



The Hidden Curriculum:
*When Beliefs and Bias
Become the Lesson*

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Office of
Faculty Development
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Housekeeping

- Session is being recorded
- Closed captions are on (you can turn off, if you like)
- Stay muted when not speaking
- Interactive session – use hand raise or put your question in the chat
- AI bots/ automated tools will be removed



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Attendance

This session is accredited by the Continuing Medical Education Accreditation Committee (CACME) to provide CPD credits for physicians.

It qualifies as an Accredited Group Learning Activity (Section 1) under the Maintenance of Certification Program by the Royal College of Physicians and Surgeons of Canada and has received approval from UBC CPD.

Participants may claim a maximum of **1.5** hours of credits, which are auto-calculated. The activity also meets the certification criteria of the College of Family Physicians of Canada and has been certified by UBC CPD for up to **1.5** Mainpro+® Certified Activity credits.



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Agenda

Time	Topic	Facilitators
5:00-5:05pm	Welcome - Introductions and Housekeeping	Tejal Sharma
5:05-5:35pm	Didactic Presentation	Dr. Cheryl Holmes
5:35-5:55pm	Small Group Breakout Scenario 1	Group 1
	Small Group Breakout Scenario 2	Group 2
5:55-6:25pm	Large Group Discussion Scenario & Debrief	All – Cheryl to lead
6:25-6:30pm	Evaluation and Closing	Tejal Sharma



