Flattening Hierarchical Structures: Case Studies from Advocacy-Focused, Social Media Teams

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Abstract

The next generation of leaders in medicine brings unique perspectives and skill sets to the healthcare milieu. It has been suggested that trainees, and their skill sets, are better engaged when medical hierarchical structures are softened. Here, we explore that hypothesis in the context of trainee leadership within medical advocacy efforts. We report objective social media measures along with anecdotal lessons from teams in which trainee leadership was employed. Specifically, we use two ‘case studies’ in which trainees’ skills facilitated the growth of public health and gender equity advocacy efforts on social media. We report on the success of these initiatives on two fronts: first, in reaching the target audiences of these platforms; second, in retaining trainee leadership for, and flattened hierarchical structuring of, teams.

Introduction

Academic medical settings hold to pyramidal hierarchies in which faculty physicians oversee the training of medical students and resident physicians (“trainees”). This rigid structure often leads to negative consequences. For example, it is associated with adverse clinical and training outcomes, such as hesitancy to speak out against harassment or when witnessing medical errors.¹⁻³ It also disenfranchises trainees, underutilized of their skill sets,¹,⁴,⁵ and jeopardizes the development of their autonomy.⁶ Strategic trainee empowerment can transform this traditional hierarchy into a more equitable and flattened model. Trainee empowerment promotes confidence and security amongst members of the healthcare team.²,⁷ Bidirectional mentorship is
one method for flattening the existing hierarchies and empowering trainees to feel they have the control and respect to impart change. In sum, engaging trainees and their full potential requires a dynamic system to promote a more equitable, bi-directional interactions.

Matriculating medical trainees represent increasingly diverse professional and personal backgrounds. Such diversity is evident not only in matriculant demographic characteristics, but their professional skill sets and interests including a heightened commitment to public policy and advocacy work, as well as scientific communication and social media skills. For example, one case study aiming to address inequities in access to COVID-19 care highlighted the success of trainees leadership to disseminate public health information. Public outreach, science communication, and professional social media engagement have become a mainstay of long, successful careers in modern healthcare. Nowhere is this more evident than on social media platforms which allow for the democratization of health information. This has heightened the importance of an online presence for medical professionals and their careers. However, few receive formal training in content curation, leaving physicians unequipped to best serve as educators to the public and garner large followings. These skill sets among trainees represent a relatively untapped resource.

Here, we report on the success of trainee-led social media committees (SMCs) within two advocacy-focused, medicine-adjacent, non-for-profit (NFP) initiatives: the Illinois Medical Professionals Action Collaborative Team (IMPACT) – a NFP which amplifies the voices of physicians during the COVID-19 pandemic – and Women in Medicine (WIM) – a federally recognized 501(c)(3) NFP which empowers women healthcare workers. Despite distinct missions, the goals of the SMCs within those organizations were congruent; first, to reach their target audiences and grow their respective “followings” and second, to retain team leadership, membership, and structures.

Findings

Both organizations’ SMCs were composed of self-selected medical academics of various ranks, representing 15 (IMPACT) and 10 (WIM) team members respectively. SMC members were asked to commit to a minimum of five hours per week for a year’s duration. At the outset of SMCs’ structuring, teams were asked to outline and implement a strategy that detailed their means of achieving their platform growth goals. These strategies aimed at increasing engagement and disseminating content using infographics, strategic partnerships, and targeted hashtags. Each SMC member’s role was determined from their self-reported, prior relevant experience and skill sets, such as graphic design, website building and management, advertising, or public relations experience. Roles were used to delegate responsibilities as teams self-structured. Both organizations ultimately settled on structures that named trainees with extensive existing skill sets in digital content curation, branding, or public relations as team leads, while faculty provided expertise and oversight on public-facing medical content.
Success of social media campaigns are largely measured through objective metrics which reflect the quality of the account’s content curation. Both teams analyzed their progress towards metric targets monthly. We compare those metrics in the periods following restructuring (i.e. before and after trainees became committee leads); one-year (WIMS) and 6 months (IMPACT) respectively, focusing on Twitter analytics given its foothold in the academic medical landscape.

IMPACT’s social media accounts (Facebook, Instagram, Twitter, and LinkedIn) garnered over 3,300 new followers (Fig. 1.A.). A simple linear regression was used to examine the growth rate of the account in the months prior to and following team restructuring which demonstrated that trainee leadership maintains the follower growth rate (p=.1, n.s.). Social media campaigns included a virtual #WhiteCoatsforBlackLives march which garnered over 1 million Twitter impressions, and a state-wide, masking mandate petition with over 112,000 signatures. The group’s reach currently exceeds 4 million unique social media users.
The WIMS Twitter growth rate was 1.7x that of the year prior in which trainees were SMC members but not in leadership positions; the account acquired over 2,600 new followers. Again, simple linear regressions of the follower growth rate in the year following compared to the year prior suggested that trainee leadership significantly improved the reach of the account \( p < .001 \) (Fig. 1B). Additionally, the account received more consistent and regular engagement from followers; on average, there was an 2.7x increase in the number of impressions individual tweets received; comparison of the average monthly impressions from posts prior to and following the restructuring demonstrated a significant increased (one-tailed, unpaired t-test, \( p = .023 \)) (Fig. 2). This was most striking for the organization’s annual conference which garnered nearly 400,000 impressions over the four conference days compared to the year prior’s 14,000 (see highest monthly points in the “pre” and “post” restructuring groups in Fig. 2). In the year following restructuring, the WIM Twitter reached over 7,000 followers and became a verified account—a symbol of “authentic, notable, and active” accounts per Twitter’s description.10

Conclusions

To date, trainee-leads continue to steer both organizations’ SMCs while receiving critical content oversight from faculty team members. When asked for best practices based on their experience, SCM members...
suggested the following for promoting bidirectional mentorship in the context of trainee-lead, advocacy-focused SMCs:

1. Leverage strengths: assess the skills of team members and use prior experience to assign specific roles and responsibilities, regardless of academic training level
2. Provide oversight: consider a “sponsorship mentorship continuum” as opposed to solely mentorship-based relationships\(^\text{x17}\)
3. Foster open communication: allow for exchange of skillsets, such as in the use of software platforms to create unique branding and social media content
4. Hold to accountability: set expectations and hold individuals accountable for their own development of social media competency, regardless of academic rank

The bidirectional, non-traditional mentorship exemplified here suggests that flattened hierarchical structures are beneficial for: (1) progressing towards specific, metric-driven goals, (2) facilitating open discussion among teams, (3) empowering both trainee leaders, and (4) allowing for the exchange of specific skillsets.\(^\text{x18}\)

The bidirectional model allows the expertise of both populations to be harnessed and utilized, which we argue to be a dynamic step beyond the one-way reverse mentorship models that have been proposed as a method of flattening hierarchical structures within academic medical teams.\(^\text{x19}\)

We encourage similar medicine-adjacent teams consisting of members with varying academic ranks to consider where and how they might flatten their structures and the potential benefits this may introduce to their specific settings. We believe such restructuring will particularly benefit those teams for which effective science communication is a primary outcome.

**End Matters**

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**Citations**


