AAMC

Tomorrow's Doctors, Tomorrow's Cures®

AAMC Standardized Video Interview for ERAS 2019

Results of the 2018-2019 Program Directors Survey

Association of
American Medical Colleges

AAMC Standardized Video Interview (SVI) for ERAS 2019

Results of the 2018-2019 Program Directors Survey

Association of American Medical Colleges
Washington, D.C.

The Association of American Medical Colleges serves and leads the academic medicine community to improve the health of all. aamc.org

AAMC Standardized Video Interview™ (SVI) for the ERAS 2019 Cycle

Results of the 2018-2019 Program Directors Survey

Executive Summary

This report summarizes results from a survey of emergency medicine (EM) program directors who participated in the Standardized Video Interview™ (SVI) for Electronic Residency Application Service® (ERAS®) 2019 pilot. The goal of the report is to summarize program directors' reactions and reported usage of the SVI in 2018 compared with 2017. Note that in both years, program directors were asked to treat the SVI as a pilot and to use SVI scores with caution during the pilot.

In December 2018, a survey was emailed to EM program directors (PDs) at programs that participated in the SVI for ERAS 2019. A total of 84 people responded to the 2018 survey (53% response rate). In November 2017, the same survey was emailed to EM PDs at programs that used the SVI for ERAS 2018. A total of 175 people responded to the 2017 survey (85% response rate).

Due to the small sample size and substantially reduced response rate for the 2018 survey, results should be interpreted with caution and may not be generalizable to the EM population.

Key findings include:

- Of those surveyed, 42% (35/84) considered SVI scores at some point in the residency selection process for ERAS 2019. This is a decline from the 2017 survey, where 54% (67/125) indicated they considered SVI scores for ERAS 2018.

- Among the 35 respondents who reported using SVI scores in decision-making for ERAS 2019:

    - Respondents used SVI scores for their intended purpose. Thirty percent used scores to identify applicants with strong interpersonal and communication skills and professionalism, 30% compared SVI scores with other aspects of the application, and 27% used the SVI to find "diamonds in the rough." These findings represent a positive increase compared with reported uses for ERAS 2018.

    - Overall, programs that responded continued to be cautious with how they used SVI scores. For example, while just under half of the programs that responded to the survey considered SVI scores in the selection process, most programs reported that the SVI was not important when deciding whom to invite to interview. This finding is consistent with the AAMC's recommendations on how programs should use SVI scores during the pilot phase.

    - More programs that responded are following the AAMC's guidance on how to use and interpret SVI scores. For example, there was an increase in the percentage of programs that used AAMC's SVI score distribution and percentile rank table between 2017 and 2018 (from 29% to 58%). Additionally, there was an increase in the percentage of programs comparing SVI scores with other application information to infer score meaning between 2017 and 2018 (from 27% to 43%).

    - Programs that responded had mixed reactions to the overall utility of the SVI. SVI scores helped PDs compare applicants from different medical schools (33%) and contributed unique information

to their processes (24%). These are both slight declines compared with 2017. About 38% reported that SVI scores were easy to use and interpret, which represents no change from 2017. About one-third of PDs agreed or strongly agreed that SVI scores aligned with their impression of video responses — an increase compared with 2017.

- Of the 50 respondents who indicated they did not use the SVI at any point in the selection process, the majority (62%) said it is because they are waiting for additional research on the utility of SVI scores and are unsure how to incorporate SVI scores into their processes (50%). These findings are consistent with results from 2017 and continued calls from the emergency medicine community about the need for information about the correlation between SVI scores and intern performance.

- Respondents' video use suggests that PDs may have a better understanding of the assessment than in 2017. There was a decrease in watching videos to "see what a video-response looked like" and "to understand the range of scores" between 2017 and 2018. The percentage of PDs watching videos to get a better sense of the applicants remained consistent in 2017 and 2018.

Research Methods

In mid-December 2018, PDs from ACGME-accredited EM programs who signed up for the SVI for the ERAS 2019 pilot (n = 160) were invited to participate in an online survey about their experiences using SVI scores and videos. The survey collected responses for four weeks from Dec. 12, 2018, through Jan. 11, 2019. Reminder emails were sent to nonrespondents on Jan. 2, 2019, and Jan. 8, 2019.

The survey included 26 questions, and most respondents completed all questions within 10 minutes. Survey questions were divided into four sections:

- *Using SVI Scores* asked questions about how SVI scores were incorporated into the selection process and how they were used to evaluate applicants.
- *Using SVI Videos* asked questions about how SVI videos were incorporated into the selection process.
- *SVI Resources* asked questions about the usefulness of training and preparation materials provided to programs.
- *Future of the SVI* asked questions about the Program Director's Workstation (PDWS) enhancements and likelihood of SVI adoption in future ERAS seasons.

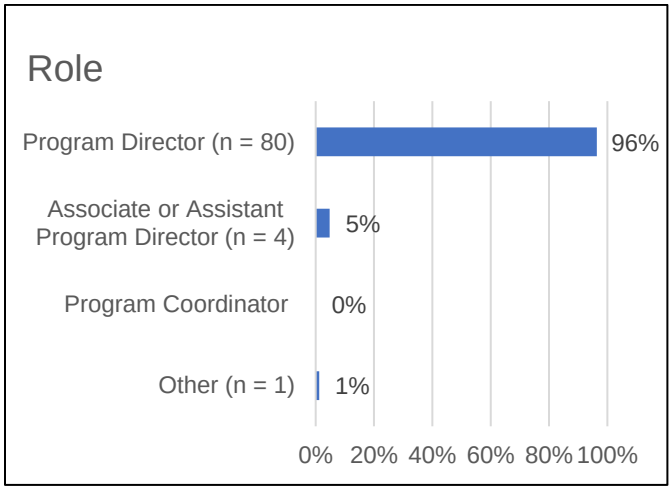
Survey respondents rated the importance of SVI scores and videos during the selection process using a five-point scale, ranging from 1 = not important to 5 = extremely important, and they rated the likelihood of using SVI scores and videos in future selection processes on a five-point scale from 1 = not at all likely to 5 = extremely likely. They were also asked to respond to multiple choice questions and provide comments related to training modules, SVI scores and videos in the PDWS, and SVI validity information via open-ended questions. Please refer to Appendix A for a list of all questions included in the survey.

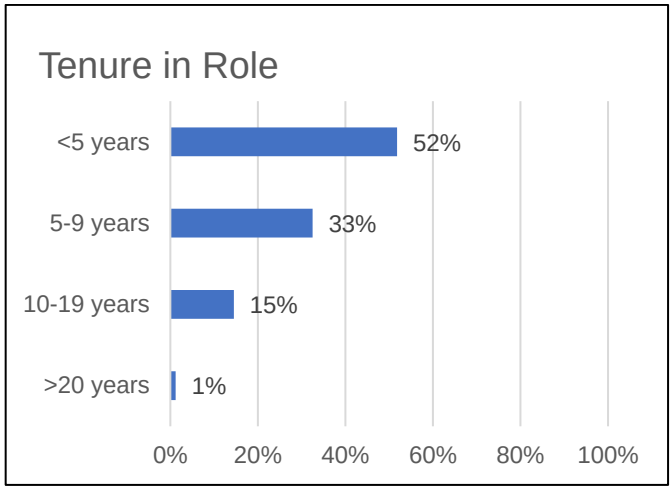
This study was reviewed by the AAMC Human Subjects Research Protection Program and determined to be exempt because its purpose was to evaluate and improve an operational tool.

Sample

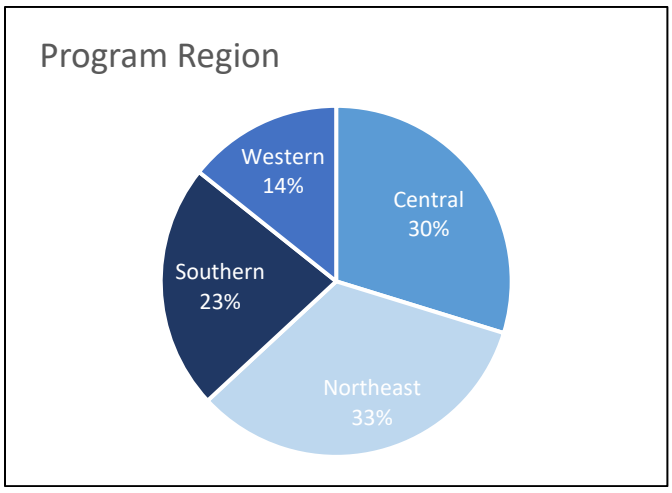
Of the 160 programs invited 84 completed the 2018 survey (response rate = 53%). In comparison, the response rate for the 2017 survey was 85%. The lower-than-expected response rate for the 2018 survey could be because the survey was administered over the holidays.

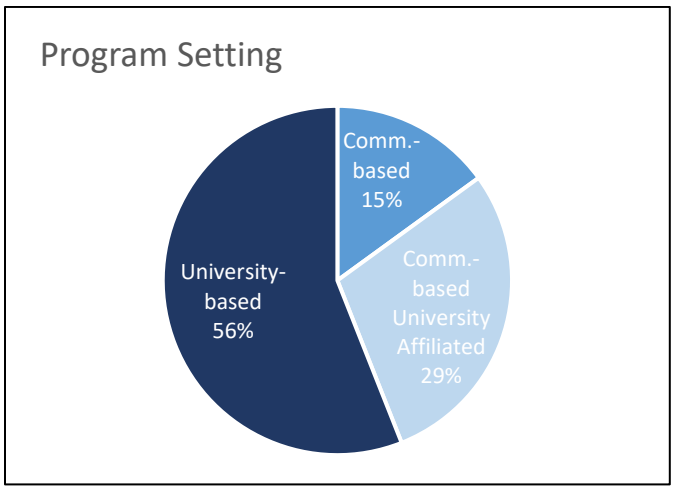
Ninety-six percent of respondents were program directors, and many had been in their role for fewer than five years (52%). About 60% of respondents represented programs from the central region or northeast region. The majority of programs were university-based (59%).





Note: One participant selected "Program Director" and "Other."





