### IMPLICIT BIAS AND ITS **IMPACT WITHIN** HEALTHCARE Lindsay Wells, MD Associate Clinical Professor of UCLA Health Clinical Sciences UCLA Internal Medicine & Pediatrics

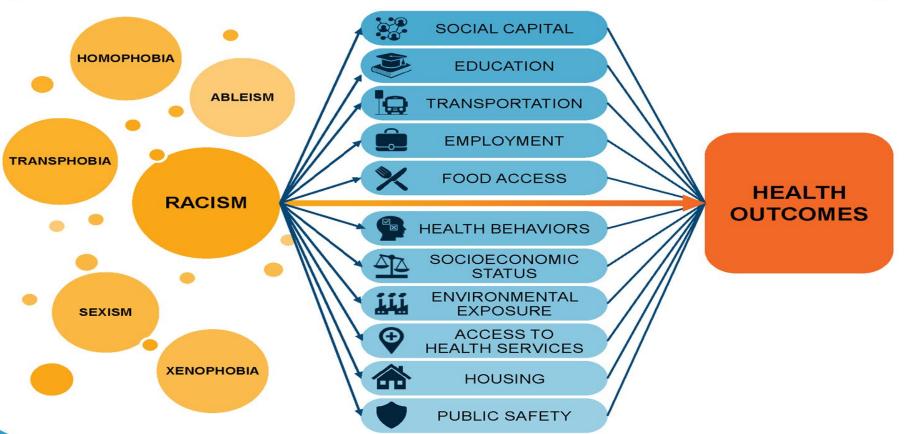
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## -Examine your own background, identities, and biases and its impact within your own clinical practice. -Understand the concept of implicit bias in order to

- -Understand the concept of implicit bias in order to recognize examples of unconscious bias and better understand unintentional nature in human interaction.
- -Discuss patterns of implicit bias and how it manifests within medical decision making and participation.
- -Learn strategies and tools to combat implicit bias and promote transformational interpersonal change.

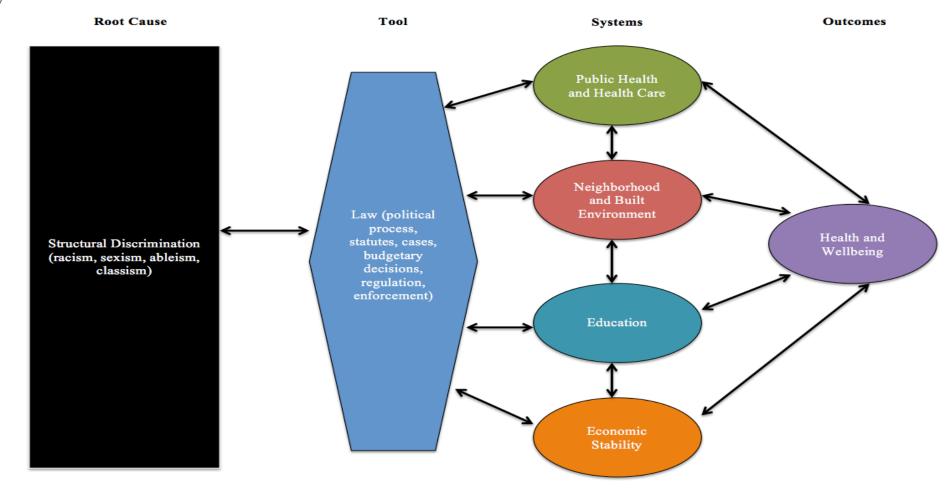
Bias in Healthcare? -Medicine was created and based upon the values and prejudices of the broader society; the medical system was intentionally built from a legacy of segregation that pervades our society (i.e Race base guidelines, racial heuristics) -The healthcare system is a microcosm of U.S. society->medicine is not immune from bias

#### Racism, Among Many Structural Inequities, Negatively Impacts Health Outcomes and Other Social Determinants of Health



