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The silent lesson: confronting the hidden curriculum in medical training.

La lección silenciosa: confrontar el currículo oculto en la formación médica.

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Editorial

Abstract. The hidden curriculum in medical training comprises the set of unwritten norms, values, and practices that students learn in clinical settings and that frequently clash with the formal principles taught in the classroom. We analyze how this curriculum transmits informal competencies related to emotional suppression, hierarchical obedience, and the normalization of physical self-sacrifice, shaping professional identities that can erode empathy, compromise patient safety, and contribute to burnout. We examine the dissonance between institutional discourse and daily practice as a source of cynicism and a loss of vocational idealism. Finally, we propose making the hidden curriculum visible through structured spaces for reflection, conscious modeling by clinical educators, and alignment between stated values and observable behaviors, with the aim of transforming this phenomenon into a reinforcement of ethical culture and professional well-being.

Keywords: empathy, burnout, well-being

Resumen. El currículo oculto en la formación médica comprende el conjunto de normas, valores y prácticas no escritas que los estudiantes aprenden en los entornos clínicos y que, con frecuencia, entran en tensión con los principios formales enseñados en el aula. Analizamos cómo dicho currículo transmite competencias informales relacionadas con la supresión emocional, la obediencia jerárquica y la normalización del autosacrificio físico, configurando identidades profesionales que pueden erosionar la empatía, comprometer la seguridad del paciente y favorecer el agotamiento profesional. Se examina la disonancia entre el discurso institucional y la práctica cotidiana como fuente de cinismo y pérdida de idealismo vocacional. Finalmente, se propone hacer visible el currículo oculto mediante espacios estructurados de reflexión, modelaje consciente por parte de los docentes clínicos y alineación entre valores declarados y comportamientos observables, con el objetivo de transformar este fenómeno en un refuerzo de la cultura ética y del bienestar profesional.

Palabras clave: empatía, burnout, bienestar

Hospitals offer a subject that is not included in any curriculum. In hallways, on call, and in break rooms, students learn "how things really work." This set of unwritten rules, values, and practices is known as the *hidden curriculum*, and it constitutes one of the most complex challenges to the ethical coherence of the medical profession (1-3).

Formal education promotes clear principles: empathy, professionalism, scientific honesty, teamwork, and patient advocacy. However, upon entering clinical practice,

students discover that many lessons are transmitted through imitation, silence, or omission. Informal skills are acquired there, skills that are not assessed in exams but are crucial for adapting to the system. This experience has been extensively documented in qualitative studies with medical students (4-6).

One of the most influential is emotional management through suppression. In the face of suffering or death, an affective detachment is frequently modeled and mistaken for professionalism. The implicit message is that "doctors don't feel" or, at least, they don't show it. This culture can erode empathy, promote dehumanization, and lay the groundwork for professional burnout (6-9).

Another powerful lesson is hierarchical obedience. Questioning a superior can lead to explicit or subtle sanctions, ranging from public humiliation to exclusion. Thus, the student learns that silence is safer than raising a clinical doubt or a potential error. This dynamic directly conflicts with patient safety and the promotion of organizational cultures open to incident reporting.

The idea of physiological invulnerability is also conveyed. The normalization of extreme fatigue, lack of rest, and constant self-demand become symbols of commitment. Exhaustion ceases to be perceived as a risk for the professional and the patient, and comes to be interpreted as a badge of honor. This narrative contradicts contemporary discourses on well-being and self-care in medical practice (10).

The consequences are profound. The gap between rhetoric ("the patient comes first") and daily practice ("we have to move quickly") generates cognitive dissonance and, over time, cynicism. Vocational idealism can erode when the proclaimed values are not reflected in the institutional culture.

Addressing the hidden curriculum requires more than curricular reforms. It demands consistency between what is taught and what is modeled. Clinical educators are constant role models: every interaction with a patient, every comment made during the shift, and every reaction to a mistake constitutes a formative lesson.

Making the invisible visible is the first step. Structured spaces for reflection, mentoring, and ethical dialogue allow us to analyze the unwritten rules and tensions that students observe. Naming these contradictions doesn't eliminate them immediately, but it does open the possibility of transforming them. Only in this way can the hidden curriculum cease to be a school of cynicism and become an ally of the ethical culture we aspire to build: a system where respect, humanity, and self-care are practiced with the same conviction with which they are taught.

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