

**TO IMPLICIT BIAS & BEYOND:** AN EDUCATIONAL FRAMEWORK FOR IDENTIFYING & MITIGATING IMPLICIT BIAS IN AMBULATORY CARE

# Introduction

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# Disclosures

There are no conflicts of interest to disclose.

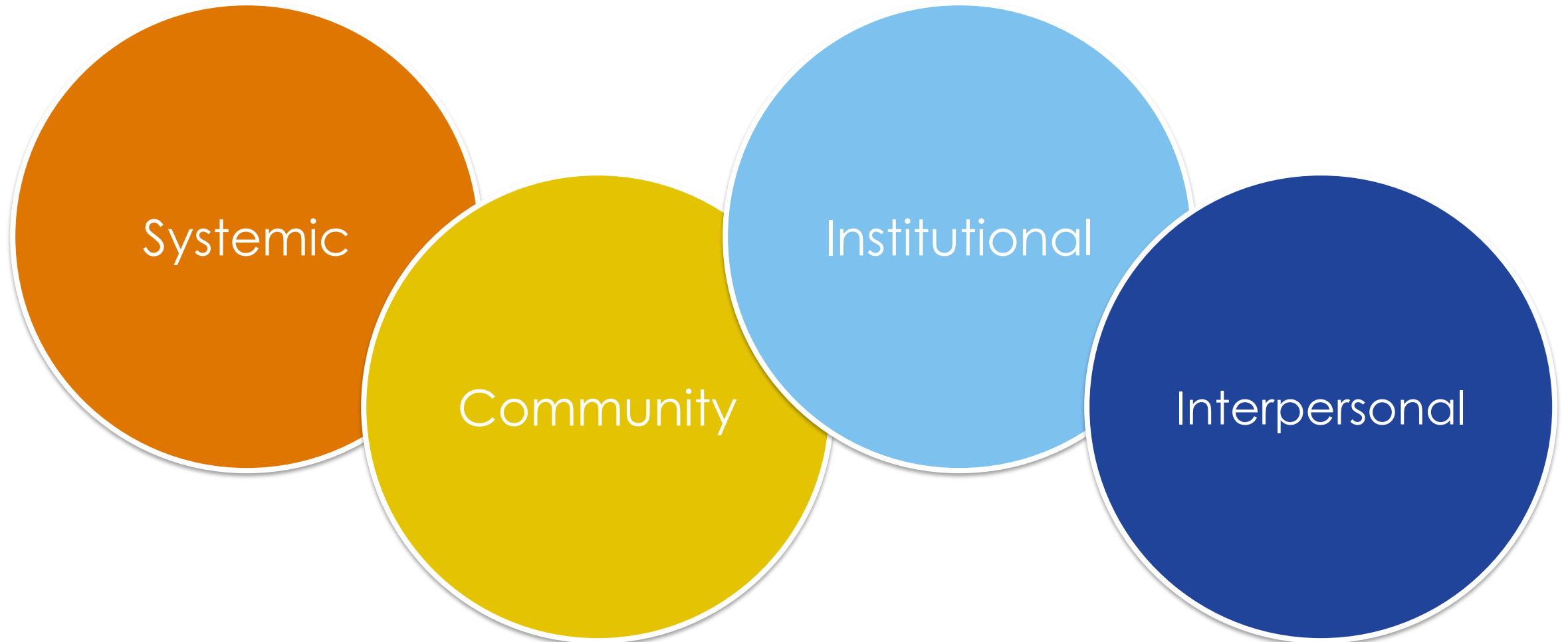
# Workshop Objectives

- ❖ Define implicit bias and describe ways health disparities can be identified in an ambulatory resident practice.
- ❖ Develop a framework for teaching health disparities and implicit bias in an Internal Medicine residency.
- ❖ Demonstrate practical strategies to mitigate implicit bias.

# Disparities - Definitions

- ❖ Health disparities
  - Differences in health between populations
  - Higher burden of illness, injury, disability, or mortality experiences by one population group relative to another
- ❖ Health care disparities
  - Differences in health care between populations
  - Differences between groups in health insurance coverage, access to care and use of care, and quality of care

# Causes of Disparities



# What is Implicit Bias?

- ❖ Associations outside awareness that lead to misleading, often negative evaluations of another person
- ❖ Often based on race, ethnicity, sexual orientation, age, gender or medical diagnosis.

## What is the IAT?

- ❖ Co-created by professors at Harvard and the University of Washington.
- ❖ Many of us have heard of implicit bias because of the meteoric rise of the IAT as one of the most famous psychologic instruments created in recent history.





