

THE INFORMAL AND HIDDEN CURRICULUM IN PHYSICAL THERAPY EDUCATION

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Abstract (Limited to 300 Words):

BACKGROUND AND PURPOSE: Hafferty (1998) described the learning environment in medicine as encompassing three areas of influence: 1) the formal curriculum or that which is explicitly stated; 2) the informal curriculum which reflects teaching and learning that occurs through informal faculty and student interactions; and 3) the hidden curriculum through which organizational structure and culture exert influence. While the formal curriculum is explicit and its influence more easily identified, the informal and hidden curricula can also have a significant impact on student outcomes relative to attitudes, knowledge and behavior. Although work has been done in medicine to identify and address the informal and hidden curriculum, no literature exploring these influences in physical therapy could be identified. The purpose of this qualitative study was to explore the informal and hidden curricula in physical therapy education.

SUBJECTS: Twenty-eight third-year physical therapy students (24 female, 4 male) from three Midwestern physical therapy educational programs (2 public, 1 private) participated in this study.

METHODS AND MATERIALS: Qualitative data were gathered using audiotape recorded focus group interviews and document review (PT program policy and procedure manuals).

ANALYSES: Constant-comparative qualitative data analysis methods were utilized. Audiotapes were transcribed and data were coded utilizing a framework identifying major influences on the informal and hidden curriculum and their relationship to the physical therapy profession's core values. Patterns, categories, and themes were coded, classified, and compared across data sources. Focus group data were initially independently read and coded by each investigator. Methods such as purposive sampling, member checks, peer debriefings and triangulation were used to support the dependability and trustworthiness of the study.

RESULTS: Three major influences related to the informal curriculum (faculty, peers, clinic) and two major influences (policy, physical environment) related to the hidden curriculum were identified. The core values of excellence and compassion/caring were influenced by all of the

components except policy. Professional duty associated with APTA involvement, was influenced by faculty and policy. Issues of integrity, as they related to reimbursement and productivity pressures, emerged within the clinic setting but were not associated with other hidden or informal curricular influences. Peers exerted an important influence on excellence through peer to peer teaching and learning. Social responsibility, accountability and altruism did not emerge as important aspects of the informal or hidden curriculum. Contrary to popular thought, core academic faculty had a much stronger influence on students through the informal curriculum than clinical instructors/experiences. In addition, unique influences related to institutional type and setting emerged.

CONCLUSION/IMPLICATIONS: By gaining an increased understanding of the hidden curriculum influences, physical therapy educators will be better able to address potential negative influences and strengthen and support those influences that may be positive.