

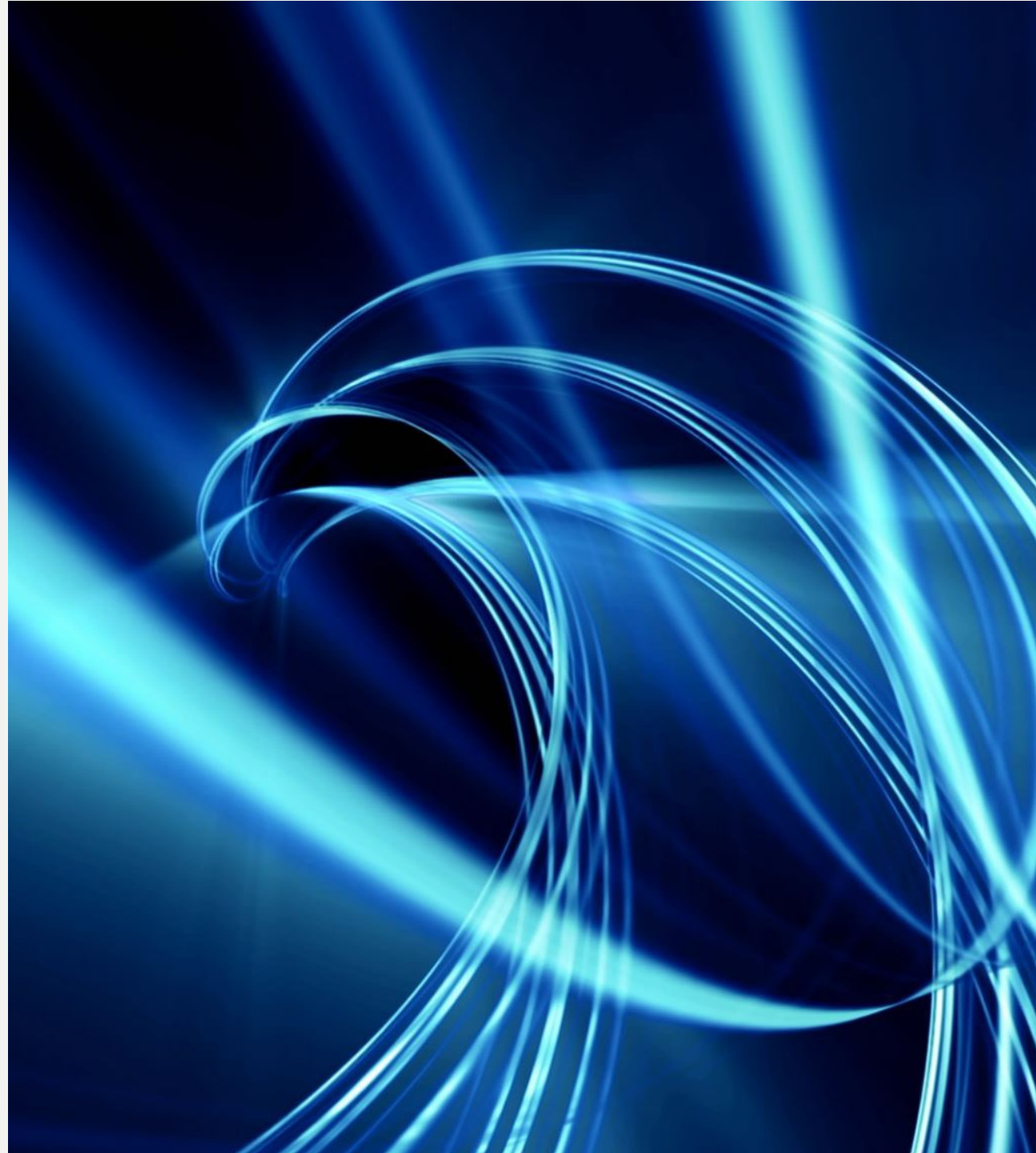
# The Hidden Curriculum



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International Cooperation  
for Medical Education

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# Contents

- 1) Curriculum
- 2) What is the Hidden Curriculum (HC)
- 3) Sources of HC
- 4) Impact of the HC
- 5) Reflective Competency Curriculum

# Curriculum

- Key components of medical education
- Educational success depends on quality of curriculum
- Factors other than formal curriculum

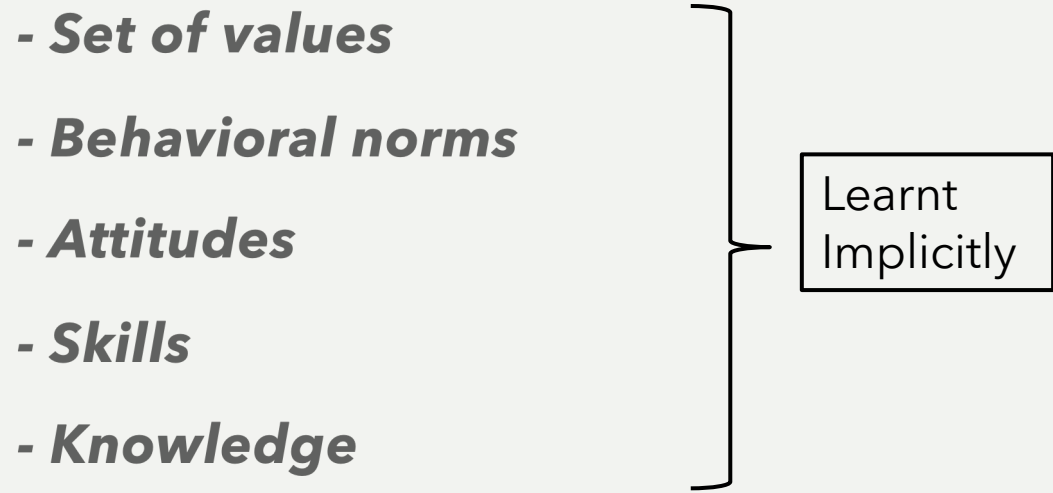
- **Set of values**

- **Behavioral norms**

- **Attitudes**

- **Skills**

- **Knowledge**



Learnt  
Implicitly

# The Hidden Curriculum (HC)

“A set of influences that function at the level of organizational structure and culture”

