

DOM Onboarding
UCLA-David Geffen School of Medicine
Exploring Bias in Clinical Practice
November 18, 2020

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“Few people are capable of expressing with equanimity opinions which differ from the prejudices of their social environment.”
- Albert Einstein

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UCLA Department of Medicine - Office for Equity, Diversity and Inclusion



David Geffen
School of Medicine

Potential Conflicts of Interest

Our Personal Biases Based on our Life Experiences



A billionaire has donated ten million dollars to the UCLA Dept Med Practice Plan and it helps to provide ½ day a week off for education. What are your thoughts about this billionaire?

You are on the admission committee and your Dean calls you. A request for a favor has been made - the billionaire's son wants to go to medical school but has poor grades and a low MCAT score. The Dean wants you to help admit the son.

What do you do?

What are your thoughts about this billionaire now?



Personal Identity Exercise

Grab a Piece of Paper.



Personal Identity Exercise

Race/Ethnicity

Class/Socioeconomic Status

Gender

Sexual Orientation

Religion Faith/Spirituality

Birth Order

Nationality

Citizenship, Residence or Legal Immigration Status

Where you went to undergrad/med school

Hometown/State

Hair Color/Texture

Age

Weight/Body Type

Political Party

Personal Health Status

Relationship Status

Being a parent



Implicit Bias

Everyone has it.....

Attitudes, thoughts or stereotypes

that affect our understanding,

actions and decisions in an

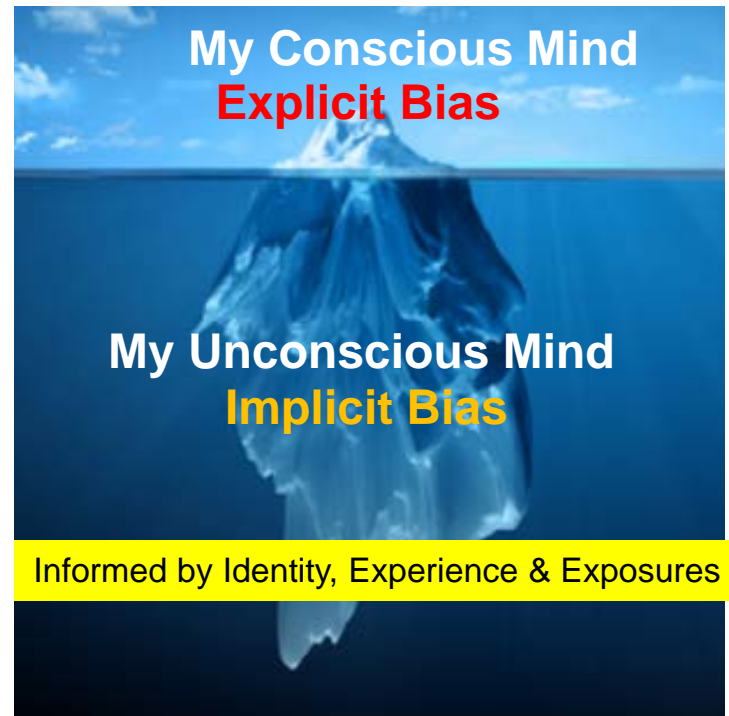
unconscious manner; are

involuntarily formed and are typically

unknown to us

“Implicit biases come from the culture. I think of them as the thumbprint of the culture on our minds. Human beings have the ability to learn to associate two things together very quickly—that is innate. What we teach ourselves, what we choose to associate is up to us.”

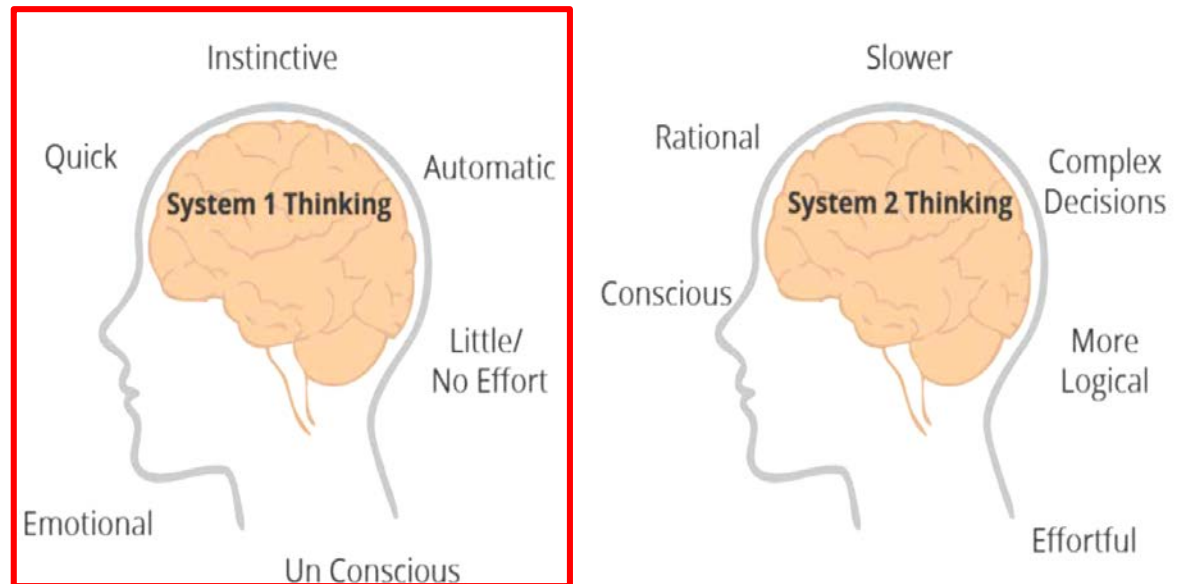
Dr. Mahzarin R. Banaji, quoted in Hill, Corbett, & Rose, 2010, p. 78



Implicit Bias

Implicit biases are an example of system 1 thinking, such that we are **not even aware that they exist** (Greenwald & Krieger, 2006).

