Hierarchy and Oppression in Medical School: Perception of Initial Grade Academics and its Repercussion on Professional Identity Formation

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ABSTRACT: *Hierarchy and oppression in medical schools derive from the internalization of the hidden curriculum and are influential in "professional acculturation". This study aimed to foster student adherence to spaces for academic discussion, empowering the academic community about the elements that corroborate the dissemination of respect, consideration, and appreciation, aiming at coexisting and analyzing the existing scenario and the students' perceptions of the presence of hierarchy and oppression in university relations. An image and poetry contest with the thematic approach "The Medical Student Code of Ethics: Oppression and Hierarchy in the Academic Environment" was held in a mentoring & learning web, with the participation of 124 medical students from the 3 first grades. The findings demonstrate that the representations of hierarchy and oppression characterized by the perpetuation of the hidden curriculum during, and after graduation, are numerically more expressive; showing elements of hierarchy and oppression among students, in the learning process, in student institutions, and between students and teachers, with emphasis on the relationship among the students due to the vertical and violent conjuncture that allows such relations manifest as hazing and the oppressive presence of "intimidating environments", among others. This perpetuation of the hidden curriculum is extremely harmful to the formation of the professional identity and therefore compromises the development and strengthening of professionalism.*

KEYWORDS: *Hierarchy, Hidden Curriculum, Humanization, Medical Education, Oppression.*

I. Introduction

1.1. Remnants of the Flexnerian model

Due to the questioning regarding the Flexnerian model, the new medical school curricular guidelines were developed to overcome the restrictive link between scientific basis and medical practice, which fostered the fragmentation of knowledge, neglecting cultural and psychosocial aspects surrounding the exercise of medicine. Moreover, traditional medical education based on the figure of the teacher suffers in the preparation of critical professionals able to lead transformations in their social environment (Ferreira et al., 2015) [1].

Thus, the emergence of the Flexner Report, which was a milestone in medical education in 1910 by proposing a review of the paradigms for the training of health professionals is resumed. Over time, however, criticism arose over the model in force, based on the predominance of the teacher's figure, with the student performing a secondary role in the teaching-learning process. Therefore, considerations about active methodologies emerged as strategies for seeking efficiency in the educational process (Simon et al., 2014) [2].

Considering the criticisms and gaps visible in the so-called "traditional model", urgent changes are presented by the new medical undergraduate curriculum guidelines. According to the new proposal, skills expected from the graduates include "developing human abilities to think, feel, and act in an ever wider and deeper way, committed to the issues in the environment in which they are placed". Those are deemed necessary for a nonauthoritarian professional practice, able to negotiate behaviors and interventions based on attentive listening from the perspective of patients, families, and communities (Feuerwerker, 2002; Camargo et al., 2014) [3,4].

These changes reflected in the teaching-learning process, in which the new guidelines encourage the active participation of the student in the construction of knowledge and the integration between the contents, also stimulating the interaction between the university tripod (teaching, research and extension), integrating basic, clinical and human sciences, and consolidating future physicians' active and critical stance (Carneiro, 1978; Feuerwerker, 2002; Franco et al., 2014) [5, 3, 6].

Bureaucracy, excessive regulation, absence of dialogue, and participatory instances; with the imposition of content and disciplines; distance teachers and students, who, as a result, become hostages to the discourse of order and productivity. This scenario hinders the development of a satisfactory environment for the teaching-learning process. The school is essential as a promoter of the capacity for transformation, self-criticism and student improvement. Emancipation is necessary to the advance in the teaching process; an education that endows the subjects with reflective, critical, political, and ethical autonomy (Carneiro, 1978; Feuerwerker, 2002; Franco et al., 2014) [5, 3, 6].

1.2. Dehumanization of medical practice and the hidden curriculum

Currently, one of the most frequent complaints from health care users and health professionals is related to the "dehumanization of medical practice", which can be understood as a violation of human beings and their humanity. This situation is related to the lack of discussions on Medical Ethics and Bioethics in medical education, characterized by the hierarchical set up as support and factor of professional success of future doctors (Camargo et al. 2014; Godoy et al., 2014) [4,7].

