

Title: Clinical Photography Processes (ClinPhoto) Study for Photo Diversity

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Abstract: Clinical photography has an important role in the education of clinicians. Because differences in skin pigmentation change the appearance of visible disease, students in the health professions should train using photographs of a variety of skin tones. Unfortunately, different skin tones are not well represented by the photographs used for medical education. This negatively impacts the ability of clinicians to treat certain populations, contributing to health disparities such that it would be beneficial to have more examples of clinical photographs on varying skin colors. When pursuing this justice in health for people of color, the social context, including the history of exploitation, cannot be ignored. Therefore, it is important to understand the complex sociotechnical processes involved in clinical photography and the ethical environment in which it is undertaken. To accomplish this, we conducted semi-structured interviews at a tertiary academic medical center with 10 clinicians, 1 medical photographer, and 1 clinical administrator familiar with the clinical photography processes at this institution.

Keywords: medical education, diversity, clinical photography, medical ethics

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Introduction:

Clinical photography serves an important role in medical education by providing a stimulating learning environment, acting as a memory aid, and yielding visual examples of conditions for students and trainees they have not previously seen. [1] Notably, in clinical photographs skin tone may alter the appearance of many conditions such that learners need to see examples on a variety of skin tones. However, there is a clear lack of representation of different skin tones in photographs found in medical textbooks, course presentation slides, and medical literature. [3–7] There is a tendency to use a white skin standard for exhibiting the visual appearance of conditions. [4] Furthermore, medical education continues to falsely portray race as a biological concept. [8] This ignores how skin tone representation is not merely stratified by race, but also within racial categories, where darker skin is associated with more discrimination. [6] This inequity in the representation of skin tone in clinical photographs negatively influences clinicians trained in this biased learning environment, leading to poorer patient care and the perpetuation of health disparities. [3,4] In light of this, dermatologists J.C. Lester, S.C. Taylor, and M.M. Chren advocated that, “Most diagnoses should have representative photos in a broad spectrum of skin colours.” [7] To achieve this, it is necessary to understand the process of taking and using clinical photographs in an environment where, “Ethical standards in relation to digital photography for teaching and learning have not always been of the highest standard.” [9] This environment also exists in a social context that is especially important when pursuing justice in health for people of color. The workflow for clinical photography is dependent not only on technology, but also on this social context with a set of risks, benefits, and ethical questions in which the history of exploitation cannot be ignored. Although prior studies have left out much of this social context, understanding the full process may elucidate gaps that influence the diversity of skin tone in clinical photographs. The objectives of this study were to conduct interviews (1) to gain an understanding of the processes for taking and storing clinical photographs at an academic institution, (2) explore the knowledge of faculty on policies regarding clinical photographs, and (3) build a foundation for creating standard processes to ethically and efficiently obtain educational use clinical photographs of patients. This study supports the larger goal of creating a repository of clinical photographs on diverse skin tones for educational use.

Methods:

This study was approved by the IRB at Oregon Health & Science University (OHSU) in Portland, Oregon. The study involved video interviews conducted via the virtual meeting platform WebEx with selected faculty knowledgeable of the clinical photography process. Potential interviewees were identified based on recommendation, availability, and subject knowledge. Potential interviewees met the inclusion criteria if employed by OHSU as a clinician, medical photographer, or clinical department administrator. Candidates for participation with no clinical photography experience and no knowledge of the clinical photography process were excluded. Health professions students were also excluded. Potential interviewees were contacted by email with background information on the study to inquire about their interest in participating in this study. Initial consent was obtained via email response. The number of interviews conducted (12) was dictated by reaching a saturation of new information. Interviews were scheduled for 30 minutes. Consent was verbally reaffirmed prior to starting the interview, then audio/video recording of the interview was initiated. Interviews were conducted by two interviewers in a semi-structured manner (see Appendix A for the interview guide). There were two versions of the interview questions based on the role of the interviewee. The interviews were coded based on themes established by the interview guide using QDA Miner Lite to help organize and code the transcripts. The interview also included three Likert-style questions intended to provide quantitative support to the findings; these are not reported in the results as they did not add to the findings, but this data is available in provided supplemental data.

