SECTION 5:
Strategies to Mitigate Implicit Bias in Clinical Practice

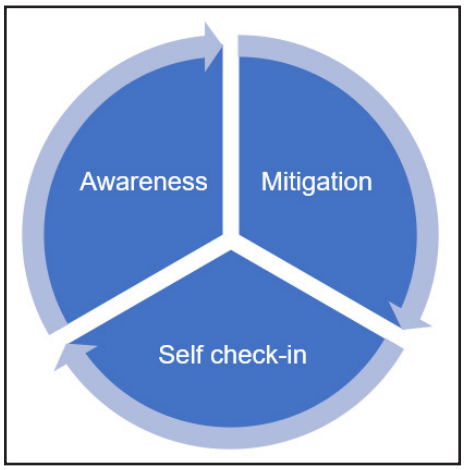
PLEASE NOTE:

This section corresponds with the "Mitigating Implicit Bias in Clinical Practice" PowerPoint presentation available online at www.aafp.org/implicit-bias.

Increasing Self-Awareness

Mitigating implicit bias in clinical practice is a deliberate, ongoing process that requires self-awareness and self-regulation (*Figure 3*). It requires health care professionals to check in with themselves on a regular basis to ensure that they are acting based on a rational assessment of clinical situations rather than on stereotypes and prejudices.

Figure 3. Process to mitigate implicit bias in clinical practice



Learner Activity: Denmark Kangaroo Orange

This exercise will help prepare learners to discuss the results of their Implicit Association Test.

1) Ask learners to record their responses to the series of prompts below. Allow enough time between prompts and at the end for learners to accurately calculate their responses.
2) Following the prompts, ask learners how many of them ended up with the phrase "Denmark Kangaroo Orange." On average, about 70%-90% of participants will respond with this phrase.
3) If any learners ended up with a different phrase, ask them to share.
4) List some of the other possible word choices learners who ended up with "Denmark Kangaroo Orange" could have selected for each letter.
5) Ask learners what they think this exercise reveals about how our culture, beliefs, and/or experiences shape our responses and how this might cause us to generalize or perpetuate stereotypes, even if we know that these types of bias exist.

Key takeaways for learners from this activity include the following:

- Cultural norms, language, and experiences shape our individual knowledge and decision-making.
- Shared knowledge between "like" individuals and or groups (e.g., in clinical consults among health care professionals) may drive confirmation bias.

Prompts

1) Think of a number between 1 and 10.
2) Add 2.
3) Double the number.
4) Subtract your original number.
5) Add 8.
6) Subtract your original number.
7) Divide by 3.
8) Find the corresponding letter of the alphabet (1=A, 2=B, 3=C, etc.).
9) Think of a country that starts with that letter.
10) Think of an animal that starts with last letter of the country.
11) Think of a fruit that starts with the last letter of the animal.

Learner Activity: Implicit Association Test Discussion

This discussion of learners' Implicit Association Test (IAT) results will reinforce the fact that implicit bias is pervasive. We all have these biases and removing all bias is impossible.

1) Share the results of your own IAT test.
2) Invite the group to share and discuss their results. Use the following questions to guide the discussion:
    a. Was anyone disturbed by their results? If so, please explain.
    b. How did your results make you feel? Please explain.
    c. Do your results make you feel differently about how you approach patient care? If so, how?

Learner Activity: Social Perspective-Taking Surveys

In the participant guide, two surveys are provided to help learners take the social perspective of others and recognize privilege in their personal lives, at work, and in the lives of others. Doing so will help them develop greater empathy and be more aware of implicit bias and its effect on patients.

The first survey is the Privilege and Responsibility Curricular Exercise (PRCE), which was designed for use by health care professionals (see *Appendix A*). The second survey should be used by medical students and residents; it focuses on how racial privilege influences the experience of a physician in training (see *Appendix B*).