Data Analysis

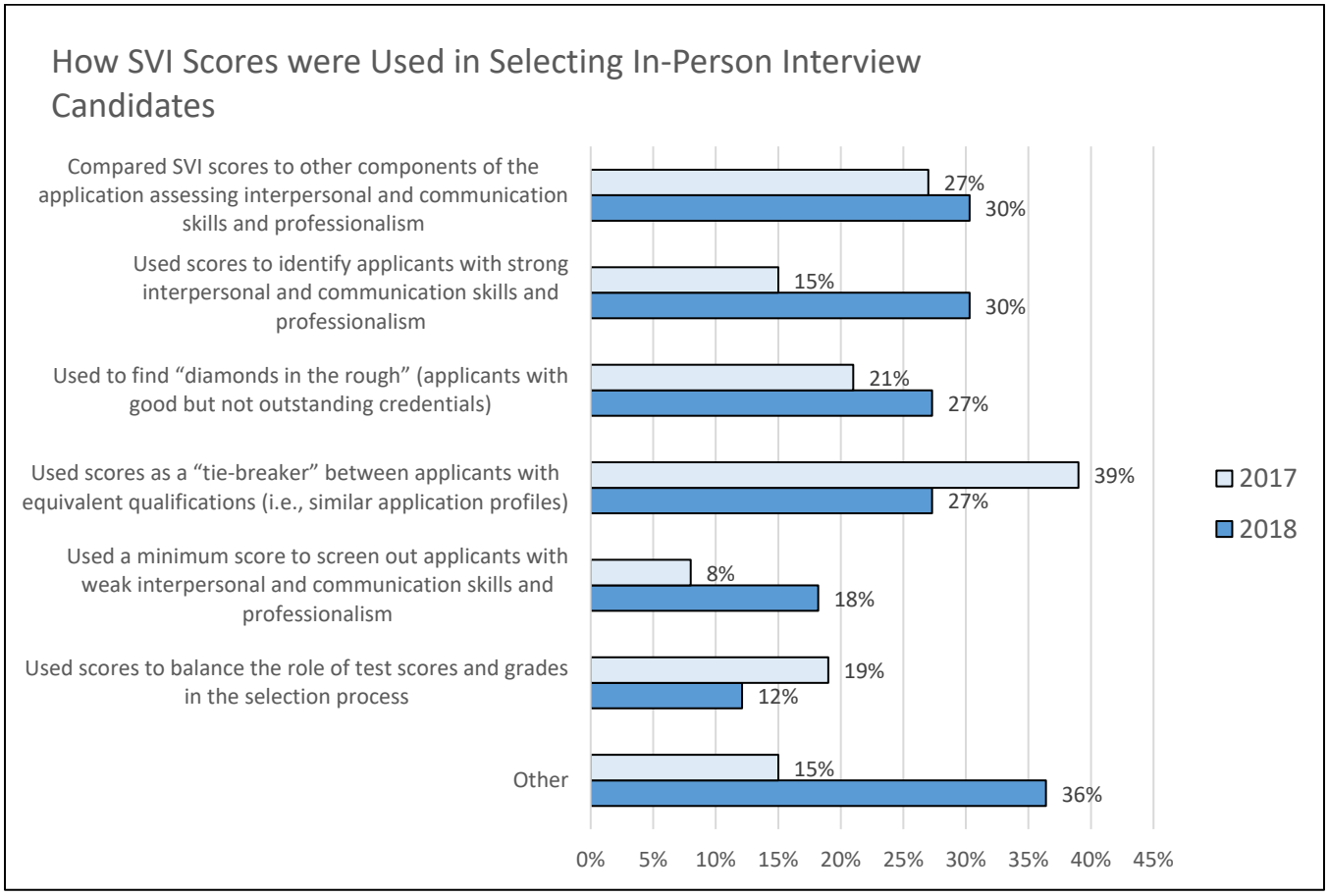
Survey data were analyzed by computing means, standard deviations, percentages, and counts of survey participants who selected a given response. Narrative responses were reviewed for themes and are organized and provided verbatim in Appendix B.

Results

Using SVI Scores

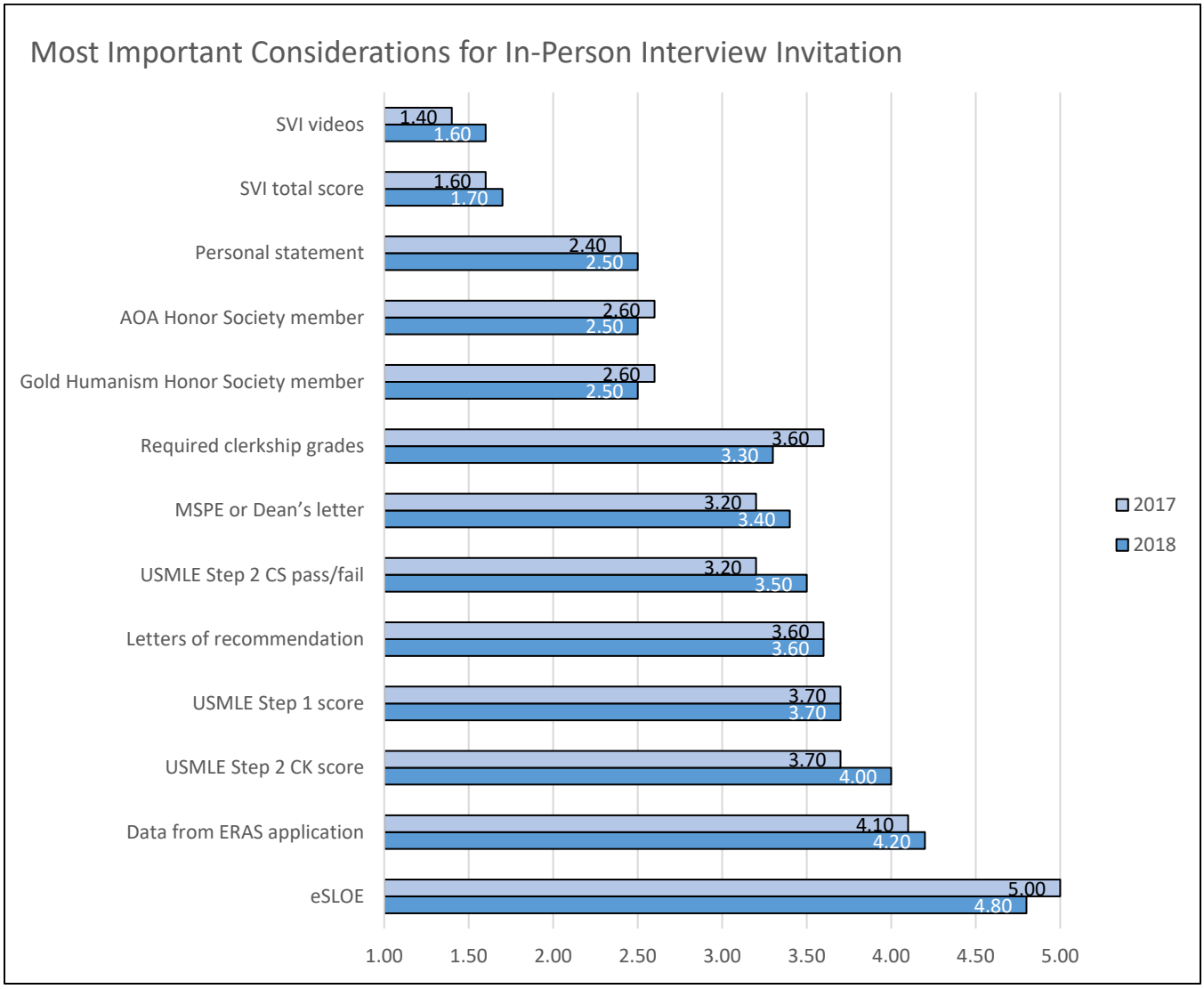
About 42% of respondents (35/84) considered SVI scores at some point in their residency selection process for ERAS 2019. This represents a decline from the 2017 survey, where 54% (67/125) considered SVI scores.

The most commonly reported uses of SVI scores were to identify applicants with strong interpersonal and communication skills and professionalism and to compare the scores with other components of the application assessing interpersonal and communication skills and professionalism. This is an increase from 2017, when only 15% of respondents reported using SVI to identify applicants with these competencies.



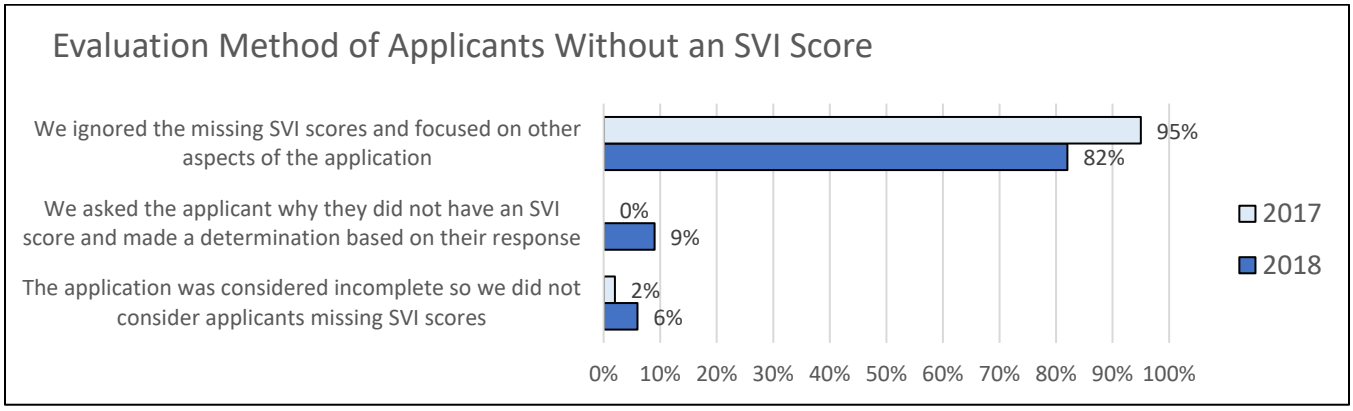
Respondents could select all that applied.
2018: n=35; 2017: n=67

The 34 respondents who used SVI scores at some point in the ERAS 2019 selection process indicated that the SVI total score and SVI videos were not important in deciding whom to invite to the in-person interview. This finding is consistent across the SVI 2017 and 2018 administrations and aligns with AAMC guidance to use SVI scores with caution in its initial years and to use it in combination with other selection data. The most important data used in deciding whom to invite to the in-person interview were the eSLOE, data from the ERAS application, and USMLE Step 2 CK scores.



