
Recognizing Bias for Clinicians

Participant Workbook

The unconscious mind affects what we think, feel, and do all the time. But it is not easy to see how and when that happens. Are you aware of assumptions you make? Can you anticipate when you are likely to fall into familiar or preferred patterns of thought and action?

Recognizing Bias will help you understand how your unconscious mind works and how biases affect your patient interactions, decision-making and trust-building.

Learning Objectives

- Review take aways from the eLearning & reflect on our own experiences
 - Following this learning activity, participants will be able to:
 - ✓ Describe how our unconscious thinking system works
 - ✓ Explain how unconscious biases can negatively affect those around us
 - ✓ Apply strategies to prevent unconscious bias
 - ✓ Examine how unconscious bias impacts patient interactions and trust-building, and medical decision-making
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Conversation Guidelines for Brave Space



Compassion

- Devote your full attention to each person who speaks.
- Avoid critiquing others' experiences; suspend judgment.
- Be open to the wisdom and truth in each person's story.



Partnership

- Resist the desire to interrupt.
- Share the time equitably.
- Be here now.



Integrity

- What is learned here, leaves here; what is said here stays here.
- Use "I" statements. No one speaks for another or for an entire group of people.
- Pay attention when your own perspective is challenged, identify how that feels and why.



Excellence

- Listen with curiosity and the willingness to learn and change.

➤ HealthPartners' Definition of Unconscious Bias

Unconscious bias is an association that people unknowingly hold and express automatically without conscious awareness; how our brain automatically connects certain characteristics, whether they are true or false, with a particular person or group.

➤ Unconscious Bias Myths & Facts

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| 1. Our conscious brain can only handle a few pieces of information at a time. | FACT |
| 2. Since unconscious bias is automatic, and we all have them, there's little we can do about it. | MYTH – when first coming to understand our biases, it may feel like this but there is absolutely something we can do about it. In fact, recognizing and mitigating bias is integral to our ensuring every patient feels welcome included and valued, and that we provide equitable care. |
| 3. Bias can impact our eye contact, tone of voice and hand gestures. | FACT |
| 4. We are prone to more negative biases when we don't feel good about ourselves, extra busy or stressed. | FACT-studies show that in certain situations/circumstances—like poor self-esteem or stress such as a busy day—biased behaviors are more prevalent. This is also the case in ambiguous situations, and when we are not asked to explain our decisions. This is common in the work we do every day as clinicians. |
| 5. Once we have identified our bias, it won't impact our behavior or patient interactions. | MYTH – unfortunately, not by a long shot. Being able to recognize and acknowledge our biases is just the beginning. Although a critical step, once we have become aware of a bias, it takes commitment, energy, time and practice to mitigate it. |
| 6. Treating everyone fairly will keep me from having bias. | MYTH – unfortunately, not by a long shot. Being able to recognize and acknowledge our biases is just the beginning. Although a critical step, once we have become aware of a bias, it takes commitment, energy, time and practice to mitigate it. |

➤ eLearning Debrief

Three main sections of “**Understand and Prevent Unintended & Implicit Biases for Physicians**” eLearning:

1. How unconscious bias works
2. How unconscious bias affects our decisions and behavior
3. Strategies to mitigate bias

What resonated or stood out to you in this eLearning?

How was it relevant to your lived experiences while at work or your life experiences outside of work?

Did anything surprise you, such as learnings from the cited research?

➤ Small Group Discussion Part 1

1. Share an experience you have had or witnessed when unconscious bias impacted a patient interaction.

2. What experiences have you had or seen when trust is broken with patients based on unconscious biases we had about patients?

3. What experiences have you had or seen when trust-building with patients occurs because unconscious biases were surfaced and deliberately thought of and prevented/mitigated to change behavior?

➤ Small Group Discussion Part 2

Example case:

- Bella, 68 yr. old biracial (African American & Mexican) woman with type 2 Diabetes Mellitus, Hypertension, and asthma. She has had one year of progressive bilateral hip pain worse when she stands or walks; no trauma. She has been seen by three other clinicians in the last two years. Previous diagnoses in the chart were “Hip pain due to osteoarthritis” and treated with nonsteroidal anti-inflammatory medications and acetaminophen. No X-rays done.
- Bella has felt dismissed by previous clinicians; she feels that something is wrong with her hips because her pain is getting worse.
- Today she is seeing YOU for the first time.

