Diversity: New Initiatives

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istered members of the AUA. Of those, 475 responses were collected with a robust response rate of 43%. The respondents to the survey mostly identified as men (74%), as Caucasian (78%), and as 51 years of age or older (68%). In addition, 43% of all respondents were older than 61 years of age. Around 25% of AUA members who responded to the survey were women. Less than 3% of respondents identified as either African American or Hispanic.

Underrepresentation of women and minorities in the AUA is a symptom of their overall underrepresentation in academic anesthesiology. The causes of this underrepresentation are complex and continue to be explored. Similar to other societies in anesthesiology, the AUA is taking a bold stance to reflect on its current state and to look at ways of increasing diversity.

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Efforts to increase diversity may come at a potential cost for underrepresented groups. The phenomenon of service fatigue of underrepresented minorities, women, and LGBTQ individuals becomes evident when those individuals are tapped to represent their identity on committees in addition to performing employment duties. This service fatigue is recognized as a potential source of stress. Lack of cultural competency in the workplace also subjects these individuals to microaggressions that can take a mental as well as physical toll. On the other hand, the sense of accomplishment and pride of being a member of an organization with lofty goals for achievement in academic anesthesiology, despite recognized or unrecognized challenges, are often viewed as a satisfying means to an end (asamonitor.pub/36I48wI).

Most importantly, the AUA recognizes that advocacy, mentorship, empathy, and geniality from its members form the basis of great relationships that engage current members and attract new members. The AUA lauds members who have encouraged individuals to join despite their trepidation of not being considered worthy or not having AUA members in their academic institutions to assist in the nomination process. AUA members who take ownership in the AUA member nomination process by writing letters of nomination or recommendation and have encouraged other members of the AUA to do so are essential to promoting diversity and inclusion.

Sometimes it takes a village, but the extra effort of individuals to contribute what they can will help raise the future generation of academic anesthesiologists in an ever-increasingly diverse world. ■

Recruiting for Diversity

Lori A. Dangler, MD, MBA, FASA
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An anesthesiology group is only as exceptional as its people, which necessitates a strong recruitment and hiring process. All involved must understand the skills and experiences needed to deliver quality care in an ever-changing environment and be able to adapt effectively to recruit the appropriate candidate for each position. Some of the most important individual factors in determining top talent are practical knowledge and experience combined with attitude and motivation.

Anesthesiologists must not only have the skill set to lead care teams, they must also possess a unique skill set that enables them to serve as leaders throughout their institution as well as externally through engagement in organized medicine.

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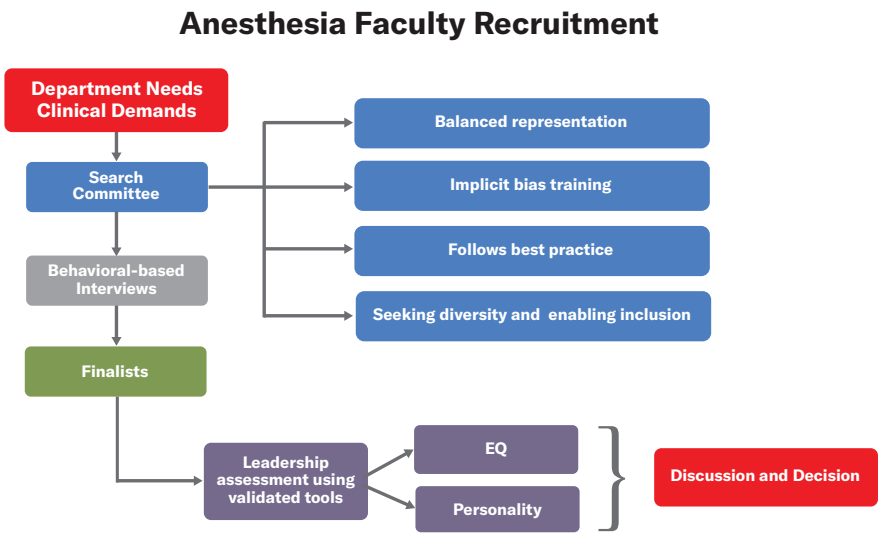
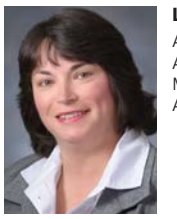


Figure. MD Anderson Cancer Center Anesthesia Faculty Recruitment Process

Experts say emotional intelligence (EI), defined as the ability to perceive, manage, and express one's emotions and to recognize and react appropriately to the emotions of others, is an invaluable social skill successful physicians should possess to effectively deliver on quality patient care (*Working with Emotional Intelligence*. 1998).

"Best-in-class" talent management occurs when HR processes become well integrated and aligned with organizational strategic plans. Here we describe how the Department of Anesthesiology and Perioperative Medicine at MD Anderson Cancer Center (MDA) in Houston, Texas embraced responsibility for reworking processes required to attract talented professionals into the workforce.

Like other businesses, growth in demand has fostered the need for new anesthesiology positions at our institution. Finding prospective employees was the first step; however, finding the *right* employees from the prospects has become the challenging second step. MD Anderson's mission statement is "Making Cancer History," so the obligation to ensure



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Diversity

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ongoing quality and compassionate care began with attracting and retaining highly qualified anesthesiologists.

Strategically hiring for "best fit" involves many considerations. No single hiring strategy fulfilled all of our requirements, so a multi-component, best practice recruitment approach, executed within a reasonable time frame, was selected. Essentially, the department's faculty recruitment process is now modeled after a similar process for selecting new institutional executive leaders as seen in the Figure.

