NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

*The corresponding author has opted to make this information publicly available.

Personal or nonessential information may be redacted at the editor’s discretion.

Questions about these materials may be directed to the Obstetrics & Gynecology editorial office: obgyn@greenjournal.org.
RE: Manuscript Number ONG-19-616

Use of asynchronous video interviews for selection of obstetrics and gynecology residents

Dear Dr. Breitkopf:

Thank you for submitting your manuscript for the CREOG/APGO Educational Supplement for Obstetrics & Gynecology. As you know, final decisions regarding which manuscripts to accept for the supplement will be made in June 2019, after all manuscripts have been reviewed. For those manuscripts, like yours, for which revisions have been requested, we are asking the authors to go ahead and make those revisions now.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the “track changes” feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Again, thank you for your submission and the work you are doing to improve medical education.

Roger P. Smith, MD
Guest Editor for the CREOG/APGO Supplement
Assistant Dean for Graduate Medical Education, Faculty and Academic Affairs
Professor of Integrated Medical Science
Florida Atlantic University’s Charles E. Schmidt College of Medicine

Nancy C. Chescheir, MD
Editor-in-Chief of Obstetrics & Gynecology

REVIEWER COMMENTS:

Reviewer #1: The manuscript authors are to be commended for their utilization of an innovative technique to assist in the applicant screening and interview process in graduate medical education. Though there are many strengths in this paper, there are some areas which should be considered.

1. The manuscript would benefit from greater than 2 interview cycle years. In addition, comparison of the video interview group results greater to previous years would be more instructive if it was expanded prior to 2017. Including some type of evaluation of admitted resident performance and correlation with their asynchronous video scores would also be illuminating.

2. The manuscript would benefit from more emphasis in the discussion section of the negative results. Ultimately, only one variable showed statistical significance, suggesting that the use of asynchronous video interviewing is ultimately an ineffective use of interviewer time and resources in the applicant screening process. At a time when many obstetrics and gynecology residency programs are seeing record numbers of applications and are looking for alternative approaches to screening, an emphasis on the lack of significance found by the authors is a significant contribution to the literature.

3. The characterization of the post interview applicant questionnaire also seems skewed in its interpretation. Review of table 3, questionnaire results from 2019, shows that applicants appeared to view the process more unfavorably then as discussed by the authors.

4. The additional manuscript under review at BMC medical education is critical to describing the validation of the process utilized in the manuscript under consideration. Until that manuscript is published, revision of the manuscript would
be necessary to elucidate the development of the video interview process.

Reviewer #2: Breitkopf and colleagues examined asynchronous interviewing to select residency program applicants.

Comments for the authors:

Abstract

1. The p-value for the correlation between the video score and interview score was not significant, categorization of this as "a small correlation" should be removed.

Introduction

2. Introduction is a good overview of the topic.

3. May be helpful to describe any metrics around video interviewing for the ED data described.

4. Some clarification on what Kane's framework is should be provided.

Methods

5. Should clarify if the 2018 video interviews were voluntary or mandatory.

6. How were the video interviews scored and graded and by whom? Assessment of video interviews would still seem to be highly subjective.

Results

7. As above "small correlation" should be rephrased. The P-value was not statistically significant.

8. The number of applicants invited to submit a video interview and the corresponding number of those who did and did not complete the video should be reported. A concern is that this process may dissuade some applicants from the program.

9. Notably in the survey to applicants 45% found the video experience uncomfortable, 95% reported that there were too many questions. These findings should be reported in the body of the results and would seem to suggest a bit more dissatisfaction among applicants than is portrayed.

10. The real question is whether or not that use of these interviews improved the quality of matched applicants. Realizing this is sensitive data, is there anyway to quantify this?

Discussion

11. Overall Discussion is well written

Reviewer #3: While the educational research question is timely and of importance, there are major issues with the study design and interpretation of the findings.

1. The n is small, potentially contributing to almost none of the differences being significant and making interpretation of the findings difficult.

2. There was a substantial change in approach to interviewing between '18 and '19, which could be expected to change the "quality" of the inperson interview scores, independent of the impact, if any, of the video interview. Given that the former is the primary outcome, that is a fatal flaw.

