Welcome to
Faculty Search Committee Training
2019-2020

The University of California has a core mission to serve the interests of the State of California as described in the Regents Policy :

"the acute need to remove barriers to the recruitment, retention, and advancement of talented students, faculty, and staff from historically excluded populations who are currently underrepresented."

LCME Standard IS-16

IS-16. An institution that offers a medical education program **must** have policies and practices to achieve appropriate diversity among its students, **faculty, staff and other members of its academic community**, and must engage in **ongoing, systematic, and focused efforts** to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.

State of the faculty presently:

Rank, gender, and ethnicity profile for five faculty series.

Total Faculty 980	**Total Male 565**	**Total Female 415**
Total White 596	**Total Asian 298**	**Total URM 72**
Total Assistant Professor 296	**Total Associate Professor 231**	**Total Professor 453**

https://health.ucdavis.edu/academicpersonnel/documents/diversity-reports/2018-19/2018-19_State-of-The-UC-Davis-Health-Science-Faculty-Annual-Report_053119_FINAL.pdf

Gender and ethnicity profile for five faculty series.

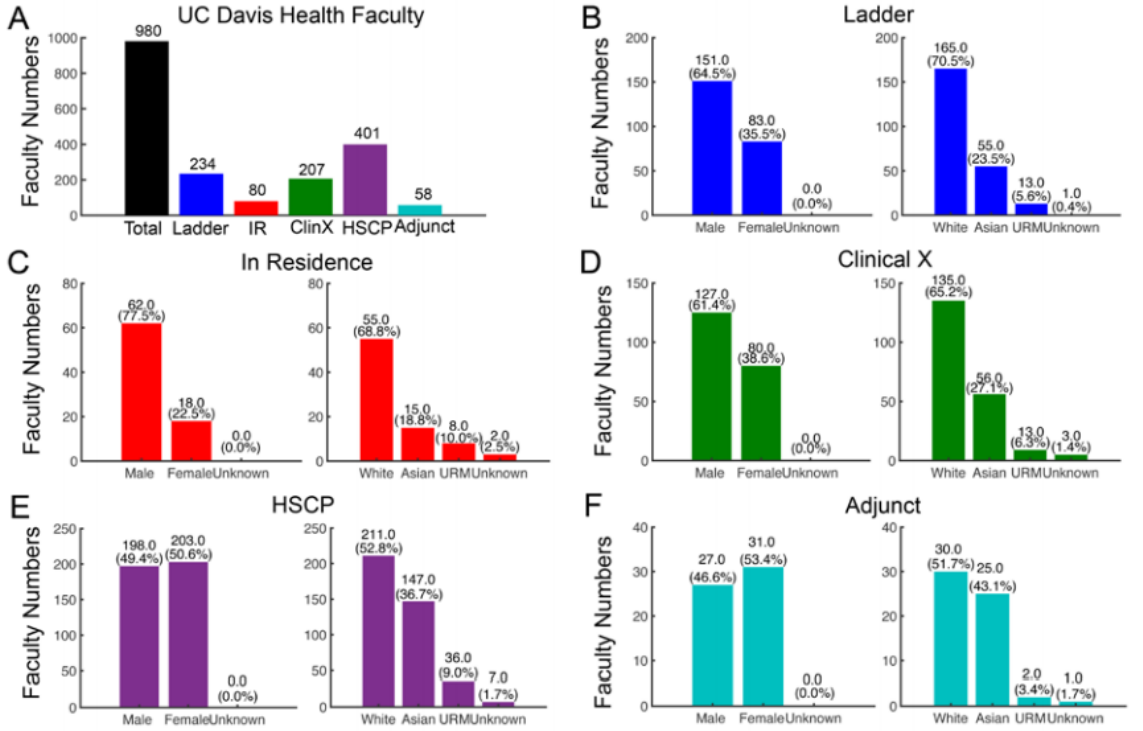
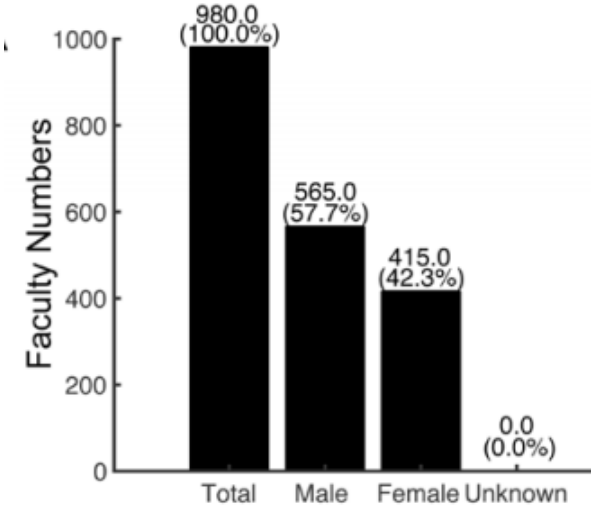
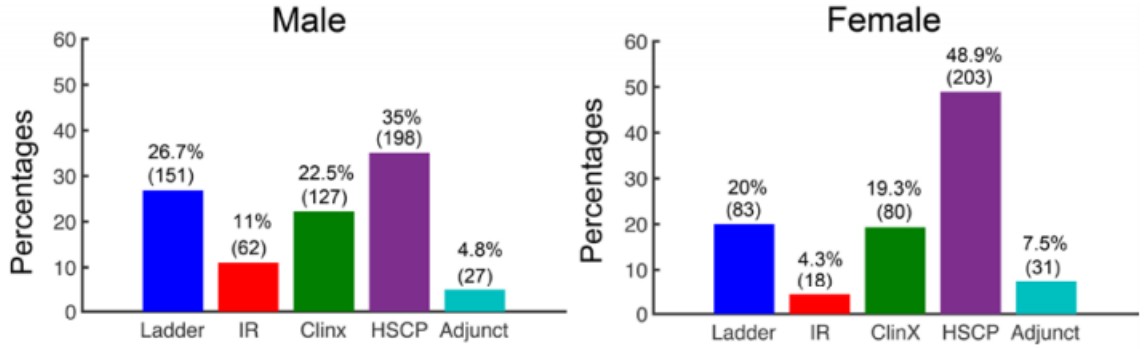


Figure 1: Shown on the Y-axis is absolute faculty numbers in each faculty series. Percentages are indicated in parentheses.