DANIEL KAHNEMAN'S SYSTEMS OF THINKING



Bias and the Brain



Schemas:

- Mental shortcuts
- Automatic
- Organize & categorize information



Ingroups vs Outgroups

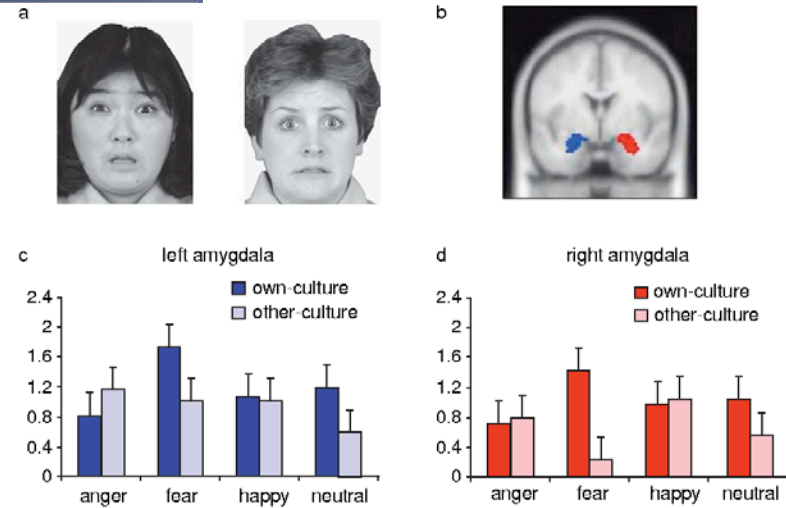
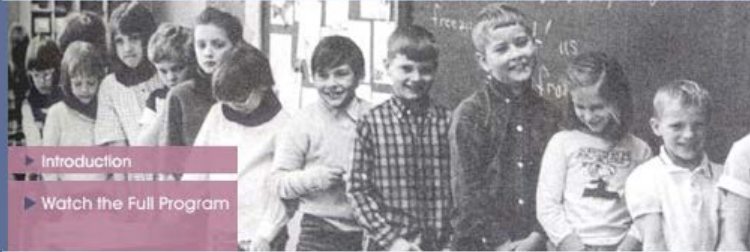


FRONTLINE a class divided inside 20 years of FRONTLINE

One day in 1968, Jane Elliott, a teacher in a small, all-white Iowa town, divided her third-grade class into blue-eyed and brown-eyed groups and gave them a daring lesson in discrimination. This is the story of that lesson, its lasting impact on the children, and its enduring power thirty years later.

▶ Introduction
▶ Watch the Full Program

▶ One Friday in April, 1968 ▶ An Unfinished Crusade ▶ Frequent



Implicit Bias Training

IS NOT

- A “check the box” compliance activity
- Intended to make you feel guilty or ashamed
- A one and done

IS

- One part of an ongoing individual and departmental commitment to excellence
- Dependent on critical self reflection
- Focused on increasing your competence and developing strategies

IMPLICIT BIAS MYTHS

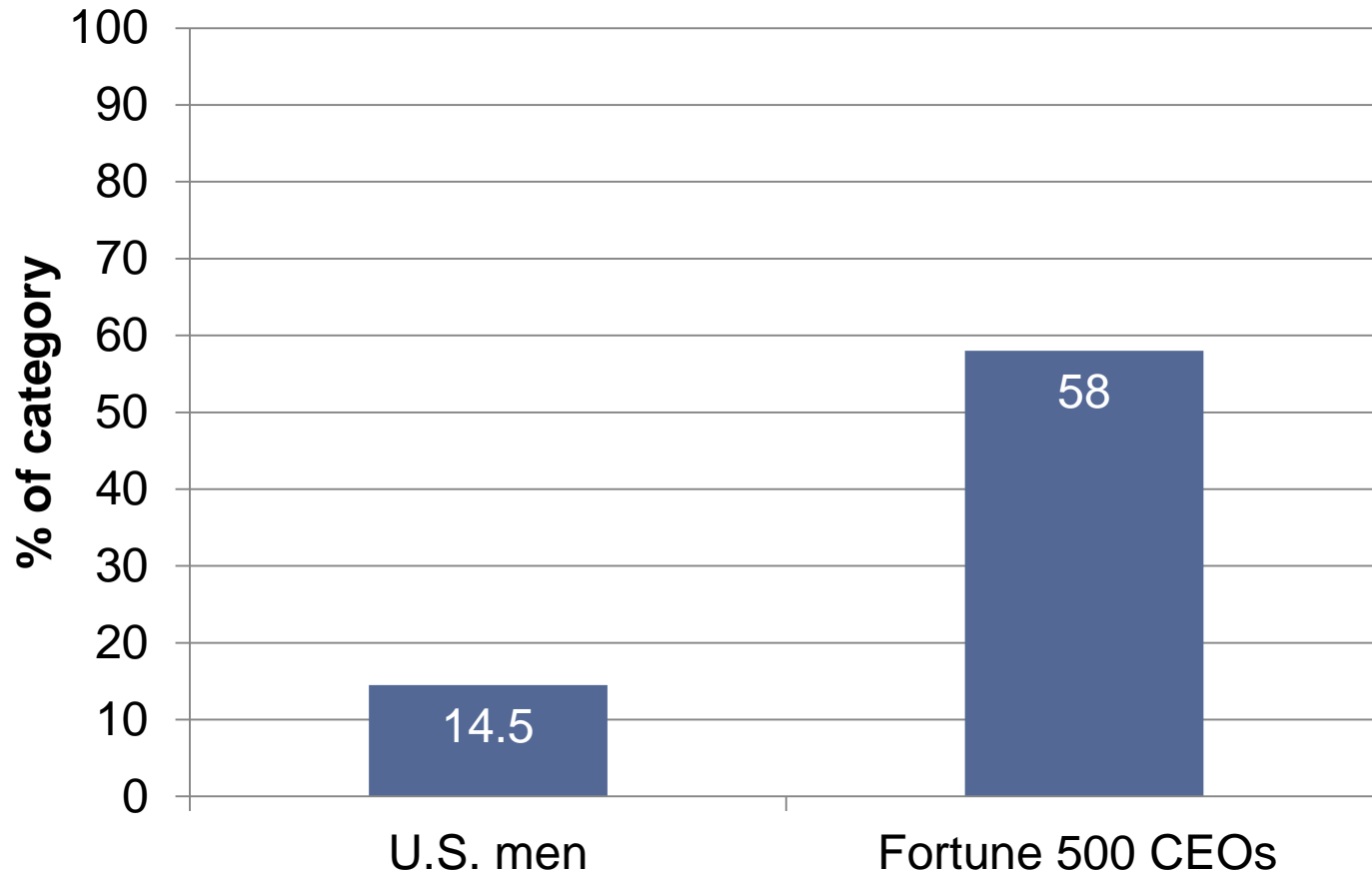
- I’m _____; I can’t have bias against _____ people.
- If bias is natural, there is obviously nothing we can do about it.
- It’s a waste of time to try to mitigate my implicit biases. They don’t impact anyone.
- Implicit bias is nothing more than the beliefs people choose not to tell others. People know how they feel, but they also know they cannot or should not say certain beliefs aloud, so they hide them.



