

## **The “Hidden Curriculum” and Residents’ Attitudes about Medical Error Disclosure: Comparison of Surgical and Nonsurgical Residents**

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**BACKGROUND:** The “hidden curriculum” and role models for responding to medical errors might play

A central role in influencing residents’ attitudes about disclosure. We sought to compare surgical and nonsurgical residents’ exposure to role modeling for responding to medical errors and their attitudes about error disclosure.

**STUDY DESIGN:** We conducted a cross-sectional, electronic survey of surgical and nonsurgical residents at 2 large academic medical centers. The questionnaire asked respondents about personal experience with medical errors; training for responding to errors; frequency of exposure to role modeling related to disclosure; and attitudes about disclosure. Descriptive statistics were used to describe frequencies. Chi-square and Fisher’s exact test were used to compare proportions between surgical and nonsurgical trainees.

**RESULTS:** The response rate was 58% (253 of 435). Surgical residents reported more frequently observing a colleague be treated harshly (e.g., humiliated or verbally abused) for an error than nonsurgical residents (sometimes or often, 39% [26 of 66] vs. 20% [37 of 187];  $p \leq 0.002$ ). Surgical residents were more likely than nonsurgical residents to believe they would be treated harshly by others if they acknowledged making a medical error (35% [23 of 66] vs. 12% [23 of 187];  $p < 0.001$ ) and believe they have to compromise their own values when dealing with medical errors at their institution (11% [7 of 66] vs. 2% [4 of 187];  $p \leq 0.008$ ). Surgical residents were less likely than nonsurgical residents to feel free to express concerns to other members of the team about medical errors in patient care (70% [46 of 66] vs. 83% [115 of 187];  $p \leq 0.02$ ).

**CONCLUSIONS:** The punitive response to error by senior members of the health care team might be an impediment to the transparent disclosure of errors among residents that might disproportionately affect surgical training programs.