



EMORY  
UNIVERSITY  
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MEDICINE

Department of Medicine

# got bias? Of course we do; now what?

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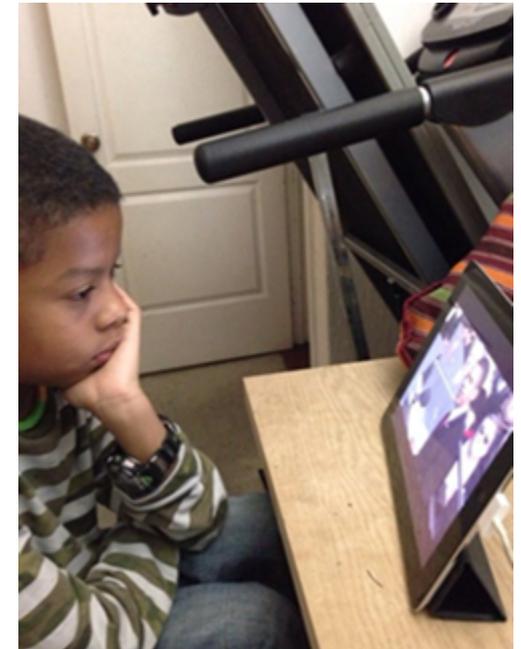
# Disclosures

- No financial disclosures or relationships to report.
- I have biases and so do we all.

# Many thanks



- Former and current residents at University of Pittsburgh, especially Vivian Chidi
- Chenits Pettigrew
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- Brenda J. Allen
- SNMA, WC4BL
- Family, friends and beyond, especially my nephew





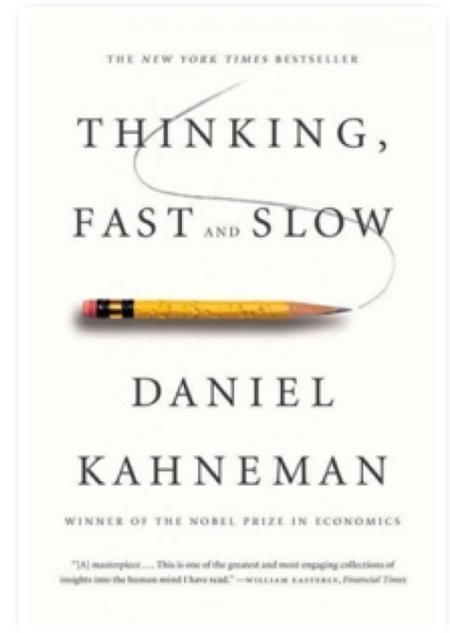
# Why are we stuck?

**AAMC – Unconscious Bias in Academic Medicine** - (Nivet, M.C, and Ross, H. *Exploring Unconscious Bias in Academic Medicine*. <https://aamc.org/initiatives/diversity/learningseries/346528/howardrossinterview.html>)

1. Lack of understanding of culture, and cultural models in organizations
2. Humans operate from a **good person, bad person** paradigm related to diversity perspectives
  - Most things that happen in organizations that have differential effects are because of people who have *blind spots* that make decisions that are inappropriate (*Unconscious Bias*).
3. Diversity often done from an event based approach, not systematically or through organizational change processes
  - Intermittent rather than continuous
4. Unconscious bias and how the mind works.
  - Bias is as natural as breathing to human being – The mind makes associations (instant comparisons to things) – This is how we navigate the world.

# System one or System two

- The majority of our cognition is unconscious (system 1)
- <https://www.youtube.com/watch?v=JiTz2i4VHFw>
- Associations are everywhere
- IAT measures the relative strength of the implicit associations between concepts.
- Our implicit associations may not align with our explicit beliefs.

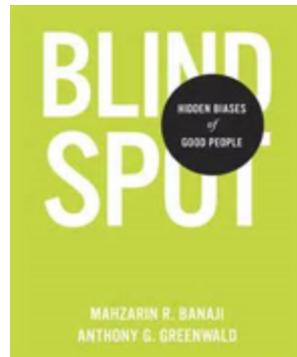


# Assess your own biases

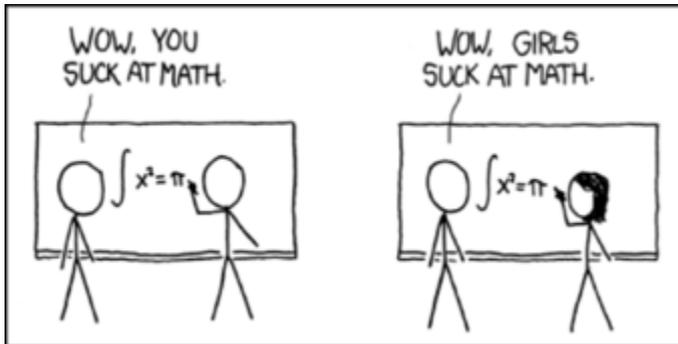
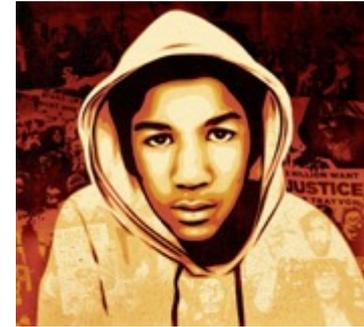


## Implicit Association Test (IAT):

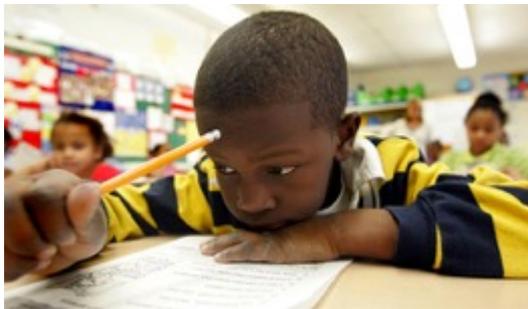
An online research tool for interested individuals to gain greater awareness about their own unconscious preference and belief.



# Examples are everywhere



- Education: teachers are more likely to perceive facial expressions as angry or aggressive in Black as opposed to White children

