

Rethinking Recruitment: A Focus on Diversity and Holistic Review



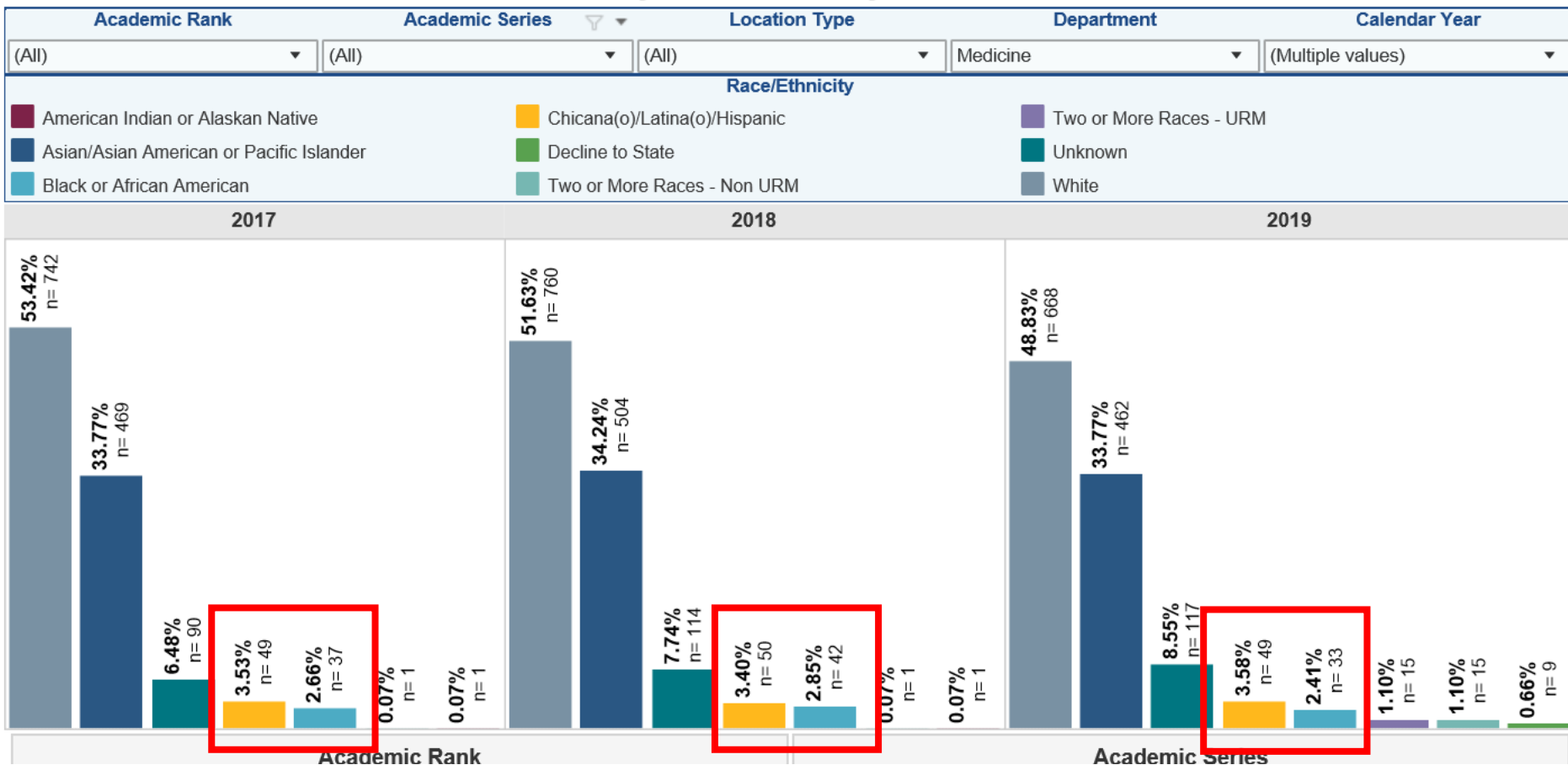
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DOM Office of EDI

