

Recruitment Health Disparities Collaborative Subgroup

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- **Area of Focus:** GME recruitment
 - **Narrowed Focus:** Application and interview holistic process
- **Learning Objectives**
 - Participants will list ways to enhance and diversify the UME-GME transition period and continuum.

Introduction:

While recruitment with an eye toward diversity has received notable attention at the undergraduate medical education (UME) level, less attention has been given to the graduate medical education (GME) area, likely in part due to the wide variation among programs by size, location, administration, and population needs.

We have developed a toolkit with options for residency program directors to reinforce GME recruitment more consistently with regards to diversity. We direct our focus towards providing options and steps during the GME recruitment process, which can be modified and made available to UME Deans and Student Affairs representatives for transparency. Indeed, the toolkit can benefit from innovations developed during this COVID19 pandemic, such as widely implemented and piloted telecommunication. Our toolkit aims to increase diversity in the GME community and addresses 2 phases of the recruitment process.

Phase I: Application Phase:

During this phase, applicants explore a variety of programs and, with the information available, make decisions about where to submit their applications. Program Directors (PDs) likewise have opportunities to broadcast to potential applicants specific elements of their programs; they can also target specific steps in their applicant screening and interview offer processes. With interviews becoming virtual due to COVID-19, online presence takes on greater importance. The following is what we believe to be best practice:

- Programs are encouraged to describe local community diversity on their websites, including patient and community demographics.
- They should showcase the diversity of current and former residents and fellows, as well as program and department leadership, through a variety of modalities such as photos, text, and statistics. A variety of elements can be emphasized as best fits each program; examples could include medical school of graduation, race, ethnicity, languages spoken, career interests, and/or even personal interests.
- Programs should highlight their inclusion programming to emphasize a program atmosphere that is truly welcoming to a diverse community of residents, fellows, and faculty.
- Use websites to make GME policies easily accessible, with diversity statements that establish residents' value to programs as individuals.

- Programs should create and present explicit pathways for people from underrepresented groups to seek support and mentorship. Those policies should include applicants with disabilities requesting accommodations during the application and interview process, an area that has been under-emphasized.
- Social media (eg Twitter, Instagram) and videos (eg Youtube) are gaining increasing prominence as a means for programs to broadcast their values as well as celebrate the work and achievements of current and former residents, fellows, faculty, and staff. Programs should explicitly link these accounts to their recruitment materials, if so desired; it may be helpful to see support from GME office and clinical and academic partner institutions in developing such materials.
- Holistic approaches (see terminology below) are emphasized for applicant selection, including expanding potential demographic questions into ERAS for self-described qualitative measures (e.g., underrepresented in medicine, lower socioeconomic status, sexual and gender minority communities, speaking a language other than English, having a disability, being First Generation to College, having shown leadership and commitment to underserved populations). Optional, program-specific secondary applications are one means of inviting applicants to provide this information, though we are sensitive to the workload secondary applications would add to both PDs and applicants. Another pathway we encourage PDs to pursue is advocacy via the APDIM Survey Committee for identifying demographic items that should be added to applications to better identify applicants from underrepresented groups.

Phase II: *Interview Phase:*

During this phase, applicants have received and are scheduling interviews, and residency programs are planning for and conducting interviews.

- In standardized fashion (e.g., in the body of interview invitations), invite applicants to ask questions and describe any interview-specific needs, such as reasonable accommodations.
- Core faculty conducting applicant interviews should undergo training on implicit bias and the use of standardized interviewing questions. Examples might include the use of MMI interviews or standardized situation-specific interview questions.
- Programs can also have blinded or semi-blinded interviews (eg, providing interviewers with only applicant names, programs, and personal statements ahead of interview and allowing access to full file afterwards).
- Invite diversity, equity, and inclusion (DEI) leadership, such as the chief diversity officer or diversity committee members, to join interview committees. A recorded video segment from such leadership can also be played during interview-day informational seminars as an alternative method to incorporating DEI leadership in the interview process.
- Diversity and Inclusion should be highlighted in presentation materials during the interview day.
- Utilize video communication technology (eg, Skype, Zoom) to reach more applicants, especially those that have difficulty with travel, even after the COVID-19 pandemic is over. For equity in applicant opportunity, virtual interviews should be made available to all applicants; it should be made clear to applicants and interviewers that the mode of interview (virtual vs in-person) will not impact programs' evaluations of applicants.
- Consider having a standardized virtual background on Zoom to avoid bias based on applicants' housing.

Phase III: *Post-interview Phase:*

As interviews are completed and residency positions filled, programs should include in their self-evaluations diversity-relevant metrics. These often include the number of URM applicants matched, though we encourage PDs to explore the resulting diverse group composition within GME programs post-match, with an open eye toward open-ended, and possibly unexpected, diversity results. Feedback from applicants of interest from underrepresented groups should be particularly valuable and incorporated into subsequent application and interview cycles. Programs should make every effort to provide transparency to applicants that feedback remains anonymous.

Implications in the clinical setting: Enhancing our GME workforce diversity improves patient care, patient-physician communication, and patient safety by better reflecting each program's local population. Expanding resident diversity can subsequently improve faculty and program leadership diversity and enhance the pathway to recruit medical students. Holistic recruitment can increase the diversity and inclusion of the UME-GME workforce, leading to a more diverse healthcare workforce.

- **Terminologies (if applicable)**

- Holistic process: Per the [AAMC](#), "this refers to mission-aligned admissions or selection processes that consider a broad range of factors – experiences, attributes, and academic metrics – when reviewing applications. Holistic review allows admissions committees to consider the whole applicant, rather than disproportionately focusing on any one factor."

Key recommendations:

- Residency programs should view the above as an array of tools available to enhance their inclusive approach to recruitment, rather than a one-size-fits-all approach.
- Globally review every stage of your program's recruitment process to enhance inclusion of those from underrepresented backgrounds not included in the AAMC's definition of Underrepresented Minorities (URM).
- Over-reliance in traditional metrics may limit diversity. Programs should consider exploring wider margins around traditional academic metrics to further enhance holistic screening and evaluation.

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Videos:

-TRAINING TO PREVENT BIAS DURING INTERVIEW FOR THE TOOLKIT

1. [Preface: Biases and Heuristics \(5:14\)](#)
 2. [Lesson 1: Schemas \(3:12\)](#)
 3. [Lesson 2: Attitudes and Stereotypes \(4:13\)](#)
 4. [Lesson 3: Real World Consequences \(3:45\)](#)
 5. [Lesson 4: Explicit v. Implicit Bias \(2:49\)](#)
 6. [Lesson 5: The IAT \(5:14\)](#)
 7. [Lesson 6: Countermeasures \(5:23\)](#)
- TED talk <https://youtu.be/9VGbwNI6Ssk>

Decreasing unconscious bias in online interview

<https://vimeo.com/443038643>