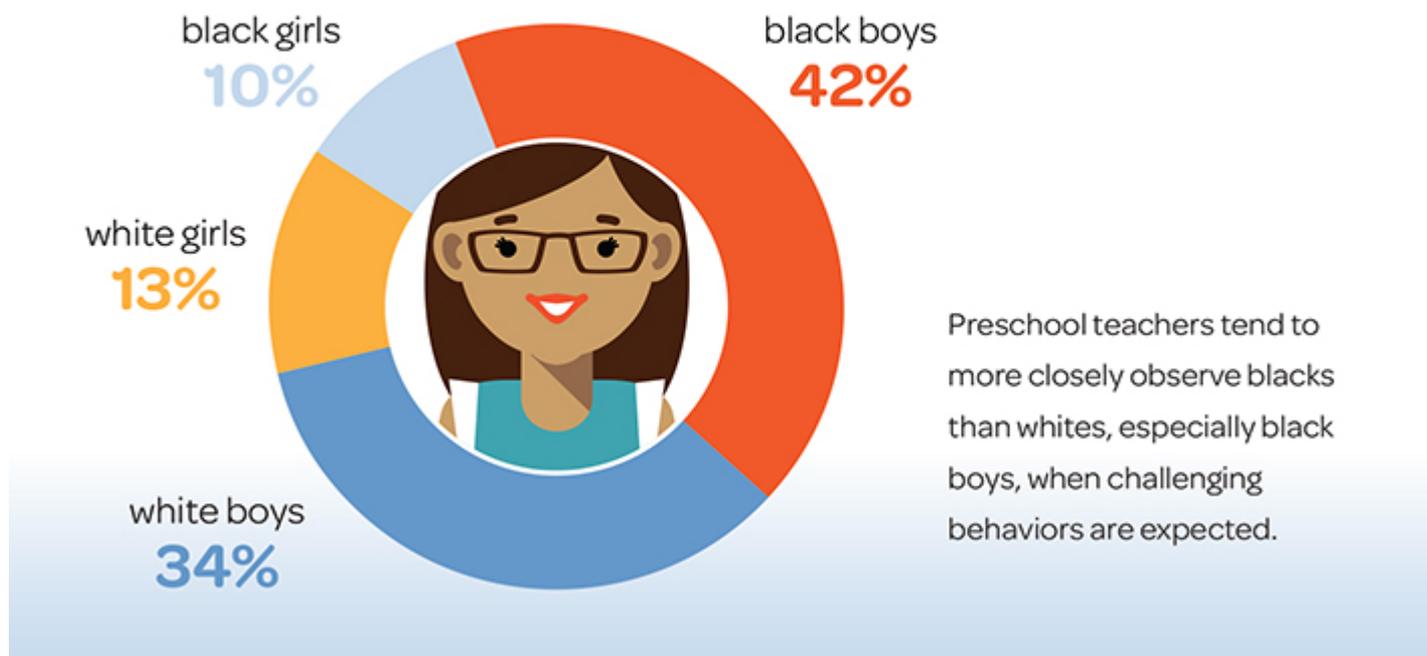


- Jurors
- Police officers
- Medical Care



# Yale Preschool Study: Gilliam W, et al 2016

## Track the eyes: Which students are teachers watching?



<https://www.bing.com/videos/search?q=black+doll+white+doll&&view=detail&mid=BE36B5B1DA364D1D0709BE36B5B1DA364D1D0709&&FORM=VRDGAR>

# Why does this matter in our teaching, mentoring and hiring processes?

- Health disparities exist in every specialty in medicine
- Diverse populations produce better outcomes
  - Medicine, science, business, education
- Bias impacts our decision making
- Awareness of bias helps (It's a start)



“We aren’t interested in diversity because it is the ‘right thing to do;’ we care about diversity because we are aspirational.” JJR, Dean, CUSOM

## Racial Disparities exist in the care of all patients

- Cancer CASHD
- CEA
- Premature birth
- HIV
- Obesity
- Hypertension
- Rheumatoid arthritis
- Pain management



- Knee replacement
- Asthma
- PTCA
- Stroke
- Macular Degeneration
- Diabetes
- Breast feeding
- End of life discussions
- Mental Illness
- Sepsis

# Types of Disparities in Care

- **Between-Provider Disparities**
  - Location
  - Access
  - Regional differences
  - Health plans
- **Within-Provider Disparities**
  - Patients are treated differently by same provider
    - Disparities in clinical care
    - Cultural awareness

**AAMC Addressing Racial Disparities in Health Care, 2009**

# When are we susceptible?

- Fatigue
- Excess cognitive load
- Time constraints
- Ambiguous or incomplete data
- Burnout?

Burgess, Diana J. et al. Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. *Patient Education and Counseling* 2017.



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*Mayor John is running to be a champion for Pennsylvania's forgotten communities. But he needs your help.*

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**Even the most well-intentioned person unwittingly allows unconscious thoughts and feelings to influence apparently objective decisions.**

Mahzarin R. Banaji, Max H. Bazerman, & Dolly Chugh, *How (Un)ethical Are You?*, *Harvard Business Review*



# What can we do?



- Diversity builds on diversity
- Surround yourself with images that defy stereotypes
- Improve the circumstances of your decision making
- Be mindful of your reactions
- Consider the other person's perspective
- Ask a colleague to help you
- Do what we do best...Learn people's stories.



# What can institutions do?

- Take a strategic approach
  - Mission, vision, policies
- Improve processes
  - Guidelines for promotion, hiring, awards, appointments
- Collect data
- Provide faculty development and training sessions
- State, seek and measure inclusive outcomes
- Cultivate an inclusive culture

[http://m.youtube.com/watch?v=ThO74-oFt\\_Q](http://m.youtube.com/watch?v=ThO74-oFt_Q) (AT&T CEO, Stevenson)

