

Precepting and Teaching in 2021: Implicit Bias, Microaggressions, and Systemic Racism in Healthcare

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Objectives

- Define implicit bias and identify methods in which implicit bias compromises patient care.
- Illustrate how the hidden curriculum, learning materials, and race based algorithms propagate bias in healthcare among learners.
- Demonstrate methods to enhance diversity, equity, and inclusion at individual institutions, including faculty and staff development programs, DEI workshops, self assessments, and reflections.



Circle of Trust Activity

- Write down the name of 6 people who you trust most in the world
 - *Don't include family members*
- Place a checkmark next to each person who shares a diversity dimension with you
 - Gender
 - Nationality
 - Native language
 - Age
 - Race/ethnicity
 - Professional background
 - Religion



Setting the Tone

- Adopt a mindset that can work through discomfort and view mistakes as learning opportunities
- Understand the binary mindset (good vs bad, racist vs non-racist)
 - Possible to act with good intentions and still perpetuate systemic bias
- Focus on **impact** NOT intent
- Start with yourself
 - Set aside time for feedback and reflection. When making reflections use “I” statements
- Allow yourself and others to learn
 - Challenge the “colorblind” perspective
- Identify barriers/blocks and propose manageable goals
- Stay in the discomfort
- Call attention to racism and learn how it operates

What Are Your Thoughts?

What does diversity, equity, and inclusion mean to you?

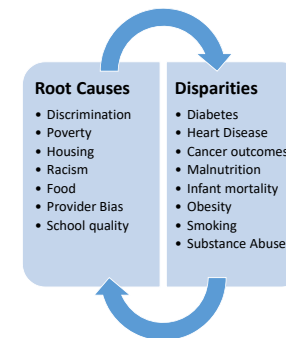
Facing our Privilege is Facing Racism

“I’m not racist, but I have racism in me”

“We all need to address our own situation, our own privilege, and the ways in which we have benefitted from systemic racism, but we need to do so in a way that doesn’t harm the movement or interfere with black voices that need to be heard. We enter race conversations far too early and we lead with our feelings and confusion and opinions. When we do this, we are centering ourselves, so we inevitably get put back where we belong, which is far from the center.”

Glennon Doyle

Disparities in Health Outcomes



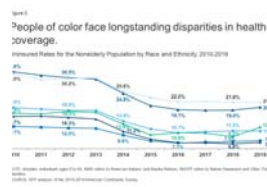
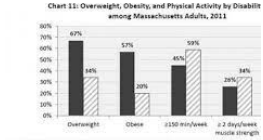
Examples of Health Disparities

NIHCM LGBTQ+ people face health disparities linked to stigma and discrimination.

Health inequalities in LGBTQ+ communities persist at all stages of life.

- Youth who are lesbian, gay or bisexual are **5x** more likely to attempt suicide.
- Adult LGBTQ+ populations have higher rates of substance use, including tobacco & alcohol.
- LGBTQ+ elders may experience social isolation as they age because few family live alone.

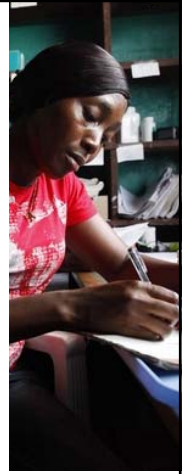
The Trevor Project (2018) | NIDA | SAMHSA (2018) | Full citation at www.nihcm.org



Kaiser Family Foundation. Available at <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-questions/>. Accessed 8/6/2021.

A Patient's Perspective on Racial Bias During Treatment

- Unconscious Bias Crops Up In Health Care, Even During A Pandemic : Shots - Health News : NPR

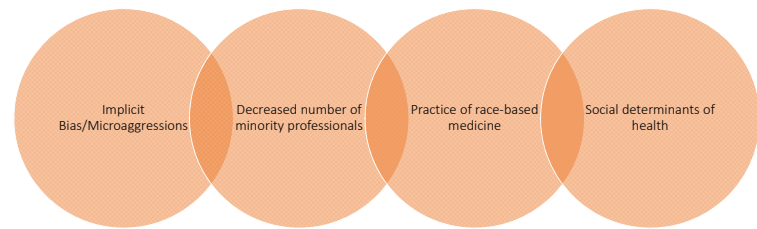


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What Drives Inequity – Race or Racism?