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Land Acknowledgement

*Artist Smoker Marchand, Westbank First Nation
Okanagan Syilx Peoples*



Disclosures

- ✓ I have no industry interests to disclose

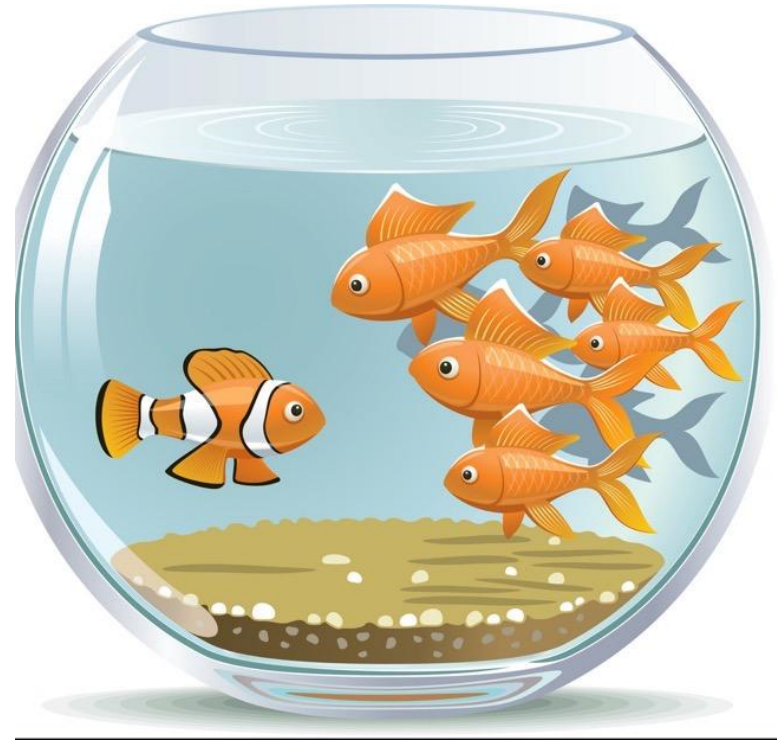


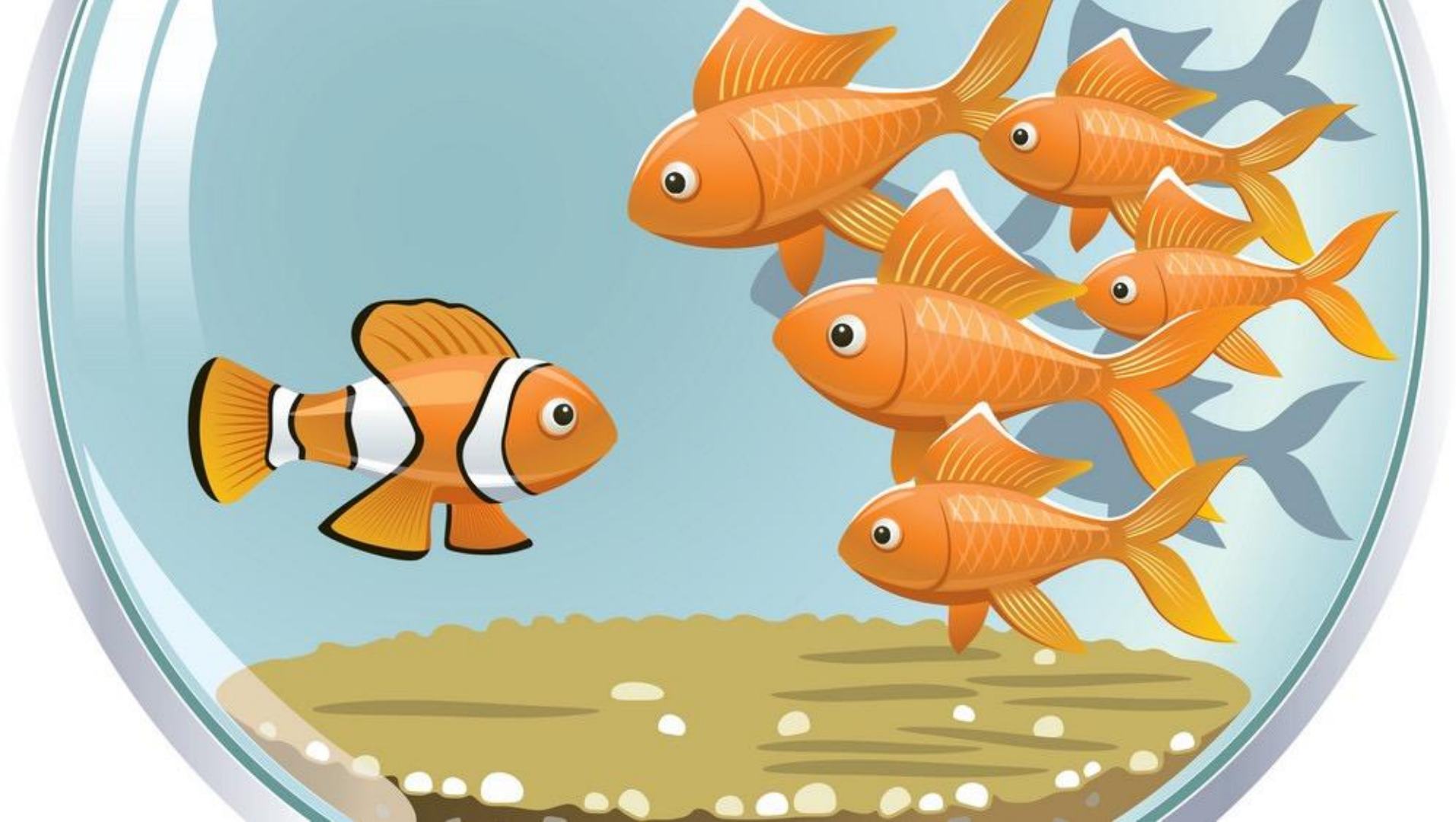
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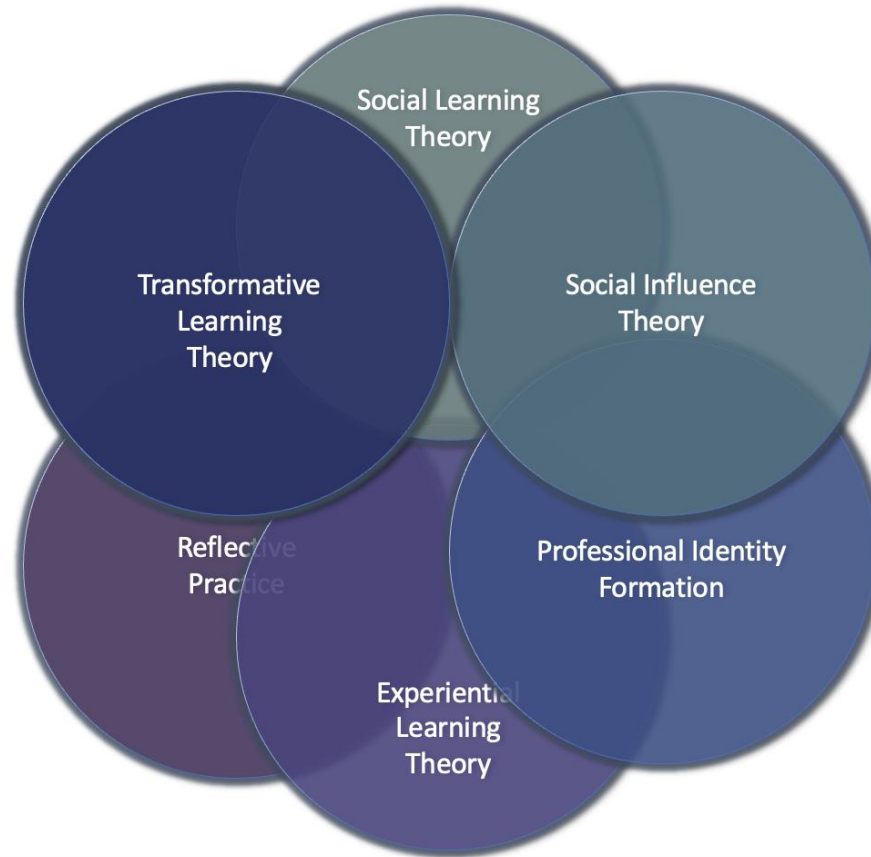