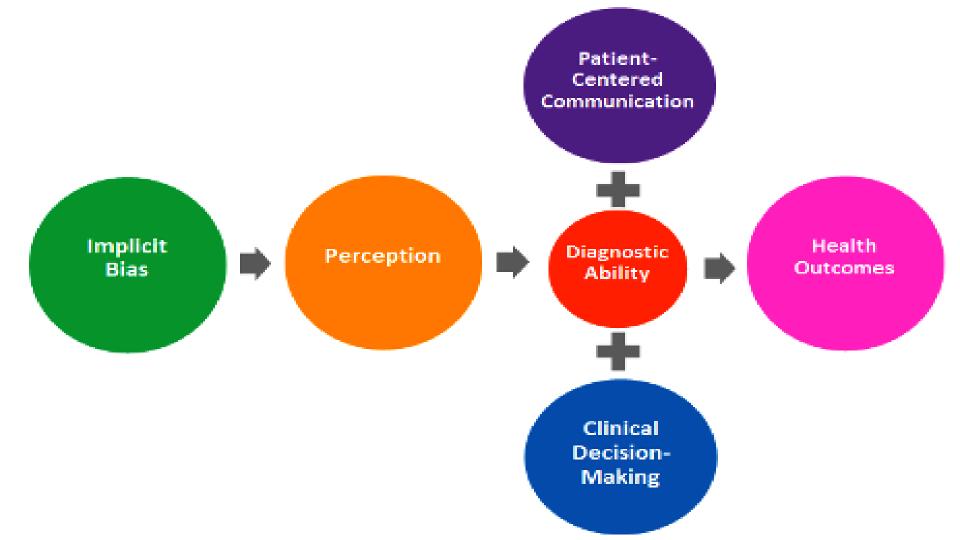


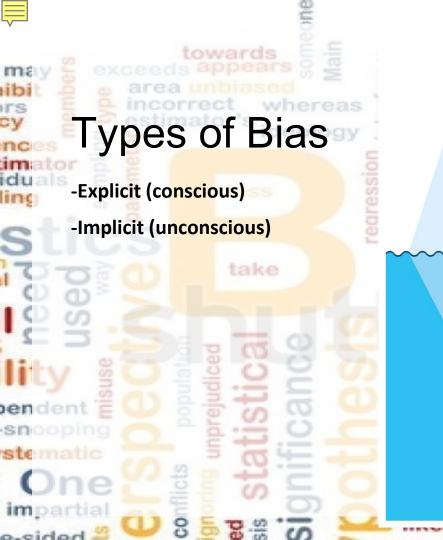




Revised SDOH Framework created by Ruqaiijah Yearby (2020)







#### **Explicit Bias**

Attitudes and beliefs that we have about a person or group on a conscious level.

We are fully aware of these, so they can be self-reported.

#### **Implicit Bias**

LINE OF CONSCIOUSNESS

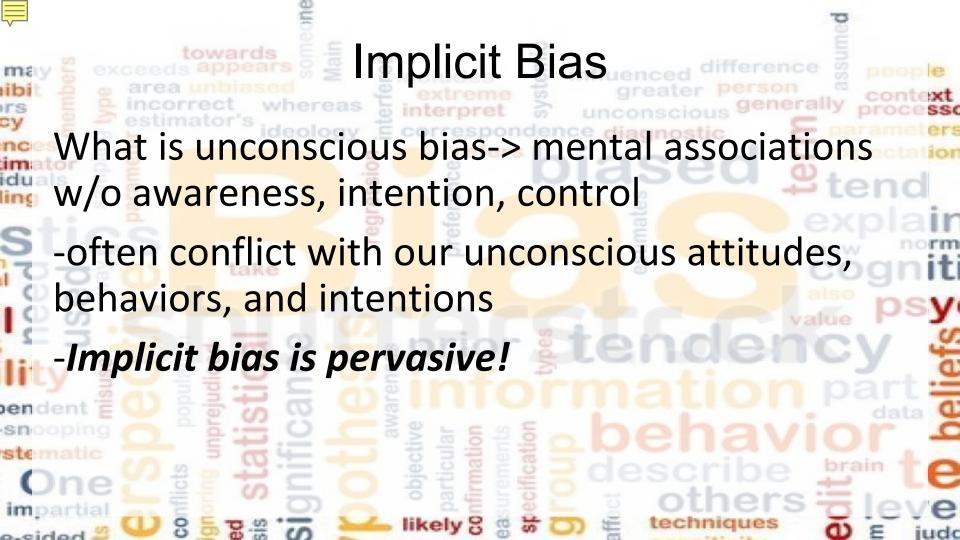
Unconscious attitudes that lie below the surface, but may influence our behaviors.

