Perspective

Interviewed while Black

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*I*nside a conference room with a long wooden table, a Black residency applicant sat next to 12 other applicants on interview day. None of their peers were Black. Across the table hung photos of faculty members, including the program

director, medical director, and department chair. None were Black. In the corner of the room, administrators and coordinators were monitoring the agenda. None were Black. Rosters with descriptions and headshots of the faculty interviewers were distributed. None were Black. Later, residents spoke to applicants over lunch, and nurses sat at their workstations during the tour. None were Black.

During the course of the interview day, the Black applicant was asked whether they were lost and twice was assumed to be anyone but an applicant. They were told that they had an unusual name and that they were articulate. Their hair was critiqued.

At the end of the interview, the Black applicant wondered, "Do I fit in here?"

We believe it is time to critically discuss the ways in which various aspects of the interview day affect Black applicants at the

student, resident, fellow, and faculty level. Although the application process involves many components, the interview day is a concrete opportunity to determine compatibility between the applicant and the program. According to the 2018 National Resident Matching Program survey, the factors considered by the most program directors to be important for ranking applicants were "interactions with faculty during interview and visit" (96%), "interpersonal skills" (95%), and "interactions with house staff during interview and visit" (91%). There are private consultants, textbooks, online resources, and workshops to help applicants improve their interviewing skills and help programs maximize the success of their recruitment efforts. Despite the resources available for interview

preparation, there is substantial explicit and implicit bias in application processes that favors White applicants. This bias, combined with the importance of the interview day, makes it necessary to explore experiences of being interviewed while Black.

Five percent of physicians and 7.3% of medical students who matriculated in the 2019–2020 school year were Black, despite the fact that Black people make up 13.4% of the U.S. population. In 2019, the Accreditation Council for Graduate Medical Education released a statement prioritizing the recruitment and training of members of racial and ethnic groups that are underrepresented in medicine. Although there are many concerns that broadly affect Black people in medicine, such as institutional racism and inequality of educational opportunities, the experiences of Black interviewees in particular remain underaddressed. Being interviewed while Black involves a collision of microaggressions and feelings and

Concepts and Experiences of Black Applicants during Interviews.			
Concept	**Verbal Example**	**Nonverbal Example**	**Implication**
Microaggression	A faculty member asks a Black applicant, "Did you play any sports in college?" after seeing that the applicant attended an Ivy League university.	Despite the Black applicant repeatedly being the first applicant to raise their hand, other applicants are called on first to ask questions each time.	The applicant feels their academic potential has been invalidated and dismissed.
Stereotype threat	When an interviewer mentions, "affirmative action facilitates recruitment of faculty from groups that are underrepresented in medicine," the Black applicant struggles to promote their own accomplishments.	During a slideshow, photographs of Black faculty members are featured only on the diversity and inclusion page. The Black applicant now feels less comfortable discussing interests in technology.	The Black applicant recognizes stereotypes portrayed (reliance on affirmative action, interests in diversity and inclusion); this causes the applicant to perform less well during the interview day.
Tokenism	During an interview, a faculty member states, "We are specifically looking for diversity. We don't want our team to be just a bunch of White males."	The Black applicant is given pamphlets about the diversity and inclusion office in interview-day folders. Other applicants don't receive the same information.	The Black applicant is made to feel like a metric instead of a colleague.
Imposter syndrome	The interviewer inadvertently mentions the accomplishments of another applicant, who is in fact just as qualified as the Black applicant. The Black applicant immediately feels as if they don't belong.	A successful Black applicant grows nervous looking at the awards and certificates hanging on an interviewer's office wall.	A competitive Black applicant doubts their qualifications for the interview and opportunity. Subsequently, the applicant comes off as nervous and insecure during the interview.
Homophily	During an interview, the applicants comment and connect on similar hobbies and lived experiences that the Black applicant does not share.	During the interview lunch, the Black applicant notices that the White faculty spend more time with the White applicants. The two Black applicants eat together.	The Black applicant anticipates a potential barrier to socializing with others in the program.

experiences related to stereotype threat, tokenism, imposter syndrome, and homophily (see table). Many of these experiences are rooted in unconscious bias, whereas some can be born from overt racism. In turn, Black interviewees collect impressions that make them doubt that they will be welcomed and valued in medicine.