Results :

Twelve interviews were conducted with ten clinicians including physicians and nurse practitioners, one medical photographer, and one clinical administrator. Interviewees represented a variety of clinical departments including Dermatology, Plastic Surgery, Internal Medicine, Emergency Medicine, Pediatrics, Ophthalmology, Vascular Surgery, and Endocrinology. Qualitative assessment of the interview transcripts found five main themes based on the interview guide: technology, workflow, benefits, ethics, and diversity. Within these themes, there were 19 different inductive codes documented based on patterns revealed in the interviews (See Appendix B).

Technology

Most interviewees identified using personal smartphone cameras to take photographs. Other devices included an OHSU approved smartphone, a department supplied iPad tablet, and digital cameras. A participant from

ophthalmology used specialized equipment for capturing photographs in addition to the use of a smartphone. In most instances the use of a smartphone or a tablet was tied directly to the electronic health record (EHR) via an app. Epic Haiku (for smartphones) or Epic Canto (for tablets), transmits photographs directly to the Epic EHR system in use at OHSU, bypassing storage within the device. The exception to this was the participant who used the OHSU approved smartphone wherein photographs were stored on OHSU servers.

Workflow

Deciding to take a Clinical Photograph

The process for clinical photography begins with the decision to take a photograph. For clinicians, the decision, “Actually comes down to how comfortable people are with taking pictures and if they’ve been trained in doing it... I wish I could say that there was sort of a systematic way that we decide who gets a photo and who doesn’t and for what.” For other roles, such as for medical photographers or researchers, when to take photographs is generally predefined. Although many of the interviewees had teaching roles, none of them suggested they routinely take clinical photographs expressly for educational purposes.

Getting Consent for a Clinical Photograph

For photographs to be used only for clinical purposes, interviewees considered verbal consent to be sufficient. For any other purpose, including education, written consent would also be obtained. In getting clinical photographs for education, “Some patients are very willing to have their photos used for education purposes.” Some departments obtained written consent prior to the clinician’s encounter with the patient, especially when surgery was anticipated. It was acknowledged that written consent can be burdensome on time. One interviewee suggested changing from a paper consent form to an electronic consent to facilitate the process. Other interviewees wondered about changing the workflow to save time by using a general consent prior to the initiation of patient care that covered clinical photographs, including for education.

Process of taking a Clinical Photograph

Interviewees participated in taking clinical photographs from once every few weeks up to photographing 15 patients a day with some interviewees reporting an intention to, “take photos of every patient that comes.” Initial

patient encounters and encounters for procedures were particularly associated with obtaining clinical photographs. Overall, clinicians described a similar process for clinical photography. For clinicians, the pressure from time limitations outweighed the need to have high-quality images. In some cases where higher quality photographs were needed, a medical photographer may be called to take the photograph. A pediatrician also described how a medical photographer would also be called in the case of suspected child abuse to ensure, “everything is done in the highest quality and most secure way.” In contrast, the medical photographer described a laborious process for taking photographs consisting of draping the patient and setting up a background for the photographs so that, “[any photograph] could be potentially used for publication.”

Barriers to taking Clinical Photographs

Interviewees discussed a large number of barriers to taking clinical photographs (Table 1). The most common barrier encountered in the workflow of clinical photography was the limitation on time. Two interviewees denied having any barriers. Another major barrier discussed was the difficulty in finding photographs to use for education once they have been stored in the EHR. This was noted to be problematic due to how photographs are stored in patient charts, and the ability to recall which patient has a photograph that can be used for education wanes over time.

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| <ul style="list-style-type: none"> • Limitations on time placed by clinical duties • Smartphones are not constructed with photography as the primary purpose • Inability to edit photographs using Haiku app, including to trim out identifiable features • Difficulty in having children sit still for a photograph • Searching stored photographs for images suitable to use for education • Keeping track of devices • Devices may malfunction or run out of power • Lack of knowledge on how to use device to take photographs • Lack of understanding of clinical photography process • Insufficient internet connectivity for Haiku app use |
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Table 1. List of barriers to taking clinical photographs discussed in interviews.

