Microbiology

STUDENT 'S PERCEPTION OF THE HIDDEN CURRICULUM IN AIMSR.

Dr G.Pavani*	Professor , Dept of Microbiology, Apollo Institute of medical sciences and research, Hyderabad *Corresponding Author
Dr Tina Priscilla	Assistant Professor ,Dept of Dermatology, Apollo Institute of medical sciences and research, Hyderabad

ABSTRACT
INTRODUCTION : The impact of hidden curriculum on the medical students is huge. As the students tend to internalize and perpetuate the patterns of behavior and values that surround them,it becomes particularly relevant for medical teachers to study the hidden curriculum in their respective institutions.
METHODS: A Cross sectional study was conducted in AIMSR for a period of 6 months involving final MBBS students . A well structured questionnaire was used as a tool for data collection from students . Mean scores of opinion of the students regarding the statements in the questionnaire were tabulated and data analysed using SPSS software using Descriptive statistics analysis method.
RESULTS : Out of the 44 items in the questionnaire , student's perception was positive for about 36 items suggesting that these item areas are satisfactory in our institute. Perception of students was not satisfactory for 8 items.
CONCLUSION :. Students' reflections on the hidden curriculum are a rich resource for gaining a deeper understanding of the hidden curriculum of an institution. Medical teachers can use these results to reform, revise, and humanize clinical medical education . Review is a promising approach for addressing the hidden curriculum .

KEYWORDS : Hidden Curriculum ; Medical Institution; Student Perception

INTRODUCTION:

The curriculum is a sophisticated blend of educational strategies, course content, learning outcomes, educational experiences, assessments, the educational environments [1]. No account of the curriculum content would be complete without reference to the concept of the hidden curriculum [2] Though medical schools established more formal courses and rituals that focused on communication, compassion, and humanism, they were still turning out medical students who demonstrated an erosion of relationship skills as they progressed through their education. This raised the question: What is the culture of medicine? The culture of medicine depends on the teaching of hidden and informal curricula to medical students .[3] The 'hidden' curriculum is the informal learning in which students engage in an institution and which will affect learner indirectly. [4] Hidden curriculum usually deals with attitude, values, beliefs and behaviours that have a profound influence on the behaviour of the future practicing physicians graduating from an institution .[5]

The impact of hidden curriculum on the medical profession is huge. [6] It shapes their basic assumptions about what are "acceptable" and what are "unacceptable" medical practices[7] .Identifying ,extracting and analyzing elements that comprise the hidden curriculum are definitely challenging .Further ,there are no established methodologies to categorise and document the components and contents of the hidden curriculum and assess it .[8]

As the students tend to internalize and perpetuate the patterns of behavior and values that surround them,it is important for medical teachers to study the students perception of the hidden curriculum in their respective institutions. Hence we have conducted the study to extract , identify and analyse the student's perception of the Hidden curriculum in our institution .

M ETHODS

A cross sectional descriptive study was conducted in Apollo institute of medical sciences and research ,Hyderabad for a period of 6 months from December 2018 to May 2019 involving 102 students. Institutional research committee approval was taken.Inclusion criteria : All the final MBBS students who are in their last clinical posting who have consented to participate in the study were included in the study .Exclusion criteria : All the final MBBS students who are in their last clinical posting who have not consented to participate in the study.

A well structured prevalidated anonymous questionnaire was used as a tool for data collection from students which included 44 items . Few items of the questionnaire were taken from the Dundee ready

educational environment measure (DREEM) instrument .[6]

Questionnaire:

Statements in relation to relationship of the teachers with the students and staff	Mean Score
1. Relationship between teachers and students is good.	
2. Teachers provide guidance and are cooperative when the students are in stress.	
3. Teachers provide advice and counsel to students when they need.	
4. Never any teacher insults students in front of patients or others in the class or ward.	
5.Teachers are never biased to students according to their family status.	
6. Teachers are never biased to students according to their gender.	
7.Teachers are never biased to students according to their religion	
8.Teachers are never biased to students due to any other reasons	
9.Never doctors / teachers insult staffs in front of patients and others in the class or ward.	
10.Never any teacher becomes angry in the class.	
11. Teachers get annoyed with some students.	
Statements in relation to relationship and interaction of the doctors /staff with the patients and their attendants	
12.Doctors always behaved well with the patients	
13.Doctors always behaved well with the patients' attendants	
14.All doctors behave equally with the patients. (Never biased to patients according to social status / religion / gender)	
15.Doctors are patient with the patients in the hospital	
16. staff always behave well with patients /attendants	
Statements in relation to the relations among the teachers among staffs,among students and students with staffs	
17.Relationship among teachers is good	
18. Relationship among students is good	
19.Relationship among staffs is good	
20.I am helped by senior students always when I need	
21. In this institute I have good friends	
22.In this institute I never feel loneliness	

23. In this institute my overall social life is fine	
24.There is mutual trust between team members during work in the hospital.	
25.There is mutual respect between team members during work in the medical college.	
26.Staffs always behave well with the students	
Statements in relation to quality of teaching in the institute	
27.I am interested to attend the class.	
28.Teachers always take lecture class according to routine.	
29.Teachers always take class in the ward according to routine.	
30.Teachers are always sincere in teaching	
31.Teachers are not authoritarian.	
32.Teaching time is used properly.	
33.Atmosphere is relaxed in all lecture classes	
34.Atmosphere is relaxed in classes in ward.	
35. Educational environment of all departments is good.	
36. There are no differences in educational environment of different departments.	
37.I have learned enough about empathy after coming to this institute.	
38.I have become more patient after coming to this institute.	
39.My communication skills with patients have improved	
40.I have become more disciplined after coming to this institute.	
41.I never have courage to asked question in classes when I do not understand	
Statements in relation to perceptions of the students' regarding teachers as role models.	
42.Each teacher in this institute is a positive role model. (Their principle, ideal, skills of patient care, work style, could be followed.)	
43.The role of a teacher as a role model is crucial for students to be a good doctor.	
44. I have been learning ethical issues in patient care by observing the behavior of teachers.	

Student's responses were given using Likert scale . Scores given by the students were given to the scale as: strongly agree =5, agree= 4, undecided= 3, disagree=2, strongly disagree=1. Mean scores of opinion of the students regarding the statements in the questionnaire were tabulated and data analysed using SPSS software using DESCRIPTIVE STASTISTICS ANALYSIS METHOD.

The mean score for each item was interpreted as follows:
When mean score is:
>4-5 - situation of the item areas is interpreted as very satisfactory
>3-4 - situation of the item areas is interpreted as Satisfactory
>2-3 - situation of the item areas is interpreted as not satisfactory
1- 2 - situation of the item areas is interpreted as poor

RESULTS
Out of the 44 items in the questionnaire , student's perception was positive for 36 items in the questionnaire (mean scores of these items was more than 3) suggesting that these item areas are satisfactory in our institute . These items were pertaining to the relationship between teachers and students , impartial behavior of teachers,behavior of doctors and staff with patients and their attendants ,social life of students in the institution ,help from seniors students to juniors , Staff –student behaviour, interest in attending classes,sincerity of teachers in teaching and proper use of teaching time,empathy ,ethical issues ,communication skills ,discipline , mutual trust and respect between team members during work in the hospital and behaviour of staff with the students

On the contrary perceptions of the student's were negative for 8 items . Mean scores of these items were less than 3 for the items pertaining to teachers not providing guidance and being cooperative when the students are in stress, teachers being angry in the class ,teachers insulting students in front of patients or others in the class,relationship

among teachers , not having a relaxed atmosphere in lecture classes and in wards,students not having courage to ask questions in classes when I do not understand,lack of sufficient role model faculty. [Figures 1,2,3,4,5]

