

[illegible]

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Rules of Engagement

- Share talk time / Share the space
- Risk Taking – to learn from each other we are going to ask people to step out of their comfort zones
- Support – We have to support people when they are out of their comfort zones
- Confidentiality
- Respect – Every individual's perspective is valued and considered legitimate for that person
- All feedback and comments should be made with the desire to educate, not hurt



Outline

- Bias in medicine
- Guided Imagery
- A Silent Curriculum
- Implicit Association Test
- Trusted Ten
- Common Scenarios
- Bias mitigation
- Closing



BIAS

Bias

- ...generally negative feelings and evaluations of individuals because of their group membership (prejudice), over generalized beliefs about the characteristics of group members (stereotypes) and inequitable treatment (discrimination).



van Ryn, Michelle, et al. "THE IMPACT OF RACISM ON CLINICIAN COGNITION, BEHAVIOR, AND CLINICAL DECISION MAKING." Du Bois Review 8.1 (2011)

Bias

- Clinician bias is one of several contributors to racial inequalities in care and outcomes (Fincher et al., 2004).
- These biases may be
 - conscious and intentional (explicit)
 - unconscious and automatically activated (implicit)



van Ryn, Michelle, et al. "THE IMPACT OF RACISM ON CLINICIAN COGNITION, BEHAVIOR, AND CLINICAL DECISION MAKING." Du Bois Review 8.1 (2011)

Bias

- Explicit Bias: reflects the attitudes or beliefs that one endorses at a conscious level
- Implicit Bias: bias in judgement and or behavior, that results from subtle cognitive processes that often operate at a level below conscious awareness and without intentional control

Implicit v Explicit Bias

- Clinicians vary widely in their levels of both implicit and explicit racial bias
- Studies show that most Whites are high in implicit bias measures and low in explicit bias measures
- 2/3 of participating primary care physicians show implicit/ethnic racial bias that favor Whites

van Ryn, Michelle, et al. "THE IMPACT OF RACISM ON CLINICIAN COGNITION, BEHAVIOR, AND CLINICAL DECISION MAKING." Du Bois Review 8.1 (2011)



Paved with Good Intentions: Do providers contribute to racial/ethnic disparities in health care?

vanRyn, et al., AJPH 2003

1. Providers influence help-seekers' view of themselves and their relation to the world (particularly fundamental value, self-reliance, competence and deservingness)
2. Disparities in communications regarding health promotion and disease prevention behavior
3. Providers as gate keepers [which] influence health disparities via such mechanisms as differential access to treatments or service and loss of benefits and rights



GUIDED IMAGERY

Guided Imagery Exercise

- Please clear your minds
 - Imagine the individuals who will be described for you
 - Conjure up the most detailed and textured images of each individual as you can
 - What are their physical characteristics?
 - How are they dressed?
 - What setting do you imagine they are in?
 - Create context
- I will provide additional information about each individual. Please let their mental image develop in your mind's eye.
- When completing one image and moving to the next, gently erase the image from your mind and prepare to imagine the next one

African American Women

- Single mother
- Extremely wealthy
- Chief of Pediatric Cardiology at Boston Children's Hospital

Teenage Girl

- Born in El Salvador
- Lives in New York City
- Attends a high school for performing arts

Gay Man

- Japanese ancestry
- Father of two
- Just celebrated his 82nd birthday

Female lawyer

- American Indian
- Chippewa Nation
- 64 years old
- Works for a multinational corporation

White male

- World class athlete
- Requires a wheelchair for mobility

Chinese American Man

- Addicted to drugs
- Second year pediatric resident

Goals and Objectives of this exercise

- Goals
 - To help learners recognize their own potential for bias and stereotyping (awareness)
 - To help learners identify and appreciate how physician bias and stereotyping can affect interactions with patients, families, communities, and other members of the health care team
- Objectives - Upon completion of this exercise, participants will be able to:
 - Describe how limited information produces stereotypical thinking
 - Acknowledge the learner's own tendencies to stereotype
 - Acknowledge specific stereotypes held by them toward particular groups

Pair Share/ Small Group Discussion

- What was your experience with the exercise?
- What references did you use to come up with your mental images? (common references include family, friends, colleagues, acquaintances, media images)
- What were your initial images and how were they similar/different from peer's images?
- Were there certain descriptor clusters that were more challenging for you? Why?
- What did you learn about yourself from this exercise?
- What stereotypes might patients/colleagues have of you?
- How might practitioner bias and stereotyping affect interactions with patients, families, communities, and other members of the healthcare team?

