



Does it work? Resident selection and implicit bias training for postgraduate program directors

Sélection des résidents et efficacité d'une formation en matière de biais implicites pour les directeurs des programmes de résidence

Jackie Gruber  et Amanda Condon 

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Résumé de l'article

Énoncé des implications de la recherche

Le processus de sélection est un des éléments à revoir pour lutter contre les inégalités en matière de santé et les injustices historiques dont souffrent les populations victimes d'exclusion systémique. Une des mesures suggérées pour contrer le biais de sélection est de soumettre les membres des comités de sélection à des tests d'association implicite. Ils sont utilisés à l'Université du Manitoba au programme d'études médicales de premier cycle. Or, notre étude montre qu'une formation en matière de biais implicites, lorsqu'elle est offerte de manière isolée aux directeurs de programme, a peu d'impact sur l'élimination des préjugés dans la sélection des résidents. Les programmes qui désirent favoriser la diversité doivent envisager une approche multidimensionnelle et soutenue.

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Does it work? Resident selection and implicit bias training for postgraduate program directors

Sélection des résidents et efficacité d'une formation en matière de biais implicites pour les directeurs des programmes de résidence

Jackie Gruber,¹ Amanda Condon²

¹British Columbia Institute of Technology, British Columbia, Canada; ²University of Manitoba, Manitoba, Canada

Correspondence to: Amanda Condon MD CCFP FCFP, S212 Medical Services Building, University of Manitoba, 750 Bannatyne Avenue, Winnipeg MB, R3E 0W2; email: Amanda.condon@umanitoba.ca

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Implication Statement

One element to address health disparities and historical injustices of systemically excluded groups is to examine selection processes. Implicit association testing for selection committees is suggested as one intervention to address bias in selection and is used for Undergraduate Medical Education at the University of Manitoba. Our study demonstrated that implicit bias training for PDs in isolation has minimal impact on addressing bias within resident selection. This training must occur as part of a systemic institutional approach to address bias in resident selection. Programs should consider a multipronged and sustained approach when committing to diversifying postgraduate medical education programs.

Énoncé des implications de la recherche

Le processus de sélection est un des éléments à revoir pour lutter contre les inégalités en matière de santé et les injustices historiques dont souffrent les populations victimes d'exclusion systémique. Une des mesures suggérées pour contrer le biais de sélection est de soumettre les membres des comités de sélection à des tests d'association implicite. Ils sont utilisés à l'Université du Manitoba au programme d'études médicales de premier cycle. Or, notre étude montre qu'une formation en matière de biais implicites, lorsqu'elle est offerte de manière isolée aux directeurs de programme, a peu d'impact sur l'élimination des préjugés dans la sélection des résidents. Les programmes qui désirent favoriser la diversité doivent envisager une approche multidimensionnelle et soutenue.

Introduction

Diversity among health professions is crucial to addressing health inequity in communities.¹ Selection processes are key areas to address diversity, emphasizing implicit bias training for interviewers as one intervention.² Some have reported success with implicit bias training at an undergraduate level² however faculty perspectives and impact on selection processes in postgraduate selection are not well described. Faculty evaluation of an implicit bias workshop and their perceived impact on selection processes can guide the implementation of institutional practises for change to the diversity of postgraduate medical education programs.

Description of innovation

We piloted a mandatory one-hour workshop with interaction, facilitated by one of the authors (JG) for postgraduate Program Directors (PDs) consisting of an overview of the impacts of implicit bias on application selection and completion of an Implicit Association Test (IAT). The gender IAT was used as one example to introduce participants to IAT; participants were encouraged to explore other available IATs. We provided the presentation and associated references for PDs to share with selection committees. We circulated a survey to PDs after rank order list submission and before match day; the survey included qualitative and quantitative questions about the workshop

and their program's resident selection process. Survey questions are available by request of the first author.

The University of Manitoba's Health Research Ethics Board provided research ethics approval for this study.

Outcomes

Seventy-five percent of PD's attended the workshop; and 17% of workshop participants completed the survey. Nine percent of respondents agreed that the IAT before an admission cycle reduced bias in evaluating candidates; 36% disagreed. Additionally, 27% agreed that the IAT is a worthwhile annual activity and 36% of respondents indicated they had shared the materials with their program selection committee.

Qualitative analysis of survey responses identified three key themes: 1) implicit bias training was unnecessary, 2) minimal change needed to existing resident selection processes, and 3) variability of current selection processes (see Table 1).

A limitation of this study is the low response rate which may limit interpretation of the results. Generalizability to other institutions is limited.

Table 1. Identified qualitative themes

Identified Theme	Example comments/responses
Implicit bias training is unnecessary	"Frankly, I was conscious of my implicit bias prior to this training and I don't believe that I was biased before this training."
Minimal change or need for change in existing resident selection processes	"Nothing. This was the most rigorous evaluation process ever done by the program. The rubrics used were informed by hiring processes"
Variable processes in applicant ranking	Scoring sheet, voting on applicants, global assessment

Suggestions

In resident selection processes, we must consider the potential for bias in processes and decision-making. Only 36% of respondents shared the materials with their selection committees, which suggests to us a possible devaluing of the material's importance and potential for impact. Further, respondents indicated that bias training was unnecessary, suggesting more work may be necessary to address possible ingrained beliefs amongst faculty. Selection committees must consider more than mitigating individual biases; they must consider their entire process and how each member interacts with the process and each other. We noticed in our results the lack of integration of bias's personal and systemic impacts.

Implicit bias workshops for PDs are one component of a systemic strategy to address diversity in selection; when implemented in isolation, the overall impact is limited. Consideration of the format and the implementation strategy is essential. Workshops about bias must occur in the context of a broader commitment to addressing bias and promoting diversity in postgraduate programs.

Conflicts of Interest: None to declare.

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