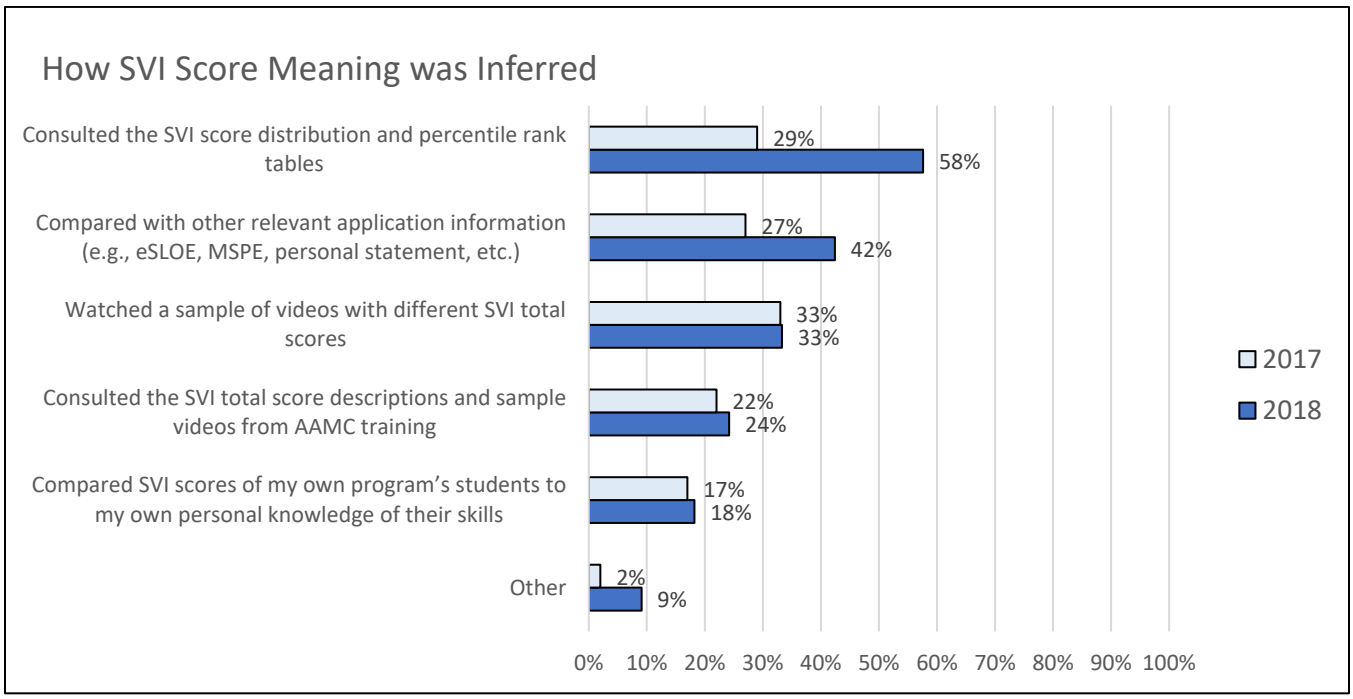
N varies by type of selection data; 2018: n=33-34; 2017: n=122-124
5 = Extremely Important, 4 = Very Important, 3 = Important, 2 = Somewhat Important, 1 = Not Important

Most programs did not take missing SVI scores into consideration in making selection decisions, instead focusing on other aspects of the application (28/34; 82%). This pattern of findings is similar to the SVI 2017 survey findings.



2018: n=34; 2017: n=82

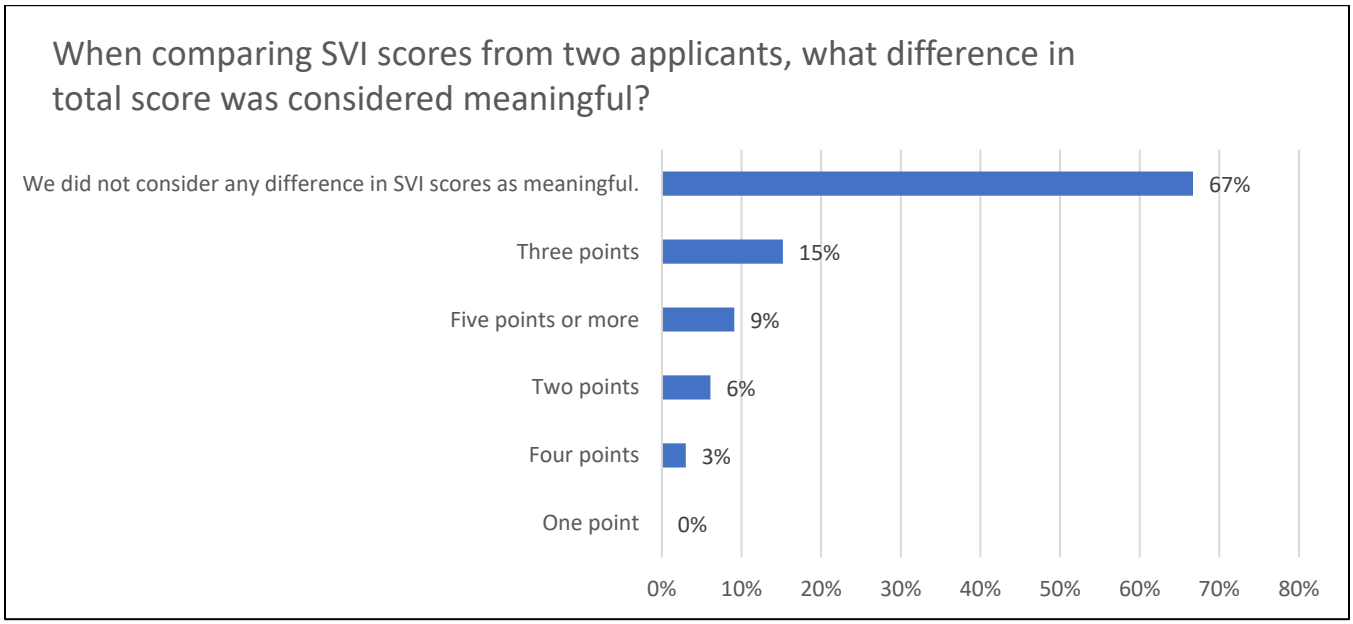
The methods used by programs to infer meaning from SVI scores varied. The most common process was using the SVI score distribution and percentile rank tables, followed by comparing with other relevant application information (e.g., eSLOE, MSPE, personal statement, etc.), and by watching a sample of videos with different SVI total scores. The use of SVI score distribution and percentile rank tables increased substantially over the SVI 2017 administration.



Respondents could select all that applied.
2018: n=33; 2017: n=162

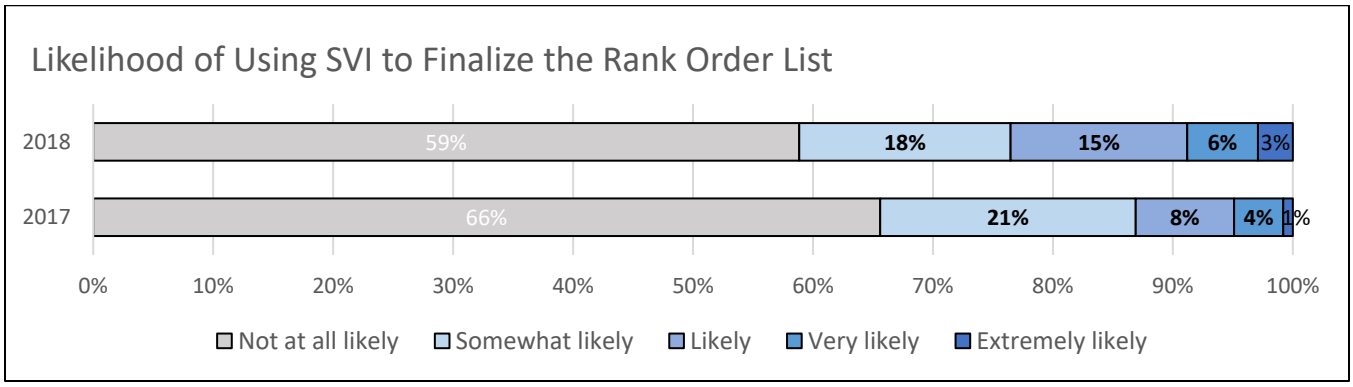
Despite AAMC guidance discouraging use of cutoff scores, five PDs indicated they used a minimum SVI score to screen out applicants. Cutoff scores chosen were between 13 and 16, which correspond to the 3rd and 17th percentiles, respectively. This is consistent with AAMC guidance to use a low threshold if using a minimum cutoff.

Among those who used SVI scores, most respondents (22/33; 67%) did not consider any difference in SVI scores as meaningful when comparing SVI scores between two applicants.



