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One of the major focuses of the healthcare field is to improve organizational communication in the workplace starting at the primary institute of higher education in medicine, the medical school level. While schools have worked to implement student-centered approaches of communication within medical education, little research has been done to examine how medical students experience communication during their time in school. The literature that is present currently on medical student communication and best practices does not provide sufficient insight and guidance for the WSUSOM. Based on the limited research available, the importance of (1) improving communication processes within organizations such as medical schools; and (2) the need to address student-centered approaches to improving communication were the main aspects of medical education communication found that needed to be studied.

Therefore, the purpose of the WSUSOM's organizational communication study was to first map and then examine the current organization communication systems and processes utilizing a community-based-participatory and qualitative approach to inquiry from the medical student perspective. In particular, this poster focuses on the aspect of unprofessionalism between students and non-student members of the WSUSOM community. This project was an interdisciplinary collaboration between WSU Department of Communication and The Office of Learning and Teaching at WSU-SOM.

This project is a component of a larger study with the purpose of examining WSUSOM's communication system from the medical student perspective utilizing a qualitative study design. This study was awarded expedited approval through the WSU Institutional Review Board (Protocol # IRB-19-12-1617). The research team conducting the study and managing data consisted of the following members: communication professor, communication doctoral student, learning skills specialist, learning skills associate and 14 medical students.

An interview guide was developed using a phenomenological paradigm, deriving the questions from research literature and questions of interest to the WSUSOM leadership team. Medical students at different training levels (M1 to M4) were invited to participate in one or more of the data collection methods: focus groups, individual interviews, and online surveys on Qualtrics with open ended responses.

Primary Questions Included:

- (1) What are the types of communications you receive?
- (2) What is the content of the messages you receive?
- (3) What are the types of information you seek?
- (4) Describe the communication climate/culture in the SOM

Student Focus Groups and Individual Interviews:

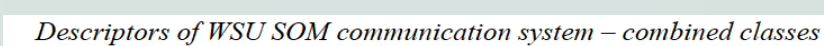
Focus groups and individual interviews were conducted over a four-month period and were 30 – 90 minutes in duration. The goal was to conduct all interviews and focus groups in person, however halfway through the data collection process, the COVID-19 pandemic required that all data collection resume virtually via virtual meeting spaces. Forty-one students participated in either focus groups or individual interviews (n=41).

Online Qualtrics Survey:

The core research team distributed a voluntary questionnaire amongst students in the WSUSOM over four weeks that was created utilizing Qualtrics. The survey questions were adapted from the same interview guide utilized in the focus groups and individual interviews. Three hundred and sixty-four students participated in the online survey (n=364).

Data Analysis:

Interviews were transcribed using Otter. Ai software. Next, iterative thematic analysis, alternating between emergent readings of the data and accessing external resources was conducted; a reflective process for analyzing qualitative data. The data was then analyzed utilizing using Excel and Atlas.ti 8.0 analytical software. Finally, the team also engaged in a triangulation process to identify common themes in the data set.



Following qualitative analysis, it was found that although students did note examples of unprofessionalism of themselves and other students, there was a strong focus on examples of unprofessionalism by nonstudents. Aspects of unprofessionalism identified were organized into 4 categories:

- (1) Failure to engage with sub-categories of lack of approachability, passive aggressiveness, and diversity/inclusion behaviors:

- Students expressed experiences in which they did not approach faculty, administrators, or staff when they had questions due to prior experiences of faculty unresponsiveness, patterns of untimely responses, or the perception of an unending cycle of transferring them to someone else
 - Experiences lead to an overall perception of a lack of approachability
 - When students experienced instances of perceived passive-aggressive behaviors, they felt this communicated an unwillingness to engage
 - When students perceived behaviors grounded in stereotypes and different patterns of behaviors toward different groups, they experienced feelings of being undervalued and marginalized
- (2) Disrespectful communication with sub-categories of discourteous, condescending, and infighting/discounting behaviors:
- Students perceived behaviors such as infighting/discounting interactions as lack of coordinated communication that is both a communication gap and concerning aspect of the culture
- (3) Poor self-awareness with sub-categories of lack of empathy and hypocrisy behaviors:
- Students perceive at times a lack of empathy and hypocrisy or double standards, suggesting poor self-awareness
 - These behaviors increase student stress, undermine effective teaching through poor modeling, and increase student frustration about professionalism standards
- (4) Environmental/Structural Factors (acknowledging professionalism issues unrelated to individual behaviors):
- Examples: school size, diversity among nonstudents, organizational hierarchy

CONCLUSION

Professionalism corresponds to identity, ways of being, and ways of doing. Developing and demonstrating professionalism is a core task in medical education. Student responses from in this study highlight the aspects of unprofessionalism that medical students perceive and experience by nonstudents of the WSUSOM community, as categorized above. The results of this study have identified opportunities for productive change and can be a foundation the WSUSOM utilizes to implement these changes in the medical school as it work to improve the professionalism experienced by medical students to create a positive environment.