State of the faculty presently: GENDER

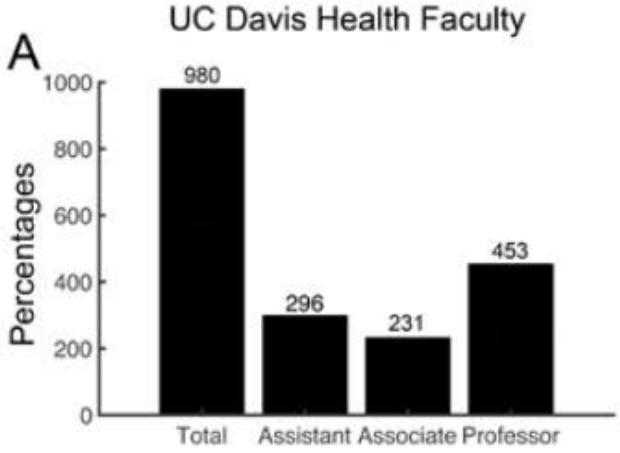


TOTAL FACULTY BY GENDER

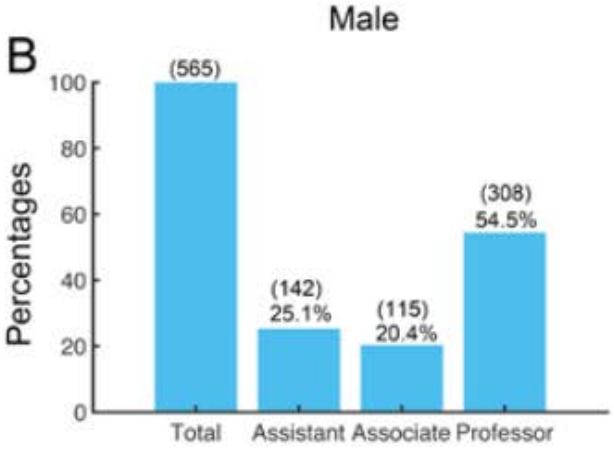


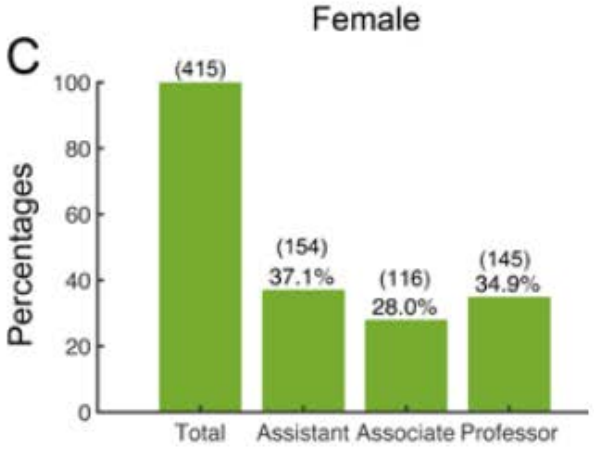
FACULTY SERIES DISTRIBUTION BY GENDER

State of the faculty presently: GENDER



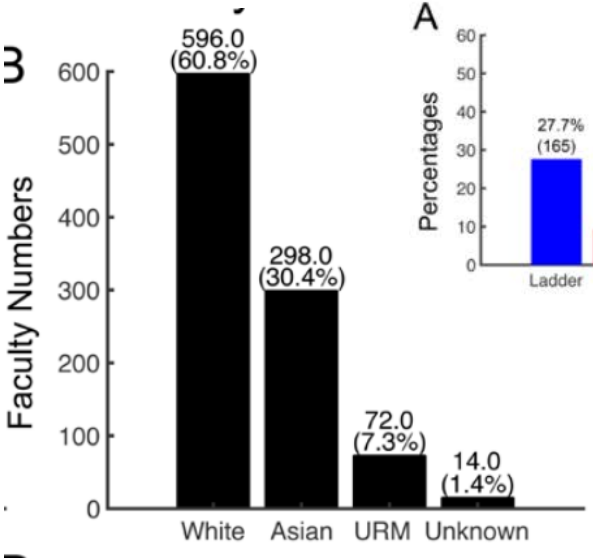
TOTAL FACULTY BY RANK



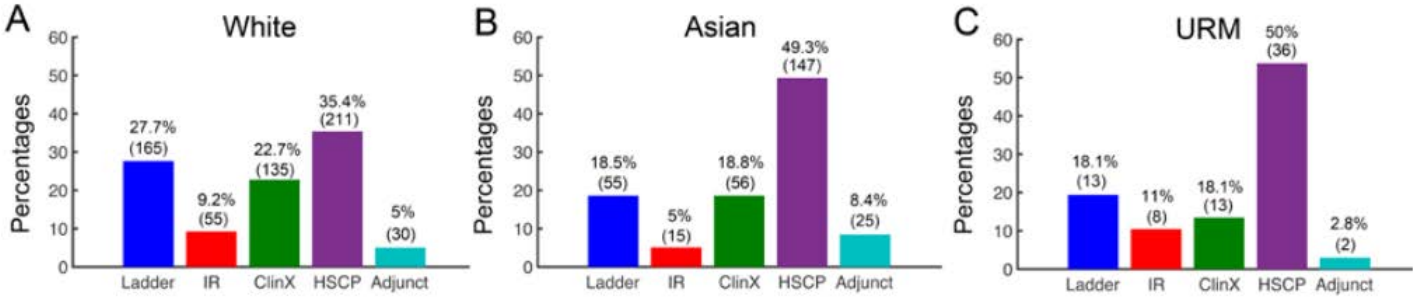


FACULTY RANK DISTRIBUTION BY GENDER

State of the faculty presently: ETHNICITY

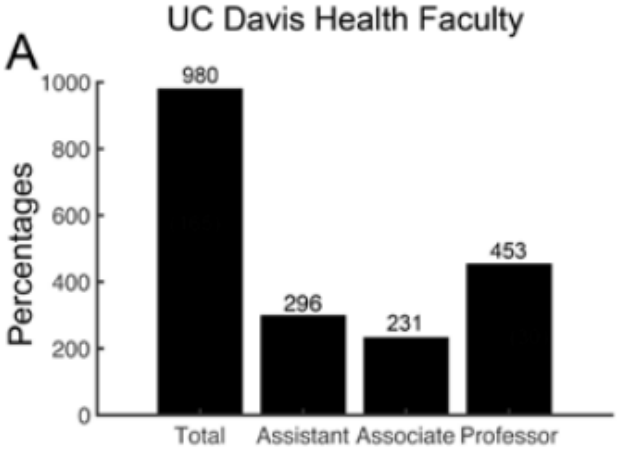


TOTAL FACULTY BY ETHNICITY

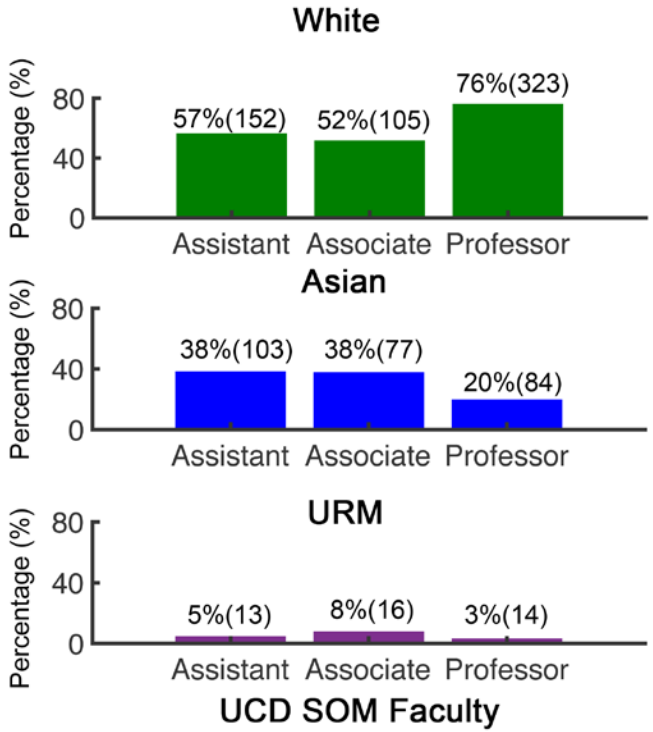


FACULTY SERIES DISTRIBUTION BY ETHNICITY

State of the faculty presently: ETHNICITY



