CORRESPONDENCE

Three (more) tips to reduce socioeconomic bias in virtual anesthesiology interviews

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To the Editor,

We were very interested to read “Six tips for successful virtual anesthesiology interviews in the COVID-19 era and beyond.”¹ Leng *et al.* provided tips for a smooth virtual interview season, from both the perspective of the program and the interviewee. The authors provided an attractive and comprehensive figure for anesthesiology stakeholders to utilize as they move forward with virtual residency and fellowship interviews. In addition, Leng *et al.* addressed potential sources of bias by suggesting all interviewers undergo unconscious bias training before interview season. We applaud the authors' commitment to decreasing inequities in residency and fellowship interviews, especially given the disproportionately low proportion of

the medical workforce from socioeconomically disadvantaged backgrounds.²

Suggesting bias training for interviewers is an excellent start, requiring to reflexively engage in dialogue on how subjectivities, social locations, prior world views, and knowledge may bias interviewers. We offer three additional “key tips” for successful virtual anesthesiology interviews. We believe adding these tips will help address potential sources of inequity and bias, while helping to increase socioeconomic diversity within the field.

Internet access is a crucial, yet under-appreciated topic related to the increasing demand for virtual interviews. With over 40% of the global population unable to access

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Figure Three tips to reducing socioeconomic bias in virtual interviews

reliable internet,^A stakeholders must consider that trainees may not have the reliable, high-speed internet required for seamless virtual interviews in their homes.³ Candidates without access are severely disadvantaged compared with their peers because of the potential for low video quality, increased glitches, or inability to access video conferencing platforms altogether, each introducing barriers to success.⁴ As we aim for equity in this process, we would add *Tip 7: Consider connectivity*.

As Nwora *et al.* suggest, the interview process itself may introduce potential bias against populations who are already underrepresented in medicine, and using standardized interviews might be a better alternative.⁵ There are many options for standardized interviews that are considered fairer by interviewers and applicants alike, and we believe anesthesiology programs should consider adopting *Tip 8: Standardize the interview*.

We also recommend anesthesiology programs consider offering office space for applicants attending virtual interviews. Pourmand *et al.* suggest bright lighting and adequate computer angles make for a more successful interview experience.⁴ Nevertheless, interviewees may live in spaces they are uncomfortable exposing on camera or may have other conflicts such as multi-family homes, children, other caretaking responsibilities, or lack of privacy. These settings pose significant barriers to an inclusive interview process and should be mitigated by the program rather than the onus being placed on the applicant. We therefore propose all parties consider *Tip 9: Setting isn't everything*.

By adding these tips to the already strong framework developed by Leng *et al.*, we are optimistic anesthesiology programs will be better equipped to handle virtual

interviews while considering socioeconomic diversity of their applicant pool.

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^A United Nations Educational, Scientific and Cultural Organization. New report on global broadband access underscores urgent need to reach the half of the world still unconnected. *UNESCO*, 2 June 2020. Available from URL: <https://en.unesco.org/news/new-report-global-broadband-access-underscores-urgent-need-reach-half-world-still-unconnected> (accessed April 2021).