

Gender and Racial Differences in Thematic Content of Personal Statements of Family Medicine Residency Applicants

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ABSTRACT

Introduction: The subjective nature of medical student personal statements creates potential for bias during residency recruitment. This research examines how thematic content differs by applicant race and gender.

Methods: A textual analysis of personal statements submitted by applicants to a family medicine residency program was conducted using linguistic analysis software to evaluate the associations between demographic characteristics and thematic content.

Results: A total of 487 personal statements were analyzed. Identified themes included “My Achievements,” “My Clinical Vignettes,” “My Life,” “My Traits and Values,” “My Residency Program Fit,” “My Future Practice,” and “My Goals as a Doctor.” Themes of “My Achievements” and “My Clinical Vignettes” were overrepresented in statements from female applicants ($\chi^2=9$, $P<.01$; $\chi^2=12$, $P<.01$, respectively). “My Life” was overrepresented in statements from male applicants ($\chi^2=5$, $P<.01$). “My Residency Fit” was overrepresented among White applicants ($\chi^2=7$, $P<.01$), and “My Achievements” was overrepresented among applicants identified as underrepresented in medicine ($\chi^2=20$, $P<.01$).

Discussion: These findings may assist applicants in writing personal statements and may help recruitment committees recognize areas of potential bias. Further research is warranted to assess how such biases affect admissions decisions.

INTRODUCTION

Every year, medical students apply to US residency programs by submitting a standardized application through the Electronic Residency Application Service (ERAS). In 2018-2019, 37 103 applicants participated in the Main Residency Match,¹ including 4402 family medicine applicants seeking 3692 available posi-

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tions.² Elements of the ERAS application include letters of recommendation, transcripts, the Medical Student Performance Evaluation (MSPE), standardized test scores, research and extracurricular activities, and a personal statement.³ While many components of an application can be evaluated objectively, others—particularly the personal statement—require subjective assessment.

Multiple parts of the ERAS application are subject to bias, and the personal statement is particularly vulnerable due to its nonstandardized format.⁴⁻⁸ The personal statement is a free-form narrative similar to a cover letter in a job application. Applicants typically use it to describe career goals, rationale for selecting their chosen specialty, personality characteristics, past accomplishments, and perceived fit with a program. While this format

provides recruitment committees with insight into applicants as individuals, its open-ended nature also increases opportunities for subjective interpretation.

Previous studies have demonstrated that subjectivity in application review can lead to bias and discrimination. A 2011 study of MSPEs showed that author-student gender differences influenced the verbiage used, with MSPEs of male applicants written by female authors including fewer “positive emotion” words than those of female applicants.⁷ Similarly, a 2017 analysis found that female applicants were more often described as “caring,” “compassionate,” and “empathetic,” than males, and White applicants were more likely to be described as “outstanding,” “best,” and “exceptional” than Black applicants, who were more frequently described as “competent.”⁹

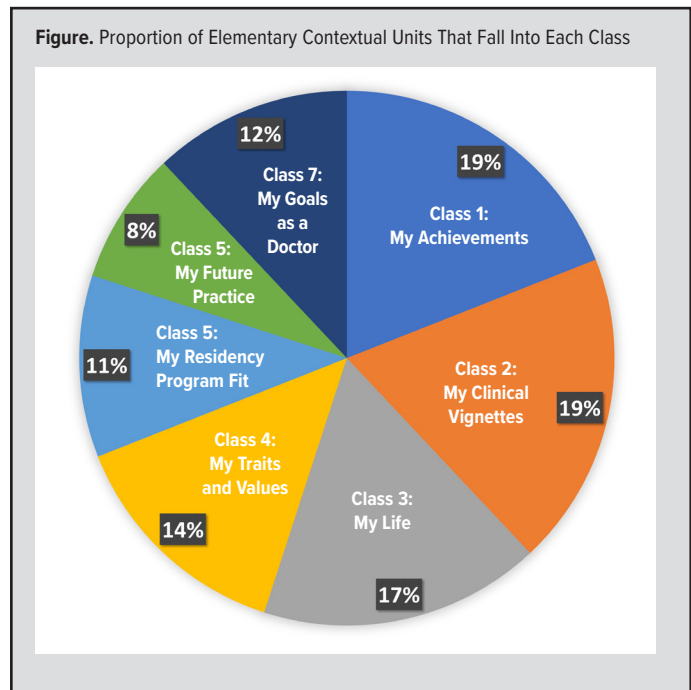
	n
Gender	
Female	254
Male	233
Race	
White	308
Asian	92
Hispanic, Latin, or Spanish origin	14
Black	20
Multirace	21
No race listed	22
Other	10
Other	
Underrepresented minority in medicine (URiM)	58