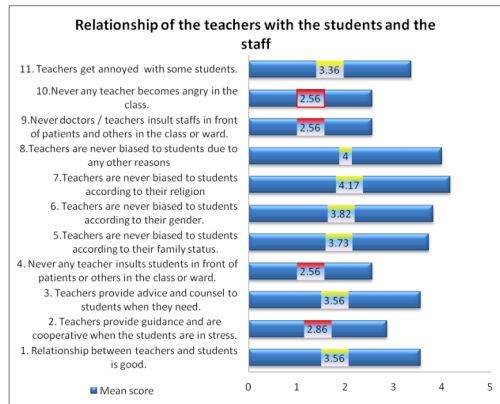**Figure 1: Relationship of the teachers with the students, staffs.**

Figure -2: Relationship and interaction of the doctors/staff with patients and their attendants.
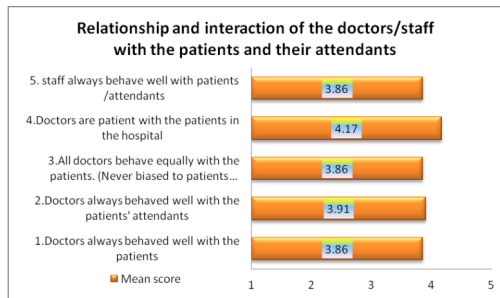

Figure-3: Relationship among teachers, staffs, students and students with staff:
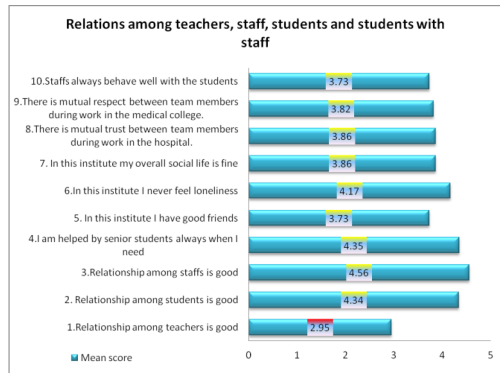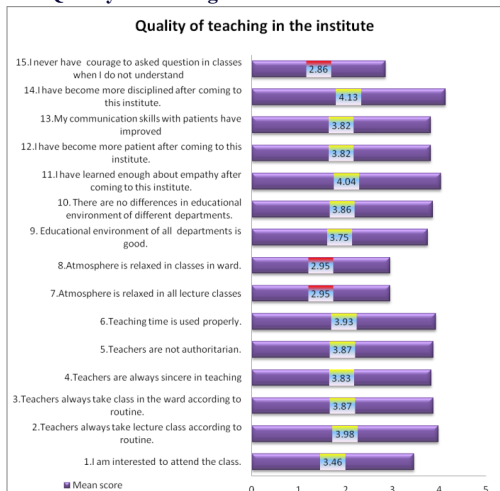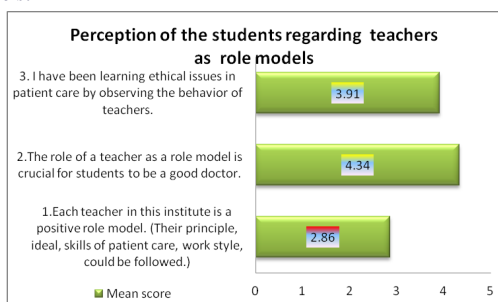

Figure-4: Quality of teaching in the institute

Figure-5: Perception of the students regarding teachers as role models:

Perception of the students regarding teachers as role models

item "I never had courage to ask questions in classes when I do not understand" was 2. 86 which was in accordance to the score in the study of Abraham et al.[11] When students feel intimidated, they tend to hide what they do not know and are afraid to clarify misconceptions.[19] Hence there is a need for periodic review of the hidden curriculum in faculty development workshops and programmes to facilitate changes in these aspects.

