

VIEWPOINT

Reducing Bias in Academic Search Committees

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Faculty members are often called on to serve and participate on search committees for deans, department chairs, leaders of centers of excellence, and senior-level positions in medical schools, academic hospitals, and health systems. These search committees are generally charged not only to find qualified candidates but also to consider diversity and inclusion in the process.

The demographics of the US population are changing. Reports from census experts suggest that as many as 40 million immigrants have arrived in the United States since the origin of the Immigration Act of 1965.¹ Further, the non-US-born population is projected to reach nearly 19% of the total US population by 2060.² The Latino/Hispanic population is now 17.6% of the US population and together with the black/African American population accounts for nearly 31% of all US residents.³ Additionally, according to the Pew Research Center, Asian Americans are the fastest-growing and best-educated racial ethnic group entering the United States.⁴ These facts, coupled with continued challenges with health disparities and minority underrepresentation in key allied health positions, require specific actions and policies to ensure diversity, inclusion, and unbiased hiring practices.

In 2015, African Americans made up only 4.4% of faculty members of US medical schools who are listed as a single racial group.⁵ Concerns have also been raised that a proportion of those included in that number are not truly faculty members but practicing affiliated

implicit or unconscious bias. Major private corporations are aware of this issue and are installing bias training coursework for top executives and key committee members, an innovation that leads to greater diversity and contributes to both financial and human capital.⁸ The following 5 suggestions represent a rigorous attempt to formulate a new approach and address the concern of biased search committees.

1. **Pretraining:** After receiving the charge to join and serve on a search committee, invited members should participate in programmed pretraining. This step should include provision of reading materials with appropriate references and accompanying presentations regarding the nature and definition of implicit bias, as this will be a critical starting place for establishing a foundational knowledge base and self-awareness of the team. All members should take an implicit bias self-assessment, such as implicit association tests offered by Project Implicit.⁹ Open discussion of the findings of these assessments will be beneficial for transparency and team building.
2. **Outcome framework design:** Prior to beginning the active recruitment process, the search committees should construct a diagram or visual image of key characteristics that the ideal candidate might encompass, with notation of suitable substitutes or allowable similarities. For example, if a candidate with a research background is sought, the type, quality, and quantity of research articles, collaborations, capabilities, and any acceptable substitutions enter the framework for the outcome design. In this manner, the committee becomes insulated against renegeing on qualifications based on individual or group bias.
3. **Table placement and seating design:** Committees to select high-stakes individuals are often composed of accomplished and sometimes politically powerful and influential faculty members. This possibility may be in some ways addressed by alternating seating arrangements to hinder the formation of unconscious power alliances, which can in turn influence the proceedings and the decision-making dynamic of the search committee.
4. **Scribe usage:** A common but unavoidable human trait is for a group of individuals to hear the same words but to have multiple interpretations of what was actually stated. Words and phrases are easily and variably interpreted based on preexisting bias and possible lapses in attention. The use of an impartial scribe or professional note taker could assist in having a reliable record to clarify any statements or issues that arise during the latter stage of deliberations of the search committee.

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physicians.⁶ Specifically, there were 62 260 white associate or assistant professors and 27 866 white full professors at US medical schools.⁵ At the same time, there were 7157 black and Latino assistant, associate, and full professors combined, excluding multiple race categories. Similarly, women account for 36.4% of faculty members at US medical schools at those ranks, including 7758 full professors and 43 041 associate or assistant professors, but have lower compensation than male faculty.⁷

To create a more diverse, "level playing field" of leadership representation, one area of concentration should be the formation, conduct, and management of search committees for top-ranking academic positions and health system executives. Although many leaders understand and comply with the call for diversity among the members who serve on these search committees, there is a need for a more rigorous and detailed process to reduce the human factors of

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5. Quantity of minority and underrepresented candidates: Having ample representation both on the search committee and among the invited candidates of minority representatives is crucial. For example, merely having symbolic African Americans, Latinos, or women either as candidates or as members of the committee does not guarantee lack of bias. The committee should agree in advance to have a preferred target goal for the number of minority applicants to review. It may be determined that a specific number of candidates need to be considered to guarantee a fair process. If that target cannot be reached, the group must be in agreement that sufficient efforts were expended.

There are no data that these recommendations will reduce bias on search committees or indeed improve diversity at

the highest levels of US medicine, which is the most important outcome. Yet to accommodate necessary changes as the United States strives to promote an equitable and socially just society, these steps should be considered vital and taken as a whole, not in fragments. A larger and more encompassing framework for these committees hopefully will help encourage greater opportunity for success. The less-biased search committee may not reach perfection, but without efforts to improve the process, the outcomes will never lead to equity and diversity in leadership. The unbiased search committee represents a necessary and desirable step forward that can help to ensure the future success of medical education and of academic medical centers in the United States.

ARTICLE INFORMATION

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