

# Ethical Leadership in the Hidden Curriculum

## What Contribution Would You Like to Make?

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*Leadership...is an essentially moral act.*

—A. Bartlett Giamatti, former President of Yale University and  
former Commissioner of Major League Baseball

*Being a physician inherently means that you are a leader.*

—Medical student, State University of New York, Upstate Medical  
University

The hidden curriculum, that informal but powerful experience which permeates the explicit curriculum throughout all formal education, is an important influence in the development of a person's attitudes and behaviors. Through the hidden curriculum we observe the behaviors of teachers, coaches, others in authority, and sometimes peers, and they become incorporated into who we are and how we behave. This may be intentional, but often is not.

The hidden curriculum can be an effective tool for the development of ethical leadership. Although notions of ethical leadership may be somewhat intuitive, I offer that ethical leadership includes behaviors that reflect the character traits of integrity, honesty, trustworthiness, courage, respect, tolerance, humility, and perseverance.<sup>1</sup> Perhaps we can grasp the essential character of ethical leadership from the language that describes nominees for the Inamori Ethics Prize that is conferred annually by the Inamori International Center for Ethics and Excellence at Case Western Reserve University: "The nominee should be a person who has either shown or taught others what true ethical leadership is... [and whose] work should urge respect for the dignity and worth of all human beings, and he or she should inspire others to action."<sup>2</sup>

In the following, I first will review the hidden curriculum historically in general education. Then, because I am most familiar with the hidden curriculum in medical education, and it is in medical education that the hidden curriculum has been studied most extensively, I will describe more

fully that expression of the hidden curriculum. Next, I will argue for the intentional use of the hidden curriculum to model and teach ethical leadership. Finally, I will pose the question to anyone who is involved in education and instruction of any kind: As you become more aware of the power of the hidden curriculum, what contribution would you like to make to the development of ethical leadership?

## The hidden curriculum in general education

The hidden curriculum was anticipated over one hundred years ago when John Dewey, the philosopher and influential reformer of education, proclaimed, “[E]very social arrangement is educative . . .”<sup>3</sup> Dewey observed, with regard to the need for organized education in advanced societies, that “as societies become more complex in structure and resources, the need of formal or intentional teaching and learning increases.” With growth of this formal curriculum of teaching, “there is the danger of creating an undesirable split between the experience gained in more direct associations” (i.e., with the behaviors of teachers and others through the hidden curriculum) “and what is acquired in school” (i.e., through the formal curriculum).

The first use of the term “hidden curriculum,” however, came in 1968 when Philip Jackson described the hidden curriculum as “the norms and values that are implicitly, but effectively, taught in schools and that are not usually talked about in teachers’ statements of goals.”<sup>4</sup> Two years later, psychiatrist Benson Snyder, in his book *The Hidden Curriculum*, further defined the effects of the hidden curriculum in higher education.<sup>5</sup> He theorized that much of the anxiety and conflict that students experience arise from academic expectations and social norms that are not expressed explicitly and that may conflict with the content and stated expectations of the acknowledged curriculum.

In 2004, Michael Apple, as he observed the dynamics of learning in high school social studies and science classes, declared, “It is beginning to be clear that ‘incidental learning’ contributes more to the political socialization of a student than do, say, civics classes or other forms of deliberate teaching of specific value orientations.”<sup>6</sup> He felt that children are taught how to deal with and relate to authority figures by the patterns of interactions they see in school.

As I have thought more about the importance of the hidden curriculum, not only in our education, but in the overall process of learning from young childhood, I am reminded of the aphorism, “Do as I say, not as I do.”

Acknowledging the hidden curriculum and mitigating whatever negative effects it may have seems to be in our cultural DNA. “Do as I say” roughly represents the formal curriculum of growing up, but we learn also from observing the behaviors of our parents and teachers and others—what they actually do—in life’s parallel curriculum. One of my students observed, “I tend to think of it as the same ‘hidden curriculum’ we all have growing up in our families.”

