Abstract

An ombuds is an individual who informally helps people or groups (visitors) resolve disputes and/or interpersonal conflicts as an alternative to formal dispute resolution mechanisms within an organization. Ombuds are nearly ubiquitous in many governmental, business, and educational settings but only recently have gained visibility at medical schools. Medical schools in the United States are increasingly establishing ombuds offices as part of comprehensive conflict management systems to address concerns of faculty, staff, students, and others. As of 2015, more than 35 medical schools in the United States have active ombuds Web pages. Despite the growing number of medical schools with ombuds offices, the literature on medical school ombuds offices is scant. In this article, the authors review the first three years of experience of the ombuds office at the Medical College of Wisconsin, a freestanding medical and graduate school with a large physician practice. The article is written from the perspective of the inaugural ombuds and the president who initiated the office. The authors discuss the rationale for, costs of, potential advantages of, and initial reactions of faculty, staff, and administration to having an ombuds office in an academic medical center. Important questions relevant to medical schools that are considering an ombuds office are discussed. The authors conclude that an ombuds office can be a useful complement to traditional approaches for conflict management, regulatory compliance, and identification of systemic issues.

In 2006, the Medical College of Wisconsin (MCW) Faculty Council chartered a committee to investigate creating an ombuds office. Although there were multiple avenues at MCW for providing feedback and communicating concerns, some faculty members were interested in an alternative, unbiased, and confidential pathway. The committee acknowledged “the broad, relatively well-defined and comprehensive avenues in place at MCW to address concerns of various stakeholder groups” but noted that MCW did not have “any individual who serves as an impartial and confidential sounding board and resource clearinghouse to help stakeholders air complaints, clarify concerns, and identify and utilize available resources.” After extensive stakeholder engagement and discussion, the committee recommended in 2007 that MCW should create an ombuds office. An ombuds office was not created initially because of questions from administration about the need for such an entity and because of the economic hardships of the subprime mortgage crisis of 2007–2008 and ensuing recession of 2007–2009. Subsequent stringent fiscal interventions and tensions over governance increased the calls for an ombuds from faculty and staff. With leadership turnover and an improved economic outlook, MCW decided in late 2011 to create an ombuds office. There are a number of different titles or names for this position, including “ombudsman,” “ombudsperson,” or “ombuds.” MCW has chosen to use the gender-neutral term “ombuds.” In this article, we review the first three years of experience with the MCW ombuds office, from November 15, 2011, to December 31, 2014. As the inaugural ombuds and the MCW president who enacted creation of the ombuds office, we aim to share our experiences for the benefit of other medical schools considering instituting an ombuds office.

What Is an Ombuds?

Ombuds-like positions have existed for over two millennia, spanning back to the Roman tribuni plebis (493 BC to fifth century AD) and to the Chinese Qin Dynasty (221 to 226 BC). Ombuds have existed in various forms in many different regions of the world over time. The modern concept of the governmental ombuds evolved in Scandinavia and gradually spread. There now are more than 150 governmental members of the International Ombudsman Institute.

As a response to campus protests in the 1960s and 1970s, many universities established academic ombuds as a “remedy for the excesses of bureaucracy suffered by students, faculty, and administration in academic institutions.” Unlike governmental ombuds, academic ombuds do not have authority to prosecute or otherwise punish wrongdoers. Rather, they were developed as an alternative to formal processes and grievance procedures and were intended to be a neutral and confidential resource for faculty and students to air complaints and discuss conflicts.

Despite the lack of official authority, academic ombuds informally help individuals or groups (hereafter referred to as visitors as recommended by the International Ombudsman Association [IOA] uniform reporting guidelines) resolve conflicts as an alternative to formal dispute resolution mechanisms. Ombuds also serve as an early warning

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system for administration by identifying nascent issues on campus while preserving the anonymity of those voicing concerns.

As a result of the trends described above, U.S. medical schools are increasingly establishing ombuds offices to address concerns of faculty and staff. As of 2015, more than 35 medical schools in the United States had active ombuds Web pages. Despite the growing number of medical schools with ombuds offices, the literature on medical school ombuds is scant.

