

# Analysis of Medical School Interview Reports: Do Race, Gender, Sexuality Matter?

Alix Masters MS3, Ashley B. Zhang MS1, Anjali Upadhyaya MS2, Priyanga Selvakumar MS2, Bernard Lopez MD, Alisa LoSasso MD  
Sidney Kimmel Medical College

## Background

### Problem Statement:

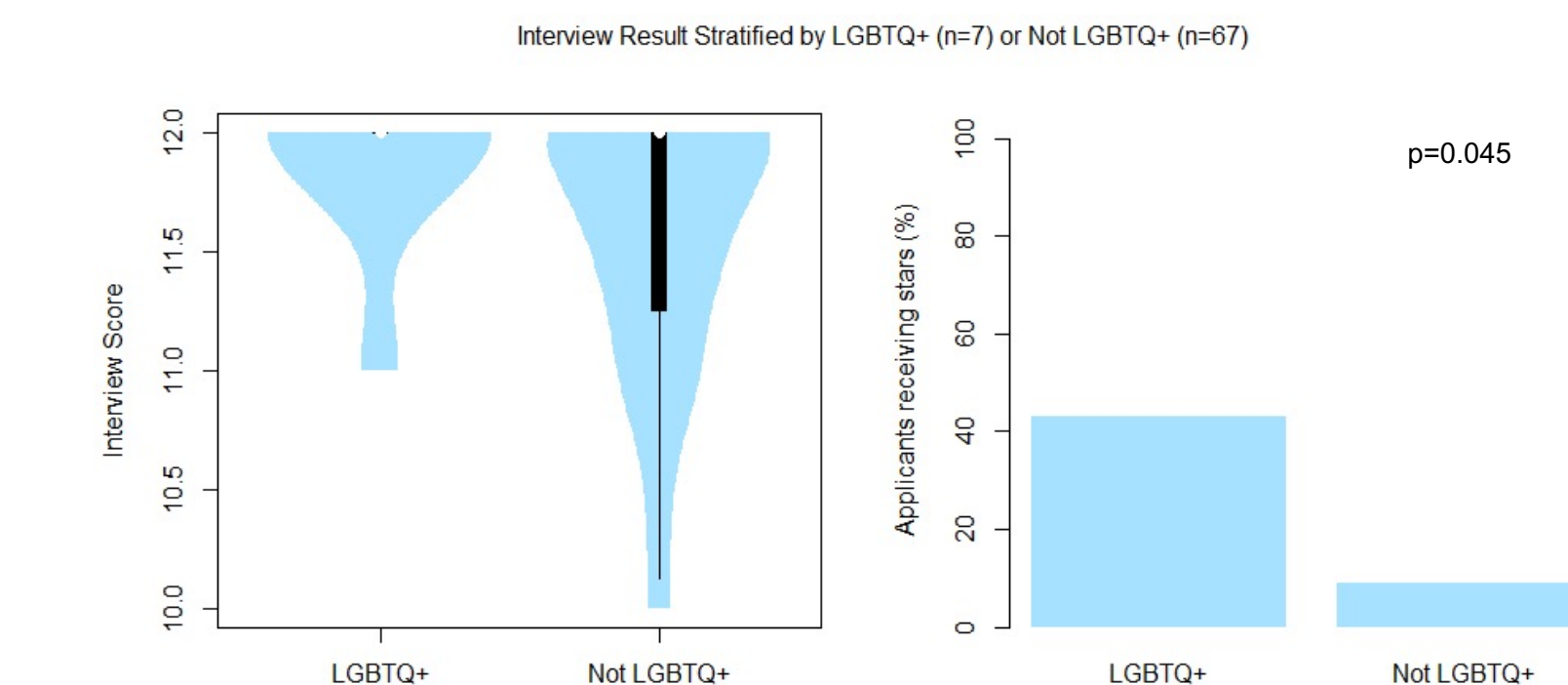
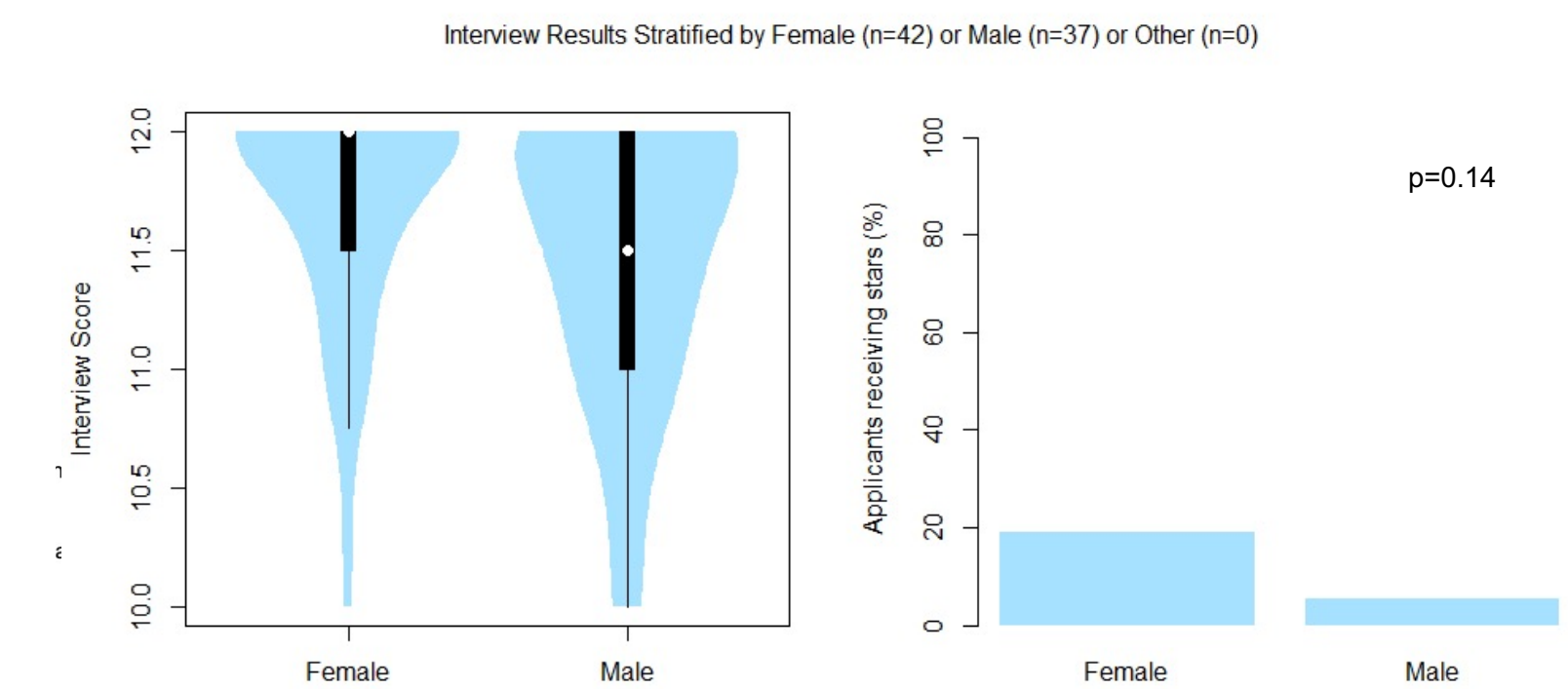
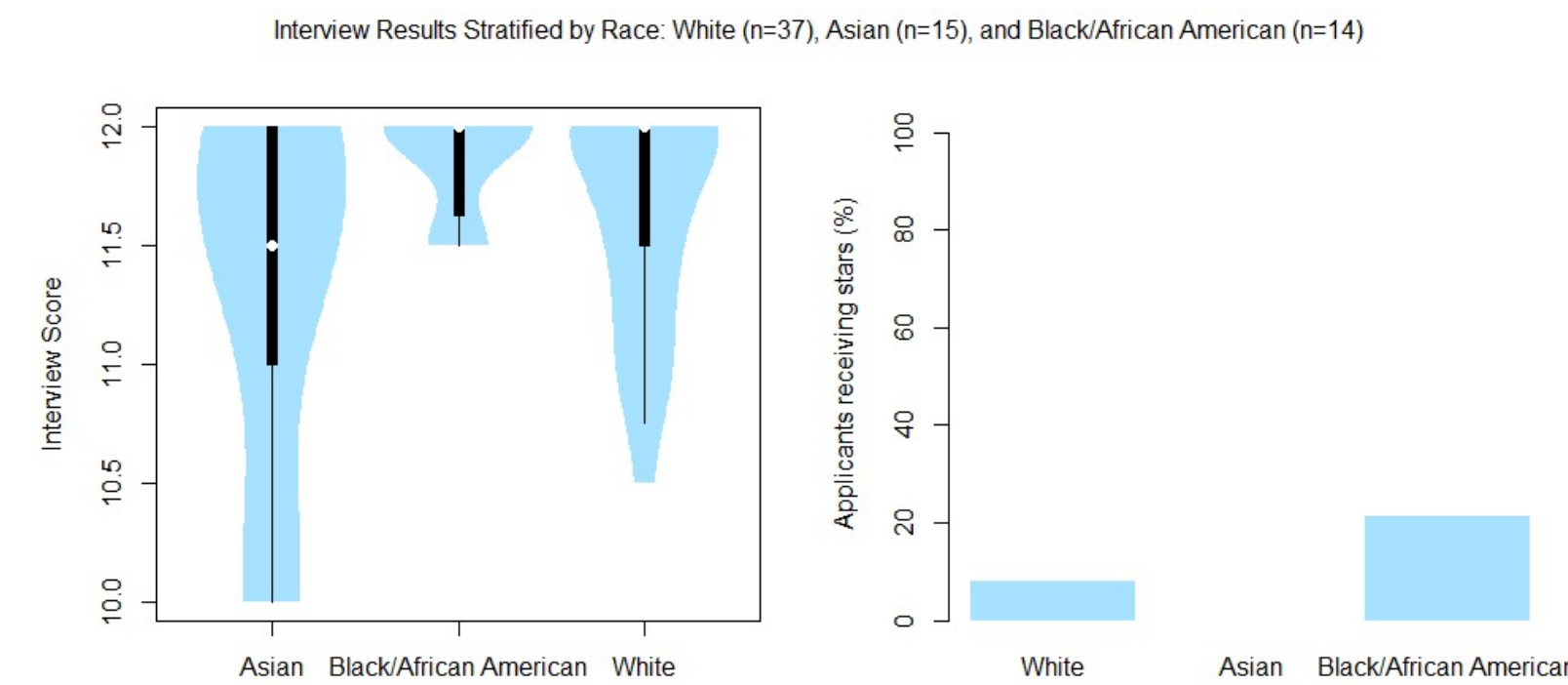
- African Americans and other minorities remain underrepresented in medicine. The percentage of accepted applicants to Sidney Kimmel Medical College (SKMC) who are underrepresented in medicine has increased each year. Despite this, the current first year class has a lower percentage than other area schools at 12%. The disproportionate weighting of test scores and outdated markers of academic achievement have been put forth as possible explanations for this medical racial gap. However, few studies have focused on the medical school interview process as a potential site of racial bias. Implicit white bias of medical school interviewers has been demonstrated in one notable study at Ohio State University College of Medicine and more studies are needed to investigate the interview process for racial, gender, and sexuality biases.

