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On the Education of a Physician: An Autoethnography of Undergraduate Medical Education

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Background

- The hidden curriculum (HC) is unscripted learning which occurs outside the formal[1].
  - HC is largely understood to be a negative term in undergraduate medical education (UME)[2]
- In the context of UME, student attrition is affected by: intrapersonal issues, interpersonal issues, academic problems, and a combination of extreme anxiety and limited academic ability[3].
  - Emotional Intelligence (EI) is a major variable for three of the four student issues which affect attrition.
- Self-directed learning (SDL) is a process in which individuals take the initiative for their own learning needs[4].
  - A significant drop in SDL was found as medical students progressed through the four years of undergraduate medical education. Culture and curriculum served as the primary mediators for this decrease in SDL[5].
- Self-Care is a process that moderates the relationship between stress and perceived quality of life in medical students[6].
  - UME is associated with decreased levels of well-being in medical students[7], and an increased prevalence of depression[8].

Problem Statement

Utilizing an autoethnographic approach, this rigorous qualitative analysis attempts to identify and contextualize the implicit learnings of medical school.

Methods

- Autoethnography can be defined by its constitutive three parts: self (auto), cultural (ethno), and study (graphy).
  - Critical autoethnography, as a form of qualitative research, includes the researcher's voice as a self-identified member of a cultural group: UME in this case.
  - The researcher then reflectively writes about their experiences which function as the primary data source.
  - The data are then analyzed and interpreted to draw conclusions about cultural norms and practices.
  - Contextualization allows for understandable critical analysis of the culture for outsiders and informed critiques about the cultural mores and practices for insiders.
- This study utilized written narratives as the primary data sources
  - The raw data for this project originated from weekly reflections or narratives published online[9] from the first anatomy lab of MS1 through the end of clinical clerkships in MS3 (totaling 158 narratives, averaging 802 words/narrative, 517 pages across all three years).
  - The first three years of medical school were chosen as the data for this project. The ongoing fourth year narratives were not included in order to utilize a discrete data set as well as to avoid the Hawthorne Effect whereby a studied subject alters their behavior when observed.
- Each reflection was analyzed for themes and then categorized by individual members of the study team.
- The study team reviewed and vetted each proposed theme, eliminating themes with significant overlap, combining themes that were similar in meaning, and constructing subthemes from primary themes.

Results

Themes (bold) and Subthemes *(italics)*	Definition
Well-Being/ Self-Care	Maintenance of one's physical, emotional, and spiritual health.
Balance	The concept of moderation between two extremes.
Time	Utilization and subjective perception of temporal dimensions.
Energy	Abstraction of one's reserve of work as a finite pool of resource.
Trees	Direct and indirect relationship with trunk-based plants which utilize leaves elevated off the ground.
Humor	The successful or unsuccessful attempt to provoke laughter or amusement in the reader.
Movement	Locomotion and sensation of the physical human body
Relationships	Building and maintaining interpersonal connections
Family	Blood or in-law relationships
Partner	Development from romantic to partnership, with subsequent marriage and co-parenting.
Friends	From social acquaintances within medical school to close friends that serve as family and kin.
Gatherings	Experience of bringing people together.
Self-Activated Learner	The autonomous process of developing a curriculum for oneself to foster growth without explicit learning objectives.
Reflection	The practice of discerning one's own motivations, feelings, and reactions after an event or period of time.
Self-Determination	Actively and thoughtfully imagining one's future role and character, and the development of practices to further these goals.
Learning to Learn	Developing the practices necessary to meet academic challenges associated with medical curriculum and board examinations
Learning to Apply	Developing skills for clinical practice, both currently as medical student and for the future as a clinician
Emotional Intelligence	Self-awareness of feelings and emotions
Self-Doubt	Questioning one's abilities or competence, either in isolation or when compared with peers.
Empathy	Feeling the emotional landscape of another as one's self.
Shame	A painful feeling of humiliation or distress caused by the consciousness of wrong or foolish behavior.
Adjusting/ Adapting	Adjusting is aligning behaviors and expectations with the surrounding environment, adapting is a state change in response to stressors
Resilience	The ability to return to baseline or retain shape and characteristics in the face of external stressors.
Recovering	The concept and practice of restoring subjective feelings of wellness after depletion or exertion.
Identity	The gestalt image and set of characteristics that make up one's self.
Change in Identity	The cumulative effect of the passage of time and stressors which result in a gradual or quantum shift in one's identity
Professional Identity	The adoptive identity away from student towards a practicing physician.
Mortality	Exploration of the human life-cycle
Death	The discussion or consideration of dying as a process or abstract concept.
Appreciation/ Vulnerability	The practice of opening one's truest feelings and emotions as an end in itself or for the full understanding of a situation or person.

Discussion

- The collected data allows a unique perspective into the changes which occur as a result of entering the culture of medicine as a student in UME.
- The data suggest that there is a strong hidden curriculum as seen by the major themes.
  - Explicitly stating these aspects of the hidden curriculum may allow for thoughtful interventions to add to the overall well-being of medical students.
- Regarding Self-Care, the weekly reflections which served as the data for this autoethnography also served the primary function of increasing well-being through a self-care practice.
- Regarding Relationships, the maintenance and development of connection is an essential skill for any human, not just medical students.
  - However, as a result of the formal curriculum, relationship management may falter in order to maintain study practices.
- Regarding self-directed learning (SDL), this entire project can be considered an expression of SDL: a self-assigned curriculum of learning.
  - Students do not report programmed curricular activities as a practice of their Self-Care, which does not favor a top-down approach to addressing Self-Care and medical student well-being during UME[7].
- Self-Determination Theory (SDT) states that human beings have a natural tendency to develop towards autonomous regulation of behavior[10].
  - Physicians need a life-long approach to learning in order to stay current on Evidence-Based Medicine practices.

Conclusions

- A possible example of integration into the curriculum in an SDL approach would be allotting certain portion of a grade (5-10%) for the regular upkeep of a reflective practice.
  - The content of these reflections would not be assessed, simply the regular practice of reflection.
  - This would provide a concrete incentive to practice Self-Care within the context of the UME curriculum.
- This writer suggests integration into the explicit curriculum as a means of developing 'buy-in' for the process: serving the students as both a means (increasing self-care) and an end (affecting overall grade).
  - Whether this proposed intervention would affect medical student perceived quality of life, UME attrition rates, or physician burnout incidence is beyond the scope of this autoethnography, but warrants further study.

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