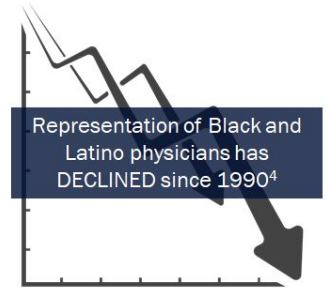
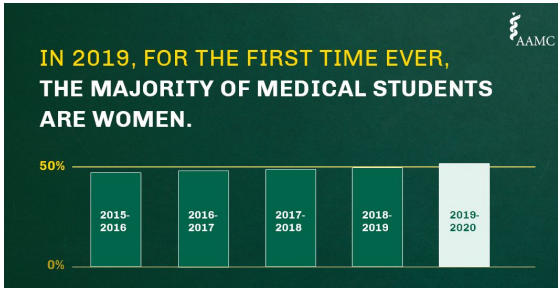
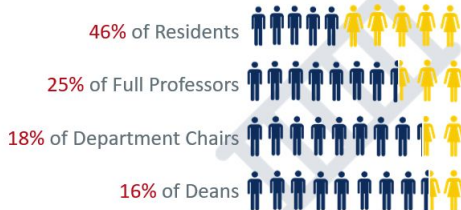


Avoiding Bias in Medical Student Evaluations

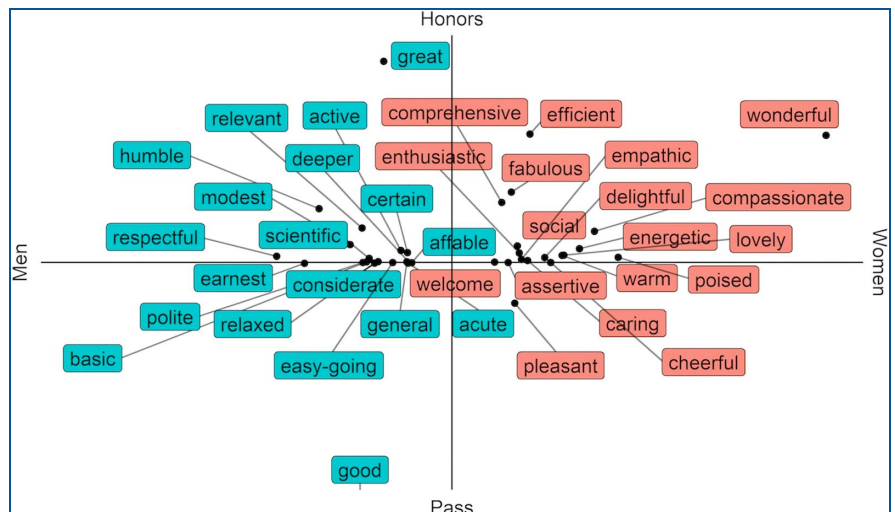
Disparities in academic medicine persist for both women and underrepresented minority (URM) students. **Subjective** evaluations make up a **large proportion** of clerkship grades and thus **unchecked bias** in medical student evals can have **long term and detrimental impacts**.

Women outnumber men in US medical schools¹ but are **UNDERREPRESENTED IN LEADERSHIP** in academic medicine^{2,3}



Studies have shown that we use **DIFFERENT** words to describe women and URM students in evaluations⁵. Most of the **light green** (URM) and **red** (women) words are not bad, but we need to be **equitable** and **intentional** in our use of them.

It's about more than just adjectives: include **specific examples** in your evaluation to highlight their work in action.

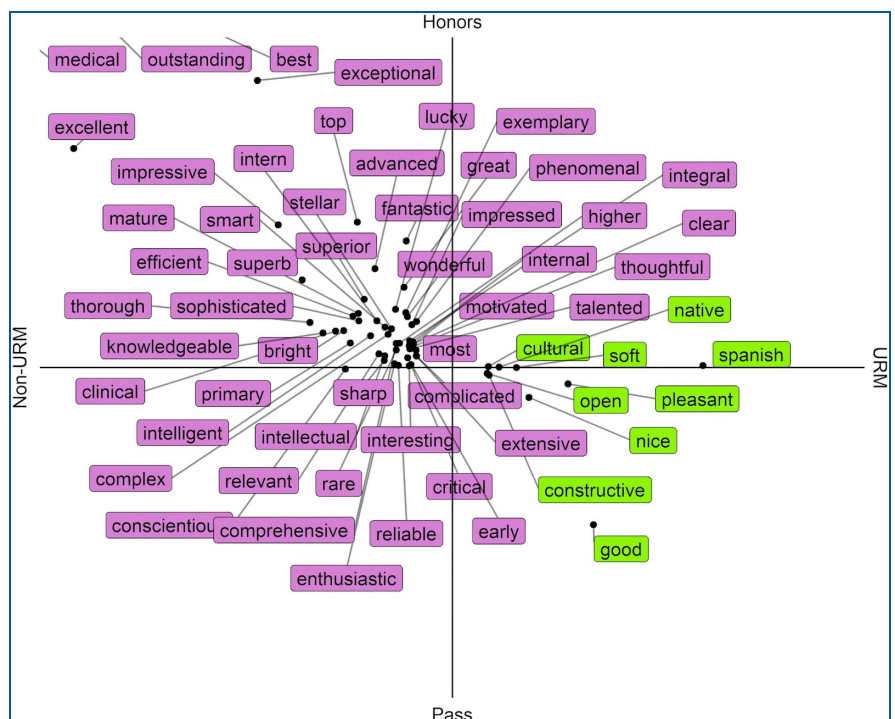


This unconscious bias can be mitigated with **thoughtful and deliberate reflection**.

Emphasize **directly observed actions, behaviors, and skills** rather than *perceived effort or personality traits*.

For example, instead of “she was nice to her patients and was a delight to work with for patients and team members alike”, say “she developed **excellent rapport** with her patients and **worked efficiently** to complete tasks in a **thorough and accurate manner** on a busy and demanding service”.

If you can tell the gender of a student from a de-identified eval, **it is biased**.



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