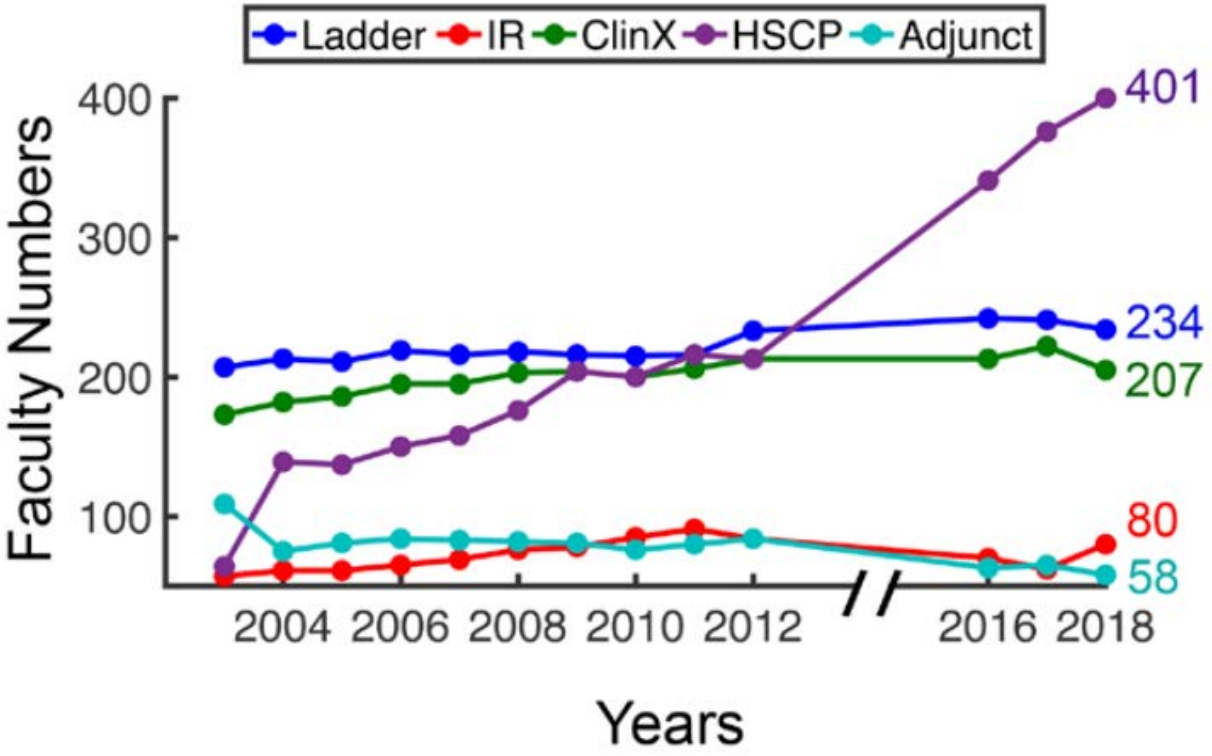
TOTAL FACULTY BY RANK



NOTE UPDATES ARE LIMITED IN THIS AREA

FACULTY RANK DISTRIBUTION BY ETHNICITY

Growth of HSCP faculty



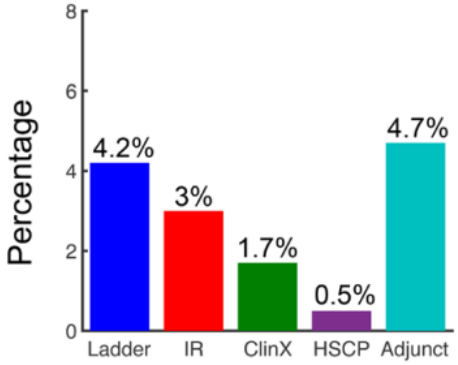
HSCP & Adjunct faculty are Academic Federation members and do ***not*** vote on Senate committees (although they may serve to represent the Federation).

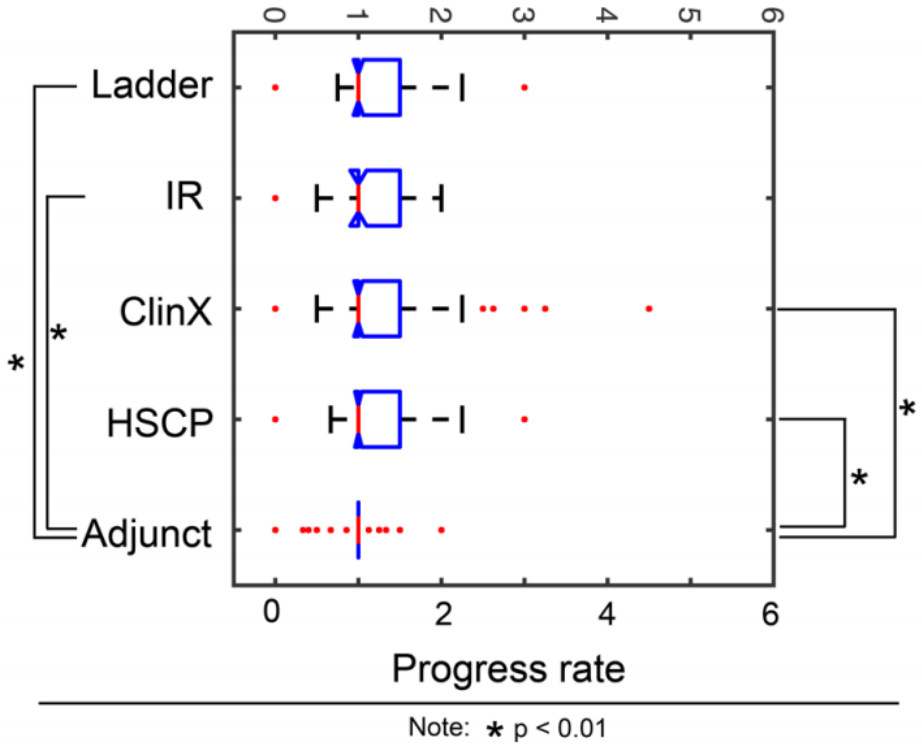
URM and women are more highly represented in HSCP.

Adjunct faculty don't progress as quickly

	average rate
Ladder	1.2
IR	1.1
clinX	1.3
HSCP	1.2
Adjunct	1.0

Merits and promotions denial rates from 2014 to 2018.





