



MARCH 21, 2022

EDI CLINICAL SITE ASSESSMENT  
EXECUTIVE SUMMARY  
SCHOOL OF MEDICINE, TULANE UNIVERSITY

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### Clinical Site Assessment Report

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| <b>PROJECT</b>                             | <b>Clinical Site Assessment, Team at the School of Medicine</b>   | <b>DATE</b>                                 | March 21, 2022   |
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| <b>SENSEI TEAM</b><br><b>WORK SCHEDULE</b> | Diana Wong, Wayne Millette, & Kelly Beattie<br>July 23, 2021 to Dec. 31, 2022   | <b>FROM</b><br><b>EMAIL</b><br><b>PHONE</b> | Diana J. Wong, President<br><a href="mailto:dianawongphd@gmail.com">dianawongphd@gmail.com</a><br>734-478-6030 |

### EXECUTIVE SUMMARY

This Clinical Site Assessment Project for the School of Medicine at Tulane University seeks to develop a deeper understanding of gender and race relationships and behavioral dynamics at different clinical sites. This project is based on a prior Equity, Diversity, and Inclusion [EDI] organizational culture assessment for the School of Medicine. Due to a lower than desired participation rate from residents and fellows, the current project aims to expand their input. Focus groups and individual interviews were conducted to gather data through first-hand experiences. There were 45 individual interviews and 44 focus groups which captured qualitative data from a total of 378 participants representing 30 departments. This amounted to 49% of the stakeholder groups – residents, fellows, program directors, faculty, and chairs. The data collection sessions were conducted in person or via zoom based on scheduling logistics and availability.

The thematic analysis of the Clinical Site Assessment identified the following results:

1. **Positive organizational culture** environments are often localized to departments with 8 departments having positive organizational culture reported across all stakeholder groups. When negative gender, race, or related EDI incidents took place, the matter was addressed and resolved in a constructive and timely manner. Different stakeholder

groups have a sense of trust in their team relationships and credit leaders with helpful initiatives that align with espoused values.

2. **Faculty expertise, mentoring, and supportive relationships** contribute to positive learning experiences for most residents. Residents feel they can easily go to faculty for help. Most faculty reported positive relationships with their peers. There is a strong sense of collaboration, good interactions, lots of energy, and collegiality.
3. **Mission of SOM to help underserved community** is often a shared passion across all stakeholder groups. The patient population enable significant learning among the fellows and residents because of the high case volume. But the challenges arising from resource limitations that create a high level of stress in the clinical practices.
4. **Practices of equity, diversity, and inclusion** are positive as reported by a significant portion of residents and faculty. But women and people of color continue to have multiple experiences of exclusion and disparate treatments in their work and professional lives. Many of the cultural experiences show up as microaggressions and systemic disparities embedded in organizational practices. LGBTQ+ merit further investigation.
5. **Communication within stakeholder groups tend to be more effective while there are systemic communication challenges that limit understanding of important events and issues up and down the organizational hierarchy.** Communications from top level leaders do not necessarily reach the audience as intended. Behavioral dynamics related to gender and race depend on communication effectiveness to build respectful and trusting relationships that optimizes both patient care and educational experiences of learners.
6. **Multi-clinical site rotations contribute to stress and inefficiencies** when attendings need to be at more than one hospital location in a day; they need to deal with different systems and spend time travelling which becomes stressful when cases run late at one place and then entering late at a second location.
7. **Lengthy tenure of leadership roles is a limiting factor in organizational change** which creates challenges to implementing new ideas. A few leaders engage in practices to silence feedback for change and/or discourage negative information from getting out due to concerns of reflecting negatively on their leadership and department.

8. **Conflicting priorities between SOM and hospital partners:** Faculty and residents report the contradictions they often feel between the mission to serve the SOM priorities of clinical service in a tripartite mission versus the priority of financial profitability of the hospital partners. In addition to the SOM leadership, hospital sites as partners are major architects of the organizational cultures at their local site which vary significantly between the different locations.

## **EDI ORGANIZATIONAL CULTURE AT CLINICAL SITES**

The daily lived experiences of the EDI organizational culture take place at six different clinical sites – VA, Tulane Medical Center, University Medical Center, Ochsner, Lakeside, and Children’s Hospital of New Orleans. Differences between the sites are discussed with varying workplace organizational culture and experiences that range from being highly stressful with resource scarcity to professionally busy with supporting resources.

## **RECOMMENDATIONS**

1. **Best Practices in EDI Organizational Culture** with knowledge exchange between department leaders because there are positive and productive organizational cultural practices that can be leveraged more broadly across the system.
2. **Develop a comprehensive EDI strategy that includes engagement and input from all stakeholders** to develop consistency in a strategy with alignment to Strategy for Tomorrow.
3. **Promote positive faculty mentoring in clinical relationships** with various annual awards to recognize high performing faculty who provide high quality learning for residents.
4. **Multiple organizational interventions are needed to address the practice of equity and inclusion for diversity:** marketing and communication about Tulane’s doctors such as large posters with titles and specialties promoting diverse social identities.
5. **Increasing communication effectiveness on EDI issues:** Leaders require additional support for developing communication strategies and plans for systemwide initiatives, events, and issues.

6. **Feedback and assessment of clinical sites:** Tulane SOM leadership will need to conduct annual monitoring and feedback for expectations and goals related to desired organizational culture for EDI with clinical site leaders.
7. **Explore workflow options** that allow providers who work at multiple sites in a day to get from one location to another in a timely fashion.
8. **Develop leaders through succession planning to fill leadership vacancies** would help to prepare readiness of leaders to fulfill their responsibilities. One helpful approach is the application of the 70-20-10 model.
9. **Evaluate leadership impact through periodic assessment** (e.g. every 5 years), including external reviews. The evaluation feedback would provide and help to align succession planning and development of future leaders.