Learning Objectives

1. Identify how personal beliefs and bias shape the hidden curriculum and influence learner experience.
2. Recognize and manage emotional triggers to maintain psychological safety during coaching conversations.
3. Use coaching strategies that validate learners and avoid unintentionally transmitting harmful hidden curriculum messages.









Choosing

*Enabling our students
to intentionally select behaviors
that validate & reinforce
their best medical identity*

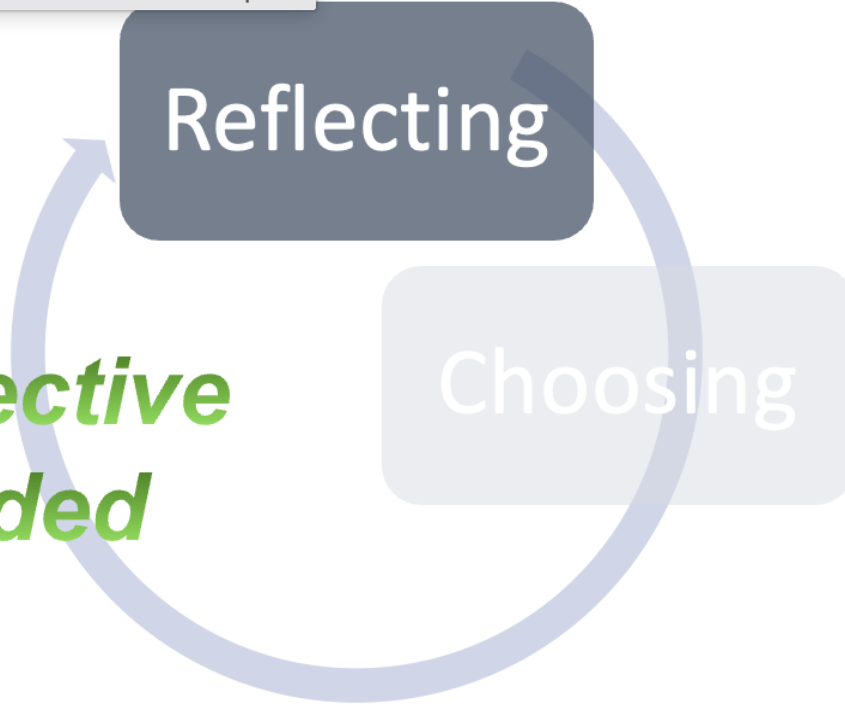
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Reflecting