In this context, issues related to humanization and ethics have long been neglected by the traditional educational model hitherto in force. Added to the hierarchy and oppression in medical schools, derived from the internalization of the hidden curriculum, which could be understood as the "norms and values that implicitly, but selectively, are transmitted by the schools and that are not usually mentioned by teachers during their presentations of either ends or objectives", this conjuncture is influential in "professional acculturation", from which the premise of "intimidating surroundings" is apprehended and provides evidence of the abuse, intimidation, disrespect, and violence that result in the perpetuation of such values, as well as the lack of discussions involving the health bioethics axis, more specifically in medical education (Apple, 1982) [8].

In addition to social education, in which the period of childhood and youth is considered critical for the formation of habits and personality, the ethical formation of health professionals should be initiated in the basic disciplines of the preclinical stage. The inclusion of ethics in medical education and the profession occurs in multiple spheres: the teacher's ethics regarding their students; the professional's ethics in front of patients and their families; everyone's ethics in society (Ract & Maia, 2012; Dagfal et al., 2017) [9,10].

Beyond the educational pillars, however, medical graduation also brought the reflections of its surroundings in its baggage. The "hidden curriculum" is a set of traditions, values, norms, rules, routines that are not determined and/or written but are transmitted, consciously or not, from teachers to students and between students and can result in either a virtuous or a vicious cycle of attitudes and actions that can leave a mark on the academic life during medical graduation, or for the rest of the medical practice (Varela, 2013; Feodrippe et al., 2013; Moreira & Vasconcelos, 2015; Tanaka et al., 2016) [11, 12, 13, 14].

This curriculum is formed even before joining medical schools, given the competitiveness of the selection processes, which favors individual performance. Mental and physical distress are built up and perpetuated during graduation. The relation of teacher's dominance and student's submission, in addition to the relationship between seniors and freshmen, incite the oppression of individual freedom by hierarchy, establishing the authoritarianism in the practice of medicine and consolidating the so-called hidden curriculum. These behaviors are confirmed by reports from medical students that academic overload, as well as the proximity with death and suffering together with the hierarchical abuse and authoritarian practices by colleagues, residents, or teachers, contribute to the transposition of the hierarchy. (Varela, 2013; Feodrippe et al., 2013; Moreira & Vasconcelos, 2015; Tanaka et al., 2016) [11, 12, 13, 14].

When topics related to socialization within a medical school are mentioned, soon there are discussions about concepts such as bullying and abuse. In the early 1980s, these terms were disseminated as a way of describing the occurrences of cases of violence experienced by medical school students. Recently, Brazil began to use the term "abuse" in its medical school literature as a way of elucidating the oppression arising from numerous cases linked to the hierarchy system (Baldwin et al., 1991; Ramos-Cerqueira & Lima, 2002; Maida et al., 2003, Villaça & Palacios, 2010; Lima, 2012; Costa et al., 2012; Fnais et al., 2012) [15, 16, 17, 18, 19, 20, 21].

In a study involving medical undergraduates, a large portion of the participants reported being subjected to verbal abuse and humiliation, in addition to having been forced to do tasks as a means of punishment. They also report constant threats through biased grades/evaluations by residents who, in turn, serve as their supervisors. It can be said that these abuses are understood as intensifying elements of this situation, increasing the cases of hierarchization, competition, and superficiality in interpersonal relationships (Hirigoyen, 2006; Gonçalves & Benevides-Pereira, 2009; Caran et al., 2010; Paredes et al., 2010; Marques et al., 2012) [22, 23, 24, 25, 26].

Several subsequent studies currently investigate the oppression suffered by medical students. Comparing to non-abused students, oppressed students reported more anxiety, depression, learning difficulties, thoughts of dropping out, and problematic alcohol abuse. Other studies have shown that stress associated with oppressive abuse has a negative impact on career decisions. Together, these findings indicate that the abuse of medical students is likely to result in considerable negative effects (Komaromy et al., 1993; Da Ros, 2004) [27,28].

