Title
Standard Video Interview Scores and Applicant Position on Residency Program List: A Correlation Study

Permalink
https://escholarship.org/uc/item/06839583

Journal
Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 20(4.1)

ISSN
1936-900X

Authors
Bowers, K
Comp, G
Kalnow, A
et al.

Publication Date
2019

License
CC BY 4.0
gender identification. Gender was considered to have not been correctly identified if the reviewer was unsure (score 4-6) or if the score was discordant with proceduralist gender. Reviewer scores were described, and we used one sample equality of proportions to assess significances against the null of >50% correct gender identification.

**Results:** Of 105 total responses, 56 (53.3%) expressed confidence in the gender of the proceduralist (1-3 or 7-9). Across all reviewers and procedures, 30.8% (95% confidence interval, 22.7-39.9%) correctly identified the proceduralist’s gender. This proportion was statistically non-significant as compared to the null of >50% correct gender identification (p = 1.00). The same non-significant differences were maintained when the data were stratified by each procedure assessed.

**Conclusions:** Our method effectively blinded reviewers to the gender of the proceduralist and represents an innovative approach to perform needed research pertaining to gender bias in education.

---

**Background:** The Standard Video Interview (SVI) is an interview tool developed by the Association of American Medical Colleges to assess professionalism and interpersonal/communication skills in medical students applying for residency. The individual SVIs for each applicant are graded on a 1-5 scale with the sum of all interviews used to create the applicants overall SVI score ranging from 6-30. The higher the score, the more the applicant demonstrated proficiency in managing difficult situations presented to them. There are conflicting opinions on the value and usefulness of the SVI, as scoring does not yet have a known correlation with ACGME competencies or subsequent resident performance/success. While the SVI is currently being used without added cost to the applicant, it is projected that this will not be the case in the future. Thus, this additional student and training program expense should provide residency programs with enough objective data to make it worth the cost; these data do not yet exist.

**Objectives:** This study evaluated if a correlation existed between an applicant’s SVI score and his or her position within a program’s rank list during the 2018 National Resident Matching Program (NRMP) cycle. We hypothesized that the SVI score would not correlate with an applicant’s place on an emergency medicine (EM) rank list.

**Methods:** We performed a prospective, survey-based study to evaluate correlation between an applicant’s SVI score, and rank location by EM programs during the 2018 NRMP match. Inclusion criterion was defined as any ACGME-accredited EM program that participated in the NRMP match. Collected data included program demographics and de-identified applicant information, including rank and SVI score.

**Results:** Five programs participated in the survey study. Four programs were three years in length and one was four years. Three programs reported an academic setting, whereas the other two were community programs. On average, participating programs interviewed 175 applicants out of an average of 1003 applications received during the 2018 match cycle. We found no correlation between SVI score and position on a program’s rank list (coefficient = -0.121, p-value = 0.076).

**Conclusion:** The results of this study revealed no correlation between a student’s SVI score and his or her position on a program’s rank list. Based on this small study, we question the utility of the SVI score in aiding programs during the recruitment process. Larger studies will be needed in the future to validate these results.