Unmasking the Hidden Curriculum
Strategies to Address the Development of Professional Identity Formation in Residency Training

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Agenda

I. Unmasking the Hidden Curriculum within Professional Identity Formation (10 min)

II. Group Activity-Approaches to PI Formation (20 min)

III. Role Modeling in PI Formation (5 min)

IV. Group Activity-Assessment of Role Modeling (15 min)

V. Collaborative Mentorship Program Example (10 min)

VI. Large Group Discussion (20 min)

VII. Individual Implementation Plan (10 min)
Hidden Curriculum
The Hidden Curriculum in Medical Education

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”

-Hafferty 1998

Formal Curriculum

Informal Curriculum

Hidden Curriculum
Examples of The Hidden Curriculum in Medical Education

- A medical chief resident makes disparaging comments about surgical colleagues to a medical student
- An attending physician does not disclose a colleague’s error
- Teaching conferences are poorly attended by faculty
- Office space allocation
- Presence or lack of clinician-educator promotion tracks
- A physician leader walks in on a conference related to work-life balance and shakes his head saying “what is this nonsense...”
Video clip and group discussion

1) What evidence of the “hidden curriculum” do you see in this video clip?
2) How can you imagine this might influence the professional identity formation of the trainee?
Professional identity formation = the transformative journey through which one integrates the knowledge, skills, values, and behaviors of a competent, humanistic physician with one’s own unique identity and core values.

Professional Identity Formation

Early: depends on external prompts, pleasing others
- Ex: West Point cadet reflecting on why caring is a part of good leadership says, “I guess for me it’s because of the tangible rewards of what will happen if somebody really does care about you.”

Later: internalizing values of the profession, taking previous external influences, breaking them down, making them their own
- Ex: Army officer reflecting on leadership success says, “I also feel to be successful you have to undergo hardships...but my personal success is geared not by the jobs I have, by the ranks or medals I obtain, but by the accomplishments of the units and the people below me.”

### Professionalization: A sense of duty and accountability to patients, society, and the profession

| Appears to be interested in learning pediatrics but not fully engaged and involved as a professional which results in an observational role | Appreciates the role in providing care but at times has difficulty in seeing self as a professional which may result in not taking appropriate responsibility | Demonstrates understanding of the professional role and gravity of being “the doctor” by fully engaging in patient care. Has a sense of duty. Rare lapses into less professional behaviors. | Has internalized and accepts full responsibility of the professional role and professional relationships in caring for a broad range of patients and team members. | Extends professional role beyond the care of patients and sees self contributing to something larger. |
Group Activity

Worksheet: What are you currently doing to address the PI formation of your trainees?
Milestones and literature suggest several ways to advance professional identity formation:

1) Self reflection
2) Group reflection
3) Narrative medicine
4) Appreciative inquiry
5) Mindful practice
6) Role modeling
Role Modeling

Example is not the main thing in influencing others. It is the only thing.

-Albert Schweitzer
Cruess SR et al. Role modelling—making the most of a powerful teaching strategy. BMJ.2008;336:718-721.
Focus on Role modeling

Characteristics of effective role models:

1) Clinical competence
2) Teaching Skills
3) Personal qualities

But we are all not doing as good a job as we might think....

Cruess SR et al. Role modelling—making the most of a powerful teaching strategy. BMJ. 2008;336:718-721.
Group Activity

Appraisal of your role models

Worksheet with small group discussion
Strategies to Improve Role Modeling

- Be aware of being a role model
- Demonstrate clinical competence
- Protect time for teaching
- Show a positive attitude for what you do
- Implement a student centered approach to teaching
- Facilitate reflection on clinical experiences and what has been modeled
- Encourage dialogue with colleagues
- Be explicit about what you are modeling
Collaborative Mentorship
It started with a problem...

Dyadic advising structure:
- limited resources
- variable engagement
- conflicting roles
- lack of consistency

Collaborative mentorship:
- fewer mentors needed
- engages faculty and peers as mentors
- consistent structure
- tie into goals of Individual Curriculum
Program Goals

Support personal and professional development and professional identity formation in residency

- Create collaborative mentorship groups based on shared professional interests that foster safe and supportive multi-level learning environments
- Meaningfully engage residents in topics related to personal and professional development
- Improve resident experience with Individual Curriculum through structured peer interaction and faculty mentorship
Research on physician well-being practices:

Adopt a healthy philosophical attitude toward life
- Not taking yourself too seriously, simplifying, balance, self-forgiveness

Find support in the workplace
- Good mentoring, setting limits, administrative support

Engage and find meaning
- Sense of self-worth and self-efficacy

Develop healthy relationships
- Time with friends and family, supportive partner, support group

Take care of yourself
- Exercise, nutrition, treat depression, avoid intoxicants, vacation

Cultivate self-awareness
- Meditation, support groups, narrative writing

Residents Choose Community → Faculty Development for Community Mentors → Kick-off Event

Community Based Small Group Discussion → Quarterly Meetings on Chosen PPD Topics
Video clip of Collaborative mentorship in action and group discussion
Collaborative Mentorship Addressing the Hidden Curriculum

- Explicit role modeling
- Faculty as facilitator and role model
- Space for self reflection/group reflection
- Making time for topics important to personal and professional development
Large Group Discussion

1) Self reflection
2) Group reflection
3) Narrative medicine
4) Appreciative inquiry
5) Mindful practice
6) Role modeling

Any other examples? Innovations to share?
Final words from Frank Hafferty:

“Create structures that allow individuals to reflect upon the larger structural picture of which they are a part.”

https://www.appd.org/amsurvey/