Implicit Bias Training

PARTICIPANT GUIDE

The EveryONE Project®

Advancing health equity in every community

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

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How to Use This Guide

This training is designed to help you, as a health care professional, understand what implicit bias is and how it operates, specifically in health care settings. It includes activities and tools for increasing awareness, assessing yourself, and developing the ability to mitigate your own biases in order to deliver more patient-centered, equitable care.

Your participant guide consists of three parts:

- **Part 1** aims to increase your general awareness of implicit bias through self-assessment activities that you'll use for reflection before training and to help you contribute to group discussions during training.
- **Part 2** aims to build and reinforce skills to mitigate implicit biases through activities including observation, goal setting, and case study application.
- **Part 3** is a journal to record your daily experiences in the week following training. Your journal will support your continued development, helping you recall the knowledge and skills learned and put them into practice.

Remember, implicit bias is pervasive and affects everyone. While we can never be completely free from our biases, we can each make a conscious commitment to limit and control their influence on our daily lives.

PART 1:
Increasing Awareness and Assessing Personal Bias

Activity 1. Taking the Implicit Association Test

The Implicit Association Test (IAT) is a series of free, publicly available computer-based exercises developed by Project Implicit®, a long-term research project based at Harvard University.

Your facilitator will ask you and the other participants to go to **https://implicit.harvard.edu/implicit/takeatest.html** and take the same IAT before you attend training. Please mark which test you were instructed to take:

☐ Age	☐ Disability	☐ Native	☐ Religion	☐ Weapons
☐ Arab-Muslim	☐ Gender-Career	☐ Presidents	☐ Sexuality	☐ Weight
☐ Asian	☐ Gender-Science	☐ Race	☐ Skin-tone	

Record the results of your test in the space below.

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Please answer the following questions.

1. Were you disturbed by your results? If so, please explain.

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2. How did your results make you feel?

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3. Do your results make you feel differently about how you approach patient care? If so, how?

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Additional Reflection

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Activity 2a. Evaluating Personal Implicit Bias in Health Care Delivery

The following form is intended to help clinicians evaluate their susceptibility toward relying on implicit bias, as well as their orientation toward bias mitigation practices. Please answer each question honestly to allow for a holistic evaluation. **In no way is this self-evaluation tool intended for use as a formal metric of a clinician's performance;** instead, it is created for individual use by clinicians seeking to mitigate implicit bias in their patient care practices and increase their capacity for introspection and reflection.

Clinician Self-Evaluation Form		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Exploring Personal Biases	In the last 6 months, I have taken an Implicit Association Test (implicit.harvard.edu) to explore biases I may possess.						
	I have explored readings and information related to implicit bias in the last 6 months.						
Analyzing Trends	When analyzing treatment and/or care decisions I have made over the last 6 to 12 months, I have NOT noticed any prominent differences in my treatment decisions and/or care provision across identity groups.						
	When analyzing demographic trends of patient feedback over the last 12 months, I have NOT noticed any notable differences in patient perception of care across identity groups.						
Evaluating Practices	In the last 2 weeks of care provision, I have been attentive to the **talk time ratios**—the balance of time spent talking with vs. listening to—with patients of various backgrounds.						
	Reflecting on my most recent 15 patients, I have consistently sought connection with my patients around our common identity/ies.						
	Reflecting on my most recent 15 patients, I have actively engaged in **perspective-taking** when providing care to my patients. Perspective-taking refers to the imagining of the experiences, feelings, and thinking of one's patients to build empathy and understanding.						
	Over the last 6 months, I have frequently engaged in practices aimed at increasing my cognitive control (e.g., mindfulness meditation) in an effort to mitigate the influence of implicit bias in my care provision.						
	Institutional Leaders: I have made intentional decisions to construct diverse clinical care teams and facilitate **intergroup contact** over the last 3 months.						

This form is made available with the permission of The Ohio State University Kirwan Institute for The Study of Race and Ethnicity.

