

The Hidden Curriculum.

All learning is influenced by the student teacher relationship, be it the Ekalavya-Dronacharya dyad or be it the E. R. Braithwaite classic “To Sir, With Love”. This is especially true for medical colleges and even more so for clinical learning in medical curriculum. This socialisation process of medical training governed by a set of implicit premises that are not mentioned in the explicit medical curriculum, course syllabi or professional oaths, has been variously named in the medical literature as The “informal curriculum”, the “meta curriculum” or the “hidden curriculum”.

For a good and enriching student teacher relationship, qualities such as emotional investment, collaboration and flexibility are required in both the participants. Mindful consideration of group dynamics is also essential because student teacher relationships are hardly ever isolated. Not paying due attention to this aspect often leads to erosion of student attitude and resultant erosion of public trust.

Students must have a high motivation to learn, be actively engaged and very attentive to what is being said and what is not being said; ask questions if they do not understand rather than be apprehensive of exposing the uncertainty or lack of their knowledge. Further, they must learn to construct meaning from the ideas they receive, connect them with their previous experience and knowledge, and finally, make independent and balanced judgements and decisions. Postgraduate medical students in particular, are students as well as teachers at the same time. Being continuously aware of that, it is their ethical duty to pass on their knowledge, skills and experience to their juniors.

Teachers on the other hand are role models for their students at the time of the residency, as well as throughout the professional lives of their students, and their influence cannot be overemphasised. A generous, patient and warm imparting of their knowledge and skills honed by long experience is due every moment. In this day and age of Google, when there is an information overload, it is up to the teachers to teach their students how to filter and also clarify the difference between information and knowledge.

It is alright for teachers not to know each and every detail, and sometimes, even admitting to learn from students – defying the concept of absolute hierarchy of teachers being the expert and the students being the ‘tabula rasa’. The things to be avoided are – favouritism, teaching by intimidation, and public shaming and humiliation.

Having well established departmental protocols of duties and work system helps a lot. While assigning extra-curricular duties, it is always wise to keep in mind the students’ personhood. There is no asset like keeping the channels of communication open - teachers being available and the students being bold. Other strengthening mechanisms are – self reflection, essay writing, creative outlets, time management, short breaks, regular balanced diet, and regular exercise. The flipside of the whole issue is over involvement and undue intimacy between students and teachers, which should be avoided – here again, professional protocols help.

This issue and many others cause a lot of stress to medicos, and may result in psychological and academic harm. We, at the B. J. Medical College, are proactively concerned and have suggested a “walk-in student counselling clinic” for all medical colleges of our state, and it is a happy state of affairs that our State Government Health department is seriously considering the same.

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