

## **ABSTRACT: 2016 ELAM Institutional Action Project Symposium**

**Project Title:** UC Davis School of Medicine Faculty Equity Advisor Program

**Name and Institution:** Colleen E. Clancy, University of California Davis School of Medicine

**Collaborators:** The Office of Academic Personnel, The Office of Diversity and Inclusion, deans, department chairs, and search committees

**Background, Challenge or Opportunity:** Diversity is fundamental to the defined mission of The University of California to serve the interests of the State of California, which requires access to the University and equal opportunity for all groups. Moreover, strong evidence links lack of diversity among health care providers to major and persistent health disparities. Despite longstanding administrative commitments to promote faculty diversity, the UC Davis School of Medicine still faces tremendous challenges in diversity recruitment, retention and promotion. There is an urgent need to improve outcomes.

**Purpose/Objectives:** The goal of the Faculty Equity Advisor program at the UC Davis School of Medicine is to amplify efforts in promoting faculty diversity by connecting administrative priorities and strategic plans, as they relate to diversity, with search committee activities. Faculty Equity Advisors provide outreach, advice, information, and training to advance recruitment of a diverse faculty. They also work collaboratively with the Associate Vice Chancellor of Diversity and Inclusion, deans, department chairs, and search committees to identify and encourage best practices for faculty recruitment.

**Methods/Approach:** Faculty Equity Advisors can be nominated, or appointed by the Associate Vice Chancellor of Academic Personnel. The term is 3 years and renewable. New and continuing Faculty Equity Advisors are required to complete yearly workshop/training. An online Faculty Equity Advisor Toolkit is under development. Faculty Equity Advisor responsibilities include: (1) Early engagement with the chair/dean to ensure a diverse search committee and/or has members who will be proactive in seeking a diverse applicant pool. (2) Ensure the ad is posted to attract a diverse pool of applicants. (3) Advise search committees on recruitment strategies, proactive search procedures and applicable affirmative action and labor laws. (4) Discuss research on selection bias and climate with search committee. (5) Review and approve the Search Plan and Search Report. (6) Review the diversity of the availability pool versus applicant pool. Review and approve applicant pool, or extend search if necessary. (7) Review and approve the short list of candidates. If this group is not diverse, review the files of other applicants to identify candidates of equivalent quality. (8) Ensure that candidate contributions to diversity are considered.

**Outcomes and Evaluation Strategy:** Outcomes and evaluation will rely on quantitative indicators including, (1) tracking recruitment venues, (2) comparison of applicant pool to availability pool, (3) analysis of short list compared to applicant pool and availability pool, (4) tracking failed searches, (5) analysis of final outcomes. Qualitative indicators will also be tracked and analyzed including, (1) survey data from search committee before and after training, (2) assessment of search process and activities to identify those that disadvantage underrepresented groups, (3) survey failed recruits to determine reasons. Equity advisors will be polled yearly to identify areas for improvement in the search process.

## BACKGROUND

Diversity is fundamental to the defined mission of The University of California to serve the interests of the State of California, which requires access to the University and equal opportunity for all groups. Despite longstanding administrative commitments to promote faculty diversity, the UC Davis School of Medicine still faces tremendous challenges in recruitment, retention and promotion of a diverse faculty.

Diversity in academic medicine is of critical importance for a number of reasons including strong evidence linking a lack of diversity among health care providers to major and persistent health disparities<sup>1-2</sup>. Diversity of perspective has been linked to better solutions for complex problems<sup>3</sup>, diverse teams publish higher impact papers<sup>4-5</sup>, and diversity in the health care workforce promotes cultural competence<sup>6-8</sup>. Lack of diversity is not a problem unique to the UC Davis School of Medicine, but the complexity of our system will require a specific and substantial commitment and new approaches to improve diversity and equalize the rate of advancement of underrepresented groups<sup>9-10-11</sup>.

In a recent analysis in 2014, the UC Davis SOM faculty comprised 30% female faculty and only 5% underrepresented faculty. Women and URMs are most represented (but still in a substantial minority) in the designated clinical faculty series that has no protected time for scholarly activities. There is an urgent need to improve gender and ethnicity balance in the SOM to promote all mission areas.

## OBJECTIVES

The goal of the Faculty Equity Advisor program at the UC Davis School of Medicine is to amplify efforts in promoting faculty diversity by connecting administrative priorities and strategic plans, as they relate to diversity, with search committee activities.

Faculty Equity Advisors are expected to provide outreach, advice, information, and training to advance recruitment of a diverse faculty. They work collaboratively with the Associate Vice Chancellor of Diversity and Inclusion, deans, department chairs, and search committees to identify and encourage best practices for faculty recruitment.

## METHODS/APPROACH

Faculty Equity Advisors can be nominated, or appointed by the Associate Vice Chancellor of Academic Personnel. The term is 3 years and renewable. New and continuing Faculty Equity Advisors are required to complete yearly workshop/training. Faculty Equity Advisor responsibilities include: (1) Early engagement with the chair/dean to ensure a diverse search committee and/or has members who will be proactive in seeking a diverse applicant pool. (2) Ensure the ad is posted to attract a diverse pool of applicants. (3) Advise search committees on recruitment strategies, proactive search procedures and applicable affirmative action and labor laws. (4) Discuss research on selection bias and climate with search committee. (5) Review and approve the Search Plan and Search Report. (6) Review the diversity of the availability pool versus applicant pool. Review and approve applicant pool, or extend search if necessary. (7) Review and approve the short list of candidates. If this group is not diverse, review the files of other applicants to identify candidates of equivalent quality. (8) Ensure contributions to diversity are considered.