- Race**
 - A social construct that artificially divides people into distinct groups based on certain characteristics such as physical appearance (particularly skin color) ancestral heritage, cultural affiliation, cultural history, ethnic classification...Racial categories subsume ethnic groups.
- Racism**
 - The systemic subordination of members of targeted racial groups who have relatively little social power in the United States (Blacks, Latino/as, Native Americans, and Asians), by the members of the agent racial group who have relatively more social power. This subordination is supported by the actions of individuals, cultural norms and values, and the institutional structures and practices of society."

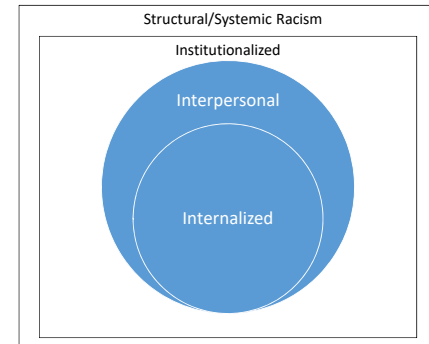
Systemic Racism in HealthCare



Implicit Bias

- **Bias** is a prejudice in favor of or against one thing, person, or group compared with another usually in a way that's considered to be unfair. Biases may be held by an individual, group, or institution and can have negative or positive consequences.
- **Truth**
 - We all have them, we need to be able to dismantle them
 - Results of our cultural conditioning
 - Often biases are contrary to our personal values

Implicit Versus Explicit Bias



Implicit Bias – SEEDS Model



Implicit Bias Among HealthCare Professionals

Objective	Results
To assess implicit and explicit bias against Hispanics/Latinos and Black Americans among primary care providers and community members	<ul style="list-style-type: none"> • Physicians showed moderate pro-White, anti-Black bias (Mean IAT D = 0.27; SD = 0.34). • Physicians showed moderate pro-White, anti- Hispanic/Latino/Latina bias (Mean IAT D = 0.33; SD = 0.38)
To determine the level of anti-fat bias in health professionals specializing in obesity and identify personal characteristics that correlate with both implicit and explicit bias	<ul style="list-style-type: none"> • Health professionals exhibited a significant pro-thin, anti-fat implicit bias on the IAT • Characteristics significantly predictive of lower levels of implicit anti-fat bias include being male, older, having a positive emotional outlook on life, weighing more, having friends who are obese, and indicating an understanding of the experience of obesity
To examine providers' implicit and explicit attitudes toward lesbian and gay people by provider gender, sexual identity, and race/ethnicity	<ul style="list-style-type: none"> • Among heterosexual providers, implicit preferences always favored heterosexual people over lesbian and gay people • Implicit preferences for heterosexual women were weaker than implicit preferences for heterosexual men • Among all groups, explicit preferences for heterosexual versus lesbian and gay people were weaker than implicit preferences.
To examine providers' explicit and implicit disability attitudes, interactions between their attitudes, and correlates of explicit and implicit bias	<ul style="list-style-type: none"> • While provider's explicit attitudes indicated little prejudice, their implicit attitudes (M = 0.54) revealed they preferred nondisabled people • Correlates of providers' explicit and implicit attitudes included age, gender, political orientation, and having relationships with disability

