

Countering the hidden curriculum and managing challenges in professionalism

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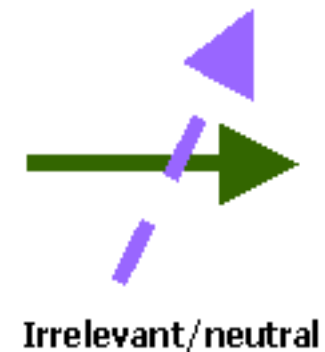
Panelists

- Joe Park
 - *Chief Resident at George Washington University*
- Kara Meister
 - *Assistant Professor (as of 9/1/18) Stanford*
- Walter Lee
 - *Associate Professor Duke*
 - *Chair, IRB DukeHealth, Co-director Head & Neck*
- Robert Buckmire
 - *Professor UNC*
 - *Residency Program Director*
- Anna Meyer
 - *Associate Professor UCSF*
 - *Program Director, Pediatric OHNS fellowship*
 - *Faculty, Academy of Communication in Healthcare*

- **Formal (explicit)** curriculum: coursework and classroom lessons
- **Informal** curriculum: ad hoc instruction (bedside rounds)
- **Null** curriculum: that which is not taught.

Hidden Curriculum

- “Unwritten, unofficial, and often unintended lessons, values and perspectives”
- “Lessons learned that are embedded in culture and are not explicitly intended”



Goal of Panel

- “Making the hidden visible and the implicit explicit helps to create a culture reflecting medicine’s core values”

– *Lehmann et al Ann Int Med 2018*

Case 1: Dr. A Performs a sinus surgery and post-operatively his patient has a CSF leak – pt currently in the hospital with a lumbar drain in place.

- Saturday a.m.: resident on call in the hospital sees Dr. A rounding on his patient- even though Dr. A is not on call.

What is the hidden curriculum?



Case 2: Weekly resident education session scheduled to start at 5:00 pm.

- 4:45 in OR at end of case.
 - Resident wants to go to conference
 - PD has told all residents they are required to attend resident education sessions and attendance is tracked.
 - Faculty member scrubs out and leaves OR. Resident is left to close and escort patient to PACU.

What is the hidden curriculum?



Case 3: Faculty giving lecture to medical students/residents

- Faculty: “You all have it so easy these days”

What is the hidden curriculum?



Case 4: In OR. Fellow (male), senior resident (female), junior resident (male), scrub tech (female)

- Senior Resident to scrub tech: “You have been calling me “princess” for the past 2 weeks. I prefer you call me by my name”
- Scrub tech: “Honey, I only learn the boys names because it is not your place to be here.”
- Fellow: ...
- Junior resident...

What is the hidden curriculum?



AAA:

Upstander Skills for Microaggressions

- **Affirm**

- Build trust, reinforce effective behaviors, value voices
- Work to know trainees and staff as people.
- “I see the skills you bring to the OR.”

- **Acknowledge**

- Prepare trainees that microaggressions will happen
- “I wish I could promise this would never happen...”
- “I’m going to check in with you...”
- “I want to hear about these things.”



AAA:

Upstander Skills for Microaggressions

- **Ally** is Action

- Silence = Complicity

- Possible responses:

- In the moment:

- “Something doesn’t feel right to me about what was just said...”

- “I’m thinking about how what was said could land on women...”

- Debriefing with receiver of the microaggression

- Listening: “I have time to hear about what happened in the OR.”

- Empathy: “I imagine you were in shock when you heard those words.”



Case 5: Faculty member (male), resident (female), medical student (male) in post-op patient hospital room

- Faculty member typing on phone-standing behind resident. Medical student taking notes.
- **Resident to patient:** Mr. Jones- how are you feeling today?
- **Patient:** I feel just fine now that you are here.
- **Resident:** You need to get up and walk around the halls today.
- **Patient:** I sure will if a pretty doctor like you walks with me
- Faculty member: ...
- Medical student: ...