Because both MSPEs and personal statements are free-form textual documents, the patterns of bias observed in MSPEs raise concern that personal statements may be similarly affected. The inherent subjectivity of the personal statement, and its potential for bias and discrimination, has prompted debate about its role in applicant evaluation. There is ongoing disagreement on how personal statements should be assessed within the recruitment process.⁸⁻¹¹ Given the critical role of the ERAS application in shaping applicants' professional trajectories, it is important for them to understand how each component—including the personal statement—may influence their likelihood of matching into a desired residency program.

This study conducted a textual analysis of personal statements from medical students applying to a family medicine residency program to identify common themes and examine whether their prevalence varied by applicant demographics. Understanding these differences is an important aspect in working to minimize bias in the application process.

METHODS

Personal statements from US medical students who applied to the University of Wisconsin School of Medicine and Public Health Family Medicine Residency Program in 2018-2019 via ERAS were extracted. The statements were deidentified, tagged with self-reported race and gender, and combined into a single corpus. Statements without self-reported racial demographics were tagged as “no race listed” and included the full corpus for analysis. A few modifications were made to the corpus to improve analytic consistency, including adding demographic tags for underrepresented minorities in medicine (URiM) status,¹² postgraduate degrees, and leadership roles; replacing acronyms with full terms; removing individuals' full names; and converting symbols to their textual equivalents (eg, “\$” replaced with “dollars”). A full list of tags and modifications is available from the author upon request. Analysis was conducted using Alceste 2018 Enterprise.¹³



Alceste analyzes vocabulary and word frequency, then segments the corpus into elementary contextual units (ECUs)—small fragments of text—that are grouped into classes. The software uses an algorithm to determine how often ECUs occur near one another and assigns classes based on these patterns and the location of their strongest oppositions. Classes are composed of ECUs most characteristic of each group.

The process of selecting ECUs that are significant and included in analysis involves excluding words that lack thematic meaning (eg, prepositions, articles, pronouns) or occur fewer than 4 times in the corpus and removing ECUs that do not fit into any class. Alceste has been used across a variety of disciplines, including analyses of personal statements from general surgery applicants¹⁴ and internal medicine applicants.¹⁵ In the 2015 study of internal medicine applicants by Osman et al, Alceste was validated against T-LAB, another linguistic analysis software.¹⁵

The initial analysis excluded demographic variables. After classes were generated, themes were assigned by reviewing representative words and ECUs within each class. The corpus was then reanalyzed with demographic information included. It was hypothesized that male applicants would be more likely to discuss clinical vignettes and that females would more often write about personal traits and values. For racial differences, it was hypothesized that applicants identifying as URiM or non-White would be more likely to write about past life experiences. Alceste produced chi-square values describing correlations between demographic groups and lexical classes. These values reflect whether ECUs from a demographic group appeared within a class more or less frequently than expected based on observed versus expected frequencies.

Table 2. Word Forms Associated With Each Class

Class 1 (My Achievements)		Class 2 (My Clinical Vignettes)	
Form	χ^2	Form	χ^2
volunteer	364	medication	252
underserved	306	pain	197
public_health	250	week	165
project	230	discuss	156
organiz	199	visit	153
school	193	room	152
health	191	explain	133
student	184	appointment	129
research	183	follow	111
university	175	question	110
advanced_degree ^a	169	woman	106
leadership_role ^a	164	patient name ^a	104
Class 3 (My Life)		Class 4 (My Traits and Values)	
Form	χ^2	Form	χ^2
sibling	252	others	145
mother	222	trust	141
up	177	communic	103
father	174	physician	92
remember	130	build	84
parent	129	better	81
young	121	live	80
tell	114	personal	73
move	108	role	72
eye	99	relation	72
night	99	play	68
grandparent	98	become	68
Class 5 (My Perfect "Fit")		Class 6 (My Future Practice)	
Form	χ^2	Form	χ^2
resid	1319	obstetric	522
program	1011	scope	363
resident	370	pediatric	304
train	366	wide	285
hope	215	family_medicine	273
look	193	practice	258
skill	174	range	242
fellow	136	breadth	220
knowledge	125	full	193
future	121	broad	187
round	117	spectrum	182
well	102	variety	179
Class 7 (My Goals as a Doctor)			
Form	χ^2		
prevent	291		
disease	183		
address	169		
acute	139		
chronic	122		
processes	113		
family_medicine	105		
condition	99		
relation	96		
whole	92		
holistic	76		
body	71		

^aTag added by author.