When the perceptions of students regarding teachers as a role model was studied , the student's score was 2.86 for the item "Each teacher in this institute is a positive role model ".But the student perception was positive with a high score of 4.34 for the item , the role of the teacher as a role model is crucial for students to be a good doctor. These scores were in accordance with the scores of Lemp et al and Nargis et al .[9,17] This reveals that the students understand the importance of teachers as role models . Studies reveal that role models play a critical role in influencing students' motivation and the behavior they engage in and that professionalism is learnt best through role models.[20,21] Hence there is a need for more role model faculty in our medical college.

The students perception of hidden curriculum for the majority of the items i.e 36 out of 44 items was positive suggesting that there is a good hidden curriculum in our institution . In the study of hidden curriculum by Nargis et al ,student perception was positive for 27 out of 43 items [17]

DISCUSSION

When the relationship of the teachers with the students and staff in our institute was analysed, student perception was positive for the item **"**Relationship between teachers and students is good", mean score of the responses was 3.56 indicating that the relationship between teachers and students was satisfactory. Nargis etal reported a score of 3.33 for this item .[9]Haidet stated in his article that the relationship we form with our students will be key sources of experiences that those students will draw upon when they find themselves in the role of a teacher with their patients.[10]However the mean score of the responses was 2.86 for the item "Teachers provide guidance and support to the students when they are in stress". In the study conducted by Abraham et al also this item had a mean score of below 2.[11] We suggest that a good mentoring programme should be in place in medical institutions to improve these scores .The students also gave a low score of 2.86 for the items "Never any teacher becomes angry in the class' and Never any teacher insults students in front of patients and others in the class".The scores for these items was 2 in the study of Chandratilake et al and 2.17 in the study of Nargis et al which were in accordance with our study .[12,9] It is important to sensitise the teachers and the authorities about the importance of the Hidden curriculum in their institutions .

When the relationship and interaction of the teachers /doctors and staff with the patients and attendants was studied , students gave a score of > 3 for all the items i. e doctors always behaved well with patients , doctors always behaved well with patient attendants ,all doctors are never biased to patients according to social status ,religion or gender ,doctors are patient with the patients in the hospital and staff always behave well with the patients and patient attendants. The studies of Nargis et al [9] and Haidet et al [10] reported low scores for these items (2.9 & 2.97 respectively) . Medical leaders opine that *Doctor's behaviour* is as important as *their* clinical skills..[13].Good doctor behaviour towards the patients not only leads to better patient satisfaction and adherence to the prescribed treatment but also is beneficial to the students as it helps in shaping the basic assumptions of students about what are acceptable medical practices.[14]

When the Relations among teachers , among staff and among students and students with staff were studied , the student's gave a low score for the item "Relationship among teachers is good "; the mean score for this item was 2.95. In the study of Nargis et al also the score for this item was 2.98 only.[9]Teacher's relationships with their peers have been a subject of research for decades. The studies reveal that most often teachers are isolated from their peers . The institutions should make attempts to increase teacher's interaction and collegiality to increase teacher professionalism. Professional development programs of teachers should stress collegiality [15]. In the present study , relationship among staff and among students was good and the students had good friends in the institute ,never felt lonely and the senior students always helped the junior students and the overall social life is fine in the institution. There is mutual trust and respect between team members during work in the hospital and staff always behaved well with the students. Trust is a key component in a healthy work environment. In healthcare facilities where trusting work relationships exist, more work gets done.[16]Lempp et al 's study revealed several reports of staff not treating medical students with respect.(mean score 2.22)[17]

When the quality of teaching in this institute was assessed , the score was below 3 for the items "Atmosphere is relaxed in all lecture classes'(2.95) and "Atmosphere is relaxed in classes in wards"(2.95). These scores for these items were also low in the studies of Nargis et al (2.2)[9] and Chandratilake et al (2.86)[12] but Kiran et al[18] revealed positive student perception to this item(not scored) . The score for the

