



UNIVERSITY OF CALGARY

POSTGRADUATE MEDICAL EDUCATION Residency Training Position Selection

Operating Standard

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1 Purpose

The Cumming School of Medicine (CSM) is committed to demonstrating social responsibility and accountability in providing a “balanced graduate pool of physicians” and adhering to best practices in the review and selection of postgraduate trainees (Best Practices in Application and Selection Working Group 2013).

The purpose of this Operating Standard is to provide selection guidelines for Residency Programs at the CSM that best reflect anti-racism, equity, diversity and inclusion practices and attempt to address inequities that have systemically disadvantaged prospective residents from equity-deserving groups, and that guide clearly defined, transparent selection processes for residency training positions.

2 Scope

This standard applies to all applicants for CSM post-graduate medical education (PGME) training positions and all individuals involved in the selection process for CSM PGME training positions.

This selection process may include but is not limited to: file review; program information sessions, documents, and materials; interviewing; assessment; and ranking of applicants. All components of PGME selection processes must also comply with University and Faculty standards, national standards of accreditation, the Alberta Human Rights Act, Canadian Resident Matching Service (CaRMS) and any other relevant policies.

While the specifics of PGME trainee selection will vary by program, the principles of transparency and equity as well as best practices outlined in this Operating Standard should be adhered to by all programs.

3 Definitions

“Academic Staff Member” means an individual who is engaged to work for the University and is identified as an academic staff member under Article 1 of the collective agreement between the Faculty Association of the University of Calgary and the Governors of the University of Calgary in effect at the relevant time

“Accommodation” means making modifications, making exemptions, or providing support to eliminate barriers to applicants, based on a Protected Ground.

“Anti-racism¹” means a systematic method of analysis and a proactive course of action that recognizes the existence of racism in all its forms (e.g., interpersonal, systemic, institutional, epistemic, etc.) and actively seeks to identify, prevent, reduce, and remove the racially inequitable outcomes and power imbalances between groups and the structures that sustain these inequities.

“Anti-oppression²” means an approach that recognizes the power imbalance within society that attributes benefits to some groups and excludes others, that seeks to develop strategies to create an environment free from oppression, racism, and other forms of discrimination. It acknowledges the intersections of identity and diversity including race, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status, and disability, and aims to promote equity between the various identities.

“Applicant” means an individual who has formally applied for a residency training position within the Cumming School of Medicine.

“Appointee” means an individual who is engaged to work for the University, or whose work is affiliated with the University, through a letter of appointment, including adjunct faculty, clinical appointments, and visiting researchers and scholars.

¹ Adapted from The University Health Network’s Policy and Procedure Manual section on Anti-Racism & Anti-Black Racism

² Ibid

https://www.uhn.ca/corporate/AboutUHN/Governance_Leadership/Policies/Documents/1.20.019_Anti_black_Racism_policy.pdf

The electronic version is the official version of this policy

“Bona Fide Requirements” describes the skills, knowledge, and qualities needed to begin postgraduate medical residency training.

Canadian Resident Matching Service (CaRMS) means the independent mandatory national organization that provides an application and matching service for medical residency training throughout Canada.

“Diversity” means “difference or variety [that is] characteristic of nature and human society.” “Representational diversity is an outcome of proactive measures to correct systemic disadvantage, and to create equitable opportunity structures and pathways for a critical mass of those who are historically disadvantaged and under-represented. Diversity may also refer to philosophical or perspectival differences, institutional types, disciplinary fields, ways of knowing, theoretical and methodological variations. Identity-diversity shapes, and is shaped by voice, representation, and experiences.”

“Equity” means the “principle, condition, process, and outcome rooted in human rights and the inviolability of human dignity. It is integral to the legal principle of justice, and the ethical principle and practice of fairness and doing the right thing. It requires identifying patterns of inequities and making changes to systems, cultures, and processes that obstruct members of the community from achieving their full potential.”

“Equity-deserving groups” means “those who are marginalized or are constrained by existing structures and practices” (Tettey, 2019). These can include, but are not limited to, the Federally Designated Groups: women, Indigenous (Aboriginal) peoples, persons with disabilities (visible and invisible), and members of visible/racialized minorities under the Canadian Employment Equity Act.

