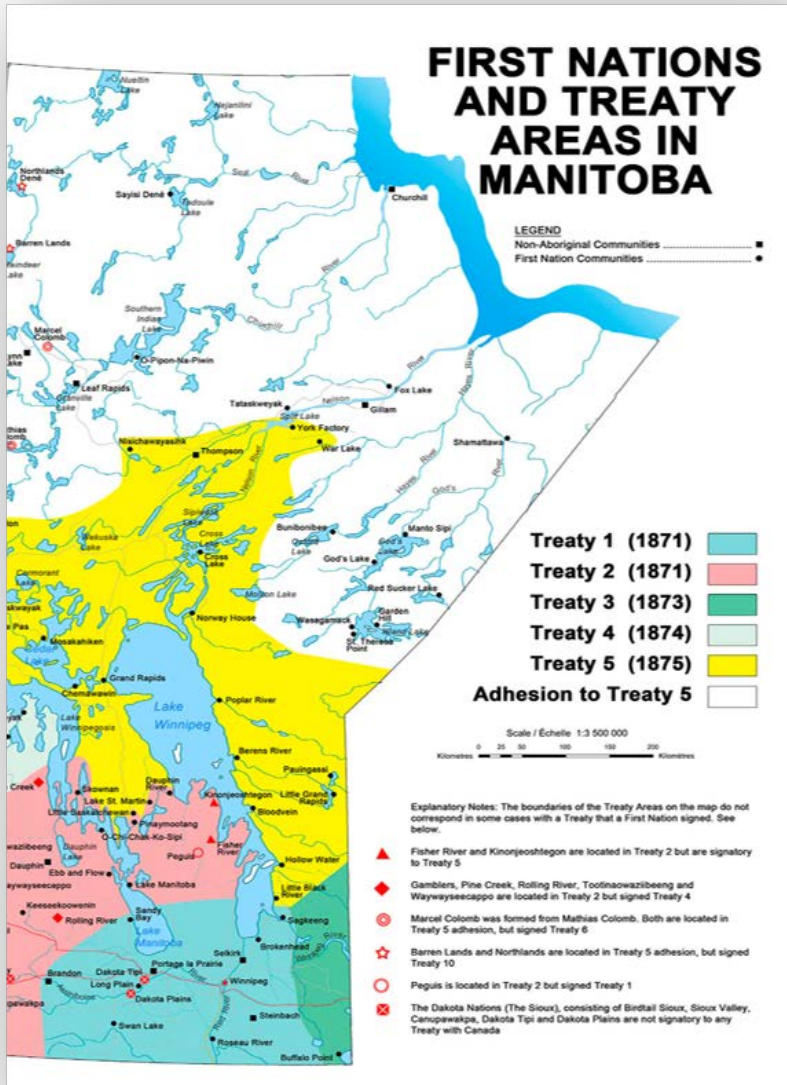


Hidden in Plain Sight

Addressing the Hidden Curriculum



Treaty Land

The University of Manitoba campuses are located on original lands of Anishinaabe, Cree, Oji-Cree, Dakota, Inuit and Dene peoples, and on the homeland of the Métis Nation.

- We respect the Treaties that were made on these territories, we acknowledge the harms of the past and present, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration

welcome

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No conflicts of
interest to declare

Objectives

By the end of this session, you will be able to:

1. Define the hidden curriculum and describe how it affects teaching and learning
2. Assess your specific educational contexts for manifestations of hidden curriculum
3. Develop strategies to modify the hidden curriculum and mitigate adverse effects on learners