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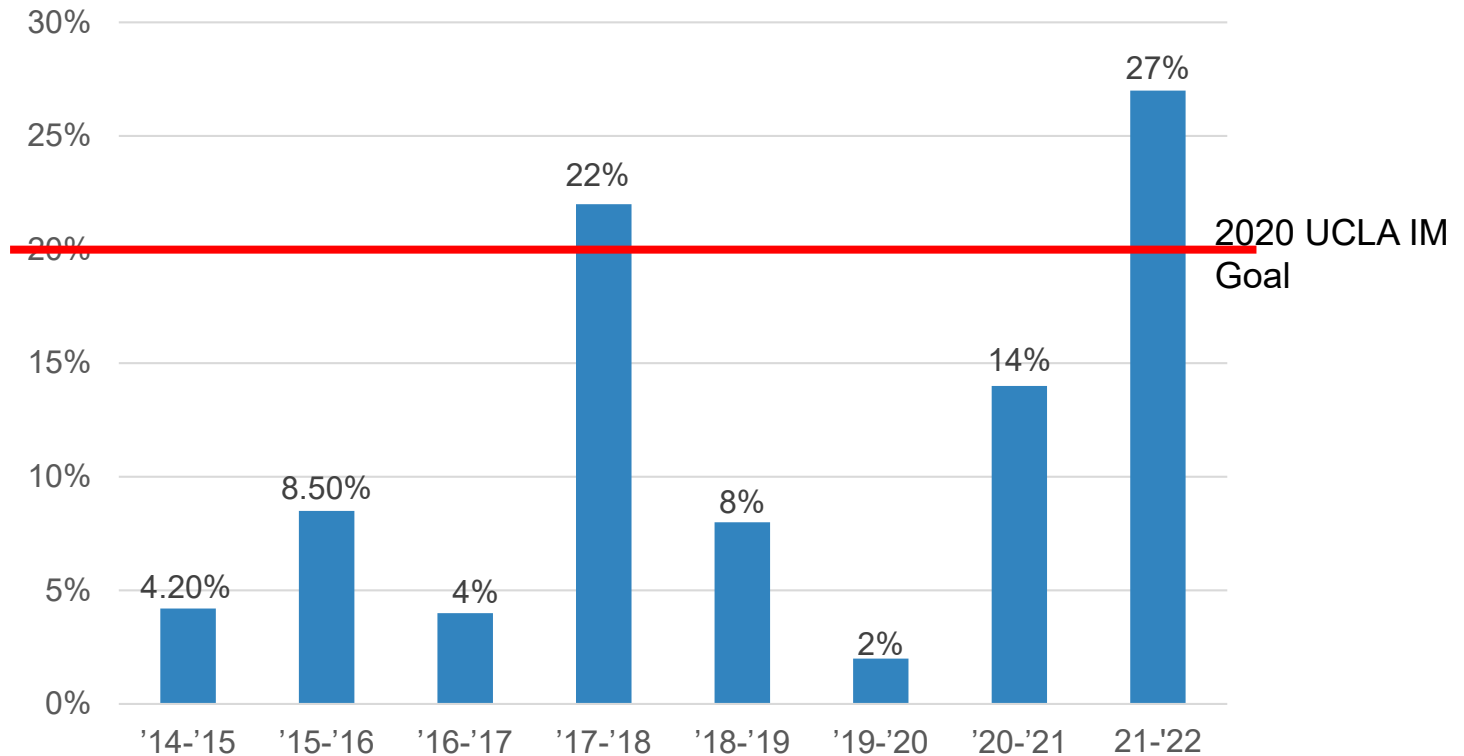
Barriers to Diversity