**Principles of an Academic Ombuds**

According to the IOA Code of Ethics and Standards of Practice, there are four underlying principles of an ombuds that are distinct from traditional conflict management offices: *independence, neutrality, confidentiality, and informality.*1 These principles differentiate ombuds from other avenues to address stakeholder concerns that exist at MCW (Table 1). Ideally, an ombuds should be independent of undue influence from institutional administration. Although an ombuds should collaborate with administrative offices such as human resources, legal/general counsel, internal audit, and compliance/risk management to address the concerns of visitors, she or he should be organizationally independent from those areas. If at all possible, the ombuds should report directly to the top official in the school, such as president/chancellor, vice chancellor for the health sciences, or dean.

Ombuds should be neutral; they are not advocates for the institution or for visitors to the office. Ombuds are advocates for good communication and fair processes. To be effective, ombuds hold all communications with those seeking assistance in strict confidence, and should not disclose confidential information unless given permission to do so, or unless inaction could lead to imminent harm. The ombuds should be an informal resource and generally should not participate in any formal adjudicative or administrative procedures. Although ombuds are not authorized to receive formal notice for the institution, they may assist in reporting issues to those who are authorized to receive official notice.

**Ombuds Office at MCW**

At MCW, the ombuds augments, rather than supplants, other avenues of feedback and redress—which include the supervisory chain, an anonymous hotline, an “Ask/Tell the President” e-portal, human resources, the Office of Faculty Affairs, and periodic faculty and staff surveys. Our ombuds serves faculty, staff, and postdoctoral fellows, but not medical students, residents, or graduate students. The latter were excluded because the deans of our schools of medicine and graduate studies wanted to maintain well-functioning pathways for feedback and redress. Our residents are employed by a separate not-for-profit entity. Some schools make their ombuds available to students, whereas others exclude specific groups such as staff, postdoctoral fellows, or unionized employees. The backgrounds of ombuds also vary greatly. At MCW, a long-serving physician—scientist faculty member (P.M.L.) was selected to serve as inaugural ombuds on a part-time basis (0.4 FTE). Effective ombuds can come from a variety of backgrounds, but the most important characteristics are a clear understanding of and adherence to the IOA principles of practice, and familiarity with the policies, procedures, culture, and offices of the institution. Ombuds often have backgrounds in law, pastoral care, human resources, counseling, mediation, or academics. MCW conducted a typical academic search process for the ombuds and chose an active, respected senior faculty member with intimate knowledge of the culture and the various administrative and academic units at MCW. The ombuds reports directly to the MCW president. Our ombuds has not obtained formal ombuds certification available from the IOA primarily because his part-time status poses difficulties in obtaining the required one year of full-time practice or 2,000 hours of practice. Rather, we have chosen to require completion of the Foundation of Organizational Ombuds Practice professional development course offered by the IOA.11

Initially, there was some role confusion about overlapping scopes of practice and authority of the ombuds with existing offices such as legal and human resources, but these were quickly resolved with regularly scheduled meetings, situational debriefings, collaborative approaches to identify and deal with concerns, and guidance from senior leadership.

MCW took great care to place its ombuds office in a location that facilitates anonymity and the principle of confidentiality, minimizes exposure of visitors to the general public, and is sufficiently remote from administrative offices to emphasize the principle of neutrality. No permanent written records with personal identifiers are maintained in accordance with the principle of confidentiality. A brief form is completed for each visitor, detailing the types of concerns or issues raised, to monitor patterns and trends while preserving anonymity. The office is configured to encourage comfortable discussions in alignment with the principle of informality.