- Frederic Hafferty

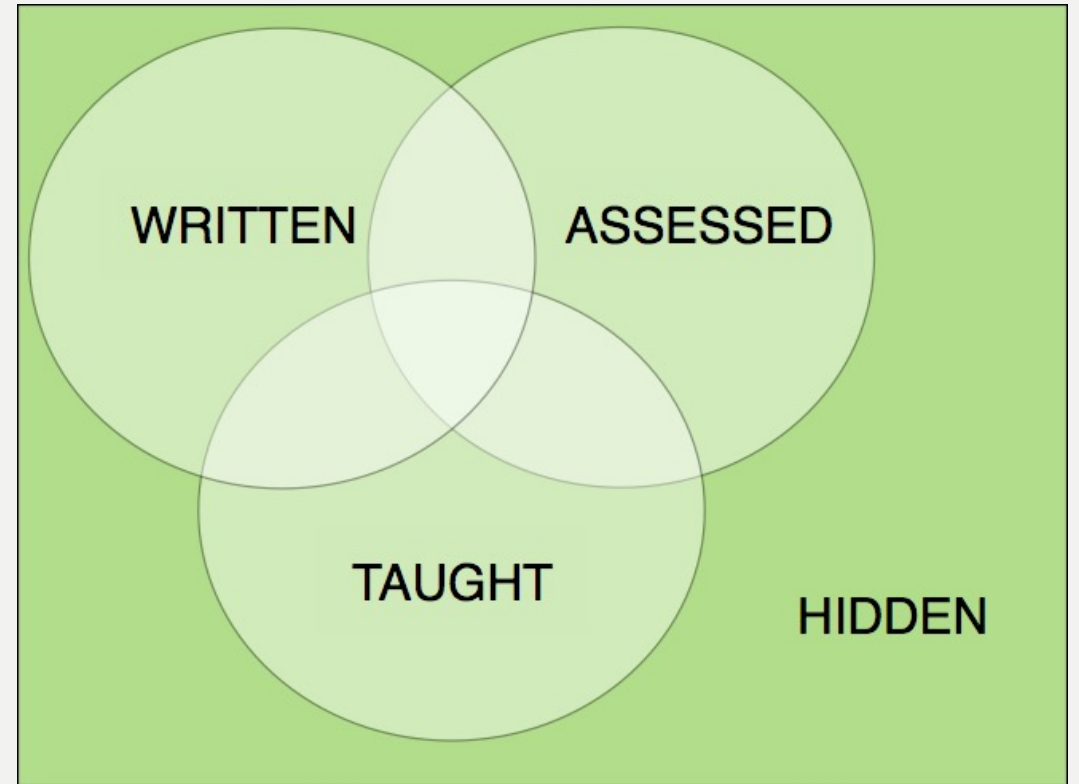
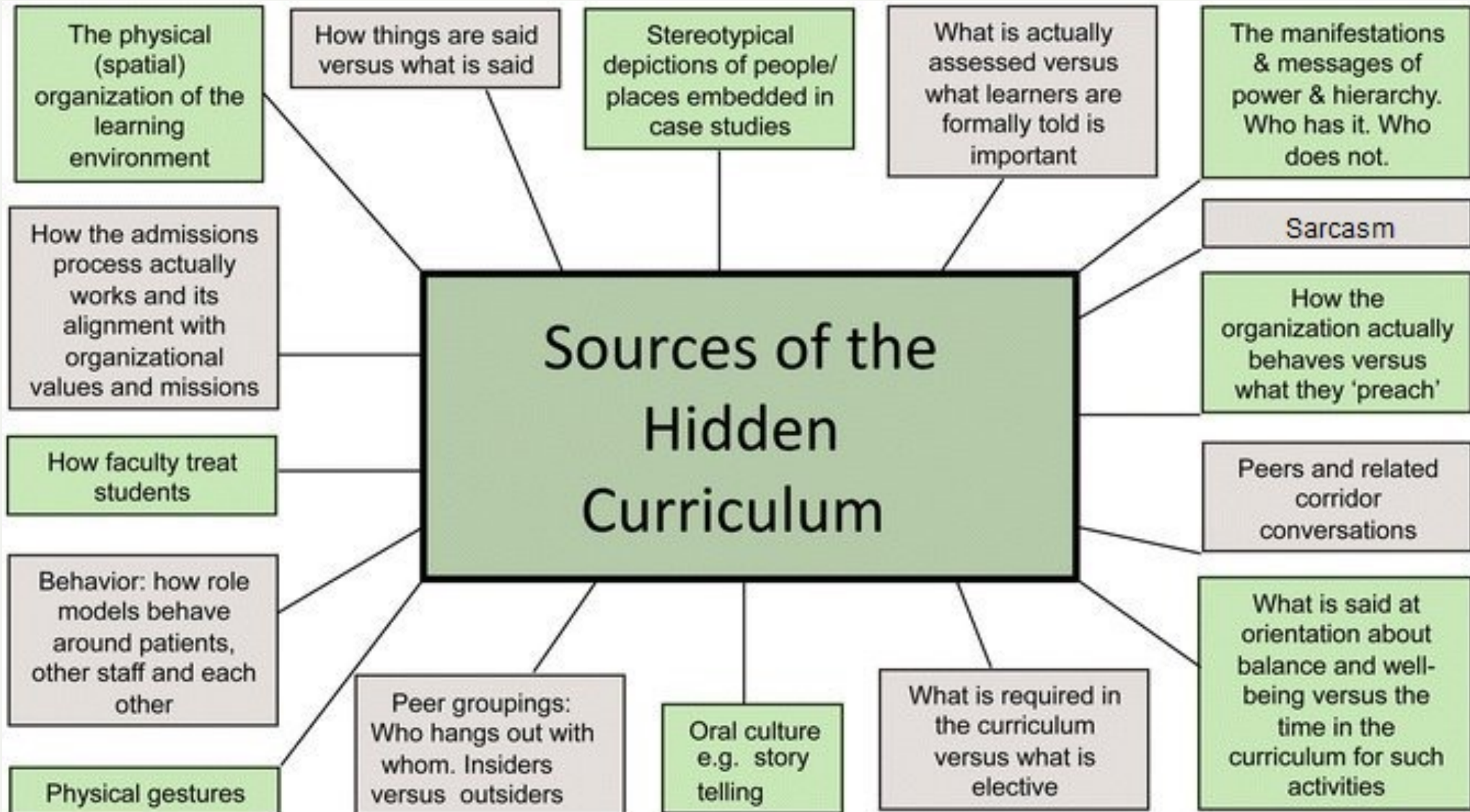