Activity 2b. Evaluating Personal Implicit Bias in Clinical Education

The following form is intended to help health educators evaluate their susceptibility toward relying on implicit bias as well as their orientation toward bias mitigation practices. Please answer each question honestly to allow for a holistic evaluation. **In no way is this self-evaluation tool intended for use as a formal metric of an educators' performance;** instead, it is created for individual use by educators seeking to mitigate implicit bias in their teaching practices and increase their capacity for introspection and reflection.

Health Educator Self-Evaluation Form		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Exploring Personal Biases	In the last 6 months, I have taken an Implicit Association Test (implicit.harvard.edu) to explore biases I may possess.						
	I have explored readings and information related to implicit bias in the last 6 months.						
Analyzing Trends	When analyzing grading, evaluation, and mentoring trends over the last 6 to 12 months, I have NOT noticed any prominent differences in my evaluation and engagement with students across identity groups.						
Evaluating Practices	Reflecting on the previous semester of courses, I have used course materials (case studies, examples, etc.) that feature an array of identities						
	When depicting diverse groups in my coursework, I seek out opportunities to depict counter-stereotypes.						
	Reflecting on my most recent semester, my curriculum included information on implicit bias.						
	Over the last 6 months, I have frequently engaged in practices aimed at increasing my cognitive control (e.g., mindfulness meditation) in an effort to mitigate the influence of implicit bias in my teaching practices.						
	I have made intentional decisions to construct diverse teams and facilitate **intergroup contact** among students over the last 3 months.						

This form is made available with the permission of The Ohio State University Kirwan Institute for The Study of Race and Ethnicity.

Activity 3. Recognizing Privilege to Take the Perspective of Others

The following surveys are provided to help you take the social perspective of others and recognize privilege in your personal life, at work, and in the lives of others:

1) The first survey is the Privilege and Responsibility Curricular Exercise (PRCE), which was designed for use by health care professionals.

2) The second survey should be used by medical students and residents; it focuses on how racial privilege influences the experience of a physician in training.

Taking the social perspective of others helps you develop greater empathy and be more aware of implicit bias and its effect on patients.

For Health Care Professionals

Directions: Read each of the statements below and select those that you feel describe your experience. Count your total number of affirmative responses and write it in the space below. When you are finished, please stand.

- ☐ If I should need to move, I can be pretty sure of renting or purchasing a home in an area that I can afford and in which I would want to live.
- ☐ If I ask to talk to the person in charge, I will be facing a person similar to me.
- ☐ If I walk towards a security checkpoint in the airport, I can feel that I will not be looked upon as suspect.
- ☐ If I walk into an emergency room, I can expect to be treated with dignity and respect.
- ☐ If I walk through a parking garage at night, I don't have to feel vulnerable.
- ☐ I can easily buy posters, postcards, picture books, greeting cards, dolls, toys, and children's magazines featuring people who look like me.
- ☐ I can easily trust that anyone I'm speaking to will understand the meaning of my words.
- ☐ I can feel confident that my patients feel that I am qualified upon first impression.
- ☐ When a patient asks where I'm from, I simply think that it's because they're being friendly.
- ☐ My employer gives days off for the holidays that are most important to me.
- ☐ I can come to work early or stay late whenever needed and know that my children will be cared for.
- ☐ I can speak in a roomful of hospital leaders and feel that I am heard.
- ☐ I can go home from most meetings feeling somewhat engaged, rather than isolated, out-of-place, or unheard.
- ☐ I can look at the cafeteria menu and expect to see that the special of the day reflects my culture's traditional foods.
- ☐ My age adds to my credibility.
- ☐ My body stature is consistent with an image of success.
- ☐ I can bring my spouse or partner to an office gathering without thinking twice.
- ☐ I can be sure that if I need legal or medical help, my race will not work against me.
- ☐ I can take a job with an affirmative action employer without having coworkers on the job suspect that I got it because of race or gender.
- ☐ I feel confident that if I don't understand something then it wasn't written clearly enough for most others to understand.
- ☐ I can feel confident that if a family member requires hospital or emergency treatment, they would be treated with dignity and respect even if they don't mention my connection with the hospital.
- ☐ I have no medical conditions or cultural/religious dietary restrictions that require special arrangements or that make others see me as different.

