DIVERSITY ENGAGEMENT SURVEY (DES)

TURNING DATA INTO ACTION

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Vice Chancellor
Human Resources, Diversity & Inclusion
University of Massachusetts Medical School
March 25, 2014
Engagement Research

Inclusion Research

Institutional Role

Dimensions of Diversity
INCLUSION FACTORS

- Respect
- Common Purpose
- Trust
- Cultural Competence
- Appreciation of Individual Attributes
- Equitable Reward and Recognition
- Sense of Belonging
- Access to Opportunity

Core Message: Appreciation and Value of the Individual
WHAT THE DES SCORE REPRESENTS

Degree of overall engagement with the institution

Identifies respondents in their multiple identities across various levels of systems

- **Position**: Faculty, staff, students, post docs, residents
- **Level**: Junior faculty, senior faculty, administrators,
- **Diversity Dimensions**: Race, gender, ethnicity, sexual orientation, disability, age, etc.

Depicts the interplay of group identity, engagement, and inclusion within the institution.
What the Open –Ended Items Do?

Responses can be themed according to the eight inclusion factors.

Themes can be organized according to responses that would be considered:

- Descriptive: naming issues about the organization
- Diagnostic: defining areas of strengths or weakness
- Prescriptive: pointing to a direction for change
Using the DES to Inform Diversity Plans

Agenda for Stakeholder Groups

- Provide background on the survey and the intent for its use at your institution
- Share results in a confidential manner—information is being provided to them to support attainment of diversity goals
- Allow time for discussion: What meaning do they make of the results? Any learnings or surprises? Any good news? Any concerns?
- Brainstorm practical ideas for how low scores might be improved: What would help us to move the needle on this item? What might we do with little or no resources? Any low hanging fruit? What plans do we need to have in place to ascertain resources for long term or strategic plans?

Create 2-3 SMART goals (specific, measurable, attainable/agreed to, realistic, timely) for each or the institution’s lowest scoring items to be included in the institutional diversity plan
UMMS Results

1,958 respondents or approximately 40%; 214 comments

Overall favorable response to survey design and its brevity

Concerns on design expressed by individuals:
  o No questions on Disability
  o Use of term “Queer” believing it to be offensive

Overall Highest inclusion factor → Common Purpose

Overall Lowest inclusion factor → Equitable Reward and Recognition

Strategic direction for change

• Women needed more advancement opportunities
• Black and Hispanic needed greater recruitment and retention efforts
• LGBT community needed more inclusion efforts
• Disability community wanted more visibility and recognition of needs
• Faculty and staff with more than five years of employment wanted more recognition and reward efforts
• Students wanted more faculty of color hired, more culturally competent faculty and diversity issues integrated into the curriculum
You Responded, We Listened, We Acted

Greater recognition efforts for our faculty and staff who had been at UMMS more than 5 years
  • Spot Awards Program, Special Awards Program

Greater recruitment and retention efforts for Black and Hispanic faculty and students
  • FDSP Scholarship Program
  • Student Mentoring Circles Program
  • Micro-communities Program

More opportunities for staff recognition beyond years of service.
  • Chancellor’s Award for Advancing UMMS Mission and Community Service

Faculty concerns about equitable reward and recognition
  • Further communicated 2010 results of gender/race equity study; conducting an annual compensation equity analysis

Enhanced integration of diversity and health equity into curriculum
  • Review of curriculum for LGBT health
  • Incorporation of student facilitators in Multicultural Interstitial and Social Determinants of Health

Greater inclusion efforts for our LGBT faculty and staff
  • LGBT Welcome Luncheon
  • Budget allocation for attendance at GLMA (Gay Lesbian Medical Association) Conference
  • Two no agenda meetings to have voices heard
Practical Applications of the Diversity Engagement Survey

Jonathan S. Appelbaum, MD, FACP
Laurie L. Dozier, Jr., MD Professor and Director of Internal Medicine
GDI Representative
Chair, Diversity and Inclusion Council
FSU College of Medicine
March 25, 2014
The Florida State University College of Medicine will educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.
Rural
Elderly
Minority
Medically Underserved
History of FSU-COM

• FSU-COM established June 2000 by Florida legislature. First of the “new” medical schools of the 21st century.

