The hidden curriculum:
exploring the unspoken culture of medicine and specialty

By Kevin Dueck, Western University, Med Class 2016

BECOMING A PHYSICIAN INVOLVES MORE THAN DEVELOPING SPECIFIC TECHNIQUES, SKILLS AND REASONING THROUGH FORMAL EDUCATION. MEDICAL TRAINING IS ALSO COMMUNICATED THROUGH INFORMAL ACTIONS THAT REFLECT THE VALUES AND CULTURE OF OUR PROFESSION.[1]

The hidden curriculum

When we started medical school, our class was told about a secondary or "hidden" curriculum[2] — one not present in the objective lists, but which nonetheless conveys powerful messages about the underlying principles and beliefs of our profession.

As students, it's important to remember that whenever we enter a lecture hall, clinic, or operating room to further our medical training, we are also absorbing the "hidden" lessons conveyed through the language, gestures, and actions of our instructors, mentors and peers. These lessons will not only inform the way we perceive ourselves and our profession, but will also influence, for better or worse, how we interact with each other, with our patients, and within the medical community.

How professional culture is communicated during medical training is a topic that is currently receiving a lot of attention. The recent publication of Dr. Brian Goldman's *The Secret Language of Doctors* sparked significant discussion around the language we use in referring to patients, and when dealing with clinical situations and each other. With the importance placed on mentorship during medical training, these messages have ample time to be internalized by students.[3]

It is also important to note that language is only one aspect of the hidden curriculum, and that it extends beyond comments, jokes or labels. It is also found in the structure of our training, how much time is spent on each subject, and how our curriculum is aligned to focus on the needs of the public. The hidden curriculum also encompasses how we learn to interact with patients, as well as the unspoken rules and hierarchy of medicine that are reinforced through example.[4]

It's important that the profession takes the time to reflect on its values and be transparent with the public it serves. As part of this process, we must examine the underlying culture in order to find ways to keep what is useful while discarding that which prevents progress or causes conflict.

A primary (care) target

One aspect of the hidden curriculum that has become apparent is the tension between medical specialties that is made apparent through the use of language. While jokes and comments that disparage or belittle one speciality with respect to another are not uncommon, the negative attitude directed toward family medicine in particular is more sustained, and appears to be deeper.

While attending an evening of medical student performances at Queen's University, Dr. Tony Sanfilippo — Queen's University's Associate Dean of Undergraduate Education — was disturbed by the messages in the performances that painted family medicine as an undesirable career. So much so, that he interviewed students and began a public dialogue about it.[5]

With many students entering the field of family medicine, it's surprising that this negative attitude persists. According to the 2014 Canadian Residency Matching Service statistics, nearly 40% of medical graduates selected family medicine as their top choice, with 94% of positions being filled in the first iteration. Family medicine is an increasingly competitive field, and one that students are aiming for despite it often being portrayed as a fallback option or a career of last resort.

Of course, there are differences between those pursuing family medicine and those pursuing other fields. This is not to say that students who pursue family medicine are true to the stereotypes of being less ambitious or driven, but rather they are students with unique preferences and backgrounds, including those in long-term relationships, those from rural communities, those interested in social issues, and female students.[6-10] Family medicine is a community-based field requiring generalist skills, and involves ongoing patient relationships.

Comments diminishing the field are common, and the hidden curriculum

can often make this explicit. Reminders that certain slides can be ignored or forgotten if a student is planning on becoming a family doctor grind on those passionate about the field. Sometimes comments can be more personal, for example, a student being asked about his or her career plans during an evaluation, and being told, "You have such potential, it would be such a shame if you ended up in family medicine." Such comments have a lasting impact and can alter a student's perception of a field and its worth.[11]

While the basis of the devaluation of family medicine specifically is complex, its causes are often difficult to identify. Dr. Sanfilippo identified four contributing factors: diagnostic uncertainty, technology, remuneration, and prestige.[5] To these I add the issues of the perceived value of generalist to specialist practitioners, the lack of exposure to family medicine during training, and the portrayal of physicians in the media.

With the complexity of modern medical technology and research, it is easy to see conflict arising between ever more disparate fields of practice. It's much easier to cast derision on someone you've never interacted with, affixing labels and defining stereotypes.

The time given to each subject — as well as the length and complexity of their objective lists and methods of assessment — is another aspect of the hidden curriculum. If family medicine is not focused on and given appropriate time in the curriculum, its perceived importance to the medical field is communicated to students through its absence. Similarly, the shorter residency of family medicine may be seen as a value statement, reinforcing a perceived medical hierarchy.

