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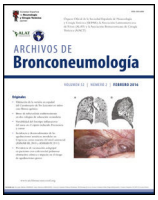

Editorial

A Glimpse Behind the Hidden Curriculum☆

El currículum oculto ligeramente al descubierto

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Since the famous American scholar and educator, Philip W. Jackson, in his book *Life in Classrooms*, defined the concept of the "hidden curriculum", this term has been the source of much discussion in different educational forums.[1] We might say that the hidden curriculum has become increasingly exposed, and that it is included in teaching content in a more or less systematic fashion, especially in medical classrooms. This is certainly the case in the Faculty of Medicine of the University of Salamanca, where classes are systematically taught with this concept in mind.[2]

Although the content of the hidden curriculum should be much wider and deserves an in-depth review, we would like to point out that different medical professionals and researchers, in some cases respiratory medicine experts, all with extensive teaching experience, collaborate in the day-to-day teaching of the theory and practice pulmonology in this faculty. We talk about constants in medical education, from Hippocrates to the present time, about the challenge of practicing medicine today and in an uncertain future, about how to inform a patient of their disease prognosis, especially in the case of cancer; we talk about women researchers and the added difficulty that this entails, while simultaneously covering the official programme, and talking about smoking, pneumonia, tuberculosis, lung cancer, asthma, and COPD.

It is important that students learn to listen to patients. Another important aspect of medical education that should be underlined is the participation of patients in the classroom, who come to explain to students the impact of the disease on their lives, thus encouraging the students to always value their patients as individuals, not just cases. At a time of rapid social changes, when digital life has almost completely replaced the analogue world, when values must be constantly questioned, a breath of fresh air in the curriculum content must be welcomed and applauded.

We are well used to medical curricula that are designed almost exclusively with teachers and resources in mind – classrooms, laboratories or patients. The actual circumstances of the students, their emotional situation, their intellectual maturity, their previous knowledge or the future reality in which they will have to practice their profession is rarely taken into account. However, the content of the medical curriculum should not revolve around either teachers or students. The entire healthcare curriculum should be guided by the type and characteristics of the patients the students will meet in their professional practice. Professor Ludwig W. Eichna, in a magnificent article published several years ago in the *New England Journal of Medicine*[3] reminded us of this obvious fact. However, adapting medical education curricula to the reality of diseases now and in the future, taking into account the training requirements and teaching resources at our disposal, and using the best lecturers and professionals for the job, is a difficult, though achievable, objective we must all work towards.

Despite deficiencies in structural, human, and technological resources, for which we are all jointly responsible, we need high doses of "educational enthusiasm" and must seek out methodologies that do not require resources that are unavailable both now and, presumably, in the near future, but instead optimize the resources available today. Furthermore, as active members of SEPAR and our respective universities, we continue to endorse the role of pulmonologists in the teaching of pulmonology. We want them to be involved in undergraduate teaching: as Professor Millán might say, we need to do something that is easier said than done: teach the art of teaching.[4]

This is the moment to call on our colleagues to become affiliated with universities and to offer their best efforts to guide our specialty towards greater heights. Let us help humanize medical education, let us avoid the easy option, and let us "demand the impossible". There will always be a question to answer, there will always be a goal to reach, until we breathe our last breath, which, incidentally, will also be a respiratory issue.

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