



The hidden curriculum of patient- centered care; Narratives from medical students

Karolina Doulougeri¹, Efharis Panagopoulou², Anthony Montgomery¹

¹Department of Educational & Social Policy, University of Macedonia, Greece

² Lab of Hygiene, Medical School, Aristotle University of Thessaloniki, Greece

Introduction

Not all of what is taught during medical training is captured in course catalogs, class syllabi, lecture, notes and handouts.... Indeed, a great deal of what is taught – and most of what is learned – in medical school takes place not within formal course offerings but within medicine’s “hidden curriculum.”

Frederick Hafferty (1998)

Characteristics of the hidden curriculum

- Often does not support core values of honesty, integrity, caring, compassion, altruism and empathy
- Contributes to cynicism toward patients, teachers and the profession
- Impacts perception of the doctor- patient relationship

Patient centered care (PCC)



- “...care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient values guide all clinical decisions” (IOM, 2001)
- A growing body of empirical evidence demonstrates that PCC is associated with a number of favorable biomedical, psychological, and social outcomes
- The implicit “hidden curriculum” strongly influences medical students’ perceptions of the importance of PCC

Aim of the study



- Even though widely studied globally, the hidden curriculum in Greece is unexplored
- Apart from the formal curriculum we need to identify what our medical students learn informally during their training

Objective

- To explore students narratives of patient- centered care

Personal incident narrative



According to the definition of a personal incident narrative, it presents the following elements:

- a summary of the incident
- the orientation (time, place, participants)
- the complicating action (sequence of actions, turning point, problem)
- the evaluation (the narrator's commentary)
- the coda (return to the present)

Labov and Waletzky (1967)

Collecting sensitive data



Data collection

- ❑ Collecting data about HC can be sensitive
- ❑ Medical students, participating in a Communication Skills Course, were trained to conduct interviews
- ❑ Interviews conducted by medical students (52 out of 90 participating in the elective course)
- ❑ Students were trained by researchers
- ❑ Optional non-graded assignment
- ❑ Each student was asked to do 2 interviews

Methods



- The study was conducted in one medical school
- Medical students across all years were eligible to participate

Students were asked the following questions

- *Describe an event that occurred during your training and you still remember*
- *What happened exactly?*
- *What was the learning outcome of all this?*

Data analysis



- Data were de-identified and transcribed
- Thematic content analysis
- Reading and rereading narratives until themes emerge
- Code was created with the first 30 narratives
- A narrative could be coded more than once

Reliability

- ▣ One researcher created the code and then another independently reviewed the work.

Results



Demographic characteristics

- ❑ 104 medical students participated in the study
- ❑ 67.9% clinical students (4-6th year)
- ❑ 74.3% female students

Only narratives involving interaction between doctor and patient (observed) or interaction between medical student and patient (participating) were further analyzed.

Results



77 incidents of PCC out of 104 (74%)

- Positive incidents (PCC was provided) (N= 14)
- Negative incidents (PCC was not provided)(N= 63)
- Observed Incidents (N=48) Participating incidents (N=29)
- 80% of the incidents had occurred during the last academic year
- Incidents take place in hospital
- Main people participating in the incidents were: students, doctors, residents and patients/family

Positive incidents Observed

- A doctor listening and responding appropriately to patients concerns
- A doctor handling appropriately a difficult patient
- A doctor showing respect to patients/family
- A doctor showing respect and give equal attention to patient of an ethnic minority
- A doctor overcoming language barriers to help a patient

Negative incidents observed

- A senior doctor being rude to a patient/accompanying person
- A doctor ignoring patient questions
- A doctor ignoring patient suffering
- A doctor not respecting patients' privacy/dignity
- A doctor withholding/hiding important information from a patient
- A doctor compromising patient safety

Negative incidents participating

- Performing medical procedures without consent/supervision

Examples of PCC

During our visit to a patient, in a very serious condition, she asked the doctor “am I going to die?” the doctor approached her, held her hand and answered to her- “don’t be afraid, we will whatever is possible to help you”, I found his behavior exemplary, I want in the future to show the same interest for my patients” (male, 4th year)

After a serious car accident, an old man, who had been injured in the accident, was asking about his wife. Even though he was surrounded by many doctors who were taking care of him, nobody was answering to his questions. Only one young resident finally approached him and informed him for the condition of his wife. After this event, the patient, during his stay at the hospital was talking only to her and showing his gratitude. She was the only one who understood his anxiety” (female, 5th year)

I will never forget a doctor in the emergency department who showed so much interest to help a patient from another country and even though they could not speak any common language, he didn’t give up but he did his best to help him (female 3rd year)

Examples of compromised PCC

Compromised patient safety by healthcare professionals

“During the lesson in the ward, the doctor examined with his bare hands 3 consecutive patients, without washing his hands in between” (female, 4th year)

“The doctor was explaining the use of an external pacemaker- which was supporting a patient after the surgery- While the patient was conscious and could listen to what the doctor was explaining to us- the doctor removed the battery of the external pacemaker for few seconds- making a joke that the battery is crucial for the survival of the patient” (female, 4th year)