Power, Privilege, and Oppression: Intersectionality CHIEFT OF BOCHESABSIMITEGE









What is the utility of bias? -Create meaning out of our observations -Gives us mental shortcuts -Helps to screen out information so can easily focus and concentrate -Protective mechanism (i.e. burning hand on hot stove)



SYSTEMATIC REVIEW

Published In the American Journal of Public Health in 2015, this analysis was a systematic review of 15 studies.

Results showed low to moderate levels of implicit racial/ethnic bias among health care professionals.

Implicit bias was significantly related to patient-provider interactions, treatment decisions, treatment adherence, and patient health outcomes.

#### Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review

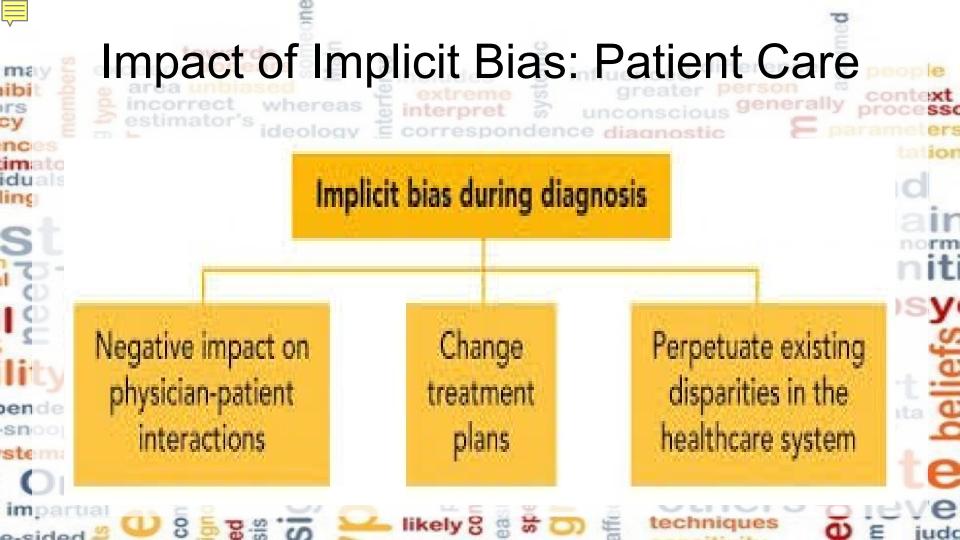
William J. Hall, PhD, Mimi V. Chapman, PhD, Kent M. Lee, MS, Yesenia M. Merino, MPH, Tainayah W. Thomas, MPH, B. Keith Payne, PhD, Eugenia Eng, DrPH, Steven H. Day, MCP, and Tamera Coyne-Beasley, MD

Background. In the United States, people of color face disparities in access to health care, the quality of care received, and health outcomes. The attitudes and behaviors of health care providers have been identified as one of many factors that contribute to health disparities. Implicit attitudes are thoughts and feelings that often exist outside of conscious awareness, and thus are difficult to consciously acknowledge and control. These attitudes are often automatically activated and can influence human behavior without conscious volition.

measurement of relevant variables, analyses performent and results and findings. We summarized study design of teristics, and categorized and then synthesized substitutionings.

findings.

