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# Recognizing Bias for Clinicians

## *Self-guided Workbook*

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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.

This self-guided learning opportunity is centered on our goal of advancing health equity and eliminating disparities in care. Specifically, we will be focusing on unconscious bias and how it impacts medical decision-making.

This workbook is intended to be used in conjunction with the “**Understand and Prevent Unintended & Implicit Biases for Physicians**” eLearning.

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### ➤ 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
  - ✓ Examine how unconscious bias impacts patient interactions and trust-building, and medical decision-making
  - ✓ Apply strategies to prevent unconscious bias

### ➤ 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.

## ➤ Introduction

Understanding and recognizing unconscious bias is relevant to all of us and critical for providing the highest quality of care.

- As clinicians, we each have a unique role in fostering trusting relationships with patients and directing care by the whole care team.
- Research has shown that our brains can connect certain characteristics, whether they are true or false, with a particular person or group without conscious awareness. These unconscious biases can impact our behavior and our decisions.
- HealthPartners has partnered with an organization called Diversity Science to help us learn more about the research on unconscious bias and how to recognize and mitigate it in our care environment.

## ➤ Unconscious Bias Myths & Facts

Read the following statements and indicate to the right whether the statement is a myth or fact. When completed, turn to the next page for the answers.

1. Our conscious brain can only handle a few pieces of information at a time. \_\_\_\_\_
2. Since unconscious bias is automatic, and we all have them, there's little we can do about it. \_\_\_\_\_
3. Bias can impact our eye contact, tone of voice and hand gestures. \_\_\_\_\_
4. We are prone to more negative biases when we don't feel good about ourselves, extra busy or stressed. \_\_\_\_\_
5. Once we have identified our bias, it won't impact our behavior or patient interactions. \_\_\_\_\_
6. Treating everyone fairly will keep me from having bias. \_\_\_\_\_

## ➤ Unconscious Bias Myths & Facts Answers

1. Our conscious brain can only handle a few pieces of information at a time.
2. Since unconscious bias is automatic, and we all have them, there's little we can do about it.
3. Bias can impact our eye contact, tone of voice and hand gestures.
4. We are prone to more negative biases when we don't feel good about ourselves, extra busy or stressed.
5. Once we have identified our bias, it won't impact our behavior or patient interactions.
6. Treating everyone fairly will keep me from having bias.

### **FACT**

**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.

### **FACT**

**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.

**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.

**MYTH** – sometimes we are led to believe that if we just act compassionately and care for everyone the same, it will keep us from having bias. It does not. Mitigating bias requires an ongoing commitment to continually recognizing and practicing behaviors to mitigate it.

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## ➤ eLearning Debrief

The “**Understand and Prevent Unintended & Implicit Biases for Physicians**” eLearning had three main parts:

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

After completing the eLearning, use the space provided below to answer the following questions.

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?

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## ➤ Reflection

Now reflect on your own career and take an opportunity to examine when you might have had similar experiences or know of similar experiences your patients might have had.

1. Describe 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 you 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?

Clinicians, like others, often find it difficult to accept that unconscious bias may affect the care they provide since this is inconsistent with our conscious attitudes, motivations and intentions of excellent care for all our patients. Yet the evidence is clear that unconscious bias can and does impact care. Patients may mistrust our healthcare system based on historical trauma and/or their own lived experiences.

## ➤ Case study

### 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 reflection:

1. Summarize 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 \_\_\_\_\_

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2. What biases/assumptions could the clinician have about this patient? \_\_\_\_\_

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3. In what ways do these biases impact trust building with the patient? Within the visit, as well as after. \_\_\_\_\_

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[continue reflection questions on next page]

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? \_\_\_\_\_

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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? \_\_\_\_\_

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The following are some examples of biases based on this patient's identity. Perhaps you identified some of these.

- Black or mixed-race-pain medication seeking stereotype bias
- Black or mixed-race-poorly educated or low health literacy
- Age-memory issues or not understanding their medical history
- Clinician committing confirmation bias (only ordering tests to confirm what they thought the patient has, osteoarthritis) and not doing other tests to evaluate for other possibilities particularly with her history of asthma, which could predispose her to having taken oral steroids in the past which is a risk factor for avascular necrosis.
- Female sex-there is some literature to suggest that female patients get less talk time before they are interrupted by clinicians and so she never gets to tell her story fully leading to more loss of trust.

Case update: This patient is a real patient who is a well-educated schoolteacher; she was diagnosed with avascular necrosis after an Xray and then an MRI of her hips was performed. She shared with her clinician that she felt heard for the first time and that her opinion mattered for the first time in two years after trying to get help for her hip pain. She cried and thanked the clinician for showing her respect and time to tell her story. She was referred to orthopedics and is getting her hip replacement.





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## ➤ Additional Resources

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

[Unconscious Bias Training for All Colleagues](#)

[15-minute Conversations on Microaggressions](#)

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## 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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