CONCLUSION

Student's reflections on the hidden curriculum are a rich resource for gaining a deeper understanding of the hidden curriculum of an institution. Medical teachers can use these results to reform, revise, and humanize clinical medical education The overall Student's perception of the hidden curriculum was positive suggesting that there exists a good hidden curriculum in our institute.Sensitizing the teachers and authorities regarding the importance of the hidden curriculum, periodic review of the hidden curriculum for addressing its concerns , good mentoring programme to provide guidance and support to the students in stress and Professional development programmes for teachers to increase teachers oppurtunities for interaction and collegiality can be considered as means for improving the hidden curriculum in medical colleges.

REFERENCES
1. Harden RM. AMEE Guide No. 21: Curriculum mapping: a tool for transparent and authentic teaching and learning.Medical Teacher 2001; 23(2): 123-137.
2. Merfat AA. Hidden curriculum as one of current issue of Curriculum . Journal of Education and Practice.2015:6(33):125.
3. Martha PL.Role models influence on medical students professional development. AMAjornal of ethics 2015;17(2):1502.
4. Harden RM. Ten questions to ask when planning a course or curriculum. Medical Education 1986;1: 356-365
5. Tiffany L. W. Raising Awareness of the Hidden Curriculum in Veterinary Medical Education: A Review and Call for Research Journal of Veterinary Medical Education • 2014; 41(4):344-349.
6. Kommalage M . Hidden and informal curriculum in medical schools: impact on the medical profession in Sri Lanka. Ceylon Medical Journal 2011; 56 : 29-30.
7. Hafferty FW. Beyond curriculum reform:confronting medicine's hidden curriculum. Academic medicine, 1998; 73(4): 403-407
8. Tekian A.Must the hidden curriculum be the. black box for 'unspoken truth'? Medical Education, 2009; 43: 822-823
9. Nargis T.The hidden curriculum in under graduate medical education in Bangladesh: medical students' perception . Journal of Medical Education 2013;4(1):20-24
10. Haidet P, Stein HF. The role of student teacher relationship in the formation of physicians, The hiddencurriculum as process. J Gen Intern Med 2006; 21: 16-20
11. Abraham R, Ramnarayan K, Vinod P, Sharmila T. Students' perception of learning environment in an Indian medical school. BMC Medical Education 2008;8:20
12. Chandratilake MN, Silva NR. Identifying poor concordance between the 'planned ' and the ' hidden'curricula at the time of curriculum change in a SriLanka medical school using the Dundee Readyeducation Environment Measure. South East AsianJournal of Medical Education 2009; 3(2): 15-19
13. Rimmer A. Doctors' behaviour is as important as their clinical skills, say medical leaders .BMJ. 2018;360:k665
14. Jennifer Fong Ha, Dip Surg Anat, Nancy Longnecker.Doctor-Patient Communication: A Review .The Ochsner Journal2010; 10:38–43.
15. Madiha S. The importance and benefits of teacher collegiality in schools a literature review. Procedia -Social and Behavioral Sciences 2012 ;46:1242 – 1246
16. Twibell, R. & Towsend, T. Trust in the workplace, build it, break it, mend it. American Nurse Today. 2011; 6(11):111
17. Lempp H, Seale C. The hidden curriculum in under graduate medical education: qualitative study of medical students 'perception of teaching'. BMJ 2004; 329: 770-773.
18. Kiran V ,Sean M. Students' perception of the learning environment in a distributed medical programme. Medical Education Online .2010 ; 15: 5168
19. Levine MP. Role models' influence on medical students' professional development.AMA J Ethics.2015 ;17(2):150213.
20. Sonia I H, David R. J. S, Muhammad F B. Medical Students' Perceptions of Clinical Teachers as Role Model. PLOS ONE 2016; 11(3): 0150478.
21. Martha P L. Role Models' Influence on Medical Students' Professional Development AMA Journal of Ethics 2015; 17(2) : 142-146