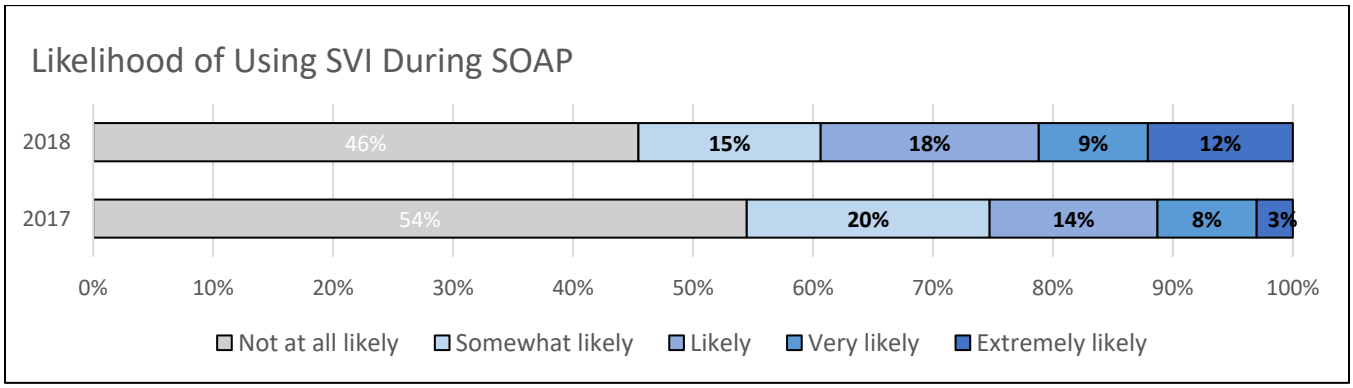
2018: n=33; 2017: n=69

Of the 34 participants who reported using SVI scores in ERAS 2019 selection, about 41% said they are somewhat or more likely to extremely likely to consider SVI scores when finalizing their rank order lists. This is a slight increase relative to 2017, when about 34% reported being somewhat or more likely to use SVI scores to finalize their rank order lists.



2018: n=34; 2017: n=122

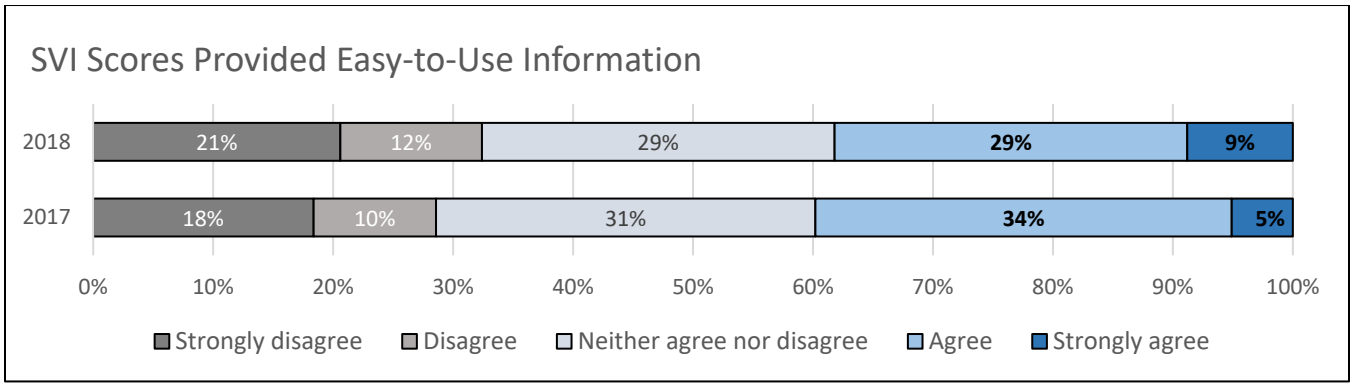
Of the 34 participants who reported using SVI scores in ERAS 2019 selection, 54% said they are somewhat likely to extremely likely to use SVI scores during the SOAP® process for applicants who they were unable to interview in person. This is a slight increase relative to 2017, when about 45% reported being somewhat or more likely to use SVI scores during SOAP®.



2018: n=33; 2017: n=122

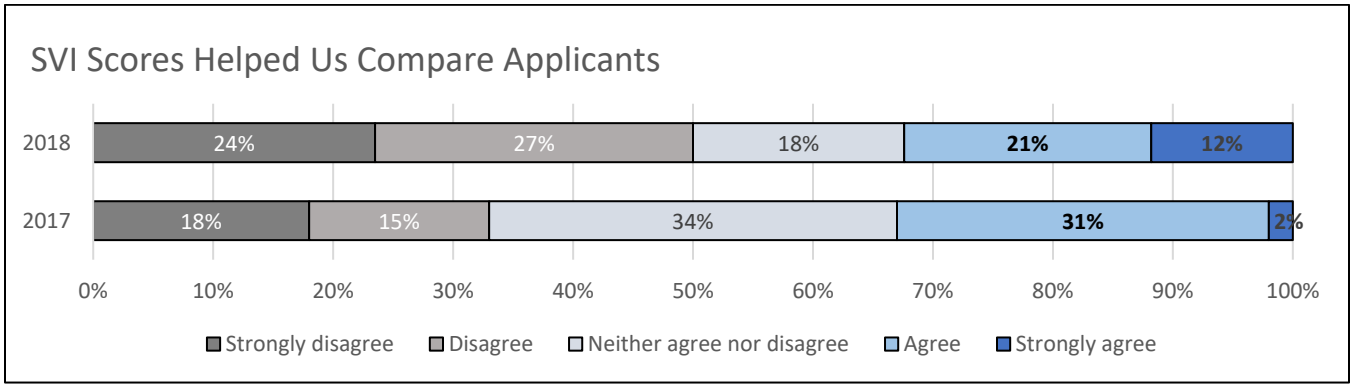
Reactions to SVI Scores

Overall, 38% of respondents agreed or strongly agreed that SVI scores provided easy-to-use information about applicants' interpersonal and communication skills and professionalism. This finding is consistent with what was reported in 2017.



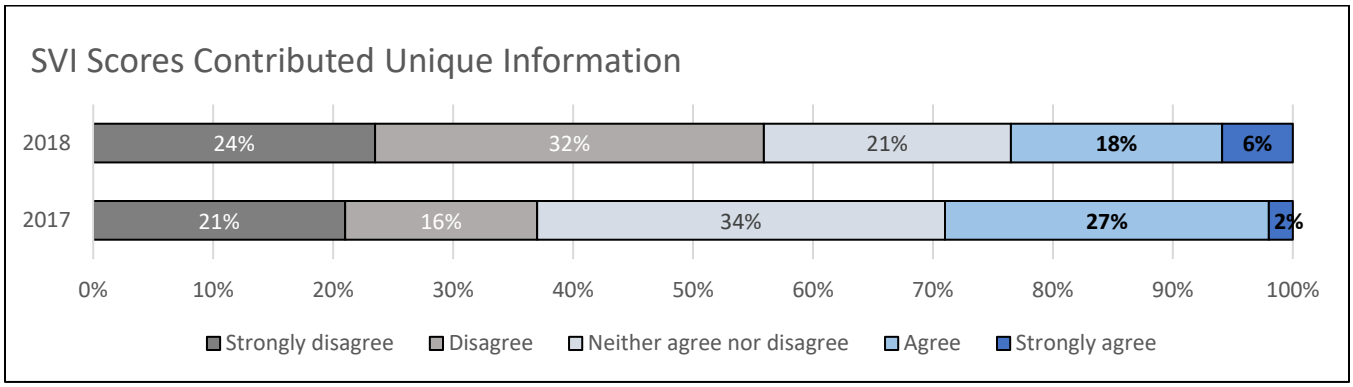
2018: n=34; 2017: n=94

About one-third of respondents agreed or strongly agreed that SVI scores helped them compare interpersonal and communication skills and professionalism of applicants from different medical schools. While the percentage agreeing was consistent with that in 2017, in 2018, 51% of respondents disagreed that SVI scores helped them compare applicants across medical schools, which was an increase from 2017 when 33% disagreed.



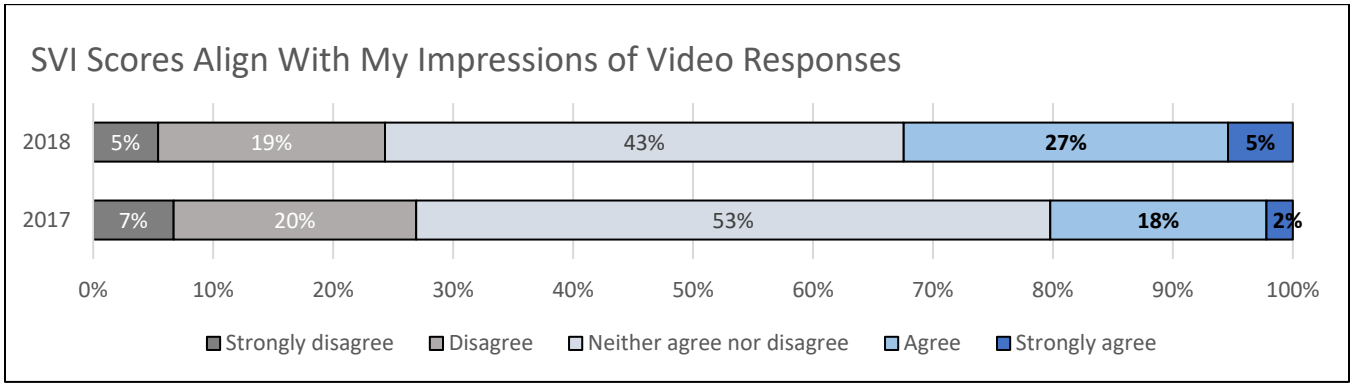
2018: n=34; 2017: n=94

About 24% of respondents felt that SVI scores contributed unique information to their program's selection process, which is a slight decrease compared with 2017.