This study was granted exemption status by the University of Wisconsin-Madison Institutional Review Board.

RESULTS

Personal statements from 487 medical students who applied to the University of Wisconsin School of Medicine and Public Health Family Medicine Residency Program during the 2018-2019 academic year were analyzed. All statements were included. Women comprised 254 applicants and men comprised 233. Three hundred eight applicants identified as White, 20 as Black, and 58 were tagged as URiM. Full demographic information is shown in Table 1.

Textual analysis of the corpus was conducted using an internal algorithm within the Alceste software. The software selected 78% of the ECUs as significant and grouped them into classes; the remaining 22% were excluded. The software produced 7 distinct classes. The Figure depicts the number of ECUs contained within each class. Class 1 contained the largest number (1114 ECUs). Examples of the representative words for each class are shown in Table 2. The final interpretations (themes) of each of the classes are summarized below:

1. *My Achievements*—Highlights achievements accomplished before applying for residency, with emphasis on leadership roles, service experiences, and advanced degrees.
2. *My Clinical Vignettes*—Describes patient encounters and/or clinical scenarios that influenced applicants’ decisions to pursue family medicine.
3. *My Life*—Depicts important life experiences and people—such as family, friends, or mentors—who shaped applicants’ choice of family medicine.
4. *My Traits and Values*—Represents applicants’ descriptions of personal traits and values they perceive in themselves.
5. *My Residency Program Fit*—Describes characteristics applicants seek in a

