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Short Communication

Exploring Hidden Curricula in an Interprofessional Intensive Care Unit Simulation

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role clarity;
qualitative study

Abstract: The hidden curriculum involves students' experiences of unstated norms and values throughout educational activities. The purpose of the study was to determine if students left a simulation having gained knowledge in areas other than our predetermined learning objectives. Our sample included 194 students in undergraduate and professional programs from seven health care professions. Immediately after a simulation debriefing, data were collected through anonymous surveys (n = 194). Students were asked to provide date, profession, group session, and two things they learned from the simulation. From a qualitative data analysis, two themes emerged that were not included in the predetermined learning objectives: (a) interprofessional role clarity and (b) self-efficacy. By working in a simulated intensive care unit, students gained introspection into their role and potential impact within the health care team. Faculty can use hidden curricula to inform discussions with students, promote program revision, and improve the quality of the learning experience.

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Background

The construct of hidden curriculum originated in the fields of sociology and education and has been described as concepts that are learned by students though they are not openly taught (Martin, 1976). Giroux and Penna (1979) further defined hidden curriculum as the unstated norms,

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values, and political culture embedded throughout formal instruction and educational experiences. A review of the literature identified a lack of studies focusing on hidden curricula within the context of simulation.

Our team sought to investigate the hidden curriculum in an interprofessional (IP) intensive care unit (ICU) simulation with students from seven health care programs. Predetermined learning objectives of the simulation were for students to recognize and manage care of the deteriorating ICU patient and appropriately respond and to demonstrate the use of teamwork and communication strategies in an IP health care setting. The goal of this project was to determine if students left the simulation having gained knowledge in areas other than our predetermined learning objectives.

Key Points

- Hidden curricula exist even within the context of interprofessional simulation.
- Interprofessional role clarity, trust, and self-efficacy emerged as hidden themes.
- Hidden curricula can be used to inform student learning and program improvement.

Sample

One hundred ninety-four students in undergraduate and professional programs from each of the seven health care professions participated in a required simulation in six sessions over two days during the fall 2014 semester. The following students participated: (a) second-year physician assistant students, (b) second-year respiratory therapy students, (c) first-year accelerated master's in nursing pathway students, (d) fourth-year medical students/first-year medical residents, (e) second-year clinical laboratory science (CLS) students, (f) second-year physical therapy students, and (g) second-year nuclear medicine technology (NMT) students. This was a required activity for the nursing, CLS, respiratory therapy, and NMT students. It was a volunteer experience for the remaining learners. All students agreed to allow researchers to use their postsimulation survey data on an evaluation form that was approved by the institutional review board. All learners completed the survey as part of the experience, but students had an option to opt out, indicating that researchers were not allowed to use their data. No demographic data were collected on these students, as this survey was part of a routine course evaluation.

Setting

This simulation was implemented in a hospital-based simulation center that was previously an ICU. Each of the seven simulation rooms was outfitted with standard hospital equipment and supplies to simulate an ICU room in the hospital.

Methods

Study Design

The study used a multiple case study design (Yin, 2014) with each case bounded by a group of students in seven different health care professions: CLS, medicine (MD), nursing (RN), NMT, physical therapy (PT), physician assistant studies (PA), and respiratory therapy (RT).

Simulation Scenarios and Debriefing

Each simulation session lasted two hours and was conducted six times to accommodate the number of students. Approximately 35 learners participated in each session. A 15-minute prebrief was conducted at the beginning of the session. Each profession received shift reports as they entered the simulation. Six scenarios (Table) took place simultaneously, each with a different diagnosis. Scenarios ran for 45 minutes and concluded with a 15-minute in-room debriefing focusing on case-specific information. At the end of the in-room debriefing, all learners gathered for a large-group debriefing focusing on IP concepts. A discipline-specific debriefing was given after the large-group debriefing, allowing students to confer with faculty on any questions or concerns before leaving the center. All students participated in each of the three debriefings, which allowed for reflection about personal and professional contribution in the ICU setting.

Data Collection and Analysis

Immediately after the whole-group debriefing, qualitative data were collected through anonymous surveys. Students were asked to list their profession and two things they learned from the simulation. After students completed the survey, they placed it in a designated tray and left the room. Researchers collated and organized the surveys by group sessions.

Researchers transcribed student responses in Excel spreadsheets to sort by date, profession, and group. Using QSR NVivo 11 software (QSR International Pty Ltd, Doncaster, Victoria, Australia), two of the researchers uploaded comments and coded them for themes and subthemes using the constant comparative method (Glaser & Strauss, 1967). After both the coders reached data saturation, the entire research team met to compare codes and discuss themes and subthemes. Themes and subthemes were also compared across participant groups (Yin, 2014).