1) Select the appropriate survey to use for your participants.
2) Direct learners to read each statement and select those that they feel describe their experience.
3) Ask them to count their total number of affirmative responses, write the number in the space below the survey, and stand when they are finished.
4) Once all learners are standing, ask them to sit down in order of their respective totals. Start by saying, "Please sit if your total is less than 5," then move on to less than 10, and so on. Only individuals with the greatest privilege (i.e., the highest total) should still be standing at the end of the exercise.
5) Invite the group to reflect on the exercise using the following questions:
    a. What types of identities are reflected in these statements?
    b. What stood out to you?
    c. Were there any statements that you had never thought of before? If so, which ones?
    d. Were there any statements that you had thought about before? Please explain.
    e. Are there any statements you really wanted to select but couldn't?
    f. Are there any statements you would add? If so, why?
    g. Why is this important to the work we do as health care professionals?

Building Empathy

Increasing empathy for others is essential to recognizing and managing implicit bias.[4] Empathy brings patients and health care professionals together within the context of shared experiences, helping to protect patients against stereotyping and discrimination. It also shifts the position of power that health care professionals hold in the relationship so that providers and patients can share decision-making.

Video Activity: Building Empathy

Observing the impact of implicit bias on patients can help increase health care professionals' empathy, particularly for marginalized patients.

You'll find the videos used in these activities online at www.aafp.org/implicit-bias.

1) Instruct learners to record their reactions as they watch a series of videos (**available online at www.aafp.org/implicit-bias**) in which patients share their diverse experiences with bias, discrimination, and racism during encounters with the health care system and health care professionals.
2) Following the videos, have them break into small groups to share their reactions and discuss whether learning about these patient experiences will influence how they will interact with patients in the future.

Video Activity: Observing Implicit Bias

Making a differential diagnosis requires health care professionals to gather information from a variety of sources, such as medical records, consultation with colleagues, and research from peer-reviewed medical literature. During this process, implicit biases begin to affect clinical decision-making, even before the clinical encounter with the patient begins.

1) Instruct learners to record instances of verbal and nonverbal indicators (e.g., statements, language, eye contact, facial expressions) of implicit bias while they watch two videos (**available online at www.aafp.org/implicit-bias**) that depict students discussing a case and two residents in consultation with their attending physician regarding a patient:
   a. "Inclusion in the Classroom"
   b. "Explicit Bias in Residency"
2) Following the videos, guide learners in a group discussion of their observations and their recommendations for alternative approaches to the situation shown.

Practicing Mindfulness

The nature of medical education and training can easily lead to a high level of cognitive overload and automatization. While both are often viewed as an expected effect of learning, indicating a mastery of the medical knowledge, they are often associated with negative outcomes for both individuals and society, such as stereotyping, prejudice, and bias. For clinicians, incorporating mindfulness techniques (e.g., mindful breathing or movement, body scan meditation) into daily practice promotes self-awareness and assessment, as well as regulation of emotions and behaviors. It helps them pay greater attention to their present experiences and consider whether bias is operating in their clinical decision-making.

Studies have shown that mindfulness practice can help address implicit bias by "reducing the likelihood that implicit biases will be activated in the mind, increasing [health care professionals'] awareness of and ability to control responses to implicit biases once activated, [and] increasing self-compassion and compassion toward patients."[3] These outcomes are consistent with functional and structural magnetic resonance imaging (MRI) studies showing changes in the core regions of the brain associated with self-regulation of awareness, attention, and emotion.

Mindfulness is "the practice of maintaining a nonjudgmental state of heightened or complete awareness of one's thoughts, emotions, or experiences on a moment-to-moment basis."[20]

MINDFULNESS TRAINING CENTERS AND RESOURCES

If you are selecting faculty to teach learners about mindfulness as part of the implicit bias training, look for individuals who have documentation that they are trained, qualified, or certified in teaching mindfulness-based programs (MBPs). According to the Midwest Alliance for Mindfulness, "[MBPs] are evidence-based mind-body programs that train participants in the cultivation of mindfulness in order to support well-being, address the causes of human distress, and offer pathways to relieving suffering. They are informed by theories and practices from contemplative traditions, science, medicine, psychology, and education."[21]

A list of mindfulness training centers and resources is available online at www.aafp.org/implicit-bias.

Activating Goals That Promote Fairness and Equality

The Family Physicians' Creed

I am a family physician
one of many across this country.

This is what I believe:
You, the patient
are my first professional responsibility
whether man, woman or child
ill or well
seeking care, healing or knowledge.