How would you as the faculty member deal with this microaggression?



AAA:

Upstander Skills for Microaggressions

- **Affirm**
 - Build trust, reinforce effective behaviors, value voices
- **Acknowledge**
 - Prepare trainees that microaggressions will happen
- **Ally is Action**
 - Silence = Complicity
 - Possible responses:
 - In the moment
 - Debriefing with receiver of the microaggression
 - Listening
 - Empathy

Case 6: In the OR: faculty, resident

- Faculty member to resident: “Don’t forget to do those turbinates”
 - Said by faculty member who applies RF to nearly every patients’ turbinates...

What is the hidden agenda?



Case 7: ENT receives consultation from trauma service in ED

- 24 y.o. female s/p MVA. ENT told that they need to close the through and through lip laceration- the chin laceration has already been repaired.
- On arrival to ED- 3rd year med students seen finishing the chin laceration without supervision and then proceeding to repair a palmer laceration (without supervision).

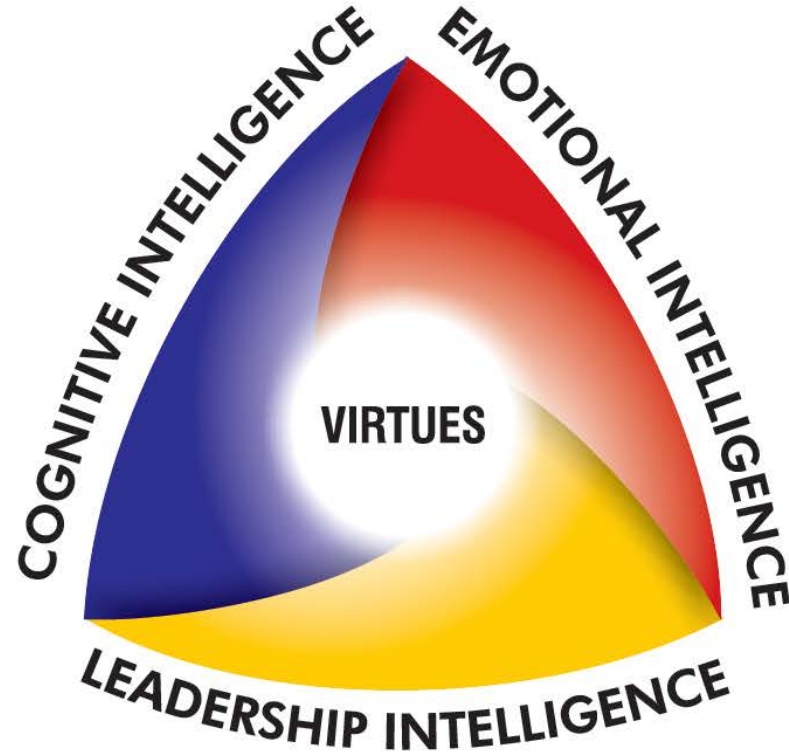


Case 7 (continued)

- When trauma asked about medical student supervision, ENT told by trauma chief that they were there supervising both incisions.
- ENT revises the closure...

What is the hidden curriculum?





PROFESSIONALISM INTELLIGENCE MODEL

Case 8: Faculty member to residency program director concerning a new PGY1 resident

- “Did he get in because he clicked the minority status box?”

What is the hidden curriculum?



Case 9: ENT on call receives urgent consult in ED for subq emphysema in setting of neck trauma.

- CT shows subq air extending from skin to retropharynx with associated airway compression. ENT resident and ICU personnel urgently intubate patient.
- ENT resident is scolded for calling the attending overnight as the patient has already been intubated.

What is the hidden curriculum?

POSSIBLE CONCLUSIONS- Pick one.

- Do as I say, not as I do.
- It's not what you say, it's how you say it.
- You are what you do, not what you say you'll do.
- Sometimes, it's not what you say that matters, it's what you don't say.
- People may doubt what you say, but they will believe what you do.

QUESTIONS?

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