“Inclusion” means the “norms, practices, and intentional actions to promote participation, engagement, empowerment, and a sense of belonging for members of historically underrepresented and disadvantaged groups in all aspects of life. It is about promoting an institutional culture and practices to ensure all can experience a welcoming space of fairness, dignity, and human flourishing.”

“Learner” means an individual registered in a university course or program of study at the Cumming School of Medicine, at the undergraduate, graduate and/or postgraduate level.

“Post Graduate Medical Education (PGME)” means residency training aimed to teach and evaluate competence, appropriate to a discipline, that will lead to certification by a national College.

“Protected Grounds” means the grounds listed in the Alberta Human Rights Act in force at the relevant time as they are defined and interpreted pursuant to the Act including:

- i. Race
- ii. Religious beliefs
- iii. Color

- iv. Gender
- v. Gender identity
- vi. Gender expression
- vii. Physical disability
- viii. Mental disability
- ix. Age
- x. Ancestry
- xi. Place of origin
- xii. Marital status
- xiii. Source of income
- xiv. Family status and
- xv. Sexual Orientation.

“Residency Program” means a postgraduate medical residency program(s) operated by a department at the Cumming School of Medicine, including Fellowship and Areas of Focused Competence Programs.

“Resident” means a trainee who has matched to or been accepted to a postgraduate medical residency position within the Cumming School of Medicine, including Fellowship and Areas of Focused Competence Programs.

“Role Analysis” means a systematic approach used by the residency program to determine the duties, responsibilities, specifications and demands of an incoming postgraduate resident trainee.

“School” means the Cumming School of Medicine.

“Staff” means employees of the University.

“University” means the University of Calgary.

4 Standard/Practice

1. The Residency Program will ensure that for each residency training position:
 - a. An accurate Role Analysis (both at the beginning and end of residency training) for the position is conducted and key requirement(s) of the position are clearly identified.
 - b. Bona Fide Requirements, including knowledge, skills, attributes, behaviors and other characteristics, that are considered critical for success at the start of residency training (or where lacking would lead to failure), and which can be assessed based on standards set for that position, are clearly defined.
 - c. Traditional notions of “fit,” should be avoided as these tend to lead to homogeneity within organizations. Any assessments of “fit” will be limited to:

- i. person-to-organization: compatibility between an applicant's personality, attitudes, goals, work and learning preferences with the Residency Program's mandate and priorities
 - ii. person-to-job: compatibility between an applicant's competencies, knowledge, skills, abilities, and other attributes with the competencies and characteristics required to learn and perform the job successfully
 - iii. culture add: the applicant's capacity to bring unique life experiences, perspectives, approaches, and skills to the organization.
 - d. Clear, values-based criteria for selection that consider and implement an assessment of (future) capability, in addition to (current) abilities, and that define a limited number of critical skills or competencies can be targeted in the allowable interview time.
 - e. A structured file review process is established as follows:
 - i. Standardizing the file review process:
 - Consistency in documenting file review results
 - f. Structured selection interviews characterized by:
 - i. Standardizing the interview content:
 - Ask questions that are job-related
 - Ask similar core questions of all applicants
 - Ensure that all questions are mapped to the targeted skills or competencies that residents are expected to demonstrate on day 1 of their role (not skills or competencies that they will be expected to learn during their training)
 - Use behavioral questions (based on the premise that past behavior predicts future behavior) to ask applicants to describe what they did in a previous context, which are related to situations they may face in the position they are interviewing for (measures primarily experiences and some personality traits)
 - Use situational questions (based on the premise that intentions predict future behavior) where hypothetical situations are posed that might occur within their role, and ask applicants to describe how they would respond in these situations (measures primarily role knowledge)
 - Include questions that invite applicants to outline their approach to diverse populations (e.g.: "how will you prepare to work with patients that differ from your lived experience or that are outside of your community?" or "how will you contribute to an inclusive campus environment?")
 - ii. Standardizing the assessment process:
 - Use a standardized rating scale to assess applicants during the file review, interview, and ranking process, which is based on the number of proficiency levels believed to reflect the range of behaviors observed among people in that position or role.