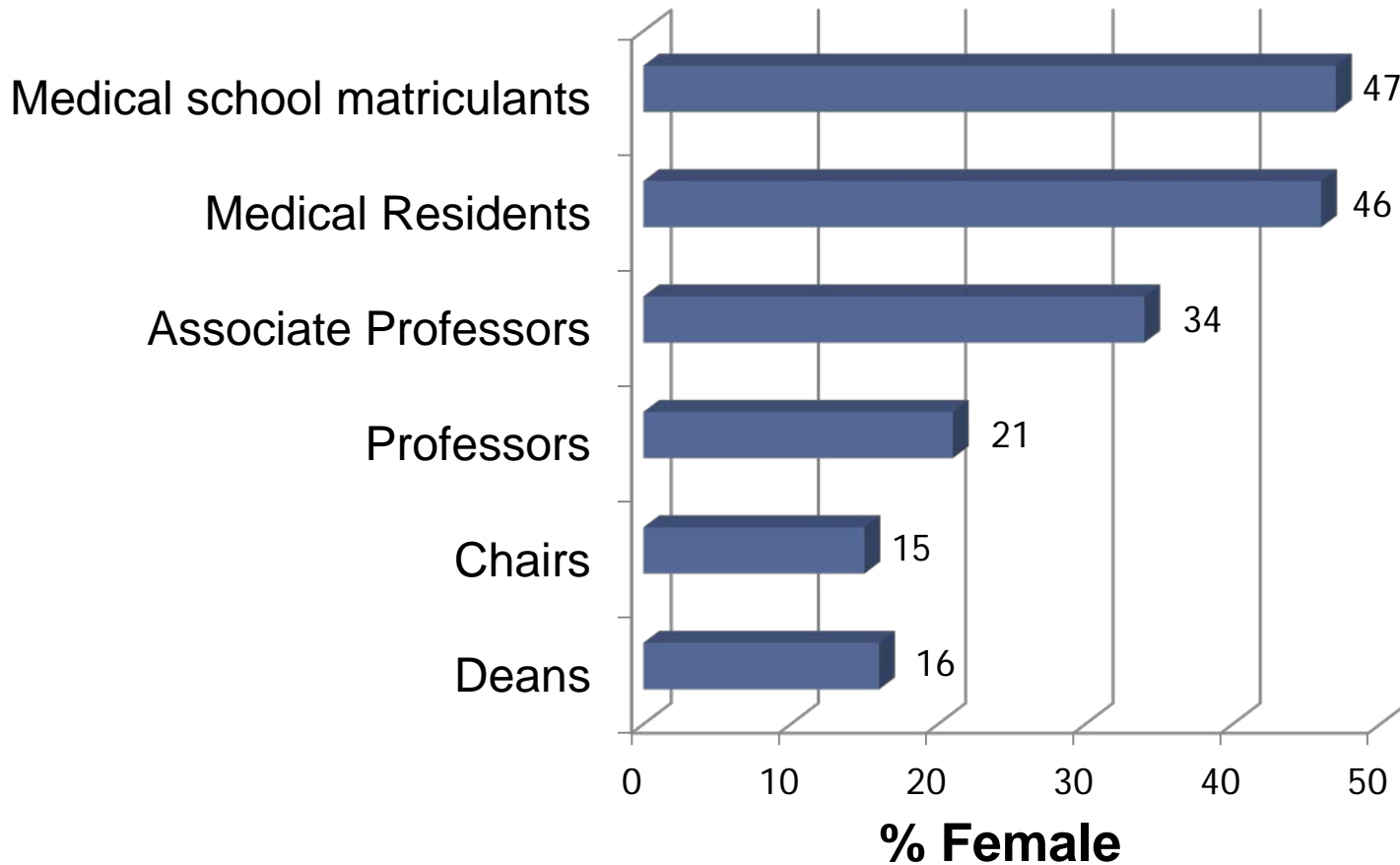
But first, is Implicit Bias Even Real?



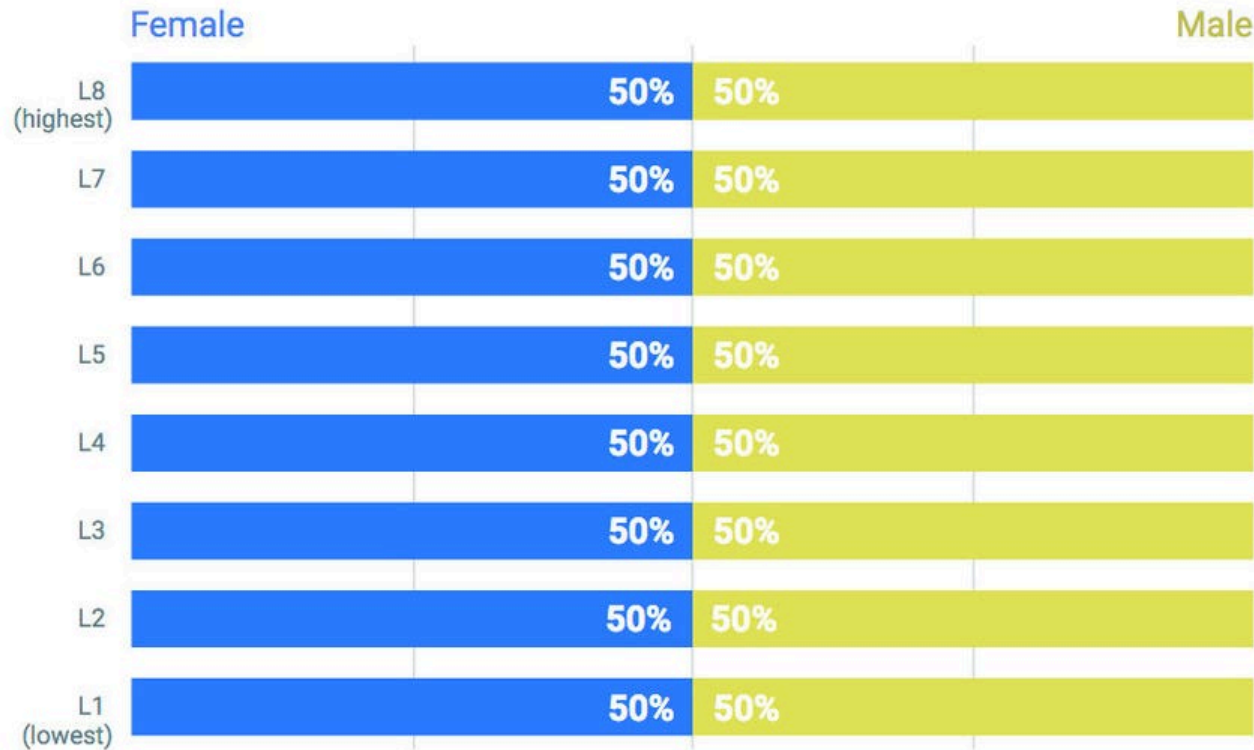
Implicit Bias: Leadership & Height (% CEO's over 6' tall)



Women in Academic Medicine in the United States



If subjective performance scores were the same.....

