got bias?
Of course we do; now what?

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Disclosures

• No financial disclosures or relationships to report.
• I have biases and so do we all.
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I hope we will be able to:

• Define and compare unconscious bias, microaggression and discrimination.
• Recognize bias in clinical, educational and administrative interactions.
• Apply tools to mitigate the impact of bias in professional settings.
• Accept that culture change takes time and repeated effort.
Why are we stuck?

1. Lack of understanding of culture, and cultural models in organizations
2. Humans operate from a good person, bad person paradigm related to diversity perspectives
   - Most things that happen in organizations that have differential effects are because of people who have blind spots that make decisions that are inappropriate (Unconscious Bias).
3. Diversity often done from an event based approach, not systematically or through organizational change processes
   - Intermittent rather than continuous
4. Unconscious bias and how the mind works.
   - Bias is as natural as breathing to human being – The mind makes associations (instant comparisons to things) – This is how we navigate the world.
System one or System two

- The majority of our cognition is unconscious (system 1)
- [https://www.youtube.com/watch?v=JiTz2i4VHFw](https://www.youtube.com/watch?v=JiTz2i4VHFw)
- Associations are everywhere
- IAT measures the relative strength of the implicit associations between concepts.
- Our implicit associations may not align with our explicit beliefs.
Assess your own biases

Implicit Association Test (IAT):

An online research tool for interested individuals to gain greater awareness about their own unconscious preference and belief.
Examples are everywhere

• Education: teachers are more likely to perceive facial expressions as angry or aggressive in Black as opposed to White children

• Jurors
• Police officers
• Medical Care

Psychol Sci. 2016 Mar;27(3):384-93

Track the eyes: Which students are teachers watching?

- Black girls: 10%
- White girls: 13%
- White boys: 34%
- Black boys: 42%

Preschool teachers tend to more closely observe blacks than whites, especially black boys, when challenging behaviors are expected.

https://www.bing.com/videos/search?q=black+doll+white+doll&&view=detail&mid=BE36B5B1DA364D1D0709BE36B5B1DA364D1D0709&&FORM=VRDGAR
Why does this matter in our teaching, mentoring and hiring processes?

• Health disparities exist in every specialty in medicine
• Diverse populations produce better outcomes
  • Medicine, science, business, education
• Bias impacts our decision making
• Awareness of bias helps (It’s a start)

“We aren’t interested in diversity because it is the ‘right thing to do;’ we care about diversity because we are aspirational.” JJR, Dean, CUSOM
Racial Disparities exist in the care of all patients

- Cancer CASHD
- CEA
- Premature birth
- HIV
- Obesity
- Hypertension
- Rheumatoid arthritis
- Pain management

- Knee replacement
- Asthma
- PTCA
- Stroke
- Macular Degeneration
- Diabetes
- Breast feeding
- End of life discussions
- Mental Illness
- Sepsis
Types of Disparities in Care

- Between-Provider Disparities
  - Location
  - Access
  - Regional differences
  - Health plans

- Within-Provider Disparities
  - Patients are treated differently by same provider
    - Disparities in clinical care
    - Cultural awareness

AAMC Addressing Racial Disparities in Health Care, 2009
When are we susceptible?

- Fatigue
- Excess cognitive load
- Time constraints
- Ambiguous or incomplete data
- Burnout?

Mayor John is running to be a champion for Pennsylvania’s forgotten communities. But he needs your help.

PAID FOR BY TEAM FETTERMAN
Even the most well-intentioned person unwittingly allows unconscious thoughts and feelings to influence apparently objective decisions.

What can we do?

• Diversity builds on diversity
• Surround yourself with images that defy stereotypes
• Improve the circumstances of your decision making
• Be mindful of your reactions
• Consider the other person’s perspective
• Ask a colleague to help you
• Do what we do best...Learn people’s stories.
What can institutions do?

• Take a strategic approach
  • Mission, vision, policies
• Improve processes
  • Guidelines for promotion, hiring, awards, appointments
• Collect data
• Provide faculty development and training sessions
• State, seek and measure inclusive outcomes
• Cultivate an inclusive culture

http://m.youtube.com/watch?v=ThO74-oFt_Q (AT&T CEO, Stevenson)
Let’s practice

“Fat people” and “Thin people” visual images
Good: Joy, Love, Peace, Wonderful, Pleasure, Glorious, Laughter, Happy
Bad: Agony, Terrible, Horrible, Nasty, Evil, Awful, Failure, Hurt
WHAT ARE Microaggressions?

