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EDITORIAL

The hidden curriculum in medical oncology education: a call to action

El currículo oculto en la educación en oncología médica: un llamado a la acción

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In recent years, there has been increasing interest in what has been called the "hidden curriculum" of medical education. In contrast to the formal, explicitly endorsed curriculum for training in medical schools or post-graduate training programs, the hidden curriculum encompasses the implicit messages about the values, norms, and attitudes that learners can absorb from informal interpersonal interactions between students and faculty members, as well as through organizational, structural, and cultural influences in training institutions[1]. The hidden curriculum can be observed both in clinical settings and in more informal settings, such as hallway conversations, in which these messages may be even more frequent and overt. The messages transmitted to learners can be intentional or unintentional, but throughout their training, medical students, residents, and fellows are exposed to the differences between what professors, attending physicians, and institutions say we expect them to do and what we actually do.

Negative consequences of the hidden curriculum have been extensively described, such as medical students being less likely to choose a medical specialty that is less favorably perceived in their community or institution[2]. In medical oncology, these negative perceptions may include notions about the proximity to death and poor patient prognosis. Most oncologists have heard phrases such as, "It must be so hard being an oncologist, so many of your patients die" when discussing their specialty with friends, family, and colleagues. During medical training, these perceptions may be perpetuated by a lack of exposure to the routine practice of the specialty both in medical school and during an internal medicine residency. Trainees may be more exposed to acute and complicated cases in the inpatient ward or in the emergency department, where they may see a disproportionate number of patients with poor prognosis. However, attending oncology courses and elective rotations could potentially change these negative perceptions, by showing trainees the full range of practice of a medical oncologist, whose work is usually done in an outpatient setting[3]. This early exposure of medical students and residents to cancer care could contribute to increasing the number of trainees who choose oncology as a career path.

Yet, during post-graduate training in medical oncology, the hidden curriculum can also influence what trainees learn from us. In low- and middle-income countries where most training programs are based in public, academic hospitals, medical oncology residents may learn current standards of care for the diagnosis, treatment, and follow-up of patients with cancer, and then observe different practices due to resource scarcity. These differences between ideal and actual practice can put trainees at risk for moral injury, which has been defined as "the challenge of simultaneously knowing what care patients need but being unable to provide it due to constraints that are beyond our control"[4].

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Furthermore, residents may hear discussions or observe behaviors that suggest that some types of practice are more valuable than others, such as private over public practice, or academic over community practice. These messages may come from physicians themselves ("You're better off going private, don't waste your time working in the public system"), or even from patients ("Since I'm paying, I get better care"). Health systems and institutional policies that fail to meet societal needs, or that prioritize profits over patient care, further reinforce this messaging. Consequences of this part of the hidden curriculum include worse patient outcomes and increased burnout for physicians practicing in overworked, under-resourced systems, which can then be further perpetuated by trainees choosing to practice in a different setting from where they trained once they graduate, leading to increased disparities in healthcare availability.

Another area in which the influence of the hidden curriculum on the way we currently practice medical oncology becomes evident is in the management of conflicts of interest, whether financial or personal. To discuss some examples, trainees may observe that physicians who are more closely involved with the pharmaceutical industry obtain benefits such as travel grants (the so-called "oncotourism") or direct financial payments. While there are many positive and productive ways to collaborate with industry for patient care, research, and education, failing to explicitly acknowledge all potential consequences of conflicts of interest can also give a powerful message, which may make trainees more susceptible to some of the negative consequences of financial relationships with industry, such as the delivery of non-recommended and low-value cancer care[5]. This hidden messaging may also be reinforced by a lack of institutional mechanisms to promote the disclosure of conflicts of interest and accountability.

Nevertheless, the hidden curriculum can also have positive effects on learners, mostly in relation to positive role modeling from superiors[6]. For example, debriefing with trainees after challenging or emotionally charged interactions with patients, when done in a safe and honest manner, can show them that even experienced oncologists can feel overwhelmed and help normalize strategies to improve their well-being and decrease their risk of compassion fatigue and burnout. Positive role modeling could also have an impact on decreasing harassment among peers and from superiors to trainees, a persistent problem in many residency programs that has evident negative consequences on trainees' well-being and the quality of care they provide.

So, what can we do about this? Reflecting on the ways in which our actions may contradict what we say we want our trainees to learn and how we want them to practice should be the first step. This can pave the way to having open discussions between professors, learners, and organizational leaders to acknowledge and bring to light the unintended messages our present approach to training might be conveying to learners. Our goal should be to decrease the negative consequences of the hidden curriculum while promoting the inclusion of positive messages into our formal curricula, to increase the quality of education in medical oncology for medical students, residents, and fellows.

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