URM faculty don't progress as quickly

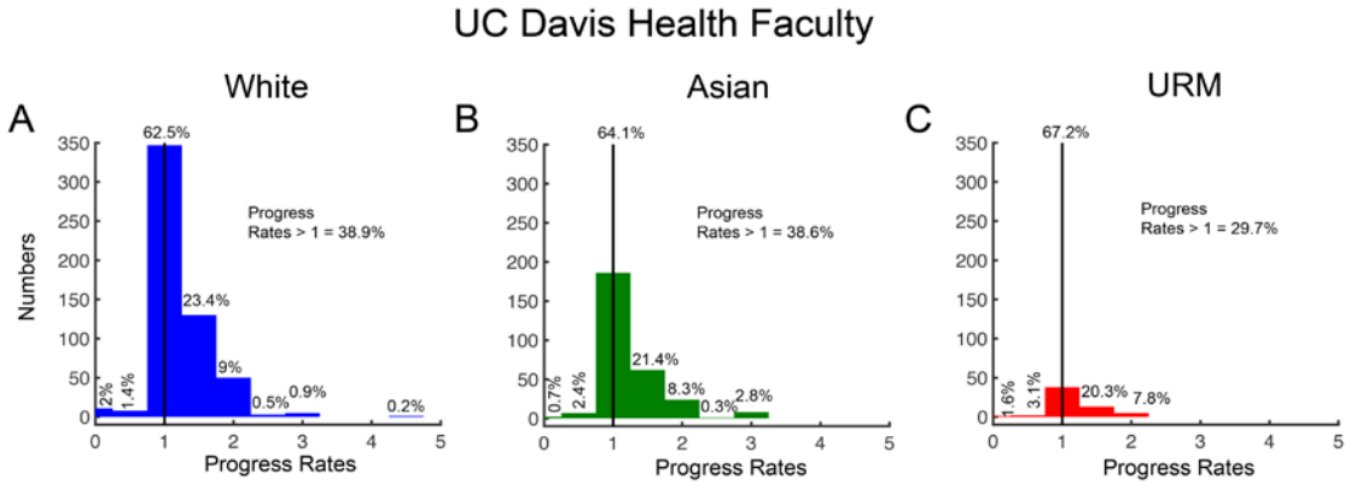
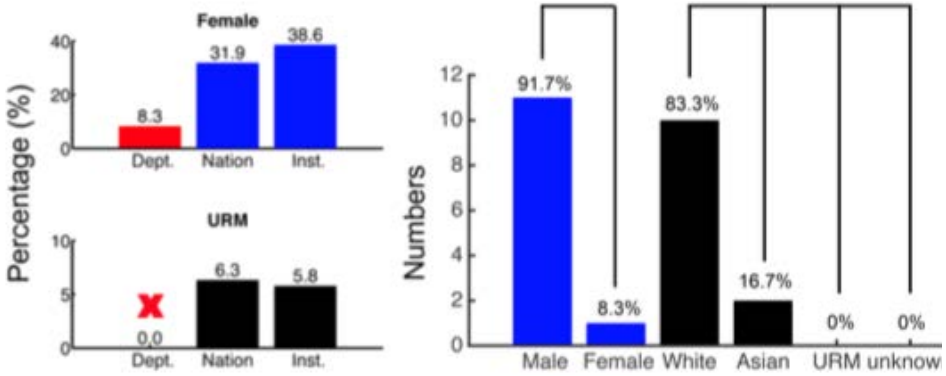
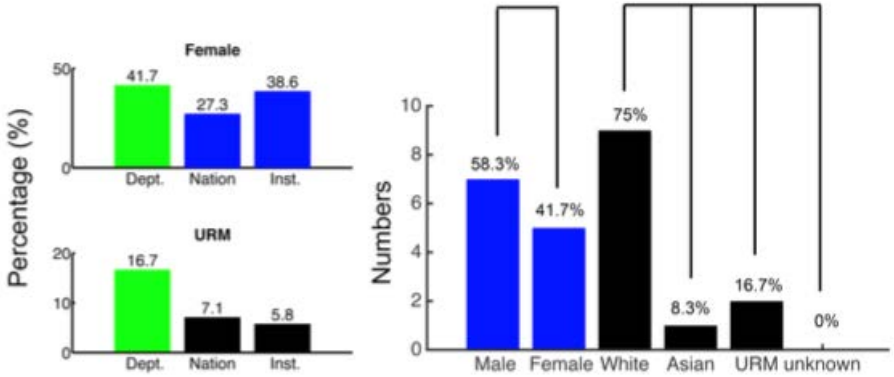


Figure 11: The Y-axis shows the number of faculty, and the X-axis represents average step plus actions for A) White, B) Asian and C) URM. Percentages are indicated on top of each bar. *Note: For Ladder, In Residence, and Clinical X series, personnel actions from **2014** to **2018** were used to calculate the progress rates. For HSCP and adjunct series, the rates were calculated from **2015** to **2018.** These are the years for which STEP PLUS has been active.*

Two Departments: Two Demographic Profiles





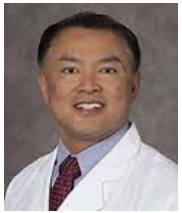
https://www.ucdmc.ucdavis.edu/academicpersonnel/documents/diversity-reports/Departmental_Diversity_reports_2016-17.pdf

Leadership (Department Chairs)


Dr. Anthony Jerant


Dr. R. Lor Randall


Dr. Fernando Santana


Dr. Samuel Hwang

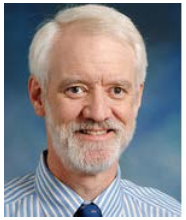

Dr. Paul Fitzgerald


Dr. Nathan Kupperman


Dr. Bradley Pollock


Dr. Richard Applegate


Dr. Lydia Howell


Dr. Donald Bers


Dr. Diana Farmer


Dr. Kit Lam


Dr. Gary Leiserowitz


Dr. D. Gregory Farwell


Dr. Richard K. Valicenti


Dr. Helen Kales


Dr. Craig McDonald


Dr. Satyanarayana Lakshminrusimha

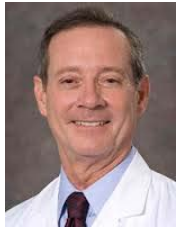

Dr. Griffith Harsh


Dr. Chris Evans


Dr. Raymond Dougherty


Dr. Mark Mannis


Dr. Timothy Albertson


Dr. Frederic Gorin


Dr. Satya Dandekar

4 of 25 chairs are women = 16%. 1 of 25 chairs is a URM = 4%.

Executive Leadership Team

Dr. David Lubarsky , Vice Chancellor of Human Health Sciences & CEO

Dr. Allison Brashear, Dean of the SOM

Dr. Stephen Cavanagh, Dean of the SON

Dr. Colleen Clancy, Assoc. VC. Academic Personnel

Dr. Lars Berglund, Assoc. VC & Vice Dean, Biomedical Research

Dr. Hendry Ton, Assoc. VC, Diversity, Equity & Inclusion

Chong Porter, Associate VC, Health Sciences Development and Alumni Relations

Tim Maurice, MBA Chief Financial Officer

Brad Simmons, Chief Operating Officer

Steve Telliano, MS Assistant VC, Strategic Communications

Dr. Mark Servis, Vice Dean, Med Ed

Dr. David Wisner, Vice Dean, Clinical Affairs

Associate Deans SOM

Dr. Mark Henderson
Admissions

Dr. Sandhya Venogopal
CME

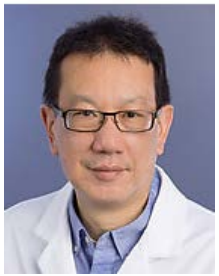
Dr. Kristin Olson
Curriculum

Dr. Susan Guralnick
Graduate Med Ed

Dr. Faith Fitzgerald
Humanities & Bioethics

Dr. Fred Meyers
Precision Medicine

Dr. Brad Pollock
Public Health
Sciences



Dr. Ted Wun
Research

Dr. Sharad Jain
Students

Dr. Tonya Fancher
Workforce Innovation & Community Engagement & Interim AD Student & Resident Diversity

Dr. Angela Haczku
Translational Research

*No picture available: Dr. William T. Cahill, Veterans Affairs

SCHOOL OF MEDICINE - UNIVERSITY OF CALIFORNIA, DAVIS
CLASS OF 2023

P = MD/PhD
A = ACE-PC
AM = ARC-MD
RP = Rural-PRIME
R = REACH
T = TEACH-MS

Does it really matter though?

We're all so similar in terms of our background and training, we have more shared experience than disparate experience.

Let's play "Welcome to your new Department"!

Welcome to your new Department!

Welcome to your new Department!

Welcome to your new Department!

Welcome to your new Department!

Biases and Lack of Diversity Impact Critical Missions

- The educational mission is impacted by a lack of role models and the impact on the concept of fit.
- The educational mission is impacted by exclusion of groups based on race, ethnicity and gender.
- The clinical mission is impacted by health disparities and poor communication.
- The clinical mission is impacted by disparate treatment of various groups.
- The research mission is impacted by pipeline leaks.
- The research mission is impacted by stereotypes.

