CORRESPONDENCE

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

Jody C. Leng, MD MS · Edward R. Mariano, MD, MAS ·
Kariem El-Boghdadly, MBBS,
BSc (Hons), FRCA, EDRA, MSc

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To the Editor,

We thank Flores *et al.* for their interest in our work,¹ and we appreciate their thoughtful response.² Flores *et al.* provide excellent insight into the virtual anesthesiology interview process, especially with respect to unconscious or implicit biases that contribute to the perpetuation of inequity. We wholeheartedly agree that our recommendation for unconscious bias training of interviewers is merely one facet of a multi-pronged strategy that is necessary to improve inclusiveness at all levels of medical education. We have updated our infographic based on these authors' feedback with specific reference now to potential issues with internet connectivity, standardization of format, and setting that may affect the virtual interview experience and outcomes (FIGURE).

The proposal to offer space for virtual interviews is especially compelling since medical schools and hospitals may have available offices because of teleworking agreements that started during the COVID-19 pandemic

for administrative and other non-clinical support staff. Perhaps these institutions may offer electronic booking of offices when they are unoccupied, similar to a “time-share” model, for students and residents who may need them when they have scheduled interviews. This may also alleviate the problem of unreliable internet connectivity. We sincerely appreciate this resourceful approach proposed by Flores *et al.* and encourage all graduate medical education programs, not limited to anesthesiology, to work individually with their trainees to assess and address potential issues associated with upcoming interviews. We also suggest flexibility on the part of residency and fellowship selection committees and interviewers. Allowing for telephone interviews, when videoconferencing may not be feasible, or off-hours interview scheduling will provide applicants a more equitable virtual interview process.

Standardizing the format of interviews is a larger undertaking for programs. Omitting applicant photographs in the initial application review and interview selection process is recommended to minimize bias prior to the interview phase. A schedule of multiple “mini” interviews may be preferred over fewer traditional interviews to further decrease the potential impact of bias.³ While an attractive concept, this would require commitment and investment from multiple faculty interviewers to undergo training in this new model to ensure proper implementation leading to the fair assessment of candidates.

In summary, virtual interviews are here to stay but still represent a work in progress. We welcome future collaboration with Flores *et al.* to advance creative solutions that combat bias and promote equity.

J. C. Leng, MD MS · E. R. Mariano, MD, MAS (✉) ·
Department of Anesthesiology, Perioperative and Pain Medicine,
Stanford University School of Medicine, Stanford, CA, USA
e-mail: emariano@stanford.edu

Anesthesiology and Perioperative Care Service, Veterans Affairs
Palo Alto Health Care System, Palo Alto, CA, USA

K. El-Boghdadly, MBBS, BSc (Hons), FRCA, EDRA, MSc
Department of Anaesthesia and Perioperative Medicine, Guy's
and St Thomas', NHS Foundation Trust, London, UK

FIGURE An updated infographic highlighting nine key suggestions for successful and equitable virtual anesthesiology interviews.

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