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Exploring the Elements of Hidden Curriculum in Medical Institutes: An Ethnographic Approach

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Abstract

Hidden curriculum is the culture and practices of the institute which are latent and have not been well documented. Its existence has been identified, but its contribution to the academic performance of the undergraduate medical student has yet to be explored and established. This study attempts to explore the elements of hidden curriculum in medical Institutes of Punjab, Pakistan. This study was started in December 2017 after the approval of Institutional Review Board of National University of Medical Sciences, Rawalpindi, Pakistan and completed in September 2019. All consenting full-time faculty, students, and staff of one public and one private medical institute were selected as the focus group by using purposive sampling technique. Mode of inquiry was based on document analysis, field notes and semi-structured interview. The present study explored the elements of the hidden curriculum through ethnographic approach of qualitative research. Communication and relationship with stakeholders, accountability of faculty staff and students in all academic and non-academic activities, morality in social interaction, students' centeredness and empowerment, academic challenges through evidence-based reforms and implementation were identified as key elements of hidden curriculum of these medical institutes in Pakistan. These commonly occurring themes cut across all implicit activities of an institute and may have both, tangible and intangible implications on the immediate learning as well as future professional and personal life of the student.

Introduction

Importance of learning environment can never be overstated. Students' choice of a medical school not only depends on its academic activities and formal teaching, but also on the conduciveness of its surroundings and milieu. While all focus is on the formal curriculum and its implementation, little attention is paid to intangible elements that indirectly have an impact on the learner's motivation to study and ultimately his academic performance. Identifying these would help to consciously attend to them and enhance learning through further improving the learning environment. No research has been conducted in Pakistan on the topic of "Hidden Curriculum" as an ethnographic approach of qualitative research. There is a need to explore this area so that one can pinpoint the areas where some deficiencies have been identified in development of certain attributes that are essential for nurturing of students' socialization process, and in making them better professionals(Becker, 1961). This study may also sensitize the medical educators in general, and the health policy makers, about the importance of hidden curriculum and the part it plays in building the socialization process of the medical students in our country.

Jeffery and Elston (1989) found, from previous studies, that the environment of the medical school can hinder or facilitate students' progress. There is no local research on the practices of hidden curriculum because the identification of key elements of hidden curriculum was missing in previous research. Attribution process is an important determinant of learning and performance in the classroom (Haffert, 2000). Attribution theorists investigate perception of causality or the judgment of *'why something happened?'* According to the attribution theory, individuals allocate responsibility upon some factors, and behaviors are modified subsequently (Fatima, Zamir, Ali & Fatima, 2018). Informal discussions helped to identify that the subtle messages received by the students from the faculty, or embedded in the curriculum, and the environment, contribute to their good and poor social interaction (Ali, Zamir, Fatima & Fatima, 2018). This study may help to identify elements of the hidden curriculum, which students, faculty, and staff of medical institutes feel, have an impact on student learning. This research would serve to identify positive and negative influences, formalize the former, and work towards addressing identified barriers to learning. Insights may possibly be generalized to inform other institutes, and aid in addressing hidden elements of the curriculum.

Statement of Problem

Multiple areas have been examined and revised but little has been done on how the environment of the training institution facilitates, inhibits, or contributes to individual and organizational development. Curriculum planning and development is more than a syllabus or statement of intent. In addition to a formally planned course, students at medical schools experience an unwritten, unstudied curriculum that includes values, norms, beliefs, and intergroup relations. This refers to the hidden curriculum. Although seldom publicly announced, the hidden curriculum is intuitively recognized by the parents, students and teachers. It is considering as a salient and pervasive feature of medical institutes. The main objective of the present study is to:

