

2021.03.08

PGME Anti-Racism Task Force Guidance for Selection Interviews

The CaRMS season is a complex and stressful one for Applicants, and for Programs which need to balance recruitment efforts with the duties of a selection process that is fair and just.

Organizations such as the Association of Faculties of Medicine of Canada (AFMC) and the Cumming School of Medicine have developed guidance and working documents on selection. Below, we offer a brief contextualization in the PGME selection setting.

There are some questions that should not be asked

- Programs must not ask questions that enquire about applicants' identities as protected under Section 8 (1) of the Alberta Human Rights Act, including their: gender, gender identity or gender expression; sexual orientation; racial, cultural, or ethnic identity; place of origin; marital or family status; previous or maiden name; relatives and dependents names; childcare arrangements; plans to have (more) children; spouse's or partner's employment; religious beliefs; physical or mental disabilities; age
- Program Ambassadors (residents or faculty who help applicants feel welcome before or after interviews in a staging area) must also be informed to avoid bringing up these areas.

<https://www.albertahumanrights.ab.ca/Documents/PreEmplInq.pdf>

<https://www.albertahumanrights.ab.ca/Documents/RecommGuidePreEmpl.pdf>

Applicants may choose to include these topics in their responses

- These can be important elements of someone's identity and lived experience
- Applicants should not be discouraged from, nor penalized for representing themselves with authenticity on their own terms
- Interviewers can acknowledge responses that include these elements, while scoring them in a manner consistent with the interviewing rubric

Keep video on for interviews

- Keeping video on ensures non-verbal cues remain available to both applicants and interviewers as they would during live interviews. This can help the comfort of all participants
- Turning off video is unlikely to mitigate bias around applicants' identity as there are many other cues available to interviewers that are not masked by turning off video
- Use of neutral backgrounds can minimize distractions and preserve privacy. Interviewers may wish to use a University of Calgary [background](#). Note that some devices may be unable to display virtual backgrounds. <https://www.ucalgary.ca/current-students/zoom-backgrounds>
- Ensure interviewers show compassion to applicants who may be interrupted by young children or other unavoidable distractions in the home by offering time to pause, turning off video for a moment, and conveying that interruptions are often inevitable. Continue when appropriate, and do not penalize applicants.

Avoid considering “fit” to the Program

- Programs that weight “fit” risk selecting applicants that are less diverse, so avoid considering “fitting in with the culture of the Program or Discipline” when scoring applicants
- Learners with diverse experiences, perspectives, abilities, and beliefs, from what is currently present add value to teams
- If you are assessing for “fit” it’s important that you limit this to:
 - the School’s or Program’s stated mandate and priorities
 - the competencies and characteristics required to learn and perform the job
 - capacity to bring unique life experiences, perspectives, approaches, and skills to the role

It is appropriate to probe candidates’ awareness of barriers faced by marginalized groups in health care (racism, sexism, ableism, ageism, etc.) and to assess their commitment to measures to enhance equity and accessibility.

- Use questions that are situational (a hypothetical situation that may occur in future training or practice) or behavioural (asking for examples of past behaviours that likely predict future behaviour); and/or
- Use questions that enquire about how policies, laws, or historical realities (colonization) have impacted equity-deserving groups in the health care environment
- Scenarios could include times when applicants observed behaviours that were discriminatory or unaccepting, and how they responded (or didn’t); or exploring challenges faced by individuals of equity-deserving groups in the health care environment
- Design questions in a way that allows candidates to choose which form(s) of oppression they wish to explore in their answers. Asking a question about a specific form of oppression risks:
 - forcing a candidate to speak about a lived experience(s) they do not wish to explore, or
 - making them feel singled out by the question.
- Provide interviewers anchored scoring scales. For example:
 - Excellent: Demonstrates a strong understanding of racism, sexism, ableism, ageism etc. in health care and its impacts. Identifies effective personal/individual and structural/systemic level actions necessary to create change, and the challenges to their implementation
 - Fair: Acknowledges racism, sexism, ableism, ageism etc. exists in health care, but with incomplete understanding of its impacts. Identification of some individual level actions that can be taken to create change.
 - Poor: Does not demonstrate an understanding of the effects of racism, sexism, ableism, ageism etc. exists in health care. Cannot identify actions that can be taken to create change.
 - Red Flag: Denies that racism, sexism, ableism, ageism etc. in health care exists or has impacts. Engages in deflection (logical fallacies such as whataboutism), or represents supremacist ideologies. Does not believe change is necessary.

As approaches continue to evolve, so will guidance. If we can be supportive, please consider reaching out directly.

Cindé Ade-Hoser, Med
 Co-Chair, PGME Anti-Racism Task Force
 Postgraduate Medical Education
Cinde.adegbesan2@ucalgary.ca

Stephen Mintsioulis, MSc, MD, FCFP
 Co-Chair, PGME Anti-Racism Task Force
 Director, Advocacy and Accountability
 Postgraduate Medical Education
smintsio@ucalgary.ca