• Mission established by law

• First graduation class 2005

• First full LCME accreditation 2005

• Reaccredited by LCME in 2011
  - Strengths included pipeline programs
How Do We Meet the Mission?

- Pipeline programs
- Holistic admissions
- Strong student support systems
- Ambulatory training model---70% outside the hospital in the community setting
- One-on-one instruction by community physicians beginning Year 1
Community-based Training

At the regional campuses, third- and fourth-year students train one-on-one with practicing physicians in private practices, hospitals, and other medical facilities.
Bridge to Clinical Medicine Program

- Created in 2001
- Transition from post-baccalaureate program to MS program in 2009
- 97% (35) students entering medical school from the Program have graduated medical school
- 71.4% (20) of these have entered primary care
Diversity and Inclusion at FSUCOM

• Creation of GDI in 2009

• Events at COM perhaps indicated we were not addressing D&I directly

• Formation of CODI in 2010

• Needs assessment: use of DES to get a “diversity snapshot” of FSUCOM

• Develop D&I strategic plan
<table>
<thead>
<tr>
<th>Factor</th>
<th>Florida State University College of Medicine</th>
<th>All Other Respondents</th>
<th>MeanDiff (YourSchool - Others)</th>
<th>CI for MeanDiff (Lower, Upper)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Purpose Factor</td>
<td>4.42 (0.68)</td>
<td>4.02 (0.74)</td>
<td>0.4016</td>
<td>(0.3365, 0.4666)</td>
<td>0.0000</td>
</tr>
<tr>
<td>Access to Opportunity Factor</td>
<td>4.40 (0.75)</td>
<td>3.90 (0.94)</td>
<td>0.4955</td>
<td>(0.4118, 0.5793)</td>
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</tr>
<tr>
<td>Equitable Reward and Recognition Factor</td>
<td>4.10 (0.94)</td>
<td>3.53 (1.05)</td>
<td>0.5755</td>
<td>(0.4814, 0.6697)</td>
<td>0.0000</td>
</tr>
<tr>
<td>Cultural Competency Factor</td>
<td>4.34 (0.70)</td>
<td>3.89 (0.74)</td>
<td>0.4451</td>
<td>(0.3795, 0.5108)</td>
<td>0.0000</td>
</tr>
<tr>
<td><strong>Vision/Purpose Cluster</strong></td>
<td><strong>4.31 (0.66)</strong></td>
<td><strong>3.84 (0.75)</strong></td>
<td><strong>0.4783</strong></td>
<td><strong>(0.4128, 0.5438)</strong></td>
<td><strong>0.0000</strong></td>
</tr>
<tr>
<td>Trust Factor</td>
<td>4.34 (0.80)</td>
<td>3.81 (0.91)</td>
<td>0.5252</td>
<td>(0.4454, 0.6050)</td>
<td>0.0000</td>
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<tr>
<td>Sense of Belonging Factor</td>
<td>4.26 (0.72)</td>
<td>3.89 (0.78)</td>
<td>0.3694</td>
<td>(0.3010, 0.4377)</td>
<td>0.0000</td>
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<tr>
<td><strong>Camaraderie Cluster</strong></td>
<td><strong>4.30 (0.69)</strong></td>
<td><strong>3.85 (0.77)</strong></td>
<td><strong>0.4449</strong></td>
<td><strong>(0.3778, 0.5120)</strong></td>
<td><strong>0.0000</strong></td>
</tr>
<tr>
<td>Appreciation of Individual Attributes Factor</td>
<td>4.34 (0.74)</td>
<td>3.83 (0.84)</td>
<td>0.5055</td>
<td>(0.4315, 0.5795)</td>
<td>0.0000</td>
</tr>
<tr>
<td>Respect Factor</td>
<td>4.42 (0.69)</td>
<td>3.95 (0.78)</td>
<td>0.4697</td>
<td>(0.4015, 0.5380)</td>
<td>0.0000</td>
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<tr>
<td>Appreciation Cluster</td>
<td>4.38 (0.69)</td>
<td>3.89 (0.77)</td>
<td>0.4883</td>
<td>(0.4207, 0.5558)</td>
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</tbody>
</table>
FSUCOM Internal Sub-analysis

- Gender: some differences (men > women)
- Race: some differences comparing each group to every other group
- Sexual orientation: some differences (hetero > LGBT)
- Religion: no differences
- Veteran status: no differences
- Generational age: millenials > all others
FSUCOM -- D&I themes

• Embrace a save and welcoming environment
• Embrace diversity at all levels
• Celebrate and cherish diversity, models inclusion
D&I Action Items—from strategic plan

• In parallel with DES

• Inform constituent groups, framing D&I as an issue of health equity. Follow up survey in 2 years—due this year!