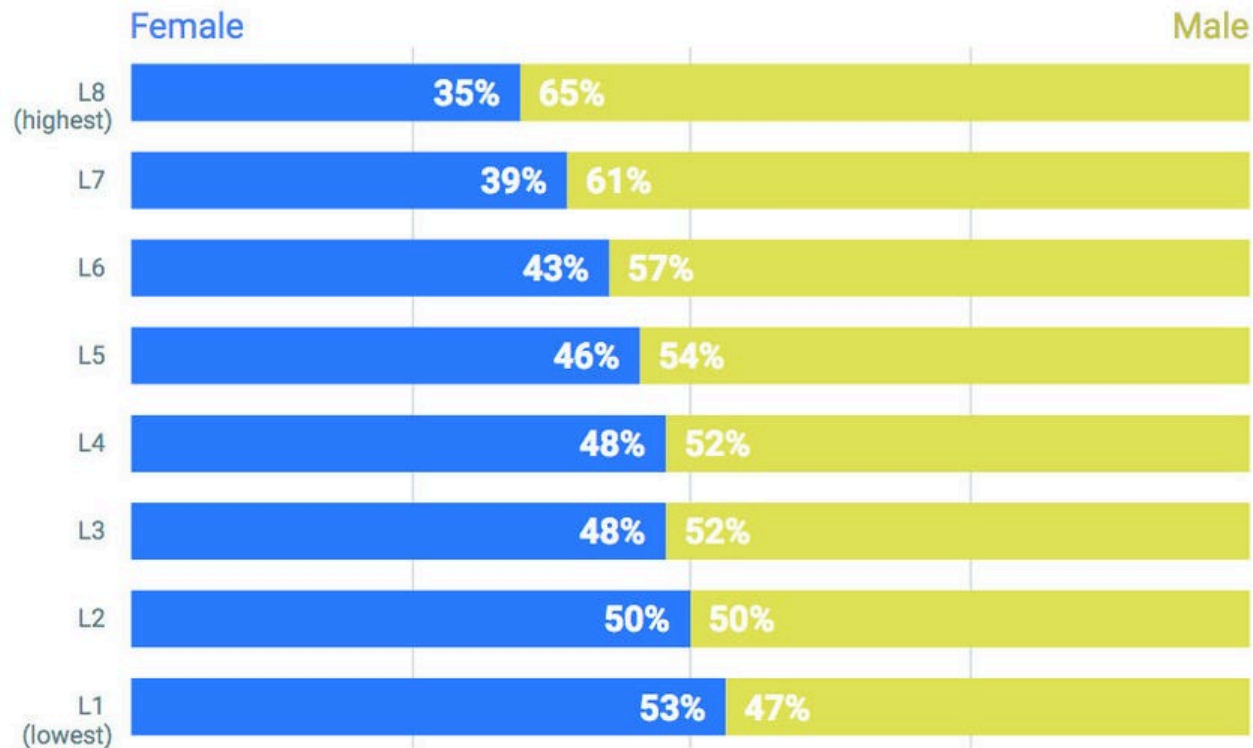


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If there is only 1% variance in score favoring men

...only 35% of level 8 employees would be blue.



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“Team, we will chase **perfection**, and we will chase it relentlessly, knowing all the while we can never attain it.

But along the way, we shall catch **excellence**. I am not remotely interested in just being good.”

— Vince Lombardi

How does **Bias** Impact **Excellence** in **Medicine** ?



Contributors to Implicit Bias

- Education and Institutional Sexism and Racism
 - Visual imagery that perpetuates stereotypes
 - Sexist or racist beliefs taught in textbooks or school
 - Vertical transmission of stereotypes passed down from educators



"Hysteria" Diagnosis



US Government Supported Tuskegee Experiment



Contributors to Implicit Bias

- Media portrayals
- Influences start at a young age

Media Images could be.....



Arrested for the same crime.

But what we usually see...

Or



Arrested for the same crime.



Contributors to Implicit Bias

- Cognitive Stressors
 - Biases against patients may be due to taking “**mental shortcuts**” because of high or **stressful cognitive loads**
 - This may contribute to persistent racial and gender health inequities



Can we measure bias?



Measuring Bias: The Implicit Association Test (IAT)

Series of free, publicly available
computer-based exercises

Developed by Project Implicit[®], a
long-term research project based at
Harvard University

Asks participants to associate words
with images to assess automatic
associations between concepts by
measuring the time and latency of
their responses



The screenshot shows the Project Implicit website interface. At the top, there is a logo for Project Implicit and a small book cover titled "The 2013 general audience book that fully explains the IAT". Below the logo, there are three main sections: "PROJECT IMPLICIT SOCIAL ATTITUDES", "PROJECT IMPLICIT MENTAL HEALTH", and "PROJECT IMPLICIT FEATURED TASK". Each section has a brief description and a "GO!" button. Below these sections, there is a list of specific IAT tests, each with a blue button and a description:

- Gender-Career IAT**: *Gender - Career*. This IAT often reveals a relative link between family and females and between career and males.
- Skin-tone IAT**: *Skin-tone ('Light Skin - Dark Skin' IAT)*. This IAT requires the ability to recognize light and dark-skinned faces. It often reveals an automatic preference for light-skin relative to dark-skin.
- Presidents IAT**: *Presidents ('Presidential Popularity' IAT)*. This IAT requires the ability to recognize photos of Donald Trump and one or more previous presidents.
- Weight IAT**: *Weight ('Fat - Thin' IAT)*. This IAT requires the ability to distinguish faces of people who are obese and people who are thin. It often reveals an automatic preference for thin people relative to fat people.
- Native IAT**: *Native American ('Native - White American' IAT)*. This IAT requires the ability to recognize White and Native American faces in either classic or modern dress, and the names of places that are either American or Foreign in origin.
- Weapons IAT**: *Weapons - Harmless Objects' IAT)*. This IAT requires the ability to recognize White and Black faces, and images of weapons or harmless objects.
- Disability IAT**: *Disability ('Disabled -abled' IAT)*. This IAT requires the ability to recognize symbols representing abled and disabled individuals.
- Age IAT**: *Age ('Young - Old' IAT)*. This IAT requires the ability to distinguish old from young faces. This test often indicates that Americans have automatic preference for young over old.
- Asian IAT**: *Asian American ('Asian - European American' IAT)*. This IAT requires the ability to recognize White and Asian-American faces, and images of places that are either American or Foreign in origin.