UCLA David Geffen School of Medicine

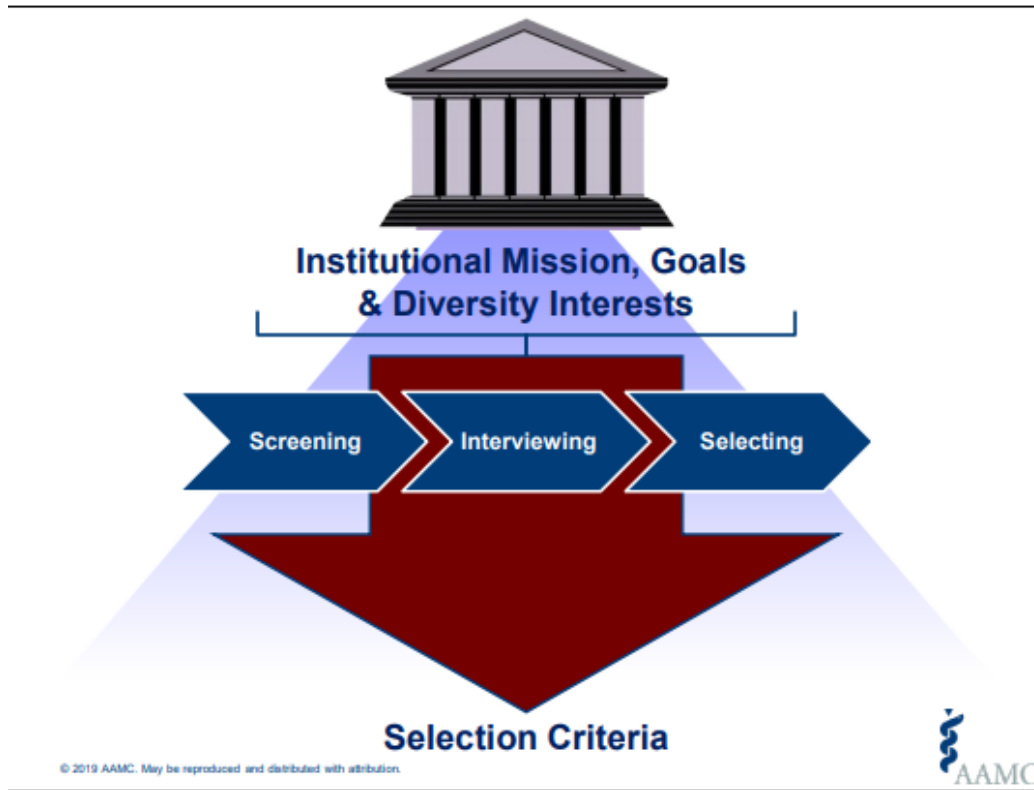
Faculty Race/Ethnicity Overview



% UIM Intern Class: Categorical and Primary Care



Holistic Review



Holistic review is a flexible, **highly-individualized** process by which **balanced** consideration is given to the multiple ways in which applicants may prepare for and demonstrate suitability as a resident and future physicians.

Candidates are evaluated by criteria that are institution-specific, broad-based, and mission-driven and that are applied equitably across the **entire candidate pool**.

The Pre-Work

- Engage stakeholders as to why diversity matters
- Educate as to what holistic review is and is not
- Compare patient demographics vs programs demographics
- Know if your society offers any resources
- Look at your GME survey data to understand climate
- Review your prior UIM applicant stats

#greatmindsthinkdifferently

Teams that include different kinds of thinkers outperform on complex tasks including improved problem solving, increased innovation, and more-accurate predictions

Why is diversity beneficial to science?

Diverse Groups Publish More Frequently and Are Cited More

Diverse Groups Can Have Complementary Skill Sets

Diverse Groups Are Better Equipped to Address Health Disparities

Misconceptions



A holistic selection process

- Is not “making up for previous injustices”
- Is not a quota system
- Does not lower standards, it expands them
- Does not ignore academic metrics; rather, considers metrics in the context of an applicant's entire portfolio