• Develop one-page on D&I at FSUCOM

• Work with Faculty Council to identify ombudsman
• Work with curriculum redesign teams to ensure that underserved groups become part of new curriculum package
• Develop training materials
• Educational and celebratory programs
Challenges

• Operationalize survey for COM with regional campus model
• Engage faculty, staff, students
• Celebrate data while moving forward with D&I strategic plan
• Use survey as part of D&I policy (LCME)
Council on Diversity and Inclusion

Mission
The mission of the Council on Diversity and Inclusion is to cultivate and ensure that diversity and inclusion is upheld as institutional core values in all that we do. We seek to increase awareness of the importance of diversity among faculty, staff, and students. We wish to provide a safe place where individual differences are appreciated and uniqueness supported and nurtured.

Message from the Chairs
The Council on Diversity and Inclusion at Florida State University College of Medicine was formed to facilitate an atmosphere of inclusion and to celebrate our differences, while furthering the overall mission of the College of Medicine. The Council is representative of the school community and includes students, faculty and staff from the central and regional campuses. Our Council meetings are open to the entire COM community. The Council is co-chaired by Jon Appelbaum and Helen Livingston.

As the representative for the AAMC Committee on Student Diversity Affairs, Helen Livingston has the responsibility to inform students and faculty of diversity issues and initiatives that are of primary importance to the community of medical colleges that comprise the membership of the AAMC. As co-chair of the Council on Diversity and Inclusion at the College of Medicine, her role is to help facilitate Council activities that will promote diversity development in an inclusive environment. It is her responsibility to stay current with the issues related to diversity and inclusion, provide information to membership, encourage a proactive approach to achieving the goals set by the Council, report Council initiatives to the Dean’s Executive Council, and when appropriate seek to ensure the consideration of diversity and inclusion issues when policy or program assessments for the College of Medicine are under discussion.
The FSU College of Medicine Council on Diversity & Inclusion is made up of faculty, staff, and students.

Mission:
The mission of the Council on Diversity and Inclusion is to cultivate and ensure that diversity and inclusion is upheld as institutional core values in all that we do. We seek to increase awareness of the importance of diversity among faculty, staff, and students. We wish to provide a safe place where individual differences are appreciated and uniqueness supported and nurtured.

FSU COM is committed to:
- Providing a wide range of student organizations that represents and supports underrepresented populations in the College of Medicine. There are 28 Registered Medical Student Organizations: [http://med.fsu.edu/index.cfm?page=studentAffairs.studentOrganizations](http://med.fsu.edu/index.cfm?page=studentAffairs.studentOrganizations)
- Recognizing the achievements of our diverse student body, faculty, and staff.

Current Council Initiative Projects:
- Develop Crisis Management Protocol
- Define and promote how COM recruits and retain a diverse student body, faculty, and staff that mirror the communities we serve.
- Develop Diversity and Inclusion Training and Education for the College of Medicine

FSU COM Demographics:

<table>
<thead>
<tr>
<th></th>
<th>Students</th>
<th>Total</th>
<th>Faculty &amp; Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>255</td>
<td>232</td>
<td>Men</td>
<td>138</td>
</tr>
<tr>
<td>Women</td>
<td>226</td>
<td>47</td>
<td>Women</td>
<td>225</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td></td>
<td></td>
<td>Black</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td>28</td>
<td>Hispanic</td>
<td>13</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>74</td>
<td></td>
<td>Asian/Pacific Islander</td>
<td>22</td>
</tr>
<tr>
<td>American Indian</td>
<td>2</td>
<td></td>
<td>American Indian</td>
<td>4</td>
</tr>
<tr>
<td>Not Reported</td>
<td>8</td>
<td></td>
<td>Not Reported</td>
<td>0</td>
</tr>
</tbody>
</table>

For more information regarding Diversity & Inclusion, contact Committee Chairs: Jon Appelbaum, jonathan.appelbaum@med.fsu.edu or Helen Livingston, helen.livingston@med.fsu.edu
COUNCIL ON DIVERSITY AND INCLUSION (CDI)
Reporting Guide
See Something. Say Something.