Measuring Bias: The Implicit Association Test (IAT)

Take the RACIAL and the WEIGHT Bias tests.
Then choose one more of your own.

Write down your score for each of the tests you take.



The screenshot shows the Project Implicit website interface. At the top, there is a logo for Project Implicit and a book cover titled "BLIND SPOT" with the subtitle "The 2013 general audience book that fully explains the IAT". Below the logo, there are three main sections: "PROJECT IMPLICIT SOCIAL ATTITUDES", "PROJECT IMPLICIT MENTAL HEALTH", and "PROJECT IMPLICIT FEATURED TASK". Each section has a brief description and a "GO!" button. Below these sections, there is a list of specific IAT tests, each with a blue button and a description:

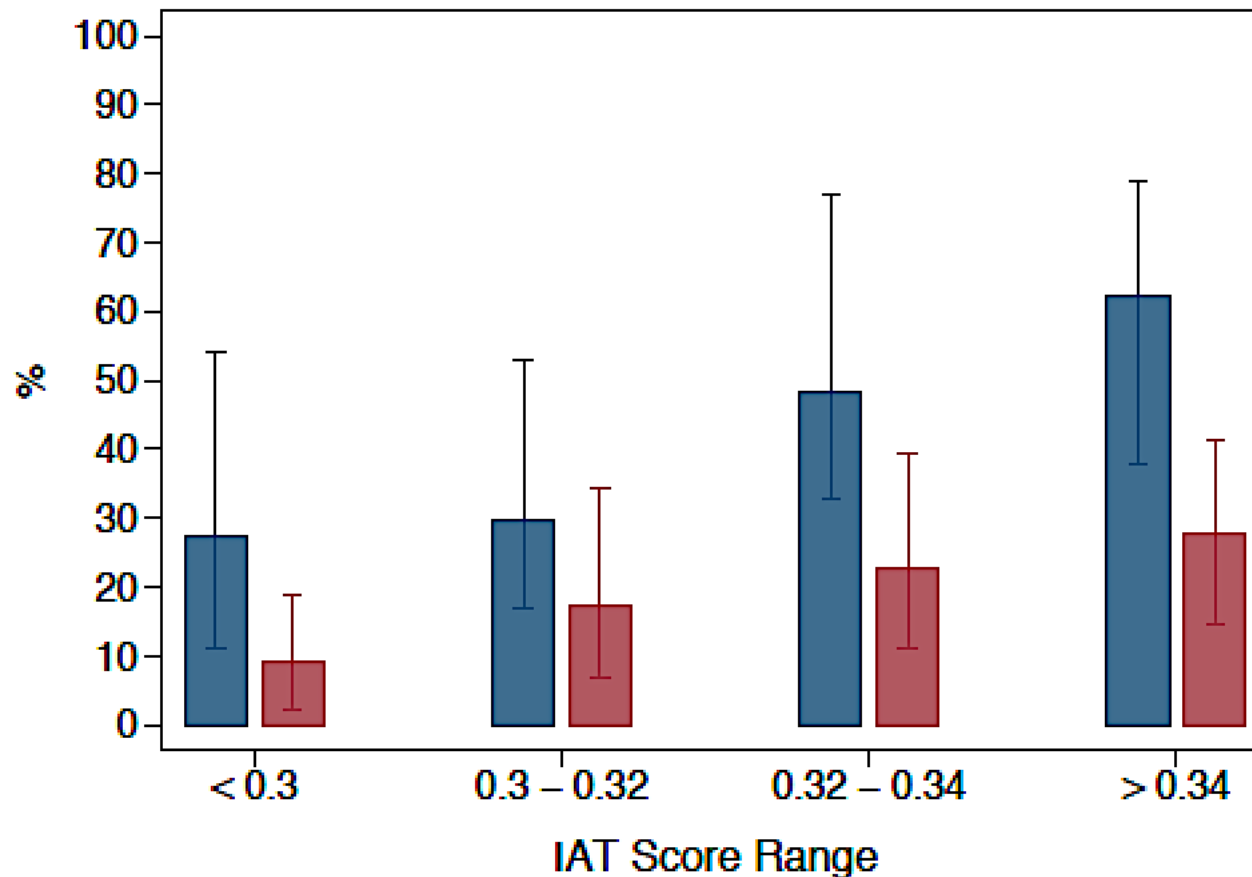
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Did your IAT scores match you
thought, were lower or higher?



Implicit and explicit racial bias correlate strongly and are common outside the US as well



Relationship between IAT score and **explicit racial bias** from Eurobarometer and European Social Survey

