DOM Interviewer Training: Implicit Bias

DOM EDI Office

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The mission of DOM EDI is to become the exemplary Department of Medicine program/center in the nation for advancing diversity, equity and inclusion for students, residents, fellows and faculty in the context of scientific excellence, outstanding scholarship/innovation and the highest level of compassionate, high-quality care for our patients.

To do this, we focus our efforts on open conversation, sharing ideas, data, and knowledge to build a thriving and inclusive community that fosters the success of us all.
At UCLA we want “the best”
We want to select based on merit*
*Meritocracy – a system in which the talented are chosen and moved ahead on the basis of their achievement

Myth of Meritocracy

“-isms” & Bias
Holistic Review

A balance of experiences, attributes and academic (EAM) is

• Used to assess applicants with the intent of creating a richly diverse interview and selection pool and trainee class
• Applied equitably across the entire candidate pool; and
• Grounded in data that provide evidence supporting the use of selection criteria beyond grades and test scores

#GreatMindsThinkDifferently
### Holistic Review

A balance of experiences, attributes and academic (EAM) is
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- Grounded in data that provide evidence supporting the use of selection criteria beyond grades and test scores

### Anti-racist Review Process

The assessment of EAM
- Seeks to promote social and racial justice
- Explicitly prioritizes stated values of patients/community
- Eliminates those metrics that perpetuates structural racism and unearned privilege
## IMPLICIT BIAS TRAINING

<table>
<thead>
<tr>
<th>IS NOT</th>
<th>IS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A “check the box” compliance activity</td>
<td>• One part of an ongoing individual and departmental commitment to excellence</td>
</tr>
<tr>
<td>• Intended to make you feel guilty or ashamed</td>
<td>• Dependent on critical self reflection</td>
</tr>
<tr>
<td>• A one and done</td>
<td>• Focused on increasing your competence and developing strategies</td>
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## IMPLICIT BIAS MYTHS

- I’m _________; I can’t have bias against _________ people.
- If bias is natural, there is obviously nothing we can do about it.
- Implicit bias is nothing more than the beliefs people choose not to tell others. People know how they feel, but they also know they cannot or should not say certain beliefs aloud, so they hide them.
Everyone has it.....
Attitudes, thoughts or stereotypes that affect our understanding, actions and decisions in an *unconscious* manner; are involuntarily formed and are typically unknown to us

“Implicit biases come from the culture. I think of them as the thumbprint of the culture on our minds. Human beings have the ability to learn to associate two things together very quickly—that is innate. What we teach ourselves, what we choose to associate is up to us.”

Dr. Mahzarin R. Banaji, quoted in Hill, Corbett, & Rose, 2010, p. 78
Schemas:
• Mental shortcuts
• Automatic
• Organize & categorize information
Pattern recognition is important
Cultivate intuition and expertise

But sometimes can lead to discriminatory behaviors, inequity and unfairness.
INGROUPS VS OUTGROUPS

One day in 1968, Jane Elliott, a teacher in a small, all-white Iowa town, divided her third-grade class into blue-eyed and brown-eyed groups and gave them a daring lesson in discrimination. This is the story of that lesson, its lasting impact on the children, and its enduring power thirty years later.
OVER SIX FEET TALL

<table>
<thead>
<tr>
<th>% of category</th>
<th>U.S. men</th>
<th>Fortune 500 CEOs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>14.5</td>
<td>58</td>
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</table>

0 10 20 30 40 50 60 70 80 90 100

U.S. men    Fortune 500 CEOs
Women in Academic Medicine in the United States

- Medical school matriculants: 47%
- Medical Residents: 46%
- Associate Professors: 34%
- Professors: 21%
- Chairs: 15%
- Deans: 16%
With 1% variance in performance scores...