Choosing

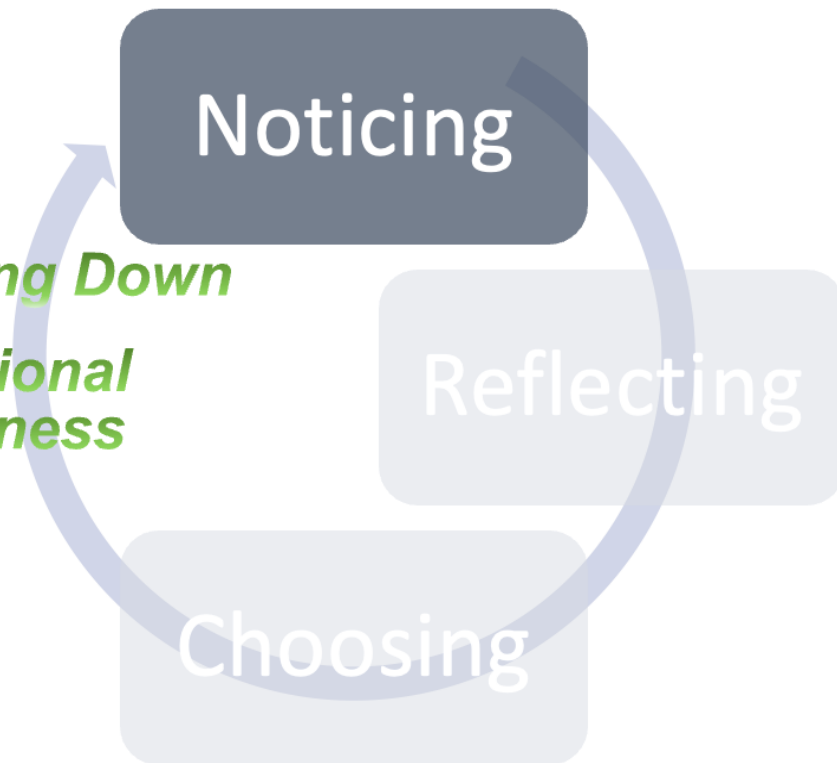
****Collective***

*****Guided***



Font Color

- 1. Slowing Down***
- 2. Situational Awareness***



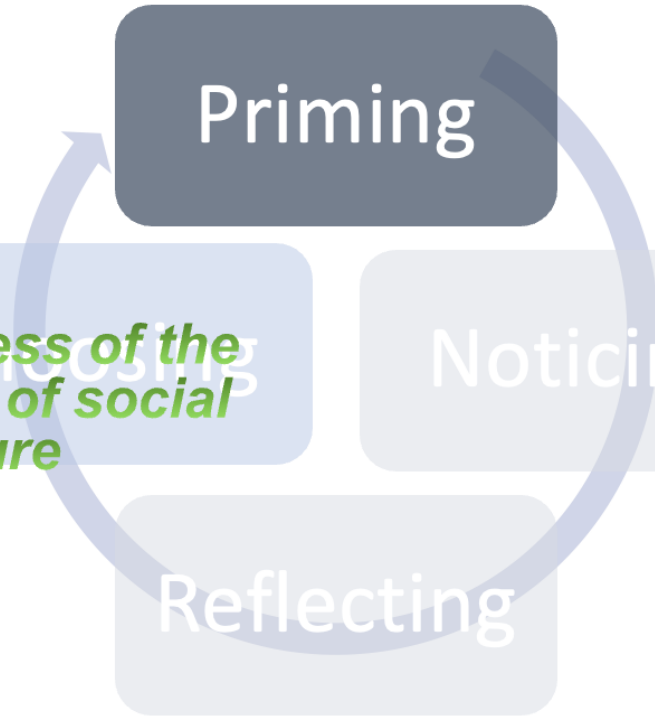
Priming

*Awareness of the
power of social
pressure*

Choosing

Noticing

Reflecting



Student Voice Project

Piloted 2015-2016
Reflection-based course
12 students (first year of clerkship)