Main Results. Almost all studies used cross-sectional de convenience sampling, US participants, and the Implicit A ation Test to assess implicit bias. Low to moderate lev implicit racial/ethnic bias were found among health car fessionals in all but 1 study. These implicit bias scores are s to those in the general population. Levels of implicit bias ag



#### **Propagating** Implicit Bias in **Medical Education**

What <mark>bia</mark>ses do students learn during their medical education and how does it shape their ind<mark>ivi</mark>dual personal biases?

The NEW ENGLAND JOURNAL of MEDICINE

#### MEDICINE AND SOCIETY

Debra Malina, Ph.D., Editor

#### Misrepresenting Race — The Role of Medical Schools in Propagating Physician Bias

Christina Amutah, B.A., \* Kaliya Greenidge, \* Adjoa Mante, A.B., \* Michelle Munyikwa, Ph.D., \* Sanjna L. Surya, B.A.,\* Eve Higginbotham, M.D., David S. Jones, M.D., Ph.D., Risa Lavizzo-Mourey, M.D., M.B.A., Dorothy Roberts, J.D., Jennifer Tsai, M.D., M.Ed., and Jaya Aysola, M.D., D.T.M.H., M.P.H.

more nuanced over time. Most scholars in the courses in one institution's 18-month preclinical biologic and social sciences converge on the medical curriculum, we found five key domains view that racism shapes social experiences and in which educators misrepresent race in their has biologic consequences and that race is not a discussions, interpretations of race-based data, meaningful scientific construct in the absence and assessments of students' mastery of raceof context.<sup>1-3</sup> Race is not a biologic category based science. based on innate differences that produce un-

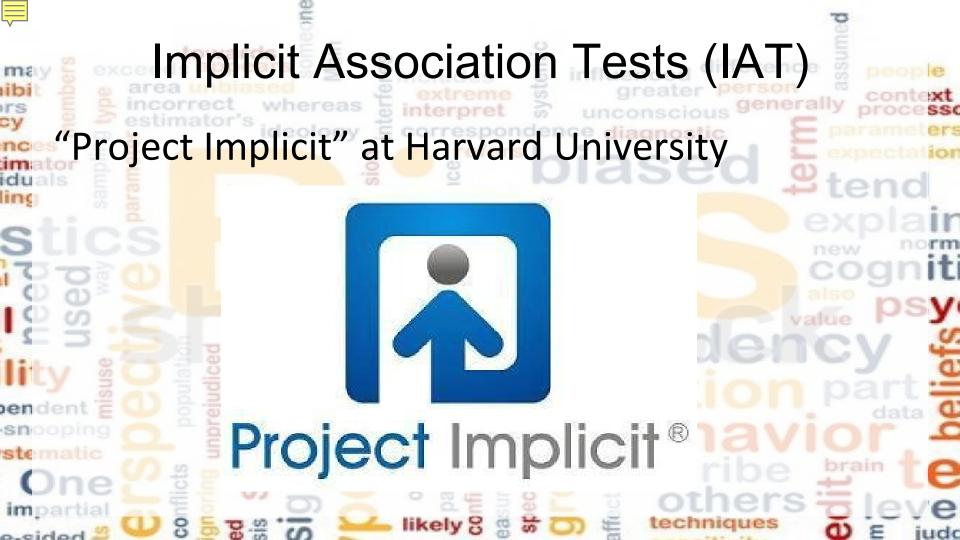
Conceptions of race have evolved and become In examining more than 880 lectures from 21

Indeed, in all the authors' home institutions equal health outcomes. Rather, it is a social we found similar misrepresentations of race.<sup>15</sup>

Impact of Implicit Bias: Academic Medicine -URM faculty in medicine-percentage represented, promotion, etc -LOR for male vs female -clinical clerkship evaluation scores, difference in narratives

# Ways to Mitigate Individual Bias -Acknowledgement -Critically analyze self, transparency -Explore and have internal dialogue in uncomfortable moments

- -Perspective-taking
  -Individualize patients and counter-stereotype
- -Promote patient-physician partnerships
- Engage with different, multiple viewpoints and promote self explore
- C-Seek feedback



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