Implicit Bias Among HealthCare Trainees

Study Population and Intervention	Outcome
First year pharmacy students completed the IAT to determine the presence of pre-existing racial biases	Study revealed the majority of participants displayed implicit biases with an underlying preference towards Caucasians
Multidisciplinary healthcare students that included medical, pharmacy, and nursing trainees	Cultural biases were recognized by the IAT, which demonstrated the students exhibited implicit race and skin tone preferences, with a stronger preference for individuals who were light skinned over dark skinned and a preference for white individuals over black individuals
First year medical students completed the Medical Student Cognitive Habits and Growth Evaluation Study (CHANGES) to assess for explicit and implicit bias towards gay and lesbian individuals	45.79% of respondents expressed some explicit bias and 81.51% exhibited some implicit bias towards gay and lesbian people
Third-year pharmacy students completed a questionnaire to assess self-perceived management skills	Females self-assessed their management scores lower than males (beta = -2.12, p = 0.01), indicating a possible gender bias in self-perceived management skills
Retrospective review of medical student performance evaluations to determine presence of gender bias	Investigators examined adjectives attributed to each gender and found that "(a) women were more likely than comparable men to be described as 'compassionate,' 'sensitive,' and 'enthusiastic' and (b) men were more likely than comparable women to be seen as 'quick learners.'

Examples of How Implicit Bias Affects HealthCare

- Non-white patients receive fewer cardiovascular interventions
- Black women are more likely to die after being diagnosed with breast cancer
- Patients of color are more likely to be blamed for being passive with their health care
- Physicians with disabilities have felt compelled to work twice as hard as their able-bodied peers for acceptance, struggled with stigma and microaggressions, and encountered institutional climates where they generally felt like they did not belong.

Microaggressions

- *"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."*
 - Inability to talk about race, racism, and structural racism led to the creation of microaggressions
 - Influence one's access to power, resources, and opportunity
 - Contribute to the persistent disparities faced by marginalized groups among healthcare professionals as well as patients

Types of Microaggressions

Microassault	Microinsult	Microinvalidation
<ul style="list-style-type: none"> • Explicit racial derogations characterized primarily by a verbal or nonverbal attack meant to hurt the intended victim through name-calling, avoidant behavior, or purposeful discriminatory actions 	<ul style="list-style-type: none"> • Characterized by communications that convey rudeness and insensitivity and demean a person's racial heritage or identity • Represent subtle snubs, frequently unknown to the perpetrator, but clearly convey a hidden insulting message to the recipient 	<ul style="list-style-type: none"> • Characterized by communications that exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of a person

Learner Feedback & Microaggression

- Difference in perspectives between perpetrator and recipient
 - Perpetrator views **intent**
 - Recipient views **impact**
- Potential for cumulative effects
 - Perceived minimal harm
 - Shared faculty feedback → building of microaggressions

Microaggression Case

During table rounds with the medical team, patient MN is presented. MN is an elderly Black female who was admitted 2 weeks ago with AKI. Her mental status has improved to baseline, her renal function remains diminished but stable. She has had a few sessions of successful inpatient hemodialysis while admitted. The plan is discussed for her to discharge home and to continue outpatient dialysis. A medical students questions if this patient would be set up with home dialysis if eventually diagnosed with ESRD. The attending responds, “my guess is home dialysis won’t work for someone like her.”

Was there a microaggression?

If yes, how would you classify that microaggression?

What was the impact?

Responding to Microaggressions

- Approach the speaker
- Role model response
 - **Inquire**
 - Ask speaker to elaborate on what they meant (helps understand perspective)
 - Example: “What makes you believe that?”
 - Avoid “why” questions → increases defensiveness
 - **Paraphrase/reflect**
 - Demonstrates understanding, reduces defensiveness
 - Example: “You’re saying/You believe...”
 - **Reframe**
 - Allows for a different perspective, helps speaker uncover unconscious biases
 - Example: “I’m wondering what message this is sending her? Do you think you would have said this to a white male?”
 - **Express impact of the statement**
 - Communicates impact of situation while avoiding blaming → describe impact on you (i.e I felt...)
 - **Express one’s preference** (i.e. “I don’t think this is funny.”)
 - **Revisit** → Unaddressed microaggression can have a highly negative impact