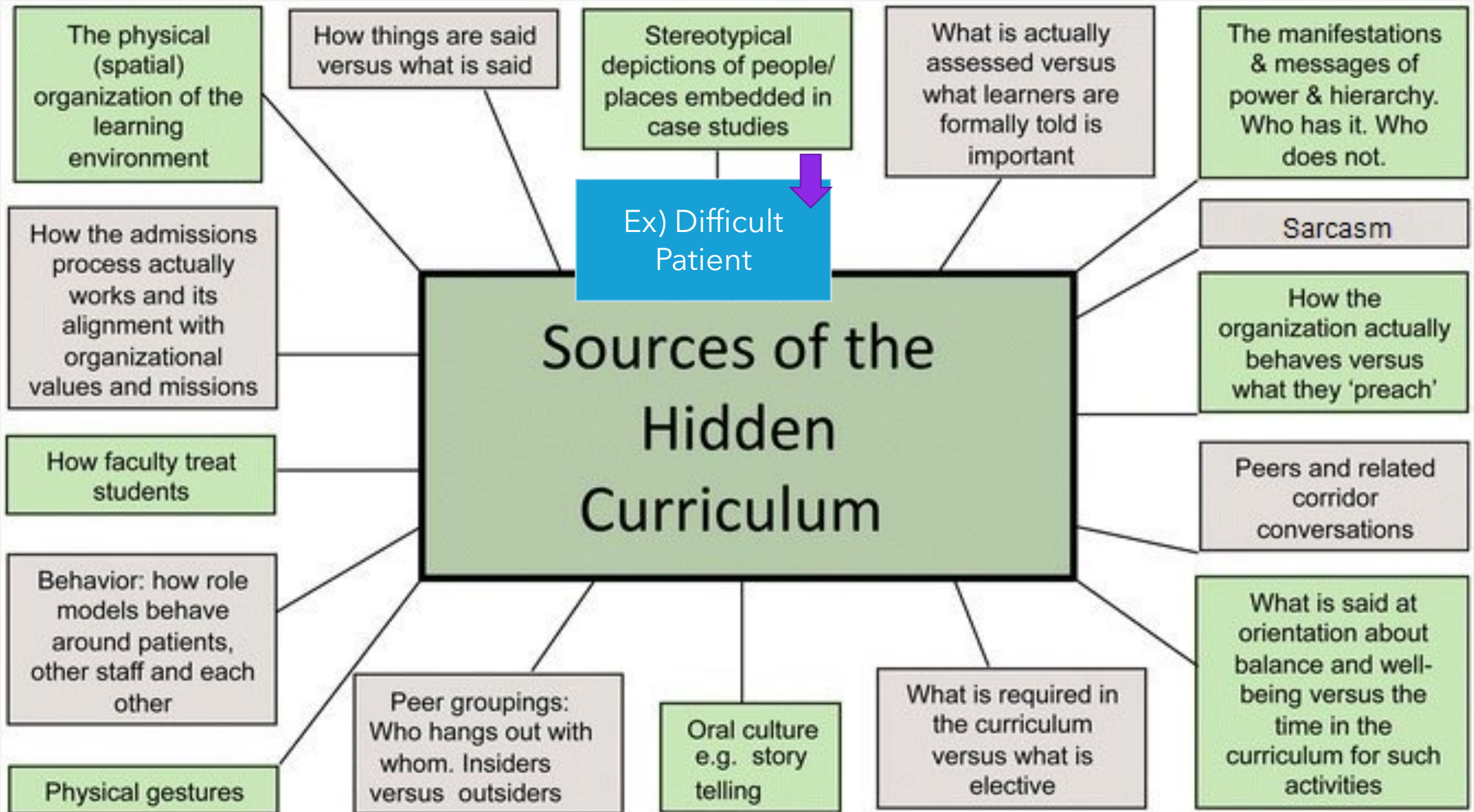
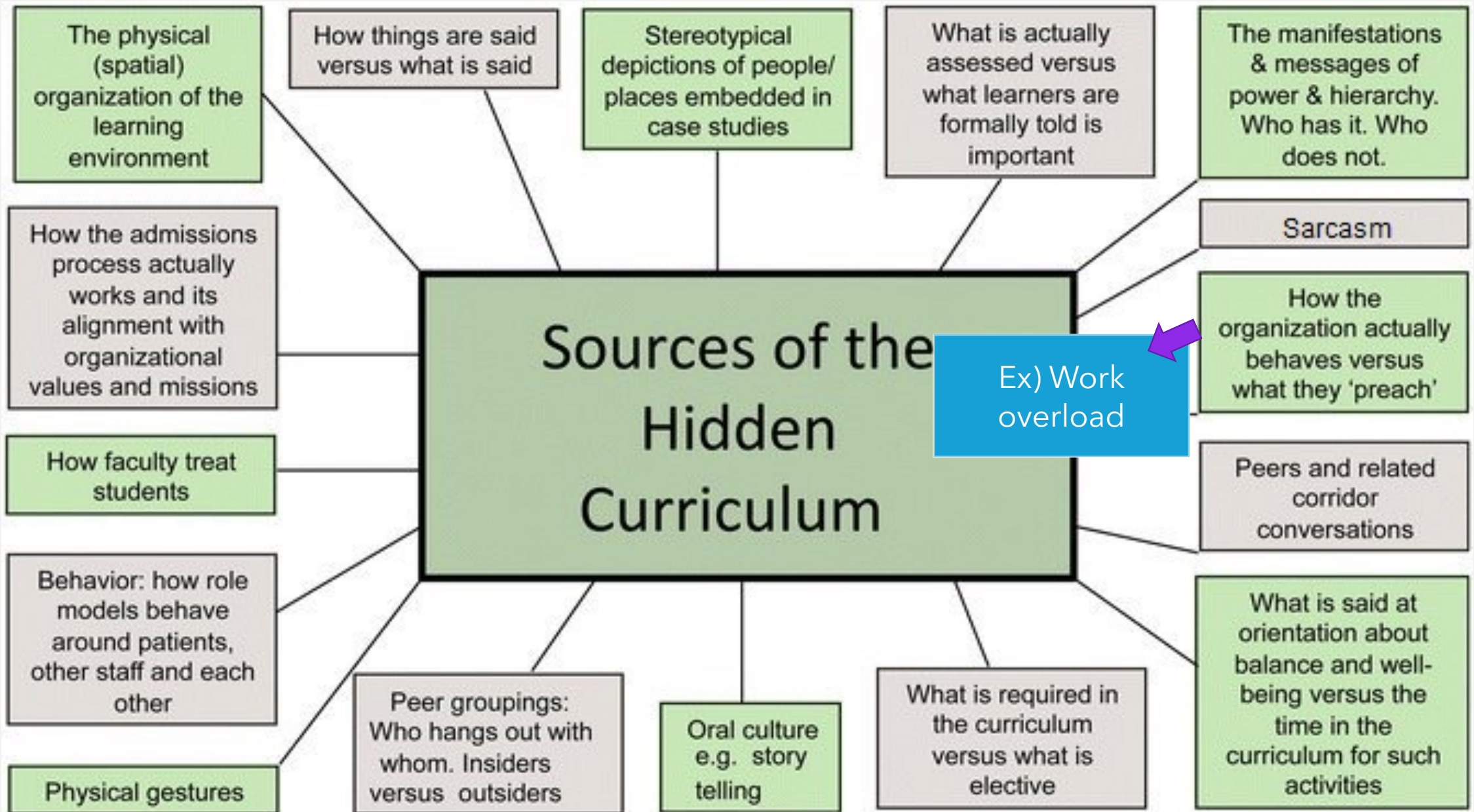