Policy for taking Clinical Photographs

The ability to take and use clinical photography is strongly influenced by policy, both at the local and institutional level as well as at the federal level. HIPAA was referenced innumerable times during the interviews and most of the interviewees were aware of a policy at OHSU requiring a media release form when clinical photographs are for purposes other than clinical care. Beyond this, the knowledge expressed by interviewees of OHSU policies on clinical photography was vague with some misinterpretations of policy leading to false beliefs on how clinical photography can be conducted. One interviewee suggested that clinical photographs cannot be taken outside of the Epic Haiku app despite the existence of other HIPAA compliant smartphone apps, while another interviewee who used an institution-issued device was not aware of apps to aid secure clinical photography with personal smartphones. Several interviewees acknowledged having never read the policy, despite being able to identify where to locate it online. Nonetheless, multiple interviewees expressed a strong belief that the function of the institution as a teaching hospital should influence policy on clinical photography for education, with one stating, “Education purposes are something that is inherent within the framework of what we do here.”

Patient Engagement in Clinical Photography

Patient engagement through taking and submitting their own photographs was identified in interviews as an aspect of the clinical photography workflow. The need for social distancing during the pandemic and subsequent rise in virtual visits led to more patients submitting photographs via the patient portal. After photographs are submitted, they are evaluated by the patient’s physician. This has become a common process such that one clinician reported, “The most common time I see photos is actually from patients submitting them themselves through the patient portal.” In addition to taking their own photographs, patients have also been engaged with clinical photography when clinicians show them photographs of a visible disease process in areas the patient would not readily be able to see, or the use of photographs over time to help the patient understand the significance of changes that may not be otherwise apparent. In some cases, the patient specifically requested seeing the photographs.

Benefits

The value of clinical photography was summarized with the adage, “a picture is worth a thousand words,” which was repeated numerous times throughout the interviews. The primary benefit of clinical photography comes

through clinical work. Interviewees often used clinical photographs to document physical findings in the medical record. Once images are stored in the record, they can be used to remind clinicians of the appearance of a finding at a later time, as part of consulting other clinicians who have not seen the finding in person, and to present the finding at clinical meetings. Photographs can also be used to track changes in appearance over time, to determine if a condition is getting better or worse. In some cases, this may help decide if an intervention is necessary. The interviews also detailed the benefits of clinical photography for medical education, considering it to be, “an essential teaching tool.” The visual imagery of clinical photographs was considered to be beneficial for aiding recall. An interviewee explained how, “If you’ve seen shingles once or twice or three times, it just becomes a pattern recognition.” Another described the use of clinical photography to understand and remember surgical wound closures.

Ethics

Many patients are open to having photographs used for educational purposes, but there are others that, “Simply want their own photos to remain in their own chart.” Interviewees recognized the need to supply written consent for photographs used for education but most felt verbal consent was sufficient for photographs intended to be used for clinical purposes only. One interviewee, hesitated to use verbal consent alone in clinical care and reported taking a more “conservative” stance by opting to always get written consent. Interviewees also noted how consenting for clinical photographs for research purposes has much more oversight than when photographs are expressly for clinical care. Other ethical concerns included images that may need increased level of privacy such as for genital lesions or in the case of suspected child abuse. There was also concern about the potential for inappropriate distribution of images through a public search engine such as Google.

Diversity

Study participants recognized the importance of diversity in clinical photography with one describing how, “Current medical textbooks tend to emphasize... images that are not congruent with the patient populations.” However, another interviewee acknowledged that in the past the diversity of photographs was not a priority for them. Some interviewees viewed the location of the institution as a limiting factor for the diversity of patients: “[It] is hard because we have a pretty polarized population. Oregon’s about 90% Caucasian or white so we don’t really

see a lot of people of color.” This contrasts with another interviewee who stated, “We see patients of very diverse background. Everybody from all races.”

Discussion:

The workflow revealed in the interviews reflects the complexity of clinical photography as a sociotechnical process, involving both technical aspects of devices and social aspects that influence whether or not a photo is taken and how it is used. All of this shapes the process of clinical photography, including the process of obtaining clinical photographs of patients with diverse skin tones for educational purposes. This is especially clear in how the process for obtaining clinical photographs for education differs from the process for obtaining photographs for clinical purposes due to a greater focus on written documentation of informed consent. Only one interviewee suggested it would be warranted to pursue written consent for all clinical photographs, as most interviewees determined that doing so would be unnecessarily burdensome in the current workflow. However, many interviewees also expressed that the use of clinical photographs for education should be expected at an academic institution in such a way that it could be covered by inclusion in a general consent process. The burden of time presented by the need for documenting written informed consent likely explains part of why none of the interviewees reported taking clinical photographs expressly for educational purposes. To encourage more clinical photography, it may be reasonable to make the consent process for educational-use photographs more efficient; however, any changes should be considered in the context of racial inequities in health.

