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 (GME) and pre-medical students. However, limited 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 at this stage in their career, the hidden curriculum may have profound lasting effects. This study aims to examine the effects of the hidden curriculum on first year medical students, specifically the effects on students' perceptions 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 purpose of the study and the methods of the research prior to their participation and were ensured that participation would be 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. 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 session of student volunteers took place towards the end of the first-year curriculum, at which time all students had extensive shadowing experiences in the clinical environment. The focus group discussion was transcribed, coded for themes, and rated for inter-rater reliability. The inter-rater reliability was found to be 1.0 between the independent coders.

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 that experiences have come in the forms of media, previous clinical experiences, witnessed patient care, etc. The focus group revealed ten themes surrounding the hidden curriculum that resonated with students. The most common theme identified was that the hidden curriculum teaches hierarchy of specialties based upon money and academic abilities of students.

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. 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 prebiases and unwanted influences, even in the classroom setting. This would allow the hidden curriculum to be brought to the forefront of medical education, allowing students to “un-hide” the hidden curriculum.

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Figure 1. Student responses (percentage of total) to pre- and post-survey addressing impact of hidden curriculum on their perceptions of physicians, patients, and medical specialties.

Table 1: Themes identified from group discussion with definitions.

Figure 2: Themes identified from focus group, with definition, frequency of identification, and examples.

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