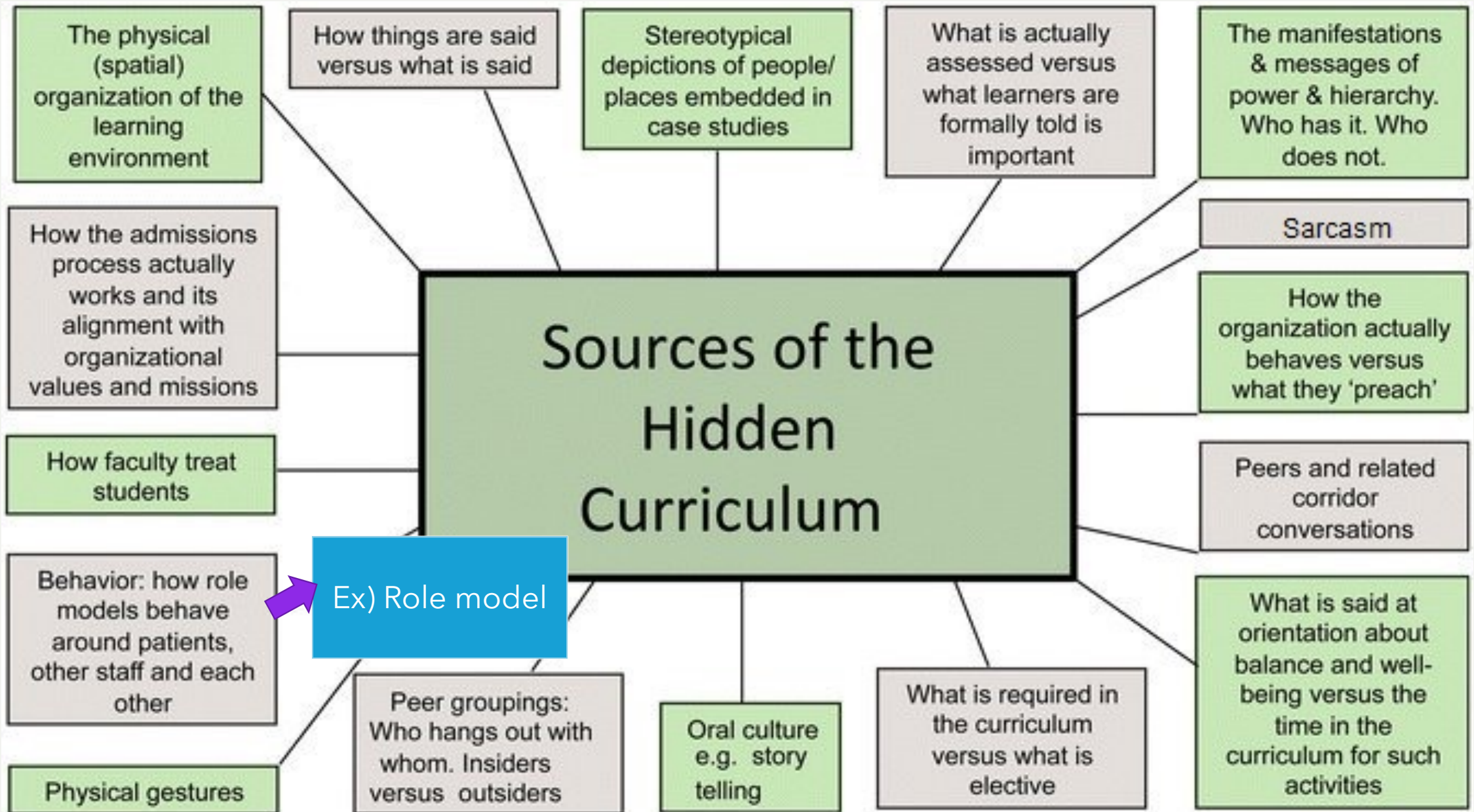
Image from [My Aspergers Child](#)