Intervention activities to reduce implicit bias

Intervention	Associated Activities
Practicing Mindfulness	Mindfulness techniques have been shown to reduce the likelihood that implicit biases will be activated in the mind, or enhance the ability of the subject to control biases when in patient care situations.
Self-Awareness Training/Self Reflection Training	Individuals should complete the IAT and then reflect on identified biases to provide opportunity for self awareness and reflection. When given in conjunction with the IAT, this insight can provide tools for students to be more perceptive in the future. ⁴
Activating Goals	The individual should identify goals that promote fairness and equality and associate the goals with tasks that individuals perform when interacting with minority groups.
Stereotype replacement	The individual should aim to replace stereotypical thoughts or responses with non-stereotypical ones; by collecting information that is opposite of cultural stereotypes one can encourage development of new associations.
Counter-stereotype imaging	The individual should imagine outgroup members who have opposite characteristics of a preconceived stereotype in an effort to break associations and preconceived notions.
Case Studies or Observing implicit bias	The individual should analyze case studies to determine how implicit biases played a role in outcomes and reflect on how different approaches could have potentially altered the outcome.
Individuating	The individual should attempt to see others for their own individual characteristics, as opposed to their stereotypical characteristics (grouping).
Perspective taking	The individual should aim to take on the perspective of a member in the stigmatized or marginalized group in an attempt to build empathy.

Structural Racism

A system in which public policies, institutional practices (including medicine), cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequities. It is woven into the fabric of social, economic, political and healthcare systems in which we all exist.

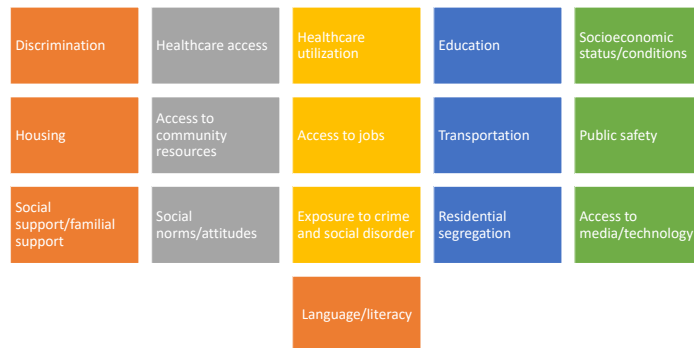


Social Determinants of Health

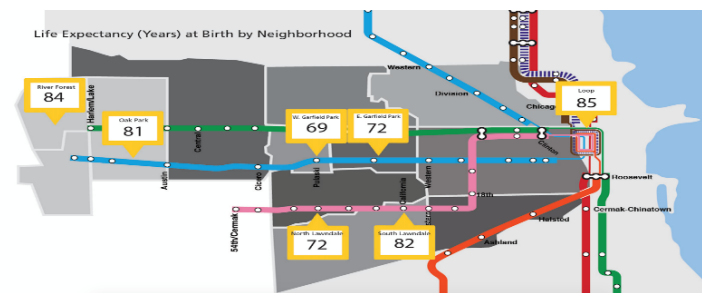
- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.



Social Determinants of Health



Structural Racism in Healthcare – in Chicago?



The Practice of Race-Based Medicine

- System by which research characterizing race as an essential, biological variable, translates into clinical practice, leading to inequitable care
 - Hypotheses involving race are frequently implicit and circular
 - Rely on conventional wisdom that people from different races are genetically, and biologically different
 - In fact, race is a social construct
- Promotes racial stereotyping, diminishes the need for research identifying more precise biomarkers underpinning disparities, and condones false notions about biological inferiority

Race Is NOT Equivalent to Ancestry and is NOT Genetics

Race

Ancestry

Biological Traits

Implicit Bias/Microaggression Case

60-year-old white male with diabetes presenting for primary care check up. Serum creatinine = 1.3 mg/dl.

