**APPD Implicit Bias Workshop Worksheet #1 – Designing New Curriculum**

1. Is the climate/culture at your institution ready for enacting implicit bias training?

<table>
<thead>
<tr>
<th>Not at all ready</th>
<th>Somewhat ready</th>
<th>Neutral</th>
<th>Somewhat ready</th>
<th>Very ready</th>
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2. How feasible is instituting a curriculum on implicit bias at your institution?

<table>
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<tr>
<th>Not at all feasible</th>
<th>Somewhat feasible</th>
<th>Neutral</th>
<th>Somewhat feasible</th>
<th>Very feasible</th>
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3. Who is your target audience? (Select all that apply)
   - Medical Students
   - Residents
   - Faculty
   - Nurses
   - Social Work
   - Other ____________________

4. In what forum will the training take place?
   - Resident conference (eg. morning report, noon conference)
   - Department-wide lecture
   - Session within a rotation
   - Evening lecture

5. What educational strategies do you want to use? (Select all that apply)
   - Case-based
   - Guided imagery
   - Didactic lecture
   - Written reflection
   - Small group discussion
   - Large group discussion
   - Simulation
   - Other ____________________

6. Who might be good facilitators for this program? (Select all that apply)
   - Residents
   - Chief residents
   - PDs/APDs
   - MD facilitator from within your institution
   - Non-MD facilitator from within your institution
   - Facilitator from outside your institution
   Feel free to list specific names here:

7. How frequently should the program occur?
   - Annually
   - Biannually
   - Quarterly
   - Monthly
   - Other ____________________
8. What challenges do you anticipate in implementing this curriculum?

9. What are 3 goals you have for your program in the next year? In the next 5 years?

10. What will be your initial action items when you return to your home institution?
APPD Implicit Bias Workshop Worksheet #2 – Examining Existing Curriculum

1. How satisfied are you with your current curriculum on implicit bias?

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neutral</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
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2. How has your implicit bias curriculum been received by at your institution?

<table>
<thead>
<tr>
<th>Very poorly</th>
<th>Somewhat poorly</th>
<th>Neutral</th>
<th>Somewhat well</th>
<th>Very well</th>
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3. Culture Change

   a. Have you noticed changes in the climate/culture of your institution as a result of your curriculum? Please circle one:

      Yes               No               Unsure

   b. Are the changes you have seen the ones you expected?

      Yes               No               Unsure

4. Challenges

   a. What challenges did you encounter in implementing this curriculum?

   b. What challenges do you still face?
5. What could be added to improve or enhance your current program (eg. stakeholders with whom you want to partner, participants you want to invite, new facilitators to recruit, different formats or debriefings)?

6. What are 3 goals you have for your program
   a. In the next year?
   b. In the next 5 years?
Fill in the boxes in the following model on implicit bias provider training to build your program. (Adapted from Burgess, et al. *J Gen Intern Med* 2007).
Kirkpatrick’s Four Level Training Evaluation Model

- **Reaction**
  - How did the participants react to the training?

- **Learning**
  - Did the training result in an increase in knowledge, skills or attitudes?

- **Transfer**
  - Did participants change behavior in the workplace as a result of the training?

- **Result**
  - Did the training impact processes or patient outcomes?

**Notes on Ideas for Program Assessment**
Contact Information Card

1. Name ____________________________________________________________

2. Institution _______________________________________________________

3. Role (circle all that apply):

   Program Director                                      Program administrator
   Assistant Program Director                              Chief resident
   Instructor in the residency                           Resident
   Instructor in the medical school                      Other ____________

4. Email address: ________________________________________________

5. Would you be interested in being included on a mailing list to discuss implicit bias in medical education, including ideas and programming generated in this workshop?
   Please circle one: Yes   No