# Sources of HC





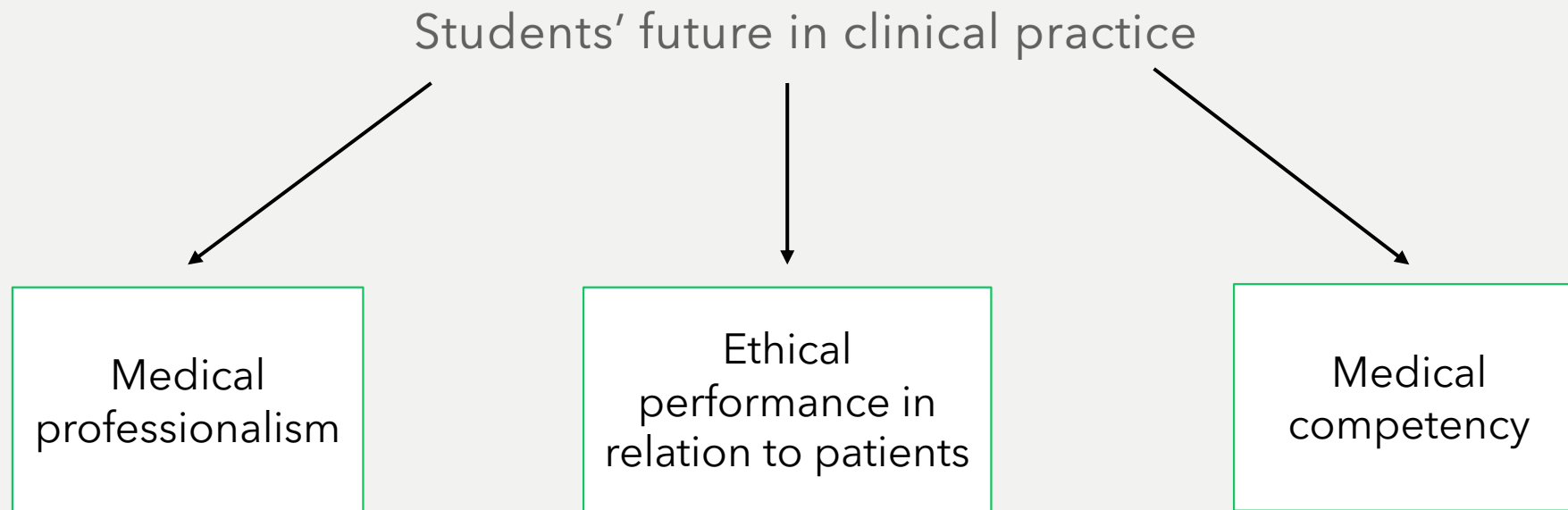






# Impact of the Hidden Curriculum (HC)

- Students, physicians, teachers, patients, and administrative personnel
- Impact of HC on medical students → health system



# Negative and Positive impact of HC

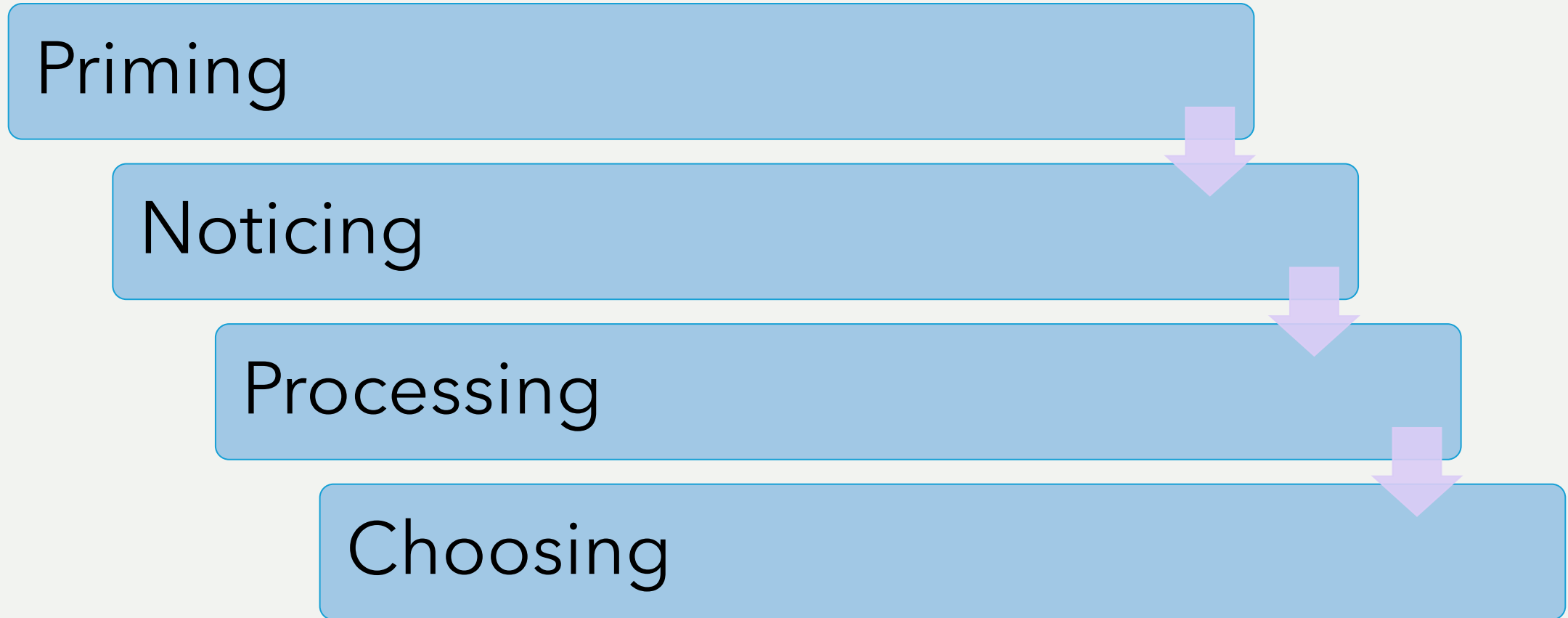
## Negative

- Lack of accountability to patients
- Health practitioner overload
- Teachers' negative attitudes

