



How should Demographics and the Language Skills of the Candidates be Assessed?

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Abstract

When considering demographic background, equal opportunities to all minorities should be assured during the selection. Numerous skills that are expected from successful chairpersons include expertise that is acquired during a professional career. When considering this and the continuing increase in life expectancy, predefined age barriers should not be “a priori” an exclusion factor. Similarly, gender imbalances are still prevalent in many countries and academic environments, and therefore the search for best candidates should make a conscious effort to include both genders. Upon identification of a short list of suitable candidates, a thorough assessment includes inviting the candidates for a seminar and series of interviews by the search committee and major stakeholders of the academic department and beyond, e.g. dean of the faculty, hospital director and dean of research, if available. Although time consuming, such a visit is considered the best way to learn about the candidate and her/his suitability for chairing a department in the respective academic institution (see also panels 1 and 2). An extended visit provides ample opportunity to discuss the mutual expectations for the position.

Among the skills that determine the success of a newly recruited chair proficiency in the English language is an obvious must in today's scientific environment. However, since most chairs in medicine will have to devote a substantial part of their time to patient care fluency or at least good conversational level knowledge of the national language and culture is also important. Not only communication with patients, but other aspects of the chair's tasks, such as interactions with administration and fund raising will also be facilitated. If the selected candidate does not have these skills, she/he should undergo an intensive language training course before starting the official assignment.

How should demographics and the language skills of the candidates be assessed ?

We first deal with this question in a general way before being more specific. Such assessments overlap other major issues (quality of the candidate, fit with the environment, etc.), and may intervene at various steps of the recruitment path. The recruitment starts with the gathering of CV's. The latter do not always provide the proper demographic information. Their format is not fully standardized, and, in certain countries and cultures, certain information is not given because they are considered to open the way to discrimination. Recommendation letters are useful to assess various qualities of candidates, including their language and communication skills. However, it is often very useful to crosscheck written recommendations by direct telephone calls with the referees. As the process moves from a broad search to a short list, it may be helpful to request a detailed questionnaire from a limited list of candidates (which may allow to assess demographic elements missing in their CV). Indeed, as usual, at the end of the selection process, the short-listed candidates should be invited to give at least one seminar, and be available for a set of interviews at the place of recruitment.

Equal opportunities to all minorities should be assured during the selection procedure. As much as possible age should not be a discrimination factor in the selection. Gender balance should always be taken into account in the selection procedure.

How important are oral and written skills in the language of a foreign country?

How important are English skills?

These critical issues need to be analyzed from several standpoints. First, we do not think that the domination of English will further grow to the extent that it will eliminate other languages from most professional areas. On the other hand, automatic translation will probably develop in the near future, but it will not solve everything, and will not lead to a rapid decline of English usage. Second, we consider that the area of medicine, as international as it may be, will remain imprinted by national features. Finally, we think that the language skills requirements depend on the missions given to the academic medical chair applicants.

Skills and mission

The most frequent missions for academic research chairs are: The order of importance is not taken into account here, but is well discussed in panels 1 and 2:

- a) Research
- b) Administration
- c) Teaching
- d) Clinical practice (patients)
- e) Internal and/or external communication

Research absolutely requires English, while local administrative activities do not, but requires good knowledge of the local language. There are cases of foreign top-level leaders, who failed because their lack of local language put them at significant disadvantage in administrative power games and made them unable to control the administrative part of their job. Teaching, at a high level is increasingly in English, but this needs be checked on a case by case basis. Clinical practice is usually an important part of the job for clinical chairs. Then, the relationship with patients, even when mediated by an interpreter, benefits greatly from at least minimal knowledge of the local/national language. In some medical specialties, solid knowledge of the local language is crucial. In other words, proper internal and external communication requires both English and the local language.

Altogether, English is absolutely required, but there is a strong case to emphasize the importance of the local language as well. It is also worth to consider that, in many countries, immigration rules demand a minimum level of fluency in the national language.

Evaluation of language skills

The evaluation of English skills is well developed and readily available. For example, TOEIC and TOFL are well established certification securing sufficient knowledge in English. For other languages, an extensive framework has been developed within the European Union (The Common European Framework of Reference for Languages: Learning, Teaching, Assessment ¹ abbreviated as CEFR or CEF). It may be used, or inspire appropriate processes, for languages not used in the European Union.

More and more frequently, for key leadership positions, employers organize one or two days of “tests in situation” for one or at most two candidates. Of course, these tests go beyond assessing

language alone. They are one of the final steps of recruitment. When carefully organized, they are considered to be useful.

Acquisition of missing language skills

There is an obvious asymmetry between English, which almost everyone now learns at school, and other national languages. On top of this, some are quite local, alike Swiss German and Flemish, as opposed to French, Spanish, or German for instance. It may be taken as granted that excellent English is a must, both at the junior and senior levels.

But how feasible is the acquisition of rudiments (or more) of the local language? One may refer to the case of ambassadors, who usually learn in a few months, even at a relatively advanced age, the language of the country to which they are assigned. This also happens for certain jobs in multinational companies. Such training has to be done at the very start of the mission, right after recruitment (otherwise it may usually never take place). Quite significantly, it may also include an exposure to the local culture. It is not only associated with a financial burden and is time-consuming, but it has to be weighted against the benefits.

In summary:

Fluent, and, if possible, excellent English is a must, but a certain level of national language (and culture) is highly desirable, and rudiments may realistically be acquired, if judged necessary. When necessary, the recruiting Institution should make available to the selected candidate resources for the learning of the foreign language.

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