Working With
[and within]
Medicine’s Hidden Curriculum

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Program in Professionalism and Ethics
Relevant Financial Relationship(s)

None

Off Label Usage

None
Objective for Today

How might we reflect differently about the structure, process and content of medical education?
Topics for Today

- What is the HC?
- How do we think about it?
- How might we biopsy it?
Some Framing Principles
U.S. Congressman Tip O’Neil
Speaker of the House 1978-1987
All politics is local
All solutions to the HC are particular
Joe’s Story


Next Generation Curriculum
system-based learning experience
Integration
“Not all of what is taught during medical training is captured in course catalogs, class syllabi, lecture, notes and handouts.... Indeed, a great deal of what is taught—and most of what is learned—in medical school takes place not within formal course offerings but within medicine’s ‘hidden curriculum.’”
Shibboleths
Shibboleth: a word, sound, or custom that a person unfamiliar with its significance may not pronounce or perform correctly relative to those who are familiar with it.

It is used to identify “outsiders” or those who do not belong to a particular group. It particularly refers to features of language, and particularly to a word or phrase whose pronunciation identifies a speaker as belonging to a particular group.
havēd
Rachel Prentice: Bodies in Formation

An Ethnography of Anatomy and Surgery Education

RACHEL PRENTICE
“From first case presentations to learning when to operate and when not, surgical internships, residencies, and fellowships are grueling tests of a trainee's stamina, fortitude, and ability to navigate the social and organizational demands of hierarchically organized hospital work, demands that often are poorly spelled out or require setting and revising priorities.
There is no syllabus, but residents teach each other a great deal during lessons tacked onto the end of a surgery or during informal "corridor talk," moments when unspoken social knowledge that never ends up on lesson plans gets conveyed.”
The Formal 
versus
The Other-Than-Formal Aspects
Of Everyday Life
SPEED LIMIT 70
The Problem
The Problem
The Problem
The Problem
The Solution: Informal Norms
More Solutions
More Solutions
A Little Humor
The King – of Parking Space Savors
Hey Asshole!
Did you not see the Cone in this spot?
I shoveled it therefore it is mine. Nice karma
Coming your way for Stealing a spot from a pregnant woman.
Now try to guess what I did.
Fuck you very much!
“...a set of influences that function at the level of organizational structure and culture and whose social and cultural influences relate to the context and environment in which learning takes place.”
Another...

“the set of influences that function at the level of organisational structure and culture including, for example, implicit rules to survive the institution such as customs, rituals, and taken for granted aspects”

From Definitions to Metaphors

Metaphors have a way of holding the most truth in the least space. ~ Orson Card
Iceberg
The HC as Dark Matter
The Babe
Direct Versus Indirect Vision
Key Points
Teaching ≠ Learning
Key Points

Context Matters
Systems Matter
Key Points

Relationships
Interconnections
Interdependencies
Key Points

Educational Settings are:
Multidimensional
Relational
Dynamic
Complex
And thus loaded with tensions and contradictions
Key Points

Altercastings

Reframings
Key Points

Heuristic Device
Key Points

It’s not always negative
It’s better framed as a plural

[Curricula versus curriculum]
The Student as Detective
TO SUMMERIZE

Cognitive Neurosciences
Linguistics
Physics
Organizational Life
How much of learning takes place within the hidden curriculum relative to the formal?
Exercise #2
An Insider’s Guide
70%
How Do We Tap Into/Biopsy the Hidden Curriculum?
• Analysis of narratives about student or faculty life
• Discourse analysis
• Surveys
• C3 [patient-centered care]
• Social Network analysis
Looking at the HC from an Organizational Sciences Perspective
Another Approach

The Top 10 Things
Naheed Dosani’s Top 10 HC List

10. **YOU NEED TO HAVE CHosen YOUR RESIDENCY PROGRAM BY THE FIRST DAY OF MEDICAL SCHOOL.**

8. **THE BEST WAY TO GET AN ELECTIVE IS TO CIRCUMVENT THE SYSTEM.**

7. **“DUDE, MEDICAL SCHOOL IS NOT ABOUT WHAT YOU KNOW. IT IS TOTALLY ABOUT WHO YOU KNOW.”**

6. **DESPITE ALL THE LECTURES ABOUT SELF-CARE, YOU STILL HAVE TO DO 1 IN 2 CALL TO MATCH TO A COMPETITIVE SPECIALTY.**

4. **THE BEST WAY TO IMPRESS A PRECEPTOR IS TO MASTER “THE ART OF PIMPING.”**
Social Network Analysis
Anatomy and Histology as Socially Networked Learning Environments: Some Preliminary Findings
Frederic W. Hafferty, PhD, Brian Castellani, PhD, Philip K. Hafferty, and Wojciech Pawlina, MD

Abstract

Purpose
An exploratory study to better understand the “networked” life of the medical school as a learning environment.

Method
In a recent academic year, the authors gathered data during two six-week blocks of a sequential histology and anatomy course at a U.S. medical college. An eight-item questionnaire captured different dimensions of student interactions. The student cohort/network was 48 first-year medical students. Using social network analysis (SNA), the authors focused on (1) the initial structure and the evolution of informal class networks over time, (2) how informal class networks compare to formal in-class small-group assignments in influencing student information gathering, and (3) how peer assignment of professionalism role model status is shaped more by informal than formal ties. In examining these latter two issues, the authors explored not only how formal group assignment persisted over time but also how it functioned to prevent the tendency for groupings based on gender or ethnicity.

Results
The study revealed an evolving dynamic between the formal small-group learning structure of the course blocks and the emergence of informal student networks. For example, whereas formal group membership did influence in-class questions and did prevent formation of groups of like gender and ethnicity, outside-class questions and professionalism were influenced more by informal group ties where gender and, to a much lesser extent, ethnicity influence student information gathering.

Conclusions
The richness of these preliminary findings suggests that SNA may be a useful tool in examining an array of medical student learning encounters.
Figure 1  A network map for Q2: The last time you had a question about (Block) material when out of class, to whom did you speak? Each circle represents the node for each student, along with descriptive information: (1) student ID, (2) gender (F/M), (3) top 10% academic status (*), (4) formal group assignment (1–12), and (5) underrepresented minority status (UM). Arrows represent the links amongst students, including the direction of the relationship. The main component (subnetwork) for this question is encircled.
The Hidden Curriculum

Benson R. Snyder
Questions? Suggestions? Criticism?