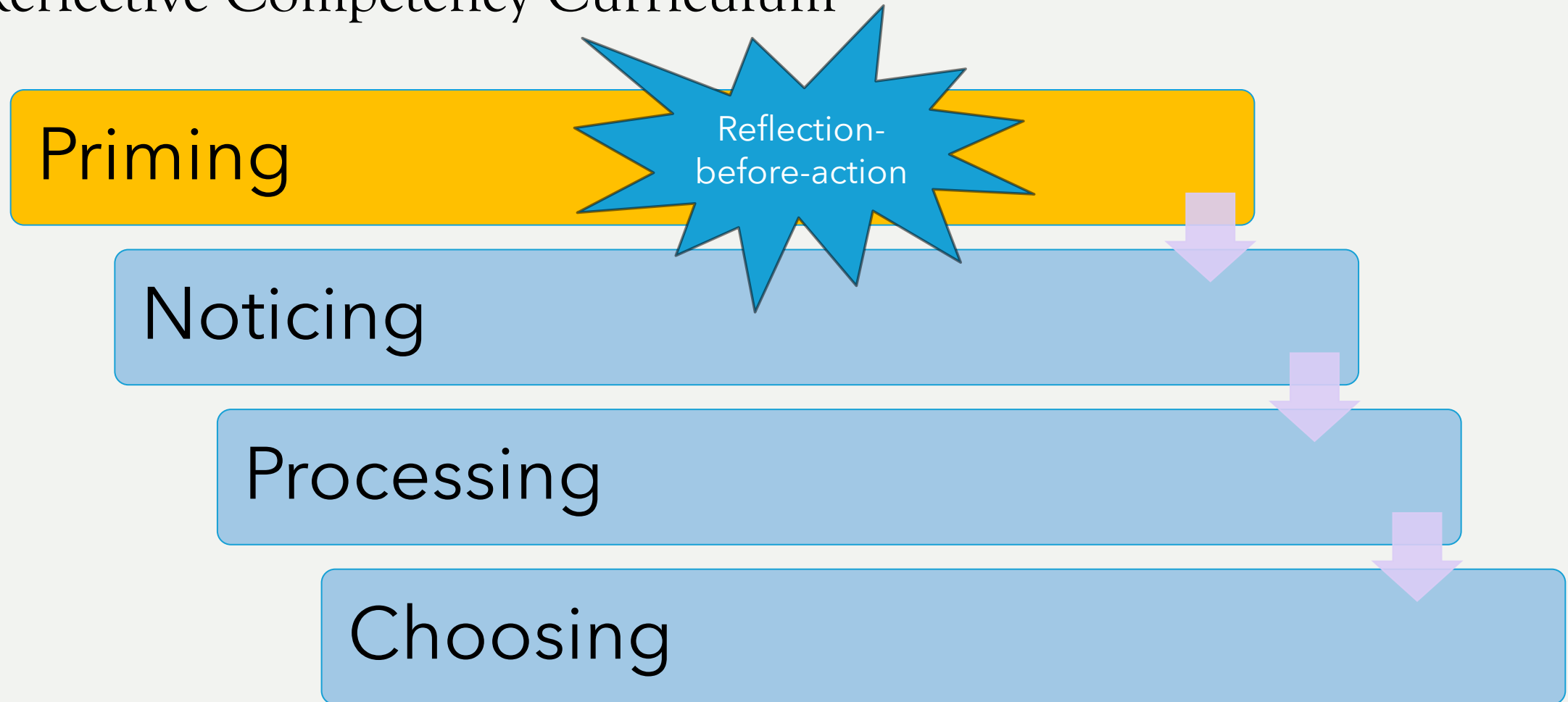
## Positive

- Kindness through positive role modeling
- Elimination of hierarchy
- Environment of transparency