### Project aim:

- The purpose of our study is to investigate the medical school 2021-2022 interview process at SKMC to reveal underlying bias of race, gender, and sexual orientation that might explain the disproportionate exclusion of underrepresented minority students.

## Interventions/Results

Data extraction and analysis are in progress. So far, data extraction for a total of 80 reports has been completed and preliminary quantitative analysis is shown below. Interview scores range from 0 to 12. An additional “star” is given if the interviewer strongly believes the applicant should be admitted. For stratification by race, mixed race applicants were excluded from the analysis. For stratification by race and sexuality, applicants who chose not to disclose their race or sexuality on their application were excluded from the analysis.



## Challenges and Lessons Learned

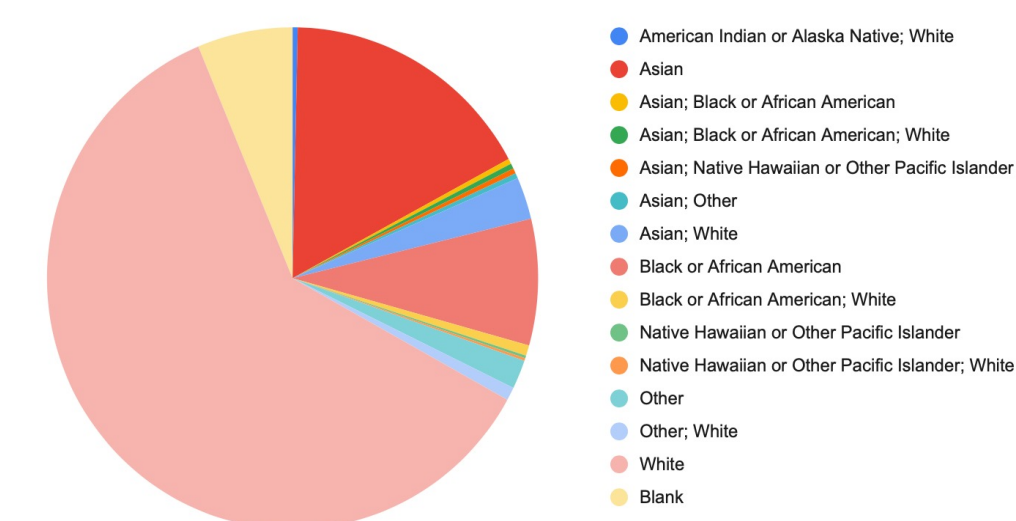
- One important challenge we have faced in designing this study is how to account for the perceived race and sexual identity of the interviewee. Our study relied on self-identification which may or may not align with the perception, and therefore biases, of the interviewer.
- We would like to thank Rita Rossano and Michelle Calderoni in the Office of Admissions for being gracious with their time and helping us to conduct this study.

