Checklist: how to review your note for bias

This checklist is designed to take under a minute for most consultations. For consultations in the 'Extra care if…' rows, budget an extra minute. The goal is not to slow you down — it is to make sure the patients most likely to be affected by AVT error are the patients whose notes get the most attention.

BEFORE YOU APPROVE

☐ **Does the note read the way I would have written it?**	You are the author. If the wording is not yours, change it before signing.
☐ **Did the patient actually say what the note says they said?**	Quick scan for hallucinated content, invented details, or fabricated history.
☐ **Are numbers, dosages and negations correct?**	These are the highest-consequence transcription errors. Check them explicitly.

WORDS THAT DESERVE A SECOND LOOK

☐ **'Denies', 'declines', 'non-compliant'**	Do these reflect what the patient said, or an inference the model added?
☐ **'Agitated', 'aggressive', 'dramatic', 'chaotic'**	These adjectives are applied unevenly across patient groups in published studies. Earn their place.
☐ **'Poor historian', 'vague', 'unclear'**	Often a signal that ASR struggled — more likely with accent, interpreter or speech difference.

EXTRA CARE IF...

☐ **The patient has a strong regional or non-native accent.**	ASR word error rates are elevated for non-dominant dialects and accents.
☐ **An interpreter (in-person, remote or telephone) was present.**	Three-speaker consultations are under-researched and under-handled by current AVT.
☐ **The patient has dysarthria, aphasia, stammer or cognitive impairment**	Longer pauses and atypical speech patterns increase hallucination risk.
☐ **A family member spoke on behalf of the patient.**	The note may reflect the speaker rather than the subject. Check whose voice is in the summary.
☐ **The consultation was emotionally complex or covered mental health.**	Nuance, affect and cultural idioms of distress are what AVT handles least well.

WHAT IS MISSING?

☐ **Did the patient raise a concern that did not make it in?**	Bias often shows up as omission, not error. What you remember saying matters.
☐ **Is there social or cultural context that was flattened?**	Cultural expressions of symptoms may be clinically meaningful and easy for a model to drop.
☐ **Is the differential or plan appropriately broad?**	Anchoring on the first plausible note is a known human-plus-AI failure mode.

IF SOMETHING IS OFF

☐ **Edit it. You are the accountable author.**	AVT output is a draft. Clinical accountability stays with the clinician.
☐ **If you are seeing a pattern, report it.**	Raise with your clinical safety officer or AVT programme lead. Patterns are the fairness signal.