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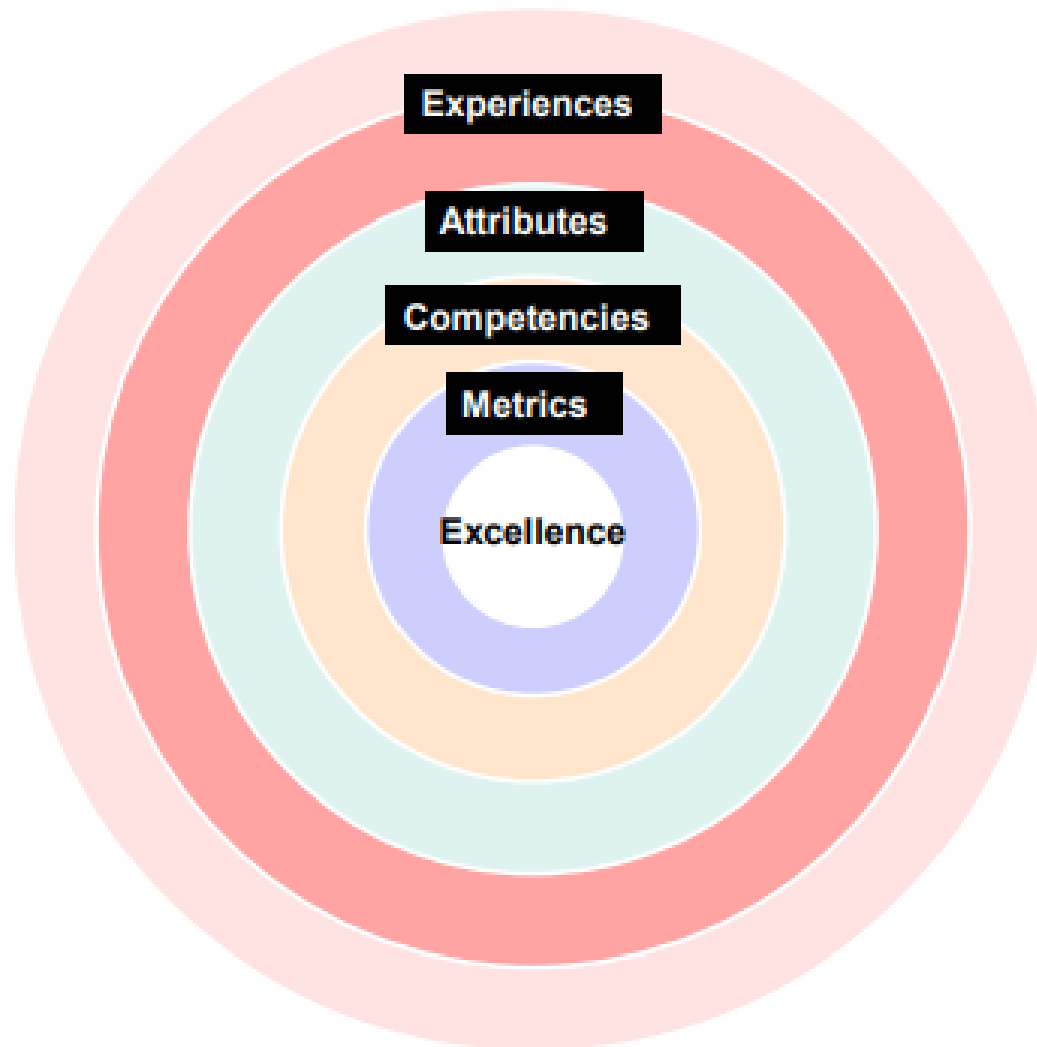


Tellie H Swartz, Ann-Gel S Palermo, Sandra K Mesur, Judith A Aberg, The Science and Value of Diversity: Closing the Gaps in Our Understanding of Inclusion and Diversity, *The Journal of Infectious Diseases*, Volume 220, Issue Supplement_2, 15 September 2019, Pages S33–S41, <https://doi.org/10.1093/infdis/ijz174>

