Subjective Decision Making in Medical School Admissions: Potentials for Discrimination

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Medical schools place considerable emphasis on admissions interviews in the selection of students. Interviews, with unwritten performance criteria and subjective evaluation, contain the potential for unconscious discrimination against certain groups of applicants. This study investigates the contribution of interview scores to the total evaluation of male and female applicants for admission to one medical school in the United States. Findings reveal that interview scores are counted more heavily for females than males in arriving at a final ranking for admission. Further, females were rated lower in general than males on interview evaluations. While the magnitude of the associations is small, the combined effect points to a potential for discrimination, however unintended, against women applicants in the present case study.

Because admission to medical school is tantamount to entering the profession, screening and evaluation of applicants have been a primary concern of medical educators. With intense competition for admission by highly qualified students, subjective, unwritten criteria have played an increasingly important role in decision making (Jones, 1978). The personal interview has become an important element in the decision to admit (Albrecht & Ross, 1977).

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Research suggests that the subjective interview evaluation generally is not a good predictor of how the student will perform in both course work and clinical years (Rhoads, 1974; Char, McDermott, Haning, & Hansen, 1975). At the same time, such procedures put considerable emphasis on a set of hidden, unwritten criteria. After reviewing the experience with interview-based decisions, some authors have gone so far as to propose a lottery system of selection beyond an initial screening (Funkenstein, 1970).

Often overlooked in the critiques of interviews are possibilities for unintentional and unconscious—but real—discrimination against certain applicant characteristics. One such possibility is systematic discrimination against women based upon widely held beliefs that women's career and family life will inevitably conflict, and that women are temperamentally unsuited for medicine, less likely to finish medical school, and likely to practice little (Nadelson & Notman, 1974; Heins, Martindale, & Smock, 1978). Although research shows that women physicians have practiced a longer average time than males (Walsh, 1977), that there is little difference in the proportion of male and female medical school graduates in practice at any given time (Heins, Martindale, & Smock, 1978), and that women perform as well as men in clinical evaluations (Wilson, 1977), negative attitudes may still persist. For example, one study found that on paper-and-pencil tests, mental health clinicians unwittingly attributed poorer mental health to women than men displaying comparable personality characteristics (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970). In a recent survey of women medical students, the 28% who recalled negative comments related to their gender during interviews may have been the recipients of unintended prejudice (Spieler, 1977).

Although reports of perceived discrimination are common, the numbers appear to tell a different story. An increasing proportion of the medical school entering classes has been females, the percentage tripling between 1969 and 1980 (JAMA, editors, 1980). There is even some evidence that since the passage of Title IX of the Higher Education Act of 1972, women applicants have been admitted to medical schools in slightly higher proportions of their applicant pool than men (Dube, 1975). One recent study of 11 medical schools from different regions sponsored by the Macy Foundation (Spieler, 1977) confirmed the absence of discrimination in the numbers or proportions of males and females admitted.

The present study suggests that it is still possible for women to face discrimination in admission decisions, even though the overall numbers show roughly equal proportions of both being accepted. It also proposes that discrimination, intentional or otherwise, can occur during the "soft" evaluations based upon unspoken personal criteria during admission interviews. There have been few examinations of interview-based decisions. One exception is Crovitz's (1975) study of applicants interviewed for admission to a physician's associate program. While the women and men were accepted in proportion to their