The percentage of women in academic medicine remained relatively flat over five years

62% male
38% female
full-time faculty at U.S. medical schools

Although percentages have slowly increased, women continue to hold a **smaller proportion** of key leadership positions than do men

52% men
32% women
full-time faculty holding positions of full and associate professor

Many women who take part-time positions do on account of **dependent children,** while men take them due to holding other **professional positions**

1 in 10
department chairs or deans were women in 2003–04

1 in 6
held these positions in 2013–14

30%
new tenures who were women in 2014 report, unchanged since 2008–2009

51% women
2003-2004 (peak)
46% women
2013-14
female applicants to U.S.

16% **of deans**
15% **of department chairs**
were women in 2013-14

Innov High Educ (2015) 40:291–303
DOI 10.1007/s10755-014-9313-4

What's in a Name: Exposing Gender Bias in Student Ratings of Teaching

Lillian MacNell · Adam Driscoll · Andrea N. Hunt

Published online: 5 December 2014

Abstract Student ratings of teaching play a significant role in career outcomes for higher education instructors. Although instructor gender has been shown to play an important role in influencing student ratings, the extent and nature of that role remains contested. While difficult to separate gender from teaching practices in person, it is possible to disguise an instructor's gender identity online. In our experiment, assistant instructors in an online class each operated under two different gender identities. Students rated the male identity significantly higher than the female identity, regardless of the instructor's actual gender, demonstrating gender bias. Given the vital role that student ratings play in academic career trajectories, this finding warrants considerable attention.

Keywords gender inequality · gender bias · student ratings of teaching · student evaluations of instruction

Lillian MacNell is a doctoral candidate in Sociology at North Carolina State University. She received her Master's degree in Sociology at the University of Central Florida. Her research and teaching interests include food access, food justice, and the environment.

Adam Driscoll is Assistant Professor of Sociology at the University of Wisconsin-La Crosse. He received his Master's degree in Sociology at East Carolina University and his Ph.D. in Sociology at North Carolina State University. His research and teaching focus upon the environmental impacts of industrial agriculture and effective online pedagogy.

Andrea N. Hunt has a Ph.D. in Sociology from North Carolina State University and is currently Assistant Professor in Sociology and Family Studies at the University of North Alabama. Her research interests include gender, race and ethnicity, mentoring in undergraduate research, engaging teaching practices, and the role of academic advising in student retention.

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University of North Alabama, Florence, AL, USA
e-mail: ahunt3@una.edu

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Original Investigation

May 2017

Racial Disparities in Medical Student Membership in the Alpha Omega Alpha Honor Society

Dowin Boatright, MD, MBA[1,2]; David Ross, MD, PhD[3]; Patrick O'Connor, MD, MPH[4]; et al

» Author Affiliations | Article Information

JAMA Intern Med. 2017;177(5):659-665. doi:10.1001/jamainternmed.2016.9623

(168 [17.4%] AΩA). After controlling for US Medical Licensing Examination Step 1 scores, research productivity, community service, leadership activity, and Gold Humanism membership, the study found that black (adjusted odds ratio [aOR], 0.16; 95% CI, 0.07-0.37) and Asian (aOR, 0.52; 95% CI, 0.42-0.65) medical students remained less likely to be AΩA members than white medical students.

Original Investigation

May 2017

Comparison of Male vs Female Resident Milestone Evaluations by Faculty During Emergency Medicine Residency Training

Arjun Dayal, BS[1]; Daniel M. O'Connor, BA[2]; Usama Qadri, BA[1]; et al

» Author Affiliations | Article Information

JAMA Intern Med. 2017;177(5):651-657. doi:10.1001/jamainternmed.2016.9616

Women remain significantly underrepresented in academic medicine, with the greatest attrition in commitment to academia appearing to occur during residency. It has been hypothesized that unconscious bias may be a significant contributor to this attrition.[1] This possibility is conceivable considering that within medicine women comprise only one-third of the physician workforce, continue to earn a lower adjusted income, hold fewer faculty positions at academic institutions, and enjoy fewer positions of leadership in medical societies and departments.[1-4] Indeed, a recent study[5] surveying more than 1000 US academic medical faculty members found that 70% of women perceived gender bias in the academic environment compared with 22% of men.

Original Investigation

May 2017

Comparison of Male vs Female Resident Milestone Evaluations by Faculty During Emergency Medicine Residency Training

Arjun Dayal, BS[1]; Daniel M. O'Connor, BA[2]; Usama Qadri, BA[1]; et al

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JAMA Intern Med. 2017;177(5):651-657. doi:10.1001/jamainternmed.2016.9616

Several aspects of our data support this implicit gender bias hypothesis. We found that men and women were evaluated similarly at the beginning of training, with women, in fact, receiving higher mean scores on several subcompetencies. This finding suggests that male and female residents entered training with similar skills and funds of knowledge. However, as women progressed through the same residency programs, they were consistently evaluated lower than their male colleagues. By PGY3, women were evaluated lower on all 23 EM subcompetencies, including the potentially more objective procedural subcompetencies and potentially more subjective nonprocedural subcompetencies. Such a uniform trend may suggest implicit bias rather than diminished competency or skill, especially considering that men and women began residency with similar skills and knowledge.

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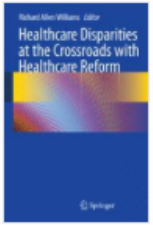

Healthcare Disparities at the Crossroads with Healthcare Reform pp 421-432

Principles for Eliminating Racial and Ethnic Disparities in Health Care Under Healthcare Reform

Authors Authors and affiliations

John Z. Ayanian, Richard Allen Williams

Chapter
First Online: 02 February 2011

Principle 2: Promote a Diverse Healthcare Workforce

A more diverse healthcare workforce could help to reduce disparities in several ways. First, minority physicians and nurses are more likely to have had personal experiences of healthcare disparities in their own lives or through the experiences of family members and friends. Such experiences can have a galvanizing effect on their professional careers, motivating them to lead efforts to address disparities in their healthcare organizations and communities. Second, by

Some evidence suggests that minority patients rate the quality of their communication with racially concordant physicians more highly [18, 19]. One study has found that African

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Race based assumptions impact medical treatment and health

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Kelly M. Hoffman[a,1], Sophie Trawalter[a], Jordan R. Axt[a], and M. Norman Oliver[b,c]

[a]Department of Psychology, University of Virginia, Charlottesville, VA 22904; [b]Department of Family Medicine, University of Virginia, Charlottesville, VA 22908; and [c]Department of Public Health Sciences, University of Virginia, Charlottesville, VA 22908

Edited by Susan T. Fiske, Princeton University, Princeton, NJ, and approved March 1, 2016 (received for review August 18, 2015)

Black Americans are systematically undertreated for pain relative to white Americans. We examine whether this racial bias is related to false beliefs about biological differences between blacks and whites (e.g., "black people's skin is thicker than white people's skin"). Study 1 documented these beliefs among white laypersons

These disparities in pain treatment could reflect an over-prescription of medications for white patients, underprescription of medications for black patients, or, more likely, both. Indeed, there is evidence that overprescription is an issue, but there is also clear evidence that the underprescription of pain medica-

Table 1. Percentage of white participants endorsing beliefs about biological differences between blacks and whites

Item	Study 1: Online sample (n = 92)	Study 2			
		First years (n = 63)	Second years (n = 72)	Third years (n = 59)	Residents (n = 28)
Blacks age more slowly than whites	23	21	28	12	14
Blacks' nerve endings are less sensitive than whites'	20	8	14	0	4
Black people's blood coagulates more quickly than whites'	39	29	17	3	4
Whites have larger brains than blacks	12	2	1	0	0