2021-2022 DOM Fellowship Match Data

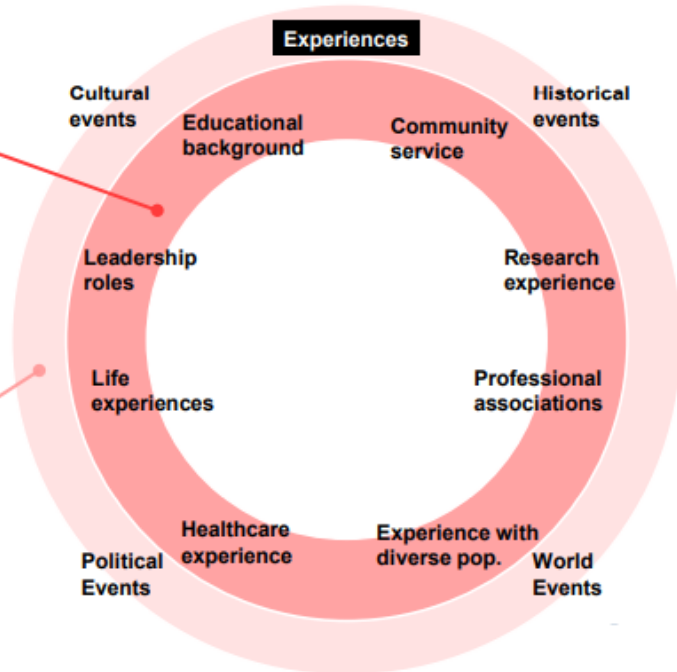
	National	Applied	Interview Offered	Interviewed	Match Range	Matched
DOM Fellowships 2021-22	%UIM	% UIM	% UIM	% UIM	% UIM	% UIM
Cardiology	12%	17%	17%	9%	11%	20% (10)
Gastroenterology	12%	17%	17%	18%	18%	0% (7)
Geriatric Medicine	15%	9%	10%	11%	14%	17% (12)
Hospice and Palliative Medicine		15%	16%	11%	12%	0% (7)
Infectious Disease	18%	15%	17%	18%	11%	0% (7)
Nephrology	16%	15%	14%	17%	18%	20% (5)
Pulmonary/Critical Care	10%	14%	14%	13%	13%	11% (9)
Rheumatology	12%	13%	29%	31%	13%	25% (4)
<i>Clinical Nutrition</i>		20%	50%	50%	100%	100% (1)
LGBTQ Fellowship Program		0%	0%	0%	0%	0% (1)
East West Medicine		0%	0%	0%	0%	0% (3)
<i>Total DOM Fellowship</i>	12%	15%	16%	15%	14%	11%
Internal Medicine - Categorical		15%	19%	19%	21%	20%

Model for Holistic GME Selection

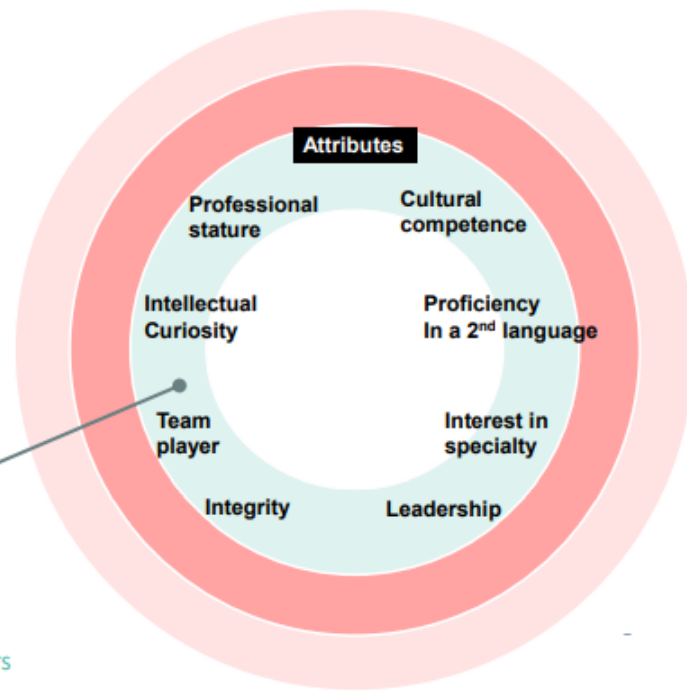


Experiences-
Encompasses the
path an applicant
has taken to get
to where s/he is.

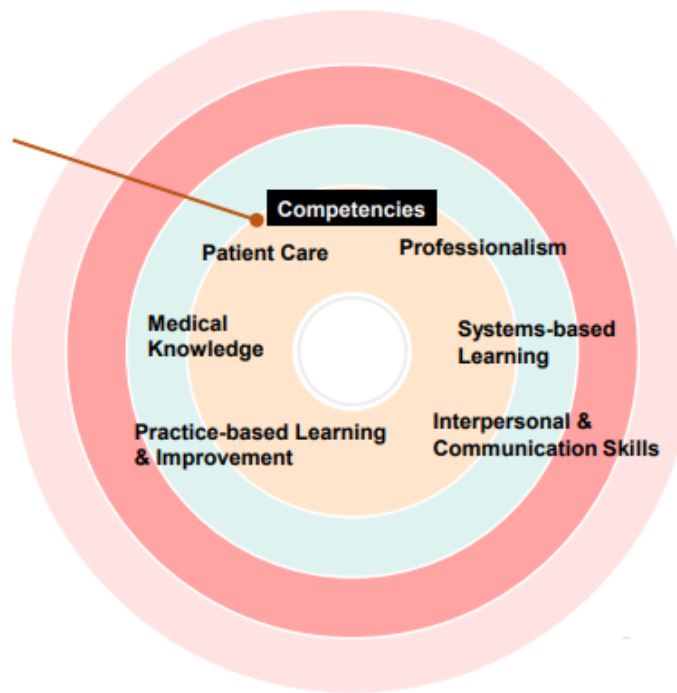
The outer ring
acknowledges the
influence of the
world context in
which these
experiences took
place