A practical example is what happens within academic leagues, a space that contributes to the strengthening of the hidden curriculum and becomes a catalyst for oppression and hierarchy among students. Leagues instigate competitiveness among undergraduates, and that becomes evident in times of selection process for their ranks, which include procedures such as interviews and tests (Feuerwerker, 2002; Goodson, 2002; Amaral et al., 2008; Monteiro, 2016) [3, 29, 30, 31].

After this initiation, the administrative hierarchy within a league may be responsible for inciting rivalry behaviors and oppressive relationships among its constituent subjects. The student predefines a vertical, authoritarian, idealized, and conflicting hierarchy with other health professionals, and a paternalistic one with patients (Goodson, 2002; Amaral et al., 2008; Monteiro, 2016) [29, 30, 31].

1.3. Hierarchization and oppression in medical school versus professional identity

The reinterpretation of the Marxist theory can also be understood as the root of this hierarchy and oppression process. The reiteration took form from the articulation with the psychoanalytic theory, from 1920 to 1934, guided by the Frankfurt School, founded in 1923. Members of this school believed in the use of the "critical weapon", seeking to find the reasons behind the failure of the revolutionary movement as an answer to the question: How could the oppressed majority, that is, the working class, passively accept their oppression by a minority? Only a critical theory could solve this problem, thereby clarifying ideology and dissolving its effects on consciousness (Rouanet, 1989; Scocuglia, 1999; Hall, 2002) [32, 33, 34].

The answer has become intrinsic to the interpretation that action contrary to class interests is motivated by the influence of the bourgeois ideology, which imposes its ideas and values through collective identification, whereas the risk of becoming inviolable leads the subject to love what oppresses him. This ideology spreads and gains ever deeper proportions throughout the process of socialization, in which the superego internalizes the parents, the authority, and the value system, in addition to the ideals of their culture or, in this case, the medical school (Rouanet, 1989; Hall, 2002) [32, 34].

In undergraduate medicine, teachers are considered the subjects, or even social influencers, who convey the main models with which students identify and build their professional identity (Apple, 1982; Gonçalves & Benevides-Pereira, 2009; Marques et al., 2012; Gilbert et al., 2006; Nagata-Kobayashi et al., 2006) [8, 23, 26, 35, 36].

Students who expect to find this scenario in medical education are often faced with the hierarchic oppression with which they live, which leads to constant dissatisfaction. A frequent complaint is related to requests for help and claims for changes in the structure of medical education. In the long term, illness by oppression also reflects in patients who complain about health professionals, reinforcing external oppression, which affects students and residents, in a vicious cycle (Carneiro, 1978; Rouanet, 1989; Rego, 2001; Hall, 2002) [5, 32, 37, 34].

In his study with medical students, Sérgio Rego (2001) [37] perceived the process of medical education as alienating and dehumanizing, emphasizing: "Along with the teaching of applying an emotional detachment from the patient, indispensable for analysis and critical approach to the therapeutic process, there is a practical learning that this detachment is due to the negation of the human condition to the other; the denying of their ability to think and decide about their destiny; the fragmentation of the individual into isolated organs and systems; the decontextualization of the therapeutic action. It is also clear that not everyone who joins a medical school ends up with the same view of the world and the patient, but it is undeniable that the set of experiences to which most students are being routinely exposed in our medical schools and, especially, the lack of concrete guidance and action by the faculty through their professors and physicians reaffirm this indirect lesson."

As Freire notes, "the pedagogy that begins with the selfish interests of the oppressors [...] maintains and embodies oppression. It is an instrument of dehumanization." Teachers need to engage in honest dialogue to see the problems within the present system and to continue to strive for a better future as the university and the cultural state as a whole succumb to the requirements of status and their simplified reproduction, and in this degree criticism spreads beyond the classroom and the study of the external reality (Freire 1970; Meszaros 1970; Scocuglia 1999; Gadotti 2005; Giroux 2009) [38, 39, 33, 40, 41].

