

## Revealing the hidden curriculum to medical students: insights from threshold concept theory

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The hidden curriculum refers to the ad hoc, unscripted learning that occurs outside of the formal, taught curriculum which is often *unarticulated or unexplored*<sup>1</sup>. While some of this learning can be very positive, other messages can conflict with those taught in the formal curriculum. The hidden curriculum plays an important role in students' identity construction<sup>2</sup> and can lead to loss of idealism,<sup>3</sup> ethical erosion<sup>4</sup> and a reduction in empathy<sup>5</sup>. Medical schools have taken a range of steps to address these negative effects but, intriguingly, the existence of the concept is usually kept hidden from students. Our approach was to incorporate the "hidden curriculum" as a topic in our curriculum, supporting students, within small group settings, to discuss the idea, identify examples from their clinical experiences and to consider the positive and negative implications to their roles as students and future doctors.

Noticing that students often struggled initially with the idea of the hidden curriculum, yet grasping it seemed to be an "aha" moment for others, we felt that the hidden curriculum might be a threshold concept. We undertook an exploration of students' written reflections recorded on their group "wiki" in the two week period following their small group session.

34 written reflections were analysed. What became apparent was that learning about the hidden curriculum required an understanding of several different elements. Many students only touched on some of these elements in their reflections. A few students, who appeared to have successfully integrated all the elements, used more transformative language, describing how they have or will behave differently or asking thoughtful questions about applying the concept in practice. We suggest ways that tutors can use these insights to support student learning around the hidden curriculum and discuss how our methodology could influence the way we approach other troublesome curriculum areas.

<sup>1</sup> Cribb A & Bignold S. Towards a reflexive Medical School: the hidden curriculum and medical education research. *Studies in Higher Education*. 1999; 24(2) 195-208.

<sup>2</sup> Bleakley A, Bligh J, Brice J. *Medical Education for the Future: Identity, Power and Location*. 2011; Springer.

<sup>3</sup> Woloschuk W, Harasym P & Temple W. Attitude change during medical school: a cohort study. *Medical Education*. 2004; 38 522-34.

<sup>4</sup> Feudtner C et al. Do clinical clerks suffer ethical erosion? Students' perceptions of their ethical environment and personal development. *Acad Med*. 1994; 69 670-79.

<sup>5</sup> Bellini LM & Shea JA. Mood change and empathy decline persist during three years of internal medicine training. *Acad Med*. 2005; 80 164-167.