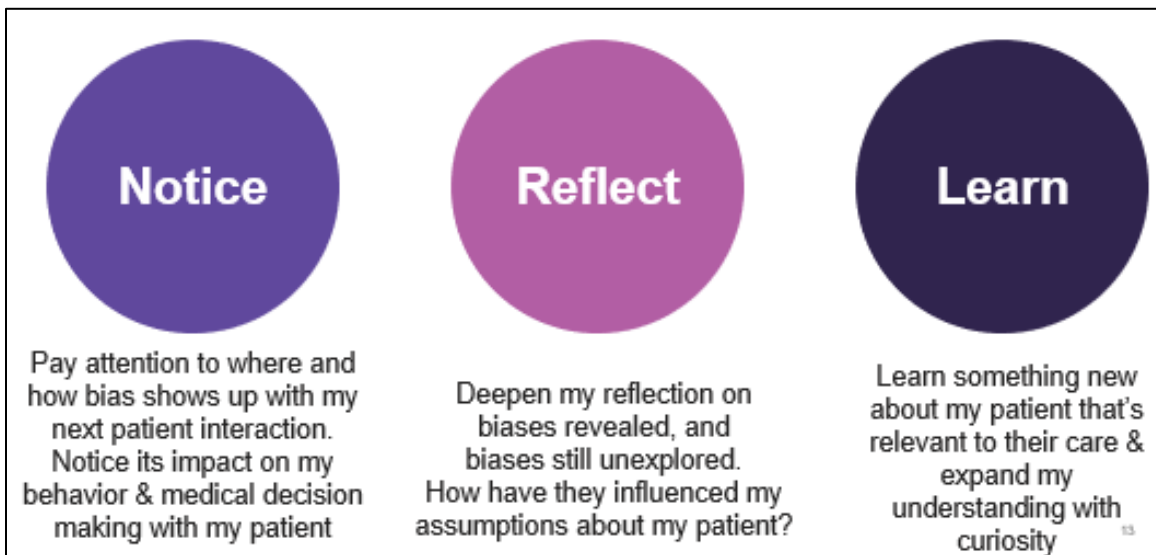
For your small group discussion:

1. Choose to use the above example or an example from someone in the group. If the latter, please be brief and share the following:
 - a. Patient identity, medical condition(s), and chief complaint(s)
 - b. Other patient background information (e.g., previous experiences with this or another clinician)
 - c. Other clinician background information
2. What biases/assumptions could the clinician have about this patient?
3. In what ways do these biases impact trust building with the patient? Within the visit, as well as after.
4. What biases could the two previous clinicians who treated her have had about this patient? In what way would that have impacted this patient’s health condition?
5. What lived experiences might the patient bring into this interaction that we should be considering? For example, patient’s previous experience with other clinicians—not being heard, trusted; trusted family members’ stories speaking to poor experiences, etc. Given what has been discussed, what questions might you ask the patient?

Key takeaways (what you learn, what you felt, what you will do/implement)

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| <ol style="list-style-type: none">1. New idea/thought:2. One thing you were feeling:3. One thing you are excited about trying/implementing? What action will you take? |
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➤ Commitment



Write down your own commitment(s) here.

Use the space below for your reflections after practicing your commitment(s). These notes may be helpful as you cascade this curriculum to your team.

Resources

[Implicit Association Test](#) (Only use Chrome or Explorer browsers)

[Unconscious Bias Training for All Colleagues](#)

[15-minute Conversations on Microaggressions](#)

Appendix A – Self-care during and after session

Ground Yourself with the 54321 Grounding Method

The 54321 technique is simple, yet powerful. First, take a moment to become mindful of your breath. Just a few deep breaths invite your body back into the moment, slowing everything down. Then, become aware of your environment.

- Look For **5** Things You Can See

Notice the wood grain on the desk in front of you. Or the precise shape of your fingernails. Become aware of the glossy green of the plant in the corner. Take your time to really *look* and acknowledge what you see.

- Become Aware Of **4** Things You Can Touch

The satisfyingly rough texture of the car seat. Your cotton shirt against your neck. If you like, spend a moment literally touching these things. Maybe notice the sensation of gravity itself, or the floor beneath you.

- Acknowledge **3** Things You Can Hear

Don't judge, just hear. The distant traffic. The voices in the next room. As well as the space between sounds.

- Notice **2** Things You Can Smell

If at first you don't feel like you can smell anything, simply try to sense the subtle fragrance of the air around you, or of your own skin.

- Become Aware Of **1** Thing You Can Taste

The lingering suggestion of coffee on your tongue, maybe?

Repeat this process as many times as necessary. Take your time and notice how you feel afterward.

Leverage Employee Assistance Program (EAP) support:

Call: 866-326-7194

Visit the HealthPartners [EAP website](#) for a variety of resources

Appendix B – Relevant scholarly articles on clinician unconscious bias

- Treatment differences based on race



Racial_Ethnic
differences in treatme



Racial differences in
management and out

- Factors that impact clinician cognition & medical decision making



Unintended Bias in
Health Care-Strategi



The Impact of Racism
on Clinician Cognition



Factors Related to
Physician Clinical Deci:

- Role of unconscious bias in medical decision making & healthcare



Implicit bias in
healthcare profession



Physicians and
Implicit Bias_How Doc



Under the
Radar_How Unexamin



The Role of
Unconscious Bias in Si

- Effects of perceived racism, cultural trust & mistrust impact patient satisfaction of care



Effects of Perceived
Racism, Cultural Mistr

- Clinicians' unconscious & conscious attitudes about bias & treatment of patients



Physicians' Implicit
and Explicit Attitudes ,

- Are we teaching our medical students to be bias?



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