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Research Article

The Hidden Curriculum in Paediatric Surgical Training: Empathy, Error, and Emotional Resilience in the Operating Room

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Abstract

Background: Paediatric surgical training extends beyond technical proficiency; the hidden curriculum influences professional identity formation [1,2].

Methods: A qualitative phenomenological inquiry among 26 trainees used Braun and Clarke's thematic analysis framework [3].

Results: Themes emerged around role-modelling, silence around error, and resilience shaped through experience and mentorship.

Conclusions: Integrating structured debriefing and emotional skills training may address harmful elements of the hidden curriculum [1,4].

Introduction

In paediatric surgery, technical mastery is explicit, while emotional literacy is absorbed implicitly through the hidden curriculum [1]. Unspoken norms shape how trainees communicate with parents, interpret error, and develop coping strategies [2]. This study examines how empathy, error-processing, and resilience evolve in the operating room.

Methods

Design: Qualitative phenomenology exploring lived experiences of trainees [3].

Setting: Three accredited paediatric surgical training centres.

Participants: 26 trainees (PGY-1 to PGY-3).

Data: 42 interviews and 19 reflective journals.

Analysis: Braun & Clarke thematic method using NVivo 14 [3].

Reflexivity: Dual-coding by a surgeon-educator and psychologist ensured credibility.

Ethics: IRB approval PEDURO/2022/043.

Results

Three meta-themes emerged:

1. **Theatre as a Classroom of Character** – empathy was learned by imitation, consistent with findings from

broader medical education literature [1,2].

2. **The Silence Around Error** – participants described cultural barriers to open discussion of complications [2].

3. **Becoming Steel and Silk** – resilience required balancing surgical firmness with compassion; a dynamic also reflected in previous studies on hidden curriculum influences [4].

Discussion

Trainees reported tension between emotional detachment and expected compassion, a paradox widely recognized in hidden curriculum research [1,2].

Silence around complications echoed earlier work describing shame-based learning environments [2].

Structured debriefing and narrative reflection have been shown to mitigate these harms and enhance resilience [4].

Educational Implications

- Introduce reflective writing to cultivate narrative competence [4].
- Implement parent-actor simulation to reinforce communication skills.
- Conduct faculty workshops addressing tone, feedback, and psychological safety [2].
- Encourage peer-support systems to reduce moral fatigue.

Limitations

Small sample size and self-reported data may reduce generalisability.

Cultural hierarchies, well-documented in surgical education research [2], may have influenced disclosure.

Conclusion

The hidden curriculum shapes not only competence but character. Intentional modelling of empathy, open discussion of error, and structured emotional learning are necessary to protect trainee well-being [1,4].

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