I launched Sharp Scratch with The BMJ’s multimedia team in the spring of 2019, during my year running all things student at the world’s fourth leading medical journal. It’s a podcast where medical students, newly qualified doctors, and expert guests meet in a studio to talk about the things we need to know to be good doctors but that we may not learn at medical school.

I’ve since returned to medical school and joined a new year group, where I often find myself in a circle of strangers. Many times in the last 12 months, the professionalism strand of my medical degree has put me in a circle with students I have met once or twice to discuss personal stories and to reflect.

Many of the stories are familiar. The student with mental health problems shadowing an intimidating doctor on placement who feels unable to disclose their needs. The delirious or psychotic patient who inappropriately comments on a student’s appearance. The student who overhears a joke about a patient and feels a line has been crossed. And a general anxiety about a future career where we will have to respond well in situations even more complex than these.

When I’m in a circle of reflecting students, I don’t always say what I’m thinking. But I’m usually thinking about an episode of Sharp Scratch.

Hidden curriculum

When we — the Sharp Scratch team — first thought we could make a new podcast for medical students, we interviewed medical students and new doctors, asking them what problems they experience at university or placements or work. What we found was unsurprising: the leap from student to doctor is huge. Despite having just taken final exams, the newly qualified doctors encountered problems that they felt unequipped to solve.

How to cope, how to succeed, how to fit into your role in the healthcare system — these topics are unlikely to be covered on a formal medical school curriculum. Rather, we are expected to absorb them from our environments on clinical placements. This is the “hidden curriculum”: unspoken, unofficial knowledge of customs, rituals, and other aspects of working life that experienced doctors take for granted.

In the BMJ editorial that launched the podcast, I laid out what the hidden curriculum teaches medical students:

The hidden curriculum includes administrative skills. [...] essential skills such as writing a discharge letter, ordering a test, and navigating patients’ notes are rarely formally taught. [...] newly qualified doctors are often left to learn these and other important skills on the job, under pressure.

The hidden curriculum includes tips for success and wellbeing. In the camaraderie of hard work, we glean ideas for surviving, even thriving: how to pick a good supervisor for a project, how to get clinical skills signed off by the deadline, and how to leave a ward round when we’ve learnt all we can take that day. From doctors already on the shop floor we learn how to cope with a night shift, a death, a mistake, a complaint, or a bully.

The hidden curriculum includes healthcare culture. We follow the lead of the doctors and students around us. Should I avoid going to the ward because I have a cold? Should I tell my personal tutor about my mental illness? Should I share my revision notes with peers? Should I take my time with a patient when my supervising doctor wants me to speed up? Should I consider quitting medicine before it gets too hard? Such unspoken questions affect our professional relationships and clinical practice. They deserve open and honest discussion and resolution.

At its best, the hidden curriculum teaches us essential skills and coping mechanisms. We cannot do without it. But the hidden curriculum causes harm, too. At its worst, it perpetuates unsafe shortcuts, poor coping strategies, and a toxic work culture.

Sharp Scratch exists to pull the hidden curriculum into the open — to scrutinise it, warts and all — and to show out the lessons that we need to become safe, patient-centred, healthy doctors.

The making of Sharp Scratch

Each episode covers a topic that the Sharp Scratch team choose from the hidden curriculum. You can come up with ideas by asking yourself questions such as: what aspects of being a new doctor am I unprepared for? What do I wish someone had told me sooner? What did I find surprising, frustrating, or difficult in my first week as a doctor?

The next step is to identify who has expertise in the area. Sometimes a jobbing doctor is expert enough. At other times we want the help of experts. When recording ends, we go for coffee.

Then a few of the Sharp Scratch podcasters meet in the studio in London. The regular podcasters are ten medical students and new doctors from different parts of the UK, and though we may have felt like a circle of strangers recording episode 1, we have become friends. When recording begins, we open by exploring why the topic matters, and the questions we have. Then we delve into the answers with the help of experts. When recording ends, we go for coffee.

Favourite episodes

I had the joy of hosting 17 episodes of Sharp Scratch before handing over to my successor at The BMJ, Anna Harvey. I hosted on topics ranging from night shifts to dating, from clinical mistakes to gallows humour.
One of the hardest recordings was Episode 6: “How to treat someone who’s racist or sexist”. It unpicks how individuals and institutions can respond when a patient says something offensive, with expert contributions from doctors who changed policy and practice at their hospitals. I have received sexist comments in a clinical setting — you can listen to the episode to hear more about that — and I found myself reeling with the implications for my own practice even in the middle of hosting the conversation. More than once, lost in my own thoughts, I had to ask our producer, “What should I ask next?”

Thanks to the social internet, I know I’m not the only one who finds it refreshing and useful to learn about the hidden curriculum in an explicit way. Abbie Tutt, a third-year medical student at the University of Warwick in Cambridge, says that she particularly liked Episode 20: “Working with the multidisciplinary team”. “It was helpful to hear what others really think of us [medical students]. I felt bad for the student nurses and how much we interfere in their learning without realising. It’s where the nurse versus doctor rivalry stems from, and I think if we all knew a bit more about it we could be more courteous to our colleagues.”

Good reason to hope
A year and a half since the first episodes, I see recurring themes in the Sharp Scratch studio: desire for clear guidance, drive for better health care culture, and hope.

Firstly, medical students want answers. We want black and white, five-step instructions that will guide us through what to do in challenging situations — similar to the diagnostic and treatment algorithms we memorise for exams. And although the hidden curriculum doesn’t lend itself to easy answers, we usually manage to find some practical tools to see us through varied and nuanced situations. When it comes to the challenges of medical school and my first months on the job, I will fall back on the lessons I’ve learned in the studio.

Secondly, our doctors and expert guests want health care culture to change. Among all of us on the Sharp Scratch team there is a determined optimism that our generation of health care staff will be the ones to change it: to see a rise in civility; a flatter hierarchy; an ever safer, more patient-centred, healthier workforce.

And finally, there is good reason to hope. The hidden curriculum includes the marvellous and the mundane and the dreadful; some weeks we go deep into the flaws of our profession. But our guests — many of them changemakers — tell us time and time again that they have seen culture and practices change for the better.

We are entering into the profession in a time when it is used to challenge and change. As future doctors, we get to stand on the shoulders of the health care professionals before us and continue to change health care culture — and the hidden curriculum that reinforces it — for the better.

A new episode of Sharp Scratch goes live every second Friday on Apple podcasts and other major podcast apps. Find out more at bmj.com/sharpscratch. Follow BMJ Student on Twitter, Facebook, and Instagram for Sharp Scratch updates and behind the scenes insights. Follow Laura on Twitter at @lnn_rugby.

References