Not only do students have no choice in relation to classes or school hours, but they are also trapped in a stifling educational environment. The system is configured in such a way that teachers dictate information and students absorb it like sponges. That is, teachers should teach, and students should learn; even better, listen to what teachers say. Freire opposes this kind of education as he states, "The mark of a successful educator is not skill in persuasion — which is just an insidious form of propaganda — but the ability to dialogue and educate in a way of reciprocity." According to Freire and several critical educators, the traditional teacher-student role is contradictory to what education should be (Freire 1970; Illich 1970; Meszaros 1970; Carneiro 1978; Scocuglia 1999; Giroux; 2009) [38, 42. 39, 5, 33, 41].

Of course, students are being greatly affected by this educational system. Illich (1970) [42] says that "the student is thus 'instructed' to mistake teaching with learning, advancing a degree with educationa; a degree with competence, and fluency with the ability to say something new." This quote leads to questioning the true function of education and the educational system. From the functionalist perspective, it makes sense that the educational system is configured as a way of stratifying people to prepare them for the workforce.

Functionalism would say that inequality within the educational system is good and necessary. "Bad" students are needed as much as we need "good" students.

Students are transformed into nothing but nonhumans in the sense that they are taught to ignore what humans can experience; that is, love, compassion, creativity and, most importantly, the ability to think critically. Students are more concerned with getting a degree than about what's happening around the world. And who can be blamed for that? The students? How can you blame students when this is the way they were taught? They learn nothing more than taking care of themselves and thinking for themselves. They are taught only to think about the outcome; degrees, scores, degrees, credentials, and so on — reflecting the expected from a result-based curriculum. How can students be expected to imagine a better or different future when medical schools, according to Freire, are destroying whatever creative and humanized aspects they have? (Freire, 1970; Illich, 1970; Scocuglia, 1999; Gadotti, 2005) [38, 42, 33, 40].

This work aimed to foster student adherence to spaces for academic discussion, empowering the academic community about the elements that corroborate the dissemination of respect, consideration, and appreciation, aiming at coexisting and analyzing the existing scenario and the students' perceptions of the presence of hierarchy and oppression in university relations from the scientific aspect of adherence to active methodologies — inserting the student as an active agent in the teaching-learning process.

II. Research Methodology

1.2. Study Overview

A cross-sectional descriptive study conducted with undergraduate medical students at the São José do Rio Preto Medical School — FAMERP, located in São José do Rio Preto, São Paulo State, Brazil, from the first, second and third years of graduation, in 2016.

The discipline of Humanistic Formation (FH, from the acronym in Portuguese) is now part of the curricular structure of the FAMERP medical course. It is developed by the method of planning, educational design, and implementation of activities in asynchronous virtual learning environment in a mentoring & learning web (ML Web), which is extensive and compulsory for FAMERP students attending the course and non-compulsory for other guests on the Wix© platform, using didactic resources to promote the appropriation of concepts and reflection on humanistic skills.

With the thematic approach "The Medical Student Code of Ethics: Oppression and Hierarchy in the Academic Environment", May 2016 activities using ML Web were initially developed from issues involving the Student Code of Ethics of Medicine (Federal Council of Medicine, 2018) [43], providing the participants with a theoretical framework. Subsequently, media and bibliographies related to the subject motivated the activities, which aimed to promote debate and reflection on the subject, consolidating it. At this stage, critical reviews and a photo and poetry/poems contest were held. The contest proposed to the participant to sketch elements that portray the developed theme through photography, drawing or poetry/poetry/poems. The activity aimed to promote space for student's opinions and to foster the active learning process and the critical formation of the student by placing him as a protagonist in the knowledge formation process.

The data generated as part of the activities of the FH discipline were collected, with prior authorization of the participants by signing the Informed Consent Form (ICF) and archived in online collections for further data analysis. Study approved by the Research Ethics Committee of FAMERP, CAAE: 64097717.0.000.5415.

2.2. Data analysis

Critical reviews and products from the ML Web photo/image/drawing and poetry/poems contest were analyzed using a theoretical basis based on Bardin's perspective (2009) [44]. During pre-analysis, a careful reading of the material aimed to identify the core issues presented by the products. Then, the analytical description was performed, seeking to systematize and aggregate images and poetry/poems by similarity of

content (categories). Critical reviews were not the subject of this investigation. Finally, the referential interpretation refers to the integration and synthesis of the results according to the theoretical references (SANTOS, 2012) [45]. Then, the material was explored, and each element was observed individually to establish in which categories the representations of hierarchy and oppression of a given element (photography/image/drawing or poetry/poems) would fall into. The categorization into groups occurred by coding, based on the analysis of the subjects portrayed in each representation provided by the academics. At this stage, data categorization was developed and applied. In the final stage, the statistical evaluation allowed us to observe data dispersion, and the content common to the analyzed elements from the sample. At this time, the inference to data interpreting based on the literature was supported.

III. Results and Discussion

Among 240 guests, 124 participated in the proposed activities and accepted that their materials would be used as data to be analyzed and categorized in this project. According to their profile, there were 66 women and 58 men, being 90 of the first year, 33 of the second year, 1 of the third year of medical graduation; data summarized in table 1.

240 GUESTS	
124 PARTICIPANTS	
GENRE	
Female	*66 (53.2%)*
Male	*58 (46.8%)*
GRAD YEAR	
First year	*90 (72.6%)*
Second year	*33 (26.6%)*
Third year	*1 (0.8%)*

Table 1: Characterization of the study sample (Categorical variables described in number — percentage).

Among the 124 products posted to ML Web virtual environment, there were 79 photos/images/drawings and 35 poetry/poems. In the classification for demonstration of hierarchy and oppression through posts, they were categorized into representations that alluded to the relationship between students; in the learning process; in student institutions; and between student and teacher. From the quantitative analysis, 68.3% referred to the relationship among students, 13.9% portrayed relationships in the learning process, 11.4% were related to relationships in student institutions, and 6.4% to relationships between students and teachers. The photos/images/drawings referred to relationships among students (68.5%), in the learning process (8.6%), in student institutions (8.6%), and between students and teachers (14.3%), as demonstrated in table 2.

Product post type	Content of posts	N
Photos/images/ drawings	Hierarchy and oppression among students	54 (68.3%)
	Hierarchy and oppression in the learning process	11 (13.9%)
	Hierarchy and oppression in student institutions	9 (11.4%)
	Hierarchy and oppression among students and teachers	5 (6.4%)
	Total of photos/images/drawings	79
Poetry/poems	Hierarchy and oppression among students	24 (68.5%)
	Hierarchy and oppression in the learning process	3 (8.6%)
	Hierarchy and oppression in student institutions	3 (8.6%)
	Hierarchy and oppression among students and teachers	5 (14.3%)
	Total of poetry/poems	35

Table 2: Characterization of product posted contents

3.1. Hierarchy and oppression among students

In the two product models, photos/images/drawings and poetry, the hierarchy and oppression among students were predominantly portrayed. By analyzing the content categorized on this axis in more detail, all, without exception, brought up university hazing and the relationship between freshmen and seniors in some example.

According to Portuguese dictionaries, *'trote'* (hazing) is defined as "the natural march of horses, between the common step and the gallop". It can also mean "derision, practiced by a person who, on the phone, pretends to be someone else or does not say his name." At the same time, it may indicate the practice, in schools and universities, of "seniors" (students who have been at university for the longest time) subjugating "freshmen" (students who have been in college less time). Transformed into 'tradition' and 'rite of passage', hazing has become a social fact in academic life, so that those who do not submit to the process are left out of collective life in the university setting.

What previously used to be described as a joke has gained ground in the media today following reports of use of violence and human rights violations in medical universities. However, universities currently have, in their hegemony, including FAMERP, the corporate quality of combating questioning and valuing standardized behavior (Akerman et al., 2015) [46], which does not prevent hazing from continuously happening outside the institutions.