- eGFR (MDRD) = 56.3
- Electronic health record flags patient with stage 3a kidney disease
 - Primary physician submits referral for patient to see a nephrologist which is approved by patient's insurance

60-year-old AA male with diabetes presenting for primary care check up. Serum creatinine = 1.3 mg/dl.

- eGFR (MDRD) = 68.2
- No flag as GFR >60
- Primary care physician attributes Scr to race
- Recommends follow up in 6-8 months



Clinical Algorithms that Propagate Race-Based Medicine

- JNC-VIII Hypertension Guidelines
- eGFR Calculations
- Osteoporosis Risk Score
- Fracture Risk Assessment (FRAX)
- American Diabetes Association Screening Guidelines
- American Heart Association Heart Failure Guidelines
- And many, many, more....

Becoming Race Conscious

- Consider abandoning, or at minimum, questioning race-based analytics
- Reconsider in the manner in which you "present" patients, rather than classifying by race, consider indicators of structural vulnerability
- Distinguish race and genetic ancestry
 - Do not narrow diagnosis or assume management on basis of race
- Ensure treatment plans are cultural inclusive

Teaching and Pedagogy – Biases and the Hidden Curriculum

- Cases
 - Associations of race and socio-economic status
- Lectures
 - Bring attention to controversies in race-based algorithms
- Review reading materials
 - Ensure diversity and balance in resources
- Within residency programs
 - Preceptor & resident development programs
 - Diversity within RAC, interview groups

How Do We Eliminate Bias in the Educational Infrastructure?

- Implicit bias training → functional & actionable
- Fewer marginalized groups in healthcare - increase representation in both front line and C-suite positions
- Faculty and staff trainings, seminars, longitudinally
- Consider application processes and standardized testing in vulnerable populations
- Seek to address the underrepresentation of minorities in formal teaching materials
- Celebrate the diversity of individuals, holidays, and celebrations
- Promote the delivery of inclusive cases
- Consider removal of race from HPI
- Be an advocate!

What Are Your Thoughts?

What needs have you identified at your institution to enhance DEI initiatives?

What Are Your Thoughts?

What have you done that has been successful to improve DEI initiatives?



What Are Your Thoughts?

What strategies have not been successful in improving DEI initiatives?



Beware of Tokenism

- Tokenism is the practice of making only a perfunctory or symbolic effort to include members of minority group
- Tokenism and token representation is a misguided attempt at social diversity in order to deflect criticism and simply give the appearance of diversity without achieving it
- Remember, it's our responsibility to identify our knowledge gaps, and continue to educate OURSELVES



How Do You Increase Diversity and Support an Inclusive Environment?

- Supporting DEI initiatives is more than just establishing a task force!
- Implicit bias training for students, educators, and committees
- Racial disparities within disease should be explained within the context of social determinants and systemic racism
- Celebrate all cultures, groups, and preferences
- Be cautious of tokenism



Commitments

- Stay engaged, continue learning
- Celebrate diversity
- Speak your truth, and allow others to do the same
- Realize we will all exhibit implicit biases and microaggressions, become aware of them, reflect on them, and apologize for them
- Understand that change is uncomfortable, to impart change we need to focus, push past, and confront it



Self-Assessment #1

You are accompanying your elderly aunt to her doctor's appointment after she was recently discharged from the hospital with AKI. The physician states that if her renal function does not recover, they may need to consider permanent dialysis. When you ask if this could be home dialysis instead of going into a clinic, the physician responds, "my guess is home dialysis won't work for someone like her."

Go to next slide for question



Self-Assessment #1

How can you respond to this potential microaggression?

- Don't address it
- Be direct, i.e. "You are being rude."
- Inquire, i.e. "I'm curious, what makes you say that?"
- Use threatening impact, i.e. "I want another physician."



Self-Assessment #2

Which of the following represents in-group (similarity) bias?

- Choosing a physician because of geographic proximity to your home
- Asking your best friend to be your partner for a group project from your Pharmacy Patient Skills class
- Sitting next to another individual in a large lecture hall because they are the same ethnicity



Thank you!!!

Questions