3. The questionnaire responses are plus/minus to say the least. Characterizing them as positive doesn't strike this reviewer as warranted; it is probably fair to conclude that implementing the video interview wasn't perceived as very negative by applicants.
STATISTICAL EDITOR COMMENTS:

The Statistical Editor makes the following points that need to be addressed:

lines 39-40: Rather than characterizing as a "small correlation", should simply state that, like the USMLE Step 1/2 scores, there was no statistically significant correlation. This section of Abstract should also summarize the sample sizes involved.

Table 1 and line 136: The footnote refers to video interview scores, but those are not presented in the Table.

Table 2: For calculation of p-value related to r-value for 2019 3rd year clerkships, should have used two-tailed probability, in which case the association is NS. Besides, given that 5 comparisons are performed for 2 years, there is no correction for multiple hypothesis testing. So, the association with 3rd year clerkships (which was rather weak in any predictive sense) becomes NS. A more prudent solution is that the data at hand provides no evidence of statistical association of any of these applicant parameters with VI score.

What were the correlations of the 5 components with one another?

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

***The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.***

- The Journal style doesn't not use the virgule (/) except in numeric expressions. Please edit here and in all instances.

- What does that AAMC have to with residency selections?

- you've told us its in Rochester, Minn. Unless there is more than one program there, probably ok to mention its Mayo.

- by whom? Who established your exclusion criteria?

- The range of total scores is from 5-25; total is 25.

- you will need to tell us about these and analysis should exclude them from denominator.

- What were applicants in 2018 told? How did they get the questions? What technology did you use?

- how were video interviews scored?

- Given the anxiety resident applicants feel about responding in the first millisecond after receiving a text that have an invitation from a school, and the rapidity with which the residents fill their interview schedule, it seems that this process would be a problem for your department as it could significantly delay the invitation process, considering all the steps and time required to complete them: 
  1. ERAS information coming in
  2. Someone does initial screen.
  3. 3 people then look at the subset after initial screen and score them.
  4. Those with score 20 or more get invited for VI and then have 2 weeks to complete VI.
  5. Then someone has to screen the likely more than 100 VI's.
  6. Invitations go out.
As I figure it, that puts you at least 3 weeks, if not more behind other programs who are doing a much foreshortened set of steps. Can you report how many people you ended up offering in person interviews to but they declined?

- are your residents involved in interviews?

- Did you ask any one who completed the VI and wasn't offered an interview or who completed the VI, was offered an interview but did not come? If so, please provide the data. If not, should be part of limitations re;
how the applicants feel about the VI process.

- were the questions on the VI also behavioral? You haven't told us anything about these questions. It would be good to include.

- instead of "where" perhaps "during which"?

- In both the abstract and the paper, please provide absolute numbers as well as which ever effect size you are reporting (if appropriate) + Confidence intervals. P values may be omitted for space concerns. We strongly prefer CI's as they give more information about strength of association than do P values. By absolute values, I mean something like xx (outcome in exposed)/yy(outcome in unexposed) (zz%) (Effect size= ; 95% CI= . ) An example might be: Outcome 1 was more common in the exposed than the unexposed 60%/20% (Effect size=3;95% CI 2.6-3.4).

2. In your original cover letter, you state that you have another manuscript under review at BMC Medical Education. Would you provide a status update about that submission? The journal does not generally publish manuscripts with "in-press" references, so if you have a final citation, please add it during your revision. If the manuscript was not accepted, you cannot include it as a reference.

3. Please remove the specific criteria about what your step 1 threshold was. Just say that you had one, and then make this generalizable.

4. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

5. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Any author agreement forms previously submitted will be superseded by the eCTA. During the resubmission process, you are welcome to remove these PDFs from EM. However, if you prefer, we can remove them for you after submission.

6. Our journal requires that all evidence-based research submissions be accompanied by a transparency declaration statement from the manuscript's lead author. The statement is as follows: "The lead author* affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained."

*The manuscript's guarantor.

If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

7. Tables, figures, and supplemental digital content should be original. If anything you are including in this submission has been previously published in another source, the work is not considered original.