Black students have reported experiencing microaggressions — behaviors, comments, or questions that are intentionally or unintentionally hostile or demeaning — during medical training.[1] In one study, more than half of medical students reported experiencing microaggressions.[1] The effect of microaggressions on applicant performance is profound, and such experiences can adversely affect the Black applicant's chances of matriculating to a program or being hired in a department. During an interview, microaggressions can occur when comments and behaviors are grounded in biases, racism, or stereotypes.

The experience or fear of being stereotyped can undermine a Black applicant's ability to perform during an interview. Stereotype threat was defined by Claude Steele and Joshua Aronson in 1995 as "being at risk of confirming, as self-characteristic, a negative stereotype about one's group." In landmark research, Steele and Aronson demonstrated that Black participants performed worse than White participants during a test when they believed that they were at risk for fulfilling stereotypes about Black people's intellectual abilities. When that stereotype threat was removed, Black participants performed similarly to their White counterparts. Stereotype threat has been found to be present in medicine. In a 2020 study of medical students, 82% of Black respondents had high scores on a measure of vulnerability to stereotype threat, as compared with 4% of White respondents.[2] When Black applicants see photographs of only non-Black graduates on the walls, they may perceive the threat of a negative stereotype, such as "Black people are not smart," and perform worse than expected.

Another challenge facing Black interviewees is imposter syndrome. In 1978, Pauline Clance described imposter syndrome as an "internal experience of intellectual phoniness in people who

believe that they are not intelligent, capable or creative despite evidence of high achievement." Studies have revealed feelings of imposter syndrome in up to 82% of students, with minorities and women reporting such feelings at higher rates than White men.[3] Imposter syndrome can cause qualified Black applicants to feel unqualified and isolated.

A sense of isolation can lead Black applicants, who often interview without any other Black applicants present, to question the sincerity of their recruitment and interview opportunity. Tokenism entails making cursory strides toward diversity and inclusion. The recruitment of Black candidates merely to achieve a metric undermines the applicant's academic value and dismisses the difficulty associated with navigating medicine as a member of an underrepresented minority group. Awareness of tokenism and of the ways in which it can lead to depression, burnout, attrition, and a minority tax — extra responsibility placed on underrepresented minorities with a goal of achieving diversity — is warranted as early as interview day.[4] A clear demonstration of efforts to recruit, retain, support, and promote Black applicants better illustrates dedication to diversity in medicine.

Finally, it is widely recognized that people tend to associate with and gravitate toward others who have backgrounds and interests that are similar to their own.[5] This phenomenon, called homophily, drives much of Black applicants' discomfort and isolation. The concept of homophily was popularized by Paul Lazarsfeld and Robert Merton in 1954. Although the tendency to socialize with people like oneself creates opportunities for positive, lasting relationships, homophily can lead to applicants being excluded on the basis of differences.

The academic world is often isolating for and unwelcoming to Black applicants, and this lack of inclusion is compounded for Black women, Black immigrants, and Black lesbian, gay, bisexual, transgender, and queer applicants. Leaders in academic medicine must be cognizant of the identities of Black applicants, since they are not a monolithic group; they have individual identities and experiences associated with varying degrees of oppression and discrimination.

During the Covid-19 pandemic, as programs and departments have transitioned to video interviews, many people have discussed the potential effects of bias on applicants from underrepresented groups. It is unrealistic to expect deeply ingrained unconscious bias and systemic racism to be eliminated by a switch to virtual interviews.

Several strategies could improve the interview experiences of Black applicants. First, academic leaders must accept that inequitable treatment of Black applicants exists and will take time to correct. Second, everyone involved in the interview process from host institutions should be educated about microaggressions, stereotype threat, and other challenges and biases that disadvantage Black applicants. We recommend bystander and upstander training to prepare people to act when they witness discrimination, bias, or racism. Third, we favor careful and fair recruitment of diverse interviewers to create a welcoming environment. We also suggest incorporating work related to diversity and inclusion when describing the mission and values of the program or institution. On a wider scale, we recommend the creation of institutional databases — or, ideally, a national database — where applicants can report experiences of racism or bias while interviewing, which would be aggregated to protect their identity. Improving the experiences of Black applicants will be a first step toward increasing the diversity of programs and subsequently addressing the unmet needs of the diverse patient populations they serve.

During this interview cycle, there will be no conference room with a long wooden table. We still challenge programs to address the concerns of the Black applicant who wonders, "Do I fit in here?"

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