Teaching The Attributes of Hidden Curriculum—Some Class Rooms Do not Have Walls

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The reforms in medical education have revealed that in addition to the formal curriculum the medical students need to learn through interaction and communication attributes of hidden curriculum. A hidden curriculum refers to the unspoken set of rules and expectations that are a part of doctor’s behaviour during the practice and which gives students messages for building their characters. It could be considered a program the results of which are not stated or predefined. When properly inculcated it remains when even some part of intended curriculum is forgotten. In educational systems, students receive highly valuable experiences the greatest part of which is unavailable in curricula so as to prepare them to undertake their roles and responsibilities in the real life. Building a doctor with emotions is worth than building a robot of competency.

Worldwide, hidden curriculum has been used to build attributes like dignity, honesty, tolerance, sympathy, social responsibility, family life and love for their country right from the level of primary education. It was realized that money and materialism is badly affecting the medical students so steps were taken to incorporate the ethical values in them. Regular feedbacks are taken from the students regarding different attributes of professionalism and patient care so as to get a clue of ongoing attitude building of future doctors.

In our country the medical education departments are working whole heartedly to incorporate these virtues in young doctors. The students in our medical school believe that the cultural values such as tolerance, humanity, righteous attitude and morality in general has helped them in being a better medical student. There are many factors which effect the building of these attributes like busy life, competition, peer pressure and economy of the country.

The journey from undergraduate to postgraduate medical training leads to transformations but not all are positive. They are taught to narrowly focus on facts rather than becoming curious about everything and from empathy to emotional detachment. World of idealism faces jolts of arrogance and irritability. This erosion of empathy is repeatedly documented in studies of physicians in training.

In some surveys done it was found that thirty percent of the residents lied about hearing the third heart sound and murmurs during the training. May residents were not aware of the protocols of using the cell phones during the duty in emergency wards. In a research it was disclosed that ethical principles are not followed by 20-30% of the residents which included obtaining informed consent to doing surgeries with little awareness of procedures for sake of gaining experience. Some of the residents have identified poor commitment and teaching skills on part of their preceptors to be cause of failure of students. Some have admitted that values of humanity and sympathy were incorporated in their attitudes during their clerkships by observing their seniors. Some students find clerkships as humiliating.

Learning and emotions should be interlinked and an ability to interact and participate are crucial to learning and happiness in the life of a doctor. The competency of a doctor builds when he can apply the learnt behaviour in a new situation. Teaching students to greet every patient is not the only thing but why and how to greet also matters. Preaching the hazards of drug addiction while smoking a cigarette will not create awareness among the students. Honesty and Punctuality is not taught in lectures but exemplified through the acts of honesty shown by the mentors. Whenever a caesarean is done for the sake of money or time saving; it jolts the new residents with messages which shake the pillars of hidden curriculum. In some studies the students have claimed that integrity and tolerance are learnt in the medical schools just following the practices of their mentors. Nowadays competition is taking lead leaving behind cooperation and collaboration in medicine.

The changes in informed curriculum will make the hidden curriculum effective. We need to make certain aspects of it explicit and should challenge the behaviour that are not acceptable although the knowledge of that individual meets excellence. Using the art of verbal and non-verbal communication for diagnosing the patients should be part of training of a doctor. This can develop good listeners and good communicators but this cannot be taught through an effective lecture on communication skills. To develop a valued practitioner the learning outcomes of the curriculum should be revisited. Development of positive attributes of hidden curriculum should be made an essential component of learning outcomes. Instructional strategies and educational activities should be clearly defined to achieve these goals. Instructional strategies should be which will facilitate the students for self-development and participation in rule making activities in the classroom. Raising voice against the medical mistakes should be part of training of the doctors. Learners should collaborate, interact and discuss in small groups to outline the skills for better social relationships. A system of monitoring and accountability both on part of learners and teachers is a must now in medical schools. The trainees should be allowed to reflect about their learning process especially in situations of deciding right and wrong in medical schools which will show their readiness to serve as good human beings.

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