The use of borrowed material (eg, lengthy direct quotations, tables, figures, or videos) is discouraged, but should it be considered essential, written permission of the copyright holder must be obtained. Permission is also required for material that has been adapted or modified from another source. Both print and electronic (online) rights must be obtained from the holder of the copyright (often the publisher, not the author), and credit to the original source must be included in your manuscript. Many publishers now have online systems for submitting permissions request; please consult the publisher directly for more information.

8. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions. Your submission should not exceed 3,000 words. The word count will include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, tables, boxes, figure legends, and appendices). References are not included in the word count. Please limit your Introduction to 250 words and your Discussion to 750 words.

9. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

* All financial support of the study must be acknowledged.
* Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

* All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal’s electronic author form verifies that permission has been obtained from all named persons.

* If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

10. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

Please limit your abstract to a maximum of 300 words.

11. Only standard abbreviations and acronyms are allowed. A selected list is available online at http://edmgr.ovid.com/ong/accounts/abbreviations.pdf. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

12. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

13. Please review the journal’s Table Checklist to make sure that your tables conform to journal style. The Table Checklist is available online here: http://edmgr.ovid.com/ong/accounts/table_checklist.pdf.

14. Figures 1 and 2: Please check the arithmetic in your boxes to make sure all of the numbers are correct.

15. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at http://links.lww.com/LWW-ES/A48. The cost for publishing an article as open access can be found at http://edmgr.ovid.com/acd/accounts/ifauth.htm.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

16. If you choose to revise your manuscript, please submit your revision via Editorial Manager for Obstetrics & Gynecology at http://ong.editorialmanager.com. It is essential that your cover letter list point-by-point the changes made in response to each criticism. Also, please save and submit your manuscript in a word processing format such as Microsoft Word.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by May 30, 2019, we will assume you wish to withdraw the manuscript from further consideration.

2017 IMPACT FACTOR: 4.982
2017 IMPACT FACTOR RANKING: 5th out of 82 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: https://www.editorialmanager.com/ong/login.asp?a=r). Please contact the publication office if you have any questions.
Dear Editor:

Enclosed is our revised manuscript titled “Use of asynchronous video interviews for selection of obstetrics and gynecology residents” for the CREOG & APGO Educational Supplement to Obstetrics & Gynecology. All authors have approved the final version of the manuscript and contributed significantly to the work. None of the authors have any conflicts of interest to disclose related to the work. The lead author affirms that this manuscript is an honest, accurate, and transparent account of the study being reported; that no important aspects of the study have been omitted; and that any discrepancies from the study as planned (and, if relevant, registered) have been explained. We have revised the manuscript per the reviewers and editor’s recommendations as noted below. Our prior work on developing the video interview remains under review at BMC Medical Education, and we have removed all references to the BMC manuscript from the revision. I will update you on the status of this manuscript if I hear anything in the interim.

Thank you for considering our manuscript.

Regards,

Daniel Breitkopf, MD

REVIEWER COMMENTS:

Reviewer #1: The manuscript authors are to be commended for their utilization of an innovative technique to assist in the applicant screening and interview process in graduate medical education. Though there are many strengths in this paper, there are some areas which should be considered.

1. The manuscript would benefit from greater than 2 interview cycle years. In addition, comparison of the video interview group results greater to previous years would be more instructive if it was expanded prior to 2017. Including some type of evaluation of admitted resident performance and correlation with their asynchronous video scores would also be illuminating.

Response: It would be ideal to be able to compare performance of video interview groups to prior to 2017, however, these data are not available. The project started in 2017 and thus data was not collected prospectively. Our methods of resident recruitment had been quite stable for 3 years prior to 2017, thus we do not believe that the data in prior years would vary significantly from 2017. We agree with the reviewer that comparing admitted resident performance to video interview scores would be useful, however, given the small size of the resident class and the limited time in residency thus far, these data are not yet available. We have added text to the discussion to acknowledge the concerns the reviewer raised here.