Holmes CL, Harris IB, Schwartz AJ, Regehr G. 2015.
Harnessing the hidden curriculum: a four-step
approach to developing and reinforcing reflective
competencies in medical clinical clerkship.
Adv Health Sci Educ Theory Pract. 20(5):1355-1370.

Student Voice Project

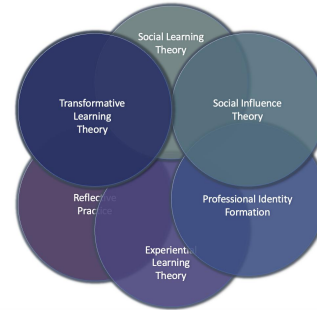


Priming

Noticing

Processing

Choosing



Holmes CL, Hubinette M, Maclure M, et al.
Reflecting on what? The difficulty of noticing formative experiences in the moment.
Perspectives in Medical Education. In 2019.

Relevant Findings: Student Voice Project

- ✓ Created a safe environment
- ✓ Successful at “unhiding” the hidden curriculum
- ✓ Recognized when they were conforming
- ✓ Supported their resilience
- ✓ Co-constructing understanding and strategies

Holmes CL, Hubinette M, Maclure M, et al.
Reflecting on what? The difficulty of noticing formative experiences in the moment.
Perspectives in Medical Education. In 2019.

[illegible]

Social Learning Theory

“We are like sponges! Don't let us pick up your bad habits”

“Your behaviour as staff determines what is permissible.

If you speak disparagingly about a patient, it now becomes permissible for others to do the same.”



Social Learning
Theory

*"I was amazed with how much my preceptors'
attitudes towards a patients' illness...
affected my personal attitude
and how difficult those attitudes/prejudices
were to correct once established".*





*“We carry with us, for a long time, the things
faculty say and do...”*

*I can remember a preceptor who thought it'd be
funny to tell a racially charged joke...*

not realizing that I was a part of that race.”

Professional
Identity
Formation



“I wish this divide between specialists and GPs did not exist since really we’re caring for the same patients”.

“From many specialists I have heard the terms “lazy” and “stupid” being used to describe GPs”



*“We are not the lazy generation.
It is demoralizing and exhausting feeling like
we need to prove ourselves all the time”.*



“...no one is immune to prejudice or misplaced conceptions.

Unfortunately, these things are part of medicine and we are all vulnerable and likely to develop some however, the course did teach me that these are correctable and

the first step is to take the time to reflect, and recognize.”



“When intense conversations or situations happen quickly, stopping to ask if the student... has any questions or concerns about how something went opens up the floor and can avoid any undue impact of the hidden curriculum by **allowing them to ask about it**”.



"...our preceptors are not always right. In other words, I realized things don't have to be certain way. I have the power to recognize issues and ensure that they are not carried forward into my own practice..."

I do not need to carry the prejudices and perceptions of my preceptors."



*“Another significant tool ... **the capacity to notice** when patients were being treated a way I didn't agree with or when an environment was unnecessarily unpleasant.*

*Once I **notice** these things I try to set internal "**alarms**".*

*These "alarms" serve as personal reminders that I hope to use as tools **to recognize signs of burn-out or prejudice within myself and correct it early.**”*

Breakout Activity

Instructions:

1. Link to the scenarios in the chat
2. Discuss in small groups (10 mins per scenario)
3. Identify one person to share with the large group
4. Groups will close after 20-minutes



Scenario 1:

You are coaching a third year Portfolio in person group session. The conversation and sharing has focused quite a bit about the various systemic stressors the students are experiencing and how it's impacting their clinical experiences, learning, and mental health.