- Anchor each point on the file review, interview, and other assessment rating scale(s) with behavioral examples that describe each level of proficiency that reflect expectations of each level of performance, providing common definitions as a general guide for evaluating applicant documents and responses.
 - Train file reviewers, interviewers, and other assessors on how to use the rating scale(s) including awareness of implicit bias and an ability to communicate conflicts of interest. File reviewers, interviewers, and other assessors should also be made aware of common rating errors: halo/horn effect (tendency for positive or negative rating of an applicant in one area to influence one's ratings in other areas), central tendency (rating all applicants in the middle of the scale), leniency/severity (giving high or low ratings irrespective of their actual responses), and contrast effect (comparing an applicant with the performance of previous applicants).
2. The Residency Program will mitigate selection biases by ensuring the following practices are in place for each stage of the resident selection process:
- a. All those involved in all stages of selection assessment receive effective training in implicit bias, anti-racism and anti-oppression (file reviewers, individuals investigating or validating applicant information, interviewers, administrative and program assistants, program directors, other learners)
 - b. All those involved in all stages of selection assessment receive training about what could constitute a conflict of interest and what actions to take should a conflict of interest occur.
 - c. Selection systems are designed to recognize the risk of implicit bias and strategies are effectively applied (e.g., representational diversity of reviewers, interviewers, and members of selection and ranking committees or chairs)
 - d. Where applicable and feasible, consideration of:
 - i. One individual or group of individuals who may perform any initial “fact checking” or information validation of application submission packages.
 - ii. Different individual or group of individuals who will perform independent file reviews and assessments (who ideally review the same components of each file)
 - iii. Different interviewers (who ideally carry no biases from file reviews forward)
 - e. Ensure sufficient time is allotted for each applicant’s response to questions during interviews
 - f. Provide dedicated time and separate people for applicant recruiting activities and answering applicant questions during the interview day, to prevent ancillary information from influencing interviewer ratings

- g. Consideration of a standardized interview format or on-line platform, provided appropriate steps can be taken to accommodate a diverse applicant pool
 - h. Ensure an appropriate, welcoming, inclusive interview atmosphere (representational diversity in interviewing committee members whenever possible, positive body language, welcome, advise regarding interview duration, note taking, notice of potential interruptions, consistent probing questions to ensure that everyone has the same opportunity to explain a response, avoidance of too many probing questions, closing, evaluation).
 - i. Introductions may include inviting interviewers to share pronouns if they are comfortable sharing.
3. The Residency Program will, whenever deemed permissible, feasible and unnecessary, decrease, or remove emphasis on assessment of an applicant's mandatory personal data, both in the application package leading to a selection interview, or in association with the selection interview process itself, or in the ranking process. This does not pertain to any information that an applicant chooses to disclose and/or highlight during their application process. Rather, this pertains, but is not limited to, the following elements of requested mandatory personal data:
 - applicant name
 - applicant photo and video pictures
 - home school or school(s) of graduation, school or site of electives
 - gendered pronouns
 - years to completion of degree(s) or training
 - references to religious organizations, including altering names of schools attended and sites of volunteer experiences.
- a. Use standardized templates for documents if they exist and if appropriate (for example, [Family Medicine Structured Reference Letter](#) [CaRMS])
 - b. Avoid selection interview questions that require applicants to disclose their:
 - i. Demographics (age, race, religion, socioeconomic status, ethnicity, sexual orientation, gender identity, national origin)
 - ii. Family (lineage, ancestry, primary or native language, marital status, relationships or people applicant lives with, family issues)
 - iii. Personal attributes, affiliations or beliefs (height, weight, physical and mental disabilities or illness, physical appearance, personal activities that probe for personal affiliations)
 - iv. History (military discharge, arrests, criminal convictions)
 - v. Status of other existing applications (e.g., learner programs/specialties and ranking plans)
 - vi. Prior personal trauma (e.g., tell me about a difficult experience in your life).

4. The Residency Program will provide sufficient and easily accessible information to applicants that clearly explains the role, the file review and interview process.
This information will include:
 - a. Access to accommodations during the interview process
 - b. What the residency training program comprises
 - c. Expectations for application package, including:
 - i. Guidance around personal letter
 - ii. Guidance for content of letters of reference
 - iii. Requirements for CV
 - d. Expectations for selection interviews, including:
 - i. Format and duration
 - ii. Platform
 - iii. Composition of interview panel
 - iv. Types of questions to expect
 - e. Principles by which selection decisions are made. This may include providing key assessment criteria or sharing the scoring rubric with all applicants in advance of interview invitations, taking into consideration that this shared information must not take away from the validity of the process.
 - f. Tips/resources (FAQ, brochure, website) for preparation and practice with technology, and setting up the virtual interview environment and presentation.

