Unscripted lessons

Fred Hafferty, PhD, has been studying and writing about medical education for more than 40 years. A medical sociologist, he is professor of medical education at Mayo Clinic, Rochester. In Hafferty’s most recent book, *The Hidden Curriculum in Health Professional Education* (co-edited with Joseph O’Donnell, Dartmouth Press, 2015), he explores the wealth of learning that takes place outside the formal curriculum. He recently spoke with Kim Kiser about the role of the hidden curriculum in medical student, resident and other health professionals’ training.

What is meant by the term “hidden curriculum”? The hidden curriculum is a conceptual framework for thinking about learning that takes place within the context of becoming a health professional. It seeks to explore the difference between “the talk” (what schools say they do) and “the walk” (what schools actually deliver).

It includes the teaching and learning that takes place on rounds, at the bedside. It’s the role-modeling, the conversations and interactions among physicians and students. It’s also those messages that are reinforced by the work environment and organizational practices. For example, if a medical school designates a course as “elective,” it sends a message that the course isn’t as important as those found in the required curriculum because not everyone has to take it. If a medical school’s primary place of learning is the lecture hall and there is little space for small-group learning, the actual layout of the building tells both students and faculty that lectures are what’s important. Trainees (including new faculty members) constantly are reading their environments in an attempt to make sense of what is important and not important, what they should be paying attention to and what they should not be paying attention to, what they should be doing and not be doing. The hidden curriculum tries to home in on these “lessons.”

What can practicing physicians do to better understand how their actions might influence medical students and other trainees? Attendings and residents, who happen to do a lot of teaching, are constantly on stage, whether they’re aware of it or not. Being a role model is not necessarily a comfortable place. You may do an excellent job of modeling compassion in a particular situation or it might be the opposite. You have to be willing to reflect on how you’re coming across. And that can be very hard to do in an environment where you have a lot of responsibilities.

Why did you decide to focus on interprofessional education? Interprofessional education represents a new educational venue, and it comes with new challenges. How do you make education work when each sector—nursing, medicine, pharmacy, for example—is coming from its own organizational and cultural background? It’s just not enough to come up with a formal curriculum and put everyone in the same classroom. There’s a lot more that has to be dealt with that happens within the workplace, especially around teamwork and collaboration.

Is the hidden curriculum a hindrance or help? The hidden curriculum is neither good nor bad. It asks you to be sensitive to the messages organizations such as medical schools, residency programs, hospitals and clinics send out within the context of the work they do. Those messages may or may not jibe with what’s being taught in the formal curriculum. The goal is to make it work for you and not work against you.