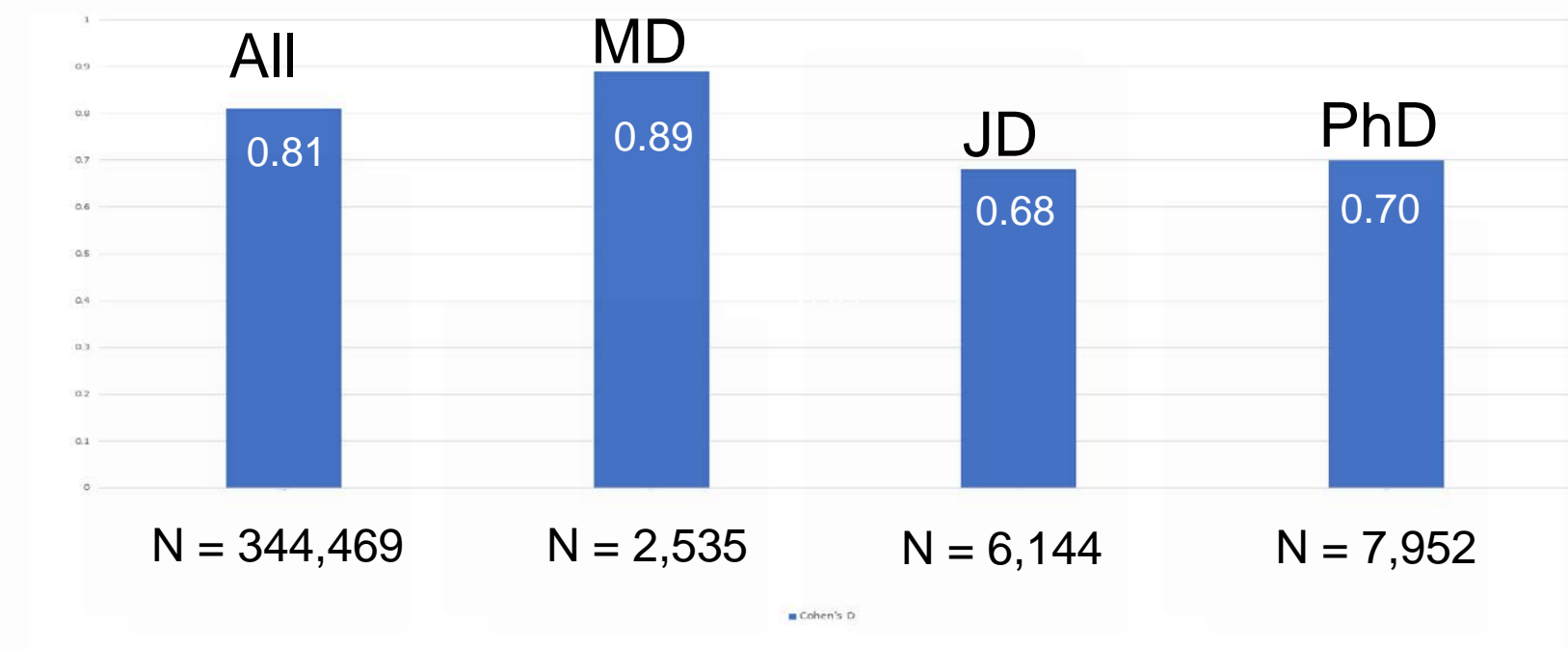
■ Not comfortable with relationship involving Black person
■ Believes some races are born less intelligent



Does Medicine have any Biases?



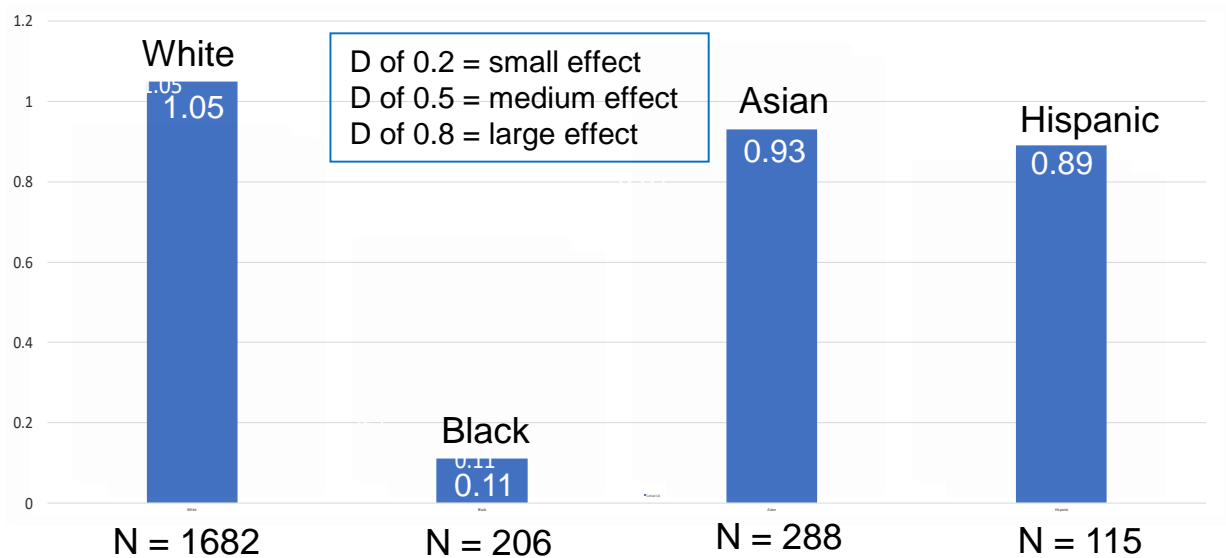
Race Implicit Association Test (IAT) Doctors, Researchers and Lawyers



D of 0.5 = medium effect
D of 0.8 = large effect

Cohen's D: standardized effect size, comparing the mean to M=0 (no bias),
D of 0.2 = small effect, D of 0.5 = medium effect, and D of 0.8 = large effect
Data from *Project Implicit*®, operated at Harvard University (<https://implicit.harvard.edu/>)

RACE IMPLICIT ASSOCIATION TEST



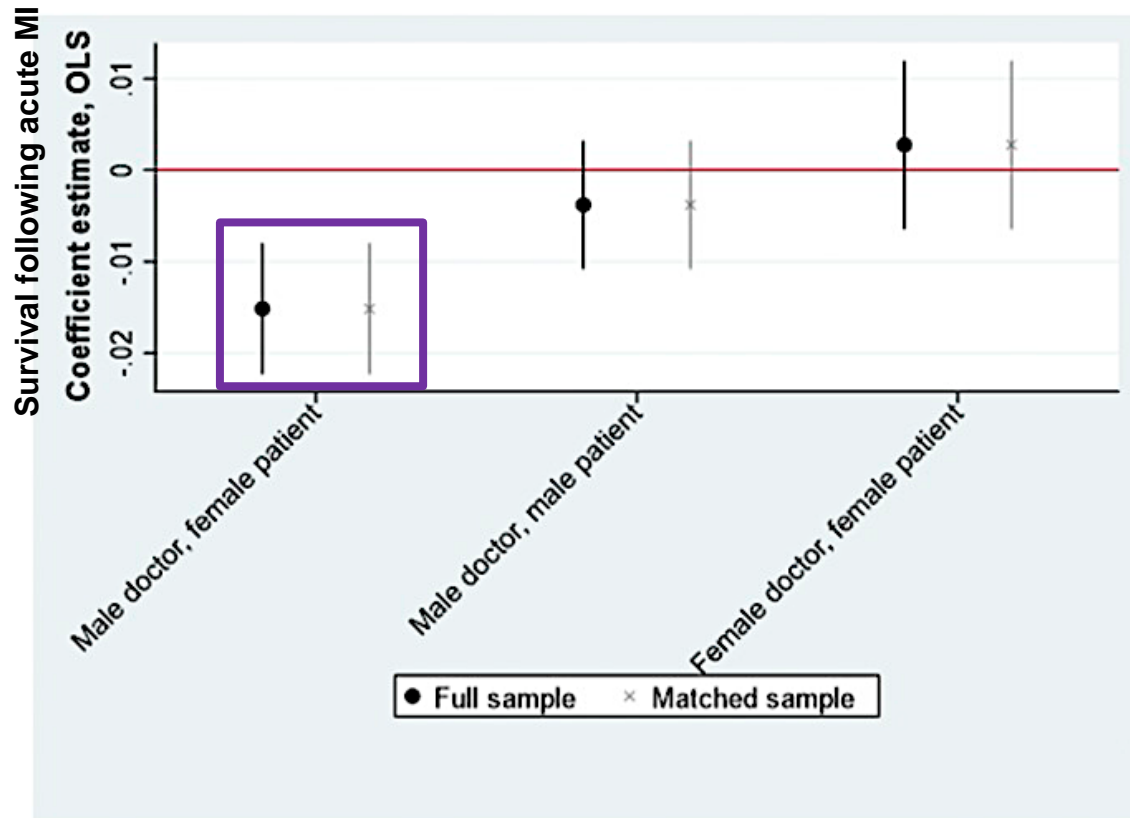
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Bias in Action – Clinical Care

