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Demographic Differences Between High and Low Scorers on the Standardized Video Interview

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reliability of nursing and attending physician evaluations as well as to evaluate how well they correlate with one another.

Results: The ICC inter-rater agreement measures for nurse evaluators were fair to good, ranging from 0.56 to 0.68 for the 5 questions on the instrument. The ICC inter-rater agreement measure for the physician evaluators was poor, ranging from 0.15 to 0.33. For all questions, nursing and attending responses were moderately, positively correlated, with PCC ranging from 0.40 to 0.51 and p-values below 0.05.

Conclusions: When used by nursing staff, our evaluation instrument is a reliable means to provide resident feedback that correlates positively with attending feedback.

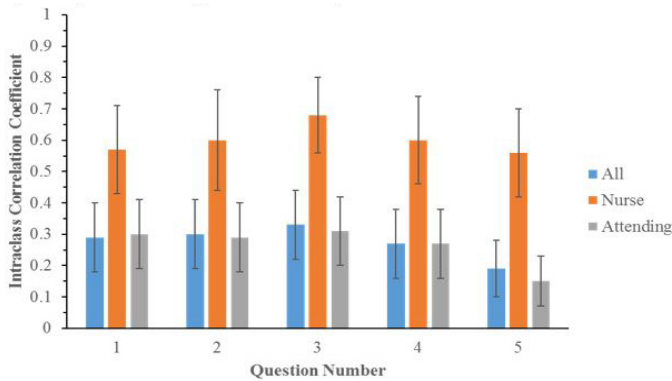


Figure 1. Intraclass correlation coefficient with 95% confidence interval of nurse and attending evaluators from a 360-degree evaluation of emergency medicine residents’ interpersonal, communication, and clinical skills, 2016.

Table 1. Pearson correlation coefficients and p-values comparing nursing and attending from a 360-degree evaluation of emergency medicine residents’ interpersonal, communication, and clinical skills, 2016.

Question	Pearson Correlation Coefficient	P Value
1	0.48	0.003
2	0.47	0.003
3	0.47	0.004
4	0.40	0.02
5	0.51	0.001

3 Demographic Differences Between High and Low Scorers on the Standardized Video Interview

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Background: For the 2018 emergency medicine residency application cycle, the Association of American

Medical Colleges (AAMC) is conducting an operational pilot of a Standardized Video Interview (SVI). Applicants answer a series of questions that are designed to assess knowledge of professional behaviors, and interpersonal and communication skills. Responses are scored by third party raters that have undergone AAMC unconscious bias training. Previous field testing showed no significant group differences based on sex or self-reported race/ethnicity, however it is unknown whether these findings hold true for the operational pilot.

Objectives: To determine if there are differences between high and low scorers on the SVI in regards to self-reported sex, race/ethnicity, type of medical school attended, and other demographic details.

Methods: After IRB approval, de-identified ERAS applications to one ACGME-approved emergency medicine residency were retrospectively reviewed. Data abstracted included SVI score, sex, race/ethnicity, medical school type, age, and step 1 score. Candidates were separated into quartiles by SVI score and the highest and lowest scoring quartiles were compared using chi-squared testing.

Results: A total of 1500 applications were reviewed. After exclusion of 60 for lack of SVI score, the mean and SD of SVI scores were 19.55 and 2.94, respectively, which closely approximates AAMC data for the 2018 application cycle (n=3532, mean 19.1, SD 3.1). The highest scoring quartile included applicants scoring greater than 21 and the lowest scoring quartile included applicants scoring less than 18. Differences between these groups are summarized in Table 1. Significant differences included the higher prevalence of females, self-identified Asians, and US private school applicants in the top quartile of SVI scorers. Age and Step 1 scores were similar between the two groups.

Conclusions: Differences between high and low scorers on the SVI include an increased prevalence of females, self-identified Asians, and US Private medical school applicants. These findings need further exploration prior to universal implementation of the SVI on all ERAS applications.

Table 1. Differences between high and low standardized video interview scorers,

Characteristic	Top Quartile of SVI scorers (>21) n=375	Bottom Quartile of SVI scorers (<18) n=332	Difference between Top and Bottom scorers (95% CI)
Sex, % (n)			
Male	55.5% (208)	71.4% (237)	-15.9 (-8.6 to -23.0)
Female	44.5% (167)	28.6% (95)	15.9 (8.6 to 23.0)
Self-identity, % (n)			
White	51.5% (193)	57.8% (192)	-6.3 (-13.8 to 1.3)
Asian	19.2% (72)	12.0% (40)	7.2 (1.6 to 12.7)
Black or African American	8.5% (32)	5.7% (19)	2.8 (-1.2 to 6.8)
Hispanic, Latino, or of Spanish Origin	2.4% (9)	6.0% (20)	-3.6 (-7.0 to -0.5)
American Indian or Alaskan Native	0% (0)	0.6% (2)	-0.6 (-2.2 to 0.5)
Other	1.1% (4)	2.1% (7)	-1.0 (-3.3 to 1.1)
Multiple	8.3% (31)	7.8% (26)	0.5 (-3.8 to 4.7)
None Selected	9.1% (34)	7.8% (26)	1.3 (-3.1 to 5.6)
Medical School, % (n)			
US Public	41.6% (156)	42.2% (140)	-0.6 (-8.1 to 6.9)
US Private	34.4% (129)	20.5% (68)	13.9 (7.1 to 20.5)
Osteopathic	14.7% (55)	20.8% (69)	-6.1 (-12.0 to -0.3)
International	9.1% (34)	16.0% (53)	-6.9 (-12.1 to -1.8)
Multiple	0.3% (1)	0.6% (2)	-0.3 (-1.9 to 1.0)
Age			
Mean (SD)	27.7 (2.8)	28.2 (3.3)	-0.5 (-1.0 to 0)
Step 1 score (n)	355	316	
Mean (SD)	231.1 (16.1)	228.6 (15.7)	2.5 (0.1 to 4.9)