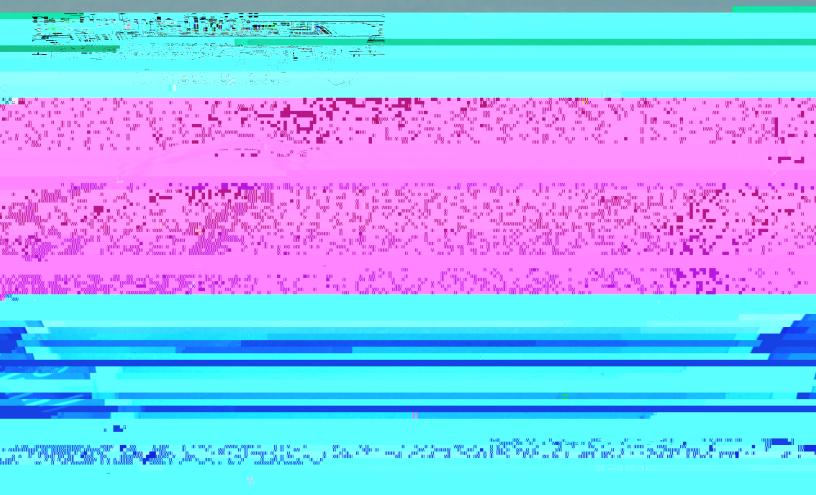
Medical College of Wisconsin Office of the Ombuds

Annual Report to Faculty and Staff January 1 to December 31, 2017



become familiar with the diverse issues that colleagues share in confidence with the Ombuds

the data collected through the Ombuds Office Visitor Survey as well as information on outreach efforts by the Office.

We welcome comments and suggestions for improving the Annual Report and for ensuring that the services of the Ombuds Office are as beneficial as possible to MCW staff, faculty and postdoctoral s. You may share your feedback by contacting us directly or by completing our anonymous Ombuds Office Experience Survey. Thank you for the opportunity to serve the MCW componityunity

Natalie C. Fleury, JD Ombuds he Ombuds Office was established in the

Consulting the Ombuds

Ombuds Offices at institutions across the country utilize varying methods to report activities. These may include the total number of visitors to a particular Office, the number of groups of visitors to the Office, or the total number of individuals with whom the Office has had contact (including both visitors to the Office and individuals contacted to seek additional information or guidance).

The International Ombudsman Association (IOA) recommends tracking and reporting the number of issues discussed with the Ombuds rather than the number of visitors, groups of visitors or total individuals contacted, citing greater reliability in categorizing and reporting issues. To that end, this Annual Report provides a detailed tally of the issues discussed with the MCW Ombuds Office according to the recommended reporting categories established by the IOA. A full list of the IOA categories and data for 2017 is included in Appendix 1.

Visitor Information

Ombuds Office logged 174 initial visits by single individuals or groups of individuals. Repeat visits by individuals/ groups for the same issues are not counted in the number reported above, and the numbers do not include individuals or offices consulted by the Ombuds as a result of discussions with visitors to the Office.

Of the 174 initial visits in 2017, 99 (56.9%) were by staff, 62 (35.6%) were by faculty, and 13 (7.5%) were by post-

visitors. Visitors/ visitor groups to the Ombuds were employed in MCW clinical departments (59.2%), administrative units (16%), centers/ institutes (13.2%) and basic science departments (5.8%). In addition, 5.8% of visitors worked in

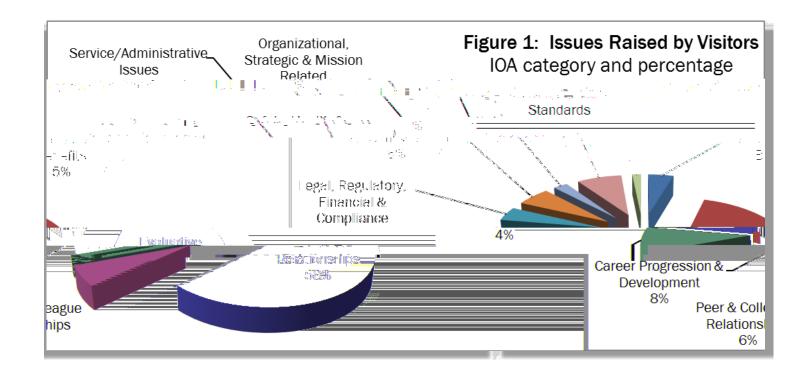
The visits also included 18 exit interviews with faculty and four exit interviews with staff. Exit interviews are offered to faculty who are retiring, have elected to leave for career advancement

cited. There was a slight increase in the number of reported evaluative relationship concerns related to diversity issues compared with 2016 and 2015, though the number is lower than what was reported in 2013 and 2014. There were more substantial increases in the number of concerns regarding discipline and equity of treatment. Though only slightly higher than 2016, concerns regarding communication and fear of retaliation were at the highest levels reported in those subcategories since the Ombuds Office was established.

