Equity in Assessment Checklist



PURPOSE: To outline good assessment practices and strategies to avoid harmful bias in assessments

BACKGROUND: Written assessments of student performance are important to document learning, provide feedback, determine achievement of expected objectives and milestones, and contribute to the residency selection process. Unfortunately, research shows that assessments of performance commonly reflect biases that disadvantage women and learners from groups under- represented in medicine (UIM). Faculty and resident adherence to best practices in learner assessment and conscious effort to avoid harmful bias are essential to assess all students fairly, accurately and equitably.



GETTING STARTED:

- Participate in training about bias in assessment, diversity, equity, inclusion
- Reflect on your own potential biases: Evidence shows that bias based on gender and race/ethnicity negatively affects performance assessments. Drawing awareness helps you to avoid the negative effects of bias
- Establish a relationship and aim to know your student as an individual. Know their name and how they want to be addressed, ask about their learning goals and background, invite them to share something about themselves and what they bring to medicine if they wish and share something about yourself
- Observe your student with patients and the team, not just on rounds

Problems that Lead to Biased, Inequitable Assessment	Recommendations: Checklist of Good Practice for Assessment of Students
Performance expectations are unclear to students	■ Share clerkship expectations and your personal expectations with the student upfront
	■ Discuss feedback frequently: the final feedback you discuss with the student should match your written evaluation
Supervisors do not observe students' activities with patients or recognize the unique contributions of UIM students to their patients	■ Describe observed behaviors in written evaluations: after you watch the student with a patient or with the healthcare team, or review student's written work
	Watch for and ask about student's unique contributions in patient care: advocacy for patients, relationships with patients and families, 'behind the scenes' work outside of rounds
Comparing students to other students creates competition and inequity	■ Describe student performance based on the expectations for your clerkship; use competency-based language and reinforce the goal that all students achieve competence
Characterizing performance based on effort, personality, student background or interpersonal traits. For non-majority learners, evaluations may lack skills-based language.	■ Use competency-based language: describe patient care, knowledge, communication, professional behaviors, responsiveness to feedback, work in healthcare system, interprofessional interactions
	■ Review your evaluations for language that may promote stereotypes based on student background or characteristics and remove it.
Growth and improvement are seen as signs of weakness	■ Appreciate what students have learned and value growth: ask the student about their learning goals, describe their achievement of those goals
Narratives are shorter for women or minority students; length cues favoritism	■ Written comments should be about one paragraph
Muted language (faint praise such as 'solid' or 'adequate') and differential use of superlatives for women and UIM students	Pay attention to your use of adjectives. Use superlative language consistently across all students with descriptions of performance
Commenting upon personal life (a tendency for describing women and UIM students) without reference to clinical performance	■ Focus on observed behaviors in the clinical context; highlight unique contributions to patient care. If relevant, comment on how a student may demonstrate a particular strength such as resilience or time management.

ONLINE RESOURCES: