

The Impact of the Macro-Level: Organizational Communication in Undergraduate Medical Education

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Abstract : Undergraduate medical education (UME) curriculum notably addresses micro-level communications (e.g., patient-provider, intercultural, inter-professional), yet frequently under-examines the role and impact of organizational communication, a more macro-level. Organizational communication, however, functions as foundation and through systemic structures of an organization and thereby serves as hidden curriculum and influences learning experiences and outcomes. Yet, little available research exists fully examining how students experience organizational communication while in medical school. Extant literature and best practices provide insufficient guidance for UME programs, in particular. The purpose of this study was to map and examine current organizational communication systems and processes in a UME program. Employing a phenomenology-grounded and participatory approach, this study sought to understand the organizational communication system from medical students' perspective. The research team consisted of a core team and 13 medical student co-investigators. This research employed multiple methods, including focus groups, individual interviews, and two surveys (one reflective of focus group questions, the other requesting students to submit 'examples' of communications). To provide context for student responses, nonstudent participants (faculty, administrators, and staff) were sampled, as they too express concerns about communication. Over 400 students across all cohorts and 17 nonstudents participated. Data were iteratively analyzed and checked for triangulation. Findings reveal the complex nature of organizational communication and student-oriented communications. They reveal program-impactful strengths, weaknesses, gaps, and tensions and speak to the role of organizational communication practices influencing both climate and culture. With regard to communications, students receive multiple, simultaneous communications from multiple sources/channels, both formal (e.g., official email) and informal (e.g., social media). Students identified organizational strengths including the desire to improve student voice, and message frequency. They also identified weaknesses related to over-reliance on emails, numerous platforms with inconsistent utilization, incorrect information, insufficient transparency, assessment/input fatigue, tacit expectations, scheduling/deadlines, responsiveness, and mental health confidentiality concerns. Moreover, they noted gaps related to lack of coordination/organization, ambiguous point-persons, student 'voice-only', open communication loops, lack of core centralization and consistency, and mental health bridges. Findings also revealed organizational identity and cultural characteristics as impactful on the medical school experience. Cultural characteristics included program size, diversity, urban setting, student organizations, community-engagement, crisis framing, learning for exams, inefficient bureaucracy, and professionalism. Moreover, they identified system structures that do not always leverage cultural strengths or reduce cultural problematics. Based on the results, opportunities for productive change are identified. These include leadership visibly supporting and enacting overall organizational narratives, making greater efforts in consistently 'closing the loop', regularly sharing how student input effects change, employing strategies of crisis communication more often, strengthening communication infrastructure, ensuring structures facilitate effective operations and change efforts, and highlighting change efforts in informational communication. Organizational communication and communications are not soft-skills, or of secondary concern within organizations, rather they are foundational in nature and serve to educate/inform all stakeholders. As primary stakeholders, students and their success directly affect the accomplishment of organizational goals. This study demonstrates how inquiries about how students navigate their educational experience extends research-based knowledge and provides actionable knowledge for the improvement of organizational operations in UME.

Keywords : medical education programs, organizational communication, participatory research, qualitative mixed methods

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