Table 3. Associations Between Demographic Features and Lexical Classes

Demographic Feature (No. of ECUs in Corpus)	Lexical Class (No. of ECUs in Class)	Demographic Representation in Class	No. ECUs in Class w/ Demographic Feature	% ^a	% ^b	χ ² Value
Female (2967)	Class 1 (1114)	Overrepresented ^d	634	21%	57%	9 ^d
	Class 2 (1084)	Overrepresented ^d	626	21%	58%	12 ^d
	Class 3 (1005)	Underrepresented ^d	501	17%	50%	-5 ^d
	Class 4 (814)	Underrepresented	410	14%	50%	-3
	Class 5 (623)	As expected	319	11%	51%	0
	Class 6 (455)	Underrepresented	227	8%	50%	-2
	Class 7 (502)	Underrepresented	227	8%	45%	-2
Male (2630)	Class 1 (1114)	Underrepresented ^d	480	18%	43%	-9 ^d
	Class 2 (1084)	Underrepresented ^d	458	17%	42%	-12 ^d
	Class 3 (1005)	Overrepresented ^d	504	19%	50%	5 ^d
	Class 4 (814)	Overrepresented	404	15%	50%	3
	Class 5 (623)	As expected	304	12%	49%	0
	Class 6 (455)	Overrepresented	228	9%	50%	2
	Class 7 (502)	Overrepresented	252	10%	50%	2
Underrepresented Minority in Medicine (685)	Class 1 (1114)	Overrepresented ^d	180	26%	16%	20 ^d
	Class 2 (1084)	Underrepresented	117	17%	11%	-3
	Class 3 (1005)	As expected	128	19%	13%	0
	Class 4 (814)	As expected	103	15%	13%	0
	Class 5 (623)	Underrepresented ^d	57	8%	9%	-6 ^d
	Class 6 (455)	Underrepresented	44	6%	10%	-3
	Class 7 (502)	As expected	56	8%	11%	0
Asian (1088)	Class 1 (1114)	Overrepresented	231	21%	21%	1
	Class 2 (1084)	Overrepresented ^d	242	22%	22%	7 ^d
	Class 3 (1005)	Underrepresented	176	16%	18%	-3
	Class 4 (814)	Underrepresented	147	14%	18%	-1
	Class 5 (623)	Underrepresented ^c	102	9%	16%	-4 ^c
	Class 6 (455)	Underrepresented ^d	70	6%	15%	-5 ^d
	Class 7 (502)	Overrepresented ^d	120	11%	24%	7 ^d
Black (234)	Class 1 (1114)	Overrepresented	53	23%	5%	1
	Class 2 (1084)	Overrepresented	55	24%	5%	3
	Class 3 (1005)	As expected	41	18%	4%	0
	Class 4 (814)	Underrepresented	28	12%	3%	-1
	Class 5 (623)	Underrepresented	21	9%	3%	-1
	Class 6 (455)	Underrepresented	14	6%	3%	-2
	Class 7 (502)	As expected	22	9%	4%	0
Hispanic, Latin, or Spanish origin (155)	Class 1 (1114)	Overrepresented ^c	41	26%	4%	4 ^c
	Class 2 (1084)	Underrepresented ^d	14	9%	1%	-11 ^d
	Class 3 (1005)	Overrepresented ^d	38	25%	4%	5 ^d
	Class 4 (814)	Overrepresented ^c	31	20%	4%	4 ^c
	Class 5 (623)	Underrepresented ^d	7	5%	1%	-7 ^d
	Class 6 (455)	As expected	15	10%	3%	0
	Class 7 (502)	Underrepresented	9	6%	2%	-2
Multirace (242)	Class 1 (1114)	Overrepresented ^d	65	27%	6%	8 ^d
	Class 2 (1084)	Underrepresented ^d	29	12%	3%	-9 ^d
	Class 3 (1005)	As expected	42	17%	4%	0
	Class 4 (814)	Overrepresented	45	19%	6%	3
	Class 5 (623)	Overrepresented ^c	37	15%	6%	4 ^c
	Class 6 (455)	Underrepresented ^d	10	4%	2%	-5 ^d
	Class 7 (502)	Underrepresented	14	6%	3%	-3
Native American (37)	Class 1 (1114)	As expected	9	24%	1%	0
	Class 2 (1084)	Underrepresented ^d	1	3%	<1%	-7 ^d
	Class 3 (1005)	Overrepresented ^c	10	27%	1%	2 ^c
	Class 4 (814)	As expected	6	16%	1%	0
	Class 5 (623)	As expected	4	11%	1%	0
	Class 6 (455)	As expected	3	8%	1%	0
	Class 7 (502)	As expected	4	11%	%	0
White (3472)	Class 1 (1114)	Underrepresented ^d	648	19%	58%	-9 ^d
	Class 2 (1084)	As Expected	678	20%	63%	0
	Class 3 (1005)	As Expected	623	18%	62%	0
	Class 4 (814)	As Expected	517	15%	64%	0
	Class 5 (623)	Overrepresented ^d	417	12%	67%	7 ^d
	Class 6 (455)	Overrepresented	296	9%	65%	2
	Class 7 (502)	Underrepresented	293	8%	58%	-3
No race reported (271)	Class 1 (1114)	As expected	55	20%	5%	0
	Class 2 (1084)	As expected	53	20%	5%	0
	Class 3 (1005)	Underrepresented ^c	37	14%	4%	-4 ^c
	Class 4 (814)	Underrepresented	31	11%	4%	-2
	Class 5 (623)	As expected	27	10%	4%	0
	Class 6 (455)	Overrepresented ^d	41	15%	9%	19 ^d
	Class 7 (502)	As expected	27	10%	5%	0

^aNumber of ECUs within class with demographic feature / number of ECUs in corpus with demographic feature.

^bNumber of ECUs within class with demographic feature / number of ECUs in class.

^c*P* < .05.

^d*P* < .01.

residency program and the qualities they believe they would contribute to a residency program.

6. *My Future Practice*—Details applicants' envisioned future practice settings, including scope of practice (eg, procedures, inpatient, outpatient, pediatrics, obstetrics).
7. *My Goals as a Doctor*—Highlights what applicants value about family medicine, often focusing on relationships, holistic care, education, patient empowerment, and managing acute and chronic conditions.

