WHEN BEST INTENTIONS AREN’T GOOD ENOUGH: HELPING OTHERS RECOGNIZE AND MANAGE PATIENT BIAS

Cayla R. Teal, PhD
Office of Undergraduate Medical Education
Department of Medicine
Baylor College of Medicine
cteal@bcm.edu

Diversity RX 8th National Conference on Quality Health Care for Culturally Diverse Populations, March 13, 2013
Teaching: Where’s the Research?

- Documented evidence of bias existence
- Scant evidence of intervention re: bias regarding patients*
- Medical Learners (students, residents)
  - PubMed (summer 2011)
  - Terms: “bias toward patients,” “implicit bias,” “unconscious bias” partnered with learner terms
  - 264 articles, 19 educational interventions (7.2%)

Strategies & Challenges

- **Raising Awareness (Recognition of Bias)**
  - Seeing Patients as Individuals (not group stereotypes)
  - Use of the Implicit Associations Test
  - Reflection

- **Reducing or Mitigating Bias**
  - Exposure
  - Immersion
  - Simulation
Raising Awareness: Using the IAT

“Best Intentions” – Baylor College of Medicine

- A small group discussion session for medical students to explore implicit biases physicians may hold about patients.
- Conducted with third year medical students (who have about 18 months of clinical training) each year since 2008.
- Each small group was moderated by a trained, experienced group facilitator using a discussion guide.
- Prior to the group session, each student completed at least 2 IATs.
Raising Awareness: Using the IAT

The IAT as a **Trigger** for Discussion & Reflection

- 2009 & 2010 data; 264 students
- “Did you talk to others about the IAT?” “What about?”
  - Of the 264, 256 (97%) responded to the question
  - 191 of 256 (74.6%) students reported talking about IAT.
    - 49.7% discussed their results or their reactions to the results
    - 24.6% discussed the IAT itself (format, validity)
    - 10.5% discussed bias itself
- Students respond to the IAT, though not all reflect on their own potential bias.
- The IAT creates energy for discussion.

Chou, Cheng, Gill & Teal. 2011 SGEA presentation.
Raising Awareness: Using the IAT

Managing & Transforming Energy created by IATs for Bias Discussion Requires **Skilled Facilitators**

- 2009 & 2010 data; 264 students
- Measured group interaction & facilitator skill
- Engagement \( (p < .01) \) & Facilitator Skill for provoking reflective discussion \( (p < .05) \) predicted student post-group perceptions of group discussions as effective tools for raising awareness about personal bias.

- Skilled facilitation may require training, guidance re: discussion challenges, and ability to manage discomfort.

Teal, Thompson, Haidet & Gill, 2010 AAMC presentation.
Raising Awareness: Using the IAT

Interventions framed as personal development may be more effective

- 2008 data; Qualitative analysis of group discussions
- How do medical students reflect on their biases?
  - Compare to personal standards OR societal standards?
  - Reconcile bias or does reflection served to maintain bias?
- Normative standards more frequently associated with a preserving bias; Personal standard was more frequently associated with a reconciliation of bias ($p < .0001$).

Hernandez, Haidet, Gill, Teal, Med Teacher, 2012: E1-E8, early online
Raising Awareness: Reflection

**Group-Based Reflection can reveal options.**

- 2008 data; 72 volunteer students
- Identify two specific strategies that you, as a physician, plan to use to identify and manage your potential personal biases.” (at pre- and post-session, coded)
- Kinds of strategies changed significantly from pre-session to post-session ($X^2 (11) = 27.93, p < 0.01$).
  - 67% of students identified new strategies post-session.
  - More specific strategies, with more focus and detail
  - For identifying biases, fostered a shift from student reliance on their internal evaluations of bias to engagement with others
  - More active strategies for managing their biases.

Raising Awareness: Reflection

<table>
<thead>
<tr>
<th>Theme / Strategy</th>
<th>Pre-Session Frequency (%)</th>
<th>Post-Session Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflection</td>
<td>29 (18.2%)</td>
<td>37 (21.9%)</td>
</tr>
<tr>
<td>Prep for cross-cult encounters</td>
<td>25 (15.7%)</td>
<td>24 (14.2%)</td>
</tr>
<tr>
<td>Exposure to experiences</td>
<td>9 (5.7%)</td>
<td>10 (5.9%)</td>
</tr>
<tr>
<td>Suppression</td>
<td>10 (6.3%)</td>
<td>10 (5.9%)</td>
</tr>
<tr>
<td>Education</td>
<td>7 (4.4%)</td>
<td>11 (6.5%)</td>
</tr>
<tr>
<td>External feedback</td>
<td>8 (5.0%)</td>
<td>8 (4.7%)</td>
</tr>
<tr>
<td>Internal feedback</td>
<td>23 (14.5%)</td>
<td>20 (11.8%)</td>
</tr>
<tr>
<td>Humanism</td>
<td>12 (7.5%)</td>
<td>4 (2.4%)</td>
</tr>
<tr>
<td>Debriefing</td>
<td>9 (5.7%)</td>
<td>15 (8.9%)</td>
</tr>
<tr>
<td>Professional guidance</td>
<td>9 (5.7%)</td>
<td>8 (4.7%)</td>
</tr>
<tr>
<td>Other</td>
<td>6 (3.8%)</td>
<td>15 (8.9%)</td>
</tr>
<tr>
<td>Non-responsive</td>
<td>12 (7.5%)</td>
<td>7 (4.1%)</td>
</tr>
<tr>
<td>Total</td>
<td>159 (100%)</td>
<td>169 (100%)</td>
</tr>
</tbody>
</table>
Raising Awareness: Reflection

- Written or discussion-based reflection?
- With debriefing or without?
- Triggers for reflection include:
  - Imagery exercises that provoke and then counter common stereotypes.
  - Real or simulated cases identifying feelings about patients.
  - Perspective-taking exercises: through the patient’s eyes.

Raising Awareness: Reflection

Challenges:

- Learners may
  - be *distracted by the IAT’s* format and measurement properties.
  - **resist** recognizing bias in themselves or reject its relevance to care
  - *confuse evidence-based medicine* with bias.

- Educators must
  - create an **optimal amount of discomfort** among learners, for learning, not “accusing.”
  - Address bias when observed.
Strategies & Challenges

- Raising Awareness (Recognition of Bias)
  - Seeing Patients as Individuals (not group stereotypes)
  - Use of the Implicit Associations Test
  - Reflection

- Reducing or Mitigating Bias
  - Exposure
  - Immersion
  - Simulation
Managing Bias: Exposure

Contact with Those One is Biased Against Can Reduce Bias.

- (Even Limited) Exposure (e.g., patient panels)
- Immersion (extensive contact) (e.g., service projects)
- However, there may be limited opportunities for some learners
- Negative experience may reinforce bias

Dasgupta & Greenwald, JPSP, 2001: 81: 800-814;
Actively Provoking Bias (in Safe Situations) May Help Learners Accept and Manage Bias

- Standardized or Virtual Patient cross-cultural encounters, with varied patient characteristics (weight, skin tone, financial resources, etc.) to activate bias
- Observations, Feedback
- Advantages:
  - Control (Limit negative encounters)
  - Patient encounters may transfer to “real world”
  - Skill development (e.g., communication)

"We think too much about effective methods of teaching and not enough about effective methods of learning."
- John Carolus S. J.
## Recognizing and Reducing Bias: Developmental Approach

<table>
<thead>
<tr>
<th>Bennett Stage</th>
<th>Awareness and Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Denial</td>
<td>Unawareness; Inability to differentiate between conscious bias and unconscious (implicit) bias</td>
</tr>
<tr>
<td>Defense</td>
<td>Recognition that implicit bias may exist, yet failure to accept it in oneself</td>
</tr>
<tr>
<td>Minimization</td>
<td>Recognition of implicit bias in others and perhaps in self; Trivialization of impact on patient care; belief that one can treat all patients objectively</td>
</tr>
<tr>
<td>Acceptance</td>
<td>Recognition of implicit bias in self; Ability to see impact on patients;</td>
</tr>
<tr>
<td>Adaptation</td>
<td>Ability to reflect on bias in self; Ability to act on known biases to reduce impact</td>
</tr>
<tr>
<td>Integration</td>
<td>Ability to recognize bias and mitigate against it proactively</td>
</tr>
</tbody>
</table>

Adapted from Bennett MJ. *Int J Intercult Relat*, 1968, 10(2), 179-196.
Recognizing and Reducing Bias: Multiple & Diverse Experiences

Suggested Educational Strategies for Increasing Awareness about Unconscious Bias

- Debriefing and Feedback
- Exposure to One’s Bias
- Interaction with Stereotyped Groups
- Mindfulness Training
- Multiple Experiences
- Positive, Counter-Stereotypical Exemplars
- Reflection
- Refocus Cultural Knowledge
- Support of Role Models & Authority

Teal, Gill, Green & Crandall, Med Educ, 2012
Behavior Change