## **Supplemental Online Content**

See A, Pallaci M, Aluisio AR, et al. Assessment of implicit gender bias during evaluation of procedural competency among emergency medicine residents. *JAMA Netw Open*. 2022;5(2):e2147351. doi:10.1001/jamanetworkopen.2021.47351

eAppendix 1. Video Consent Form

**eAppendix 2.** Script Read to Proceduralists Prior to Performance of Recorded Simulated Procedure

eAppendix 3. Survey Completed by Study Participants

This supplemental material has been provided by the authors to give readers additional information about their work.

## **Appendix 1: Video Consent Form**

Without expectation of compensation or other remuneration, now or in the future, I hereby give my consent to Blue Skies HD and ARMC medical education, its affiliates and agents, to use my image and likeness in its publications and research.

This consent includes, but is not limited to: (Initial where applicable)

(a) Permission to film, photograph, tape, or otherwise make a video reproduction
of me;
- (b) Permission to distribute copies from the film(s) (or excerpts of such films), photograph(s), tape(s) or reproduction(s) of me, in part or in whole, for the purpose of research
This consent is given in perpetuity, and does not require prior approval by me.
Name:
Signature:
Address:
Date:

The below signed parent or legal guardian of the above-named minor child hereby consents to and gives permission to the above on behalf of such minor child.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

The following is required if the consent form has to be read to the parent/legal guardian: I certify that I have read this consent form <u>in full</u> to the parent/legal guardian whose signature appears above.

Date

Signature of Organizational Representative or Community Leader

## eAppendix 2: Script Read to Proceduralists Prior to Performance of Recorded Simulated Procedure

You are going to be performing a (chest tube/central line/lumbar puncture). No feedback will be provided until after the procedure is completed. You will not be evaluated based on your performance.

While this is a learning experience for you, the session will be recorded for research purposes. Your name will not be used at any time, and the videos will be deleted when the research study is completed.

Informed consent has been obtained from the simulated patient, and the patient has been prepped and draped in a sterile fashion.

Begin the procedure at the point of skin anesthesia. The procedure is over when

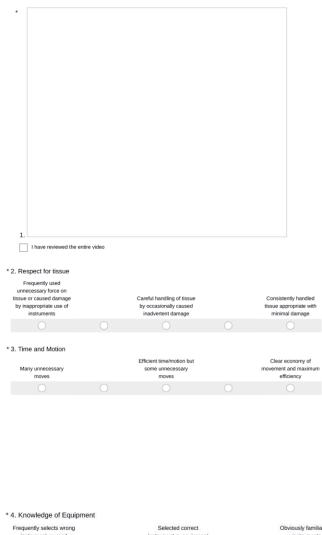
- Chest tube: you've secured the tube and hooked it up to the pleurevac
- Central line: you've secured the line and the ports have been drawn and flushed
- Lumbar puncture: you've removed the needle and applied the bandage

Please remove any jewelry from your hands. You will be wearing a surgical gown, and a pair of surgical gloves with a pair of non-surgical gloves over the top.

Do you have any questions?

## eAppendix 3: Survey Completed by Study Participants

Procedural Competency in Simulated Environment	9. With what level of trainees do you typically work?
1. Information about you	Medical Students Non-physician providers
1. mornaton about you	Graduate Medical Education
	MD/DO residents
1. Please enter your first and last initial followed by the first number of your address (ex. TT7)	Other (please specify)
2. Indicate the abbreviation for the state in which you practice (ex: OH)	Procedural Competency in Simulated Environment
	2. Instructions
3. Please indicate your gender	
Female	Thank you for your participation in this study.
Male	
4. Age	You will be reviewing 60 videos of resident performed procedures in a simulation lab. The
a' vAa	resident training level ranges from PGY1-PGY4.
	You will score each video using a Likert-type scale ranging from 1-5. Prompts for a score of 1, 3 and 5
5. Years in EM Practice (excluding residency)	are provided for you. If you feel that a score is between two numbers, such as 2 or 4, you may select
	the rating that best reflects your evaluation. You will be using the Global Rating Scale for your
	evaluation. The Global Rating Score consists of 6 domains: Respect for tissue, Time and Motion, Knowledge of Equipment, Instrument Handling, Flow of Procedure and Knowledge of Procedure.
6. Years of experience as EM Faculty	
	It is very important that you watch the entire video before scoring. You may watch and score the video's all at once or in sessions. Your email address is linked to the survey and it will take you back
	to where you left off.
7. Please Indicate if you are	
Program Director	Prior to beginning the procedure, the residents were informed that: Consent has been obtained from the patient. The resident was instructed to begin the procedure from the point of skin anesthesia.
Associate Program Director	the patients. The resident was manufacture to begin the procedure non-the point of skin anotheosa.
Core Faculty	Once you have completed your review of each video, please do not go back and change your
Clinical Faculty	answers.
Which of the following best describes your teaching setting Didactics	Procedural Competency in Simulated Environment
	3.
Clinical	
Didactics and Clinical	
None of the above	
1	2



Frequently selects wrong instrument or used inappropriate equipment		Selected correct instrument or equipment most of the time		Obviously familiar with the instruments and equipment
0	$\bigcirc$	0	0	0
5. Instrument handling				
Repeatedly makes				
tentative or awkward		Competent use of		
moves with instruments		instruments but		Fluid moves with
by inappropriate use of		occasionally appeared		instruments and no
instruments		stiff or awkward		awkwardness
0	0	$\bigcirc$	0	0
6 Elow of Procedure				
6. Flow of Procedure Frequently stopped procedure and seemed unsure of next move		Demonstrated some forward planning with reasonable progression of procedure		Obviously planned course of operation with effortless flow from one move to the next
Frequently stopped procedure and seemed	C	forward planning with reasonable progression of	0	of operation with effortless flow from one
Frequently stopped procedure and seemed	C	forward planning with reasonable progression of	0	of operation with effortless flow from one
Frequently stopped procedure and seemed unsure of next move	C	forward planning with reasonable progression of	0	of operation with effortiess flow from one move to the next
Frequently stopped procedure and seemed unsure of next move	C	forward planning with reasonable progression of	0	effortless flow from one
Frequently stopped procedure and seemed unsure of next move	C	forward planning with reasonable progression of procedure	0	of operation with effortless flow from one move to the next

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