2. The manuscript would benefit from more emphasis in the discussion section of the negative results. Ultimately, only one variable showed statistical significance, suggesting that the use of asynchronous video interviewing is ultimately an ineffective use of interviewer time and resources in the applicant screening process. At a time when many obstetrics and gynecology residency programs are
seeing record numbers of applications and are looking for alternative approaches to screening, an emphasis on the lack of significance found by the authors is a significant contribution to the literature.

Response: We have modified the discussion section to reflect the mixed results we obtained on correlation with in person interview performance, and tempered the enthusiasm for more widespread adoption of this resident selection technique.

3. The characterization of the post interview applicant questionnaire also seems skewed in its interpretation. Review of table 3, questionnaire results from 2019, shows that applicants appeared to view the process more unfavorably then as discussed by the authors.

Response: We have modified the discussion of the results of the questionnaire to reflect the reviewer’s concerns about our interpretation, adding more detail and nuance to the text. We also modified the abstract accordingly.

4. The additional manuscript under review at BMC medical education is critical to describing the validation of the process utilized in the manuscript under consideration. Until that manuscript is published, revision of the manuscript would be necessary to elucidate the development of the video interview process.

Response: The BMC Medical Education manuscript is still under review. We have added a summary description of the validation process to the methods section. All references to the BMC paper have been removed.

Reviewer #2: Breitkopf and colleagues examined asynchronous interviewing to select residency program applicants.

Comments for the authors:

Abstract

1. The p-value for the correlation between the video score and interview score was not significant, categorization of this as "a small correlation" should be removed.

Response: the text was corrected in the abstract and the remainder of the manuscript to reflect a non-significant correlation.

Introduction

2. Introduction is a good overview of the topic.

Response: We thank the reviewer for the comment.

3. May be helpful to describe any metrics around video interviewing for the ED data described.

Response: the metrics used in the ED work are described in the discussion section.
4. Some clarification on what Kane's framework is should be provided.

*Response:* the introduction was modified to include a description of Kane’s framework for validity evidence.

**Methods**

5. Should clarify if the 2018 video interviews were voluntary or mandatory.

*Response:* A clarification was added reflecting the voluntary nature of the video interview in 2018.

6. How were the video interviews scored and graded and by whom? Assessment of video interviews would still seem to be highly subjective.

*Response:* Further description of the video interview scoring and faculty rater has been added. While we agree that the assessment is highly subjective, our previous work in the manuscript under review in BMC Medical Education showed good interrater reliability.

**Results**

7. As above "small correlation" should be rephrased. The P-value was not statistically significant.

*Response:* This has been corrected.

8. The number of applicants invited to submit a video interview and the corresponding number of those who did and did not complete the video should be reported. A concern is that this process may dissuade some applicants from the program.

*Response:* The numbers of applicants declining video interviews are denoted in Figures 1 and 2. We have also added these decline statistics to the results section.

9. Notably in the survey to applicants 45% found the video experience uncomfortable, 95% reported that there were too many questions. These findings should be reported in the body of the results and would seem to suggest a bit more dissatisfaction among applicants than is portrayed.

*Response:* The proportion of applicants that were uncomfortable with the video interview has been added to the results section. The data on number of interview questions was reported in error in the table and has now been corrected to reflect that 95% felt that the number of question was just right. We have also modified the discussion section regarding the questionnaire to reflect the mixed results.

10. The real question is whether or not that use of these interviews improved the quality of matched applicants. Realizing this is sensitive data, is there anyway to quantify this?

*Response:* Unfortunately, it is too early to tell if the quality of matched applicants has improved and the numbers are too small to draw any conclusions. Our last rank to match has been stable in the last few years. In response to reviewer 1 similar concerns about quality of matched residents, we added text to the discussion to acknowledge that our outcomes data is limited in its scope.
Discussion

11. Overall Discussion is well written

*Response: We thank the reviewer for the comment.*

Reviewer #3: While the educational research question is timely and of importance, there are major issues with the study design and interpretation of the findings.

1. The n is small, potentially contributing to almost none of the differences being significant and making interpretation of the findings difficult.