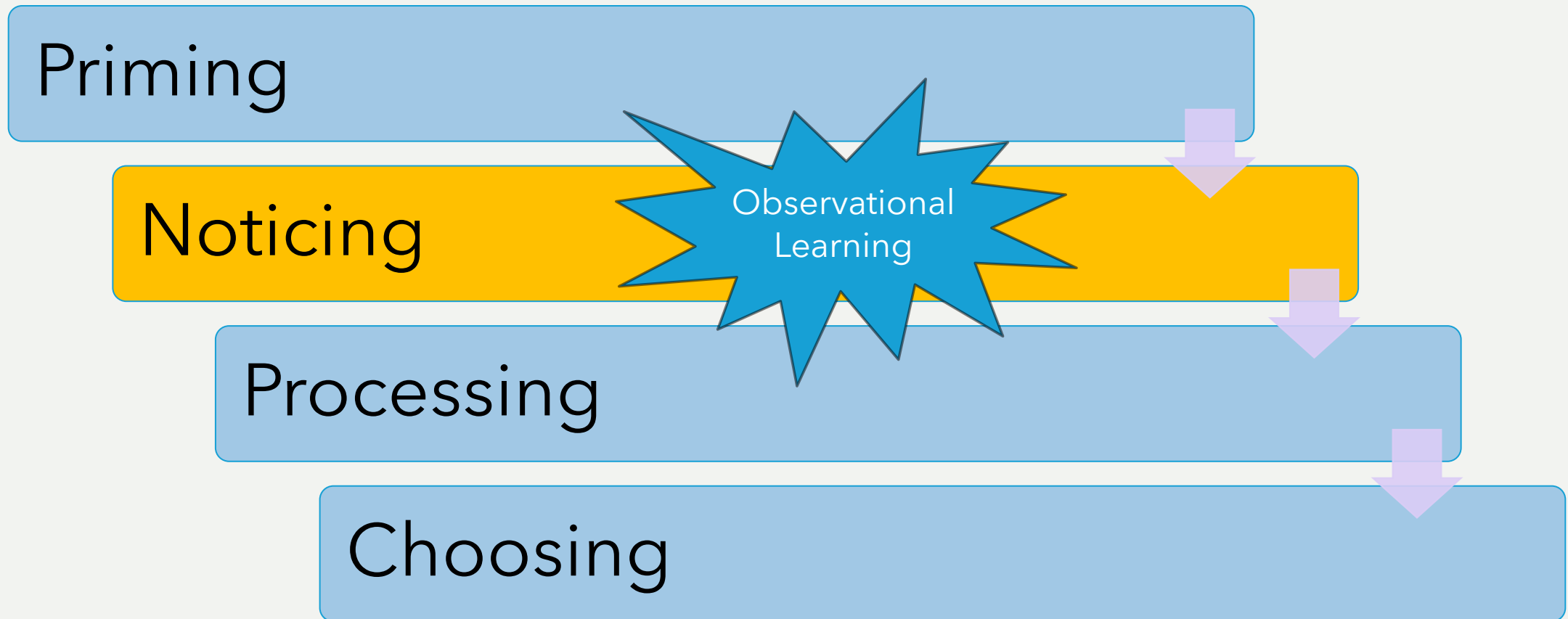
# Reflective Competency Curriculum



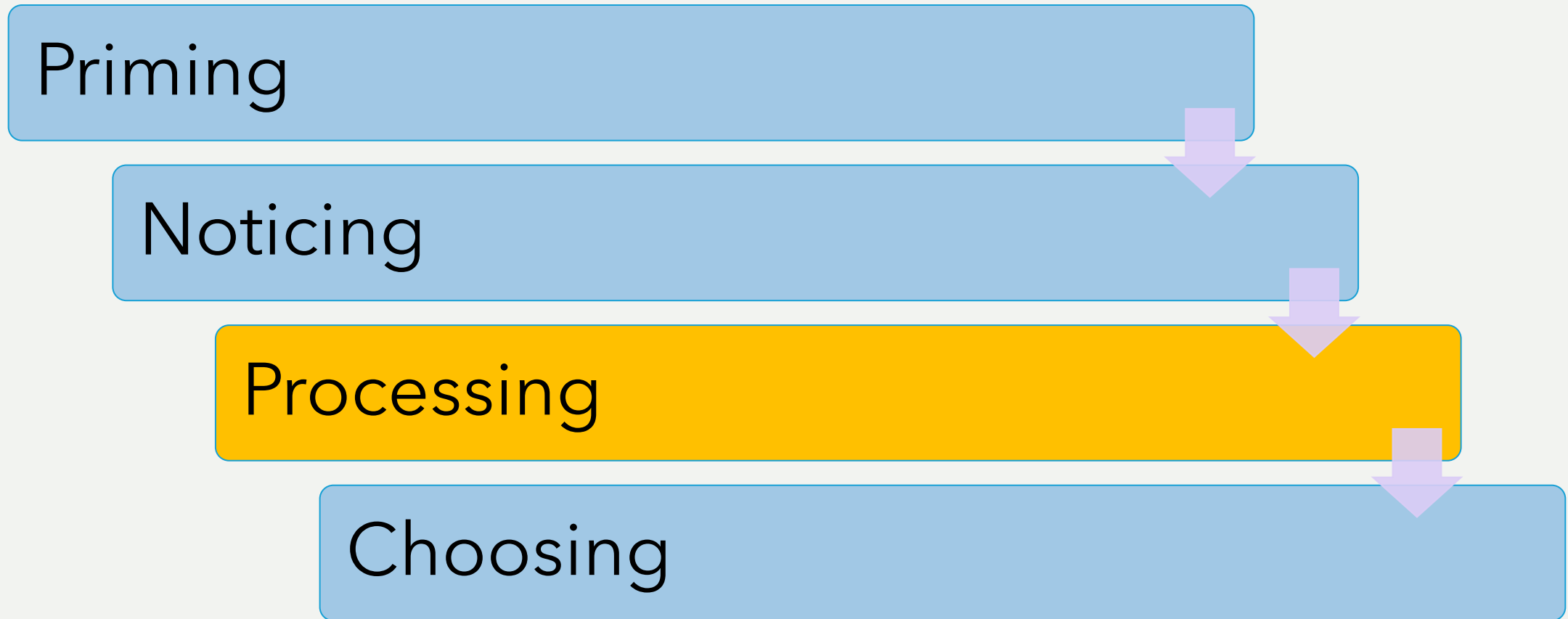
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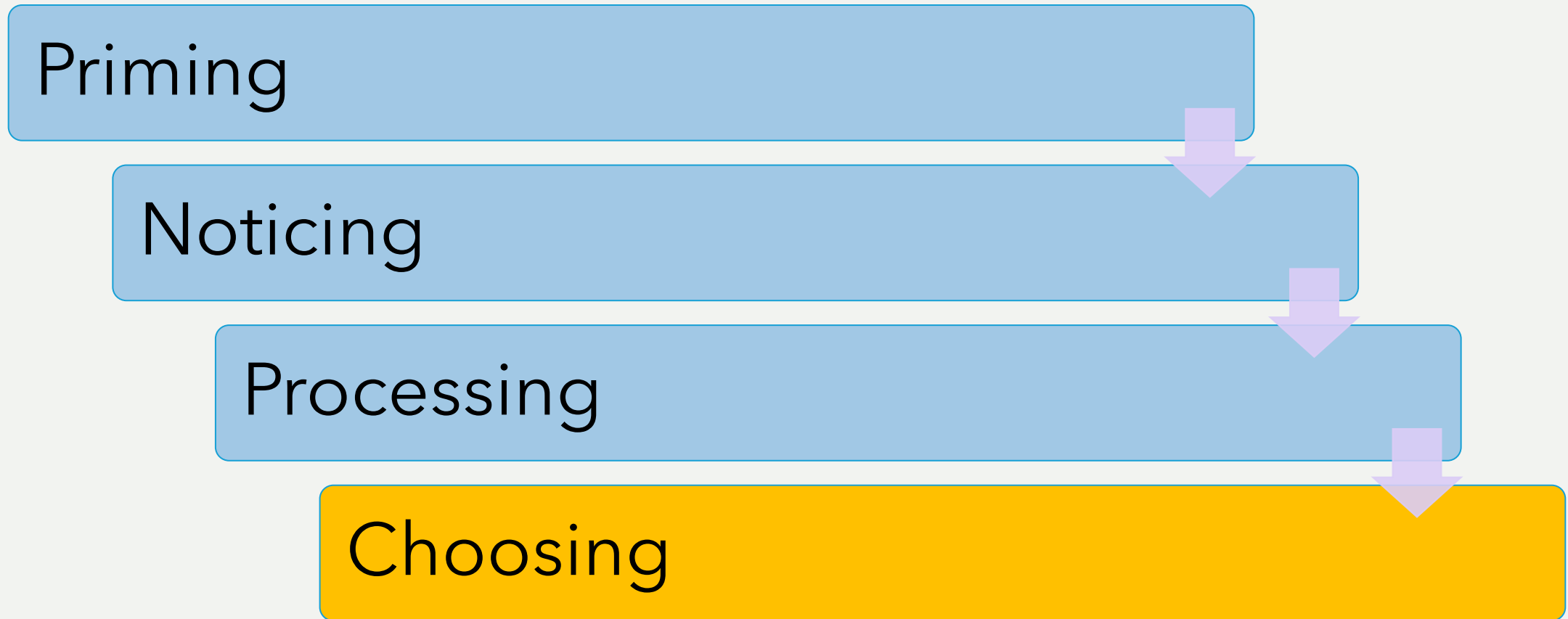
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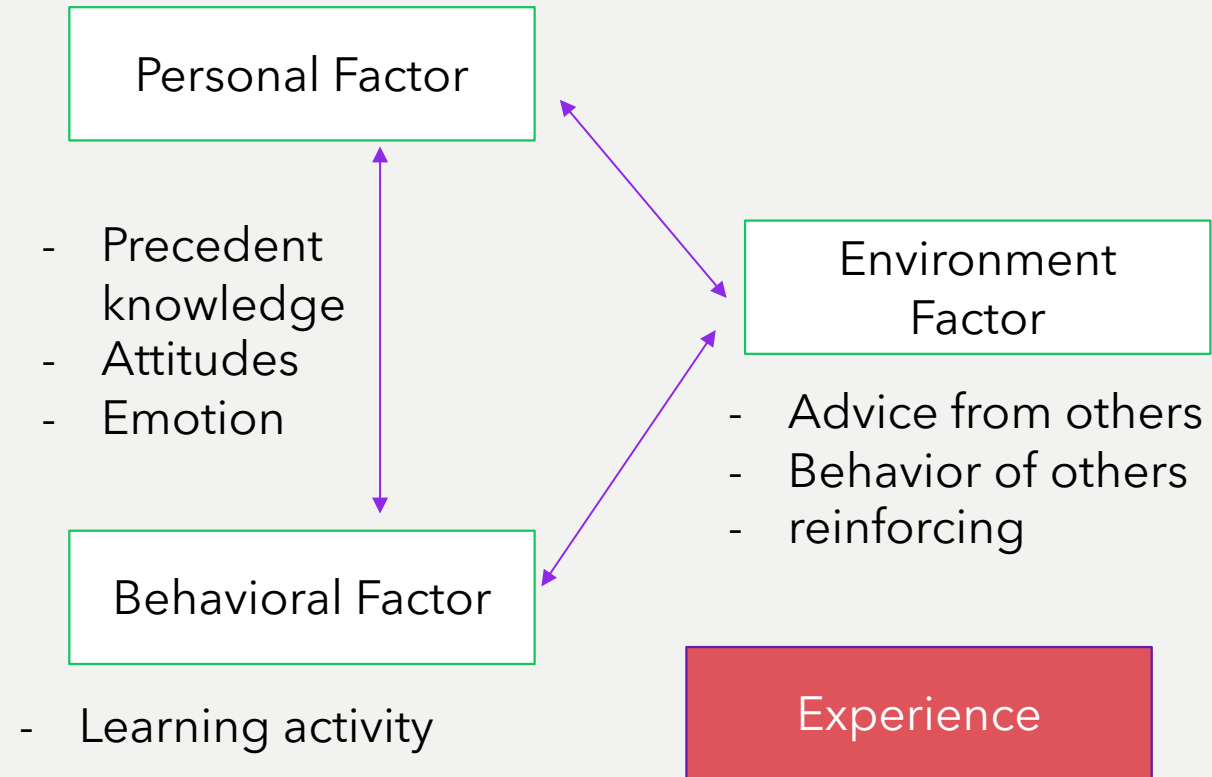


# Feedback after research meeting group discussion

- Based on experience senior doctors that see young doctors work late = diligent, if not = not diligent → “Hidden curriculum”
- Based on assessment framework and culture of workplace
- Observation based → hidden curriculum, but orientation is needed and if good personality/bad personality of senior doctors is witnessed it is up to the student to grasp on either one → negative aspect



# Social Learning Theory (Bandura)



- Occupation therapy (Pediatrics etc.)
- Student's interest depends on teacher's skills
- Not only content but how the teacher teaches (Positive, motivating etc.)
- HC in Uzbekistan: teacher's need to document what they taught to who and details
- Reflective cycle