## Small Group Activity

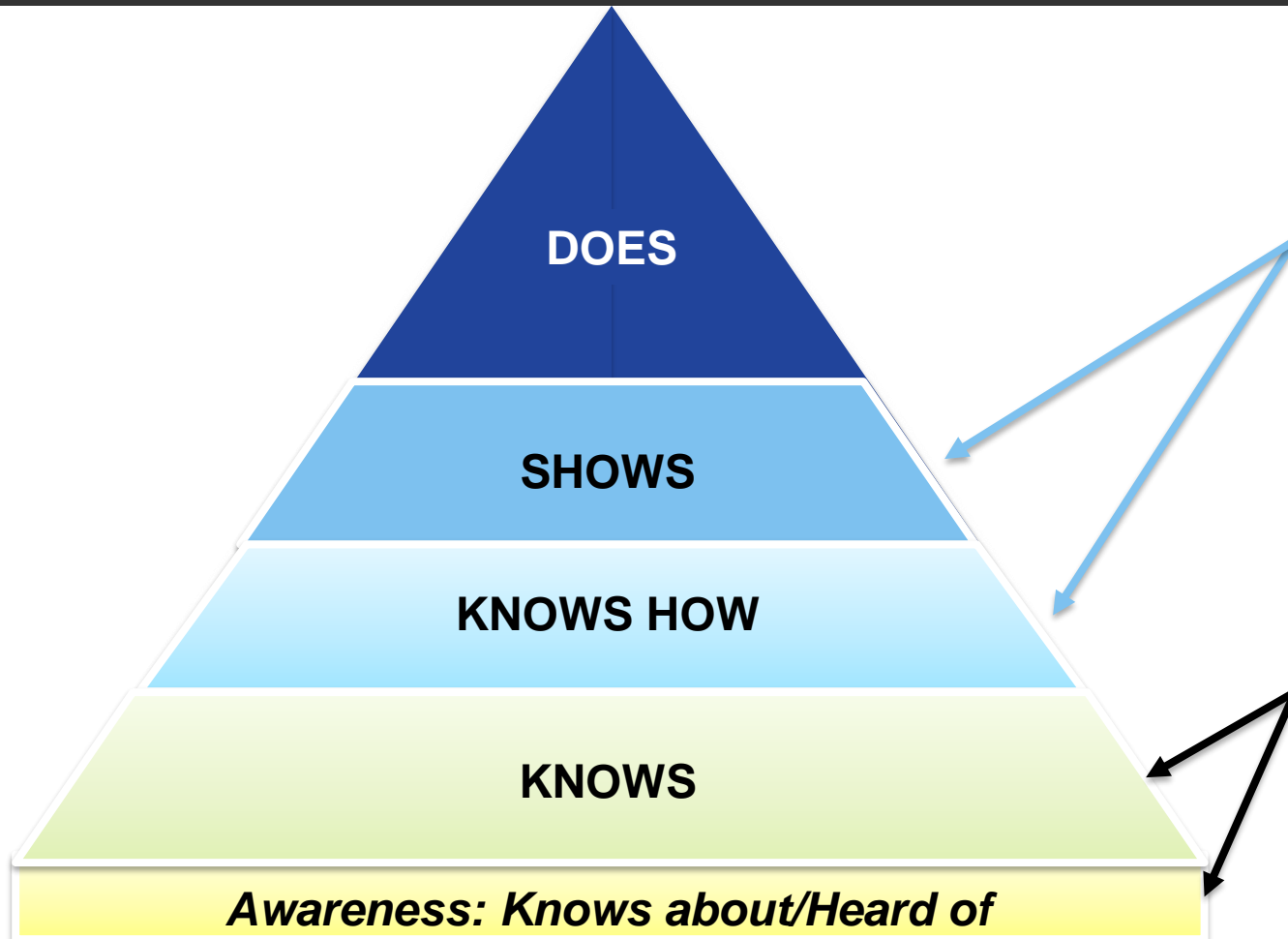
- What does health disparities education look like at your institution?
- What's working?
- What's not working?