2018: n=34; 2017: n=95

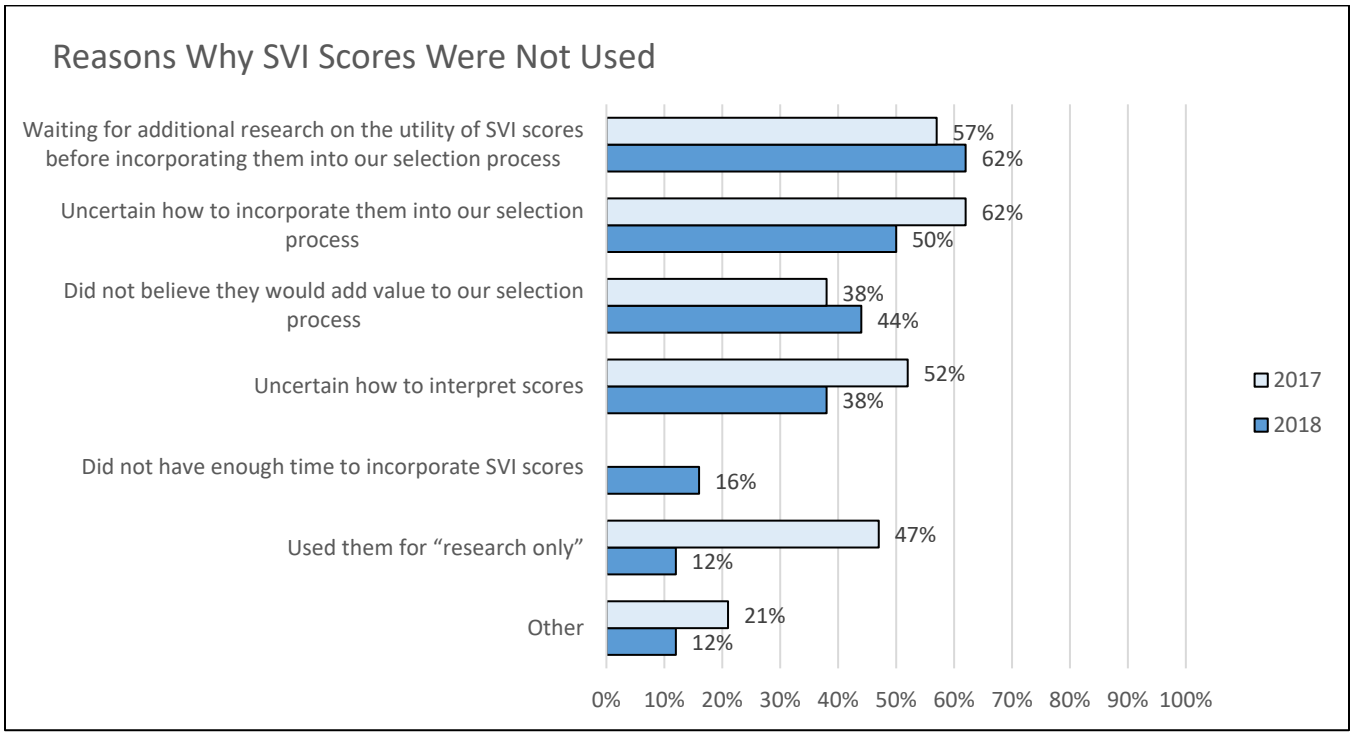
About 32% of respondents reported that SVI scores and their impression of the videos were aligned. This is an increase from about 20% in 2017. In both years, most respondents were neutral about score and video response alignment.



2018: n=37; 2017: n=89

Reasons SVI Scores Were Not Used

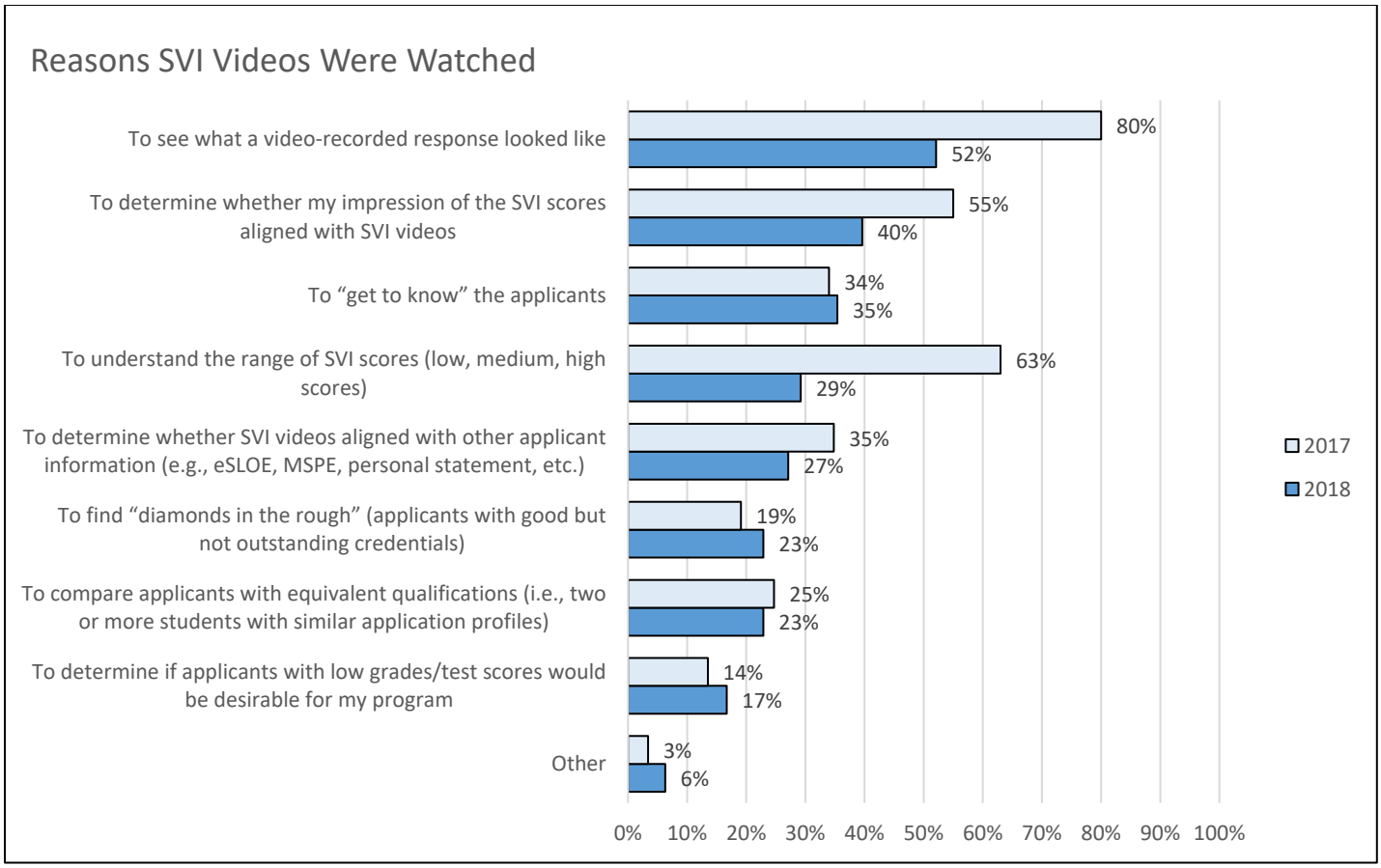
Just over half of the responding programs did not consider SVI scores at any point in the selection process (59%). About 62% of this group reported that they are waiting for additional research on the utility of SVI scores before incorporating them into the selection process, which is a slight increase from 57% in 2017. About 50% reported uncertainty about how to incorporate SVI scores into the selection process, which is a slight decrease from 62% in 2017. About 12% reported using SVI scores for research only in 2018 compared with 47% in 2017.



"Did not have enough time to incorporate SVI scores" was only asked in 2018.
Respondents could select all that applied.
2018: n=50; 2017: n=58

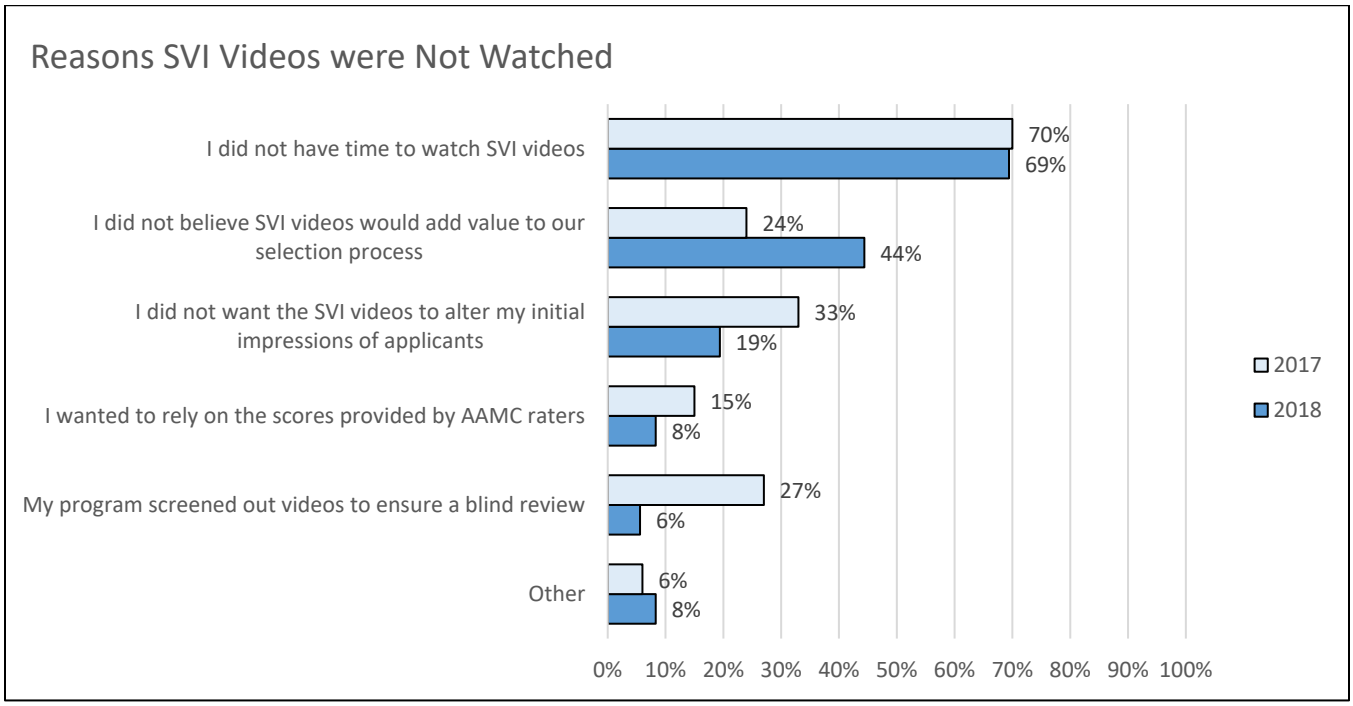
Using SVI Videos

Overall, 57% of respondents to the survey watched SVI videos (n = 48). The most common reasons for watching videos were to see what a video-recorded response looked like (52%) and to determine whether SVI scores aligned with the PD's impression of the response (40%). Fewer participants reported watching videos to understand the range of SVI scores in 2018 (29%) compared with 2017 (63%).