The second-most common category of issues fu]gYX k Ug Î 7UfYYf Dfc[fYgg]cb UbX 8Yj Y`cda Ybh' (fYdfYgYbh]b[, .14% cZhchU` concerns), the majority of which related to promotion, reappointment or tenure, and to career development, coaching and mentoring. H\Y Î Cf[Ub]nUh]cbU`, GhfUhY[]WUbX A]gg]cb FY`UhYXÏ WUhY[cfmfYdfYgYbhYX +.+-% cZhchU` concerns. Of note in this category, organizational climate and leadership concerns decreased when compared with 2015 and 2016, while concerns

related to inter-department and inter-organization work increased to the highest levels reported in the six-year history of the Ombuds Office. Concerns in this area relate to work across departmental and/or organizational boundaries, potentially reflecting differences in organizational culture, policy and practice. Strategic and mission related concerns also increased somewhat over the previous year, back to 2015 levels.

Several other categories are worth noting. Reports of work related stress and work life VU'UbW']ggi Yg i bXYf h\Y Î GUZYm; <YU'h\ UbX D\ng]\W' GUZYmi \WhY[cfmUfY Uhh\Y \][\Ygh'Yj Y'g reported in the history of the Ombuds Office. This is the fourth most frequent concern reported, with 31.6% of visitors to the Office describing concerns in this area. Also of note, reported concerns with discrimination increased from seven in 2016 (0.6% of total visitors) to 17 in 2017 (1.5% of total visitors). "Legal, Regulatory, Financial and Compliance" concerns are 4% of the total concerns raised through the Ombuds Office.



In addition to the categories of concern outlined above, themes emerge over time among the

Administration

Visitors to the Ombuds Office continue to raise concerns regarding a lack of opportunity to provide meaningful, anonymous feedback about their supervisor or leader's work without fear of repercussions. Employees who have provided feedback in relation to leaders with perceived, significant institutional authority or value are often doubtful that their feedback has had any effect.

Visitors express concern that, in the absence of surrounding checks and balances on leader authority, troubling behaviors may continue unchallenged.

Visitors are often uncertain about the authority and role of Human Resources regarding employee relations concerns.

Departments vary in their process regarding the faculty and staff exit process. Departing (non-retiring) faculty are at times unsure about their off-boarding responsibilities as they leave the institution.

Departments vary widely in their application of

In January 2017, the Ombuds Office launched its first Visitor Experience Survey. The anonymous survey was announced via email to all MCW aculty, taff and ost octoral s. The survey link was added to the Ombuds Office website and accompanied the email signature of all outgoing messages sent from Ombuds Office staff. Hard copies were provided to visitors who were seen in the Ombuds Office, with stamped self-addressed envelopes for anonymous return. An email reminder with an embedded link to the survey was distributed in November 2017.

During the 2017 calendar year, 112 responses to the survey were received. Fifty-eight were from individuals who had been visitors to the Ombuds

Office since its inception in 2011, 22 were from concerned employee who ha not had contact with the Ombuds Office, seven were from participant / listener in Ombuds presentations, six were from participant in facilitated conversation, four were

The credibility of the Ombuds Office hinges on people trusting in its confidentiality. While the Ombuds Office does not share any information about its visitors without their express permission,

that a visit to the Ombuds Office occurred based upon information they receive from other sources. It may be that a visitor shared conversation with the Ombuds Office with

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2.1 Consultation

3 <u>Peer and Colleague Relationships</u> Questions, concerns, issues or inquiries involving peers or colleagues who do not have a supervisory-employee or

4 <u>Career Progression and Development</u> Questions, concerns, issues or inquiries about administrative processes and decisions regarding entering and leaving a job, what it entails, (i.e., recruitment, nature and place of assignment, job security, and separation.)

Sub-total

93

8.1%

4.a Job Application, Selection and Recruitment
Processes (recruitment and selection processes, facilitation of job

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5.d	Discrimination (different treatment compared with others or exclusion from some benefit on the basis of, for example, gender, race, age, national origin, religion, etc.[being part of an Equal Employment Opportunity protected category - applies in the U.S.])	17	34%			
5.e	Disability, Temporary or Permanent, Reasonable Accommodation (extra time on exams, provision of assistive technology, interpreters, or Braille materials including questions on policies, etc. for people with disabilities)	5	10%			•



6.j	Other (any safety, health, or physical environment issue not described by the above categories) Please specify below: Other 1: Patient care Other 2: Uncategorized	9 8 1	13%	General, not patient specific
7	Services/Administrative about services or administ Sub-total			

7.a **Quality of Services** (how well services were provided,

8	Organizational, Strategic, and Mission Related Questions, concerns, issues									
	or inquiries that relate to the whole or some part of an organization.									
	Sub-total	91			8.0%					
8.a	Strategic and Mission-									
	Related, Strategic and									
	Technical Management									
	(principles, decisions and									
	actions related to where and									
	how the organization is									
	moving)	11		12%						

8.b **Leadership and Management**

8.i	Data, Methodology, Interpretation of Results (scientific disputes about the conduct, outcomes and interpretation of studies and resulting data for policy)	1	1%		
8.j	Interdepartment,				ı
	Interorganization Work,				ı
	Territory (disputes about				ı
	which				ı
	department/organization				
	should be doing what/taking				ı
	the lead)	23	25%		

9.d	Policies and Procedures NOT Covered in Broad Categories 1 thru 8 (fairness or lack of policy or the application of the policy, policy not followed, or needs revision, eg., appropriate dress, use of internet or cell phones)	2				
9.e						

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