## Small Group Activity: Report Back

- What does health disparities education look like at your institution?
- **What's working?**
- **What's not working?**

# Our Educational Approach



- Our aim:
  - Saturation of content
    - Consistency for Health Disparities
    - Education on Implicit Bias
  - Lay foundation for skills development & practice
- Where we started
  - Plenty of exposure
  - General understanding of health disparities
  - Knowledge & Content variable

# Our Educational Framework

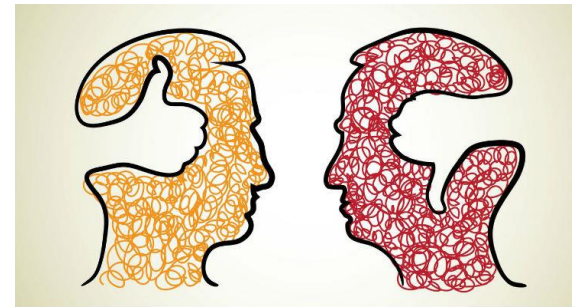


- Pre-classroom review of ambulatory practice data
- Demographic Data
- HTN Outcomes
- Attending & Resident metrics



- Define Health & Healthcare Disparities
- Brainstorm Causes
- Identify Resources

*45 minutes*



- Implicit Association Test
- Race IAT
- Weight IAT
- Group discussion & debrief of results

*35 minutes*



- Mitigation Techniques
- Define & Demonstrate

*25 minutes*



## Small Group Activity

- Define “Equality”
- How does equality relate to your goals for patient care?
- Reflect on an example in the recent past where you may not have acted in accordance with these goals.

# Report Back



# Mythbuster

**Myth:** If bias is natural, there is obviously nothing we can do about it.

# Mitigation Strategies

- ❖ Activate egalitarian goals
  - PAUSE Model
- ❖ Re-categorization
- ❖ Collect counter-stereotypical information
- ❖ Systemic Change



# PAUSE Model

## Apply with each patient encounter

- ❖ **P**ay attention to what's happening beneath the judgements and assessments
- ❖ **A**cknowledge your own reactions, interpretations, and judgements
- ❖ **U**nderstand the other possible reactions, interpretations, and judgements that may be possible
- ❖ **S**earch for the post constructive, empowering, or productive way to deal with the situation.
- ❖ **E**xecute your action plan

# Systemic Change to Mitigate Bias

- ❖ Fatigue and stress reduction
  - “Fast brain” versus “slow brain”
- ❖ Community engagement
  - Prompts re-categorization and counter-stereotypical information
  - Develops cultural humility

# Cultural Humility

- ❖ Not a finite body of knowledge
- ❖ Acknowledges that there is much we do not know
- ❖ Commitment to lifelong process
  - Engage in self-reflection and self-critique
  - Develop and maintain mutually respectful and dynamic partnerships with communities

# Lessons Learned



- Session timing matters!
- Better to have data meaningful to trainees, than perfect data.
- Leave more time for discussion
- Have resource lists available
- Trainees value practical skills – leave enough time for practice

# Common Challenges

- Data, data, data...
- Time – consider split sessions if unable to obtain at least 90 minutes
- Timing in training – early vs late intern year?
- Faculty development in bias & mitigation strategies



# Next Steps



- Moving beyond the classroom
  - Community Engagement
  - Application of Mitigation Skills
- Faculty Development

# Questions?

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## Exploring Disparities in Ambulatory Care

### Resources for Further Learning

#### **Background on Implicit Bias and the IAT:**

Greenwald, A., T. Poehlman et al. (2009). Understanding the Implicit Association Test. *Journal of Personality and Social Psychology*, 97, No 1, 17-41.

*The seminal paper that first described the IAT as a tool to measure evaluative associations that underlie implicit attitudes.*

Rosin, H, Spiegel, A. (Hosts). (2017, June 8). Invisibilia: The Culture Inside [Audio podcast] [www.npr.org/podcasts/510307/invisibilia](http://www.npr.org/podcasts/510307/invisibilia)

*Hour long NPR podcast that provides overview of IAT, implicit bias, as well as how to combat the effects of bias.*

Ross, H. J. (2014) *Everyday Bias: Identifying and Navigating Unconscious Judgements in Our Daily Lives*. Lanham, MD: Rowan & Littlefield.

*Short book written by diversity consultant Howard Ross presenting research on implicit biases and uses major news stories – such as the shooting of Trayvon Martin --- as examples. He also discusses mitigation strategies in the last chapters of the book.*

Singal, Jesse (2017) Psychology's Favorite Tool for Measuring Racism Isn't Up to the Job. *The Cut*: January; [www.thecut.com/2017/01](http://www.thecut.com/2017/01)

*An in-depth article on the problems with the IAT, especially cautioning against its use to attempt to predict behavior in individuals.*

#### **Implicit Bias in Medicine:**

Chapman, E. N., Kaatz, A., Carnes, M. (2013). Physicians and implicit bias: How doctors may unwittingly perpetuate health care disparities. *Journal of General Internal Medicine*, 28, 1504–1510.