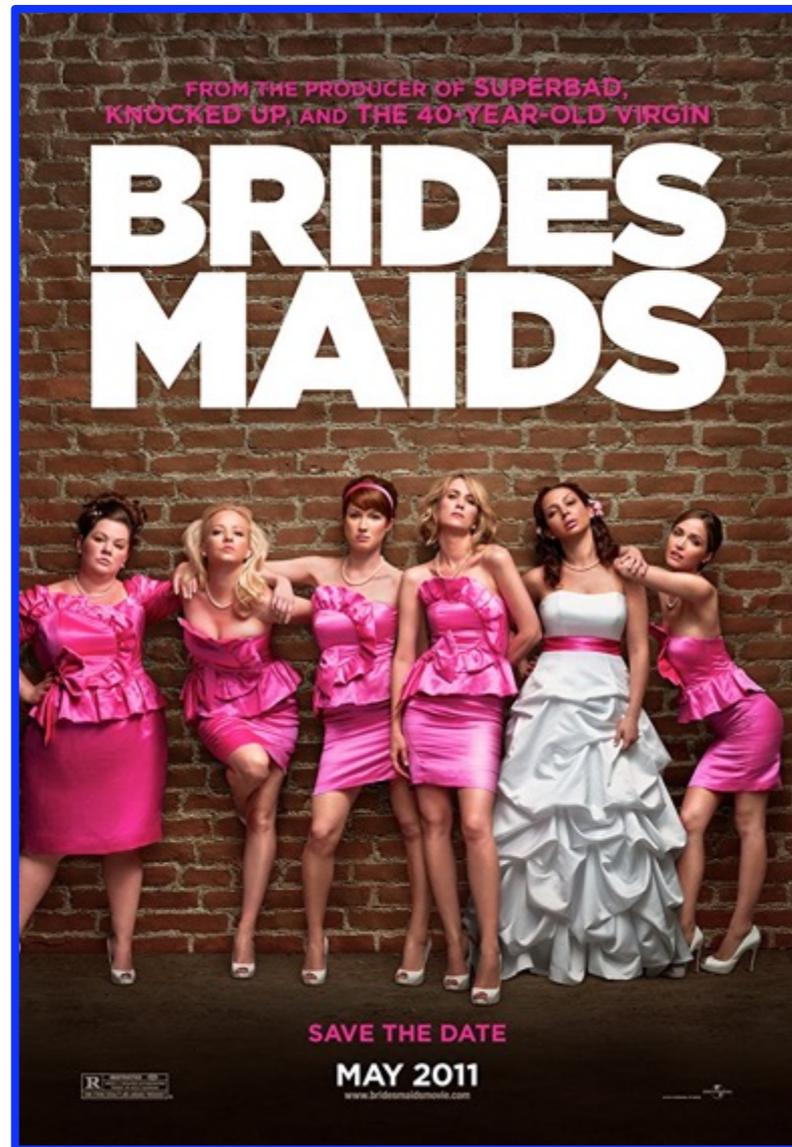
Let's practice

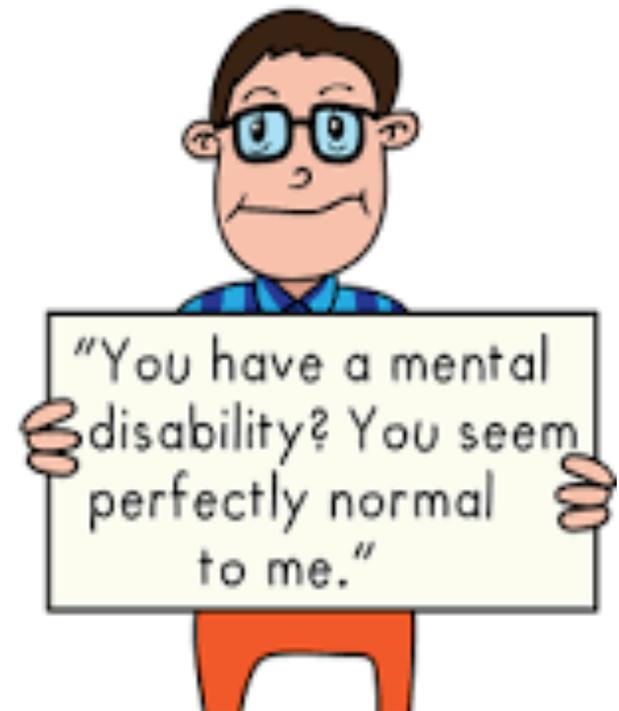


**"Fat people" and "Thin people" visual images**

**Good:** Joy, Love, Peace, Wonderful, Pleasure, Glorious, Laughter, Happy

**Bad:** Agony, Terrible, Horrible, Nasty, Evil, Awful, Failure, Hurt





WHAT ARE Microaggressions?

# What is a Microaggression?

*“Microaggressions are **brief and commonplace** verbal, behavioral, and environmental indignities, whether **intentional or unintentional**, that communicate hostile, derogatory, or negative slights and insults that potentially have **harmful or unpleasant psychological impact** on the target person or group.”*

- Could be on the basis of race, income, social capital, religion, ableness, gender, immigration status, sexual orientation and/or other characteristics

# Examples of Microaggressions

“You speak English really well,” to someone born and raised in the United States.