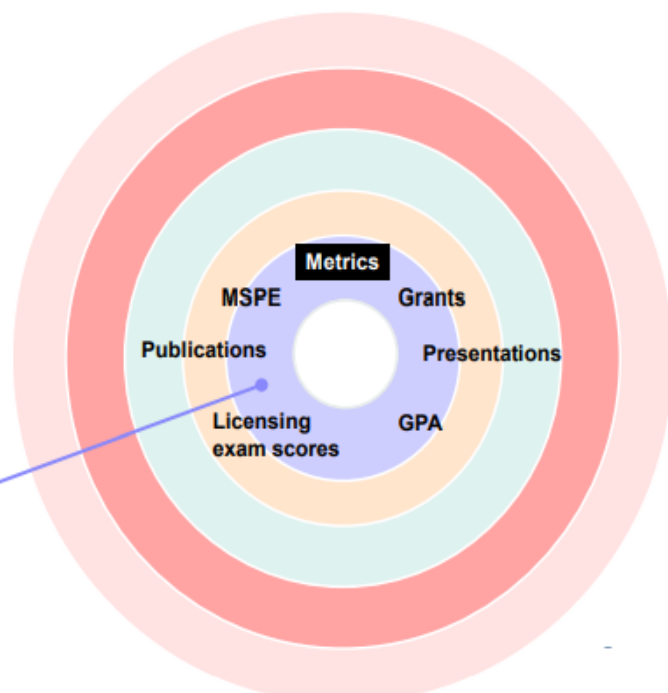
Attributes-
Includes the
applicant's current
skills and abilities,
personal qualities,
and relevant
demographic factors



Competencies-
Include the way in
which an applicant
applies their skills
including how they
think, achieve
results, interact
with people, and
self-manage.



Metrics-
Includes the
quantitative
scholarly academic
components of the
applicant's
portfolio



Directions: For each applicant criterion:

Part 1

1. Determine if each example in the following charts should be included, edited, or eliminated from your resident selection process.
2. Add any criteria that would be important to the accomplishment of your institution's mission and program goals.

Part 2

3. Rank how the EACMs contribute to your decision to invite a resident for an interview.

Experiences

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Educational background				
Community service/volunteer experience				
Leadership roles				
Experience with diverse populations				
Research experience				
Life experiences				
Distance traveled				
Professional associations				
Healthcare experience				
Experience living in a medically underserved area				

Attributes

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Professional stature				
Cultural competence/humility				
Integrity				
Intellectual curiosity				
Proficiency in language(s) spoken by patient population				
Team-minded / team player				
Leadership				
Interest in the desired specialty				

Competencies

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Interpersonal and Communication Skills (ICS)				
Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds				
Communicate effectively with physicians, other health professionals, and health related agencies				
Work effectively as a member or leader of a health care team or other professional group				
Act in a consultative role to other physicians and health professionals				
Maintain comprehensive, timely, and legible medical records, if applicable.				

Competencies (Continued)

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Professionalism (P)				
Compassion, integrity, and respect for others				
Responsiveness to patient needs that supersedes self-interest				
Respect for patient privacy and autonomy				
Accountability to patients, society and the profession				
Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation				

Examples from ACGME

Competencies (Continued)

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Practice-Based Learning and Improvement (PBLI)				
Identify strengths, deficiencies, and limits in one's knowledge and expertise (self-assessment and reflection)				
Set learning and improvement goals				
Identify and perform appropriate learning activities				
Incorporate formative evaluation feedback into daily practice				
Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems (evidence-based medicine)				
Use information technology to optimize learning				
Participate in the education of patients, families, students, residents and other health professionals				

Metrics

Note: If these metrics are not available to you, please edit, delete, and/or add any alternatives.