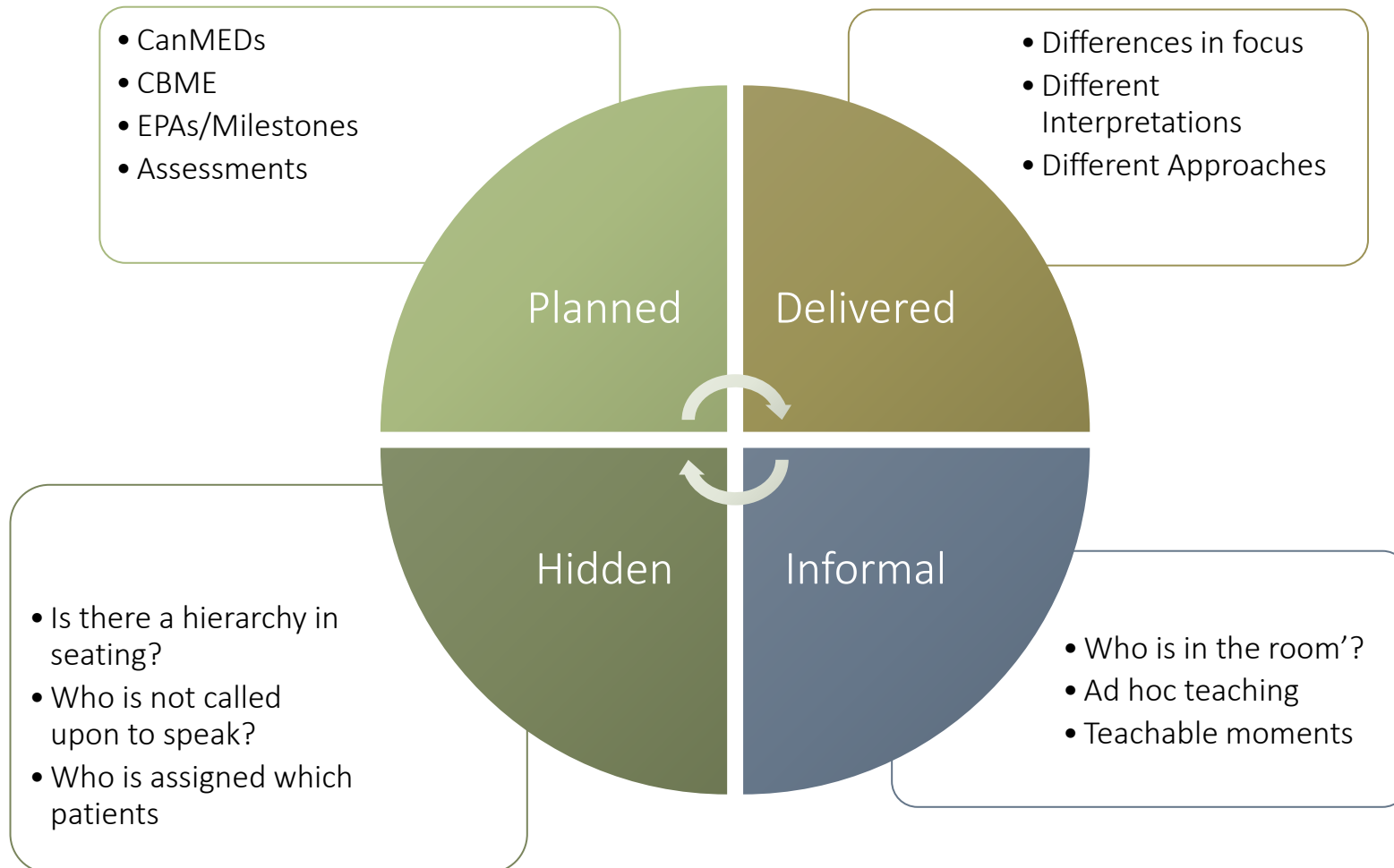
Introduction

What is your experience with the hidden curriculum?

The Curricula



The Canadian Medical Residency Curricula



Hidden Curriculum: Definition

The attitudes and values conveyed, most often in an **implicit** and **tacit** fashion, sometimes unintentionally, via the educational structures, practices, and culture of an educational institution (Hafferty et al., 2015, p. 131)

A set of influences that function at the level of organizational structure and culture, affecting the nature of learning, professional interactions, and clinical practice [AFMC, 2010] - *adopted by RCPSC and CanERA.*



Activity

Consider a teaching session about basic nutrition using *Canada's Food Guide*.