Visitors come to the MCW ombuds for numerous reasons, but most frequently to discuss conflict-related issues and to

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**Table 1**

**Comparison of Ombuds Principles With Formalized Avenues to Express Concerns at the Medical College of Wisconsin**

| IOA principles | Ombuds | Human resources | General counsel | Supervisory hierarchy | Faculty handbook appeal | Ask/Tell the President |
|----------------|--------|-----------------|-----------------|----------------------|------------------------|-----------------------|
| Independence   | +      | −               | −               | −                    | −                      | −                     |
| Neutrality     | +      | −               | −               | −                    | −                      | −                     |
| Confidentiality| −      | −               | −               | −                    | −                      | −                     |
| Informality    | +      | −/−             | +/−             | +/−                  | +/−                    | +/−                   |

Abbreviation: IOA indicates International Ombudsman Association. + indicates that the office in question practices the IOA principle, whereas − means that it does not; +/− indicates variable compliance with the principle.
Another function of the MCW ombuds is to facilitate anonymous reporting of regulatory, compliance, or administrative concerns. The ombuds can inform visitors of available confidential means to report concerns, such as a compliance hotline. Alternatively, the ombuds can forward concerns to appropriate institutional officials while preserving the anonymity of the complainant.

Sometimes visitors express fear of retaliation, even if their names are not disclosed. The ombuds can work with officials in various administrative offices to investigate the concern while obscuring the identity of the reporter to the maximum extent possible. For example, investigation of an allegation of fraudulent behavior against a single faculty member may result in a broader investigation of an entire section or department as a means of concealing the identity of whoever may have reported the allegation.

The ombuds office also conducts exit interviews with departing or retired faculty to identify potential concerns. In addition to working with visitors, the ombuds also is in a unique position to identify patterns of concerns indicative of systemic issues within the organization. These patterns may relate to a specific individual such as a department chair, section chief, or other faculty or staff employee; or could relate to organizational policies, culture, or procedures rather than to any individual. The patterns of concern can be acute in nature, or could reflect trends over time. Therefore, communicating these patterns of concerns to senior leaders of the organization, while preserving the anonymity of the individuals raising the concerns, can be a valuable early warning system to identify problems that may affect the efficiency or morale of the organization.

MCW believes that the ombuds office does not bring an increased liability risk. If the ombuds discusses a situation with an unhappy employee, for example, the employee-related risk is already present. On the other hand, the discussion may lead to a reduced risk for the organization. The ombuds should only break confidentiality if, in his or her judgment, there is imminent risk of harm to an individual. The ombuds may not accept service of process for the organization; in the unlikely event that the ombuds were to be subpoenaed or named as a defendant in a formal legal matter, the organization would defend the ombuds. The United States Ombuds Association has drafted a model Shield Law12 intended to provide legal protection for communications with the ombuds, but the law has not been adopted in Wisconsin. Therefore, the legal protection of communication with ombuds remains uncertain. Accordingly, we do not keep case files or records of the substance of specific visits because we are uncertain of the discoverability of those records.

**MCW Ombuds Visits**

MCW is a freestanding private medical and graduate school with one of the largest physician practices in the country. MCW employs about 5,500 individuals, including more than 1,600 faculty members. Our faculty and staff are not unionized. From November 15, 2011, through December 31, 2014, the ombuds office logged 452 initial visits by single individuals or groups. Repeat visits for the same issue(s) were not counted in the tally. Of those visits, 384 were initiated by the visitors, and 68 were exit interviews of faculty departing MCW for retirement, other professional opportunities, or nonrenewal of faculty appointment. Exit interviews of staff were conducted by members of human resources and were not included in the tallies. Of the 452 total visits, 55.8% were by faculty, 41.6% by staff, and 2.7% by others.

The IOA recommends tracking and reporting the number of issues discussed, rather than the number of visitors—citing greater reliability in categorizing and reporting issues.11 Thus, multiple issues often were discussed during the initial visits. In that regard, 2,238 issues were discussed during the 452 initial visits. Using the IOA reporting categories, more than half (1,200; 53.6%) of the issues dealt with evaluative relationships (supervisor–employer). Career progression and development (recruitment, retention, job security, separation, nature or place of assignment) was the next most common category (424; 18.9%). Peer and colleague relationships were discussed 211 times (9.4%). Legal, regulatory, financial, and compliance matters were discussed 100 times (4.5%), and compensation and benefits (equity and competitiveness) were discussed 87 times (3.9%). Organizational, strategic, and mission-related matters were discussed 90 times (4.0%), and organizational values, ethics, and standards were discussed 59 times (2.6%). Services and administrative issues were discussed 35 times (1.6%), and safety, health, and physical environment were discussed 32 times (1.4%). A more detailed breakdown of the issues raised each year is shown in Table 2.

