

Beyond the (614)

Ronald L. Harter, M.D., Speaker
ASA House of Delegates

I have recruited a number of physicians to our department in my career, first as residency program director, recruiting residents through the National Resident Matching Program (NRMP), and for the last several years recruiting faculty members as chair of the department. As I scan the department's roster that lists personal contact information, I derive a sense of satisfaction as I note the large number of individuals whose cellphone numbers have an area code other than 614, which is the area code for the Columbus metropolitan area. Although it's great to see those who were "Born a Buckeye" and have chosen to remain in "The 614," I truly value the contributions to our department from those who have resided outside central Ohio for some portion of their education and training. The heterogeneity of experience and perspective offered by those who have learned something other than "The OSU Way" truly makes us a stronger and better department, of that I am certain.

Although the geographic diversity I just described is important, it represents just one facet of diversity in an organization. Increasingly, many of us are recognizing the value of actively recruiting to expand representation across all demographics, with the aspirational goal of ultimately mirroring the relative prevalence of any particular sector of our broader population. My experience has been that this process requires a level of conscious attention and effort to

be successful. Simply articulating a goal to increase diversity is not enough. Building diversity needs to be approached strategically in order for it to succeed.

"As we have become increasingly successful in adding to the diversity of our residency program and of our faculty, our department's pool of candidates for each has correspondingly grown as well."

Although recruiting for diversity is important, it is really only the first step. As author and diversity advocate Vernā Myers first noted, "Diversity is being invited to the party. Inclusion is being asked to dance." As chair, I am ever mindful of the need to facilitate the career development of the members of our faculty, and I strive to connect them to opportunities that mesh well with their interests and expertise. It is critically important to recognize the large amount of variability in how aggressively a person will seek out such opportunities for advancement. In particular, as noted in the book *Women Don't Ask*, by Linda Babcock and Sara Laschever, men tend to ask for things they want – in terms of compensation, promotion, etc. – two or three times as often as women do. Once I became aware of this, I started asking female faculty members if they were interested in a particular leadership opportunity, rather than only selecting from among the list of faculty who approached me to express interest. I had previously been unknowingly selecting from a biased sample comprising only those (virtually always male) faculty members who approached me. Ever since I learned of this phenomenon, I have appointed – and will continue to appoint – a number of our talented female faculty to important leadership roles in the department, with positive results.



Ronald L. Harter, M.D., is Professor and Jacoby Chair, Department of Anesthesiology, The Ohio State University Wexner Medical Center, Columbus.

Another important lesson that I learned relatively recently is that we are all subject to develop inherent biases that can unconsciously impact our decisions regarding who to hire or who to promote within the organization. The self-realization that you indeed possess various biases is initially painful to accept. However, once it is recognized, the newfound self-awareness can facilitate more balanced choices thereafter. As you read this, you may well be thinking, “Me? Bias? Never!” Certainly, that had been my self-assessment as well for many years. However, I urge you, if you haven’t previously done so, to take a few minutes to perform one or more Implicit Association Tests (IAT) found at this link: implicit.harvard.edu/implicit/takeatest.html. Once you get past the initial revelation that you indeed may have inherent biases, don’t give yourself too much grief about it. Being exposed, essentially since birth, to so many images and depictions of people of a particular demographic fulfilling a certain role does impact the connections and associations our mind creates for us. The near-constant stream of such depictions inevitably contributes to the biases that are present in our society. Taking one or more IATs won’t “cure” your inherent bias.

It will, however, cause you to be more aware of the biases you unconsciously possess, which ideally will allow you to factor that into your decision-making processes.

In addition to simply being the right thing to do, recruiting for diversity and inclusion offers a strategic advantage. As we have become increasingly successful in adding to the diversity of our residency program and of our faculty, our department’s pool of candidates for each has correspondingly grown as well. We are now far more likely to successfully recruit the best talent, rather than selecting from a more narrow pool of recruits. Extrapolating this to our specialty, each of us has an opportunity to expand the pool of future physicians entering our specialty, and many of us have the opportunity to facilitate their successful career trajectories. As noted in the May issue of the *ASA Monitor* (pages 54-56), our nation’s population is growing increasingly diverse. Our specialty has an opportunity to broaden its applicant pool in the years ahead, allowing our specialty to more closely reflect the diversity within medicine and more broadly in society. If we can be successful in that effort, it will benefit our specialty and our patients.

