WORDS MATTER: MITIGATING BIAS IN ASSESSMENT

Narrative assessments are used for grades, recommendation letters, promotion, & awards. Any bias in assessment can have unintended harmful downstream effects.

Disclaimer: Literature often falsely frames gender as binary and centers whiteness. We acknowledge these shortcoming in the literature and language of this handout and strive to improve.

BACKGROUND

Numerous studies have revealed disparities in narrative assessments that negatively impact women and students of color

Differences in Narrative Language & Word Choice in Assessments of Medical Students

White students and men described with **competency-related** attributes

Women described with **personal** attributes

Rojek 2019

Among surgery residents, men were **3x** more likely than women to be described as **"LEADER"** Gerull 2019

LANGUAGE IN MSPE* LETTERS

White students	Ability & standout words ("the best")
Black students	Neutral wording ("competent")
Female students	Personal attributes ("caring" & "empathetic")

Ross 2019

*Medical Student Performance Evaluation

IMPACT

AMPLIFICATION CASCADE

small differences in assessed performance can lead to **LARGE** differences in grades, awards, & promotion

Teherani 2018

Grading disparities favor white students*
Low 2019

Female surgery residents 1/2 as likely to receive resident awards
Kuo 2020

AΩA membership for white students 6x greater than Black students and 2x greater than Asian students*
Boatright 2017

*After accounting for confounders like Step 1/research/ leadership

WHAT CAN YOU DO?

1
Examine your biases

Take an implicit association test (IAT)

Review literature on bias in assessment & review your own prior assessments for unintended differences and/or bias

2
Take notes

Keep a log of specific observed behavior

GIVE ACTIONABLE FEEDBACK IN REAL TIME

Watch for unique contributions.

3
Take your time (but avoid delay)

Start writing assessments early and complete within 1 week of experience

Dedicate time to complete assessments after a rotation

4
Be Specific & Detailed (Use examples)

Use **observations** not inferences

Describe **specific** & **observed** behavior

Focus on **competency-related** skill (patient care, knowledge, communication skills, etc)

5
Review Your Work (Ask yourself...)

"If I were a learner would this assessment help me grow?"

"Is my assessment (or word choice) impacted by the gender, race/ethnicity, identity, or likeability of the student?"

"Am I holding learners of a certain gender or demographic to a different standard?"

"Would I use this language if the learner were [insert alternate identity]"

✓ INCLUDE	⊘ AVOID
Skilled	Warm
Excellent	Helpful
Resourceful	Friendly
Confident	Personable
Ambitious	Lovely
Independent	Cheerful
Thoughtful	Pleasant
Insightful	Competent
Knowledgeable	Always smiling

Adapted from University of Arizona CSW LOR handout

SPECIFIC EXAMPLES

"She was friendly & compassionate"

These are personality traits and more commonly used to describe female identifying people

Ross 2019

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"She was skilled at quickly gaining trust and establishing therapeutic connections"

Focus on the *SKILL* and the *IMPACT* of the behavior.

"She worked hard"

Grindstone adjectives ("hardworking", "conscientious") are more likely used for female identifying people

Hemmer 2019

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"Her hard work in coordinating multiple consultants resulted in a safe discharge in a complicated case"

EFFORT is good, IMPACT with EXAMPLES is better

"They have the potential to succeed"

Modulating phrases used more for female identifying and minoritized people.

Gerull 2019

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"I expect that they will excel and become a future leader in medicine"

Remove any modulating phrases ("potential to") or doubt raisers (such as hedging or faint praise) unless truly needed.

"He was not interested on rounds"

This is an inference not a direct observation

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"He frequently looked at his phone and did not speak much during rounds when questions were asked"

Focus on witnessed behavior especially when giving challenging feedback

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"She was quiet but participated well"

"Quiet" here could be considered a subtle "doubt raiser"--this type of phase is more commonly used for female presenting people

Babel 2022

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"She listened well and participated thoughtfully in group discussions on rounds"

Focus on the strength or skill that can come with being quiet.

"She needs to be more confident"

Female presenting and minoritized people may be more likely to be told to be more confident but may be penalized for being *TOO* confident

Fassiotto 2018, Hoffman 2019

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"She has an excellent fund of medical knowledge and humility which allows for continued growth"

Focus on the positives if the goal is to point out competence or the actionable steps that need to be taken if it is an area for growth.

COMPETENCY-FOCUSED LANGUAGE

Competency	Skills/Behaviors
Interpersonal and Communication Skills	• Create and sustain therapeutic relationships • Work effectively on a health care team
Practice-Based Learning and Improvement	• Investigate and evaluate patient care practices • Appraise and apply scientific evidence
Patient Care and Procedural Skills	• Gather essential and accurate information • Counsel patients and family members • Make informed diagnostic and therapeutic decisions • Perform essential medical procedures
Systems-Based Practice	• Coordinate patient care • Apply cost awareness and risk/benefit analysis • Identify systems errors and implement solutions
Medical Knowledge	• Approach clinical problem solving analytically • Apply medical knowledge to clinical situations • Teach/educate colleagues and patients
Professionalism	• Accountable to patients and team, follow up on tasks • Demonstrate humanism and cultural humility

REFERENCES

MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN