

10 tips on how to combat your unconscious bias

The term unconscious bias (UB) refers to the feelings and attitudes we have—but are not aware off—toward certain people or groups. While UB is not intentional and is not the result of malicious intent, it can lead us to judge, show prejudice, or stereotype people without realizing it. When UB, also called implicit bias, is uncontrolled, it can negatively influence behavior of an individual toward patients and/or learners.

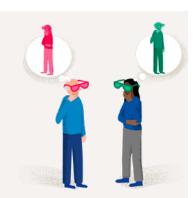
A systematic review of 42 articles published in BMC Medical Ethics in 2017 indicates that health care professionals exhibit the same levels of implicit bias as the wider population (FitzGerald, C. and Hurst, S., 2017).

The AO is aware that individual actions are not enough and is in the process of creating and implementing processes and

programs to make the organization more diverse and to create a culture of inclusion. These go hand in hand with combatting unconscious bias in a systematic way on an organizational level. For regular updates, consult the newly launched AO Opportunity, Diversion and Inclusion Initiative (ODII) website here at www.aofoundation.org, or e-mail

the ODII working group at diversity.inclusion@aofoundation. org.

Research suggests that realizing one's own implicit biases is more effective than explicit bias training when it comes to combating one's own implicit biases. With that in mind, the ODII working group shares the following strategies.



1 Learn about UB; everyone has it.

Some video suggestions to get you started with your reflection process.

Association of American Medical Colleges: Exploring Unconscious Bias in

Academic Medicine: https://www.youtube.com/watch?v=eadpfj3Br4c

Association of American Medical Colleges (Washington, DC): AAMC Chief Diversity Officer Marc A Nivet Ed D. interviews Howard Ross, Founder & Chief Learning Officer of Cook Ross and author of Reinventing Diversity: Transforming Organizational Community to Strengthen People, Purpose and Performance.

Institute for Healthcare Improvement: How Can Providers Reduce Unconscious

Bias? http://www.ihi.org/education/IHIOpenSchool/resources/Pages/AudioandVideo/David-Williams-Don-Berwick-How-Can-Providers-Reduce-Unconscious-Bias.aspx

David R Williams, Professor of Public Health at the Harvard T.H. Chan School of Public Health, has been researching health inequities in the United States for two decades. In this video, he sits down with Don Berwick, MD, President Emeritus and Senior Fellow at IHI, to describe three promising strategies to reduce implicit bias.



2 Self-identify possible areas of UB: Take the anonymous Implicit Association Test (IAT) at implicit.harvard.edu

- Promote diversity, inclusion, and equity at both the individual and organizational level.
- Assessment tools provide impetus to recognize and reveal deficiencies to implement change.

3 Be honest to yourself and acknowledge your UBs

- Ask for candid feedback.
- Examine your own possible biases to understand the roots of stereotypes and prejudice.
- Practice self-monitoring and self-regulation.
- Interrupt biased thinking to generate non-discriminatory behavior.





4 Interact with your patients/learners, considering them as an individual rather than (stereotyped) members of a group

- Stereotypes may be harmful to your patients' health.
- Read about the 'Healthcare Stereotype Threat' here: www.ncbi.nlm.nih.gov/pmc/articles/ PMC4755717/
- Strengthen counter-stereotype associations as a strategy to reduce and overcome stereotyping.

5 Slow down where you can: Research suggests that under stress, individuals tend to resort to biases when making decisions

www.qualityinteractions.com/blog/unconscious-bias-in-healthcare

- Consider where biases may influence your thoughts and behavior.
- Examples of UB leading to health disparities include:
 - i. White male physicians are less likely to prescribe pain medication to black patients than to white patients.
 - ii. Doctors assume their black or low-income patients are less intelligent, more likely to engage in risky behaviors, and less likely to adhere to medical advice.
 - iii. Pregnant women face discrimination from health care providers on the basis of their ethnicity and socioeconomic background
 - (www.mhtf.org/2015/04/10/addressing-disparities-in-the-u-s-for-maternal-health-and-rights).
 - iv. Women presenting with cardiac heart disease (CHD) symptoms are significantly less likely than men to receive diagnosis, referral and treatment, due to misdiagnosis of stress/anxiety (www.eurekalert.org/pub_releases/2008-10/crf-srt101008.php).



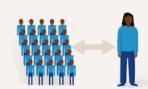
6 Expand your comfort zone

- Be curious and make a conscious effort to interact with individuals and/or groups unfamiliar
- Get to know people on an individual level; biases are usually derived stereotypes and generalizations.

7 Be humble, recognize and apologize if you messed up

- Acknowledge and apologize for mistakes.
- Use mistakes as an opportunity to do things differently next time.
- This process can strengthen your relationships with others.









8 Don't be a silent bystander when observing UB in the workplace

- Identify when bias is emerging and take a decision to address the situation, to act while continuing the conversation.
- Use questions to invite a discussion.
- State your unease using 'I' statements.

9 Talk about UB

- Encourage conversations around biases.
- Model ideal behaviors.
- Discuss the importance of UB with your learners and teams.





- 10 Use inclusive language—and check out our 10 tips on how to enhance opportunity, diversity and inclusion in your institution: the faculty support packages facultyfocus. aoeducation.org/2020-01/assets/tips-and-tricks-for-opportunity-diversity-inclusion_01.pdf
- It's chairperson (not chairmen).
- Use neutral pronouns if possible; and use female (not just male pronouns)
- Use the word folks instead of guys.

References

Abdou CM, Fingerhut AW, Jackson JS, Wheaton F. Healthcare Stereotype Threat in Older Adults in the Health and Retirement Study. Am J Prev Med. 2016;50(2):191–198. doi:10.1016/j.amepre.2015.07.034

Betancourt, R. J., (2004) Not me! Doctors, Decisions, and Disparities in Health Care; Owusu Ananeh-Firempong II, BS. Cardiovasc Rev Rep 25(3):105-109, 2004. © 2004 Le Jacq Communications, Inc.

Blair, I.V., Steiner, J.F. and Havranek, E.P. (2011). Unconscious (Implicit) Bias and Health Disparities: Where Do We Go from Here? https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3140753/#i1552-5775-15-2-71-b48

Finnegan, E, Oakhill, J and Garnham, A. Counter-stereotypical pictures as a strategy for overcoming spontaneous gender stereotypes. August 2015. Frontiers in Psychology 6(1291). DOI: 10.3389/fpsyg.2015.01291

FitzGerald, C. and Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. BMC Med Ethics. 2017; 18: 19. Published online 2017 Mar 1. doi: 10.1186/s12910-017-0179-8. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5333436/

Marcelin, RJ, Siraj, DS, Victor R, Kotadia S, and Maldonado YA. The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It. The Journal of Infectious Diseases®. Volume 220, Issue Supplement_2, 15 September 2019, Pages S62–S73, doi.org/10.1093/infdis/jiz214: https://academic.oup.com/jid/article/220/Supplement_2/S62/5552356

Ten tips on how to enhance opportunity, diversity and inclusion in your institution https://images.aofoundation.org/CIP/asset/download/Gallery/10322

Kirwan Institute approach to countering unconscious bias as an active bystander.

download: https://bit.ly/2JNP0mM

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***Disclaimer: we would herewith like to acknowledge that most of the data referred to in this article are based on research that has come out of North America. We recognize and regret not being able to include more global data at this point and intend to be more inclusive in the future.