Are you concerned about how you or others have been treated? Be heard.

Why?
- To promote our culture of diversity and inclusion
- To prevent future incidents
- To improve faculty, staff, & student education

How to report an incident?

Faculty & Staff
- Speak with COM Administrative Services
  upId=2239 or email diversity.inclusion@med.fsu.edu
- Report to Office of Equal Opportunity and Compliance, http://compliance.hr.fsu.edu/
- Contact the Ombuds Office, http://hr.fsu.edu/ombuds/

Student
- Report to Student Affairs: Dr. Leadem, Dr. Campbell, Hanna Ghirmay, or your Student
  Support Coordinator
  upId=2239 or email diversity.inclusion@med.fsu.edu

Anonymous Reporting For Faculty, Staff, & Students
- FSU Ethics Point
  www.fsu.ethicspoint.com
  855-231-7511
  Toll-free, 24 hours a day, 365 days a year

What happens after an incident has been reported?
- Anonymous Reporting utilizes a third party to maintain confidentiality. Reports will be
directed to FSU HR and addressed either informally or formally according to University
policy. Significant reports may initiate investigation.
- Student Affairs/Human Resources reporting are available both formally and informally,
dependent on reporter preference and nature of incident.
- Office of Equal Opportunity and Compliance usually initiates a formal complaint.
- Ombuds Office provides an informal mechanism for guidance.
- CDI’s function is to gather information and advise appropriately. All matters discussed
  with CDI members will be handled confidentially, unless otherwise specified.

Please Note: We are required to report any incidents of sexual harassment immediately to the
Office of Equal Opportunity and Compliance, 6200 University Center A, 850.645.6519;
additional information is available at http://compliance.hr.fsu.edu/index.cfm?page=sexual_harassment.
First ‘Live the Mission’ week in January 2014 with daily events:

- Live the Mission Fair
- Experiential diversity exercise
- Panel of alumni who are living the mission
- Cultural pot luck
• Unconscious bias day
• Faculty and staff (50)
• Luncheon with CODI and Exec Committee
• Students (240)
• Hidden Colors-Black history month
• Facilitated by 2 CODI members
Enablers & Barriers to Inclusive Excellence: Listening to The “Voices” of our Faculty, Staff, & Learners

Judy Seidenstein
Chief Diversity Officer
Duke University School of Medicine

March 25, 2014
Inclusive Leadership
Diversity and Engagement Survey (DES)  
Taking A Deep Dive Into the Qualitative Data

- Senior leaders must become “architects” of an inclusive culture and climate to chart the path forward
- Design a process to engage leadership in bringing forward the “voices” of respondents from the AAMC Diversity & Engagement Survey
- Build ownership by discussing key themes that emerged from the qualitative data
- Begin to identify recommendations to build on what’s working well and to address the gaps
Race/Ethnicity Distribution
AAMC Survey vs. Total School of Medicine Employees/Faculty

Base: AAMC Survey: N=2308; SOM Total: N=10,075

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>AAMC Survey</th>
<th>SOM Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>URM</td>
<td>17.7%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>9.0%</td>
<td>14.1%</td>
</tr>
<tr>
<td>Caucasian</td>
<td>69.3%</td>
<td>71.2%</td>
</tr>
<tr>
<td>Unknown</td>
<td>4.0%</td>
<td></td>
</tr>
</tbody>
</table>
Gender Distribution
AAMC Survey vs. Total School of Medicine Employees/Faculty

Base: AAMC Survey: N=2308; SOM Total: N=10,075
Position Distribution
AAMC Survey vs. Total School of Medicine Employees/Faculty

Base: AAMC Survey: N=2308; SOM Total: N=10,075

* In the AAMC Survey the category Other includes the following groups: Post Docs, Resident/Fellow, Student, Two or More, and Other (Research Associates, Research Analysts, etc.). The SOM data includes only the following as Other: Retirees and Students.
Question 11: I believe my institution manages diversity effectively.