“Are you a nurse?” to a female resident examining a patient.

“Minorities are still hung up on race” to a fellow resident.

“Your people must be so proud of you” to a resident with an accent.

“I don’t see color.”

“I think the most qualified person should get the job” to a female applicant for a leadership position.

# Types of Microaggressions

- Alien in One's Own Land
  - "What is your nationality?" to an Latino-American
- Ascription of Intelligence
  - To a woman of color: "I would never have guessed you were a scientist."
- Color Blindness
  - "I don't see color"
  - "I don't believe in race"

# Types of Microaggressions

- Second-Class Citizen
  - A woman being frequently interrupted by men during a meeting.
- Pathologizing Cultural Values/Communication Styles
  - “Why do you have to be so loud and animated? Just calm down” to an African American student.
- Use of Heterosexist Language
  - “That’s so gay.”

# Types of Microaggressions

- Myth of Meritocracy
  - “Gender plays no role in who we hire.”
  - “Of course, she’ll get tenure! She’s a woman and she’s black!”
- Traditional Gender Role Prejudicing and Stereotypes
  - An attending to a female resident: “Are you planning to have children while in training?”



What are the impact of micro  
(and Macro-)aggressions?

<https://www.youtube.com/watch?v=hDd3bzA7450>

# The Impact of Constant Barrage of Microaggressions

- Assail the self-esteem of recipients
- Produce anger and frustration
- Deplete their psychic energy
- Lower feelings of subjective well-being and worthiness
- Can lead to physical & mental health problems
  - Shortened life expectancy
- Deny minority populations from equal access and opportunities

# “Other” Fatigue

- Due to the cumulative burden of a lifetime of indignities that can contribute to chronic (di)stress, flattened confidence, isolation, and burnout
- “a thousand tiny paper cuts”
- Decreased job satisfaction and retention in academic medicine

Responding to discrimination by  
patients

# Case

A resident of color walked into a patient's room and before she could even introduce herself, the patient shouted:

*"Oh no! I want a white doctor!"*

**What  
would  
YOU  
DO**

A large, bold black question mark is positioned on the right side of the text, partially overlapping the word 'YOU' and extending above and below it.

# Let's agree

- Discrimination on the basis of gender, race, skin color, or religion is wrong.
- It violates Title VII of the 1964 Civil Rights Act
  - “Employees of health care institutions have the right to a workplace free from discrimination based on race, color, religion, sex, and national origin”
  - Physicians historically have been “independent contractors” of the hospital though
- Nonetheless, physicians often go along with the patient's request

# Going along with it

- It could affirm years worth of discrimination against physicians of non-white, male backgrounds
- It could give the perception that honoring discriminatory-based physician request is hospital policy
  - Which it typically isn't
- Remember: the cumulative effect of these indignities → racial fatigue and burnout

# Should attendings leave residents to deal with it on their own?

- Coach them on what to say
- but ultimately let them handle it on their own...

Who is the most important person?

# The resident is the most important person

- Who is at the start of his/her career
- Experiences like this will shape him/her as a professional
- If attending reinforces the negative stereotype by honoring it, the resident may come to believe that he/she is inferior to his/her white (*or other descriptor*) colleagues
  - Self-perception affects quality of performance

Developing a toolkit

# The attending's job

- Maximize the safety of the learning environment
- Ensure safe, timely, and effective care to the patient
- NOT to change our patient's perceptions and biases of the world

# Attending's role when a resident faces overt discrimination

- We have a responsibility to minimize the ill effects of blatant racism
- **Talk about the incident**
- *Remember, any discomfort you feel while simply discussing race and racism doesn't come close to the very real discrimination people of color face on a daily basis*

# Ways to Respond

- Assess the illness acuity
- Cultivate a therapeutic alliance
- Depersonalize the event
- Ensure a safe learning environment for your trainees

# Assess illness acuity

- How sick is the patient?
- Is there time to safely transfer care?
- Is finding another provider at your institution an option?

# Cultivate a therapeutic alliance

- Build rapport
- Express nonjudgmental curiosity
  - Ask, “Why? What concerns you?”
  - Explore their biases
- Redirect the conversation to focus on the patient’s medical care:
  - “I’m very worried about your condition. Let’s focus on how we can help you.”
- Educate the patient/family on the team structure:
  - “If you’re here in the teaching facility, everybody participates and that’s part of the bargain of having access to the expertise and participation of multiple people.”