Take Home Message

- Stereotyping is unavoidable. It is a normal human process for organizing massive amounts of information we take in every day.
- Patient care decisions made based on stereotyping contribute to health disparities and decrease the quality of care.
- Stereotyping tends to happen more frequently and rigidly when one is under stress (such as time pressure) and when one has limited information.
- It takes conscious effort to manage our stereotypes.



A SILENT CURRICULUM

Questions for discussion

- How do you see your role (as an educator) in relation to this content?
- Have you seen examples of unconscious bias similar to the ones in this article? If so, how did you respond?
- What if the article had been written by a trainee of color? What would you see as your role in supporting the trainee?
- How would you like the APPD (or any organization) to help support your role in managing the questions (i-iii)?



IMPLICIT ASSOCIATION TEST

Implicit Association Test

- First part of IAT: sort words relating to concepts into categories
- Second part of IAT: sort words relating to evaluation (good and bad)
- Third part: combines categories, you are asked to sort both concept and evaluation words
- Fourth part: the placement of the concepts switches sides
- Final part: categories are combined in a way that is opposite what they were before
- Score: The IAT score is based on how long it takes a person, on average, to sort the words in the third part of the IAT versus the fifth part of the IAT

Fyodor Dostoyevsky

“Every man has reminiscences which he would not tell to everyone but only his friend. He has other matters in his mind, which he would not reveal even to his friends, but only to himself, and that in secret. But there are other things which a man is afraid to tell even himself, and every decent man has a number of such things stored away in his mind.”

Debriefing: Small Group Work

- What were your reactions and feelings when you received the results of your implicit association test?
- Where do you think the hidden biases come from?
- Can you recall an interaction at work over the past 6 months where your hidden bias may have played a role?
- What can we do about our own hidden biases? Can you recall an interaction where you consciously overcame your bias?

<http://www.tolerance.org/Hidden-bias>



TRUSTED TEN

Trusted Ten Exercise

- Keep paper folded over
- Write down the names of your Trusted Ten (exclude family members)

Discussion

- Look at the characteristics of your Trusted Ten
 - How many have different characteristics than you?
 - How do you think that influences your behavior?
 - With trainees?
 - With colleagues?
 - Does your work place reflect the characteristics of your Trusted Ten?
 - Do your trainees reflect the characteristics of your Trusted Ten?
 - Imagine your trainees' Trusted Ten...do you think you would match their characteristics?



COMMON SCENARIOS

Scenarios...

1. Your CCC is reviewing CR, a second year resident who performed well in his first year...
2. You have a faculty member who contributes time to residency interviews and is an active member of the Intern Selection Committee. ..
3. You are the ED attending supervising AR, one of your excellent third-year residents. It is a busy night ...
4. You have conducted a thorough recruitment process for your upcoming chief resident position. After soliciting faculty and resident input and conducting a series of interviews, MN rises to the top ...



**IS THERE ANYTHING WE
CAN DO?**

How do we mitigate bias?

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The Nondiscriminating Heart: Lovingkindness Meditation Training Decreases Implicit Intergroup Bias

Reducing Racial Bias Among Health Care Providers: Lessons from Social-Cognitive Psychology

*Diana Burgess, PhD^{1,2}, Michelle van Ryn, PhD, MPH^{1,3}, John Dovidio, PhD⁴,
and Somnath Saha, MD, MPH⁵*

Mindfulness Meditation Reduces Implicit Age and Race Bias: The Role of Reduced Automaticity of Responding