Race / Ethnicity

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Favorable</th>
<th>Mixed</th>
<th>Unfavorable</th>
<th>Unable to Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-Represented Minority (409)</td>
<td>45%</td>
<td>27%</td>
<td>23%</td>
<td>4%</td>
</tr>
<tr>
<td>Asian (208)</td>
<td>76%</td>
<td>15%</td>
<td>5%</td>
<td>3%</td>
</tr>
<tr>
<td>White (1,599)</td>
<td>63%</td>
<td>21%</td>
<td>11%</td>
<td>4%</td>
</tr>
<tr>
<td>Race Unknown (92)</td>
<td>42%</td>
<td>27%</td>
<td>24%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Base: School Of Medicine: N=2,308

Note: Due to insufficient sample size, the following demographics have been grouped into one category labeled ‘Under-Represented Minorities’ - Hispanic/Latino(a), American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, Black/African American, two or more races and other.
Question 11: 
I believe my institution manages diversity effectively.

Base: School Of Medicine: N=2,308
Note: Due to insufficient sample size, the following demographics have been grouped into one category labeled ‘Other’ – Transgender and other.
**Question 11:**
I believe my institution manages diversity effectively.

<table>
<thead>
<tr>
<th>Position</th>
<th>Favorable</th>
<th>Mixed</th>
<th>Unfavorable</th>
<th>Unable to Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Staff</td>
<td>62%</td>
<td>14%</td>
<td>3%</td>
<td>21%</td>
</tr>
<tr>
<td>Faculty</td>
<td>58%</td>
<td>25%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>62%</td>
<td>10%</td>
<td>7%</td>
<td>46%</td>
</tr>
<tr>
<td>Position Unknown</td>
<td>38%</td>
<td>15%</td>
<td>0%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**Base:** School Of Medicine: N=2,308

*Note: Due to insufficient sample size, the following demographics have been grouped into one category labeled ‘Other’ – Resident/Fellow, Post Doc, Student, and Other.*
Diversity & Engagement Survey: Question 23

Open Ended Question:

*We value any additional comments you have on what is working well with respect to diversity and inclusion at the School of Medicine as well as what are some of the areas for improvement.*

- Out of 2308 survey respondents 503 provided responses to Question 23.

- Given the broad nature of the question, responses covered many different areas.
  - Ten overarching and interrelated themes emerged
  - The themes that emerged reflect this breadth of response and identify both areas of strength and areas for improvement
  - Quotes were selected to represent a collection of comments made reflecting a particular theme or themes.
<table>
<thead>
<tr>
<th>Position at Duke - no. (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee/Staff</td>
<td>283 (56.26)</td>
</tr>
<tr>
<td>Faculty</td>
<td>134 (26.64)</td>
</tr>
<tr>
<td>Student</td>
<td>31 (6.16)</td>
</tr>
<tr>
<td>Two or More</td>
<td>22 (4.37)</td>
</tr>
<tr>
<td>Other (research associate, research scientist, etc…)</td>
<td>15 (2.98)</td>
</tr>
<tr>
<td>Post Doc (Professional Trainee)</td>
<td>13 (2.58)</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>3 (0.60)</td>
</tr>
<tr>
<td>Resident/Fellow</td>
<td>2 (0.40)</td>
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<table>
<thead>
<tr>
<th>Gender - no. (%)</th>
<th></th>
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<tbody>
<tr>
<td>Female</td>
<td>339 (67.40)</td>
</tr>
<tr>
<td>Male</td>
<td>145 (28.83)</td>
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<td>Did Not Answer</td>
<td>16 (3.18)</td>
</tr>
<tr>
<td>Other</td>
<td>3 (0.60)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race - no. (%)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>331 (65.81)</td>
</tr>
<tr>
<td>Black/African American</td>
<td>60 (11.93)</td>
</tr>
<tr>
<td>Asian</td>
<td>25 (4.97)</td>
</tr>
<tr>
<td>Other</td>
<td>24 (4.77)</td>
</tr>
<tr>
<td>Did Not Answer</td>
<td>22 (4.37)</td>
</tr>
<tr>
<td>Two or More</td>
<td>20 (3.98)</td>
</tr>
<tr>
<td>Hispanic/Latino(a)</td>
<td>19 (3.78)</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>1 (0.20)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1 (0.20)</td>
</tr>
</tbody>
</table>
Ten Inter-related Themes

• SoM Doing Well Overall

• **Need for Greater Diversity Especially in Leadership Positions**

• **Desire for More Authentic Leadership Commitment**

• Lack of Accountability:
  – Managers Not Being Held Accountable for Inclusion
  – Managers Not Holding Employees Accountable

