

# Uncovering Unfairness: Medical Student Insights on Assessment Accuracy and Bias in a Longitudinal Integrated Clerkship Curriculum

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## Abstract

Efforts to promote equity in medical education have traditionally emphasized structural grading reforms, yet disparities in assessment outcomes and student perceptions of bias persist. This study explores whether longitudinal student–preceptor relationships, as cultivated in a longitudinal integrated clerkship (LIC) curriculum, influence perceptions of assessment accuracy and bias compared to short-term immersion preceptorships. We surveyed second-year medical students (n=353) following their core clinical year but prior to grade release. Likert-scale and open-ended questions assessed perceptions of accuracy and bias in longitudinal versus immersion assessments. Chi-square and Mann–Whitney U tests evaluated differences across gender and race/ethnicity (underrepresented in medicine [URM], non-URM minority, White-only). Thematic analysis explored qualitative responses. Students reported higher perceived accuracy (75.1% vs 60.6%,  $p < 0.0001$ ) and less bias (85.3% vs 70%,  $p < 0.0001$ ) with longitudinal preceptors. Female, URM, and non-URM minority students reported higher bias rates than White-only peers across both preceptor types. Perceived bias did not correlate with honors received ( $p = 0.058$ ). Gender emerged as the most cited factor in perceived bias, largely reflected in verbal interactions rather than written evaluations. Findings suggest that sustained student–preceptor relationships inherent to LIC models may mitigate perceived bias and enhance assessment accuracy, offering a structural mechanism for advancing equity in medical education.