① Criteria	② Importance of criteria to interview invitation			
	Not important	Somewhat important	Important	Very important
Publications				
Scholarly Presentations				
USMLE Step 1 score				
USMLE Step 1 pass on first attempt				
USMLE Step 2CK score				
USMLE Step 2CK pass on first attempt				
USMLE Step 2CS				
USMLE Step 2CS pass on first attempt				
Alpha Omega Alpha				
Gold Humanism Honor Society				
Grants				
Medical school GPA				
Performance in core clerkships				
Clerkship performance in desired specialty				
Honors in curriculum				
MSPE				
Letters of recommendation				

Directions:

1. Review your rankings from Activity 1 and select two “very important” criteria for each of the four domains in the EACM model. Clearly define each of those criteria.
2. Look at your current recruitment materials and selection filters to determine if these will reveal the priority criteria that you have identified.
3. Determine what you could add or change to assist you in finding the EACMs you are looking for.

Part 1: Resident Selection Criteria

EXPERIENCES	1. Criterion:
	Definition: <i>How do you define it?</i>
	Assess: <i>What evidence will satisfy this requirement? Do my current recruitment and selection materials allow me to assess this criterion? What, if any, changes are needed?</i>
2. Criterion:	
Definition: <i>How do you define it?</i>	
Assess: <i>What evidence will satisfy this requirement? Do my current recruitment and selection materials allow me to assess this criterion? What, if any, changes are needed?</i>	

Applicant Screening

- Have a tool that captures what you are looking for. Things that may track with UIM:
 - Contribution to EDI field
 - Resilience
 - Community service
 - Commitment to marginalized communities
- Apply it to all applicants ideally....and plan your time accordingly
- Set up ERAS filters
- Ditch the cut-offs
- The more you interview, the more you will match

The Interview Planning and Process

- Be thoughtful as to which faculty you are asking to interview
- Ask all faculty to attest to participating in Implicit Bias Training with attestation and tracking (see toolkit) and make a goal (ie. 50% of interviewing faculty will have participated in bias training)
- Make all interviewers aware that EDI is a priority – consider a meeting to prepare the group
- Prepare your slides to include some EDI effort (see toolkit)
- Consider blinding interviewers
- Consider some elements of standardization- ie. situational or behavioral (see toolkit)
- Consider asking ALL applicants about EDI and contributions
- Have a standardized tool to allow interviewer assessment and move beyond “fit”

The Interview Process- The Day

- Have the Department Chair, Division Chief or Program Director speak about the importance of diversity to your program; introduce diversity resources to all the applicants (see toolkit)
- Pair applicants to interview with UIM faculty if possible
- Promote DOM Fellowship Virtual Revisits (see toolkit)

The Post-Interview Process

- Engineer your list – know your trend of how low you go and look to see your list above is capturing your goals (ie. UIM, physician scientist, women, etc)
- Consider making some recruitment calls....remember you are competing for these applicants

Post-Match Process

- Do a post match survey of all and ask demographics (see toolkit)
- Consider conducting post-match follow-up phone calls to discuss the interview experience, any areas of improvement, the factors that impacted an applicant's decision to rank elsewhere (location, cost of living, resident or faculty interactions during interview days, family considerations, program impression or reputation, etc.) (see toolkit)

Enablers of Diversity

	Enablers	Potential Barriers
Program Leadership	PD hold diversity as a priority, vocalizes it to dept/div members and to applicants. Understands it is a part of excellence	PD supports diversity but does not think it should be explicit. “We just want to the best”. Considered “extra”
Evaluations Tools (ie. screening, interviewing, ranking, post-match)	Standardized tools that include experiences, attributes and contributions to diversity that is applied to ALL candidates. Post-match survey of non-matched UIM. Annual review of process	Screening, interview and ranking done by “gestalt” and not explicit criteria or only standard metrics. Tools not standardized or don’t include diversity.
Committees: Screening/ Interviewing/Selection (ie. composition, time, preparedness)	Committee is diverse and inclusive of women and UIM members that are familiar with holistic review, implicit bias and use predefined metrics unequally with interrater reliability. Have the time. Dedicated person/group to monitor UIM across the cycle.	Too small of a screening group (ie. PD alone) without diverse voices. Not enough time for holistic review and not familiar with holistic review or implicit bias.
Institutional and Departmental Priorities and Commitment	EDI is championed in the mission, promoted by leadership as a priority and coupled with recognition and accountability.	No mention of EDI as a priority, priority promoted by diversity officers but not leadership, not coupled with accountability.