1. Explore the elements of hidden curriculum in both public and private medical institutes of Pakistan.

Literature Review

Curriculum is one of the key components of medical education [8], and its success in achieving educational goals largely depends on its quality (Fatima & Ali, 2017). Learning experiences of medical students are not limited to formal curriculum; rather, there are many other factors that are continually shaping students' experiences and skills (Hafferty, 2014) These factors that are known as 'Hidden Curriculum' (HC) include a set of values, behavioral norms, attitudes, skills, and knowledge that medical students learn implicitly (Rajput, Mookerjee&Cagande, 2017). In the 20 years since this original conceptualization, researchers across the medical education spectrum have used the term to expose and explain a number of "hidden" facets of learning and teaching(Khan, 2013) This vast and expanding use of the term has led some to doubt its continued utility in medical education. Previous studies highlight following factors that affect the hidden curriculum of any medical institute;

1. Lack of accountability
2. The influence of legal phobia in the form of collective negative effect of legitimate medical legal concerns, resulting overzealous interpretation of "the rules and regulations".
3. Overloaded documentation, much of which is dictated by the need to justify a billing code, and every minute spent filling out yet another form, collectively constitute an important obstacle to providing compassionate and centered care to students.
4. The effect of negative attitudes on the part of our teachers- traditionally, attitudes are communicated, silently, or otherwise, down the hierarchical chain in a medical institute.
5. The influence of the computer and the electronic health record (EHR)
6. The effect of the "work-life balance"
7. The concept of "the difficult person"
8. The negative side of "Evidence-based Medicine" is now part of the Hidden Curriculum - The overzealous emphasis of this otherwise positive concept can result in the delivery of culturally and personally suboptimal care for that individual person(Lawrence, Mhlaba, Stewart, Molestane, Gaede&Moshabela, 2017)

The above list includes factors that may not be relevant to our context however they have been identified as important contributors, in international studies.Hidden curriculum also includes dispositions, social and behavioral expectations that helps in the development of a student's socialization process (Jeffery &Elston, 1989). Attributes such as learning to wait quietly, exercising restraint, trying to complete work, keeping busy, being neat and punctual and conducting oneself courteously may be inculcated in students during medical school life (Fatima, Farooq, Ali &Rehman, 2021). Hidden curriculum is in operation at all times and serves to convey unspoken messages to students about values, attitudes and principles. Lancet commission in 2010 pointed out the inadequacies in the health education and highlighted the need to revise the 'tribal', 'outdated', and 'static curricula. According to Hafferty (2000) the focus of previous studies was on the 'what' and 'where', rather than on the 'how' of this socialization process and the latent impact of the learning environment. In the fast-paced tertiary care environment, faculty members and residents do not routinely witness the steps in the decision-making process that are necessary for experiential, transformative learning (Weiner, 1972) For this type of learning to occur, the essential components of this process must be made apparent to learners. The cognitive critical decision and reasoning processes of senior faculty must be analyzed and demonstrated for students and residents at the bedside and/or in all educational activities(Fatima & Ali, 2020). There is a unique opportunity to try to do something about the recognition of the hidden curriculum and its insidious effects on medical students, more senior trainees, faculty and the institutes' administration. The medical students are ones to get influenced initially by hidden curriculum, hence the study tried to investigate students' perception about the elements of hidden curriculum through document analysis and field notes of the sample medical institutes using the ethnographic approach.

Method

Research Design

A qualitative study was carried out by using ethnographic design. The methods that are used in ethnographic fieldwork are observing, talking, and studying artifacts. What makes the use of these methods stand out is that they ask the ethnographer to be flexible(Cresswell, 2003). While, for instance, experimental observations often

take a very structured form and qualitative interviewers will often stick to their questions and topics, ethnographers typically follow the lead of informants. They often observe whatever there is to observe, ask their informants “what is going on,” and study the artifacts that seem of value to informants(Cresswell, 2012). Methods are often used simultaneously and interactively, e.g., when one makes an observation and asks an informant for clarification on the spot, therefore ethnography often goes by the name of “participant observation.” One participates in a certain environment over an extended period of time, observing what people do and at the same time asking questions it in order to find out the attached meanings (Cresswell, 2012).