## OUTCOMES AND EVALUATION STRATEGY

Outcomes and evaluation will rely on quantitative indicators including, (1) tracking recruitment venues, (2) comparison of applicant pool to availability pool, (3) analysis of short list compared to applicant pool and availability pool, (4) tracking failed searches, (5) analysis of final outcomes. Qualitative indicators will also be tracked and analyzed including, (1) survey data from search committee before and after training, (2) assessment of search process and activities to identify those that disadvantage underrepresented groups, (3) survey failed recruits to determine reasons.

## PRELIMINARY RESULTS - QUALITATIVE

**Search Committee Charge:** Identify two individuals with exciting research programs that could enrich the research mission of the department, independent of current funding.

**Position Advertising:** Nature, Science, American Physiological Society, Biophysical Society, Association for Women in Science, Association of Chairs of Departments of Physiology, and direct outreach.

**Process:** 186 applications were reviewed and scored by at least 2 members of the search committee. Application were ranked by score and discussed by all members of the search committee. Subsequently, 30-35 applications were chosen for in depth evaluation, discussion, score, and ranking by all members of the search committee. After this second round, 12 applicants were chosen for initial Skype interviews, and 5 applicants were placed in a strong hold list as alternates

## PRELIMINARY RESULTS - QUANTITATIVE

### Search Committee Composition:

7 members: 2 females, 1 latino male, 1 black/caribbean male, 2 white males and 1 asian male.

### Evaluated 186 applications total. Diversity from E Recruit was as follows:

Pool	Male	Female	African America	Hispanic	Asian	Native American	White
All Responses	74.20%	25.80%	1.00%	8.70%	44.40%	0.00%	45.90%
All Applicants	74.60%	25.40%	1.20%	8.10%	43.40%	0.00%	47.40%

### Diversity in the short list (12 Skype Interviews):

Pool	Male	Female	African America	Hispanic	Asian	Native American	White
Shortlist	62.50%	37.50%	0.00%	25.00%	37.50%	0.00%	37.50%

### Diversity in the offer list (2 finalists\*):

Pool	Male	Female	African America	Hispanic	Asian	Native American	White
Shortlist	100%	0.0%	0.00%	0.00%	50%	0.00%	50%

## DISCUSSION

The pilot year of the Faculty Equity Advisor program at the UC Davis School of Medicine revealed unanticipated challenges to achieve faculty diversity through the faculty equity advisor model. Despite a underrepresented minority Department Chair with a longstanding commitment to diversity, a diverse search committee, diversity and implicit bias training and the presence of an equity advisor, the search resulted in the nomination of two finalists from overrepresented groups. A third faculty hire\* is anticipated via the "Partner Opportunity Program", which will result in a female hire.

We have now begun an analysis of the interview process to determine which interview activities resulted in elimination of underrepresented groups from the pool. Early analysis suggests that the "chalk talk" session was the primary determinant of finalists. During the chalk talk, candidates are expected to lay plans for future research with strong attention to details of approaches, pitfalls and alternatives. Effective mentoring and training are likely strong determinants of success in the chalk talk.

## FUTURE DIRECTIONS

Additional detailed analysis of the entire search process must be undertaken, with a particular focus on the interview process. Improved transparency of the process and distribution of training materials might be one way to better prepare candidates for the interview process.

## REFERENCES

- 1 in *In the Nation's Compelling Interest: Ensuring Diversity in the Health-Care Workforce* (eds B. D. Smedley, A. Stith Butler, & L. R. Bristow) (2004).
- 2 Nivet, M. A. *et al.* Diversity in academic medicine no. 1 case for minority faculty development today. *The Mount Sinai Journal of medicine, New York* 75, 491-498, doi: 10.1002/msj.20079 (2008).
- 3 Apfelbaum, E. P., Phillips, K. W. & Richeson, J. A. Rethinking the Baseline in Diversity Research Should We Be Explaining the Effects of Homogeneity? *Perspect Psychol Sci* 9, 235-244, doi:Doi 10.1177/1745691614527466 (2014).
- 4 Kerr, W. R. Ethnic scientific communities and international technology diffusion. *Rev Econ Stat* 90, 518-537, doi:Doi 10.1162/Rest.90.3.518 (2008).
- 5 Freeman, R. B. & Huang, W. Collaboration: Strength in diversity. *Nature* 513, 305, doi:10.1038/513305a (2014).
- 6 Leishman, J. Perspectives of cultural competence in health care. *Nursing standard* 19, 33-38, doi:10.7748/ns2004.11.19.11.33.c3764 (2004).
- 7 Betancourt, J. R., Corbett, J. & Bondaryk, M. R. Addressing disparities and achieving equity: cultural competence, ethics, and health-care transformation. *Chest* 145, 143-148, doi:10.1378/chest.13-0634 (2014).
- 8 Soule, I. Cultural competence in health care: an emerging theory. *ANS. Advances in nursing science* 37, 48-60, doi:10.1097/ANS.000000000000016 (2014).
- 9 Fang, D., Moy, E., Colburn, L. & Hurley, J. Racial and ethnic disparities in faculty promotion in academic medicine. *Jama* 284, 1085-1092 (2000).
- 10 Carnes, M., Morrissey, C. & Geller, S. E. Women's health and women's leadership in academic medicine: hitting the same glass ceiling? *J Womens Health (Larchmt)* 17, 1453-1462, doi:10.1089/jwh.2007.0688 (2008).
- 11 Gender Differences at Critical Transitions in the Careers of Science, Engineering, and Mathematics Faculty. *Res Technol Manage* 52, 70-70 (2009).