*Response: While we agree the n was small, the work was designed to develop and test the video interview in a single program. Part of the value of our work is the methodical approach to implementation, over the course of several interview seasons. With educational research, the process and response to change is often as important as the outcome.*

2. There was a substantial change in approach to interviewing between '18 and '19, which could be expected to change the "quality" of the inperson interview scores, independent of the impact, if any, of the video interview. Given that the former is the primary outcome, that is a fatal flaw.

*Response: The change in approach between 2018 and 2019 was intentional and part of our initial grant application. The rationale for a phased implementation of video interviewing was to lessen any potential negative effect on our resident recruitment and subsequently on our program. The AAMC used a similar approach in developing their standardized video interview.*

3. The questionnaire responses are plus/minus to say the least. Characterizing them as positive doesn't strike this reviewer as warranted; it is probably fair to conclude that implementing the video interview wasn't perceived as very negative by applicants.

*Response: We have modified the discussion of the results of the questionnaire to reflect the reviewer’s concerns about our interpretation, adding more detail and nuance to the text. We also modified the abstract accordingly.*

**STATISTICAL EDITOR COMMENTS:**

The Statistical Editor makes the following points that need to be addressed:

lines 39-40: Rather than characterizing as a "small correlation", should simply state that, like the USMLE Step 1/2 scores, there was no statistically significant correlation. This section of Abstract should also summarize the sample sizes involved.

*Response: These items have been corrected in the abstract and results.*
Table 1 and line 136: The footnote refers to video interview scores, but those are not presented in the Table.

Response: the footnote has been corrected. The video interview scores are noted in the Results section and not included in Table 1.

Table 2: For calculation of p-value related to r-value for 2019 3rd year clerkships, should have used two-tailed probability, in which case the association is NS.

Response: Two tailed probability was used in calculation of the p-value for all correlations.

Besides, given that 5 comparisons are performed for 2 years, there is no correction for multiple hypothesis testing. So, the association with 3rd year clerkships (which was rather weak in any predictive sense) becomes NS. A more prudent solution is that the data at hand provides no evidence of statistical association of any or these applicant parameters with VI score.

Response: All comparisons were planned as part of the project prior to statistical analysis. Therefore we do not believe that there needs to be a correction for multiple comparisons. The finding of statistical significance for the 3rd year clerkships in 2019 is likely not of importance overall, as the actual correlation coefficient indicates a fairly weak relationship.

What were the correlations of the 5 components with one another?

Response: We did not perform correlation of the individual components to one another as this has been done previously and was not the objective of the current project. For example, prior research has shown that USMLE scores and grades are associated closely with one another (see Gauer JL, Jackson JB. The association between United States Medical Licensing Examination scores and clinical performance in medical students. Adv Med Educ Pract. 2019 Apr 26;10:209-216).

EDITOR COMMENTS:

1. Thank you for your submission to Obstetrics & Gynecology. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor’s specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

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- The Journal style doesn’t use the virgule (/) except in numeric expressions. Please edit here and in all instances.

Response: The virgule has been eliminated except in numeric expressions.

- What does that AAMC have to with residency selections?
Response: The AAMC runs the electronic residency application service (ERAS) for all US residency applications. The introduction has been modified to include this information.

- you've told us its in Rochester, Minn. Unless there is more than one program there, probably ok to mention its Mayo.

Response: Mayo Clinic is now named in the Methods section.

- by whom? Who established your exclusion criteria?

Response: The reviewers are now specified in the manuscript. Program and departmental leadership established the exclusion criteria.

- The range of total scores is from 5-25; total is 25

Response: The text was corrected as noted.

- you will need to tell us about these and analysis should exclude them from denominator.

Response: The visiting medical students and Mayo Clinic Medical School applicants were not offered video interviews as they get in person interviews per program policy. This is now noted in the Methods section. These groups are delineated in the flow diagrams in Figures 1 and 2 and excluded from the denominators of the video interview analysis. The visiting students and Mayo students are included in the in-person interview analysis as are any students who declined video interviews. The analysis was done in this way purposely as we are examining the effect of adding video interviews on outcomes of the entire process of resident selection.

- What were applicants in 2018 told? How did they get the questions? What technology did you use?