Population & Sample

All consenting full-time students, faculty and staff of medical institutes were included in this study.Students not consenting to participate in the study were excluded from this study. The research was conducted at a public and a private medical institute of Pakistan. On the afore mentioned criteria the sample from both the colleges was derived through purposive sampling techniques.

Research Procedure: The research proposal was submitted to the Internal Review board (IRB) for ethical review. The heads of the institute were briefed in detail permission was granted for access to official documents. Thematic analysis of documents, audio recordings of one-on-one interviews, feedback collected from evaluation portal, notes taken on observation of communication on campus were conducted, and themes was identified through inductive method. Review of the documents was based on keywords analysis, word frequencies, emphasized words, sentences, and paragraphs. To ensure that bias is avoided, all themes were cross checked and approved by co-researchers.

The hidden curriculum was explored through multiple strategies. Firstly, official documents such as curricular policy, institutional policy manuals, notifications, and agendas of meetings were reviewed. Activities that are noted as being given priority by the institute and those that are not encouraged and promoted were identified and meaning was interpreted. Secondly, communication between teachers, students, and staff was observed informally. Waiver of consent was requested for this activity. Discussions during meetings where faculty perceptions and attitudes may become evident, student exchanges in the cafeteria, college grounds were useful activities where notes were taken. Informal conversations with colleagues about students and interactions with them also provided useful information (e.g. a faculty member said in the faculty lounge *"I do not allow any student to come to me after class for any clarification. As it is, we give them such detailed explanations in the classroom."* A student exchanged with friend *‘I don’t even bother to go to X because he will either not entertain my query or will start sermonizing’.* Notes were taken and themes that emerged in the form of subtle messages were identified from dialogues taken down in the form of notes. Elements that are assigned importance and those that are subtly avoided or ignored were also be documented. Thirdly, one on one interviews of volunteering students were audio recorded, transcribed, and emerging themes were identified. The questions were generic to start with, for example, "*How would you describe the environment of the college?"* Depending on the responses specific questions were asked to further explore the reasons for their responses e.g. "*Why do you think the environment is not conducive, can you elaborate the reasons why you feel this way? Why do you think it is important for faculty to be friendly with the students?"*

Cresswell (2012) recommended only interviewing 10 respondents to collect extensive detail about each site or individual’s response. After the interviews, only ten interviews from 05 students and 05 teachers, were selected based on the respondents direct or indirect experience of the medical schools. The interviews took place over two months during working hours in medical schools. The sample included five males and five female medical students and teachers. Semi-structured interviews were composed of five key questions yet allowing the interviewer and/or the interviewee to diverge to pursue more detailed responses. The interviews were tape-recorded for precision and for later transcription. The interviews varied in duration, with shortest interview lasting approximately 15 minutes and the longest 30 minutes. Once the data collection was completed, researchers used the bracketing method. This technique allowed them to remain self-reflective throughout the study while considering their role in the study in relation to the respondents, previous understanding of the phenomena and potential impact on their data. Researchers' diaries also consisted of the search terms and databases that were consulted to obtain information from the literature review. Respondents’ body language was also recorded. This method of analysis involved thematic examination and horizontalization, which entails revising the transcripts while extracting significant statements pertaining to the “horizons” and “textual qualities”. All the extracted statements were ascribed equal values. The statements or horizons were then grouped into broader categories as meaning units or themes. The final step of data analysis included the intuitive integration of the fundamental textual and structural description into unified statements that describe the common elements of Hidden Curriculum of Medical Education.