You and your family deserve
high quality, affordable health care
including treatment, prevention
and health promotion.

I support access to health care for all.

The specialty of family medicine
trains me to care for the whole person
physically and emotionally, throughout life
working with your medical history and family dynamics
coordinating your care with other physicians when necessary.

This is a promise to you.

Like the creeds of other health care professions, *The Family Physicians' Creed* reflects a commitment to egalitarian goals of equality, freedom, intelligence, respect for tradition, and humility. Associating these goals with minority groups is one way of controlling implicit biases and stereotypes. When activated, these goals undermine and counteract stereotypes before they are unconsciously or consciously recalled.

Learner Activity: Goal Activation

The objective of this activity is to demonstrate how health care professionals can activate goals that promote fairness and equality and associate them with tasks they perform daily when interacting with patients from minority groups (e.g., meeting and interviewing patients).

1) Have learners complete the short survey provided in the participant guide. On the survey, they will rate the importance of the four statements in *Table 1* on a scale from Strongly Agree to Strongly Disagree.
2) Ask learners to select one goal from the survey (perhaps one they rated as Strongly Agree) and write a short description of a real-life personal experience involving an individual or group (e.g., an African-American male, a transgender woman, immigrants) in which they failed to live up to the ideals of that goal.
3) Ask learners to imagine a fictitious experience with the same individual or group from their first description that would affirm the goal they selected. Instruct them to write a description of the imagined positive experience.
4) Invite learners to share their descriptions in a group discussion, but do not require them to do so.

Table 1. Statements of professional values for health care professionals

1) The health care professional's main responsibility is to each individual patient rather than to society.
2) It is the responsibility of society to provide everyone with the best available health care.
3) Society should allow patients who are willing to pay more to purchase more expensive treatments.
4) It is unfair, in principle, for some people to have different health care than others for the same problems.

Adapted with permission from Beach MC, Meredith LS, Halpern J, Wells KB, Ford DE. Physician conceptions of responsibility to individual patients and distributive justice in health care. Ann Fam Med. *2005;3(1):53-59.*

Collecting Counter-Stereotypical Information

Collecting information that is opposite of cultural stereotypes about the attitudes and behaviors of a group can help limit implicit biases. This information allows for the development of new associations that eventually become automatically activated when meeting a patient from the stereotyped group. One way for health care professionals to collect counter-stereotypical information is by engaging meaningfully with colleagues from stereotyped groups who exemplify attitudes and behaviors that defy the stereotype. Another way for health care professionals to collect counter-stereotypical information is by individualizing patients (e.g., by documenting unique stories or reminders in their patients' charts). They should try to find shared experiences or common identities with patients and use that information to fill in knowledge gaps instead of making inferences and assumptions.

Learner Activity: Countering Stereotypical Information

This activity focuses on developing skills in countering stereotypical information. The two case studies below are presented in the participant guide. Each case involves a patient from a sexual or racial minority group who is struggling to manage a health condition.

1) Ask learners to review the case studies and identify at least one cultural stereotype about each patient that could create problems with diagnosis and treatment.
2) Instruct learners to generate questions to ask each patient that could reveal the degree to which the individual deviates from the cultural stereotype identified.

Case 1

Ismael is a 29-year-old male with history of HIV infection, depression, posttraumatic stress, and methamphetamine dependence. Today, he is presenting for a follow-up visit at an HIV specialty clinic where family medicine residents rotate in their second year. Three years ago, when Ismael was adherent to his regimen and daily Narcotics Anonymous (NA) meetings, his viral load was less than 40 copies/mL (undetectable) and his CD4 count was above 500 cells/μL (normal range). A month ago, a new resident asked Ismael, "When was the last time you used meth?" Ismael admitted he had used it the previous weekend.

Case 2

You are on an overnight when the emergency department attending calls you with an admission. He starts with, "Hey doc, sorry, but I've got a lame one for you. A 23-year-old African-American male came in claiming he's in a 'sickle cell crisis' again, even though he was just here last week. I think he's just drug seeking, but he's tachycardic so I couldn't discharge him. I gave him some naproxen but not any opiates. He looks disheveled like one of those gangster dudes and I think he's just abusing them."