What might be the:

- The planned curriculum
- The delivered curriculum
- The informal curriculum
- The potential hidden curriculum

The Messages

Formal Curriculum	Hidden Curriculum
Interdisciplinary practice, collegiality, patient centered care (Liao et al., 2014; Mahood, 2011; Michalec & Hafferty, 2013)	Eye-rolling, hierarchy, talk among staff denigrating patients, promotion of stratification to assert authority & autonomy
Family centered/Patient centred	Efficiency
Ethics/responsibility	Status
Family Medicine & whole person care are important (Mahood, 2011)	The best and brightest become specialists. “You’re so smart, why did you choose X”
Empathy valued (pt care) (O’Callaghan,2012)	Supervisor on ward rounds with student routinely walks past room of dying pt w/o comment

Outcomes of Hidden Curriculum

1. Loss of idealism
2. Adoption of a “ritualized” professional identity
3. Emotional neutralization
4. Change of ethical integrity
5. Acceptance of hierarchy
6. The learning of less formal aspects of good professional practice

(Lempp & Seale, 2004, p. 770)



Strategies to Mitigate Hidden Curricula

1. Consciously design curricula
2. Prepare Learners
 - *Priming*
 - *Noticing*
 - *Processing*
 - *Choosing*
3. Act

Strategy 1: Curricular Design

1. Change wording and presentation of information (UM faculty) (decolonize, avoid stigmatizing language)
2. Explicitly teach students ways of processing HC experiences (Holmes et al. 2015)
- Incorporate opportunities for reflection (Balboni et al. 2015; Liao et al., 2014)
3. Offer feedback on manifestations of HC (Mahood 2011)

Case 1: Teaching case

You are called to attend at a difficult delivery. The mother is a 23 year old G3 P2 Indigenous woman from a remote community. She has poor prenatal care and admits to smoking about one pack per day throughout her pregnancy. She denies alcohol or drug use during her pregnancy. Her other kids live with her at her parents' home. There is no history of CFS involvement.

How would you change this case to address the 'hidden' curriculum?

Case 1: Dizziness Virtual Patient Case



Case: A Dizzy Blonde

You are working in a rural centre. Your next patient is Mildred Blonde, 78, who complains of being dizzy. She has had this before but it has never been this bad. She seems quite a chatty old soul but can sometimes be a bit vague with her answers. She has been previously labeled as a "bad historian". What would you like to ask her next with regards to her dizzy episodes

How would you change this case to address any hidden curriculum?

Strategy 2: Prepare Learners



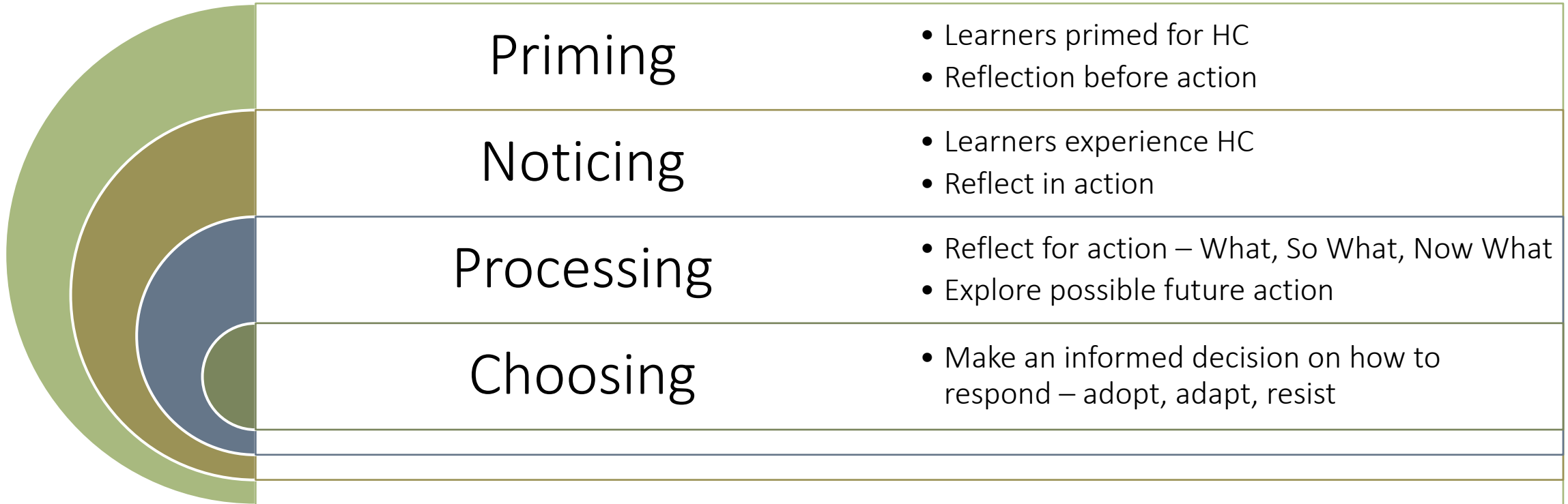
They will encounter the hidden curriculum