# Depersonalize the event

- Remember the display of discrimination is often motivated by ***patients' fears and anxiety about the unknown***
- Acknowledge that their words may be coming from ***patient's lack of control***
  - Name the behavior: "Are you discriminating against this physician because of his name/skin color/gender/religion?"

# Ensure a safe learning environment

- Provide support and assurance of trainee competence:
  - “I would trust this physician to take care of my own family member”
  - “I agree with this physician. What other questions may I answer?”

# Ensure a safe learning environment

- Develop a plan for your program and disseminate it to faculty and staff
- Escalate to hospital administration and/or training director
- Work with the trainee to come up with next steps

# Case Breakout Session

## Review of Ground Rules

- When making reflections use “I” statements
- Listen carefully to what others say
- Non-judgmental (even with ourselves)
- Commit to having a conversation with each other
- Disclosures:
  - We all have biases and work to mitigate the impact these have on others.

## Communication Drills in group of 3

- 3 drills

## Case Discussion and Practice

- 4 cases for discussion



Responding to witnessed  
microaggressions

# Approaching the Speaker

- Patient or co-worker
- Role model how anyone can respond in a similar situation
  - Inquire
  - Paraphrase/Reflect
  - Reframe
  - Express the impact of the statement
  - Express one's preference
  - Re-direct the conversation
  - Use strategic questions
  - Re-visit

# Inquire



- Ask the speaker to elaborate on what they meant
  - Helps us understand their perspective
- Examples:
  - “I’m curious. What makes you ask that?”
  - “What makes you believe that?”
- Avoid “Why?” questions as can increase defensiveness



# Paraphrase/reflect

- Same skills we use in motivational interviewing
- Demonstrates understanding
- Reduces defensiveness in rest of conversation
  
- Examples:
  - “You’re saying...”
  - “You believe...”
  - “So it sounds like you think...”

# Reframe



- Create a different way of looking at a situation
- May help speaker uncover their own unconscious biases
- Examples:
  - “I’m wondering what message this is sending her? Do you think you would have said this to a white male?”
  - “What would happen if...”
  - “Could there be another way to look at this?”
  - “let’s reframe”

# Use Impact and “I” Statements

- A clear, nonthreatening way to directly address these issues on behalf of oneself
- It communicates the impact of the situation while avoiding blaming
- Examples:
  - “I felt... when you said... and it....(describe impact on you)”

# Use Preference Statements

- Clearly communicate one's preferences rather than stating them as demands or having other guess what is needed
- Examples:
  - In response to racist, sexist, homophobic, etc. jokes
    - "I don't think this is funny. I would like you to stop."
  - "It would be helpful to me..."



# Re-direct



- Shift the focus to a different person
  - Particularly helpful when someone is asked to speak for his/her entire race, cultural group, etc.
- Examples:
  - “Let’s shift the conversation...”
  - “Let’s open up this question to others and see what they think.”

# Revisit

- Even if the moment of the microaggression has passed, go back and address it.
- Research indicates that an unaddressed microaggression can leave just as much of a negative impact as the microaggression itself.
- Examples:
  - “I want to go back to something that was brought up in our meeting...”
  - “Let’s rewind \_\_\_\_\_ minutes...”



# Break the Silence

- Debrief with the each other
- Don't avoid discussions – be fearless
- Don't pretend the incident didn't happen
  - *“Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow.”*
- Easy starting place, debrief how you handled it despite your own emotional reaction

# Summary

- Everyone has implicit biases.
- A diversity of perspectives enhances the outcomes of most team activities, including research and medicine.
- There are times when we know biases are more likely to be at play.
- The best way to mitigate the impact of biases is not only to be aware of them but to put processes in place to safeguard against them.
- Microaggressions are, by definition, subtle but also destructive.
- Toolkit of strategies to respond to overt discrimination
- There are several ways to respond to microaggressions
  - Make the invisible visible
  - Define the hidden messages
  - Respond with curiosity
  - Be explicit that “othering” jokes are unacceptable/uncomfortable
  - Re-direct if necessary
- Culture changes take time and are iterative processes.

Questions?





The Melting Pot is Bubbling Over  
[www.theracecardproject.com](http://www.theracecardproject.com)