Examples of compromised PCC

Compromised patient dignity by other healthcare professionals:

“My supervisor made a derogatory comment for the educational level and ethnicity of the patient in front of him”(female, 3rd year)

“A doctor was asking a patient to undress in the corridor in front of some other patients but she was refusing and asking some privacy, the doctor ignored her request, he simply said that “we don’t have time for these things now”, and at the end he examined her in the corridor (male, 5th year)

Examples of compromised PCC

Doctor being rude / sarcastic to a patient

A doctor announced to a patient without -approaching her- that she had to move to the surgery department. When the patient, worried asked for clarification, he started shouting "I said a very simple phrase, what didn't you understand...I don't care where you will go, I just want you to leave this room now" (female 6th year)

We were examining a patient before a serious operation. When we finished the examination- the patient kindly told us- "thank you and have a nice day"- the doctor answered to her- "we ll for sure, but I cannot say the same for you" (female, 4th year)

Examples of compromised PCC

A doctor ignoring patient suffering

A 9 year old boy was in Emergency with a broken arm and was crying, while waiting for 40 minutes- when I asked a resident to look after the child because it was suffering- he said in front of the mother and the child- unfortunately I don't have time now- and he left (male, 3rd year)

While we were having a lesson in the ward, a woman to a bed next to us was screaming from pain, asking for some painkillers. The doctor did not even turned his head to look at her and he continued talking to us (the students). I couldn't believe that a doctor could be so indifferent and distant in front of human suffering (male, 5th year)

Examples of compromised PCC

Students performing exams without consent

“An old lady was refusing to undress and be examined by the students- The doctor was trying to convince her for about 15 minute in front of other patients and medical students, she looked really embarrassed and uncomfortable- I felt pity for her- at the end he (the doctor) told her that she did not have another option so she removed her blouse without saying anything so we all- 12 students- could examine her” (male, 4th year)

Our supervisor sent us to take history and examine a patient- while he was sleeping- he encouraged us to wake him up (female, 4th year)

Most common reaction



Shock

"I was shocked...but I could not do anything"

Sadness

"I felt terrible and I couldn't stop thinking of it for many days"

Anger

"That event still makes me angry, because I let a patient be humiliated in front of me"

Denial

"I didn't want to believe that the doctor was listening to the patient screaming from pain, and he was ignoring her and continuing the lesson"

Coping with it...

- **Inaction due to low position in hierarchy**

“I couldn't do anything, as a student who am I to judge and criticize my supervisor's behavior”

- **Discussing with peers**

“When the incident happened, I didn't do anything, but I know all my fellow students thought the same as me and we commented doctor's behavior after the lesson”

- **Trying to comfort the patient**

“We couldn't do anything for the rude behavior of the doctor, only try to tell the patient not to be sad”

- **Justifying doctors behavior**

“I think doctors are humans, all this pressure and demands, sometimes they just cannot tolerate it any more”

- **Putting emphasis on clinical competencies**

“I was very surprised with her behavior towards the patient, because she is very good at her job”

“Good learning”

- ❑ **Opportunities for reflection in core qualities of good doctor**

“patience, good listening skills, respect”

- ❑ **Feeling more prepared to react more actively on similar events in the future**

“I felt unprepared to react, next time I observe such a behavior, I will challenge it”

- ❑ **Developing empathy for patients**

“for the first time I realized how insecure a patient might feel”

“this incident helped me see also the perspective of the patient, I wouldn’ t like to be sick and being treated like this”

“Bad learning”

- ❑ **Students believed they had to learn to muzzle their emotions**

“you have to seem strong and certain in front of the patient, you cannot seem weak or insecure, because he will not trust you”

- ❑ **PCC is a luxury but not as important as clinical skills**

“It is nice if you have time to listen to your patient and maybe give him/her some courage, but you are really there to cure them, that's what you are paid for”

- ❑ **PCC can be compromised for meeting learning needs**

“Sometimes to meet the teaching demands, patients come in second priority, but that's the way it is, we also have to learn”

Conclusions



- Clinical students' narratives provide rich data regarding the hidden curriculum of the medical school
- Students are exposed to various experiences both negative and positive experiences but they recall easier the negative ones
- Unprofessional behaviors are acknowledged but medical students, who try actively to make sense of them and justifying them
- PCC can be compromised to meet students needs but this does not seem very serious to them
- Clinical students viewed the existence of a strong hidden curriculum as a necessary part of the medical culture
- The need for emotional distance- regulation-management was evident

Limitations



- ❑ Single institution
- ❑ Students described the HC of their own medical school
- ❑ Most participants were female and clinical students
- ❑ Small sample size

Future Directions



Suggested changes to the curriculum

- Earlier contact of students with patients
- Communication skills lab
- Integration of theoretical knowledge and clinical practice-aligning the formal and hidden curriculum
- Training the trainers in issues of communication, patient-centered care and professionalism
- Mentoring



2nd International Meeting on Well-Being and Performance in Clinical Practice



18-22 May 2016
Chalkidiki, Greece

<http://wellmed.gr/>

**Abstract submission:
October 15th 2015**



Thank you!

Contact:

karolina.doulougeri@gmail.com