Themes include:

- over worked, jaded, and seemingly unhappy preceptors
- the impact the unprecedented lack of access to primary and urgent care is having on patient care and the learning experience.
- widespread clinical staffing shortages at all levels, that impact patient care and the learning experience
- difficulty envisioning a healthy work-life balance while needing to choose a career that will allow them to afford the ever-increasing cost of living

One student, while reflecting on a recent chaotic and troubling emergency medicine shift, states: “If I had known that medicine was going to be like this, so broken and stressful, I don’t think I would have gone into it at all...”

The rest of the group appears similarly worried and distressed. A few nod in agreement.



Scenario 2:

You are a Portfolio coach who is coaching a small group session with your year 2 Portfolio students around preparing for the transition to clerkship. One student brings up that they are feeling quite upset after reading an article in the Globe and Mail about the high incidence of mental health challenges of medical students that included an interview with a family member of a medical student who died by suicide.

The student expresses their overwhelming concern about entering clerkship given what they have heard about the long hours, increased workload, possible mistreatment they will experience and lack of ability to have any work-life balance. Another student responds by providing some tips on how they plan to get through clerkship and the first student expresses frustration that “They must all just get through it” and asks, “Are medical schools just waiting for another death?”



Discussion Questions:

- What is important to note about this scenario?
- What is/are the coaching challenges in this scenario?
- What are some options to respond to this?
- What are the issues for you that might limit your efficacy as a coach in this scenario?



Key Coaching Principles

1. Check your own emotional response / beliefs / attitudes
2. Validate first, reframe second
3. Name systemic contributors
4. Invite meaning, don't impose it
5. Avoid toxic positivity
6. Contain the energy, don't amplify it



Personal beliefs that might limit my effectiveness include:

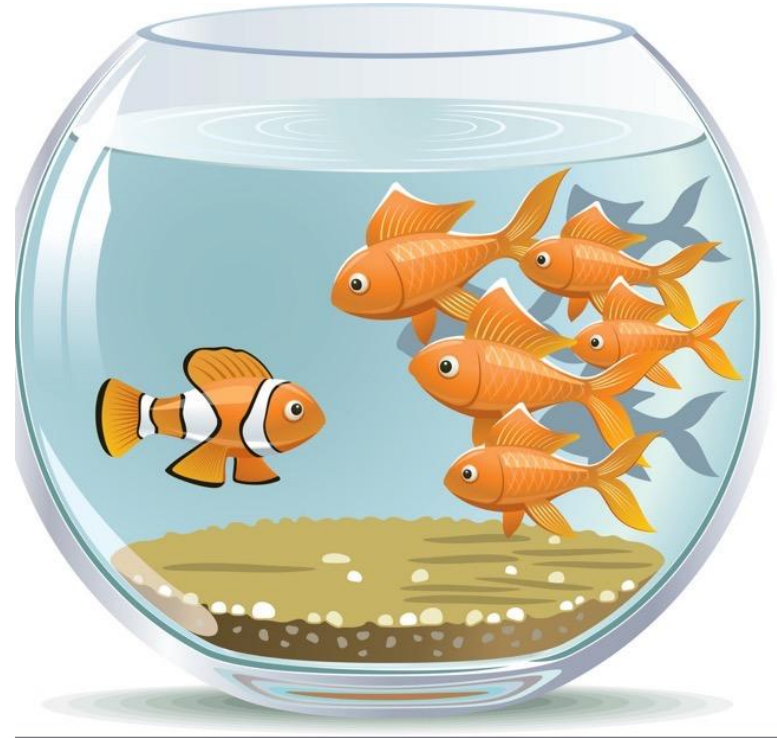
- Tendencies toward **reassurance**, **minimization**, or **defensiveness**;
- Deep emotional reactions shaped by my own past;
- Over-identification or under-identification with the distress; and
- Assumptions about how clerkship “should” be or how learners “should” cope.

Recognizing these beliefs allows me to pause, self-regulate, and choose responses grounded in the needs of the students—not in my own narratives



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Feedback

Thank you!

Please scan and complete the evaluation!



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