**Results of Visits to the Ombuds Office**

Insights from concerns expressed to our ombuds office were helpful in detecting morale-related issues. For example, some research faculty perceived that institutional support for research was insufficient at a time of great need. Similarly, some felt that the clinical mission (and its superior revenue and margin generation) was emphasized over the teaching, research, or community engagement missions. Some department chairs, center directors, and administrative directors perceived that they possessed increased responsibility but had decreased authority or resources with which to work. Others expressed distrust of, or a lack of confidence in, some departments...
in central administration. None of these concerns were unexpected, but they illustrate that the MCW ombuds, through a rather unique access to confidential complaints, can bring acute issues to the attention of administration or can anticipate developing concerns that could be addressed proactively by the institution. In our case, the data in Table 2, and the advice of the ombuds, resulted in targeted leadership development initiatives for faculty and staff; an enhanced focus on career mentorship with development of new programs and inclusion of mentorship as a metric in leader evaluations; development of new internal research funding and recognition programs; and development of a more comprehensive, institution-wide feedback and evaluation process for faculty and staff. The faculty evaluation process is based on the Association of American Medical Colleges Faculty Forward survey; a staff survey was designed to provide similar information at departmental and institutional levels. Additionally, systemic issues were identified in five academic departments, one service line, and two centers, leading to coordinated responses by the department chairs/directors and dean, and in two cases, significant personnel changes.

Our ombuds conducts exit interviews with faculty on separation from the institution. This provides a discrete avenue for obtaining feedback about what we are doing well and what could be improved. For the most part, these exit interviews have not identified trends or concerns substantially different from the other visitors to the ombuds. Nevertheless, we believe that faculty exit interviews could serve as an early warning system for nascent problems. During exit interviews with retiring faculty, we received requests for improved engagement with retired faculty and staff; this feedback resulted in the creation of a retired/former faculty and staff association.

In addition to discussing systemic issues with MCW leadership, the ombuds publishes an annual report detailing the types of issues and concerns raised by visitors to the office (Table 2) as well as systemic issues that have been raised by multiple visitors. Publication of the ombuds’ annual report raises awareness, enhances credibility, and reinforces the principles of an academic ombuds while maintaining the anonymity of visitors.

Accrual of annual data also allows for both longitudinal trend analyses and assessments of the impact of administrative interventions. Because we only have collected data for three years, those potential advantages remain somewhat aspirational. MCW administration, however, has used the aggregated information about career development and evaluative relationship concerns as a stimulus to create new programs for mentorship, career enhancement, and leadership training and to systematically enhance the annual evaluation process for faculty and staff.

For visitors, the ombuds most frequently provided advice about process and policies; gave coaching support; and facilitated communication through “shuttle diplomacy” or delivery of anonymous messages to administration. It seems unlikely that visits to the ombuds specifically resulted in retention of individual faculty or staff members; rather, the availability of such an office was viewed as a positive factor for MCW.

### Table 2

| IOA issue categories                      | 2012, no. (%) | 2013, no. (%) | 2014, no. (%) | Total, no. (%) |
|------------------------------------------|---------------|---------------|---------------|---------------|
| Compensation and benefits                | 29 (4.4)      | 36 (5.4)      | 22 (2.4)      | 87 (3.9)      |
| Evaluative relationships                 | 311 (47.1)    | 253 (35.0)    | 536 (58.8)    | 1,200 (53.6)  |
| Peer and colleague relationships         | 95 (13.8)     | 68 (10.2)     | 78 (8.6)      | 211 (9.4)     |
| Career progression and development       | 144 (21.3)    | 113 (17.0)    | 167 (18.3)    | 424 (18.9)    |
| Legal, regulatory, financial, and        | 37 (5.6)      | 36 (5.4)      | 27 (3.0)      | 100 (4.5)     |
| Safety, health, and physical environment | 13 (2.0)      | 7 (1.1)       | 12 (1.3)      | 32 (1.4)      |
| Services/administrative issues           | 11 (1.7)      | 10 (1.5)      | 14 (1.5)      | 35 (1.6)      |
| Organizational, strategic, and mission   | 22 (3.3)      | 32 (4.8)      | 36 (4.0)      | 90 (4.0)      |
| related                                   |               |               |               |               |
| Values, ethics, and standards            | 28 (4.2)      | 11 (1.7)      | 20 (2.2)      | 59 (2.6)      |
| Total                                    | 660 (100.0)   | 666 (100.0)   | 912 (100.0)   | 2,238 (100.0) |