Respondents could select all that applied.
2018: n=48; 2017: n=89

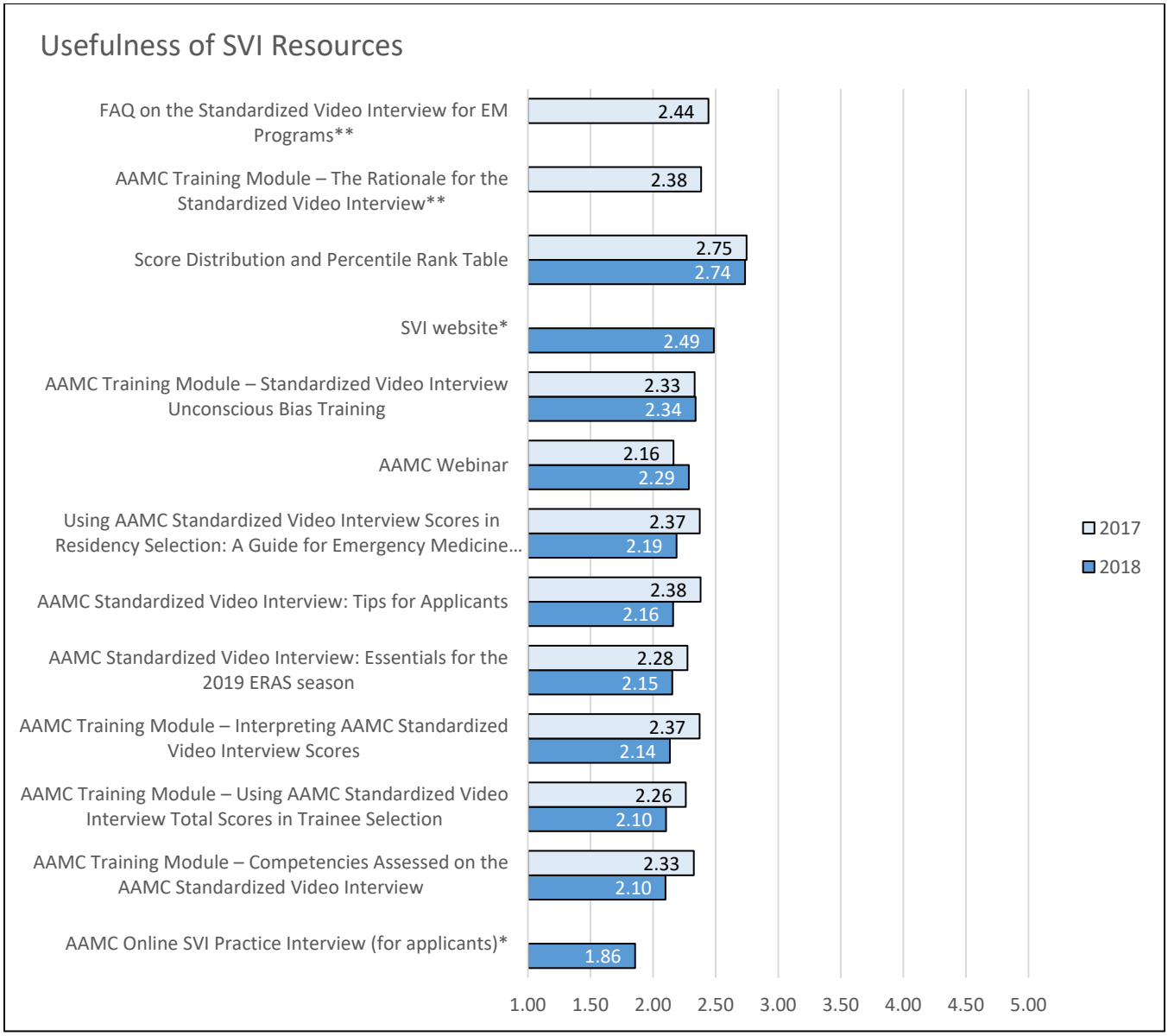
Forty-three percent of responding programs did not watch SVI videos at any point in the selection process (36/84), an increase from 2017 when 28% of respondents said they did not watch SVI videos. Common reasons for not watching videos were not having enough time (69%) and questions about the added value of videos to the selection process (44%).



Respondents could select all that applied.
2018: n=36; 2017: n=33

SVI Resources

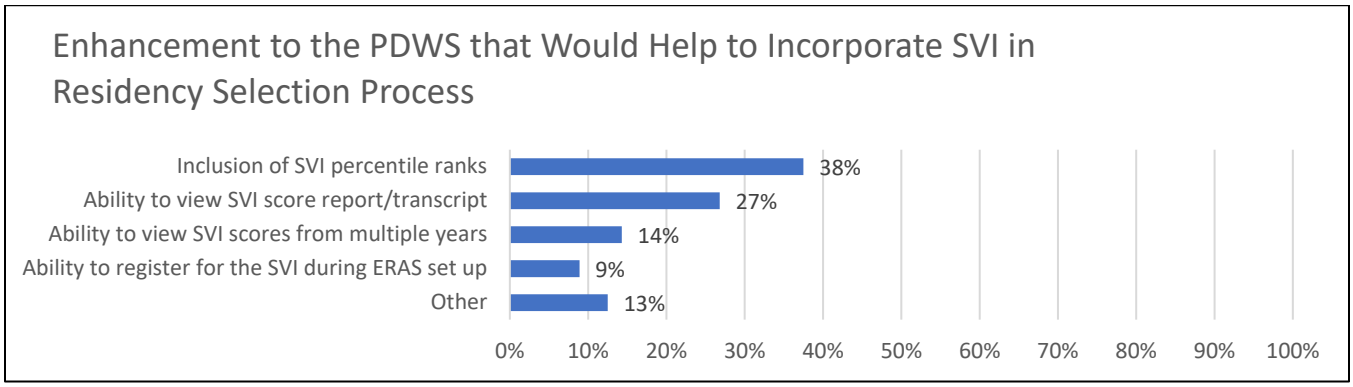
The most useful SVI resources provided to PDs in 2018 was the score distribution and percentile rank table. This is consistent with findings from 2017.



**Included only on 2018 survey*
***Included only on 2017 survey*
N varies by type of resource; 2018: n=21-52; 2017: n=55-86
5 = Extremely Useful, 4 = Very Useful, 3 = Useful, 2 = Somewhat Useful, 1 = Not Useful

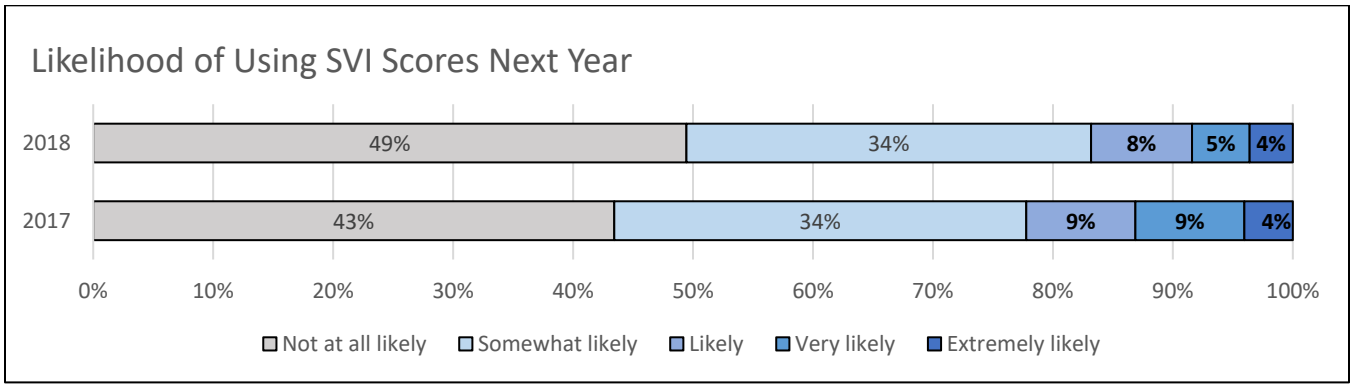
Future of the SVI

Participants reported that inclusion of the SVI percentile ranks in the PDWS would help them to incorporate SVI scores into their selection process.