In one of the products, this fact is corroborated by the words of a participant:

> *"Hazing, often seen as a tradition, a rite of passage into academic life, is nothing more than the first form of oppression a student will face in academic life" (Academic 1).*

In a context in which the university itself colludes with these events and prefers to silence those who oppose it, hazing has become a culture, part of the university tradition and, although prohibited by legal measures, its remnants are prevalent in relationships among students. Thus, the so-called "tradition" prevails as well as humiliationa and academic oppression, as demonstrated in this passage from a submitted poem:

> *" IS THE MEDICINE SICK?*
> *Obey*
> *price you pay so your dream come true*
> *Resist*
> *I'm a student, a 'bixo', a waste, nothing more*
> *someone should bring the medicine to cure medicine. " (Academic 2)*

In this production, the student questions the paths imposed by the academic environment, which degrade, diminish, and eventually sicken those involved.

Figure 1 depicts freshmen degradation during university hazing. It highlights the denial of the human character and animalization of the person being treated as an inferior being, a "pet" (in Portuguese, the word used to refer to new students is 'bixo', a corrupted form of 'bicho'). One must observe that the "hazer" (the hand offering the canister) has probably gone through the same situation before, and recently because he is characterized as a sophomore, as illustrated.

Figure 1. Drawing illustrating the hierarchy and oppression among academics (Academic 3 - 2nd. year)

3.2. Hierarchy and oppression in the learning process

Flexner's report is alluded in the discussion of medical education because of its influence on educational structures in the training of medical professionals, which remain contemporary. The strength of his report is related to the positivist character, with emphasis on the scientific aspects. The pursuit of excellence in the preparation of future physicians, introducing scientific rationality to the context of the time by focusing all their attention on this aspect disregarded other factors that profoundly affect the impacts of medical education on professional practice and the organization of health services (Pagliosa & Da Ros, 2008) [47].

This event, and its current consequences, reflected in vertical teaching relations, in which knowledge is treated as a power tool, which distances those involved in the teaching-learning process, leading them to failure.

The notion of school knowledge still prevails; that is, a kind of knowledge that teachers hold and transmit as facts and theories accepted as absolute truths. It a molecular system, made of isolated pieces, which can be combined into increasingly elaborate systems to build advanced knowledge. The progression from the most elementary levels to the most advanced levels is seen as a movement from basic units onto their combination into complex knowledge structures (Schön, 2000) [48]. Thus, the "knowledge spiral" on which advancing on the academic scale means imposing oneself through knowledge is formed in a system where those with the most knowledge differ from the less experienced.

In this scenario, teachers in medical schools are often found conducting themselves in the mold of the repetition of models, without critical exercise on the processes of changes inherent in the ever-changing world. (Lampert, 2014) [49]. The lack of mechanisms and tools for learning horizontal distribution focused on the student and the educational process adds to the "intimidating environments" brought by the academic environment, and reflect on an education that is not liberating or transformative, as verified in some productions by participating academics for the proposed activity.

"Hey, student, where's your preceptor?
In this medium without remnants of empathy or shame
His voice affronts me
SILENCE
Student, you know nothing." (Academic 4 — freshmen)

This poem reflects two realities. The first is the hierarchy and oppression present not only throughout graduation but also in the process of medical residency; that is, the perpetuation of teaching based on verticalization and power through the knowledge acquired during and after academic studies. The second, perhaps curious fact is that the author of the material is not yet familiar with the college environment and/or medical residency, and yet, through reports from others, has described such a scenario. Hierarchy and oppression are corroborated here as parts of the hidden curriculum, which are conveyed not only through what is witnessed by the "student self", but, above all, by reports of others, which are perpetuated and fossilized by their reach among the academics themselves.

3.3. Hierarchy and oppression in student institutions

Competitiveness, individualism, and perfectionism are common requirements of a medical degree. Together with these, there is a lack of spaces where potential academic difficulties could be shared. In this context, the student may experience suffering and guilt when it does not live up to the ideals of the group (Branco, 2015) [50].

Far beyond academic tasks, there are extracurricular activities at the university. The desire to belong in a group and to be welcomed by a student representation leads newcomers to succumb to the surrounding pressures, often making commitments that are incompatible with the academic agenda, which hinders student performance, and physical and mental health balance and maintenance.

