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

La sélection des résidents et l’efficacité d’une formation en matière de biais implicites pour les directeurs des programmes d’études postdoctorales

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
Published ahead of issue: Jul 31, 2023; CMEJ 2023 Available at https://doi.org/10.36834/cmej.75861
© 2023 Gruber, Condon; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License (https://creativecommons.org/licenses/by-nc-nd/4.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

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 level3 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

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

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.

Funding: This study did not receive any funding.

References