## Future Directions

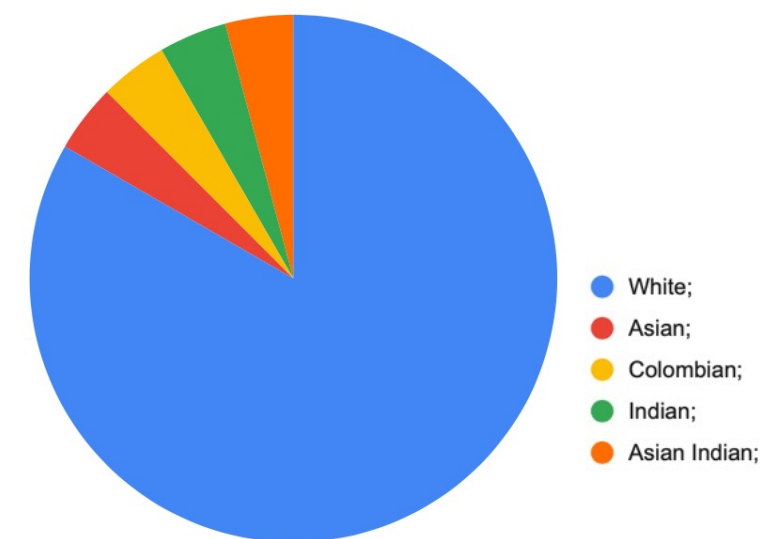
- Next steps will include running a sentiment analysis of our sample to assess language bias in interview reports.
- Based on the results of this study, recommendations for change will be made for interview questions that are more unbiased and effectively allow applicants to demonstrate their cultural competency.
- Results of the study will be incorporated into the existing annual bias training for admissions committee members as well as used when recruiting new members.

## Baseline Metrics

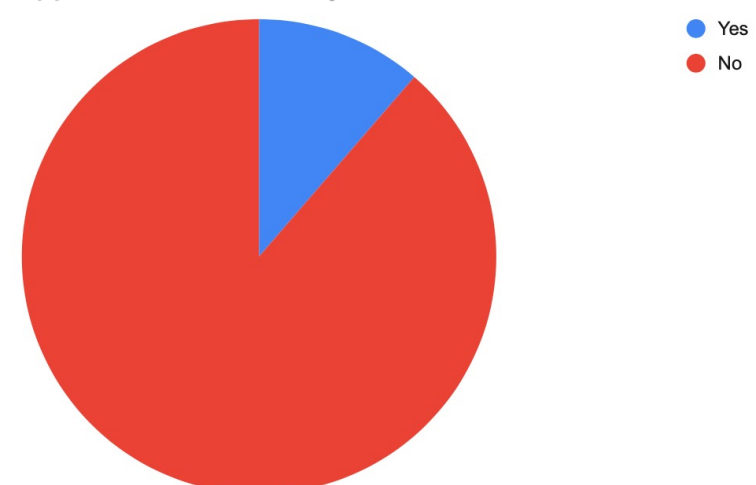
Race Breakdown of Applicants Interviewed



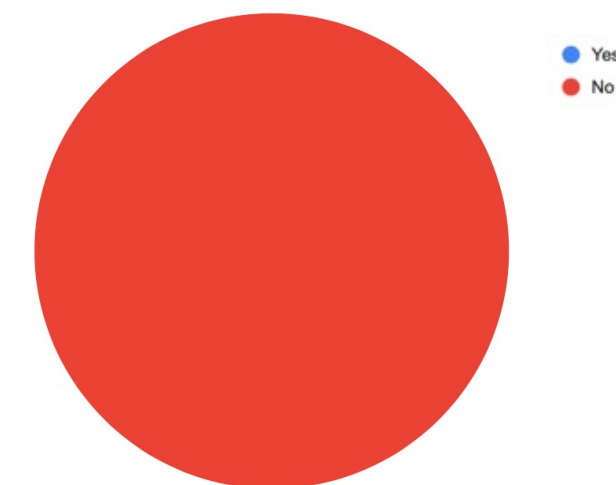
Race Breakdown of Faculty Interviewers



Percent of Applicants Who Identify as LGBTQ+



Percentage of Interviewers who Identify as LGBTQ+



## Linkage to Healthcare Disparities

- The underrepresentation of racial, gender, and sexual minorities in the medical profession is known to contribute to health disparities.
- For example, only 5% of US doctors identify as Black, a percentage that has been largely unchanged for the past 120 years
- Black Americans also experience some of the worst healthcare outcomes of any racial group
- Studies in gender diversity have shown that improving the number of female physicians greatly improves healthcare outcomes for women
- Representation matters: increasing diversity within the workforce holds major implications for eliminating disparities and improving healthcare access and outcomes.