“You have a mental disability? You seem perfectly normal to me.”
What is a Microaggression?

“Microaggressions are brief and commonplace verbal, behavioral, and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults that potentially have harmful or unpleasant psychological impact on the target person or group.”

• Could be on the basis of race, income, social capital, religion, ableness, gender, immigration status, sexual orientation and/or other characteristics

Examples of Microaggressions

“You speak English really well,” to someone born and raised in the United States.

“Are you a nurse?” to a female resident examining a patient.

“Minorities are still hung up on race” to a fellow resident.

"Your people must be so proud of you" to a resident with an accent.

“I don’t see color.”

“I think the most qualified person should get the job” to a female applicant for a leadership position.
Types of Microaggressions

• Alien in One’s Own Land
  • “What is your nationality?” to an Latino-American

• Ascription of Intelligence
  • To a woman of color: “I would never have guessed you were a scientist.”

• Color Blindness
  • “I don’t see color”
  • “I don’t believe in race”
Types of Microaggressions

• Second-Class Citizen
  • A woman being frequently interrupted by men during a meeting.

• Pathologizing Cultural Values/Communication Styles
  • “Why do you have to be so loud and animated? Just calm down” to an African American student.

• Use of Heterosexist Language
  • “That’s so gay.”
Types of Microaggressions

• Myth of Meritocracy
  • “Gender plays no role in who we hire.”
  • “Of course, she’ll get tenure! She’s a woman and she’s black!”

• Traditional Gender Role Prejudicing and Stereotypes
  • An attending to a female resident: “Are you planning to have children while in training?”
What are the impact of micro (and Macro-)aggressions?

https://www.youtube.com/watch?v=hDd3bzA7450
The Impact of Constant Barrage of Microaggressions

• Assail the self-esteem of recipients
• Produce anger and frustration
• Deplete their psychic energy
• Lower feelings of subjective well-being and worthiness
• Can lead to physical & mental health problems
  • Shortened life expectancy
• Deny minority populations from equal access and opportunities
“Other” Fatigue

• Due to the cumulative burden of a lifetime of indignities that can contribute to chronic (di)stress, flattened confidence, isolation, and burnout

• “a thousand tiny paper cuts”

• Decreased job satisfaction and retention in academic medicine
Responding to discrimination by patients
Case

A resident of color walked into a patient’s room and before she could even introduce herself, the patient shouted:

“Oh no! I want a white doctor!”
What would you do?
Let’s agree

• Discrimination on the basis of gender, race, skin color, or religion is wrong.

• It violates Title VII of the 1964 Civil Rights Act
  • “Employees of health care institutions have the right to a workplace free from discrimination based on race, color, religion, sex, and national origin”
  • Physicians historically have been “independent contractors” of the hospital though

• Nonetheless, physicians often go along with the patient’s request
Going along with it

- It could affirm years worth of discrimination against physicians of non-white, male backgrounds
- It could give the perception that honoring discriminatory-based physician request is hospital policy
  - Which it typically isn’t
- Remember: the cumulative effect of these indignities → racial fatigue and burnout
Should attendings leave residents to deal with it on their own?

• Coach them on what to say
• but ultimately let them handle it on their own...
Who is the most important person?
The resident is the most important person

• Who is at the start of his/her career
• Experiences like this will shape him/her as a professional
• If attending reinforces the negative stereotype by honoring it, the resident may come to believe that he/she is inferior to his/her white (or other descriptor) colleagues
  • Self-perception affects quality of performance
Developing a toolkit
The attending’s job

• Maximize the safety of the learning environment
• Ensure safe, timely, and effective care to the patient

• NOT to change our patient’s perceptions and biases of the world
Attending’s role when a resident faces overt discrimination

• We have a responsibility to minimize the ill effects of blatant racism
• Talk about the incident

• Remember, any discomfort you feel while simply discussing race and racism doesn’t come close to the very real discrimination people of color face on a daily basis
Ways to Respond

• Assess the illness acuity
• Cultivate a therapeutic alliance
• Depersonalize the event
• Ensure a safe learning environment for your trainees
Assess illness acuity

- How sick is the patient?
- Is there time to safely transfer care?
- Is finding another provider at your institution an option?
Cultivate a therapeutic alliance

• Build rapport

• Express nonjudgmental curiosity
  • Ask, “Why? What concerns you?”
  • Explore their biases

• Redirect the conversation to focus on the patient’s medical care:
  • “I’m very worried about your condition. Let’s focus on how we can help you.”

