

# Confronting Our Biases

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LAW GROUP

ADVOCACY AND EMPOWERMENT FOR HEALTHCARE PROFESSIONALS



*One day, a father and son get into a serious car accident. The man is killed instantly. The son is knocked unconscious, but he's still alive. He's rushed to the hospital, in need of immediate surgery. A doctor enters the emergency room, looks at the boy, and says. . .*

*"I can't operate on this boy. He's my son."*

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# What are biases?



# Real World Effects



# Combating Biases



An adaptation of Bennett's intercultural competency model™ illustrates how individuals might move from absolute denial of unconscious bias to the integration of strategies to mitigate its influence on their interactions with patients		
Bennett stage	Definition of stage in intercultural competency	Proposed definition of stage for bias awareness and behavioral manifestation
Denial	No awareness of cultural differences between self and others, or differences among cultural subgroups	Unawareness of UB Inability to differentiate between conscious bias and UB
Defense	Recognition of differences Denigration of cultural others Perception of cultural superiority	Recognition that UB may exist Failure to accept UB in oneself
Minimization	Recognition of differences with minimisation of importance Expectation that human behaviours and values can be interpreted in a universal manner	Recognition of UB in others Perhaps recognition of the possibility of UB in oneself Trivialisation of potential impact Belief that one can treat all patients objectively
Acceptance	Acknowledgement of and respect for cultural differences	Recognition that UB exists Recognition of UB in oneself Ability to see potential impact on interaction with patients
Adaptation	Modification of behaviour to reflect awareness of and respect for cultural differences	Ability to reflect on possible previously unrecognised UB in oneself Ability to act on known biases to reduce potential impact on interaction with patients
Integration	No absolute cultural identity	Ability to recognise behaviour as related to cultural context Ability to recognise previously unrecognised UB in self and act to mitigate

From a 2011 study published in Medical Education (2012: 46: 80–88)

## Probing Questions to Confront Bias in Health Care

- Do my biases:
  - Impact the amount of time I spend with patients?
  - Influence how I communicate with patients and their families?
  - Hamper my capacity to feel and express empathy toward my patients?
  - Affect the types of treatment and medications I recommend?
  - Interfere with my capacity to interact positively with my patients and their families?

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As you contemplate each question, consider factors such as age, race, ethnicity, gender, sexual orientation, gender identity or expression, English language proficiency, socioeconomic status, literacy, or body size.

## Probing Questions to Confront Bias in Health Care

- Do my biases:
  - Impact the amount of time I spend training staff?
  - Influence how I communicate with staff and providers?
  - Hamper my capacity to feel and express empathy toward my team?
  - Affect my hiring and firing decisions?
  - Interfere with my capacity to interact positively with my providers, staff, or community?

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Answering yes to any of these questions clearly indicates that you could benefit from interventions to confront and mitigate the impact of implicit and explicit bias within your practice setting.



## Probing Questions to Confront Bias in Health Care

- Does your practice paperwork, EMR, or MDM algorithms contain bias?
- What can you do to combat bias in your daily practice operations?
- Do you ever perceive that you are less comfortable with patients/staff who are of a different race than you?

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## Probing Questions to Confront Bias in Health Care

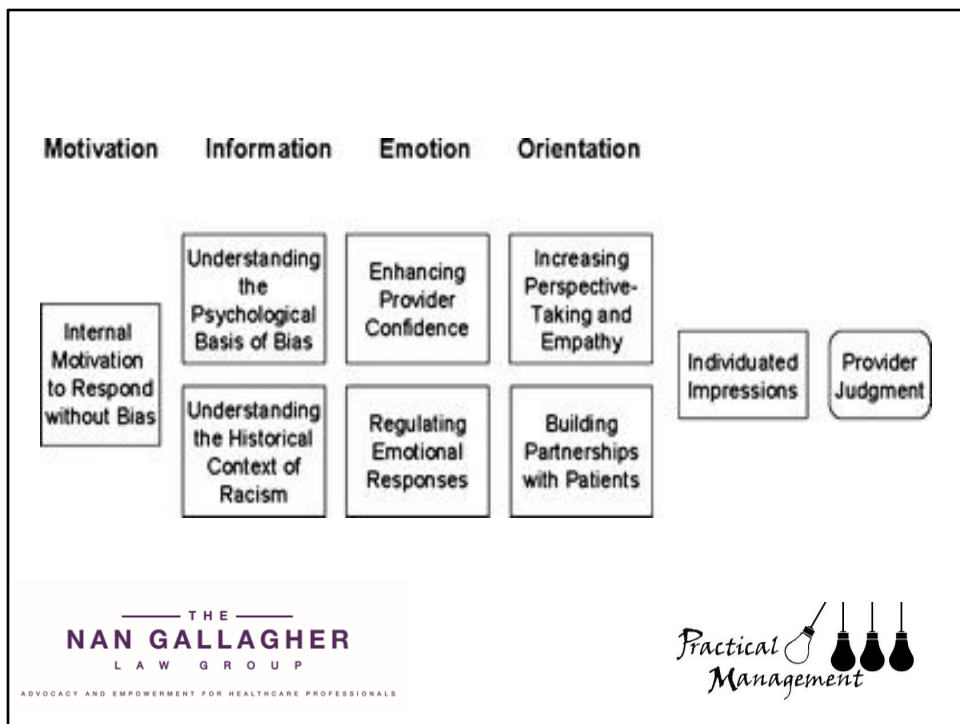
- Do you know whether (or believe that) your colleagues and other staff with whom you routinely work think that your attitudes and behaviors demonstrate bias? If so, are you open to discussing these issues with them to elicit their point of view?
- Have patients or their families, directly or through satisfaction surveys, raised concern about attitudes in your practice or the way you communicate with them?

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Burgess D, van Ryn M, Dovidio J, Saha S. Reducing racial bias among health care providers: lessons from social-cognitive psychology. *J Gen Intern Med.* 2007;22(6):882–887. doi:10.1007/s11606-007-0160-1

## Resources

- [National Center for Cultural Competence \(NCCC, Georgetown\) Bias Primer](#)
- [National Standards for Culturally and Linguistically Appropriate Services in healthcare](#)
- [State of Science on Unconscious Bias](#)

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## Resources

- [Implicit Assessment Test \(IAT\)](#) (free, online)
- [Kristin Pressner's TEDx talk](#)
- [Achieving Health Equity](#) (whitepaper)
- [Unequal Treatment](#) (whitepaper)

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Jessica Ellis-Wilson, CMPE

[Jessica@docadvocates.com](mailto:Jessica@docadvocates.com)

774-678-1033 or 973-998-8494

Feel free to reach out if you have additional questions.