Social Psychological and
Personality Science
2015, Vol. 6(3) 284–291
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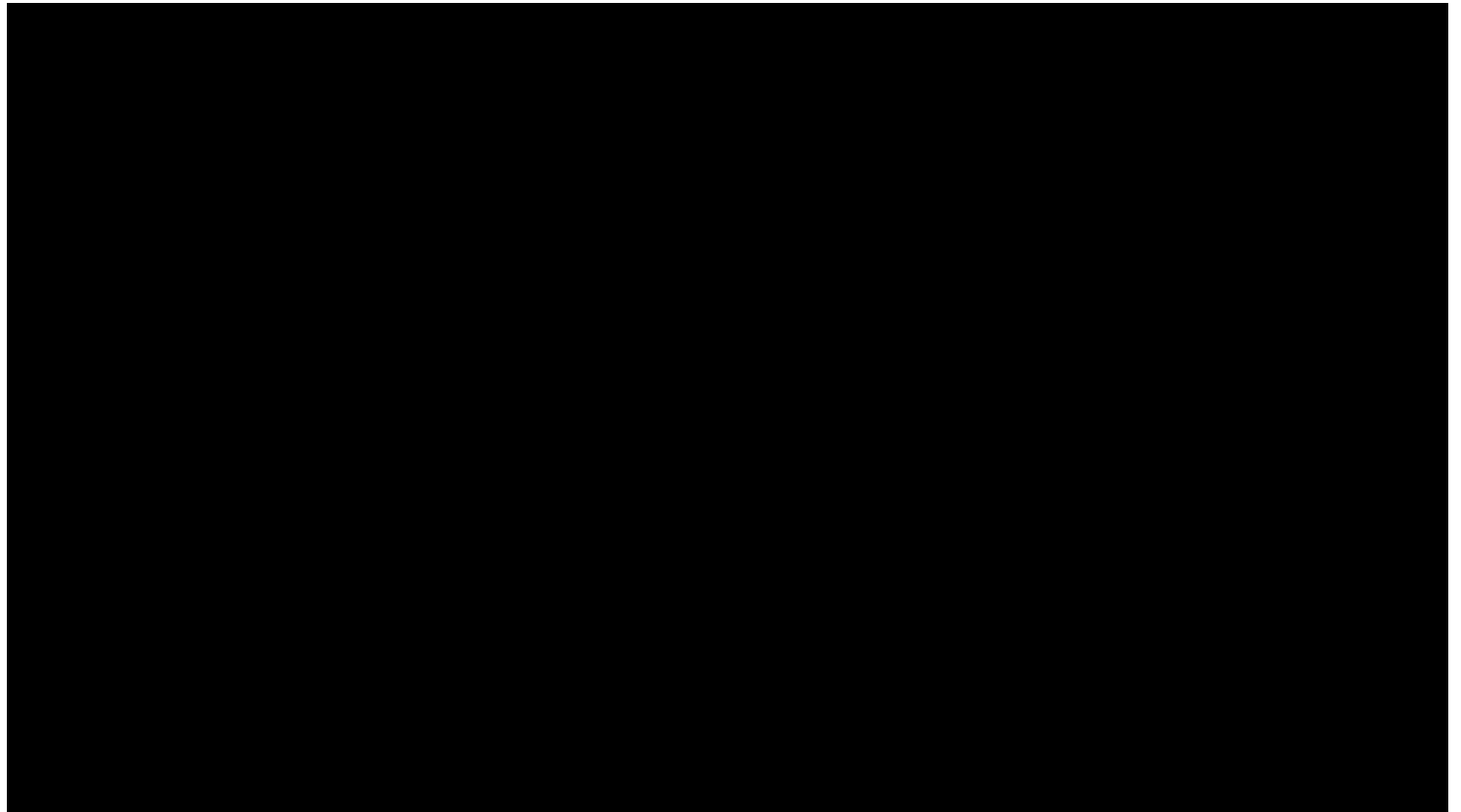


Adam Lueke¹ and Bryan Gibson¹

- Mindfulness Meditation

<https://youtu.be/dEzbdLn2bJc>

Lovingkindness meditation



Closing thoughts...

- We all have biases
- We rely on our biases during times of stress
- Our biases directly influence our relationships with trainees
- We often perpetuate our biases in the clinical learning environment
- We can learn to mitigate the influence of our biases

Thank you!!

- Please fill out your evaluations!