<table>
<thead>
<tr>
<th>Level</th>
<th>Female</th>
<th>Male</th>
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<tbody>
<tr>
<td>L8 (highest)</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>L7</td>
<td>50%</td>
<td>50%</td>
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<td>L6</td>
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<td>L4</td>
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<tr>
<td>L3</td>
<td>50%</td>
<td>50%</td>
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<tr>
<td>L2</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>L1 (lowest)</td>
<td>50%</td>
<td>50%</td>
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...only 35% of level 8 employees would be blue.
IMPLICIT ASSOCIATION TEST (IAT)

• Series of free, publicly available computer-based exercises

• Developed by Project Implicit®, a long-term research project based at Harvard University

• Asks participants to associate words with images to assess automatic associations between concepts by measuring the time and latency of their responses

Copyright 2011 Project Implicit®. All Rights Reserved. Reprinted with permission.
“White” names received 50% more calls for interviews than “African-American” names.

For “White” names, a higher quality resume elicited 30% more calls.

For “African-American” names, the increase was only 9% for a higher quality resume.

JOHN OR JENNIFER: WHO WOULD YOU CHOOSE?

- Identical CVs
  - Dragnet style: names changed
- Sent to 127 science faculty at research intensive institutions
- Assessed
  - Competence
  - Hireability
  - Mentoring for their future career
- Starting salary

Cohen’s D: standardized effect size, comparing the mean to M=0 (no bias),
D of 0.2 = small effect, D of 0.5 = medium effect, and D of 0.8 = large effect
Data from Project Implicit®, operated at Harvard University (https://implicit.harvard.edu/)

RACE IMPLICIT ASSOCIATION TEST

Cohen’s D: standardized effect size, comparing the mean to M=0 (no bias),
D of 0.2 = small effect, D of 0.5 = medium effect, and D of 0.8 = large effect
Data from Project Implicit®, operated at Harvard University (https://implicit.harvard.edu/)

N = 1682
White

N = 206
Black

N = 288
Asian

N = 115
Hispanic

D of 0.2 = small effect
D of 0.5 = medium effect
D of 0.8 = large effect

These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without individual’s awareness or intentional control.

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<td>USMLE Scores</td>
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<td>Interview</td>
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Competency vs Personal Attributes

Male medical students are 'scientific,' women are 'lovely' and minorities 'nice';
Fiona White, MD

Dr. White can only be described as motherly. You know that if you're going to be on call with her there won't be hungry because she will bring lots of snacks. She is a very kind, caring person and it is reflected in how she treats her patients as well as her coworkers.

- Keith Riggs, MD

Chizaram Nwogwugwu, MD

Dr. Nwogwugwu makes her team feel loved by how she helps us and brings joy to a stressful day. Her small acts of kindness show that she cares and is there for us. She is direct and honest. Not only is she tactful when giving feedback, but she also provides practical solutions and really helps you to believe in yourself. I wish I had more time to learn from her.

- Kellie Alexander, MD

Clifton O. Brock, MD

Dr. Brock is smart, friendly, and caring. He is also efficient and analytical. His work has laid the foundation for large prospective studies that may answer critical questions to predict and prevent complications of monochorionic twins, including death or severe long term disability. He is an exceptional talent with great potential ahead. We are excited to have him join our Fetal Intervention family!

- Dr. Ramesh Pappana, MD, MPH

Susan Nasab, MD

I learned so much from Dr. Nasab. She is so cool to be with in the OR, always with a new technique or trick. I appreciated the time she took to teach us and make us better. She is a very caring person. Susan is also super funny, and has amazing stories. She is going to be an amazing REI!

- Adekorewale (Wale) Oduate-Williams, MD

Ivana Simpson, MD

Dr. Simpson not only is a rockstar in the OR, but also in the workplace where she jams to music. She is a loveable chief; her easy-going attitude makes her a great person to work with. She is also approachable. Her composure is one of the many qualities I hope to gain. Wish her all the best!

- Aneesh Kothare, DO

Eric Bergh, MD

Dr. Bergh is a compassionate and brilliant person with a passion for information technology. During his Fetal Intervention fellowship, he has performed >250 procedures, guided by the best - Drs. Ken Moise & Tony Johnson. He has developed multiple novel studies, and continues to do research which will lay the foundation for developmental outcome studies in fetal disease. We are all proud of his accomplishments and thrilled to have him join the Fetal Center team as faculty.