Results and Discussion

Table 1

Content Analysis of Official Documents from Medical Institutes

Document Title	*Theme*

SOPs for rechecking of exam papers	Acceptance of responsibility of mistake
	Clear instructions – dos and don’ts
SOPs for modular exam absentees	Consideration for unavoidable circumstances
	Importance given to effort
	Fairness
	Clarity of process
	No tolerance for irresponsibility
SOPs for failures	Compassion for poor performers
	Recognition of student stress and distress.
	Mentoring considered important
	Recognizing psychological issues
	Faculty led help – not left on their own
	Responsibility given to senior faculty
	Focus on clearing exam
	Coordination is given importance
	Strict instructions
	Students not given option to decide.
	Recognize need for isolated time to prepare
SOPs for student societies	Value student activities
	Organization is valued
	Recognize stressful environment
	Importance to supervision
	Policy making, SOPs is important
	Acknowledge extracurricular through rewards
	Student safety and security is important
	Clear chain of command
	Faculty supervision necessary
	Clear allocation of tasks
	Margin for change in policy
	Need for endorsement by the head of institute
	Judicial use of finances
	Coordination is important
	Accountability of expenses, audit
	Advanced planning
	Gender equality, in leadership role and participation
	Stringent criteria for merit
	Academics and discipline determine merit
	Identification through badges is important
	Sports farewell major events
	Voluntary work encouraged
	Owns their students
	Rules differ for different students
	Encourage art and culture
	Punish plagiarism
	Encourage and acknowledge research
	Value family time and get together
	Separate entertainment of lower staff
MBBS Guidelines	Not shared with students
	Too much micromanagement
	Incorrect technical terms
	Practices not following best evidence
	Primitive tools of assessment
	Continuous effort of students not given high weighting
	Secrecy of results
	Students continuous assessment results not shared
Proposed Assessment Policy	Incorporating best practices
	Student learning is valued
	Faculty development is valued for benefit of students

	Fairness is emphasized
	Recognition of students efforts through weighting of continuous assessment
	Information shared with students
	Room for appeal
	Recognize digital age of students
	Recognize unavoidable circumstances
	Clear instructions
	Flexibility and improvisation
	Unclear legislations because of university
	Ownership on students
Proposed attendance and leave policy	Onus on university to legislate
	Strictness on attendance
	Alternate available
	Fairness valued
	Option to appeal
	Option to improve
	Understand that requirements of students differ because of difference in curriculum
	Discipline is enforced by faculty, held responsible
	Responsibility given to students in later years empowering them
	Strict punitive action to ensure compliance
	Use of strong harsh words to convey message
	Parental control expected
	Recognize unavoidable circumstances
	Planning is important
	Many alternates, due thought put in devising policies
	Clear guidelines, visual, ease of comprehension to increase readership
Proposed examination policy	Fairness
	Value latest trends
	Secrecy important
	Early results, consideration for students anxiety
	Parental involvement, student not treated as adults
	No delays
	Option for appeal
	Alerts to parents
	Student counseling
	Preplanning
	Countercheck
	Chain of command
Policy for Provision of Logistics And Simulated Patients	Fairness
Notice for students – Re-sit Policy	Clear instruction Student in information loop
Notice for students – Overdue exam	
Notice for students – Process for application of special leave	

Table.1 shows document analysis of medical schools that showed that there were disciplinary rules for students with focus on disciplinary actions. There was evidence of micromanagement and little empowerment of students was noted, in academics as well as student led activities. The findings were same in both public and private medical schools, though there was seen some progressive approach in line with the needs of the Millennial learner in the private medical schools. Many grammatical and gross spelling mistakes were noted but instructions were clear and detailed in the policy documents of medical institutes.

