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Equity, Diversity, and Inclusion in Organizational Culture Assessment

EXECUTIVE SUMMARY

School of Medicine, Tulane University

New Orleans, LA

Submitted by

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REPORT ON EDI ORGANIZATION CULTURE ASSESSMENT			
CLIENT	**Anneliese Singh, Chief Diversity Officer** **Robin Forman, Provost**	**DATE**	Sept. 22, 2021
ORGANIZATION	School of Medicine Tulane University	**FROM**	Sensei Change Associates, LLC
PROJECT TEAM	Diana J. Wong, PhD, David Brown, MD, Wayne Millette, EdD, & Kelly Beattie, MSHROD		

Executive Summary

This report outlines an organizational culture assessment in relation to equity, diversity, and inclusion at the School of Medicine, Tulane University. Gathering data involved scheduling 130 focus groups and 90 individual interviews to provide availability for optimizing voluntary participation. A total of 171 participants contributed their input and insights about the organizational culture, gender and race relationship dynamics. They represent different professional disciplinary groups – administrators, faculty, staff, students, and alumni and diverse social identity groups – women, LGBTQ+, African American, LatinX, Asian Pacific Islanders, and BIPOC. The distribution of different professional groups providing input are as follows:

Professional Groups' Participation

Professional Groups	No. of Participants
Administrators	8
Alumni	2
Faculty	76
Residents/Fellows	7
Students	11
Staff	67
TOTAL	**171**

Focus groups and individual interviews were aggregated together to identify major themes regarding experiences within the School of Medicine's organizational culture. The aggregated input reveal major themes across multiple groups. Then the data analysis examined themes within the different groups. Based on thematic analysis of focus groups and interviews about experiences in the cultural environment, there are important issues to address concerning both gender and race in order to make improvements. Major themes that cut across multiple groups from the EDI Organizational Culture Assessment include both positive strengths and challenges

with opportunities for organizational learning. The major themes across multiple stakeholder groups are as follows:

1. A love for the SOM and desire to ensure development for the long term;
2. Positive collaboration and caring within and among different stakeholder groups;
3. Strong positive national reputation creates pride and appreciation for the SOM;
4. High level of medical expertise and academic excellence that supports medical education and clinical patient care
5. Actively demonstrates compassion and caring in carrying a mission to serve the community and its underserved members
6. Communication problems create confusion and challenges, especially with contradictory messages from different leadership groups; delayed responses or lack of responses creates distrust, misunderstandings, and difficulties in relationships; respondents feel there is a lack of transparency
7. The practice of a traditional hierarchical structure contributes to gender inequities and racial disparities that have little visibility with some leaders in positions of influence and power
8. Structural challenges between the hospitals and the SOM leads to disjointed connections for learners in the SOM; when reportable incidents occur, people do not use the reporting system because it is considered ineffective
9. Narratives of experiences about gender discrimination and disparities exist in a cyclical system, with behaviors and treatment ranging from microaggressions to sexual harassment to arbitrary application of policies and procedures; individual speaks out about the situation; individual is blamed for what happened and/or dismissed about the significance of the incident or threatened with retaliation; fear arises to create a silencing effect and leaders appear to be in the dark about what is happening; and the cycle is repeated.
10. Significant racial dynamics occur that range from microaggressions to blatant racist remarks and behaviors; SOM has few people of color which limits the range of diverse perspectives to service a diverse population.

Discussions of the themes led to the development of nine recommendations for organizational culture change that would effectively integrate equity, diversity, and inclusion. Two important caveats about organizational culture change: 1) culture change takes time and 2) active leadership engagement across the SOM and through all levels of the organizational structure need to make organizational culture change a high priority. The nine recommendations are as follows:

Recommendation #1: Leadership development with intercultural competencies and organizational change management skills for large scale organizational development intervention.

Recommendation #2: Conduct courageous conversations regarding the divergent perspectives among different stakeholder groups and key leaders.

Recommendation #3: Develop a robust strategic organizational communication system that proactively manages culturally appropriate and sensitive messaging through multiple channels to effectively reach the intended receivers.

Recommendation #4: Create a comprehensive EDI strategic plan for School of Medicine that is communicated and understood by all constituents.

Recommendation #5: Conduct a thorough audit and develop a comprehensive medical education strategy that integrates EDI at every level of learning from medical students to residents to fellows and to leadership.

Recommendation #6: Alignment of the Office of Multicultural Affairs with the university's Strategy for Tomorrow, an EDI and anti-racism strategic plan (2022-2027).

Recommendation #7: Investment in the development of the Office of Multicultural Affairs that enables the leading and facilitating of organizational culture change to move beyond Level 1 and Level 2 of EDI organizational development.

Recommendation #8: Create a safe reporting process that is effective and useful for people who need to report incidents related to EDI.

Recommendation #9: Renovate and/or refresh the Hutchinson Building and Tulane Medical Center.