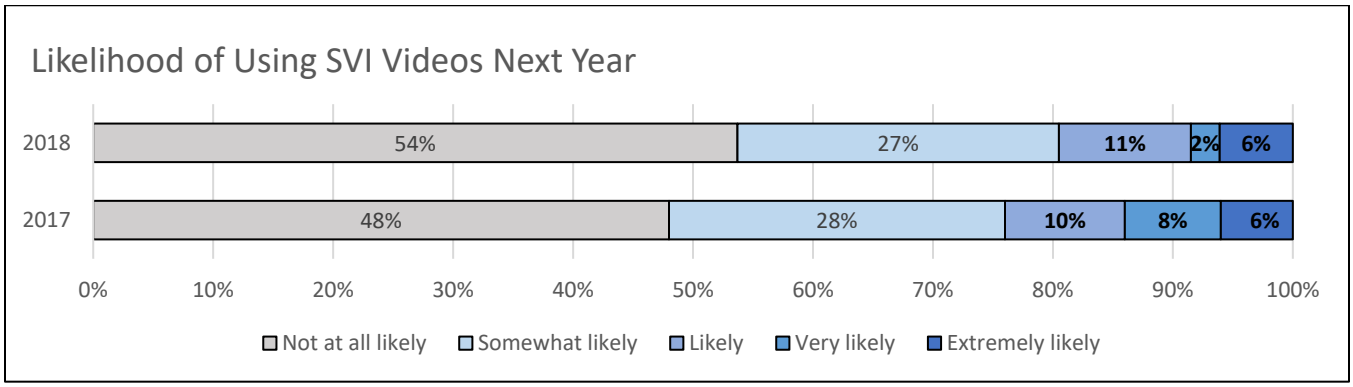


2018: n=56

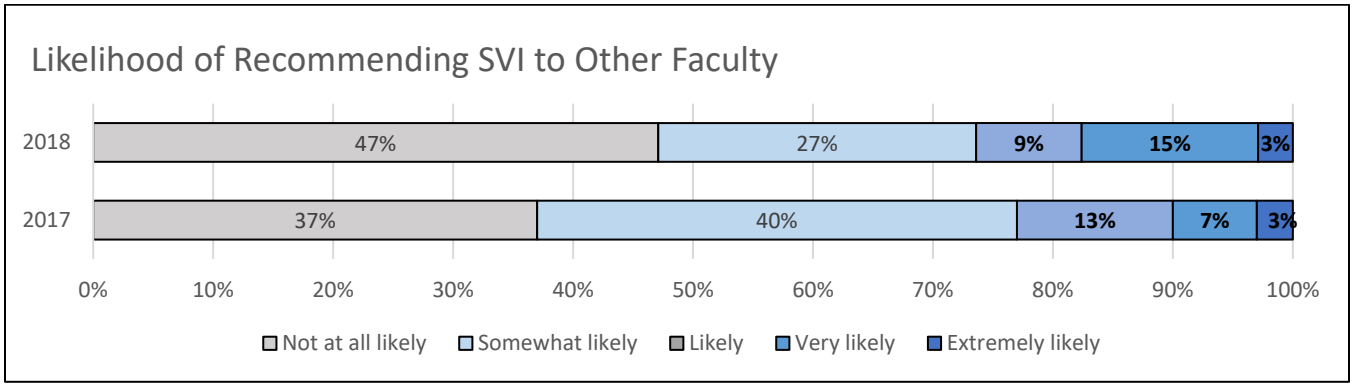
Respondents had mixed opinions regarding future use of SVI scores and videos. About 17% reported they are likely to use SVI scores next year, and 22% reported they are likely to use SVI videos in the next ERAS cycle. Both numbers represent slight decrease in reported future use compared with 2017. About 27% reported that they are likely to recommend SVI to other faculty — a slight increase compared with 2017.



2018: n=83; 2017: n=97



2018: n=82; 2017: n=99



2018: n=34; 2017: n=62

Appendix A

AAMC Standardized Video Interview (SVI) for the ERAS 2019 Cycle

Program Director Survey

Greetings,

We want to learn more about your experience using the AAMC Standardized Video Interview (SVI). Results of the survey will be compared to last year's study and help the emergency medicine community understand user reactions to the SVI. They will also be used to identify strategies to improve the SVI should it go forward.

Please note that each participating program should only complete one survey. The survey should be completed by the Program Director who received the survey invitation or his/her designee.

We anticipate that the survey will take 10-15 minutes to complete. We hope you can lend some time to complete this survey in one sitting. If you are unable to do so, you will be able to save your responses and access a personalized URL to complete the survey at another time.

Thank you for your willingness to complete this survey. If you have any questions about the survey, please contact Alexandrea Rather at residencyinterview@aamc.org.

Confidentiality:

This survey has been reviewed according to AAMC policies and procedures. Participating in this survey is voluntary and the data will be classified as confidential. Confidential AAMC Information is sensitive, private, or proprietary information that, if improperly accessed or disclosed, could cause harm or embarrassment to AAMC, AAMC members, or individuals, but that is not necessarily subject to specific restrictions imposed by law. Identified responses will be stored in a secure database at the AAMC to which only the primary researcher will have access. Your identified responses will never be released without your permission. We may release de-identified responses to individuals who agree to protect it and who agree to the AAMC confidentiality policies.

By continuing, you acknowledge that you have read the above statement and would like to continue. Thank you in advance for your time and effort in providing this valuable information.

Please click NEXT to get started.

Using SVI Scores

1. **Did you use SVI Scores at any point in your selection process?**
   - **a. Yes**
   - **b. No**

Question 2 is Conditionally Shown if: (Q1 = No)

2. **Why didn't you use SVI scores in your selection process? (Select all that apply)**
   - a. Used them for "research only"
   - b. Did not believe they would add value to our selection process
   - c. Uncertain how to incorporate them into our selection process
   - d. Uncertain how to interpret scores
   - e. Waiting for additional research on the utility of SVI scores before incorporating them into our selection process
   - f. Did not have enough time to incorporate SVI scores
   - g. Other (please describe): [open comment box]

Questions 3-9 are Conditionally Shown if: (Q1 = Yes)

3. **How important were each of the following application data in deciding <u>whom to invite to the in-person interview</u>?**

	Not important	Somewhat important	Important	Very important	Extremely important
Alpha Omega Alpha (AOA) Honor Society member					
Data from ERAS application					
Gold Humanism Honor Society member					
Letters of Recommendation					
MSPE or Dean's letter					
Personal Statement					
Required Clerkship Grades					
Electronic Standardized Letter of Evaluation (eSLOE)					
Standardized Video Interview (SVI) total score					
Standardized Video Interview (SVI) videos					
USMLE Step 1 score / COMLEX-USA Level 1 score					

	Not important	Somewhat important	Important	Very important	Extremely important
USMLE Step 2 CK score / COMLEX-USA Level 2 CE score					
USMLE Step 2 CS pass/fail / COMLEX-USA Level 2 PE score					
Other (please describe):					

4. **You indicated that your program used a minimum SVI score. Using the list below, please select the minimum score your program considered appropriate.** [drop down box ranging from 1-30]

5. **How did you infer meaning of SVI scores? (Select all that apply)**
   a. Consulted the SVI score distribution and percentile rank tables
   b. Consulted the SVI total score descriptions and sample videos from AAMC training
   c. Compared with other relevant application information (e.g., eSLOE, MSPE, personal statement, etc.)
   d. Compared SVI scores of my own program's students to my own personal knowledge of their skills
   e. Watched a sample of videos with different SVI total scores
   f. Other (please describe): [open comment box]

6. **When comparing SVI scores from two applicants, what difference in total score did your program consider to be meaningful?**
   a. We did not consider any difference in SVI scores as meaningful.
   b. One point
   c. Two points
   d. Three points
   e. Four points
   f. Five points or more

7. **How did your program evaluate applicants who did not have SVI scores?**
   a. We ignored the missing SVI scores and focused on other aspects of the application
   b. The application was considered incomplete so we did not consider applicants missing SVI scores
   c. We asked the applicant why they did not have an SVI score and made a determination based on their response
   d. Other (please describe): [open comment box]

8. Please rate the extent to which you agree or disagree with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
SVI scores contributed unique information to my program's selection process.					
SVI scores helped us compare Interpersonal and Communication Skills and Professionalism between applicants from different medical schools.					
SVI scores provided information about applicants' Interpersonal and Communication Skills and Professionalism that was easy-to-use.					

9. Please rate the extent to which you agree or disagree with the following statements:

	Not at all likely	Somewhat likely	Likely	Very likely	Extremely likely
How likely are you to use SVI scores, in conjunction with other information, to finalize your rank order list?					
How likely is your program to use SVI scores during the SOAP process for applicants with whom in-person interview was not possible?					

Using SVI Videos

10. Did you watch any SVI videos?

a. Yes
b. No

Question 11 is Conditionally Shown if Q10 = No. Then, respondents are branched to Q14.

11. Why didn't you watch any SVI videos? (Select all that apply)

a. My program screened out videos to ensure a blind review
b. I did not have time to watch SVI videos
c. I did not believe SVI videos would add value to our selection process
d. I did not want the SVI videos to alter my initial impressions of applicants
e. I wanted to rely on the scores provided by AAMC raters
f. Other (please describe): [open comment box]

Questions 12-13 are Conditionally Shown if Q10.

12. Why did you watch SVI videos? (Select all that apply)

a. To "get to know" the applicants
b. To see what a video-recorded response looked like
c. To understand the range of SVI scores (low, medium, high scores)
d. To determine whether my impression of the SVI scores aligned with SVI videos
e. To determine whether SVI videos aligned with other applicant information (e.g., eSLOE, MSPE, personal statement, etc.)
f. To compare applicants with equivalent qualifications (i.e., two or more students with similar application profiles)
g. To determine if applicants with low grades/test scores would be desirable for my program
h. To find "diamonds in the rough" (applicants with good but not outstanding credentials)
i. Other (please describe): [open comment box]

13. In general, SVI scores aligned with my program's impression of SVI videos [1=Strongly Disagree, 2 = Disagree, 3 = Neither Agree nor Disagree, 4 = Agree, 5 = Strongly Agree]

SVI Resources

14. Please rate the usefulness of the following resources:

	Not useful	Somewhat useful	Useful	Very useful	Extremely useful	Did Not Use
Score Distribution and Percentile Rank Table						
Using AAMC Standardized Video Interview Scores in Residency Selection: A Guide for Emergency Medicine Training Programs						
AAMC Training Module – *Competencies Assessed on the AAMC Standardized Video Interview*						
AAMC Training Module – *Interpreting AAMC Standardized Video Interview Scores*						
AAMC Training Module – *Using AAMC Standardized Video Interview Total Scores in Trainee Selection*						
AAMC Training Module – *Standardized Video Interview Unconscious Bias Training*						
AAMC Webinar						
SVI website						
AAMC Standardized Video Interview: Essentials for the 2019 ERAS season						
AAMC Standardized Video Interview: Tips for Applicants						
AAMC Online SVI Practice Interview (for applicants)						
Other (please describe below):						

15. Please provide any suggestions you have for improving the existing training modules and other resources. [open comment box]

Future of the SVI

16. **Which of the following enhancements to the PDWS would help your program incorporate the SVI into your residency selection process?**
    a. Ability to register for the SVI during ERAS set up
    b. Inclusion of SVI percentile ranks
    c. Ability to view SVI score report/transcript
    d. Ability to view SVI scores from multiple years
    e. Other (please describe): [open comment box]

17. **Please provide any suggestions you have for improving the presentation and/or location of SVI scores and videos in PDWS.** [open comment box]

18. **Do you plan to ask applicants why they did not take the SVI during the in-person interview?**
    a. Yes
    b. No

How likely is your program to use the following as part of your residency selection process next year, should the SVI move forward (i.e., ERAS 2020)?

