Countering the hidden curriculum and managing challenges in professionalism

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Moderator: Anna Messner

Professor & Vice Chair
Residency Program Director
Stanford University
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?
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?