- Dr. Ramesh Pappana, MD, MPH
POTENTIAL AREAS OF BIAS

- Competency vs Personal Attributes
- Letter Shorter
  More references to personal life
  More “doubt raisers”
- Male medical students are ‘scientific’, ‘women’ are ‘lovely’ and minorities ‘nice’;
- Women more likely to be Gold Humanism
- Blacks 1/3 as likely to be inducted into AOA
### USMLE Scores

- Was intended as a pass/fail test for licensure, and not for predicting strong clinical performance
- 99% of residents with Step I > 211 passed ABIM exam

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HEARD IN OUR HEADS
His letter writers loved him, he must be great…

He kind of reminds me of myself…..

He went to a great school. He must be great…..

I’ve never heard of his med school…..

He really is using his hands a lot… and why is his voice like that

His letter writers loved him, he must be great…

HEARD IN OUR HEADS

1. Affinity bias
2. Anchoring bias
3. Confirmation bias
4. Non-verbal bias

Hot off the press….
Tech Bias
## COGNITIVE MITIGATION

### “So what”

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<th>Cognitive Error</th>
<th>Example</th>
<th>Mitigation</th>
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<td>First impressions</td>
<td>“I got a kick out of his stint as a circus performer after college. He’d be a fun colleague.”</td>
<td>“Let’s look at the totality of his application materials before making a conclusion.”</td>
</tr>
<tr>
<td>Elitism</td>
<td>“I think Lee’s doctorate from Elite University will give us the prestige boost we need.”</td>
<td>“Why don’t we consider the quality of his research rather than where it was conducted?”</td>
</tr>
<tr>
<td>Longing to clone</td>
<td>“Have we ever hired anyone who went to Southeastern State University?”</td>
<td>“Having faculty members who studied at a range of institutions will bring new ideas to the department.”</td>
</tr>
<tr>
<td>Good fit/bad fit</td>
<td>“Susan will stick out in our department. How will we find a mentor for her?”</td>
<td>“We are not limited to identifying mentors from within the department. Connecting her with other parts of campus may even lead to more interdisciplinary collaboration.”</td>
</tr>
<tr>
<td>Provincialism</td>
<td>“I’ve never heard of any of his references.”</td>
<td>“There is a lot of important work happening across the country. Particularly in new fields of inquiry, the scholarly consensus is still emerging.”</td>
</tr>
<tr>
<td>Mind reading</td>
<td>“She’ll be unhappy with our harsh winters.”</td>
<td>“We don’t know what weather she prefers, but we do know that she applied and expressed interest in the position.”</td>
</tr>
<tr>
<td>Seizing a pretext</td>
<td>“His recommender describes him as soft-spoken. I don’t think he could handle teaching a large class.”</td>
<td>“That comment may have implications for teaching, but we can’t know until we give the candidate a chance to demonstrate his teaching abilities.”</td>
</tr>
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Institution level efforts

- Create a culture
- Offer trainings, support, expectations, accountability

Program level efforts

- Holistic review – i.e. partial blinding; no cut-offs, what is valued, objective scoring
- Standardization of interview questions – can include situational questions
- Objective evaluation forms (open box = open bias)
- Interviewer blinding/partial blinding
- Set the tone and expectation for rank meeting

Individual efforts

- Standardize your approach/questions to fit the job description.
- Mitigation techniques…
Individual efforts

• Mitigation techniques…
  • Common identity formation – During the interview inquire about possible common group identities between you and the applicant
  • Perspective taking - Taking a few moments to visualize applicant life and what they have gone through leading up to this encounter and what their life will be like afterwards.
  • Consider the opposite - After review of applicant file and interview, take a mental pause and actively look for evidence for the opposite conclusion. Then make a final decision.
  • Counter-stereotypical exemplars - Focus on individuals you admire and respect who are in the same demographic as the patient
QUESTIONS