Table 2
Field Notes from Medical Institutes

20 December 2017 0900hrs to 1000hrs	
Public Medical College-Lecture hall. interactive lecture first year on "learning to learn"	
Observations	*Interpretation*
Male students are more than 2/3rd of class. females total 20 in number	Quota of seats for certain categories
All females came late and seated at the front two rows on left side already rows made vacant by male students	Separate seating of boys and girls. Gender segregation
Few male students were sleeping, drowsy and tired because of some punishment they said.	Strict consequences for action
Male students actively participated in the discussion whereas females were listening keenly but quietly. females made concept maps more extensively than males	Females are shy or feel dominated by the male students
26 January, 2018 - 1100 -1200hrs	
Auditorium-A talk on CSA by guest speakers	
Observations	*Interpretation*
Students respectfully guided teachers to seats in front rows	Respect for seniors
Female faculty sitting in the middle of a row and male faculty seated with one seat vacant on either side of female on purpose. Male students occupied rows in auditorium on one half while females on the other half of the hall. Both males and females actively participating in the talk and answering intelligently the questions thrown by speaker. Asking intelligent questions; more coming from male side.	Gender segregation Females shy
Date – January 30, 2018	
Place of visit – Public Medical college, Campus grounds and corridors	
Observations	*Interpretation*
Clearly defined area and signs with instructions Students smartly dressed in uniforms. Walking in files into the classrooms Boys and girls in separate files Walls mounted with names of high achievers. Banners of extracurricular activities like Tambola night and MUN on the walls Students greeting every senior on the grounds	Boundaries defined. Discipline and uniformity important Gender mixing not encouraged. Appreciate and recognize students' achievements. Promote and encourage healthy extra-curricular activities. Respect for seniors is expected/demonstrated
Date-January 31,2018	
Place of visit-Public College, Campus, ground, cafeteria 8:30 am	
Observations	*Interpretation*
All students wearing neat and clean uniform Girls and boys morning drill in same ground but at two opposite ends.	Discipline Uniformity Segregation of sexes
All students have same black college bag with their college ID number and name on it.	Uniformity, yet separate identification
Girls' and boys' cafeteria is separate. Girls' cafeteria is neat and clean. One lady serving at counter and one male. The kitchen at the back is also clean with cook preparing meal wearing gloves, apron and cap. List of students' money balance with their roll no's is pasted on walls.	Hygiene and cleanliness Sharing of personal information. Not private, may be embarrassing (are results shared publicly)
Private Medical School visit- Main Lobby, lawns and corridors *Time of visit 10-10:30 Tea break*	
Observations	*Interpretation*

Clearly defined areas and signposts	Clear instructions, defined demarcated areas
Students dressed casually wearing white coats	Casual dress code
Scattered in the lobby and grounds in mixed groups	No gender segregation
Students greet faculty occasionally, usually ignore	Respect for seniors not a norm
High achievers/best graduates are wall- mounted at one place in the main lobby	Recognition of students' achievements
Corridor walls mounted with paintings and posters	Value art and culture
Cleanliness of furniture (tables, chairs) of crockery not up to the mark A limited variety of dishes available although menu varies daily. Waiters not wearing gloves or head caps/ No demarcation between faculty, students', patients', or their attendants seating. People do not make queue during ordering or paying bill	Hygiene not given importance. Variety – recognize varied choices of students. Hygiene not given importance Equality, horizontality Lack of discipline
Place of visit- classrooms /lecture hall *Time of visit- 11:00 am*	
Observations	*Interpretation*
Clear demarcation is observed in male and female seating arrangement in lecture halls, however in small groups sessions and in laboratories seating is according to individual preferences. All lecture halls are provided with multimedia. Every small group venue equipped with white boards	Gender demarcation not mandatory and constant Importance given to learning aids
Less attendance in a session was observed in a lecture, on inquiry it was found there were fewer classes that day	Attendance not enforced
Students sitting on stools, a group of 25 students each having their own microscopes and necessary apparatus. Faculty using television screen for elaboration (histology slides) A well-equipped skill lab with audiovisual aids and simulators Screens are set up between different sections. Students learning clinical skills with keen interest. Two instructors supervising small groups of students performing clinical examination on an SP. Most places have appropriate signs and boards including the hospital which has floor plans for all levels in addition to sign boards for individual areas on a floor There are notice boards in both basic sciences block as well as hospital area OPD.	Availability of learning resources Students enthusiastic to learn Areas demarcated Signs, areas defined
Only a week back the library was renovated with appropriate seating for students as well as separate enclosures for SDL, EBM/ Research and faculty development within the library	Research and literature search not valued earlier. The library, till about two weeks ago, was used for the academic council meeting and had little or no proper usage by students. There was no chief librarian for a long time and was only hired a couple of months back.
The college has 6 lecture halls, 4 in basic sciences block and 2 in the hospital building. As the Skill and computer lab have shifted to new locations in the hospital block (Nursing college floor) their old areas are being converted to a conference room and another general-purpose hall. All lecture halls have appropriate multimedia facilities. All students are automatically subscribed to the Learning management system based on Moodle and is	Logistics are improved and updated. Importance given to beautification and technology. Learning management system to facilitate student learning. Importance given to students learning styles and needs

