A Novel Method for Blinding Reviewers to Gender for the Purposes of Gender Bias Research

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emergency medicine (EM) residency application. Most programs require at least one Standardized Letter of Evaluation (eSLOE) from an away institution, which necessitates visiting rotations. (An eSLOE is filed electronically on the eSLOE website created by the Council of Residency Directors in Emergency Medicine.) However, there is little information regarding the geographic distribution of EM clerkship positions compared to ACGME-approved postgraduate year (PGY)-1 positions.

**Objectives:** Our goal was to examine the geographic distribution of EM clerkship spots to ACGME-approved PGY-1 residency positions. Through a geographic distribution, state and regional imbalances in academic EM training can be identified. Our hypothesis was that states with a large number of EM graduate medical education (GME) spots would also have a high capacity of EM undergraduate medical education (UME) clerkship spots.

**Methods:** We performed an observational, retrospective analysis of all EM eSLOEs written during the 2016-2017 residency application cycle, categorizing authorship by institution and state. All ACGME-approved EM residency programs in the United States, registered in the 2017 National Resident Matching Program were also categorized by state. UME to GME ratios were calculated for each State and the geographic distribution was determined. We also identified the top 25 institutions with the largest EM UME volume.

**Results:** In 2016-2017, 6715 eSLOEs were submitted on 3138 unique EM applicants, written at 222 different institutions. Ratios of UME to GME positions varied from 1.6 in Connecticut to 21 in Vermont, with a nationwide average of 3.3. The top 25 institutions authored 1660 eSLOEs, accounting for 25% of the total eSLOEs.

**Conclusion:** There were large differences in the geographic distribution of UME and GME EM positions in 2016-2017. These data identify states and institutions with large EM clerkship capacities, which can enhance EM student advising for visiting rotations and geographic residency goals. EM subspecialty elective rotations and institutions with non-group eSLOE authorship are potential confounding limitations to this research.
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.

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**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 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.

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

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