When pursuing justice in health for people of color, the history of exploitation cannot be ignored. Many people rightfully carry a distrust of the healthcare system which may then unfortunately lead to a lack of care, underrepresentation in research, and lower participation in health education activities. It would be beneficial to increase participation in clinical photography for education to improve care for populations that have been marginalized on account of their skin color. Importantly this must be done without abusing trust. When a patient from a marginalized background presents for care, the priority is providing that individual with quality care. The patient, who may have no other option for where they seek care, should not be worried about being exploited for education. However, in addition to not feeling pressured to participate, they should also feel welcome and encouraged to be part of the education process, including for the use of de-identified clinical photographs. However, they must be able to rely on a secure system that can maintain patient privacy and confidentiality. The interviewees

in this study sincerely expressed the importance of privacy and confidentiality, but a number of the interviewees acknowledged that other clinicians may not be as cautious. In particular, the practice of taking and storing photographs on a personal smartphone without the use of a secure app is dangerous to maintaining patient confidentiality. Prior work has shown that patient images stored on personal phones may not be deleted after fulfilling their clinical purpose and could be incidentally shown to friends or family. [13] Any plan to improve the process for obtaining educational photographs needs to either promote the use of apps that allow secure clinical photography on personal smartphones or provide secure devices to clinicians.

As with any sociotechnical process, simply having suitable technology would be insufficient. Clinicians who are less comfortable with the process for taking clinical photographs may be less likely to do so. Others may not have an understanding of available technologies and opt to avoid any use of personal devices despite the existence of apps that allow photographs to not be stored within a personal device. These issues strongly suggest a role for training on clinical photography. To make the most of clinical photography, clinicians need to be educated on relevant policies as well as the technology and process for taking clinical photographs. Still, the most significant barrier to the process of obtaining clinical photographs on diverse skin tones for medical education is the lack of an efficient consent process.

Currently, the consent process to use photographs for education relies on paper documentation, and involves having patients sign forms in person, mailing forms, or faxing forms. This process places a burden on both the clinician and the patient, and electronic documentation of informed consent would go a long way in increasing the access to educational images by significantly reducing the amount of time to undergo this process. It would also improve the ability to obtain consent from a patient who is not physically present. One problem with overrelying on this method, however, would be the inability to obtain electronic consent from patients who do not have access to the necessary technology or sufficient digital literacy to complete an electronic consent. This is problematic when considering the association between limited access to technology, digital literacy, and the populations that have been underrepresented in clinical photographs used for education. Nonetheless, there is no reason it should not be an option. And furthermore, the inclusion of consent for clinical photography, including for education, as part of a general consent process would also reduce the amount of time necessary to take photographs for education. If such a policy is implemented, there should be clear limitations, such as the need for these photographs to be de-identified and requiring separate consent for any photographs including facial features or genital regions. To take the next step

in facilitating clinical photography for education purposes with diverse skin tones, a next step would be to recruit representatives of diverse backgrounds to conduct a focus group on improving the consent process and whether it would be reasonable for academic medical centers to use a general consent process for de-identified educational use photographs.

Limitations of this study include that the interviews were confined to one facility and to one EHR. The EHR has significant influences on clinical workflow, and for clinical photography, the level of integration is especially important. It is also notable that most of the interviews were conducted with clinicians who work primarily in an outpatient environment. What may work well for the clinical photography process in the outpatient environment may not work well for the inpatient environment and vice versa. The interviewees represented a wide variety of specialties. This was intentional in gathering a broader view of the clinical photography process, but the specialties represented may significantly affect some of the findings, especially since some departments such as dermatology are well known to take more clinical photographs than other specialties [14]. In addition to the clinician's specialty, the frequency of photography by clinicians in this study was also likely influenced by their interest in using it. This in turn likely also contributed to a willingness to participate in the study. This selection bias could also be connected to participants being more likely to adhere to policies.

In spite of these limitations, this study clearly illuminated the complex interplay of barriers and constraints that help to maintain the current lack of educational clinical photos involving skin of various colors and tones. This exploration of the sociotechnical process for clinical photography provides a first step in reversing that lack of representation.