in use by the student affairs to provide students with information regarding emergency leaves, schedules, notices etc. In addition, all modules/ clerkships use the system to communicate with students. This system is in use by several, but not all modules/ clerkships to varying extent	
Active student affairs department	Students are provided support
The college has its own basketball and badminton courts	Sports are given importance
The college has 3 eating places one café in hospital, one for basic sciences near basketball court and one recently established franchise café.	Students choices are given importance
There is no student uniform, however all students are required to wear white coats everywhere. There is a dress code, but it is loosely followed and implemented	Uniform not enforced… no strictness
Students have a 'tribal' culture. Specific groups always move together. Most foreign students form their own tribe and always move within it.	Tribalism
Students are generally courteous towards teachers, though if that is real or out of fear is a question that needs to be explored	Seniors are shown respect/cordiality
students are removed from classroom for coming a minute late, they are frequently scolded, and seem to no longer care.	Misplaced strictness

Table.2 shows Observational analysis of the learning environment that showed major differences between the two medical schools. Contrary to expectations the public sector school was better maintained, and the premises allowed immaculate spaces for student time off. This may be due to availability of resources. There was however obvious gender segregation in the public school with strict disciplinary boundaries, but freedom to interact with the opposite gender in the private school. The public school also showed evidence of pride held for high achievers in academics as well as nonacademic activities.

Table 3

Thematic Analysis

#	*Extracted themes*	*Subthemes*	*Explanation*
1	Communication and relationship with stakeholders	Confidentiality Students Student Relationship Student Admin Relationship Student Teacher Relationship Association with Institution	Open channels of communication Transparency of actions yet respecting confidentiality of students. Applicable to all stakeholders Rapport and respect for each other including the institute and its vision. Communication climate – supportive and defensive attitude
2	Accountability of faculty staff and students in all academic and nonacademic activities	Fairness and Justice Discipline Rules and Regulations Role modeling of leadership and faculty	Rules should be applicable to all and all should be held accountable for their actions – reward and punishment. Demonstration of values and principles expected from a healthcare professional
3	Morality in social interaction/Equal opportunity	Gender Equity Meritocracy Diversity	Equal opportunity for both genders and irrespective of diversity of culture and beyond tribalism, where open meritocracy is prevalent
4	Student centeredness and empowerment	Extra and Co-Curricular Activities Student Empowerment	Activities that regard students mental and physical wellbeing, provide support yet empower them in all activities including their academic

		Expectations from Students Student Support System	growth
5	Academic challenges through Evidence based reforms and implementation	Learning Activities Burden of Learning Motivation and Challenge Academic Standards Administrative Functioning	An environment that nurtures the desire to excel and challenges intellectual growth. Curricular reforms that are in line with best international practices

Table.3 shows thematic analysis that shows that transparent and open, yet effective communication with all stakeholders with regard for confidentiality, is an incredibly important element of the environment that would ultimately develop rapport and maintain student trust. Consequences of action in the form of reward and punishment, without bias was a major theme identified. Equal opportunity in all academic and nonacademic activities irrespective of gender, ethnicity and tribalism was found to have a major impact on the learners' mental wellbeing. Millennial learner seeks empowerment and does not respond well to dictation and rigidity, flexibility of tasks, and treatment as adults is what is expected and desired by students of both types of medical schools. In this age of globalization, the current learner is aware of progressive curricula and are driven to explore better opportunities internationally. They appreciate the vison of institutes who are geared towards curricular reform based on evidence based best international practices and the steps that it takes to ensure that their product is at par and fir to compete with international graduates.