### The hidden curriculum in medical education

Medical students and residents in training learn the facts and content of medicine through the explicit curriculum in medical school and during residency. But it is through the hidden curriculum that they learn how to *be* a physician and express the attitudes and behaviors of being a medical doctor. In the hidden curriculum they observe the behaviors of their teachers and colleagues and either emulate them or decide to behave differently. Ironically, they can learn a lot about being a good doctor from examples of bad behavior simply by deciding to behave otherwise. The hidden curriculum can be a powerful force to develop collegiality, collaboration, and exemplary physician–professional behaviors; conversely it can be a pernicious influence to sow discord, disrespect, and negative behaviors. It also largely determines how physicians care for patients.

The hidden curriculum in medical education came out of hiding over twenty–five years ago when Hafferty and Franks first described the role of the hidden curriculum as a major means by which medical students and other trainees learn how to be physicians.<sup>7</sup> They said, “. . . most of the critical determinants of physician identity operate *not* within the formal curriculum but in a more subtle, less officially recognized ‘hidden curriculum.’” Since then, hundreds of studies and reports on the hidden curriculum have appeared, further describing it, documenting its role in the formation of practicing physicians, and studying how it might be used intentionally to improve medical education and thereby produce the “good physician.”

Physician and medical writer Pauline Chen, says,

While most of medical education and training is about the nuts and bolts of clinical care—how to treat hypertension, how to manage a ventilator, how to take out a gallbladder—the process also involves learning how to *be* ‘a doctor.’ . . . Medical students copy the lingo, manners, and expressions of more established senior residents and attending physicians. The lessons from these

role models, who are often tired and stressed out themselves, can be sobering...Even established physicians can be re-inspired to adopt new humanistic skills, becoming better teachers and role models in the process.<sup>8</sup>

I teach in a bioethics course as a faculty leader of about fifteen medical students who meet every several weeks, twelve times throughout their third year of medical school. We discuss a particular topic each session, such as “Respecting Patients While Learning on Them,” “Physicians’ Responsibilities to Patients at the End of Life,” and “Access to Health Care.” Towards the end of the course the topic for one session is “The Hidden Curriculum,” although the hidden curriculum arises implicitly during every session when students describe their observations of the behaviors of physicians, residents, nurses, and other health professionals. As part of the discussion on the hidden curriculum, students respond to the following questions:

1. Describe a personal experience you have had with a positive example of the hidden curriculum. (This may be something that you want to emulate and think is characteristic of a good physician.)
2. Describe a personal experience you have had with a negative example of the hidden curriculum. (You probably don’t want to do this.)
3. As your training progresses (i.e., in medical school and residency), what contribution would you like to make to the hidden curriculum?

Here are some positive examples of the hidden curriculum:

“The chief resident took as much time as was necessary to explain to patients exactly what was happening and make sure all questions were answered.”

“I watched a psychiatry fellow develop rapport with a fifteen-year-old girl who had been experiencing suicidal ideation. The connection I saw him build was tangible.”

“After the failed resuscitation, the resident and I left to continue rounds. He turned to me and asked if that was the first death I had ever witnessed and asked me if I was OK. He gave me time to reflect and discuss what I had just witnessed.”

Some negative examples:

Regarding a contentious interaction between a physician and a nurse practitioner: “The NP refused and stated this was not her job. The two continued to argue. The NP refused to see any of my preceptor’s patients. My preceptor said, ‘I am an attending, you are a nurse.’”

“My resident said, ‘Don’t follow that patient. There is nothing to learn. It’s just a psych patient.’”

“My resident asked another resident if the patient who had been difficult to work with was Black.”

The responses to the first two questions always are interesting and generate robust discussion, but the genius of this exercise is in the third question, “As your training progresses (i.e., in medical school and residency), what contribution would you like to make to the hidden curriculum?” This commits the student to responsibility for the hidden curriculum largely as a teacher and one who can set an example.

In responding to this question, students universally acknowledge the existence and the power of the hidden curriculum and that they are important players in it, both as learners and as teachers. Although many responses seem student-focused, indicating a commitment to behaving in ways that improve the teaching and well-being of medical students, and other responses commit to using the hidden curriculum to improve the care of patients, still another important theme is leadership and related notions of setting an example. Students are aware that when they are residents and attending physicians, future students will be observing and learning from them.