DOM EDI Toolkit

AAMC Holistic Review For Program Directors Resources- [START HERE!](#)

[Overview of the Holistic Review Framework -AAMC](#)

This 8-minute video will introduce you to the conceptual underpinnings of holistic review as applied to graduate medical education.

[Activity 1: Applicant Criteria Identification and Prioritization](#)

This activity will help you to “widen the lens” through which you assess residents by identifying and ranking the mission-driven Experiences, Attributes, Competencies, and Metrics (EACMs) that would add value to your program (Word document).

[Application of Holistic Principles in Resident Selection](#)

This 4-minute video will help you to think through the elements of the resident selection process you can control and those you can influence and how Holistic Review can be applied to resident selection.

[Activity 2: Applying Holistic Review to Resident Selection](#)

This activity will help you define your high-priority criteria and assess if your recruitment materials and selection processes reflect your priorities (Word document).

[Overview and Application of the Holistic Review Framework to GME Selection](#)

This resource is a compilation of all the above if you would prefer to read the content rather than watch the videos (PDF).

DOM EDI - RECRUITMENT TOOL KIT 2021-22

DOM EDI is happy to support efforts to enhance recruitment of UIM trainees. Your input is important to us – please reach out with suggestions on the activities below or additional helpful activities.

Tell us what you think! Tell us what events you can attend!

At domedi@mednet.ucla.edu!

Guests from groups traditionally underrepresented in medicine (UIM) and/or who have demonstrated commitment to understanding the implications of race, identity politics, and power while working to improve access to medicine for disadvantaged populations are encouraged to join us. UIM is defined by AAMC as “racial and ethnic populations that are underrepresented in the medical profession relative to the numbers in the general population.

Document Title/Description (Click here for our box file with these documents)	Doc #
Recruitment Resource List	1
Setting up ERAS Filters to track UIM status	2
Highlight Commitment to EDI on the Program Website Adding EDI language to your website can provide a warm welcome. To help get this started, see sample websites as well as brief statement can be edited and pasted right into your website home page or training section.	3
DOM EDI Interviewer Training: Implicit Bias Review the session slides and recording – click here Let us know you participated in this training for the 2021-22 academic year at completion form – click here	

Recruitment Slides Highlighting DOM's EDI priorities and resources can provide important talking trainees during recruitment activities. The slides can also be used for presentations. Please send us other resources and highlights to add to this deck and share with us. 4a) PDF version; 4b) Powerpoint version	DOM EDI Presents... Our plan also includes hosting networking and support opportunities throughout the academic year including the following. <i>Please let us know if you would like to attend or can send a representative to serve as a mentor or writing draft reviewer. We will also collect signups from current trainees.</i> Quarterly mentoring meetings – What's Up Sessions to review current issues and navigating training, research, health equity, career path. Quarterly meeting on one Thursday in Sept, January, April and June at 5 PM. We invite trainees and junior faculty to join us. Writing Lab to support for trainee applications for jobs and further training opportunities in the Fall of each academic year.	6
Networking We are also happy to support connecting candidates with faculty and fellows who can provide research to patient population to personal inquiries such as childcare issues. Please email domedi@mednet.ucla.edu with the name, contact info, and a brief bio/interests of the candidate, as well as suggestions on who they should meet.	UCLA GME EDI Handout	7
Fellowship Open House Wednesday Sept 29 and Thursday Oct 7 at 5 PM PST // 8 PM EST	UCLA Post-Match Survey (non-matched)	8
		9

Please SAVE THE DATES and let us know if you would like to attend or can send a representative. We will also collect signups from current trainees. We hope to have a panel of 3-4 people attend this conversation with fellowship candidates – starting off the session with faculty and then fellows and applicants only for a candid conversation.	
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