• Educate the patient/family on the team structure:
  • “If you’re here in the teaching facility, everybody participates and that’s part of the bargain of having access to the expertise and participation of multiple people.”

Whitgob E. Acad Med 2016; 91(11):S64-S69
Depersonalize the event

• Remember the display of discrimination is often motivated by *patients’ fears and anxiety about the unknown*

• Acknowledge that their words may be coming from *patient’s lack of control*
  • Name the behavior: “Are you discriminating against this physician because of his name/skin color/gender/religion?”

Whitgob E. Acad Med 2016; 91(11):S64-S69
Ensure a safe learning environment

• Provide support and assurance of trainee competence:
  • “I would trust this physician to take care of my own family member”
  • “I agree with this physician. What other questions may I answer?”

Whitgob E. Acad Med 2016; 91(11):S64-S69
Ensure a safe learning environment

• Develop a plan for your program and disseminate it to faculty and staff
• Escalate to hospital administration and/or training director
• Work with the trainee to come up with next steps

Whitgob E. Acad Med 2016; 91(11):S64-S69
Case Breakout Session

Review of Ground Rules
• When making reflections use “I” statements
• Listen carefully to what others say
• Non-judgmental (even with ourselves)
• Commit to having a conversation with each other
• Disclosures:
  • We all have biases and work to mitigate the impact these have on others.

Communication Drills in group of 3
• 3 drills

Case Discussion and Practice
• 4 cases for discussion
Responding to witnessed microaggressions
Approaching the Speaker

• Patient or co-worker
• Role model how anyone can respond in a similar situation
  • Inquire
  • Paraphrase/Reflect
  • Reframe
  • Express the impact of the statement
  • Express one’s preference
  • Re-direct the conversation
  • Use strategic questions
  • Re-visit
Inquire

• Ask the speaker to elaborate on what they meant
  • Helps us understand their perspective

• Examples:
  • “I’m curious. What makes you ask that?”
  • “What makes you believe that?”

• Avoid “Why?” questions as can increase defensiveness
Paraphrase/reflect

• Same skills we use in motivational interviewing
• Demonstrates understanding
• Reduces defensiveness in rest of conversation

• Examples:
  • “You’re saying...”
  • “You believe...”
  • “So it sounds like you think...”
Reframe

• Create a different way of looking at a situation
• May help speaker uncover their own unconscious biases

• Examples:
  • “I’m wondering what message this is sending her? Do you think you would have said this to a white male?”
  • “What would happen if...”
  • “Could there be another way to look at this?”
  • “let’s reframe”
Use Impact and “I” Statements

• A clear, nonthreatening way to directly address these issues on behalf of oneself
• It communicates the impact of the situation while avoiding blaming

• Examples:
  • “I felt... when you said... and it....(describe impact on you)”
Use Preference Statements

• Clearly communicate one’s preferences rather than stating them as demands or having other guess what is needed

• Examples:
  • In response to racist, sexist, homophobic, etc. jokes
    • “I don’t think this is funny. I would like you to stop.”
  • “It would be helpful to me…”
Re-direct

- Shift the focus to a different person
  - Particularly helpful when someone is asked to speak for his/her entire race, cultural group, etc.

- Examples:
  - “Let’s shift the conversation...”
  - “Let’s open up this question to others and see what they think.”
Revisit

• Even if the moment of the microaggression has passed, go back and address it.

• Research indicates that an unaddressed microaggression can leave just as much of a negative impact as the microaggression itself.

• Examples:
  • “I want to go back to something that was brought up in our meeting...”
  • “Let’s rewind ____ minutes...”
Break the Silence

• Debrief with the each other
• Don’t avoid discussions – be fearless
• Don’t pretend the incident didn’t happen
  • “Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow.”
• Easy starting place, debrief how you handled it despite your own emotional reaction

Acosta & Ackerman-Barger. Acad Med 2016 Sep 20 ePub ahead of print
Summary

• Everyone has implicit biases.
• A diversity of perspectives enhances the outcomes of most team activities, including research and medicine.
• There are times when we know biases are more likely to be at play.
• The best way to mitigate the impact of biases is not only to be aware of them but to put processes in place to safeguard against them.
• Microaggressions are, by definition, subtle but also destructive.
• Toolkit of strategies to respond to overt discrimination
• There are several ways to respond to microaggressions
  • Make the invisible visible
  • Define the hidden messages
  • Respond with curiosity
  • Be explicit that “othering” jokes are unacceptable/uncomfortable
  • Re-direct if necessary

• Culture changes take time and are iterative processes.
Questions?