Students accept that they have influence over others in various ways and express their intent, as they progress through their training, to practice integrity and honesty, serve as a positive role model for students, and be a good mentor. This is what some students say:

“Being a physician inherently means that you are a leader. People look to you to be professional, conscientious, competent, and deliberate.”

“I’d like to be a leader that students look up to. To show patience in the face of frustration, to listen when the conversation becomes heated.”

“You should lead by example.”

Their example includes practicing good behaviors, such as being respectful of all patients regardless of social status, ethnicity, demeanor, or disability and of others on the healthcare team; being a good communicator and listener with students, colleagues, and patients; and being reliable and patient.

## The intentional use of the hidden curriculum to model and teach ethical leadership

In the preceding I have tried to show that the hidden curriculum is real and effective in teaching us how to think and behave in our educational milieu. This type of learning begins in childhood and continues throughout the chronological range of formal education. It not only serves to adapt us to the educational environment itself, but also, in the example of medicine, it largely determines the behaviors in one's professional development. Thus, it is through the hidden curriculum that we perceive most of the behaviors relevant to our educational and professional environment. These behaviors that we observe in others and adapt to ourselves largely are appropriate and beneficial, but some are not.

You may have noticed that I mention "behaviors" a lot and have not emphasized "thoughts" and "attitudes" and other indicators of mental activity. So, before we go further, let me explain my ideas about thoughts, attitudes, motivations, and behaviors.

What comes first, good thoughts, attitudes, and motivations—that which goes on in our minds? Or is it good behaviors—that which is evident to others? It seems intuitive that our thoughts should drive our behaviors. Yet, Aristotle reminds us that our behavior can change our thinking. He says that by doing just behaviors, such as acting virtuously or courageously, we may become more virtuous or courageous.<sup>9</sup> It seems that behavior and thinking influence each other by some sort of feedback loop. What may be more important—thoughts or actions—may depend on context, but Aristotle seemingly would give the edge to behavior.

To use the practice of medicine as an example, also apparently would patients and society. We want our doctor to be empathetic, honest, knowledgeable, committed to our welfare, and the like. Since we do not have direct access to our physician's thoughts and motivations through some kind of telepathic probe, these characteristics are inferred by the physician's speech, body language, and other actions, which I classify as behaviors. Further, I observe that none of us has direct access to any other person's mind. We gauge another person's thoughts, attitudes, and motivations

through their behaviors of speech, writing, body language, and other actions. This not only is true for people we interact with infrequently, such as our automobile mechanic, a clerk in a store, and even our dentist or physician, but it also seems true for those with whom we may be more familiar. How else do we know the thoughts, attitudes, and motivations of our intimates except by listening to them speak, observing their facial expressions and movements, reading their texts and emails, and experiencing their interactions with us and others, all of which I regard as behaviors? That is why I emphasize behaviors and hope that if we can change behaviors, the mind will follow. And perhaps we can teach ethical leadership, with a nod to Aristotle, by teaching right behaviors. Moreover, relevant to the notion that the hidden curriculum is a powerful influence on developing current behaviors, I believe that current behavior is a dependable predictor of future behavior and that the link between the present and the future is one of moral character and associated behaviors.<sup>10</sup>

Let us return now to the notion of using the hidden curriculum to model and teach ethical leadership. I suggest the following:

1. Acknowledge the power of the hidden curriculum to influence behaviors in others and that you play an important role in it, both as a teacher and as a learner.
2. Be aware that you are “on stage” most of your professional life, that you are modeling a range of behaviors, and that others are learning from your exemplary behaviors as well as those that are less admirable.
3. Be attentive to the behaviors of others and be open to learning from them, whether they are your students, your peers, or your teachers and mentors.
4. Call attention to the hidden curriculum so that it becomes better understood, less hidden, and more related to the explicit curriculum.
5. Take the limitless opportunities offered by the hidden curriculum to promote ethical leadership. This requires, as you become more aware of the power of the hidden curriculum, that you think about the following:

**What contribution would you like to make to the development of ethical leadership in the hidden curriculum?**

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