

Association for Surgical Education

# Exploring the hidden curriculum: a qualitative analysis of clerks' reflections on professionalism in surgical clerkship

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## KEYWORDS:

Clerkship;  
Surgical education;  
Ethics;  
Professionalism;  
Reflective writing;  
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## Abstract

**BACKGROUND:** Professionalism is an important part of the hidden curriculum that is gaining attention in surgical education. McMaster University, Hamilton, Ontario, Canada, has introduced a small group discussion model using critical incident reports (CIRs) to elicit students' reflections on ethical, communication, and professionalism challenges during surgical clerkship. We described the themes identified by surgical clerks in their CIRs.

**METHODS:** Using thematic analysis, 4 investigators coded 64 CIRs iteratively until conceptual saturation. Rigor and validity were ensured throughout the process. Data were further explored to compare the CIRs of junior and senior clerks.

**RESULTS:** Twenty-seven themes and 4 relationship domains emerged: the clerk's relationship to patients, the health care team, the health care system, and self. Challenges with communication, the consent process, and breaking bad news were most commonly cited. Theme frequencies differed between junior and senior clerks.

**CONCLUSIONS:** Small group discussions of critical incident reports allow surgical clerks to reflect on their developing professional relationships. The themes that have been identified can be used to guide professionalism education and uncover the hidden curriculum.

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Professional competencies are critically important for medical trainees to master in order to become good physicians, and much care is required to ensure this moral commitment is

passed on to each new generation.<sup>1-3</sup> One definition of medical professionalism is "the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served."<sup>4</sup> As medical students enter clerkship, they begin to participate progressively in the care of patients with mentors and other health professionals. In doing so, they encounter the hidden curriculum, which is "a set of influences that functions at the level of organizational structure and culture."<sup>5</sup> This occurs as they receive

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on-the-job instruction and compare and contrast the behaviors of their teachers and peers with the professional ideals they have been taught.<sup>6</sup>

The hidden curriculum is an unspoken code of conduct that pervades the learning environment, is not necessarily congruent with moral codes of conduct published by professional organizations, and is often not easily recognizable yet still sends a strong signal to clerks in their habit-forming years. It has been implicated in the moral and attitude decline sometimes associated with medical training,<sup>7–10</sup> and a number of recent publications have discussed methods of teaching professionalism during clerkship.<sup>11–16</sup> Although the importance of professionalism has been recognized since the time of Hippocrates, the method of teaching professional competence has been changing. Increasingly, medical schools have formal instruction in professionalism, communication, and ethics to offset the concern that professional behaviors deteriorate during medical school.<sup>7–10</sup> Recognizing that much of what students learn in clinical practice, both positive and negative, is outside the formal curriculum, the Association of Faculties of Medicine of Canada report on the future of medical education in Canada recommended that the hidden curriculum be made “explicit and relevant.”<sup>17</sup>

At McMaster University, Hamilton, Ontario, Canada, a professional competencies course has been incorporated into the formal curriculum during the first 18 months of medical school.<sup>18</sup> Recognizing the need to address the hidden curriculum and extend the preclerkship professional competencies course into the clinical clerkship training, we developed an educational model using critical incident reports (CIRs) as a stimulus for reflective writing and small group discussion with fellow students and faculty facilitators. Critical incident reports are widely used in medical education to promote reflective learning and are based on an event chosen by the student that influenced his/her professional development.<sup>19,20</sup> At McMaster University, medical students voiced a need to extend this learning into clerkship where they found ethical and professional issues had a new relevance to them as those values they had merely talked about theoretically came alive in their everyday experiences and unearthed some unexpected challenges. This led to the introduction of the CIR and group discussion into the McMaster surgery clerkship block in 2007. This is the first study to explore the unique challenges experienced by students during the surgical clerkship rotation by analyzing their CIRs.

Just as a student must reflect on his/her experiences in order to grow and improve, so must a surgeon, a department, and a medical school. This article explores the reflections of the clerk, who is the team member so freshly instructed in the arts of communication, professionalism, and ethics and who understands the team's terminology yet may identify more with the patient culture than the hospital's culture. Furthermore, this investigation focused on what clerks found challenging and the differences between junior and senior clerks' experiences. This project's underlying goal was to characterize what clerks saw as challenges in professionalism, ethics, and

communication, thereby establishing the groundwork for a more explicit and relevant professional competencies curriculum in clerkship.

## Methods

### The McMaster surgical clerkship

McMaster medical students complete a mandatory 6-week surgical rotation that consists of 4 weeks of general surgery and 2 weeks of a specialty surgery. During this rotation, clerks attend formal teaching sessions as a group including 2 sessions on professional competencies led by a surgeon. Early in the rotation, medical students are given a mandatory 500-word reflective writing assignment. Students are to “identify a ‘critical incident’ involving an ethical, communication, or professionalism issue when (1) you personally had difficulty dealing with a difficult issue; or (2) you observed another physician dealing with a difficult issue in an exemplary way.”

Near the end of the 6-week rotation, students are assigned to small groups of 6 to 8 with 2 facilitators, typically a surgeon and a social worker. Confidentiality is ensured, and in order to promote a safe sharing environment, papers are not marked and students are matched to facilitators who work at different hospitals and who are not involved in their evaluations. Each student presents his/her CIR to the group for discussion.

Upon finishing the rotation, clerks complete a short exit survey. In 2008, 80% of the responders rated the professional competencies exercise as useful, and 85% indicated that they gained new insights. Facilitators of the discussion groups noted that the group members reinforced one another's values and empowered each other in a reflective manner.

### Data collection and analysis

Research ethics board approval was obtained for this study. The transcripts of the CIRs from 149 students in the McMaster class of 2009 were collected for analysis. To study differences between junior and senior clerks, CIRs that could not be traced to a rotation were excluded. This left 64 reports, with 39 written by clerks in the first half of clerkship (junior clerks) and 25 in the second half of clerkship (senior clerks).

Four independent reviewers (2 health research methodologists [J.P., J.H.], a junior surgical resident [T.K.], and a staff surgeon [B.C.]) read and coded each deidentified CIR. Group meetings were held to achieve consensus on the themes in each CIR by using thematic analysis involving open, axial, and selective coding. An iterative codebook of these themes was generated until conceptual saturation was achieved. Through data reduction, we finalized the themes and their respective major analytic domains. Using the finalized codebook, 2 independent reviewers (T.K., B.C.) then determined the frequencies of each theme including

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