Total _____

Adapted with permission from Holm AL, Rowe Gorosh M, Brady M, White-Perkins D. Recognizing privilege and bias: an interactive exercise to expand health care providers' personal awareness. Acad Med. *2017;92(3):360-364.*

Please reflect on this survey in the space below.

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For Medical Students and Residents

Directions: Read each of the statements below and select those that you feel describe your experience. Count your total number of affirmative responses and write it in the space below. When you are finished, please stand.

- ☐ I have been taught since an early age that people of my own race can become doctors.
- ☐ Throughout my education, I could succeed academically without people questioning whether my accomplishments were attributable to affirmative action or my own abilities.
- ☐ During college and medical school, I never struggled to find professors and academic role models who shared my race.
- ☐ When I applied to medical school, I could choose from many elite institutions that were founded to train inexperienced doctors of my race by "practicing" medicine on urban and poor people of color.
- ☐ I am reminded daily that my medical knowledge is based on the discoveries made by people who looked like me without being reminded that some of the most painful discoveries were made through inhumane and nonconsensual experimentation on people of color.
- ☐ When I walk into an exam room with a person of color, patients invariably assume I am the doctor in charge, even if the person of color is my attending.
- ☐ If I respond to a call for medical assistance on an airplane, people will assume I am really a physician because of my race.
- ☐ Every American hospital I have ever entered contained portraits of department chairs and hospital presidents who are physicians of my race, reminding me of my race's importance since the founding of these institutions.
- ☐ Even if I forget my identification badge, I can walk into the hospital and know that security guards will probably not stop me because of the color of my skin.
- ☐ When I travel to and from the hospital late at night as required by my job, I do not fear that I will be stopped, delayed, unjustly detained, inappropriately touched, injured, or killed by the police because of my race.
- ☐ I can attend most professional meetings confident that I will be surrounded by physicians who look like me, and that we will likely have mutual acquaintances who also share our race.
- ☐ I can speak my native language in my own dialect in professional settings without being viewed as uneducated or out-of-place.
- ☐ I know that I can leave the impoverished area where I work without being accused of abandoning my community.
- ☐ I can criticize medical institutions without being cast as a cultural outsider.
- ☐ I can name racism in my professional workspace and not be accused of being angry, potentially violent, or excessively emotional.
- ☐ When patients tell me they are "glad to have a white doctor," I am not personally threatened, and I can choose to confront their racism or ignore it.
- ☐ I can pretend that health disparities don't affect me or my family without acknowledging that we accrue benefits from a system that systematically favors our skin color.

Total _____

Reprinted with permission from Romano MJ. White privilege in a white coat: how racism shaped my medical education. Ann Fam Med. *2018;16(3):261-263.*

Please reflect on this survey in the space below.

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PART 2:
Building Skills to Mitigate Implicit Bias

Activity 1. Building Empathy

In this activity, you will watch a series of videos in which patients share their diverse experiences with bias, discrimination, and racism during encounters with the health care system and health care professionals. While watching these videos, use the space below to record your reactions to the patient experiences described.

Following the videos, you and the other participants will break into small groups to share your reactions and discuss whether learning about these patient experiences will influence how you interact with patients in the future.

Activity 2. Observing Implicit Bias

In this activity, you will watch two videos:

1) "Inclusion in the Classroom" — Medical students discussing a case

2) "Explicit Bias in Residency" — Two residents in consultation with their attending physician regarding a patient

While watching these videos, use the space below to record instances of verbal (e.g., language, statements) and nonverbal (e.g., eye contact, facial expressions) indicators of implicit bias.

Following the videos, your facilitator will lead a group discussion of observations and recommendations for alternative approaches to the situations shown.

Activity 3. Activating Goals That Promote Fairness and Equality

The Family Physicians' Creed

I am a family physician
one of many across this country.

This is what I believe:
You, the patient
are my first professional responsibility
whether man, woman or child
ill or well
seeking care, healing or knowledge.

You and your family deserve
high quality, affordable health care
including treatment, prevention
and health promotion.

I support access to health care for all.

The specialty of family medicine
trains me to care for the whole person
physically and emotionally, throughout life
working with your medical history and family dynamics
coordinating your care with other physicians when necessary.