Finally, there is a famous photograph of the late heart surgeon Dr. Zbigniew Religa, following a successful 23-hour-long heart transplantation. Dr. Religa, exhausted, squats on a stool beside his still intubated patient, hands speckled with blood. Across the room his assistant, long asleep, is slumped against the wall. Images like this stick with you and can shape your view of a profession. If this is what students and their professors see as "real medicine," I can appreciate how this would shape their perception of community-based practice. The portrayal of doctors on television has a similar iconic nature. The physician acting as detective while the patient's body and history serve as vehicles to drive the plot forward. Here, medicine is being represented as an acute profession with a mystery or puzzle to solve, and always solvable within an hour. These versions of medicine are incongruent with family medicine, which rarely finds representation. We require a realistic appreciation of the contributions made by the diverse range of specialties. Perception by both the profession and the public is influenced by the popularized version of medicine, which in turn contributes to the stereotypes and attitudes around primary care.

While the underlying causes of the attitudes toward family medicine and some specialties may be complex, they must be overcome. The messages sent to students not only devalue the work of our peers, but the patients and communities they serve. Fostering cross-professional repect among all medical specialties is possible and worth striving toward — where each specialty is valued for its contributions, and collaboration is pursued to bring about the best outcomes for patients.

Conclusion

"They always say time changes things, but you actually have to change them yourself." — Andy Warhol

The hidden curriculum pervades our training and profession, and we must be mindful of it as it reflects our values. An early warning to students is a start, but awareness isn't enough. There are many disconcerting aspects of our present culture that we must make explicit and address.

Changing culture is difficult, but it can and must be done as the hidden curriculum can "undermine us as caring, ethical professionals."[1] The goal needs to be one of cultivating a caring culture of mutual respect that will benefit the profession, and ultimately the public we serve. ■

References

1. Mahood SC. Medical education: beware the hidden curriculum. *Can Fam Physician*. 2011 Sep;57(9):983-5. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3173411/. Accessed: 2014 Jul 3.

2. Bandura A. Social foundations of thought and action: a social cognitive theory. Englewood Cliffs, N.J.: Prentice Hall; 1986.

3. Bevis EO, Watson J. Toward a caring curriculum : a new pedagogy for nursing. Sudbury, MA: Jones and Bartlett; 2000.

4. Lempp H, Seale C. The hidden curriculum in undergraduate medical education: qualitative study of medical students' perceptions of teaching. *BMJ*. 2004 Oct 2;329(7469):770-3. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC520997/. Accessed: 2014 Jul 3.

5. Sanfilippo A. Family medicine and the hidden curriculum: lessons from medical variety night. [Includes 21 responses]. 2013 Feb 4. In: Queen's University. Faculty of Health Sciences. School of Medicine. *Undergraduate School of Medicine blog*. [Internet]. Kingston, ON: School of Medicine, Faculty of Health Sciences, Queen's University, c2014. [about 12 screens]. Available at: http://meds.queensu.ca/blog/undergraduate/?p=323. Accessed: 2014 Jul 3.

6. Woloschuk W, Wright B, McLaughlin K. Debiasing the hidden curriculum: academic equality among medical specialties. *Can Fam Physician*. 2011 Jan;57(1):e26-30. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/pmid/21252122/. Accessed: 2014 Jul 3.

7. Scott I, Gowans M, Wright B, Brenneis F, Banner S, Boone J. Determinants of choosing a career in family medicine. *CMAJ*. 2011 Jan 11;183(1):E1-8. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3017271/. Accessed: 2014 Jul 3.

8. Selva Olid A, Zurro AM, Villa JJ, Hijar AM, Tuduri XM, Puime AO, Dalmau GM, Coello PA; Universidad y Medicina de Familia Research Group (UNIMEDFAM). Medical students' perceptions and attitudes about family practice: a qualitative research synthesis. BMC Med Educ. 2012 Aug 21;12:81. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3546071/. Accessed: 2014 Jul 3.

9. Vanasse A, Orzanco MG, Courteau J, Scott S. Attractiveness of family medicine for medical students: influence of research and debt. *Can Fam Physician*. 2011 Jun;57(6):e216-27. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3114693/. Accessed: 2014 Jul 3.

10. Gill H, McLeod S, Duerksen K, Szafran O. Factors influencing medical students' choice of family medicine: effects of rural versus urban background. *Can Fam Physician*. 2012 Nov;58(11):e649-57. Available at: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3498039/. Accessed: 2014 Jul 3.

11. Campos-Outcalt D, Senf J, Kutob R. Comments heard by US medical students about family practice. *Fam Med*. 2003 Sep;35(8):573-8.