*Perspective piece that discusses the importance of physicians acknowledging their own susceptibility to implicit bias, and the importance of taking part in mitigation strategies when providing patient care.*

Drwecki, B. B., Moore, C. F., Ward, S. E., Prkachin, K. M. (2011). Reducing racial disparities in pain treatment: The role of empathy and perspective taking. *Pain*, 152, 1001–1006.

*Undergraduates and nursing professionals were provided with videos of black and white patients' facial expressions of pain and rated their empathy for their pain and recommended treatment. There was significant bias towards more empathy for Whites, and the degree of empathy correlated with degree of treatment. Interventions geared towards improving empathy decreased the disparity in empathy and treatment between the two groups.*



FitzGerald, C. (2017) Implicit bias in healthcare professionals: A systematic review. BMC Medical Ethics 18:19.

*Systematic review which suggests that physicians are susceptible to implicit biases and that these biases, in turn, can influence diagnosis and treatment decisions. Forty two articles reviewed.*

Green, A. R., Carney, D. R., Pallin, D. J., Ngo, L. H., Raymond, K. L., Iezzoni, L. I., Banaji, M. R. (2007). Implicit bias among physicians and its prediction of thrombolysis decisions for Black and White patients. Journal of General Internal Medicine, 22, 1231–1238.

*Physicians were randomized to clinical vignettes with white or black patients and asked to make decision whether thrombolysis was indicated for ACS. Physicians with more bias as tested by IAT were more likely to treat white patients with thrombolysis and note white patients.*

Oliver MN, Wells KM, Joy-Gaba JA, Hawkins CB, Nosek BA. (2014) Do physicians' implicit views of African Americans affect clinical decision making? Journal of the American Board of Family Medicine. Mar-Apr; 27:177-88.

*In this web-based study, physicians were given scenario of black or white patient with refractory osteoarthritis. Physicians were administered measures of racial bias and asked to recommend treatment. Physicians were found to possess biases but these biases did not predict treatment recommendations.*

### **Bias Mitigation Strategies:**

Blair, I., Steiner, J. et al. (2011) Unconscious bias and health disparities: where do we go from here? The Permanente Journal, Spring Volume 15, No 2.

*Article provides research roadmap that discusses mechanisms through which bias operates and interventions that may prevent or ameliorate its effects. Concrete suggestions offered for clinicians, researchers, policymakers.*

Burgess DJ, Beach MC, Saha S. (2017) Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. Patient Educational Counseling. Feb;100(2):372-376.

*Article discusses evidence that suggests that mindfulness can reduce activation of biases, reduce cognitive load, as well as provide a non-judgmental approach.*

Stone, J., Moskowitz, G. B. (2011). Non-conscious bias in medical decision making: What can be done to reduce it? Medical Education, 45, 768–776.

*Discusses skills that can be used to mitigate bias, including “activating egalitarian goals, looking for common identities and taking the perspective of the minority group patient.*

## Teaching Health Disparities to Medical Trainees:

Kaiser Family Foundation. Disparities Policy. <http://www.kff.org/disparities-policy/>  
*Non-partisan organization that focuses on national health issues and global health policy, and serves as source of information, analysis and journalism. Good source material for understanding health disparities as they relate to current events.*

Chokshi DA. (2010) Teaching about health disparities using a social determinants framework. J Gen Intern Med. May;25 Suppl 2:S182-5.  
*Perspective piece on importance of structuring medical education around understanding social determinants of health.*

Lagu, T, Hannon, N.S., et al (2013). Access to Subspecialty Care for Patients with Mobility Impairment. Annals of Internal Medicine, 158, 441-446.  
*Disparities continue to exist in the care of patients with mobility impairment, highlighting that disparities extend beyond race and national origin.*

Smith WR, Betancourt JR, Wynia MK, Bussey-Jones J, Stone VE, Phillips CO, Fernandez A, Jacobs E, Bowles J. (2007) Recommendations for teaching about racial and ethnic disparities in health and health care. Ann Intern Med;147:654–665.  
*The Society of General Internal Medicine Health Disparities Task Force used a review and consensus process to develop specific recommendations and guidelines for curricula focusing on health disparities. They delineate learning objectives, content, methods of teaching and useful resources.*