Evolution and Human Behavior 37 (2016) 67–78

Contents lists available at ScienceDirect

Evolution and Human Behavior

journal homepage: www.ehbonline.org

Original Article

Looming large in others' eyes: racial stereotypes illuminate dual adaptations for representing threat versus prestige as physical size

Colin Holbrook [a,*], Daniel M.T. Fessler [a], Carlos David Navarrete [b]

[a] University of California, Los Angeles
[b] Michigan State University

ARTICLE INFO

Article history:
Initial receipt 24 June 2015
Final revision received 28 August 2015

Keywords:
Intergroup bias
Prejudice
Formidability
Status
Threat detection

ABSTRACT

We hypothesize that, paralleling the evolution of human hierarchies from social structures based on dominance to those based on prestige, adaptations for representing status are derived from those for representing relative fighting capacity. Because both violence and status are important adaptive challenges, the mind contains the ancestral representational system as well as the derived system. When the two representational tasks conflict, owing to the exigent nature of potential violence, the former should take precedence over the latter. Indeed, separate literatures indicate that, despite the fact that threatening traits are generally deleterious to prestige, both threatening individuals and high-status individuals are conceptually represented as physically large. We investigated the interplay between size-based representations of threat versus prestige by examining racial danger stereotypes. In three studies, we demonstrate that (a) judgments of status only positively correlate with envisioned body size for members of groups stereotyped as safe, (b) group-based inferences of interpersonal threat are mediated by representations of physical size, (c) controlling for perceived threatening aggressiveness reduces or reverses non-positive correlations between status and size, and (d) individuating information about relative threat or status attenuates the influence of group danger stereotypes. These results support our proposal that ancestral threat-representation mechanisms and derived mechanisms for representing social rank coexist – and sometimes compete – in the mind.

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TABLE 4B: DISTRIBUTION OF WOMEN PH.D. FACULTY BY DEPARTMENT AND RANK, 2014

	Women as a Count or Percent of Women and Men Ph.D. Instructors		Women as a Count or Percent of Women and Men Ph.D. Assistant Professors		Women as a Count or Percent of Women and Men Ph.D. Associate Professors		Women as a Count or Percent of Women and Men Ph.D. Full Professors		Women as a Count or Percent of All Women and Men Ph.D. Faculty (All Ranks)*	
	N	%	N	%	N	%	N	%	N	%
BASIC SCIENCES										
Anatomy	44	56%	145	39%	120	32%	144	26%	469	33%
Biochemistry	43	38%	230	34%	168	30%	202	21%	671	28%
Microbiology	32	48%	192	40%	139	31%	181	26%	561	32%
Pathology (Basic Science)	8	33%	85	47%	54	36%	56	29%	213	37%
Pharmacology	34	43%	159	35%	107	28%	151	22%	482	29%
Physiology	31	41%	136	37%	92	28%	111	19%	385	27%
Other Basic Sciences	107	51%	656	43%	427	37%	425	28%	1,688	37%
SUBTOTAL	299	46%	1,603	39%	1,107	33%	1,270	24%	4,469	32%
CLINICAL SCIENCES										
Anesthesiology	20	42%	56	43%	32	31%	15	17%	131	34%
Dermatology	16	47%	25	44%	10	40%	12	33%	66	42%
Emergency Medicine	3	50%	16	43%	4	27%	3	20%	26	34%
Family Practice	12	63%	164	65%	88	57%	52	40%	320	57%
Internal Medicine	250	46%	788	47%	369	42%	270	34%	1,770	43%
Neurology	60	47%	185	51%	65	40%	64	34%	395	44%
Obstetrics & Gynecology	18	72%	84	56%	41	39%	44	35%	198	47%
Ophthalmology	41	55%	85	39%	35	27%	49	30%	228	37%
Orthopedic Surgery	16	36%	44	32%	24	32%	12	14%	98	28%
Otolaryngology	35	76%	50	53%	37	42%	24	25%	174	48%
Pathology (Clinical)	38	42%	174	49%	82	37%	107	29%	415	39%
Pediatrics	127	55%	569	57%	282	56%	166	38%	1,185	53%
Physical Medicine & Rehabilitation	8	53%	100	63%	47	52%	17	32%	173	54%
Psychiatry	296	68%	987	62%	391	53%	282	39%	1,995	56%
Public Health & Preventive Medicine	15	71%	75	54%	66	58%	55	46%	245	55%
Radiology	59	33%	175	25%	82	18%	42	11%	373	21%
Surgery	81	46%	241	45%	112	40%	73	25%	522	39%
Other Clinical Sciences	7	58%	90	46%	49	44%	40	28%	186	40%
SUBTOTAL	1,102	52%	3,908	50%	1,816	43%	1,327	31%	8,500	44%
OTHER DEPARTMENTS										
Dentistry	2	67%	8	40%	3	27%	0	0%	13	32%
Other Health Professions	11	69%	66	67%	54	64%	23	47%	154	62%
Social Sciences	0	0%	6	67%	0	0%	3	75%	9	69%
Veterinary Sciences	0	0%	5	56%	4	44%	1	25%	10	43%
All Others	11	61%	60	56%	36	54%	28	39%	146	49%
SUBTOTAL	24	63%	145	59%	97	56%	55	40%	332	53%
TOTAL	**1,425**	**51%**	**5,656**	**47%**	**3,020**	**39%**	**2,652**	**28%**	**13,301**	**40%**

Biases and Lack of Diversity Impact Critical Missions

- The educational mission is impacted by a lack of role models and the impact on the concept of fit.
- The educational mission is impacted by exclusion of groups based on race, ethnicity and gender.
- The clinical mission is impacted by health disparities and poor communication.
- The clinical mission is impacted by disparate treatment of various groups.
- The research mission is impacted by pipeline leaks.
- The research mission is impacted by stereotypes.

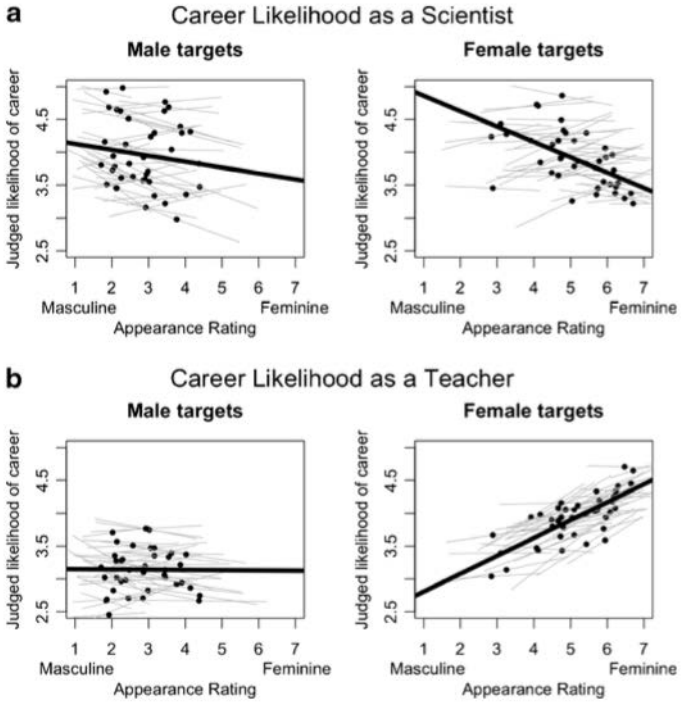
What does a scientist look like?