This is a promise to you.

Like the creeds of other health care professions, *The Family Physicians' Creed* reflects a commitment to egalitarian goals of equality, freedom, intelligence, respect for tradition, and humility. Associating these goals with minority groups is one way of controlling implicit biases and stereotypes. When activated, these goals undermine and counteract stereotypes before they are unconsciously or consciously recalled.

Directions:

Step 1: Complete the survey by rating the importance of the following statements on a scale from Strongly Agree to Strongly Disagree.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The health care professional's main responsibility is to each individual patient rather than to society.					
It is the responsibility of society to provide everyone with the best available health care.					
Society should allow patients who are willing to pay more to purchase more expensive treatments.					
It is unfair, in principle, for some people to have different health care than others for the same problems.					

Adapted with permission from Beach MC, Meredith LS, Halpern J, Wells KB, Ford DE. Physician conceptions of responsibility to individual patients and distributive justice in health care. Ann Fam Med. *2005;3(1):53-59.*

Step 2. Select one goal from the survey (perhaps one you rated as Strongly Agree) and write a short description of a real-life personal experience involving an individual or group (for example, an African-American male, a transgender woman, immigrants) in which you failed to live up to the ideals of that goal.

Step 3. Imagine a fictitious experience with the same individual or group from Step 2 that would affirm the goal you selected. Write a description of your imagined positive experience.

Activity 4. Countering Stereotypical Information

Collecting information that is opposite of cultural stereotypes about the attitudes and behaviors of a group can help limit implicit biases. This information allows for the development of new associations that eventually become automatically activated when meeting a patient from the stereotyped group.

One way for you to collect counter-stereotypical information is by engaging meaningfully with colleagues from stereotyped groups who exemplify attitudes and behaviors that defy the stereotype. Another way to counter stereotypes is by individualizing patients (e.g., by documenting unique stories or reminders in your patients' charts). Try to find shared experiences or common identities with patients and use that information to fill in knowledge gaps instead of making inferences and assumptions.

Directions:

Read the case studies below. Each case involves a patient from a sexual or racial minority group who is struggling to manage a health condition. Identify at least one cultural stereotype about each patient that could create problems with diagnosis and treatment. Next, generate questions to ask each patient that could reveal the degree to which the individual deviates from the cultural stereotype identified.

Case 1 *— Ismael is a 29-year-old male with history of HIV infection, depression, posttraumatic stress, and methamphetamine dependence. Today, he is presenting for a follow-up visit at an HIV specialty clinic where family medicine residents rotate in their second year. Three years ago, when Ismael was adherent to his regimen and daily Narcotics Anonymous (NA) meetings, his viral load was less than 40 copies/mL (undetectable) and his CD4 count was above 500 cells/μL (normal range). A month ago, a new resident asked Ismael, "When was the last time you used meth?" Ismael admitted he had used it the previous weekend.*

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Case 2 *— You are on an overnight when the emergency department attending calls you with an admission. He starts with, "Hey doc, sorry, but I've got a lame one for you. A 23-year-old African-American male came in claiming he's in a 'sickle cell crisis' again, even though he was just here last week. I think he's just drug seeking, but he's tachycardic so I couldn't discharge him. I gave him some naproxen but not any opiates. He looks disheveled like one of those gangster dudes and I think he's just abusing them."*

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Activity 5. Case Studies

Case studies are often used as an instructional tool in implicit bias training because they provide an opportunity for learners to apply the skills they learn in training to real scenarios. The two cases that follow describe situations in which implicit bias played a role in adverse health outcomes involving a mother and child.

The implicit biases of health care professionals toward women of color, particularly African-American women, have been indicated as a contributing factor in growing racial/ethnic disparities in maternal mortality and morbidity, premature birth, and infant mortality. For example, studies have demonstrated that the implicit biases of health care professionals affect rates of racial and ethnic disparities in contraception use; access to and quality of prenatal care; and clinical decision-making in the intrapartum and postpartum periods.

Directions:

Read the two case studies that follow and identify where and how implicit bias may have impacted the health outcomes for the patient described. Next, describe a different approach you might have used to change the outcome. You and the other participants will break into small groups to discuss your responses to the case studies.