External candidate sourcing is procured for three months in major anesthesiology journals to obtain a pool of candidates. After interviews and testing, data points are discussed by the Faculty Recruitment Committee and the final decision for hiring is then made by the department chair.

Key components of MDA's Anesthesia Faculty Recruitment process include:

- ***Faculty Recruitment Committee:*** To minimize bias while leveraging diversity, Faculty Recruitment Committee members are chosen to be a balanced representation of our departmental work force and are required to undergo implicit bias training from our Offices of Human Resources and Diversity.
- ***CV and Maximizing Diversity:*** To align with operational priorities, we seek a diverse candidate pool with high potential for cultural fit and leadership development. The candidate's CV is "blinded" with respect to race, gender, and other attributes in order to focus on goal-directed qualifications. Using identity-blind accountability, CV reviewers tend to exhibit less bias, and a candidate's qualifications dominate committee discussions on recommendations to interview (*PLoS One* 2015;10:e0145208).
- ***Interviews, Motivation and Cultural Fit:*** The major change to the interview process is incorporation of behavioral-based questioning. These questions were derived from institutional core values and are used to assess motivation. Effectively, this strategy is used to determine a candidate's cultural fit. The selection committee agreed upon the top five competencies they would like to see in a new colleague, then constructed a behavioral-based question set that members could use in a standardized fashion during the interview period. According to a survey conducted by Physician Wellness Services, 77% of physicians surveyed agreed that organizational culture influences overall job satisfaction. Cultural fit has been identified as the top controllable cause of voluntary physician departures. Since cultural fit is paramount to both attracting and retaining the best candidates, assessing cultural integration aptitude during the recruitment process is strongly recommended.[3]
- ***EI and Leadership Potential:*** To have candidates reflect on self and interpersonal relationships, we asked each to voluntarily complete online EI Testing using EQI 2.0, the same tool used with executive leadership selection. This test is believed to exhibit strong reliability and validity, allowing for consistency and impactful coaching (asamonitor.pub/2SNwOhY). From an organizational perspective, recruits with high EI are more able to adapt to institutional culture, hopefully translating to avoidance of costly and time-consuming "bad hires." EI is a key skill for the anesthesiologist to possess (*Anesthesiology* 2012;117:651-6; *Anesthesiology* 2017;126:780-6), especially with the extended role anesthesiology has assumed beyond the operating room core. EI and realistic self-awareness are considered prerequisite factors to be fostered throughout one's career to pursue role expansion. To work effectively in high-stress environments while also striving to achieve professional fulfillment (*Trends in Anaesthesia and Critical Care* 2017;15:3-7), sound leaders should have effective emotional skills that facilitate collaboration.

Results

Over an 18-month period using this methodology, our department received 96 applications, which translated to a 300% increase in our total applicant pool. Compared to prior recruitment events, the ratio of qualified applicants to total was much higher, and over half of the applicants were female. Eight out of the nine positions in active recruitment were filled, six with female recruits, raising the department composition to 43% female, considerably higher than in past years.

Engagement of selection committee members improved, and other faculty consistently volunteered to be incorporated into the interview process. The overall effect was a much more informed and transparent hiring process.

Final Thoughts

Application of EI testing is commonly used in other businesses, but health care has been slow to adopt its use. Only recently have health care leaders recognized that higher physician EI is not only crucial to improving the patient experience, but also the physician's experience. Better EI has resulted in reduced medical errors, staff turnover, and physician burnout (*Med Educ* 2011;45:835-42). Increased empathy results in improved teamwork and communication among physicians and staff.

The anesthesiology literature has primarily focused on testing anesthesia residents for EI during initial program selection or at specific points in their training (*Anesth Analg* 2017;124:359-61; *Adv Med Educ Pract* 2019;10:39-42). At MDA, we believe we are the first to use EI in the hiring process for faculty anesthesiologists and are challenging the traditional status quo.

EI should be considered just one of many key components in the assessment of a candidate. It can be viewed as a data point or career benchmark, with the aim of developing the strong social skills needed to succeed in the perioperative environment. We also advocate including ongoing EI training if gaps are identified. Components of EI can be improved upon and suggested retesting could occur in 12 months.

An EI assessment and coaching framework can be used to turn routine skills of personal interaction into tools that enhance performance throughout a medical career, resulting in positive impacts on teamwork, job satisfaction, and care (*International J of Academic Med* 2016;2:57-67). In our department, the chair meets with all new recruits to discuss the results of their individual EI assessments. This coaching/mentoring process is used to raise awareness of their relative strengths and opportunities and to better enable them to be more effective leaders. Hiring for EI does require additional effort and a shift in perspective, but it is a small initial investment that promises a big long-term return.

To date, unsolicited feedback received from tested candidates at MDA has been positive overall. Although MDA is a larger academic institution, we believe this approach is beneficial on many levels and can be modified for virtual applications, type of practice, and settings. ■

We Welcome Your Comments

If you have an opinion about an article, agree or disagree with an author, or just want to share an interesting story about your hospital or department for inclusion in the *ASA Monitor*, we welcome letters to the editor. Send your comments to **Roy Winkler at** r.winkler@asahq.org. Be sure to include your full name, title, and how we can reach you should we have questions. Submission does not guarantee publication and letters may be edited for clarity. Thank you!