

# Addressing Institutional Racism in Resident Selection



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A partnership between



# Disclosures

RRPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #UK6RH32513.

THCPD-TAC is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under cooperative agreement #U3LHP45321-01-00.

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We have no disclosures

# Objectives

- Share diverse experience
- Provide concrete examples
- Facilitate discussion/choose action item
- Take aways
  - Institutional racism is in all our systems/processes
  - Commitment to undoing racism broadly
  - Recruitment is one component
  - Action is local

# Agenda

- Intro and backgrounds (5 mins)
- Supreme Court Decision and impact on recruitment (15 minutes)
- Addressing institutional racism in our residencies and how this impacted recruitment (10 minutes each)
- Discussion/questions (20 mins)
  - Look at your processes – **your next step**

# Supreme Court Decision



Differentiate university vs residency application



ACGME/AAMC response



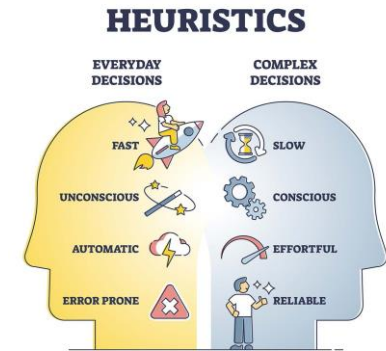
Military academy exception – focus on community health



9 states with similar legislation: Arizona, California, Florida, Idaho, Michigan, Nebraska, New Hampshire, Oklahoma, Washington

# Our experience-Alfred Gitu

- Institutional/systemic racism:
  - Implicit bias is one of the most potent vehicles for propagating racial prejudices
  - Borne of the human desire to simplify every encounter
  - Prejudice is the default setting of the lazy mind
  - It allows us to make conclusions on someone's character and likelihood to succeed based on easily identifiable traits such as color of hair/skin, ethnicity, gender or accent



# My experience-Alfred GITU

- My goal is to reduce the impact of implicit bias as much as possible
  - Talk about it
    - We discuss this with all faculty and residents every year before recruiting season
  - Include as many people in the decision-making process as possible
    - Cancel out each others' biases
    - A broad-based recruiting committee
    - Mask as much information as is possible from reviewers, including myself
      - Pictures, date of birth, city of birth, self-identification, marital status
    - Residents and faculty in groups make decisions regarding who to invite for interviews
    - Interview with 4 faculty, plus input from residents and coordinator captured in a spreadsheet
    - Use of 'quiet responses'- like written more than spoken because some people are loud and easily sway the opinions of others
    - Final ranking based on input from the larger group, rather than a select few

# Our experience-KPWA FMR

- Improve community health by addressing institutional/systemic racism
  - Commitment to undo racism, educational justice, concordance
  - Anti-racism education/training
  - Intersection of institutional racism, concordance, and health
  - Create infrastructure/power to address it
  - Action/change
    - Learning environment: Assessment, feedback, inclusion, culture, advising/mentoring
    - Recruitment: Screening, application review, invitation, interview, scoring/ranking
    - Curriculum: Anti-racism, equity rounds, race caucusing
    - Clinical Care: Equitable care in our communities
    - Power/representation: Leadership, faculty, committees



# Specific Recruitment Changes

- Screening
  - Step I pass USMLE or Complex),
- Application review
  - Diversified review team (res/fac, race/ethnicity, DEI expertise)
  - Resourced to review more applications
  - Standardized order of reading apps (PS, CV, LOR, grades)
  - Score norming process
  - Separated URiM and non-URiM applications, reviewed at different times
  - One room for 3 days
  - Scoring sheet aligned with values (Compelling background/broad life experience, overcoming adversity, service commitment, local connections, grades, outstanding LOR)
  - No photos
  - Academic/Professional concerns: Failed boards >2, >6 yrs med school, and/or >2 yrs last clinical rotation. If score >3, reviewed by cmte.

# Specific Recruitment Changes

- Invitation
  - Selection based on score (1-7), start with 7's and work down until 100 applicants
  - 50% URiM minimum goal
- Interview, scoring/ranking – 38 point score
  - Scoring: Clinical ability – RIME or grades (8 pts), Race discordance and Health Inequities (4 pts), Distance Traveled (4 pts), Interpersonal skills/professionalism (6), understanding systemic racism/personal bias/privilege (4 pts), Value fit: Service (3), Leadership/initiative (3), Teamwork (3), Resiliency (3).
  - Standardized questions specific to scoring sheet
  - Match determined by score
  - Racial affinity matching

# Resources

- [Resources for Holistic & Inclusive Residency Recruitment](#) – literature
- [ACGME Equity Matters Holistic Recruitment Toolkit](#) – classes
- [AAMC Holistic Review](#) – lectures/webinars specific to residency, bibliography

# What will YOU do?

- Take aways
  - Institutional racism is in all our systems/processes
  - Commitment to undoing racism broadly
  - Recruitment is one component
  - Action is local
- Consider action item

# Discussion



# Rural Residency Planning and Development and Teaching Health Center Planning and Development Technical Assistance Centers

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