

## The Results Are In: School of Medicine participation in the Diversity Engagement Survey

*“Increasingly, an institutional climate of inclusion is being understood not as a set of accommodations for select groups or individuals, but as a comprehensive strategy for unleashing the diverse talents that reside in all students, faculty and staff. Diversity is [now considered] a driver of institutional excellence and improved patient care. A [development and growth] strategy that does not include a deliberate focus on culture will fall short in comparison to institutions that have figured out how to fully engage individual at all levels. It is impossible to change an institution’s culture without first assessing the status-quo to understand the extent to which various groups feel engaged.” –Marc Nivet, Ed.D., Chief Diversity Officer, Association of American Medical Colleges*

In July, 2014 the School of Medicine faculty, residents and staff participated in the Diversity Engagement Survey (DES), a robust evaluation tool designed for use by academic medical centers to allow measurement of the academic environment through the lens of inclusion and diversity. Our SOM selected the DES to assist in shoring up our inclusive culture, to assess baseline strengths and areas for improvement related to inclusion and diversity efforts and to the define our strengths and identify areas for improvement with our diversity and inclusion framework through benchmark comparative data.

Survey participation was high with 2185 respondents or 52% (n = 4197) of our faculty, residents and staff completing the 22-item questionnaire (link to DES questionnaire). Respondent demographics demonstrate participation of executive leadership/senior administration, faculty, staff, residents/fellows and post docs at rates greater than or equal to benchmark institutions. Additional demographic data regarding participation are also outlined in the tables below.

RESPONDENT DEMOGRAPHICS

	UT Health Sciences Center - San Antonio		Benchmark	
	N	%	N	%
<b>All Respondents</b>	2185	100%	13694	100%
<b>POSITION</b>				
Executive Leadership/Senior Admin.	64	3%	431	3%
Faculty	657	30%	1475	11%
Staff	1028	47%	4899	36%
Resident/Fellow	352	16%	178	1%
Postdoc	57	3%	192	1%
<b>LENGTH OF TIME AT SCHOOL</b>				
Less than 1 year	330	15%	1871	14%
1 yr to less than 5 yrs	700	32%	4781	35%
5 yrs to less than 10 yrs	493	23%	2620	19%
10 yrs or more	631	29%	4180	31%
<b>RACE/ETHNICITY</b>				
White	1086	50%	9789	71%
Black/African American	71	3%	1134	8%
Hispanic/Latino(a)	636	29%	738	5%
Asian	238	11%	1002	7%
Other	80	4%	487	4%
<b>GENERATIONAL AGE GROUP</b>				
Traditional (1922-1944)	48	2%	312	2%
Baby Boomers (1945-1964)	716	33%	5458	40%
Generation X (1965-1980)	797	36%	4290	31%
Millennials (1981-2000)	551	25%	3219	24%

RESPONDENT DEMOGRAPHICS

	UT Health Sciences Center - San Antonio		Benchmark	
	N	%	N	%
<b>GENDER</b>				
Male	776	36%	4479	33%
Female	1272	58%	8811	64%
<b>SEXUAL ORIENTATION</b>				
Heterosexual	1869	86%	11846	87%
LG BTQ or Other	142	7%	950	7%
Missing/Refused to Answer	174	8%	898	7%
<b>BELIEF SYSTEM</b>				
Christian	1252	57%	7811	57%
Non-Christian	540	25%	4106	30%

RESPONDENT DEMOGRAPHICS

	UT Health Sciences Center - San Antonio	
	N	%
<b>GENDER</b>		
Male	776	36%
Female	1272	58%
Other	4	0%
Decline to answer	94	4%
<b>EMPLOYMENT</b>		
Full time employee	1953	89%
Part-time employee	153	7%
<b>EXEMPT</b>		
Exempt employee	770	35%
Non-exempt employee	1064	49%
<b>USED FAMILY MEDICAL LEAVE</b>		
Yes	254	12%
No	1857	85%
<b>DISABILITY</b>		
Yes, I have a disability	57	3%
No, I don't have a disability	1945	89%
I don't wish to answer	121	6%

***The SOM's goal is to rank in the top tertile for inclusion factors and engagement clusters, and in the top quartile within all demographic characteristics for inclusion factors and engagement clusters that were assessed.*** Our results as compared to the normative sample ranked our SOM in the **middle third** for inclusion factors and engagement clusters and in the **second or third quartile** for demographic characteristics of the measured factors and clusters. These indicate that while we are doing reasonably well in comparison to a group of schools of medicine that have undertaken this survey, we have not reached our institutional goal.

To complement the data summarized above, many comments were submitted to the open-ended question within the survey. Those comments in their entirety have been reviewed by senior leadership across the SOM and those of constructive content are being utilized to guide the implementation of more effective initiatives and programming for the continued progress of diversity, inclusion and cultural proficiency in the School of Medicine. There were signed comments and comments with identifying information, thus they are not shared in the report to preserve the anonymity of respondents.

The data suggest that the existing culture of diversity and inclusion is encumbered by the perception that women and under-represented groups in the medicine faculty and staff do not have equal opportunities for professional development, for mentoring opportunities, or to secure leadership positions. The data also indicate that our inclusion efforts must address ageism as well as our LGBT(QIA2) and disabled colleagues as we have great room for improvement in identifying ways to adequately address their concerns about our culture of diversity and inclusion.

**We invite you to review all of the outcome data in the Benchmark Report .**

**[SOM Benchmark Report](#)**

**[SOM Survey Layout](#)**

The Diversity Committee would like to thank the SOM communities for participating in this important survey and welcomes any feedback ([facultydiversity@uthscsa.edu](mailto:facultydiversity@uthscsa.edu))

Warmest regards,

Dana