

Letter to Editor



The role of student mentoring in revealing hidden curriculum

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Dear Editor,

It is indispensable to train competent health professionals to meet the evolving healthcare needs of the nations. To this end, it is crucial to pay much attention to curriculum development.¹

A formal curriculum has the teaching and learning experiences that empower students to achieve the outlined goals. It consists of learning goals, teaching and evaluation methods and strategies, and a learning environment laid out by higher education institutes. There is another type of curriculum, commonly known as the hidden curriculum. This also plays a vital role in medical education, particularly in what occurs in a clinical setting. Moreover, the hidden curriculum has a pervasive influence on students' attitudes, professional personalities, learning courses, and how they deal with ethical dilemmas.^{2,3}

Bloom recognized two parallel and distinct forms of curriculum, one as formal and written, the other as hidden. He defined a hidden curriculum as one that is neither stated nor attended, or shaped through the student's interaction with the learning environment.⁴ The hidden curriculum plays a vital role in establishing a student's professional life, conduct, beliefs, and sense of responsibility. Therefore, harmonizing these two forms of the curriculum has become one of the crucial struggles that educators and instructional designers have to encounter.

Mentoring is defined as a process by which an experienced, trustworthy, and dedicated person or mentor guides a less experienced individual toward cultivating ideas and reflecting on them, learning, and personal and professional development.⁵ It is often an extensive, voluntary, and broad relationship encompassing different learning environments, such as research, clinical settings, and ethical and professional conduct. Student mentoring can be observed at different levels of educational hierarchy, a higher level involving faculty mentors, an intermediate

one involving residents, and at the near-peer level, or a combination of these.¹

Mentoring programs, if designed, delivered, and evaluated based on evidence-based need-oriented principles can benefit not only mentees but also various parts of medical higher education institutions. These benefits include cognitive empowerment, development of professional skills and personal competencies, cultivating a sense of responsibility, increasing motivation, better group adoption, and a more collaborative and substantial commitment to ethical principles and patient privacy.⁶ These benefits, achieved at a relatively low cost, have influenced the widespread adoption of these programs as a fundamental principle of an educational environment. Not surprisingly, many countries have taken steps to establish such programs in a manner that is culturally, socially, and economically appropriate.

Several medical universities in Iran initiated the implementation of student mentoring programs in the early 2010s. For example, since 2015 a student mentoring program at three levels that selects competent mentors has been implemented at the Tabriz University of Medical Sciences with the involvement of medical faculty members to increase students' knowledge, reduce their stress, and increase their familiarity with clinical environments and ethical issues.

Despite some shortcomings in the country's higher educational systems, these programs paved the way for enriching students' professional and ethical competencies. It is noteworthy that most of what goes on in developing a student mentoring program is an attempt to make a hidden curriculum visible and address its challenges. In other words, implementing a well-designed student mentoring program and selecting well-trained capable mentors could create an engaging way to reveal the hidden curriculum and make it more pertinent to formal education. As a result, it neutralizes negative elements of the hidden curriculum that have a deterrent effect on

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students' knowledge, attitudes, and ethical values.

Given the cost-effectiveness, and novelty of student mentoring programs in Iran, it would be prudent to encourage congruence in the design and implementation of these programs across universities of medical sciences by engaging faculties and deans. It is recommended that an expert team of faculty members, students, and instructional designers critically examine universities' experiences worldwide and their unique approaches to developing student mentoring programs. Hopefully, such an effort will result in national guidelines for implementing, evaluating, and financing such programs in each university of medical sciences in a context-relevant manner.

Authors' contribution

All authors have equally contributed to this paper

Competing interests

The authors declare that there is no conflict of interest.

Ethical approval

Not applicable.

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