Case 1: Ashley

Ashley is a 29-year-old G2P0010 woman with a history of a spontaneous pregnancy loss at six weeks gestation two years ago. She presents to the clinic today for a new OB visit at approximately eight weeks gestation. Ashley is a former high school and college softball player and is very active. She exercises five to six times per week for 60-90 minutes, with activities including CrossFit, cycling, and swimming. She has been vegan since college and benefited from her Division I school's nutrition program, so she is very well-versed in her body's nutritional needs. Ashley eats a wide range of fruits and vegetables, whole grains, and plant-based protein. She takes a prenatal vitamin with iron and also takes supplemental B12, "just to be sure."

First OB Visit

At the beginning of the visit, Ashley's weight and height are measured. She is 180 lbs. and her height is 5'5", which puts her body mass index (BMI) at 30 kg/m^2. The nurse measures Ashley's vital signs and comments, "I'm surprised your heart rate and your blood pressure are so normal, given your size." Ashley is taken aback but decides not to say anything because she doesn't want to make a scene. She hasn't even met her physician yet.

The physician enters, congratulates Ashley on her pregnancy, takes a medical and obstetric history, and performs the exam. The physician then starts to talk about Ashley's current weight and BMI, as well as her expected and target weight gain. The physician goes into extensive detail about the importance of regular exercise and ways to cut back on junk food, soda, and calories so Ashley can stay within the guidelines. The physician also recommends that Ashley see a dietician to make sure she doesn't gain too much weight. Ashley declines the dietician referral and tells the physician about her vegan diet and her exercise schedule. The physician looks at her skeptically and says, "OK, we'll see how things go, but I think you should see the dietician." Ashley decides not to ask any more questions about her pregnancy or what to expect. She also doesn't mention to the physician that her sister had blood clots during her pregnancy. She leaves the visit feeling unheard and unseen.

16-week OB Visit

At her 16-week visit, Ashley has gained 5 lbs., but she really feels good. She has continued to do CrossFit, but she is only going twice a week instead of three times and she is not doing any of the high-intensity exercises. In addition, she has reduced her weight-lifting load so that she can lift without holding her breath/doing Valsalva maneuver. She has continued to jog and swim and is doing these activities more often to balance the decrease in CrossFit activity. The first thing the physician mentions to Ashley is that she has gained too much weight. She is told she needs to eat less, exercise more, and stop drinking soda and eating junk food. Ashley is offered a referral to the dietician again. She declines, feeling demoralized.

20-week OB Visit

At her 20-week visit, Ashley is feeling more winded when she exercises. She used to be able to run six miles without stopping, but now she can barely make it a half mile. Although she was able to do the entire CrossFit set last week, she hasn't been able to finish a full workout this week. She has some swelling in her left leg, and she has gained another 5 lbs. She mentions the shortness of breath, leg swelling, and decrease in exercise tolerance to her physician, who tells her that it's likely because of the pregnancy and her weight gain. Ashley is advised to eat less salt and elevate her legs more. When she asks if salt would make just one leg swell, her physician smiles, pats her arm, and then leaves the room without answering her question.

Outcomes

That night, Ashley develops significant right-sided chest pain and shortness of breath. She calls an ambulance that takes her to the nearest emergency department (ED). She tells the ED physician that she has had worsening shortness of breath, difficulty with her usual exercise routine, and swelling in her left leg. The physician asks Ashley if she has any history of blood clots, and she replies that her sister had blood clots during a pregnancy earlier this year. The ED physician orders a computed tomography (CT) scan and blood tests. However, before any of the tests can be done, Ashley loses consciousness and goes into pulseless electrical activity (PEA) arrest. The ED staff performs resuscitation per advanced cardiac life support (ACLS) protocol but they are unable to obtain a pulse. After 50 minutes, a time of death is called.