	Not at all likely	Somewhat likely	Likely	Very likely	Extremely likely
19. SVI scores					
20. SVI videos					

Questions 21-22 Conditionally Hidden if Q1 = No.

	Will increase my time substantially	Will increase my time a little	Will have no effect	Will decrease my time a little	Will decrease my time substantially
21. How do you anticipate incorporating SVI scores into your process next year (should it move forward) will influence the amount of time you spend reviewing applications?					

	Not at all likely	Somewhat likely	Likely	Very likely	Extremely likely
22. How likely are you to recommend the SVI to other residency faculty?					

23. What other information do you need to trust SVI scores? [open comment box]

Demographics

24. What is your role? (Select all that apply)

a. Program Director
b. Associate or Assistant Program Director
c. Program Coordinator
d. Other (please specify): [open comment box]

25. How many years have you served in that role?

a. <5 years
b. 5-9 years
c. 10-19 years
d. >20 years

Appendix B

Program Director Survey Comments

Overall, 94 comments were provided in the survey; upon review, 10 comments were dropped for lack of content (e.g., none, n/a). The remaining 84 comments were reviewed for themes. Six overarching themes emerged, including: (1) SVI Research, (2) SVI Scores and Videos, (3) SVI Value, (4) SVI Design, (5) SVI Resources, and (6) PDWS Enhancements. Comments are organized by theme and displayed verbatim below.

SVI Research

Calls for Performance Outcomes

- "I have not seen data to suggest that the interview behaviors would predict important outcomes for me as a GME educator and I am aware of the potential for bias that could unconsciously influence important decisions for the applicants."
- "I guess I want data that the score actually correlates with the success of a resident."
- "would like to see longitudinal study that scores correlate significantly with behaviors and communications as a resident, until then it is unproven"
- "I need either research showing SVI scores predict important GME outcomes OR I need better construct and content validity by having the applicants demonstrate behaviors related to outcomes such as standardized patient interactions"
- "Studies showing whether SVI correlated with ICS / Prof during residency"
- "Validation data; I am already a believer in the SVI scores, but data would solidify this"
- "I need to see if this actually correlates with CCC reviews of interns' performance on these measures"
- "evidence of validity at predicting success in residency"
- "feedback about how the candidate actually performed in residency."
- "outcomes data related to resident performance"
- "just time to see how my residents with certain SVI scores perform in residency"
- "validation with residency outcomes"
- "See how it relates to outcomes"
- "outcomes data"
- "more validation"
- "Verifiable, reproducible scores with high Kappa scores between graders AND proof that higher scores predict success in residency"

- "a better understanding of what constitutes a good score for my [specialty] & my program in particular"

Other

- "Research."
- "data"
- "literature that it makes a difference vs the time investment"
- "Info on what it's giving me outside of in person interview"

SVI Scores and Videos

Use of SVI Scores

- "Used SVI total score to help interpret the application as a whole"
- "for international or other non traditional applicants"
- "Video scores were only used to HELP applicants get an interview, they were never used AGAINST applicants as a negative."
- "Didn't use it as a determinant"
- "Used as one of the scored data points in our file review. Was scored with a much lower weight than other factors. Ultimately, applicants are chosen by their total numerical score."
- "Used the score to tie break ... but a higher SVI score meant you were less likely to get an interview bc that's the only reason their app review score was higher in the first place"
- "it was really easy to use/view."

Lack of Use

- "was a metric we tracked however did not really weigh into our interview decision."
- "did not use it at all to decide whom to invite."
- "Did not use"
- "did not use "
- "did not use scores at all"
- "Didn't"
- "I will not use them"

Impressions of SVI Scores

- "I find [the] SVI not without value but not sure of the cost, and not sure reliability of scores and percentiles. Very very low scores seem appropriate, the rest sometimes I disagree with assessment

by reviewers especially when they inject concerning behaviors in medicine that an HR reviewer may not recognize"

- "I found the SVI score correlated with pass scores of the PE and comlex 2 /usmle scores people who did poorly with the interviews did well interviews on days of interviews too."
- "Scores seem to have little relation to the interview quality we get in person."
- "with live interviews, we've found an incredible amount of variability in our ability to gauge the quality of an applicant. Would need years of data showing that those with high SVI scores actually correlated with ICS/low with poor ICS"
- "They don't correlate with our assessments of our rotators, so we're not going to have trust in the SVI scores"
- "Scores seem to vary widely even given similar responses to questions among applicants"
- "i feel (maybe inappropriately), that the curve of svi scores has become overly concentrated around the mean (that is, less variability). that would make the svi less useful"
- "I want to SEE the video. I trust my experience/review over someone else, since there is some subjectivity. What one person thinks is good communication/professionalism, may not be so clear, or fall under the same expectations I want for my own residents"
- "They so far have highlighted those who are smooth talkers vs those that are a little awkward. That is pretty meaningless to me. Also I feel that ortho vs EM vs IM vs pathology are probably looking for different traits and thus the score isn't helpful."
- "I don't have a great sense of how these are graded-- is a "good answer" for my [specialty] necessarily a good answer for all specialties"
- "[Specialty] specific goals for SVI scores"
- "i trust them"

Use of SVI Videos

- "Continue to provide videos, lose the scores and put those resources into something else."
- "Keep the avi, lose the scoring system"
- "extreme high or low scores"
- "To prepare for interview day, learn info not in the paper application, and to get a sense of applicants before their arrival. And to even RECOGNIZE applicants, since their professional photos are sometimes way different than their video image!"
- "to remind myself of the applicant through mannerisms"
- "did not used scores at all, occasionally watched video on borderline applicants but made my own determinations"

- "The trouble is reading 800 applications is crazy enough as it is and I barely get through them. I just don't know how I would find time to watch the SVI - perhaps if there were a candidate we were on the fence about after ranking the list we could use it"

Score/Video Discordance

- "While we found listening to the videos useful, we have consistently (for the past 2yrs) that the scores don't correlate at all with the students' performance in the video (or in person)--completely divergent. So we don't look at the actual score at all"
- "Scores completely divergent from video performance. Some low SVIs had outstanding interviews and some high scores were terrible. This bore out in live interviews as well. So we throw out the scores."
- "I have two yrs experience with the SVI scores--they do not correlate with performance on the videos. Some 12's had fantastic videos, and some 26s were truly terrible people in the videos (and in person). Throw out the scores--that's what we do."
- "I don't place much faith into the scoring system now that I have spent so much time viewing the videos and find the scores [discrepant] from my interpretation."
- "This is a waste of money and time for everyone. SVI scores of my own medical students do not correlate with their value. Last year the highest scoring student did not match and one of the lowest scoring students had the best match (and was ranked to mat"
- "I appreciate the attempt to bring an objective score to this subjective process, however this is what the interview is for and the letters of recommendation. I have met people with svi scores in the high 20's who were truly lacking on an interpersonal level and I have met people with an SVI score around 10 who were delightful and insightful people who will make compassionate and ethical physicians. Trying to bring this down to just a couple of questions seems naïve to me."

SVI Value

No Perceived Value

- "This was a good effort but is not ultimately useful and should be abandoned"
- "The SVI was a good intention, but not a good idea. Let's move on."
- "none, I would remove this part of the application process all together"
- "again if you want to make the system better fix the problem, don't create new stressors"
- "i don't think they are a useful adjunct"

Applicant Burden

- "I am not sure this added stressor for the applicants adds much for the programs. If [we] are going change the process and make it better we should start with the root problem - THE MATCH SYSTEM"
- "We did not find the SVI to be useful at all. Was another 'cost' to the applicant and a huge stressor for our EM bound students."
- "A colossal waste of time and money that only adds to the burden on the student"
- "I do not [believe] this adds anything and should be taken off the plate of the applicants, it is an additional stressor for them and adds nothing. stop trying to put bandaids on a broken process, fix the problem, fix the match system - it is old and out dated, expensive, time consuming."

Other

- "recently it has claimed that pictures on applications can affect the selection process. I question whether the same concern for videos and bias can be stated is there away to study this"
- "it was really easy to use/view."
- "no money to support this process"

SVI Design

- "I would like to see applicants performing tasks more in line with what we need to evaluate. For example a standardized patient encounter rather than interview questions. That would provide more content validity and construct validity than the questions currently asked."
- "They need to have accuracy and relevance to what I am [looking] for. I believe that the current system offers neither of these"
- "[Bias] of questions across cultural lines"
- "eliminate scoring, create spontaneous format"
- "I think the underlying idea of the SVI - to pay attention to important non cognitive traits - is valid. I'm not sure that talking to a computer is the best way to assess them in candidates. Also, our program has developed specific targets to assess"

SVI Resources

- "i am VERY familiar with the SVI, hence i did not watch any training/information videos."
- "Last year, I did view them and did not find them useful"
- "The bias video was good. The others are too long for their content"
- "I'm sure the student resources are useful--if nothing else they would help alleviate some stress for them. I just haven't reviewed them. As far as program materials go, how to use the SVIs is fairly intuitive and program specific, so I never found the need for training materials around them, any more than a training manual for how to read a letter of recommendation, etc."

- "A 1 page quick start guide would be great. Might want to add a tip for applicants: 'No need to repeat the question for the audience, as we can see it.' and 'No need to explain medical words/jargon, because as a doctor watching the video, it's made for me, not the non-medical scorer.'"

PDWS Enhancements

- "would be FANTASTIC if we could see side by side score comps across MULTIPLE data points...it, when we 'organize by X' X is only one thing: Step 1, Step 2, or SVI score, etc. Would be great to 'show' 3 things all at one: SVI scores, AND USMLE scores."
- "ability to view the vides could be helpful, however not much time available to view them."
- "Was unable to access any videos to screen."