Sex Roles
DOI 10.1007/s11199-016-0586-1

ORIGINAL ARTICLE

But You Don't Look Like A Scientist!: Women Scientists with Feminine Appearance are Deemed Less Likely to be Scientists

Sarah Banchefsky[1] · Jacob Westfall[2] · Bernadette Park[1] · Charles M. Judd[1]



Kids form cultural impressions early, deciding where and how they'll fit into the world. Unfortunately, they don't see science in their future often enough. Children as young as kindergarteners, when asked to draw a scientist, are likely to make a picture of a white man in a white lab coat (See Start Science Sooner—and they don't see themselves that way.

Published in final edited form as:
Science. 2011 August 19; 333(6045): 1015–1019. doi:10.1126/science.1196783.

RACE, ETHNICITY, AND NIH RESEARCH AWARDS

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Abstract

We investigated the association between a U.S. National Institutes of Health (NIH) R01 applicant's self-identified race or ethnicity and the probability of receiving an award by using data from the NIH IMPAC II grant database, the Thomson Reuters *Web of Science*, and other sources. Although proposals with strong priority scores were equally likely to be funded regardless of race, we find that Asians are 4 percentage points and black or African-American applicants are 13 percentage points less likely to receive NIH investigator-initiated research funding compared with whites. After controlling for the applicant's educational background, country of origin, training, previous research awards, publication record, and employer characteristics, we find that black or African-American applicants remain 10 percentage points less likely than whites to be awarded NIH research funding. Our results suggest some leverage points for policy intervention.

The U.S. National Institutes of Health (NIH) has a long history of working to increase the diversity of its intramural and extramural biomedical research workforce, especially through programs such as Minority Access to Research Careers, Minority Biomedical Research Support, Research Centers at Minority Institutions, and Diversity Supplements. However, the effects of these programs on the pool of funded NIH grants have not been reported.

In fact, there have been relatively few studies on the racial and ethnic composition of populations that apply for federal research funding. Studies of race and ethnicity in science generally focus on differences in representation (1–3). A recent National Academies study (4) emphasized the need to increase the participation of minorities in science and engineering. In this study, the terms employed for race and ethnicity denote commonly used sociocultural classifications.

We hypothesized that scientists of different races and ethnicities with similar research records and affiliations would have similar likelihoods of being awarded research grants. To test this, we used data from the NIH IMPAC II (Information for Management, Planning, Analysis, and Coordination) grants data system consisting of application and investigator

Managing Implicit Bias

In the Search Process

Implicit Biases

Positive or negative attitudes that a person holds on an unconscious level towards a person, group, or thing.

- They are part of our evolution and biology!
- They can be adaptive: Danger detector—they're super fast and like being on autopilot!
- But, they can also be irrational……

WE ALL HAVE THEM!

frontiers in
BEHAVIORAL NEUROSCIENCE

REVIEW ARTICLE
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Preferences and beliefs in ingroup favoritism

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Ingroup favoritism—the tendency to favor members of one's own group over those in other groups—is well documented, but the mechanisms driving this behavior are not well understood. In particular, it is unclear to what extent ingroup favoritism is driven by preferences concerning the welfare of ingroup over outgroup members, vs. beliefs about the behavior of ingroup and outgroup members. In this review we analyze research on ingroup favoritism in economic games, identifying key gaps in the literature and providing suggestions on how future work can incorporate these insights to shed further light on when, why, and how ingroup favoritism occurs. In doing so, we demonstrate how social psychological theory and research can be integrated with findings from behavioral economics, providing new theoretical and methodological directions for future research.

Keywords: ingroup favoritism, parochial altruism, prosocial behavior, group processes, behavioral economics

We operate on two levels

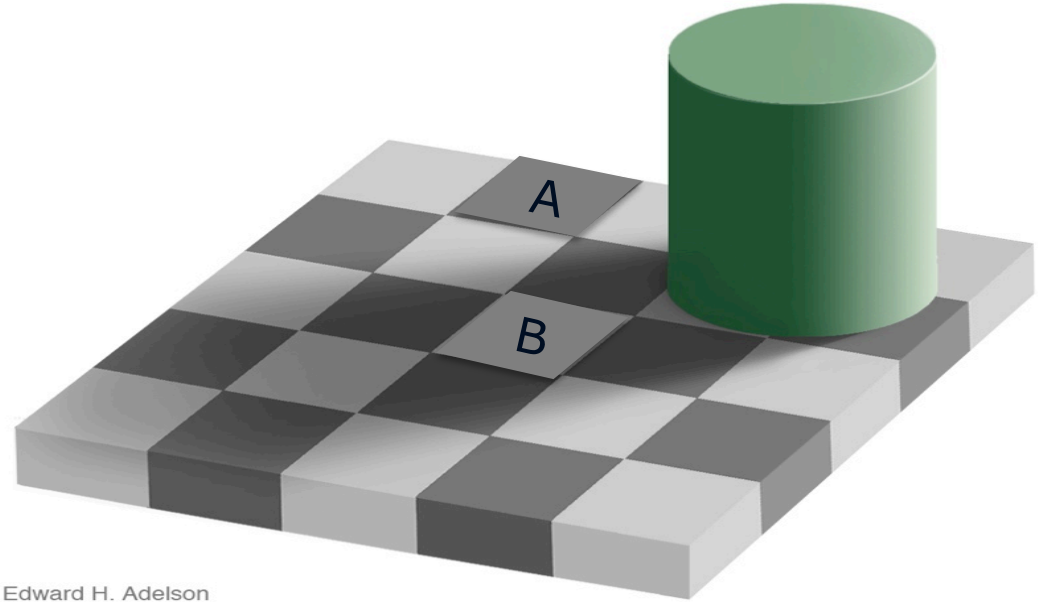
Conscious Processes: Where we think we operate most of the time.

- Takes effort
- Logical Reasoning
- Deliberate
- Rational
- Thoughtful
- Slower

Unconscious Processes: Where we operate most of the time.

- Effortless
- Pattern Recognition
- Automatic
- Faster

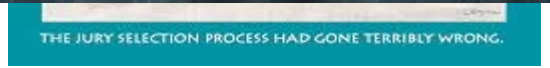
This is a visual illusion!



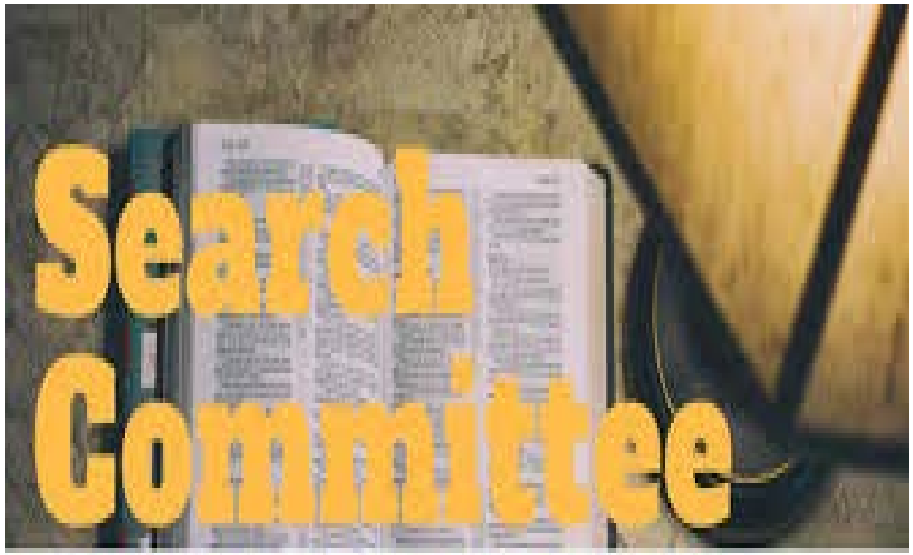
Edward H. Adelson

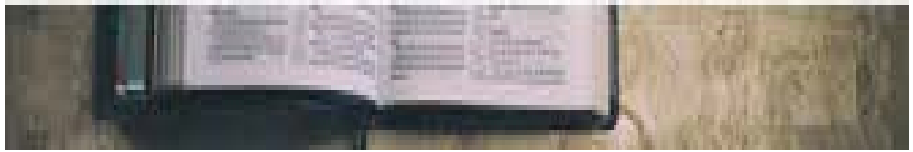
When does it happen?

