

## Can the 'Five Challenges' Overcome the Problem of 'Reform Without Change' in Medical Education? Reexamining the 'Hidden Curriculum'

### Os 'Cinco Desafios' Podem Superar o Problema da 'Reforma Sem Mudança' na Educação Médica? Reexaminando o 'Currículo Oculto'

**Keywords:** Curriculum; Education, Medical  
**Palavras-chave:** Currículo; Educação Médica

Dear Editor,

We found the article published in 2020 by Guimarães *et al* in *Acta Médica Portuguesa*<sup>1</sup> very interesting, because we believe that their 'five challenges for the near future' are equally applicable to medical education in Japan today. However, we propose discussing whether these 'challenges' can settle the unsolved problem of 'reform without change' promoted by the negative impact of some aspects of the 'hidden curriculum', an issue which has not changed in the last 10 years in medical education.<sup>2</sup>

The term 'hidden curriculum' was first used in the 1960s by Philip W. Jackson,<sup>3</sup> and was later defined as "a set of influences that function at the level of organizational structure and culture".<sup>4</sup> It refers to the unintentional transmission of standards, values, perspectives, and beliefs by instructors and peers within an organization or learning environment. The 'hidden curriculum' is more latent, less visible, and harder to improve than the formal curriculum that is officially stated, intended, and explicitly defined.

We had interviewed Japanese medical students more than 10 years ago,<sup>5</sup> and recently we conducted similar in-

terviews with 32 students about what they perceived the hidden curriculum to be about, and found the following seven categories: 1) low priority for education; 2) impact of relationships with colleagues; 3) impact of role models; 4) an excessive amount of knowledge and information; 5) hierarchy in the institution; 6) gender issues and sexual harassment; and 7) the influence of the recent historical context. Categories 1 - 6 were similar in both interviews, demonstrating that the effects of the hidden curriculum may persist over time. However, the last category was new. For examples of statements see Table 1.

New challenges that Guimarães *et al* propose include the 'integration of medical education and technology. If new technologies change the way clinical education is delivered, the hidden curriculum may be positively affected. Hierarchies born from old traditional styles and male-dominated environments may improve, and opportunities to interact with classmates or close seniors using social networking services may increase. The development of telemedicine may also improve the shortage of doctors in rural areas. Addressing the cost-effectiveness problem may lead to prioritizing medical education and solving the problem of low priority.

We expect that technological innovation, which has increased globally because of COVID-19, will positively impact the problem of the 'hidden curriculum', the invisible learning environment.

#### AUTHOR CONTRIBUTIONS

MM: Research concept, design of the study, literature review, data collection, analysis and interpretation, drafting and approval of the manuscript.

Table 1 – Examples of statements

Categories	Examples of statements
1. Low priority for education	"I have not been able to learn '...ology' because the teachers in charge of the lectures have not cooperated. In the very first class, I suddenly learned individual specific illnesses without lectures of general remarks. I cannot learn systematically." (negative impact)
2. Impact of relationships with colleagues	"Every time I attend the lectures with my friends, my relationships grow. Even when I have to study for an exam, we study in a group together and build unity. Even if we cannot meet, we share information using LINE." (positive impact)
3. Impact of role models	"When I wrote in the report that I had a dream of becoming a general physician, it was taken up as a topic by a teacher, and he made kind comments like 'I'll wait for you!'. I was glad to communicate, and my motivation for future learning increased." (positive impact)
4. Excessive amount of knowledge and information	"(Due to COVID-19,) I have so much homework even on weekends that I just managed to finish it, and I do not feel like I have a good understanding of the basics. I feel that it is difficult to achieve my goals of acquiring systematic knowledge." (negative impact)
5. Hierarchy in the institution	"It was education by a teacher that put pressure on a student, and it felt like it had been explained many times before. Actually, it was explained only once, and the student just forgot. I felt like I made a bad impression on the teacher..." (negative impact)
6. Gender issues and sexual harassment	"In the early morning class, one male teacher asked all the female students questions, made them turn on the web camera, and looked at their faces without makeup as well as inside the students' rooms. He would not do that for male students. I was very uncomfortable, and [I] disliked [this]." (negative impact)
7. Influence of the the recent historical context	"(Even if we could not do face to face lessons,) I met a friend for the first time in the ZOOM breakout room, and our friendship grew; I started to make a group using LINE. I could make friends in the breakout room by pairing and communicating repeatedly." (positive impact)

AT: Research concept, design of the study, literature review, data collection, analysis and interpretation, critical review and approval of the manuscript.

SJ, KM: Research concept, design of the study, literature review, data interpretation, critical review and approval of the manuscript.

## COMPETING INTERESTS

The authors have declared that no competing interests exist.

## FUNDING SOURCES

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## REFERENCES

1. Guimarães B, Ferreira MA. Is medical education changing? Five challenges for the near future. *Acta Med Port.* 2020;33:365-6.
2. Bloom SW. The medical school as a social organization: the sources of resistance to change. *Med Educ* 1989;23:228-41.
3. Jackson PW. *Life in classrooms.* New York: Holt, Rihhart and Winston; 1968.
4. Hafferty FW, Franks R. The hidden curriculum, ethics teaching and the structure of medical education. *Acad Med.* 1994;69:861-71.
5. Murakami M, Kawabata H, Maezawa M. The perception of the hidden curriculum on medical education: an exploratory study. *Asia Pac Fam Med.* 2009;8:9.

Manabu MURAKAMI<sup>1</sup>, Akiko TAKEUCHI<sup>2</sup>, Shigeki JIN<sup>✉2</sup>, Kotaro MATOBA<sup>2</sup>

1. Center for Medical Education and International Relations. Faculty of Medicine. Hokkaido University. Hokkaido. Japan.

2. Department of Forensic Medicine. Faculty of Medicine. Hokkaido University. Hokkaido. Japan.

✉ **Autor correspondente:** Shigeki Jin. [s-jin@hs.hokudai.ac.jp](mailto:s-jin@hs.hokudai.ac.jp)

**Recebido/Received:** 27/05/2023 - **Aceite/Accepted:** 29/06/2023 - **Publicado/Published:** 01/09/2023

Copyright © Ordem dos Médicos 2023

<https://doi.org/10.20344/amp.20186>

