Exposing the Hidden Curriculum Through Narrative Writing and Reflective Practice
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Background
Medical educators must counter physician behaviors that deviate from professional standards in clinical practice. Narrative writing may reveal both exemplary and unacceptable physician behaviors and can generate clarifying conversations1 for small group discussion to help students understand the context and/or cultures that impact the clinical experience.

Objectives
OVERALL: To explicate the impact of the hidden curriculum on medical students’ professional development. We sought to identify context and themes described in reflective essays. SPECIFIC LEARNING OBJECTIVES:
(1) Identify clinical professional behaviors that most inspire medical students.
(2) Describe unprofessional behaviors demonstrated by residents and faculty that disturb medical students.
(3) Explain how data extracted from narrative writings can be used for department review and improvement.

Methods
After completing their first six months in clinical clerkships, medical students submitted reflective essays describing experiences that either disturbed or inspired them. This served as a trigger for discussion for a workshop on professionalism. Two researchers independently read and coded 151 essays for themes. Codes were compared and negotiated until consensus was reached for all essays. The essays were further reviewed to identify departmental and provider data and thematic groupings along with illustrative quotes for each theme and sub-theme.

Results: Themes
Major themes for inspirational essays included taking extra time with patients, superior interpersonal communication, respect for cultures and values, compassion, and teaching excellence. The most common discouraging theme was derogatory comments about patients (especially obese and/or public assistance patients). Demeaning actions toward medical students, hostility between providers and disdain for non-English speaking patients also emerged. (See Table 1.)

Results: Distribution
Eighty-six essays (57%) were rated as inspiring and 60 (40%) were rated as disturbing, and 5 (3%) were both. The clerkship rotations identified in the essays are illustrated in Figure 1 below:

Results: Source
Residents were identified as the source of the disturbing behavior in 17 essays (28%) followed by attendings with 15 (25%) and staff 6 (10%). In 19 essays (32%) a team or system provided the source.

Discussion
Efforts to teach professionalism and confront the message of the “hidden curriculum” is a challenge for medical educators. Indeed, medical students have observed that the chief barrier to medical professionalism education is unprofessional conduct by faculty and residents.1 Yet, nationwide, students consistently rate the amount of instruction in professionalism as “excessive.”1 Identifying both the correct teaching venue and “unit dose” adds to the challenge. We posit that reflective writing in conjunction with group discussions can generate teachable moments where students feel safe to express their questions and concerns with trusted faculty. These discussions allow faculty to validate the students’ experiences and to provide context for what may be confusing and sometimes conflicting messages about medical professionalism.

Through qualitative analysis of the reflective writings we were able to identify inspirational role models and identify disturbing outliers. The essay analysis provided evidence of faculty and resident unprofessional behavior that is rarely reported and thus self-perpetuating. We submitted the essays to Deans, Department Chairs, Program and Clerkship directors. These essays have since become the impetus for faculty and resident professional training and accountability.

Conclusions
Although these reflective writings were originally designed to foster mindful practice for the medical students, the inspirational and discouraging professional behaviors identified through qualitative analysis provides an opportunity for general feedback to clinical departments for their internal reviews and, as needed, subsequent improvements.

References
3. Association of American Medical Colleges Medical School Graduation Questionnaire. 2011.

Table 1. Sample Quotes by Theme

<table>
<thead>
<tr>
<th>Theme</th>
<th>Inspiring Quotes</th>
<th>Disturbing Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compassion</td>
<td>“He was a kind soul who always had a smile on his face. I miss him every day.”</td>
<td>“He was always in a rush and never took the time to listen to the patient.”</td>
</tr>
<tr>
<td>Respect for Cultures &amp; Values</td>
<td>“He respected my culture and always took the time to ask about my family.”</td>
<td>“He never learned to speak English and insulted me for my accent.”</td>
</tr>
<tr>
<td>Teaching Excellence</td>
<td>“He was a great teacher who always took the time to explain things.”</td>
<td>“He was always in a hurry and never took the time to teach.”</td>
</tr>
</tbody>
</table>

Table 2. Sample Quotes by Theme

<table>
<thead>
<tr>
<th>Theme</th>
<th>Inspiring Quotes</th>
<th>Disturbing Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Students</td>
<td>“She was always so kind and took the time to listen.”</td>
<td>“He was always in a hurry and never took the time to listen.”</td>
</tr>
<tr>
<td>Staff</td>
<td>“She was always so kind and took the time to listen.”</td>
<td>“He was always in a hurry and never took the time to listen.”</td>
</tr>
<tr>
<td>Attending</td>
<td>“She was always so kind and took the time to listen.”</td>
<td>“He was always in a hurry and never took the time to listen.”</td>
</tr>
<tr>
<td>Residents</td>
<td>“She was always so kind and took the time to listen.”</td>
<td>“He was always in a hurry and never took the time to listen.”</td>
</tr>
<tr>
<td>Non-English Speaking Patients</td>
<td>“She was always so kind and took the time to listen.”</td>
<td>“He was always in a hurry and never took the time to listen.”</td>
</tr>
<tr>
<td>Demanding Actions Toward Medical Students</td>
<td>“She was always so kind and took the time to listen.”</td>
<td>“He was always in a hurry and never took the time to listen.”</td>
</tr>
</tbody>
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Funding: Supported in part by a grant from the Institute on Medicine as a Profession and The Arthur Vining Davis Foundation

Source: https://www.mededportal.org/icollaborative/resource/302