2026, In Press: https://doi.org/10.36834/np674t11

LETTERS TO THE EDITOR

Gender and the assessment of professionalism in medical education

Maria L Adelus[1]

*Author information is provided in the back matter of this manuscript

Le genre et l'évaluation du professionnalisme dans la formation médicale

Medicine asks physicians to make consequential decisions, advocate for patients, and challenge authority when necessary. Yet the same behaviours can be interpreted differently depending on who performs them and the culture in which they occur. This creates a challenge for professionalism assessment: when does a concern reflect a professional obligation, and when does it reflect a preferred style of behaviour?

Professionalism should identify obligations essential to medicine—honesty, reliability, respect, ethical conduct, accountability, and commitment to patients. Its validity becomes less clear when assessment shifts from observable conduct to judgments about tone, deference, emotional expression, likability, or whether someone is "difficult." A trainee who neglects responsibilities, mistreats colleagues, rejects necessary supervision, or compromises patient safety can be evaluated for those behaviours directly. By contrast, questioning an expectation, reporting a concern, requesting an accommodation, or establishing a boundary should not automatically be treated as evidence of poor professionalism.

This distinction matters because assessment is not necessarily insulated from gender. A systematic review identified gender-associated differences in resident assessment, including differences in attributed traits and feedback concerning autonomy, assertiveness, and receptiveness to oversight.[1] A multisite study of 3,600 evaluations found that assessment trajectories differed by gender as internal medicine residents advanced through training.[2] These studies do not establish bias in any individual evaluation. They do, however, raise a validity question: if characteristics unrelated to competence influence how performance is interpreted, what exactly is being measured?

Professionalism standards can also reflect broader cultural expectations. Scholars have argued that poorly specified professionalism standards may encode historically dominant expectations about

© ADELUS

speech, appearance, embodiment, and behaviour.[3] This concern is particularly relevant to physician mothers. In a survey of 5,782 physician mothers, 66.3% reported gender discrimination and 35.8% maternal discrimination.[4] Qualitative research has described assumptions about commitment, heightened performance expectations, inadequate pregnancy and postpartum support, and structural features of medical work as contributors to maternal discrimination.[5]

The practical implication is not to weaken professionalism standards, but to make them more precise. Educators can distinguish professional obligations from preferred performances of professionalism: reliability does not require perpetual availability; respect does not require deference; receptiveness to feedback does not require agreement; collaboration does not require likability; and accountability does not require conformity.

Before labelling a trainee "difficult," educators should identify the specific behaviour, the professional obligation it allegedly violates, its consequences for patients or colleagues, and whether comparable conduct receives comparable scrutiny. This approach does not excuse unprofessional behaviour. Rather, it asks educators to evaluate conduct directly instead of allowing an imprecise personality label to substitute for an assessment of professional performance. In a profession that sometimes requires physicians to question decisions, report concerns, and advocate despite hierarchy, that distinction is important. The goal should be professionalism that is rigorous enough to protect patients while precise enough to distinguish professional obligations from expectations about who should be agreeable.

Author information:

1- Department of Internal Medicine, University of Michigan, Michigan, USA.

Correspondence to:

Maria L. Adelus

email: madelus@icloud.com

Published ahead of issue:

Nov 6, 2026

© 2026 ADELUS; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0) (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution, reproduction, and adaptation in any medium or format, including for commercial purposes, provided the original work is properly cited.

Conflict of Interest:

None.

Funding:

None.

References

1. Klein R, Julian KA, Snyder ED, et al. Gender bias in resident assessment in graduate medical education: review of the literature. *J Gen Intern Med.* 2019;34(5):712-719. https://doi.org/10.1007/s11606-019-04884-0.
2. Klein R, Ufere NN, Rao SR, et al. Association of gender with learner assessment in graduate medical education. *JAMA Netw Open.* 2020;3(7):e2010888. https://doi.org/10.1001/jamanetworkopen.2020.10888.

3. Cerdeña JP, Asabor EN, Rendell S, Okolo T, Lett E. Resculpting professionalism for equity and accountability. *Ann Fam Med.* 2022;20(6):573-577. https://doi.org/10.1370/afm.2892.
4. Adesoye T, Mangurian C, Choo EK, et al. Perceived discrimination experienced by physician mothers and desired workplace changes: a cross-sectional survey. *JAMA Intern Med.* 2017;177(7):1033-1036. https://doi.org/10.1001/jamainternmed.2017.1394.
5. Halley MC, Rustagi AS, Torres JS, et al. Physician mothers' experience of workplace discrimination: a qualitative analysis. *BMJ.* 2018;363:k4926. https://doi.org/10.1136/bmj.k4926.