Abbreviation: IOA indicates International Ombudsman Association.

### Costs of the Ombuds Office

The costs of the MCW ombuds office ranged from $173,000 to $189,000 in the first three years, during which time there was a single part-time ombuds and part-time staff member. Because of increasing volumes and expansion of the professional staff, we are projecting an increased cost to about $300,000 in calendar year 2015 to accommodate new furniture, hiring of two new part-time associate ombuds (a female counseling psychologist faculty member, and a female community attorney with academic and conflict resolution experience), and professional development activities for the staff. Costs could vary depending on rent or lease rates or the need to renovate space.

### Benefits of the Ombuds Office

Generally, the response of the faculty and staff to the creation of the ombuds office has been positive, albeit not easily quantified. It would be very difficult to formally survey visitors to the office or conduct focus groups because no formal records are kept and because of the need to protect confidentiality. Instead, we have relied on secondary indicators of satisfaction and effectiveness. For example, administration has received only one negative comment about the ombuds office, and the complaint appeared to have little merit. Anonymous anecdotal comments from our faculty and staff surveys have been overwhelmingly positive. The Faculty Council also has conveyed a strongly positive impression of the ombuds and has requested that we consider adding a female ombuds.

We have not seen a reduction in the number of faculty complaints or of appeals/grievances handled through
regular reporting lines, although we receive only a few of the latter each year. In contrast, human resources has seen a dramatic reduction in the numbers of staff complaints requiring conflict resolution, from an average of 32 per year from 2009 to 2011, to 16 in 2012, 10 in 2013, and 4 in 2014. There was only one incident in the first quarter of 2015, so the downward trend appears to be sustainable. Similarly, anonymous postings of concerns to our Ask/Tell the President e-portal dropped by over 70% from 2012 to 2015. Administrative leaders (general counsel, human resources, faculty affairs, etc.) and department chairs have found the consultative nature of the ombuds to be very useful. The initial response to expansion of the professional staff of the office has been strongly positive, especially the addition of female ombuds. We are not aware of any unintended consequences of creating an ombuds office at MCW, although it is possible that having representation of a single gender might have been a theoretical barrier for some faculty or staff.

Key Questions and Conclusions
For medical schools considering establishing an ombuds office, some important questions include: How does an ombuds differ from existing approaches to conflict management? What does an ombuds do? How is an ombuds useful to medical school leadership? Can the ombuds operate independently from administration, academic leadership, human resources, and legal and compliance departments while simultaneously collaborating with them? Is there an appropriate location that facilitates confidential, informal, independent, and neutral interactions? What is the preferred scope of personnel covered by the ombuds office—students, faculty, alumni, external visitors, staff, postdoctoral trainees, and house officers? What is the cost–benefit of the office? How will the institution measure the benefits of the ombuds in the limiting context of protecting confidentiality that makes tracking outcomes problematical? This last question is, perhaps, the most difficult to address in that many of the benefits are intangible. Others cannot be fully addressed until the office is operational. Nevertheless, we believe that the initial experience at MCW has been overwhelmingly positive, even though some of the questions listed above still have not been completely answered. On the basis of three years of experience at MCW, we conclude that an ombuds office can be a useful complement to traditional approaches for conflict management, regulatory compliance, and identification of systemic issues. Because of the lack of any formal administrative authority for the ombuds, the success of any ombuds program requires both support from senior organizational leadership, and perceived value for visitors to the office.

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