There was evidence of micromanagement, and little empowerment of students was noted, in academics as well as student led activities through document analysis. Upon elaborate review of all available documents, it was noted that much more could have been made available to students to help their transition into their professional role, as well as help them get settled in the new environment of medical school. Most of the documents were related to rules and regulations but very few addressed topics like how to navigate life at medical school, tips for learning and coping, managing stress and other relevant issues. Clear guidelines and procedures for all student related academic activities were not seen which would have been useful for students. Student guides and policy manuals were found to be deficient too. This gave the impression that it is not felt important that the students' induction into a professional school should be facilitated. This result was quite similar with work of the Rajput et al., (2017) and Khan (2013).

Field notes identify that contrary to expectations, the public sector school was better maintained, and the premises allowed immaculate spaces for student time off. The sense of belonging and the sense of pride that the public medical college students had for their institute and its campus was very notable. Public medical colleges of the country can boast of a history spanning more than half a century and the campuses are blessed with sprawling buildings and grounds. The sample public medical college contrary to others is extremely well maintained and has received awards for its landscaping and maintenance. Hence its students obviously demonstrate a greater association with it. Despite the stricter rules, accountability, and consequences, they feel connected with their alma mater, which is apparent in the way they carry themselves. Students at the private medical college however feel that it is their right to demand all amenities, as they pay much higher tuition fee, which is almost negligible in government colleges. They are hence more vocal, defiant, and liberated in their behaviors and communication. These findings were quite similar to the work of Ali et al., (2018) and Lawrence et al., (2017).

Thematic analysis shows that sharing useful information with students and all stake holders demonstrates trust and openness which goes a long way in making the student comfortable in his learning environment. At the same time, it is of utmost importance that there is no breach of confidentiality and that student's poor performance, disciplinary issues, mental and physical health concerns, and personal challenges are nether discussed nor shared publicly. Failure to do so marginalizes the learner and ultimately affect his learning. Enforcement of rules, though important, should not extend to misplaced strictness. The millennial learner needs justification of what and why he is receiving a sentence and may be handled through discussion and counselling rather than rigid exercise of power. Awards and reward for accomplishments especially by valued faculty members are long remembered by students. In fact, these seniors also help students decide future path and motivate them to do better. Regard for all students alike and availability of support, guidance and equal treatment is expected by students everywhere. Bias shown by faculty for same or opposite gender, as well as those belonging to a favored culture or ethnicity embitters those who are not at the receiving end. As has been repeatedly emphasized, static, outdated curricula and instructional strategies fail to capture student interest. The student of these times prefers to be a part of all decision making and wants to be empowered to make his own choices and learn through his own mistakes, rather than the experiences of his seniors – he is an adult and expects to be treated as one without being judged. There is a constant evolution of content, design, instruction,

and assessment in education of all disciplines, but advancement in the field of medicine is exponential. Keeping abreast with latest advances, adopting them and being conscious of the need to review and improve, in order to benefit the learner, shows them the progressive and updated perspective of the institute. In this age of globalization, the current learner is aware of progressive curricula and is driven to explore better opportunities internationally. They appreciate the vision of institutes who are geared towards curricular reform based on evidence based best international practices and the steps that it takes to ensure that their product is at par and fit to compete with international graduates. All these results were quite similar to the works of Fatima and Ali (2020); Jeffery (1989) and Hafferty (2014).

Conclusion

Communication and relationship with stakeholders, accountability of faculty staff and students in all academic and non-academic activities, morality in social interaction, students' centeredness and empowerment academic challenges through evidence-based reforms and implementation were key elements of hidden curriculum of medical institutes in Pakistan. These commonly occurring themes cut across all implicit activities of an institute and may have both, tangible and intangible implications on the immediate learning as well as future professional and personal life of the student.

Recommendations

The identified areas should receive specific focus and be improved to enhance conduciveness of the learning environment by the higher authorities of medical institutes of Pakistan. Training and workshop should be conducted regarding awareness and hands-on-practice of hidden curriculum for faculty, students and staff in medical institutes.

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