They need to reflect on it



They need to understand its influence on patient care and education



Strategy 2: Prepare Learners

Priming

Role for teachers

- Prepare learners

Reflect on previous experience, anticipating future workplace activity

(What we've done so far in the workshop)

- How would you do this in your own curriculum?
- Where would it fit?
- How would you reinforce the content?
(spaced learning)

Noticing

Observe in workplace or practicum experiences

- Situational awareness – recognizing that something just happened
 - *Mindfulness*

Primed to reflect on

- What happened?
 - How are they are feeling? Why?
 - How does this experience compare to what they've been taught?
 - What would they like to do in the moment? Should they?
 - What would they like help with?

Processing

A possible role for teachers: Debriefing

- Create safe space for discussion
- Guided reflection (i.e. talking the learner through experience)
 - Critical questioning
 - *Discussing ambiguity – how to cope with it*
 - *What / So what / Now what?* - framework

Reflection for action

Reviewing what happened, and what they might do next time

Choosing

Learner decides how to respond to experience

- Are your learners aware of the possible responses?
- Are they aware of possible ramifications?
- *What do they give up and what do they gain from their response?*
- Who might be their allies?
- How can you support them? What are institutional supports?

Strategy 3: Act

In the Moment

- notice
- say something (if possible/desired)
- record if possible

Afterwards

- reflect
- gather information; refer to policies
- seek allies
- report

Case Studies

1. Review Case
2. Identify the HC issue
3. List potential HC mitigation strategies
 - Micro – e.g. personal, individual cases
 - Meso – e.g. unit, clinic, team, program
 - Macro – e.g. institution, structures



Case 2

You are supervising a busy ambulatory teaching service. Your team consists of several learners at different stages of their training. You have concerns about the care provided to one of the recently seen patients.

Today, one of the junior learners presented the case of a patient admitted with a florid STD. The learner identified that alcohol abuse has likely contributed to the STD, stating “well, you know those people always abuse alcohol, so this is not a surprise.”

When one of the senior residents challenged this statement, the resident responded, “Everybody knows this, they’re always intoxicated when they come to the hospital.”

Case 2 Debrief

1. What factors might have contributed to the junior learner's perceptions about this population?
 - *How is the population represented in your learning program?*
 - *What have been this learner's prior experiences?*
2. How might you address this situation?
 - *Micro - with the learner*
 - *Meso - within the program*
 - *Macro - within the organization*

Case 3

You are the faculty supervisor for the in-hospital teaching service. One of the patients, a 38-year-old woman, has been admitted with widespread intra-abdominal metastases. You noted a prominent *caput medusa* and obtained her permission to bring the team members in for bedside teaching.

After the session, you and the team returned to the conference room to debrief. You note that the learners appear to be quite emotional. One keeps repeating, "she's so young."

The learners are all scheduled to head off immediately for the OR/ward rounds/another teaching session.

Case 3 Debrief

1. What factors might have contributed to this practice?

- How is this group of learners perceived in your educational setting?
- What have been the senior's prior experiences?

2. How might you address this situation?

- Micro - with the learner
- Meso - within the program
- Macro - within the organization

Questions?



Summary



Strategies to Mitigate Hidden Curricula

1. Consciously design curricula

2. Reflect

- *Priming*
- *Noticing*
- *Processing*
- *Choosing*

3. Act

Reflect on Objectives

By the end of this session, you will be able to:

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2. Assess your specific educational contexts for manifestations of hidden curriculum
3. Develop strategies to modify the hidden curriculum and mitigate adverse effects on learners



THANK YOU
!!

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