Case 2: Tasha

Tasha is a 22-year-old G2P0101 African-American woman at 24+4 weeks gestation who is brought in by ambulance to the Labor and Delivery (L&D) unit because of severe back and abdominal pain and reports of contractions. She arrives in L&D in significant pain. The primary nurse (Nurse #1) is quite attentive to Tasha and seems very concerned, but the second nurse (Nurse #2), who is more experienced, seems distracted and unconcerned when she meets the paramedics in the triage room. After the paramedics move Tasha onto the triage bed, Nurse #2 asks her, "What made you call the ambulance?" Tasha says that she doesn't have a car and has been having severe pain in her lower abdomen/pelvis and back that comes and goes, like contractions.

Intake by Nurses

Nurse #1 puts Tasha on the monitor and places her hand on Tasha's abdomen. Because she is less experienced, she is not sure if she is feeling contractions since Tasha is only 24+4 weeks. She turns to Nurse #2 for confirmation. Nurse #2 palpates for contractions for about a minute and tells Tasha, "I don't feel any contractions, but we'll watch you on the monitor for a while."

Tasha tells both nurses that she thinks she might be having some discharge or leaking fluid. She says, "It started this morning, but there's no bleeding." Neither nurse does a cervical check. They ask Tasha about drug use, domestic violence, and whether or not she is with the father of the baby, and then they ask to collect a urine specimen. They obtain a verbal order for acetaminophen and hydroxyzine (Vistaril) from the laborist who is attending because the resident is finishing with a delivery.

Resident Interview

Twenty minutes later, the resident has finished the delivery and is informed by Nurse #2 that Tasha needs to be seen. Nurse #2 says, "She took an ambulance here because she thought she was having contractions, but she isn't. No contractions on the monitor and I don't feel any either. She's having some discharge and probably has BV [bacterial vaginosis]. I don't know why these people always have to take the ambulance here for stuff like this. She could have gone to the clinic."

The resident is only on the second week of L&D and is inexperienced. During an extensive interview, Tasha tells the resident that her first birth, which was about a year ago, was at 36 weeks gestation. The resident asks Tasha if she has been on progesterone, but Tasha doesn't know what that is. She doesn't think her physician ever mentioned it to her. In Tasha's prenatal record, the resident finds a note from her outpatient physician stating that Tasha did not have reliable transportation and hinting that black patients were almost never consistent about coming in for injections. The physician opted not to initiate progesterone.

Tasha continues to be in pain. However, per the nursing staff who saw her right after she came in, she appears more comfortable after the acetaminophen and hydroxyzine. She does not have any contractions on tocometry, although no one has palpated her abdomen since the initial assessment about 75 minutes earlier. Tasha tells the resident about her vaginal discharge and that she is possibly leaking fluid. She confirms that she does not use drugs or alcohol.

Outcomes

The resident leaves the room to have the nurse collect supplies to do a pelvic exam that includes an Amnisure, fetal fibronectin swab, wet prep, and gonorrhea/chlamydia. While the resident is on the phone calling an attending physician, a code blue is called to Tasha's room. Nurse #1 is in the room when Tasha starts having significant abdominal pain and yells, "I need to push!" The resident, laborist, and many nurses run into Tasha's room. They pull back her sheets to find that Tasha has delivered onto the bed an infant who appears to be 24-25 weeks and has minimal respiratory effort.

Case 2: Tasha continued

The resident clamps and cuts the umbilical cord and rushes the baby to the warmer just as the neonatal intensive care unit (NICU) staff arrives, including a neonatologist who happened to be in house. They start resuscitation immediately, including intubation and administration of surfactant.

Tasha's infant girl, Lily, is able to be resuscitated and remains in the NICU with assisted ventilation and blood pressure support for the next five days. However, she suffers a grade IV intraventricular hemorrhage and bilateral pneumothoraces. On her sixth day of life, she has increasing oxygen needs and pressor support. Her mother opts to withdraw life-sustaining support, and Lily dies.

Notes

PART 3:
Journaling Your Experiences

Over the next week, use the space below to record daily reflections on how implicit bias is occurring in your everyday experiences. What did you observe about yourself or a colleague? How did you respond? Which skill(s) did you use? What was the outcome?

Day 1 _____

Day 2 _____

Day 3 _____

Day 4 _____

Day 5 _____

Day 6 _____

Day 7 _____