Introducing an Implicit Bias Curriculum to Housestaff in GME

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2/I don’t get angry or upset, just incredulous over the psychology of it. The conversation goes like this...

3/Me: “I understand your viewpoint. I trained at elite institutions & have been practicing for 15 years. You are welcome to refuse care...

4/...under my hands, but I feel confident that I am the most qualified to care for you. Especially since the alternative is an intern.”

5/And they invariably pick the intern, as long as they are white. Or they leave. Breathtaking, isn’t it? To be so wedded to your theory...

6/...of white superiority, that you will bet your life on it, even in the face of clear evidence to the contrary?
Goals and Objectives

• Review implicit bias and its relevance to graduate medical education (GME)

• Discuss potential challenges to the implementation of an implicit bias curriculum in GME

• Conceptualize elements of a successful implicit bias curriculum for your own learners
Why an Implicit Bias Curriculum?

• Implicit bias – attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner (ref?)

• Example: Your 3rd year resident mentions offhand that, once again, when they entered the room in scrubs the patient asked if they were there to pick up the lunch tray

• Why is education about implicit bias important for housestaff? Any reasons not to teach it?
Implicit Bias Curriculum – Our Experience (UF)

- Initiated summer 2017- incorporated into orientation lecture series for a hematology/oncology fellowship program (15 fellows)
- Curriculum implemented over a 2 month period
- Elements:
  - IAT (Implicit association test) race, age prior to first session
  - Didactic session on bias – definition of terms, data re: IAT, examples given
  - Small group reflective writing session (5 fellows/session – 3 total sessions)
  - One “bias” journal club
    - 3 articles presented, 5 fellows/article, no specific format of appraisal required

https://implicit.harvard.edu/implicit
Implicit Bias Curriculum – Our Experience (UF)

- Faculty
  - Program director (Julia Close, MD)
    - has had training in bias, experience as leadership in COM women in medicine and science (WIMS)
  - APD x 2 (Martina Murphy, MD and Jennifer Duff, MD)
    - One with significant experience in community related to racial justice
  - Key clinical faculty (Merry Jennifer Markham, MD)
    - Formal training in narrative medicine & experience leading students in reflective writing sessions
  - Associate Dean for Diversity and Health Equity (Donna Parker, MD)
    - Was supposed to attend journal club, cancelled due to illness
- Advisor, Kate Ratliff – PhD in Psychology Department
  - Executive director, Project Implicit
Comments from evaluations of the sessions

• I was disturbed but very good information and it's good to know.
• Important for us all to be aware of our biases and defeat them.
• It was a good effort and enabled me to speak about my experience which helped me in a big way to deal with such an event in future.

• Needs to be more applicable to oncology practice.
• Did not find the session useful. Too much time spent on bias this past month.
Comments regarding reflective writing

• In my experience, I have never seen a reflective writing assignment viewed favorably. As a college student, I was part of a student justice council and reflective writing assignments were used as punishment when students violated the student code of conduct.”

• “Okay, so I know there have been a lot of negative comments about this. I honestly feel that people had preconceived notions going into this assignment that it would be a terrible experience. Does it make you step out of your comfort zone a little? Yes. Did it bring up traumatic experiences for others? I don't think so. Was it a waste of time? Also, I don't think so. It was refreshing to use a different region of our brains to reflect and write on a topic.”
First break-out

• What issues do you anticipate with a curriculum like this at your program?

• What approach would you take to ensure buy-in by housestaff at your program?

(Next break-out on what you would include- don’t go there yet!)
Second Break-out

• How would you design your curriculum?

• What kind of sessions?
• Over what time period?
• Didactics? Small group sessions?
• Which faculty to include? How many? Do you need “experts”?
• To IAT? Or to not IAT?
Potential Improvements at UF

- Use the IAT after reviewing the data behind the test
- Diversify the faculty
- Focus on strengths of the faculty
- Allow more flexibility for the reflective writing assignment
- Spread it out over the year
7/ Sometimes I just look at them, my kin in 99.9% of our genetic code, and fail to believe they don't see our shared humanity.

8/ You know what gives me hope? A few get uncomfortable and apologize in the same breath they refuse to let me treat them. You see...

9/ It's a hell of a hard thing to maintain that level of hate face-to-face.
10/ I used to cycle through disbelief, shame, anger. Now I just show compassion and move on. I figure the best thing I can do...

...is make sure their hate finds no purchase here. / Fin.