Sources of Implicit Bias and Implications for Management

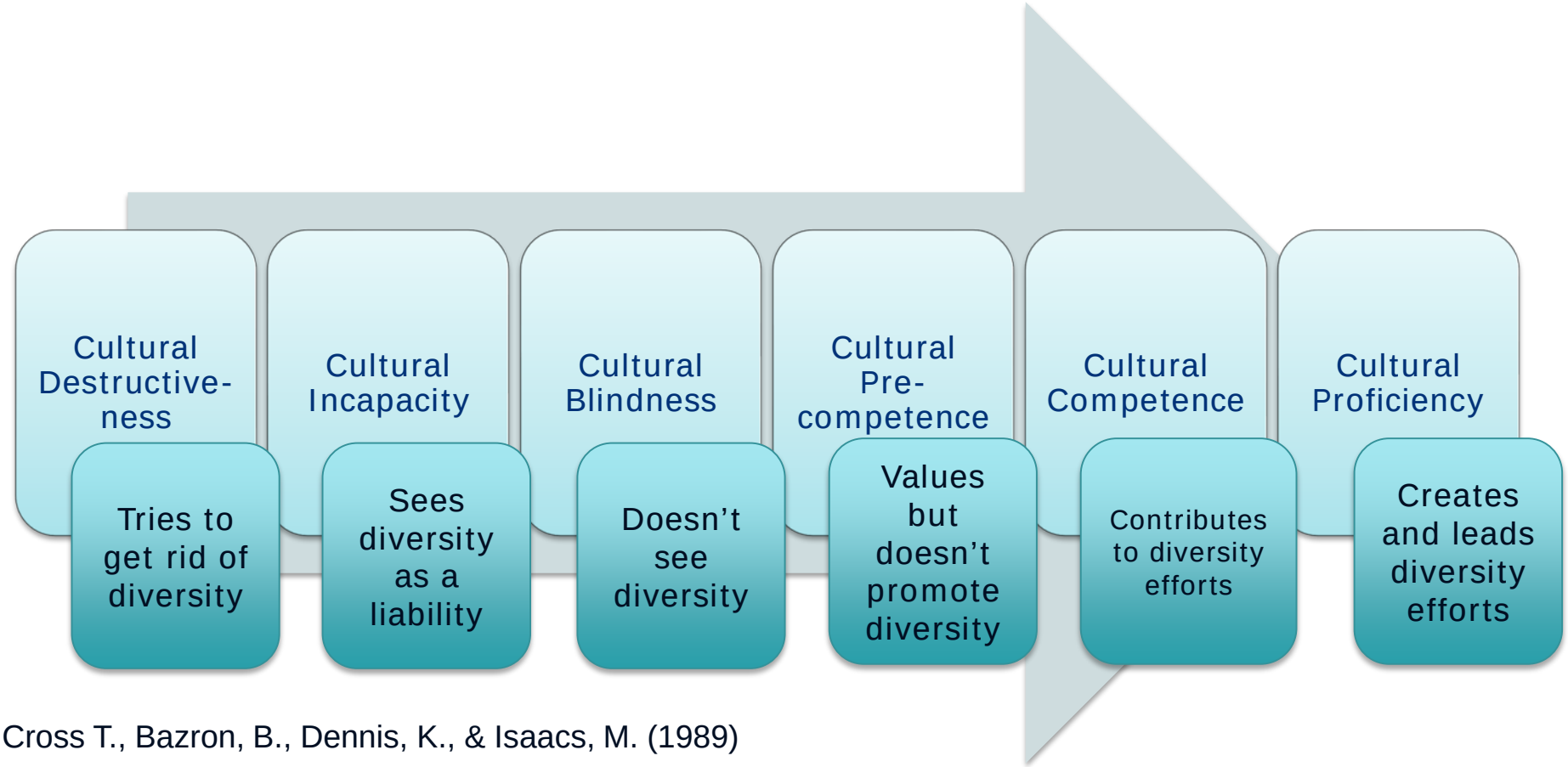


Evaluating Responses to the Diversity Question





Continuum of Cultural Competence



Cross T., Bazron, B., Dennis, K., & Isaacs, M. (1989)

Best Practices

Best Practices

Selection Committee

- Ensure diverse composition
- Unconscious bias training
- Discuss diversity as a priority

Recruitment

- Use inclusive language
- Target URM networks
- Outreach personally

Evaluation

- Establish criteria prior to evaluating
- Account for biases in LOR
- Include diversity statement
- Include diversity-themed questions
- Use inclusion rather than exclusion strategy

Periodically Process Appraisal

- Are diverse applicants subject to different expectations?
- How does the short list compare to qualified list and national pool?
- If a high percentage of diverse candidates were ruled out, do we know why?

Best Practices

- Be aware that those who write recommendations may be biased
- Letters should focus on the applicant, record
- Evaluate accomplishments
- Discuss personal characteristics only relevant to potential for growth and job performance.

ADVANCE, University of Michigan, Program Materials, 2009, p. 20

Best Practices: Evaluation

- Reach consensus on criteria and how qualifications will be weighted **before review candidates**
- Avoid too narrow focus of candidate research area
- Structured interview process, standardized questions

http://wiseli.engr.wisc.edu/docs/SearchBook.pdf

Best Practices: Evaluation (continued)

- Use a standard candidate evaluation form/rubric
- Evaluate entire application
- Interview more than one member of an underrepresented group
- Be able to defend every decision for advancing or eliminating

Summary

- Unconscious bias is well documented, pervasive.
- Unconscious bias replicates the social hierarchy.
- Unconscious bias influences our behavior.
- Unconscious bias affects us all, it can be a benefit or detriment of others.
- Unconscious bias can be effectively reduced.

AAMC, 2010

Online Resources

- UC Davis Recruit https://recruit.ucdavis.edu/
- UC Davis School of Medicine Academic Personnel http://www.ucdmc.ucdavis.edu/academicpersonnel/
- Academic Personnel (AP) Training Information http://www.ucdmc.ucdavis.edu/academicpersonnel/ap_training_info_2013.08.html
- UC Davis Academic Affairs Faculty Search Committee Workshop 2013: Resources Package https://academicaffairs.ucdavis.edu/local_resources/docs/training_development/FCSW%20PDF%20Resource%20Package%202013.pdf

Online Resources

- UC Davis Recruit
  https://recruit.ucdavis.edu/
- UC Davis School of Medicine Academic Personnel
  http://www.ucdmc.ucdavis.edu/academicpersonnel/
- Academic Personnel (AP) Training Information
  http://www.ucdmc.ucdavis.edu/academicpersonnel/ap_training_info_2013.08.html
- UC Davis Academic Affairs Faculty Search Committee Workshop 2013: Resources Package
  https://academicaffairs.ucdavis.edu/local_resources/docs/training_development/FCSW%20PDF%20Resource%20Package%202013.pdf