

The Hidden Curriculum: Students' Perceptions of General Practice Careers

Background

Current status

- Heavier workload and increasing complexity of the GPs' work lead to low recruitment and retainment rates¹. In 2018, 32% foundation doctors were appointed to GP training².
- To alleviate pressure in primary care, 50% of all medical graduates need to enter GP training (~5,000 doctors)^{3,4}.
- Medical students' educational experiences (formal, informal and hidden curricula) all contribute to their views about General Practice as a future career⁵.

Current literature

- Minimal research into the impact of the hidden curriculum⁶.
- Existing studies have used retrospective cross-sectional methodologies: surveys, questionnaires and focus groups. Limitations include the inability to capture students' authentic experiences of events that influence their career choices, leading to reporting bias⁷⁻⁹



Methodology

- A social ethnographic method was adopted using participant researchers. Four clinical students from different year groups at Imperial College London and University College London were recruited.
- Whilst attending normal educational activities, the participant researchers recorded reflexive notes on positive and negative experiences that can potentially affect students' perceptions of becoming GP in the future for nine months.
- To maintain authenticity, medical educators, doctors and students were unaware that data was being collected to prevent attitude and behaviour biases that would skew our results.
- All data was anonymised with any identifiable information removed. Formal ethical approval was granted from both universities' ethics committees.
- The data was analysed using a thematic framework approach. Throughout data collection, the research team and academics across the two sites held data clinics to discuss, review and agree on emergent themes.



Hidden Curriculum: "the unspoken or implicit values, beliefs and messages that are communicated to students during their time in education"

Results

Within Medical Schools



Work life balance

"I want to be at the forefront of seeing all kinds of patients, but not having to do the shifts of A+E, GP allows me to do that."



Limited teaching influence

"GPs only teach communication and other basic things that I can easily learn from the Oxford Handbook."



Embarrassment from peers

"Who is considering becoming a GP?" he asked. Everyone in the room looked around and smiled at each other awkwardly. "...I didn't raise my hand."



Shorter training

"I don't want to be endlessly doing exams and always be in an hypercompetitive environment."



Lack of role models

"Why aren't we equally exposed to the 'really successful' GPs in primary care?"



Gender Stereotype

"If you want a family, you are probably better off becoming a GP."

Within Primary Care



Community-based

"GPs are able to help patients in day-to-day problems that are important to them."



Generalism

"As a GP, I'll actually use all the knowledge that I've spent the last 6 years learning."



Continuity of care

"GPs are at the centre of patients' care all the time and are essential to co-ordinate everything."

Within Secondary Care



Success = Specialisation

"If you don't do well at medical school, you don't need to specialise. You can always become a GP."



Concept of 'live' medicine

"You can see improvements in patients straight away. You won't see anything like this being a GP."



Primary and Secondary Care Tension

"Even if I write this in the letter, the GP wouldn't understand. You need to keep the letter as simple as possible."

Recommendations

- Involve GPs in formal curricular planning
- Widen GP teaching influences, including delivery on important conditions from other specialties that commonly present in the community
- Educate students on the impact of hidden curriculum, especially on how ethical and professional values can be conveyed in healthcare settings
- Institutional support to ensure regular quantity of GP teaching
- Teaching from GP trainees with the advantage of social and cognitive congruences
- Empower students to run clinics with patient interaction under supervision to practice their clinical acumen and develop student-patient relationships
- Informing healthcare educators that their behaviours impact students through the hidden curriculum

Medical School

Primary Care

Secondary Care

Conclusions

- The influence of the hidden curriculum on medical students is undoubtedly pervasive and embedded in learning. By teaching medical students about the hidden curriculum, students can learn to model professional attitudes and positive ethical values and avoid mirroring negative values and behaviours.
- In terms of changing medical students' career perceptions of General Practice, changes must be implemented in all three educational settings: medical schools, primary care placements and hospital settings.
- Everyone has the responsibility to ensure that medical students are supported in making informed career choices with their values and views aligned with the population needs.

References

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