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Appendix A. Interview Guide

Initial Questions
1. Could you please describe your role at OHSU?
2. Does your role allow you to take clinical photos or suggest or recommend that someone take them in a clinical encounter?
Clinician and Medical Photographer Pathway
3A. Can you tell us about your use of photographs of patients with visible diseases or conditions for clinical care?
4A. What device do you use to take clinical photographs of patients and how do you go about doing so?
5A. How do you decide when to take a clinical photo?
6A. What reasons do you have for using clinical photography?
7A. How does clinical photography help you clinically?
8A. How do you store and transfer the image?
9A. How often do you take clinical photographs of patients?
10A. What prevents you from taking more clinical photographs of patients?
11A. How has clinical photography helped you learn medicine?
12A. Can you describe the diversity in the images presented to you as part of your clinical education or lack thereof?
13A. Are you aware of any policies or guidelines within OHSU on clinical photography use?
14A. What is your perspective on clinical photography and patient privacy?
15A. How do you go about getting consent for taking a clinical photo? How is this consent documented and stored?
16A. How practical is it to obtain written consent for clinical photographs and why?
17A. Would you be willing to add an app to your phone for taking clinical photographs? (If not using Haiku or Canto)
Administrator Pathway
3B. How does your department use photographs of patients with visible diseases or conditions for clinical care?
4B. What devices do clinicians use to take photographs of patients and how do they go about doing so?
5B. What reasons do you clinicians in your department have for using clinical photography?
6B. How are the images stored and transferred?
7B. How often do clinicians in your department take clinical photographs of patients?
8B. What are the benefits of clinical photography for your department?
9B. What prevents clinicians from taking more clinical photographs of patients?
10B. Are you aware of any policies or guidelines within OHSU on clinical photography use?
11B. Does your department have any guidelines about the use of clinical photographs?
12B. What is your perspective on clinical photography and patient privacy?
13B. How is consent generally obtained for taking clinical photographs? How is this consent documented and stored?
14B. How practical is it to obtain written consent for clinical photographs and why?
15B. Are clinicians in your department willing to download apps to their phone for taking clinical photographs? (If not using Haiku or Canto)

Appendix B. Themes are in bold with the associated codes listed underneath each theme.

Theme/Codes	Description and Key Words
Technology	
Camera	Device used to take photos
EHR	Use of electronic health record
Transfer and Storage	How image data is transferred from camera and stored
Image Quality	Quality of the image
Workflow	
Types of Photographs	The purpose of the photograph
Frequency of Photographs	How often photographs are taken
Barriers	The barriers to taking clinical photographs
Policy	Policy influences on process of clinical photography
Process	The is process of taking a clinical photograph
Patient Engagement	Patient involvement in the process of clinical photography
Benefits	
Clinical Benefit	Benefits to clinical decision making
Education	Benefits to medical education
Research	Benefits to research
Marketing	Use in promotion materials
Overall Value	General benefits, perception of importance of clinical photography
Ethics	
Privacy and Confidentiality	On matters of privacy and confidentiality
Consent	Process of getting written or verbal consent
Diversity	
Patient Diversity	Diversity in patients seen in clinical practice
Image Diversity	Diversity of images used in education

Supplemental Data

Likert Responses			
Question One: How often do you obtain consent for taking clinical photographs of your patients? Options: Never = 1, Rarely = 2, Sometimes = 3, Usually = 4, Always = 5			
Question Two: How often do you take clinical photographs of your patients? Options: Never = 1, Rarely (A few times a year) = 2, Sometimes (Every few months) = 3, Usually (Every few weeks) = 4, Often (Every week) = 5			
Question Three: How important were clinical photographs in your education? Options: Not at all = 1, A little = 2, Somewhat = 3, Important = 4, Essential = 5			
	Question One	Question Two	Question Three
Interview-801	3	5	5
Interview-120	5	5	5
Interview-242	5	5	5
Interview-502	5	5	5
Interview-701	5	5	5
Interview-903	5	3	5
Interview-204	4	5	2
Interview-619	1	5	5
Interview-625	5	5	2
Interview-257	5	2	5
Interview-107	5	5	4
Interview-846	5	5	5
Mean	4.42	4.58	4.42
Median	5	5	5
Min	1	3	2
Max	5	5	5
STD Deviation	1.39	0.67	1.32