Correlation between the thematic classes and applicant demographics were based on software-calculated chi-square values. Table 3 summarizes these results by demographic group. Within Class 1 (My Achievements) and Class 2 (My Clinical Vignettes), a significantly greater proportion of ECUs came from female applicants (634 ECUs, $\chi^2=9$, $P<.001$; 626 ECUs, $\chi^2=12$, $P<.001$). Males were significantly underrepresented in these 2 classes (480 ECUs, $\chi^2=9$, $P<.001$; 458 ECUs, $\chi^2=12$, $P<.001$). In Class 3 (My Life), male applicants were overrepresented (504 ECUs, $\chi^2=5$, $P=.025$).

Regarding racial differences, applicants identifying as Hispanic, Latin, or Spanish origin were overrepresented in Class 1, Class 3, and Class 4 (My Traits and Values) (41 ECUs, $\chi^2=4$, $P=.046$; 38 ECUs, $\chi^2=5$, $P=.025$; 31 ECUs, $\chi^2=4$, $P=.046$) and underrepresented in Class 5 (My Residency Program Fit) (14 ECUs, $\chi^2=7$, $P=.008$). The most notable finding was that URiM applicants were overrepresented in Class 1 (180 ECUs, $\chi^2=20$, $P<.001$). White applicants were overrepresented in Class 5 (417 ECUs, $\chi^2=7$, $P=.008$) and underrepresented in Class 1 (648 ECUs, $\chi^2=9$, $P<.001$).

Table 3 provides detailed results, including the number of ECUs per demographic feature and class, whether the group was overrepresented or underrepresented, the proportion of ECUs contributed by each group, and chi-square values indicating strength of association derived from the Alceste analysis.

DISCUSSION

Differences in thematic content of personal statements were observed across gender and racial groups. Female applicants more frequently wrote about achievements and clinical experiences, whereas male applicants more often wrote about life experiences. Applicants identifying as Hispanic, Latin, or Spanish origin more frequently discussed achievements, life experiences, and personal traits and values but wrote less often about their fit in a residency program. Although differences in class representation for Black applicants were anticipated, no statistically significant differences emerged.

It was notable that URiM applicants, female applicants, and applicants of Hispanic, Latin, or Spanish origin were all more likely to write about past achievements. This pattern may reflect the perceived need to prove qualifications and accomplishments when competing with historically advantaged groups, such as White and male applicants, and may also relate to how mentor-

ship influences the thematic content of personal statements.¹⁶⁻¹⁸

Findings from similar studies in recent years provide context. A 2018 analysis of personal statements from general surgery applicants to Brigham and Women's Hospital in Boston, Massachusetts, found that men were more likely to describe personal surgical experiences, whereas women more often described surgery as a team endeavor.¹⁴ Differences between that study and the present one may reflect the differences in specialty choice, applicant personality traits, career motivations, life and medical school experiences, and training environments. Geographic and institutional factors also likely shape both the applicant pool and the experiences applicants choose to write about. Comparative findings underscore how the personal statement can reveal information about applicants and suggest that applicants may tailor content based on the specialty or characteristics of the program to which they are applying.

The personal statement serves as one of the first glimpses recruitment committees have of applicants. Understanding how gender and racial differences influence written themes offers insight into the potential bias in the evaluation process. Awareness of these patterns may guide applicants, mentors, and reviewers toward more thoughtful approaches. Specifically, applicants may use this information to structure their statements to best reflect what they deem most important, and recruitment committees and program directors may use it to consider whether implicit biases are affecting their evaluation of personal statements.

Limitations

While this study provides insight into various themes present in personal statements, several limitations should be noted. First, generalizability is limited, as data were drawn from a single institution during a single application cycle. Second, the applicant pool was not demographically diverse: most applicants identified as White (63%), and aside from Asian applicants (19%), other racial groups each represented less than 5% of the sample. Third, the study only examined family medicine residency applicants.

A multiyear and multi-institutional study would strengthen future analysis, especially with a more diverse study population. Including a broader range of specialties would allow for comparison across disciplines. Longitudinal data could also reveal trends over time. Future research would also benefit from analyzing reviewer assessments against thematic differences in personal statements, and studies examining applicant-reviewer racial or gender concordance and its impact on ratings also would be valuable.

CONCLUSIONS

Overall, these findings contribute to the broader discussions on equity and fairness in the residency matching process and may inform future research aimed at mitigating disparities in applicant evaluation.

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