



Patient Safety and the Hidden Curriculum

In the complex health care environment within which we live, the reliable delivery of safe health care cannot be assumed. Safe care demands constant active and collaborative efforts among healthcare providers, patients and families alike. Although expertise in patient- and disease- specific diagnoses and management, and full patient engagement are requisites to safe care, they are not sufficient; they must be supported by a local and macro milieu that promote and reflect a “culture of patient safety”. What is a ‘culture of patient safety’? It is a ‘just culture’ that rejects a focus on shame and blame when something goes amiss, one in which the values, attitudes and norms underscore a commitment to safe care and promote an environment of psychological safety where it is safe to speak up about unprofessional behaviours or unsafe practices (1). It is one where learning from safety incidents occurs, and improvement efforts are directed toward ameliorating overt and latent vulnerabilities in the system. In a culture of patient safety, individuals working within the system, supported by their leaders as well as by the structures and processes that define the system are aligned in their commitment to safe health care. As a result, patients and family members experience safer, higher quality care, and staff satisfaction is improved (2).

Health care professionals must be committed to life-long learning in order to both acquire the fundamental knowledge and skills required for high quality health care delivery and adapt to the complexity and unpredictability of the prevailing health care context. The formal health care curriculum taught through lectures, readings, facilitated small group sessions and other means is one source of such learning. However, this formal curriculum is echoed throughout one’s professional life cycle by the informal learning that takes place between individuals and according to the context within which they work. This “learning that occurs by means of informal interactions among students, faculty, and others and/or learning that occurs through organizational, structural, and cultural influences intrinsic to training institutions” is referred to as the hidden curriculum (3). The hidden curriculum can undermine the values espoused and behaviours consistent with our ideal concept of professionalism. The hidden curriculum is insidious; the impact of a disruptive physician, a disinterested leader, the organization’s response to medical error and/or the learning environment can have life-long impact upon the professional identity and values of

individuals and thereby on the commitment of the system to patient safety. The challenge upon us all is to transform the hidden curriculum by nurturing a culture of safety where safe care is prioritized, failures and near misses result in inquiry, and all patients, trainees and staff alike, are treated with respect.

The importance of addressing culture in order to improve patient safety has been highlighted in two recent reports (4,5). Valuing trust, respect and inclusion, leading and rewarding a just culture, and establishing organizational behavior expectations as key domains in a culture of safety (4), are similarly critical to unveiling the hidden curriculum. "Receptive environments' are critical to safe care, and require among other things, strong leadership and teamwork and a commitment to improvement (5). As cultures are based on and reflect their prevailing values and behaviours, in order that we in medicine 'practice what we preach', it is critical that all aspects of our professional practice be aligned, and we aspire to consistency across that which we learn and see and the tacit messaging that still constitutes the hidden curriculum.

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