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Equal Standards: Should Faculty Be Held to the Same 48-Hour Email Response Policy as Medical Students?

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DISCUSSION STARTERS

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ABSTRACT

Email response policies in medical education shape communication expectations for students and faculty. 48-hour email response policies for medical students are typical at many UK medical schools, with University College London, Glasgow Medical School, and Queen Mary University of London formalising these expectations through signed agreements. However, the absence of similar standards for faculty members raises questions about equity, professionalism, and the hidden curriculum in medical education. This article explores the implications of asymmetric email response policies, focusing on their impact on power dynamics, student-faculty relationships, and professional identity formation. We propose four recommendations to improve professionalism and the collaborative culture essential for future healthcare practitioners, ensuring that communication policies reflect the values they aim to instil.

A 48-hour email response requirement for medical students is common practice in UK medical schools. (1-3) Institutions such as the University of Manchester, the University of St. Andrews, and Queen Mary University of London formalise this expectation through signed agreements. However, a disparity arises when considering whether faculty members are subject to the same standard, prompting reflection on the equity and professionalism these policies convey. In this article, we discuss the implications of asymmetric email response policies in medical education, including the impact on power dynamics, the hidden curriculum, practical considerations, and professional development. Finally, we provide four recommendations to create equitable and practical email response policies.

The digitalisation of communication has made rapid response times an expectation in most professional settings. Healthcare, in particular, demands efficient communication to ensure optimal patient care and safety. Faster email response times have been shown to correlate positively with patient satisfaction and doctor-patient relationships, without significantly increasing workload. (4) Within this age of digital communication, medical schools must be at the forefront of implementing structured email response policies and should instil these expectations whilst in training. However, a key consideration is whether faculty members, as role models and educators, should adhere to similar standards. Examining this issue offers insight into how communication expectations influence student experiences and professional identity formation.

The concept of the hidden curriculum, the implicit lessons conveyed through institutional practices, offers a valuable lens for understanding the broader implications of partisan email policies. While the formal curriculum outlines explicit academic and professional expectations, the hidden curriculum shapes students' attitudes and behaviours through unspoken rules and practices. (3) While the formal curriculum emphasises professionalism, responsibility, and mutual respect, the implicit message conveyed through asymmetric email policies suggests that professional standards may vary with status and authority. The disconnect between stated values and institutional practices can lead students to develop cynicism about professionalism requirements, potentially undermining the very behaviours these policies aim to instil.

The University of Glasgow Medical School offers an alternative approach, implementing a 48-hour email response policy for both students and faculty. (5) This policy aims to enhance student satisfaction and engagement. Knowing that their questions or concerns will be addressed promptly can reassure students and foster stronger relationships with faculty members. In this context, receiving a reply within a specified

timeframe builds trust by establishing clear expectations and removing uncertainty. Such policies demonstrate that consistent standards are achievable and can positively influence the learning environment. Evaluating the impact of such policies through student and faculty feedback could provide valuable insights into their effectiveness in promoting responsiveness and professional development.

The inherent power dynamics in these asymmetric email response policies deserve consideration. The cycle of duty relegation is a common problem. (6) Consultants may relegate certain jobs to registrars, and registrars to resident doctors. Asymmetric email responses have become a byproduct of the systemic inequalities observed in the hierarchy of healthcare. Medical schools have inadvertently reinforced these inequalities by imposing stricter communication requirements on students, whilst faculty members operate under more flexible or undefined expectations. This disparity in expectations may create an atmosphere where students feel subordinate rather than part of a collaborative educational community. Such policies risk normalising this culture of hierarchical privilege, and when internalised, teach students to accept this differential treatment as the norm. This could carry over into their professional practice; medical professionals may prioritise prompt responses to their superiors while neglecting communication with juniors, perpetuating a cycle of unequal dynamics. Addressing these disparities, therefore, becomes an important step in fostering a more inclusive and egalitarian medical culture.

Practicalities of implementation:

The practicalities of implementing uniform email policies cannot be ignored. Faculty members often juggle multiple responsibilities, including teaching, research, and clinical duties. In the UK, the average NHS consultant's work week consists of an expected 40 hours of programmed activities – ward rounds, clinics, surgeries, teaching, research, and administrative duties. The high volume of emails can make it difficult to adhere to strict response timelines without compromising other critical tasks.

The roles and responsibilities of staff and students vary. Given that higher education is already financially stretched, with increased expectations and responsibilities, such as the increased student-to-staff ratio, challenges are apparent in the implication of a 48-hour response policy. Increased support should therefore be provided for staff; methods from timetabling administrative tasks into schedules to AI-nuanced approaches must be considered to balance equity and practicality.

In contrast – for students, with the rise of online learning, emails are an important way to communicate with educational facilitators. Delayed responses to urgent

student queries can therefore negatively impact learning. Faculty members play a pivotal role in shaping the educational experience, and timely communication is integral to their support of students.

Understandably, situations will arise where a 48-hour response time is unacceptable and an immediate response would be helpful (e.g., time-sensitive clinical rotations, emergency health concerns, or mental health support). The same applies where emails may take more than 48 hours, for instance, over the examination period. However, for non-urgent or time-sensitive queries, a 48-hour email policy should be established for both students and faculty staff.

The resource implications of monitoring and enforcing email response policies must be considered. Tracking student compliance is relatively straightforward, so extending this to faculty may be considered reasonable. These additional protocols would require further administrative resources. However, this practical challenge should not justify maintaining inequitable standards. Instead, it should prompt institutions to develop efficient systems that support communication, whilst recognising the complex demands on both faculty and students.

RECOMMENDATIONS

Looking ahead, medical schools should reassess these policies to ensure they serve their intended purpose of promoting professionalism, facilitating communication, and preparing students for medical practice. With the rise of digital communication, formal guidance, policies, and interventions should be implemented to clearly outline the expectations within digital professionalism. We propose the following recommendations:

Align Expectations for Professional Communication

Institutions should work toward aligning faculty and student response policies, acknowledging that professional communication is a mutual responsibility. This alignment need not mean identical requirements but should reflect a commitment to reasonable and balanced expectations for all members of the academic community.

Implement Technological Solutions

Medical schools should look to technological solutions. With the increasing use of AI and growing resources for email management, tiered response systems that prioritise urgent messages or automated responses may set realistic expectations for reply times during busy periods.

Engage Stakeholders in Policy Development

Institutions should engage both faculty and students in

developing communication policies that reflect the practical realities of medical education while upholding professional standards.

Evaluate Policy Outcomes

Regular evaluation of communication policies' impact on student learning, faculty workload, and institutional culture should inform ongoing refinements to these standards. This evidence-based approach can help ensure that policies evolve to meet the needs of medical education.

Balanced email response policies have the potential to promote an equitable and collaborative learning environment in medical education. While practical challenges exist, these disparities may be addressed through balanced policies, technological solutions, and collaborative policy development. By aligning standards and fostering mutual accountability, medical schools can better model the professionalism and respect they aim to instil in future healthcare professionals.

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