Response: The applicants were told in 2018 the video interview was optional, and that if they did not record the interview we would still consider their application. The subsequent paragraph has been revised with this information. The Montage Talent platform was used as noted, and the applicants viewed each question for 2 minutes prior to recording their response via a web cam. The manuscript was updated with this information.

- how were video interviews scored?

Response: Standardized rating scales with behavioral anchors were utilized with 1 as the lowest score and 5 as the highest score. The text was updated with this information.

- Given the anxiety resident applicants feel about responding in the first millisecond after receiving a text that have an invitation from a school, and the rapidity with which the residents fill their interview schedule, it seems that this process would be a problem for your department as it could significantly delay the invitation process, considering all the steps and time required to complete them:
  1. ERAS information coming in
  2. Someone does initial screen.
  3. 3 people then look at the subset after initial screen and score them.
  4. Those with score 20 or more get invited for VI and then have 2 weeks to complete VI.
5. Then someone has to screen the likely more than 100 VI's.
6. Invitations go out.
As I figure it, that puts you at least 3 weeks, if not more behind other programs who are doing a much foreshortened set of steps. Can you report how many people you ended up offering in person interviews to but they declined?

Response: The editor is correct in her analysis of the time required to add VI screening to the review process. We added a calculation of the in-person interview acceptance rate to the results for the 2018 season. Of those who were screened with VI, 77% accepted the invitation for in person interview, while 70% of those applicants who were invited without VI screening accepted the invitation. A paragraph on the time required and the potential impact on the invitations was added to the discussion.

- are your residents involved in interviews?

Response: Each applicant is interviewed by a resident. Residents were not included in the video interview reviews. The resident involvement was added to the Methods.

- Did you ask any one who completed the VI and wasn't offered an interview or who completed the VI, was offered an interview but did not come? If so, please provide the data. If not, should be part of limitations re; how the applicants feel about the VI process.

Response: We did not ask all applicants who completed the VI to complete a survey. The rationale for only including applicants in the survey who did both VI and in person interviews was to be able have respondents compare the two processes. Text was added to the discussion regarding this limitation of the survey results.

- were the questions on the VI also behavioral? You haven't told us anything about these questions. It would be good to include.

Response: Two of the three questions on the VI were behavioral. The questions are included in the box reference in the Methods section, located immediately following the references.

- instead of "where" perhaps "during which"?

Response: This edit was made in the manuscript.

- In both the abstract and the paper, please provide absolute numbers as well as which ever effect size you are reporting (if appropriate) + Confidence intervals. P values may be omitted for space concerns. We strongly prefer CI's as they give more information about strength of association than do P values. By absolute values, I mean something like xx (outcome in exposed)/yy(outcome in unexposed) (zz%) (Effect size= ; 95% CI=. ) An example might be: Outcome 1 was more common in the exposed than the unexposed 60%/20% (Effect size=3;95% CI 2.6-3.4).

Response: Effect sizes and 95% CI's were added to the manuscript where appropriate.

2. In your original cover letter, you state that you have another manuscript under review at BMC Medical Education. Would you provide a status update about that submission? The journal does not
generally publish manuscripts with "in-press" references, so if you have a final citation, please add it during your revision. If the manuscript was not accepted, you cannot include it as a reference.

Response: The BMC Medical Education manuscript remains under review. We have removed all reference to this manuscript and added a summary of the VI validation process to the Methods section.

3. Please remove the specific criteria about what your step 1 threshold was. Just say that you had one, and then make this generalizable.

Response: This edit has been made

4. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter, as well as subsequent author queries. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

   a. OPT-IN: Yes, please publish my response letter and subsequent email correspondence related to author queries.

   Response: We agree to OPT-IN

   b. OPT-OUT: No, please do not publish my response letter and subsequent email correspondence related to author queries.

5. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

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   If you are the lead author, please include this statement in your cover letter. If the lead author is a different person, please ask him/her to submit the signed transparency declaration to you. This document may be uploaded with your submission in Editorial Manager.

   Response: The statement is included as above.
7. Tables, figures, and supplemental digital content should be original. If anything you are including in this submission has been previously published in another source, the work is not considered original.

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