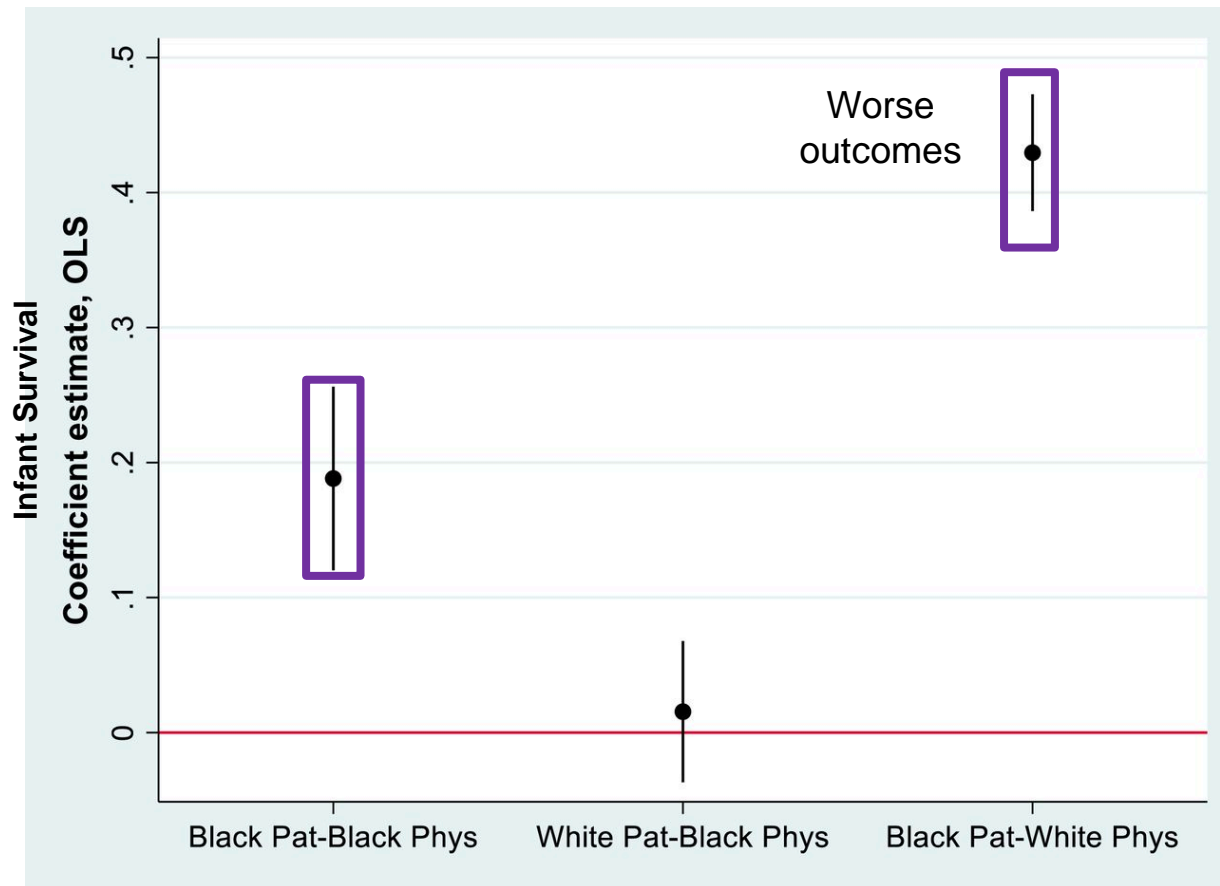


Patient-physician gender concordance and increased mortality among female heart attack patients



Gender concordance and patient survival: 90% confidence interval displayed. Estimates include controls and hospital quarter fixed effects. **Comparison group is male doctor, male patient.** $n = 581,797$ for full sample, $n = 134,420$ for matched sample

Effect of racial concordance on infant survival



Estimates displayed in the absence of the physician fixed effect to allow comparison across physician race. Includes controls, hospital fixed effect, and time fixed effects. The 95% CI is displayed.