• Inequities Related to Job Role, Function, Discipline and/or Level

• Lack of Awareness, Appreciation and Respect Between Individuals

• Diversity and/or Diversity Management Seen as Compromising Excellence and/or Promoting “Reverse Discrimination”

• Specific Areas of Inclusion/Exclusion
  – Gender Bias
  – Power and Money Matter Over Inclusion
  – Diversity of Thought (Diversity Narrowly Defined)
  – LGBT Inclusion/Exclusion
  – Pro-Christian Bias

• HR Management and Recruitment Systems Need Improvement

• Inequitable Rewards
Designed a Leadership Engagement Strategy to “Make it Real”

- Half Day Off Site Dean’s Diversity Leadership Retreat co-led with Marc Nivet to engage with and bring forward the “voices” of respondents from the survey.
- Divided team into partner pairs, each receiving a pre-defined (yet unidentified) set of 15-20 representative quotes.
- Leaders were asked to take turns reading each of the quotes in their deck out loud. Once all of the quotes were read, they were to work with their partner to identify the theme or themes that emerged from their deck.
- They were asked to summarize the themes and any highlights from their “stack” of quotes as well as select 2-3 quotes that they felt best illustrated the identified theme/s for presentation to the full group.
“Would like to see more diversity (people of color and women) in TOP leadership positions throughout Duke Medicine.”

(Female, White, Employee/Staff)
"It is clear that Duke University School of Medicine values diversity and inclusion with regard to applicants accepted to their School of Medicine programs; but whether that respect for diversity extends to input from multiple professions and cultural diversity in the highest levels of administration is very much in question. It seems there is serious commitment to making opportunities for the education of physicians from varied backgrounds and cultures, but within the culture of medicine at this institution there is clearly a lack of diversity at the highest decision-making levels (i.e. many more men, mostly MDs, mostly Caucasian, etc.) To truly embrace respect for diversity and inclusion, there should be much more varied representation in positions of power within Duke."

(Female, White, Faculty)
“I think it is important to recruit highly visible minority faculty to demonstrate our commitment to diversity. We have done well in this regard with many women in senior roles at Duke.”

(Male, White, Faculty)
(19) “Diversity will never be fully accomplished until diverse individuals are 'invited' into administrative positions that truly have the potential to make an impact on the community we serve whether it be amongst the students, staff and/or faculty. When persons of the same background, culture, beliefs etc., sit in key positions, the outcomes are most often the same and we lose a great of creativity.”

(Female, Black/African American, Two or More)
Need for Greater Diversity Especially in Leadership Positions

• There was a call for greater diversity and access to opportunity in key positions within the institution.

• Recommendations in this area included a need for more mentors and other professional development opportunities to promote career advancement and promotion, particularly into senior positions and among faculty.
OUTCOME:

- Incredible alignment between assessment/identification of key themes by Dean’s Leadership group and formal qualitative analysis
- Ownership & support! (evidenced by preliminary thinking about recommendations, prioritization and strategies to address gaps)
- Desire and plan to bring a similar process to all Department Chairs, Institute and Center Directors
Cascade To Next Level of Leadership

• Dedicated a full Medical Center Executive Committee Meeting to an abbreviated version of the DES Qualitative Data Leadership Engagement Process

• Upon entering the boardroom, each Chair/Institute/Center Director received a sealed numbered envelope that contained a representative quote

• At appropriate intervals during the meeting, leaders were asked to bring forward the voice of respondents to the survey by reading a quote out loud to their peers.

• Each quote identified the demographic categories of the person who wrote it.

• Appreciative Listening & Inquiry
  ➢ What do you hear? Impressions? What if any themes, emerge?
Moving Forward: Using The Data To Inform Strategy

• Confidential in depth data report provided to Chairs which provides insight into all 10 of the qualitative themes that emerged from the DES Survey.

• Leaders encouraged to review their departmental data and consider how it may further inform the implementation of their 2014-15 Departmental Diversity Strategic Plan.

  ➢ Any surprises?

  ➢ What are the greatest opportunities/challenges?

• Departments to nominate members for SoM Inclusion Council who will help further identify priorities and recommendations and school wide communication of data (“We hear you”)

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