5. The Residency Program will standardize virtual interviews by ensuring the following practices are in place:
 - a. In modifying existing interview processes, consider how well elements of your in-person interview may translate to a virtual environment such as:
 - i. Type of virtual interview:
 - Single interviewer
 - Pairs of interviewers
 - Panel interview
 - Asynchronous or one-way interview with no interaction between the applicant and the evaluator(s).
 - ii. Process of virtual interview:
 - Interviewer preparation: technology requirements and skills, back-up plans for technology failures/support, remind interviewers to turn off their phone/pagers and computer notifications to avoid distractions, inform interviewers they should make direct eye contact by looking at the computer's camera instead of looking at the screen.
 - Duration of interviewing: Interviewers may become fatigued from many consecutive hours of virtual interviewing; consider scheduling interviewers for several hours rather than a full day.
 - iii. Content of virtual interview:
 - Adapting questions and activities to a virtual platform

- Group activities can be designed for interactions between interviewees within the virtual platform and that can be observed by the interviewer(s).
- Role-playing or task-oriented activities can also be adapted to a virtual platform.

- b. Providing virtual opportunities for applicants to learn about your Program:
 - i. Create a short video tour of the working, research, and/or learning environment which could include a welcome statement, brief interviews with Faculty, other Staff and/or Learners about what the school or unit is like, and values specific to the unit. (The video should include only those Faculty, Staff, Learners, healthcare providers or patients who have provided consent to be filmed.)
 - ii. Provide a social activity or Question/Answer session with current Faculty, Staff and/or Learners through a virtual platform.
- c. Offering accommodations such as the ability to reserve on-campus physical space with adequate internet capability to internal/CSM applicants. Ensuring that internal/CSM applicants have correct sign-in information to connect to University Wi-Fi networks and be able to sign up for these spaces in advance.

5 Special Situations All individuals within the School responsible for admitting applicants to a Residency Program are encouraged to take into consideration other Accommodations that may be requested or offered and provided for applicants.

6 Responsibilities All individuals within the School responsible for selecting applicants to a Residency Program will:

- a) Become familiar with the principles of this Operating Standard; and
- b) Review and revise their file review, interviewing and selection practices and procedures to adhere to this Operating Standard.

All individual having concerns regarding the lack of adherence to this Operating Standard during a residency selection process, can report their concerns either to the PGME office or through the anonymous CSM Online Protected Disclosure form submission through the Office of Professionalism Equity Diversity (OPED) website.

7 Appendices Appendix 1. Sample Interviewing Rubric for Residency
Appendix 2. CSM Equity Guidelines for Search and Selection Committees

8 Related Policies [PGME Resident Accommodation Policy](#)
University [Student Accommodation Policy](#)
University [Workplace Accommodation Policy](#) and [Procedure University Employment Equity Policy](#)