With the complaints against the main medical schools in the state of São Paulo, a paradigm recurred: a culture where violence and torture gain space as a way of demonstrating "affection" and "institutional love" in sports competitions, and as an instrument of fraternity formation to promote professional advantage (Akerman et al., 2015) [46].

These aspects have been demonstrated in poetry/poems produced and transcribed below:

"Sports are cool
Everyone should practice them
I don't care about your excuse
DON'T YOU DARE miss your practice." (Academic 5 — freshmen)

"My university has seniors
that send us to practice
the 'bixos' that come in here
cannot question them." (Academic 6 — freshmen)

In the latter there is the reiteration of the coercive character of some institutions: The compulsory and unquestionable practice of sports, which is a prerequisite for joining student social life, highlights the influence of the hidden curriculum as a "process of professional acculturation". Some studies demonstrate the role of the hidden curriculum in the training of physicians with low empathy, and tolerant of unethical behavior as a subject crossed by aspects of social subjectivity (Akerman et al., 2015) [46].

3.3. Hierarchy and oppression between students and teachers

In cyclical processes of educational reform, as usual, the blamed is put on schools and teachers, that is, the victims are blamed (Schön, 2000) [48].

In this planisphere, the educational system suffers under old models. Here we see a perception of teaching as a process of conveying and assimilation of content, Freire's "banking education", in which teachers deliver class contents to the students, who passively 'receive' these teachings as depositaries of knowledge. (Freire, 1970; Ferreira & Souza, 2016) [51,52].

As a microcosm of society, the university reproduces the practices of hierarchization by knowledge and verticalization of teacher and student relations, as the result of a teaching-learning process marked by the distance between the parties involved.

Figure 2 was posted for the activity along with the following caption: "Fear of speaking makes us submissive to the will of others" (Academic 7). The representation alludes to the classroom environment, where the teacher wields a staff while holding a hostile stance. The portrait emphasizes the distance between the parties involved and the discouragement that hangs over the student body in front of such a situation, which originates from an archaic learning process, still based on the biologic and positivist precepts.

Figure 2. Drawing posted with the phrase: "Fear of speaking makes us submissive to the will of others" (Academic 7)

IV. Conclusion

The activity of ML Web, and particularly the photographs/images/drawings and poetry contest, provided space for the student's opinions, encouraging reflection and critical development on the subject. It also allowed the academics to take the role of protagonists and transformation agents in the learning process, based on the reflection and perception of hierarchy and oppression, providing a structure for the humanistic and ethical formation of the medical student, as well as contributing to the mobilization for changes of the current scenario.

The representations of hierarchy and oppression characterized by the perpetuation of the hidden curriculum, during and after graduation, are numerically more expressive, with emphasis on the relationship among the students due to the vertical and violent conjuncture that allows such relations manifest as hazing and the oppressive presence of "intimidating environments", among others. The perpetuation of the hidden curriculum is extremely harmful to the formation of professional identity. Congruences that reiterate this fact abound in the medical education literature (Olive & Abercrombie, 2017 - a 30-article review; Yasdani et al., 2019) [53, 54]

Admitting and calling people's attention to its existence may be the first and most important step to promote management measures and initiatives are already emerging in this direction (Yasdani et al., 2019) [54]

There is a reciprocal relationship between the formation of a desirable professional identity and the development and strengthening of professionalism (Forouzadech et al., 2018) [55], and the formation of this desirable professional identity cannot happen adequately in the presence of elements of hierarchy and oppression among students, in the learning process, in student institutions, between student and teacher, thus compromising the development and strengthening of professionalism, whose absence is the 'biggest blow' of the honorable medical profession, which is about to be reduced to a business (Forouzadech et al., 2018) [55].

Acknowledgments

Thanks to all 124 academics who, despite the harsh environment set in college due to events at the time, dared to express their feelings and produce such expressive and rich material. We hope that this readiness to show "what goes in your soul" may accompany you in your professional career, as it will undoubtedly make of you more humane professionals.

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