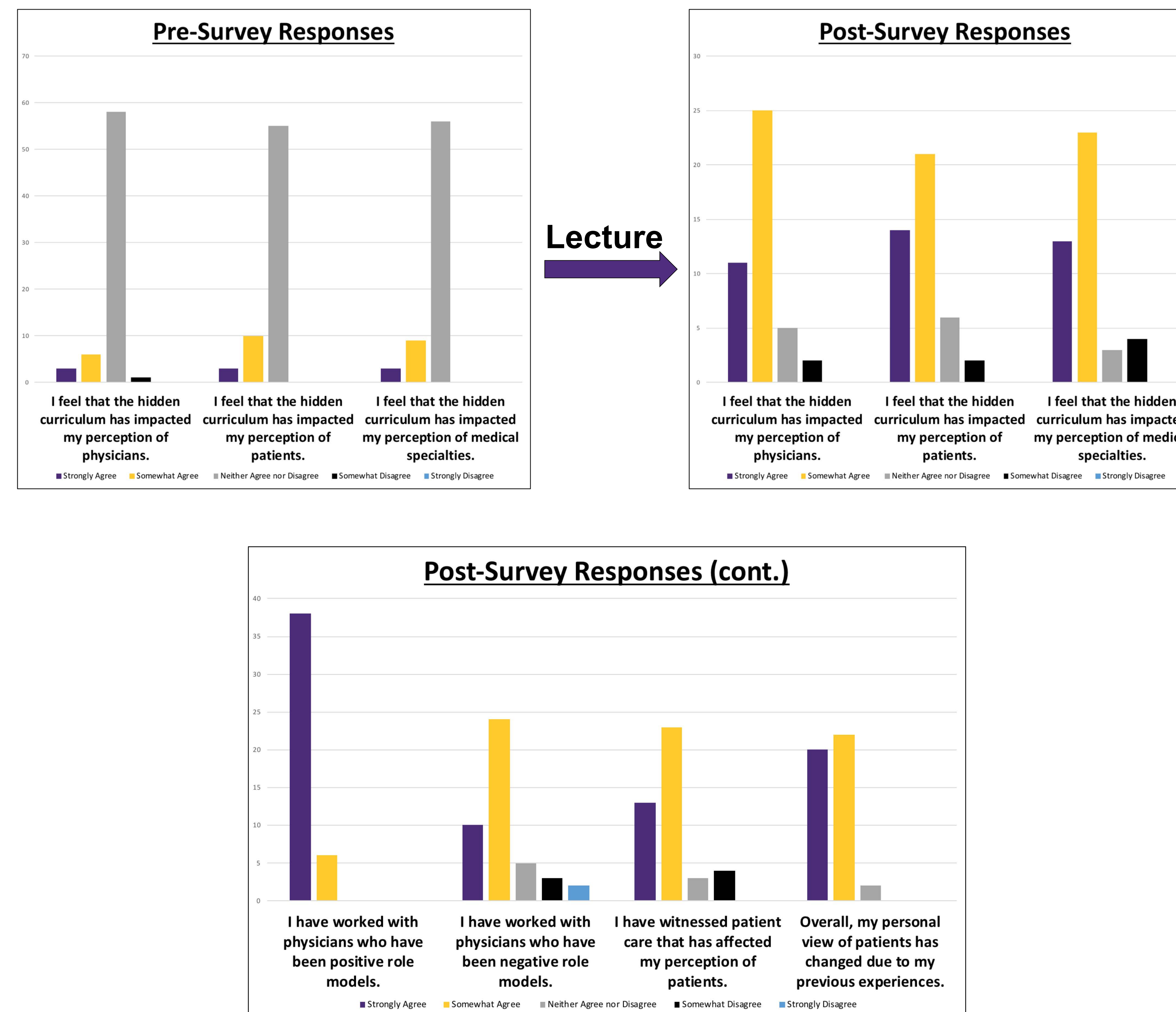
RATIONALE/NEED

The hidden curriculum can be defined as anything that is learned, but not explicitly taught. A review of the literature yields extensive research into how the hidden curriculum effects Graduate Medical Education and clinical medical students, however little research has been done to identify the effects of the hidden curriculum on pre-clinical medical students and incoming medical students. As these students are particularly vulnerable stage in their career, the hidden curriculum may have profound effects. This study aims to examine the effects of the hidden curriculum on first year medical students, specifically the effects on students' perception of physicians, patients, and medical specialties. Examining this impact would allow us to determine if students need to receive more education and training regarding the hidden curriculum, and how this aspect of medical education should be handled in the future.

METHODS

The protocol and procedures of this study were approved by the University Medical Center IRB. All participants were informed about the purposes and the methods of the research prior to their participation and were insured that participation was voluntary and would not affect their grade. As part of the first-year medical student orientation, a lecture describing the hidden curriculum and its application to medical education was given. Student volunteers participated in a role-playing exercise to show an example of the hidden curriculum in action in a hospital setting with medical students, residents, and attending physicians (see pictures to right). An optional anonymous pre-/post- survey was designed using Likert Scale responses and given before and after this lecture/exercise. Students were invited to participate in these surveys via email. The quantitative data collected was analyzed for differences in pre- and post- survey responses. A focus group of student volunteers is scheduled to take place towards the end of the first year curriculum, at which time all students will have at least extensive shadowing experiences in the clinical environment. The focus group will allow a more qualitative component of this project, and enable the authors to combine the quantitative data with this qualitative information.

FIGURES



RESULTS

Prior to learning about the hidden curriculum during the first-year medical student orientation, 13.23%, 19.12%, and 17.65% of students either "somewhat" or "strongly" agreed that the hidden curriculum had impacted their perception of physicians, patients, and medical specialties, respectively. After the lecture defining the hidden curriculum and exploring its application to medical education, 83.72%, 81.40%, and 83.72% of students either "somewhat" or "strongly" agreed that the hidden curriculum had impacted their perception of physicians, patients, and medical specialties, respectively. Students reported these influences have come in the forms of media, previous clinical experiences, witnessed patient care, etc. More students also reported they have worked with physicians who have been positive role models as opposed to negative role models. This exposure to the hidden curriculum displays a positive aspect of the effect of the hidden curriculum.

CONCLUSION

Entering medical students believe they have been immune to the hidden curriculum prior to matriculation into medical school. However, once the hidden curriculum is thoroughly explained students realize their views of physicians, patients, and medical specialties have been molded by the hidden curriculum even before starting medical school. We look forward to exploring the effects of the hidden curriculum on students during their first year of medical school. Modern undergraduate medical education curricula should aim to define and explain the hidden curriculum early in the pre-clinical years in order to allow students to confront bias and unwanted influences, even in the classroom setting.

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