9 Related Procedures

- 10 Related Operating Standards** CSM Academic Staff Criteria Guidelines [including CSM Equity Framework](#)
[CSM Professional Standards for Faculty Members and Learners](#)
- 11 Related Resources/ Guidelines/ Forms** CSM EDI Committees Structures and Processes Guideline (2022)
[CSM Equity Guidelines for Search and Selection Committees](#)
[CSM Implicit Bias Workshop – offered through the Office of Faculty Development and Performance \(OFDP\)](#)
CSM Search and Selection EDI module (2022)
University of Calgary Human Resources: <https://www.ucalgary.ca/hr/hiring-managing/recruiting-and-hiring/hiring-manager-toolkit/hiring-templates>
[Virtual Interview Handbook for the Applicant \(Association of Faculties of Medicine of Canada, 2020\)](#)
[Virtual Interview Handbook for Residency Programs \(Association of Faculties of Medicine of Canada, 2020\)](#)
[Interview Guidelines \(Canadian Resident Matching Service \[CaRMS\], 2021\)](#)
[Interview Guidelines for Programs \(CaRMS, 2021\)](#)
[Nuts and Bolts of Virtual Interviewing \(Association of American Medical Colleges, 2020\)](#)
[Best Practices in Applications and Selection: Final Report \(Draft May 2013\) \(BPAS Working Group, 2016\)](#)
[Canadian Institutes for Health Research “Bias in Peer Review Learning Module”](#)
<https://cihr-irsc.gc.ca/lms/e/bias/>
[Best Practices for Conducting Residency Program Interviews](#) (Association of American Medical Colleges, 2016)
[Virtual Interviews: Tips for Program Directors](#) (Association of American Medical Colleges, 2020)
[Virtual Interviews: Tips for Medical School Interviewers](#) (Association of American Medical Colleges, 2020)
[Virtual Interviews: Tips for Medical School Applicants](#) (Association of American Medical Colleges, 2020)
[A Guide to Conducting Behavioral Interviews with Early Career Job Candidates](#) (Society for Human Resource Management, 2016)
[Choosing Behavioral Interview Questions](#) includes probes (British Columbia Public Service)
[Situational/Scenario Interview Questions sample](#) (Saint Mary’s University, NS)
[Family Medicine Professional Profile](#) (College of Family Physicians of Canada)
- 12 Related Information**
- 13 References** Best Practices in Applications & Selection Working Group (BPAS). “Best Practices in Applications & Selection Final Report.” 2013. <https://pgme.utoronto.ca/wp-content/uploads/2016/06/BPASDraftFinalReportPGMEACMay2013.pdf>

Employment Equity Act. 1995 (2021). <https://laws-lois.justice.gc.ca/eng/acts/e-5.401/page-2.html>

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Paterson QS, Hartmann R, Woods R, Martin LJ, Thoma B. A transparent and defensible process for applicant selection within a Canadian emergency medicine residency program. *CJEM*. 2020 Mar;22(2):215-223. doi: 10.1017/cem.2019.460.

Taken from the AFMC Virtual Interview Handbook for Residency Programs, here are some peer-reviewed articles published in medical journals about virtual interviewing:

1. Daram SR, Wu R, Tang SJ. Interview from anywhere: feasibility and utility of web-based videoconference interviews in the gastroenterology fellowship selection process. *Am J Gastroenterol*. 2014;109(2):155-159.
2. Edje L, Miller C, Kiefer J, Oram D. Using Skype as an alternative for residency selection interviews. *J Grad Med Educ*. 2013;5(3):503-505.
3. Haas MRC, He S, Sternberg K, Jordan J, Deiorio NM, Chan TM, Yarris LM. Reimagining Residency Selection: Part 1 – A Practical Guide to Recruitment in the Post-COVID-19 Era. *Journal of Graduate Medical Education*. October 2020;12(5): 539-544.
4. Pasadhika S, Altenbernd T, Ober RR, Harvey EM, Miller JM. Residency interview video conferencing. *Ophthalmology*. 2014;119(2):426-426.e5.
5. Pourmand A, Lee H, Fair M, Maloney K, Caggiula A. Feasibility and usability of tele-interview for medical residency interview. *West J Emerg Med*. 2018;19(1):80-86.
6. Shah SK, Arora S, Skipper B, Kalishman S, Timm TC, Smith AY. Randomized evaluation of a web based interview process for urology resident selection. *J Urol*. 2012;187(4):1380-1384.
7. Stephenson-Famy A, Houmard BS, Oberoi S, Manyak A, Chiang S, Kim S. Use of the interview in resident candidate selection: a review of the literature. *J Grad Med Educ*. 2015;7(4):539-548.
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9. Vadi MG, Malkin MR, Lenar J, et al. Comparison of web-based and face-to-face interviews for application to an anesthesiology training program: a pilot study. *Int J Med Educ*. 2016; 7:102-108.
10. Williams K, Kling JM, Labonte HR, Blair JE. Videoconference interviewing: tips for success. *J Grad Med Educ*. 2015;7(3):331–333.

14 History

December 9, 2021

Residency Position Selection Standards adapted from General CSM Selection Interviewing Standards

Approved by PGMEC

APPENDIX 1: Sample Interview Scoring Rubric for Residency

Sample Interviewing Rubric for Residency *								
CanMEDS or CanMEDS-FM Role	Competency	Question	Rating Scale and Anchoring Examples				Interviewer Score	Interviewer Notes
	Based on a targeted competency that trainees are expected to demonstrate on day 1 of PGY1	Behaviour-based or situational questions directly related to the work they would face in their residency	<p>Scale should be modified to reflect number of proficiency levels believed to reflect the range of behaviours observed among PGY1s in your discipline (e.g. could be 3 points, could be 7 points)</p> <p>Anchoring examples should assist in consistency of scoring across interviewers</p>				Interviewers should all be trained in advance to use the questions and rating scale	Short notes should provide sufficient information about the interview content to justify evaluation with a focus on key words or phrases from the applicant's responses
			1 – Transition to Clerkship	2 - Foundations of Clerkship	3 - Core of Clerkship	4 - Transition to discipline		
Medical Expert	Performs a patient-centred clinical assessment and establishes a management plan	Can you tell me a time during one of your rotations where you needed to take a leadership role in the case workup and care of the patient? How did this occur and what was the outcome?	No, I have never taken leadership in a case.	Probably once, I do not recall how it happened but it turned out alright.	Yes, I took an action (specifics given) that added to the care of the patient/case (specifics given).	Multiple times I have worked as a team leader to care for my patients/workup cases (specifics given). As a result I was recognised in some way (by peer reputation, honoured, awarded etc).		

Modified from Black, Candice, Budner, Hannah, & Motta, Amy L. (2018). Enhancing the residency interview process with the inclusion of standardised questions. Postgraduate Medical Journal, 94(1110), 244-246

* This example uses a modified competency-based scale, but an alternative could be:

1. Unacceptable observed: Clearly fails to demonstrate competency. None of the relevant behaviors were observed
2. Below Average: Displays some aspects of the competency.
3. Average: Displays most of the components of the competency and relevant behaviors
4. Above Average: Displays all of the components of the competency and relevant behaviors.
5. Superior: Demonstrates exceptional and natural grasp of competency and behaviors. Could teach or mentor.

Appendix 2: CSM Equity Guidelines for Search and Selection Committees

Assumptions

- 1) A diverse faculty benefits learners and the department.
- 2) Diversity benefits the university as an organization.
- 3) Individuals have unconscious biases.
- 4) Unconscious bias may be a barrier to equality.
- 5) Equity efforts will benefit recruitment and retention across all groups.

Recommendations

1. Raise Awareness:

1.1 Educate Department Heads and Search Committee Members regarding unconscious bias.

1.2 Take the online version of an unconscious bias training module:

<http://www.chairs-chaires.gc.ca/program-programme/equity-equite/bias/module-eng.aspx>

2. Broaden Candidate Pool:

2.1 Delete gender-specific terms from position descriptions or job advertisements.

2.2 Broaden descriptions of position qualifications to recruit from a wider pool, including women, Indigenous peoples, uniquely abled, visible minorities.

2.3 Send advertisements to organizations that are receptive to broad audiences, including women and minorities. To reach the widest audience of qualified candidates, utilize not only conventional, but also alternative media of interest to equity-seeking groups, such as: *Canadian Research Institute for the Advancement of Women, Society for Canadian Women in Science & Technology Newsletter, Canadian Journal of Native Studies, Academic Careers Canada online.*

2.4 Create inclusive search procedures that require input from women, staff, and students from underrepresented groups.

2.5 Consider supports required to accommodate a diversity of needs and circumstances.

3. Standardize Candidate Selection Methods:

3.1 The Chair should select a diverse search committee to ensure equity is considered in all aspects of the committee's work.

3.2 Have search committees commit to the qualifications required before reviewing resumes.

3.3 Consider criteria such as the ability to work with diverse students and colleagues as well as experience with a variety of teaching methods and curricular perspectives.

3.4 Do not penalize candidates for "resume gaps" that coincide with child-bearing & child-rearing years.

3.5 Create awareness that letters of reference may reflect unconscious bias.

3.6 Don't require letters of reference until later in the recruitment process.

4. Structure Interviews:

4.1 Have structured interviews to create a more objective interview process.

4.2 Have adequate time for interviews. Biases emerge when evaluators are under time pressure.

4.3 Have search committees commit to evaluation criteria before interviewing candidates.

5. Create a Review Process:

5.1 Document search process for each search.

5.2 Review search processes on a regular basis.