Ref - Patient White-Physician White

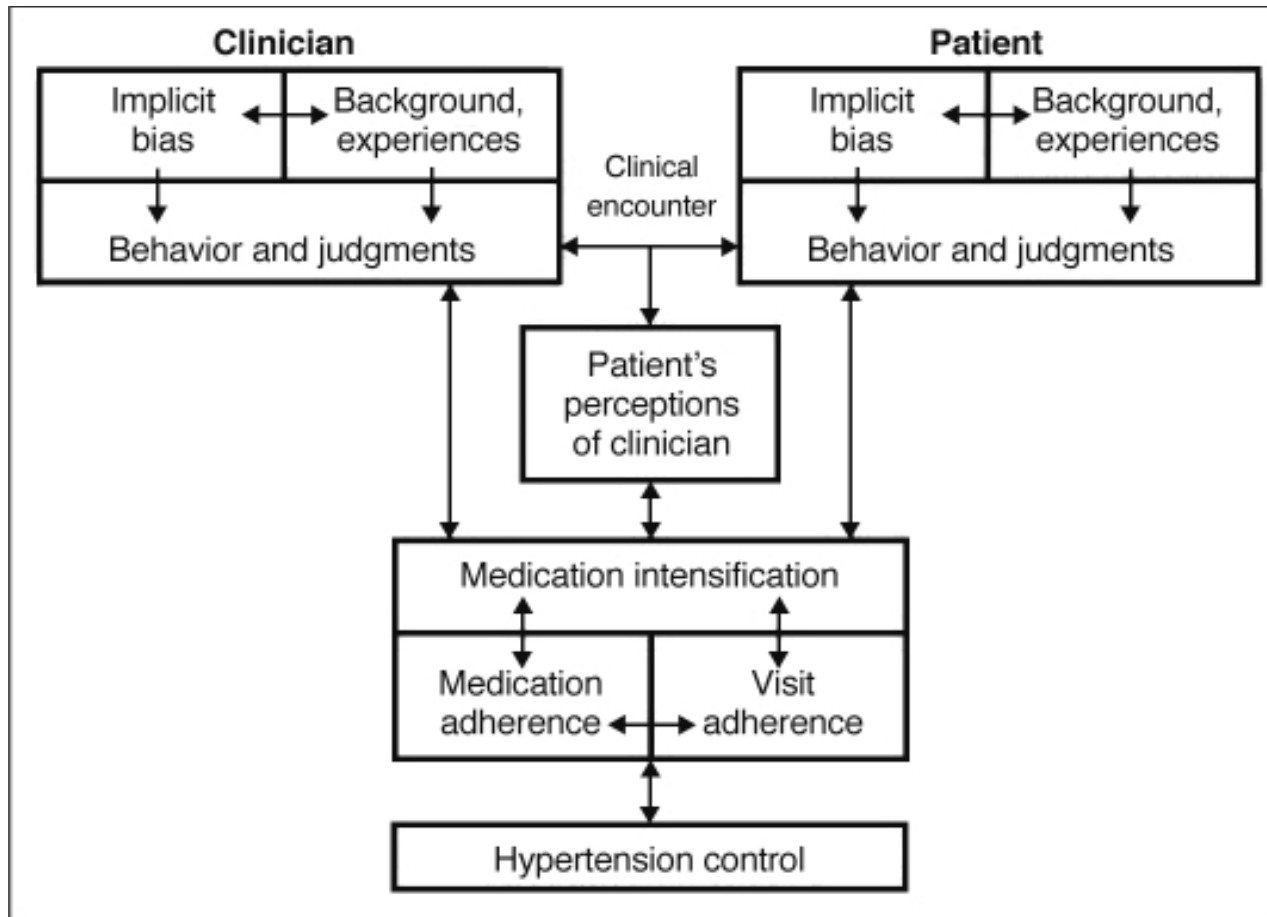


Bias in ER Traumatic Injury Pain Treatment

- Compared with White patients - Hispanics were **21% less likely** and Asian patients were **31% less likely** to receive a **pain assessment** procedure
&
- Black patients (32%), Hispanic patients (21%), and Asian patients (24%) were less likely to receive pain medication.

A retrospective analysis of > 25,000 EMS encounters from 2015-17 recorded in the Oregon EMS Information System using multivariate logistic regression models to examine the role of patient race/ethnicity in pain assessment and pain medication administration among patients with a traumatic injury.

Bias in Action – Clinical Care



Impact of Clinician Bias

- With increasing provider bias there is:
 - More clinician-dominated language
 - More negative tones
 - Less time spent per patient
- With increasing provider bias patients perceive:
 - Less trust and lower confidence in the provider
 - More difficulty remembering details of conversation

Avoidance
of Care

Mistrust

Worse
Outcomes



Small Group Clinical Vignette Discussion and Debrief



Examples of research-proven strategies to neutralize or mitigate implicit biases.

- Be Mindful. Be Self-Awareness. **Be Honest.**
- **Common identity formation** - Focus on a shared, common identity between YOU and the patient; do you have common hometowns or common interests in food, music, sports teams, etc? Such discussions not only put the patient at ease, research shows that they also blunt the impact of the physician's negative implicit bias because now you and the patient have a shared common group identity. They are no longer "other" but "one of the gang."
- **Perspective-taking** - Take the perspective of the patient; what did they go through today before this interaction? What was their life like 6 months ago? Five years ago? What will happen in their household when they go back home? This exercise develops **empathy** for the patient that can oppose implicit bias.



Examples of research-proven strategies to neutralize or mitigate implicit biases.

- **Consider the opposite**: When data seem to point to one conclusion, briefly look for data supporting the opposite conclusion before making a final decision.
Example: at first pass the patient does not seem to be a good candidate for organ transplantation because of a history of medication non-adherence and lack of reliable transportation.
- Has the patient held the same job for years? This implies that they can follow instructions and complete tasks.
- Does the patient have a stable family life, i.e., same spouse or significant other for years, children raised to independence? This implies reliability and that the patient keeps commitments.
- **Counterstereotypical exemplars**: Focus on individuals we admire who are in the same demographic as the patient.

After this exercise, make a final decision.

Research shows that this exercise can blunt the impact of implicit bias.



Real World Case:

What do disparities look like
in real life?



Quality Care: System & Provider Knowledge/Bias

- A 75 year old obese Black female with DM was brought to a local ER by her daughter with progressive confusion, anxiety & change in mental status over 1-2 days.
- At the ER, her BP was low requiring vasopressors and she was admitted to the ICU for care.
- Diagnosis rendered was - “End Stage Alzheimer's Disease” and recommendations were for DNR status and transfer to hospice.
- No further evaluation or treatment was offered.

What are possible risk factors for this diagnosis & recommendation

What Resources might have changed her treatment?

Let's give her a lot of social capital

- Her daughter contacted UCLA medical colleagues - transferred arranged to Reagan Medical Center.
- A complete medical evaluation was conducted and treatment initiated. She returned to baseline and was discharged and the patient continued to teach UCLA students & fellows.
 - She was a national leader in community partnering to address health disparities
- 4 months later she received the UCLA Medal, the highest honor UCLA confers



Was her situation due to substandard hospital care due to poor diagnostic testing ?

Might it have been due to bias?

Provider, Health System?

What possible individual level biases?
Age, Gender, Race, Weight, Perceived SES, other?

What would her outcome likely have been without extensive social capital?

How often might this be happening every day to others in similar situations without the resources?



“We can disagree and still love each other *unless* your disagreement is rooted in my oppression and denial of my humanity and right to exist.”

- James Baldwin



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Newsletter

The first edition of our newsletter is here! [Click below to read more](#)

UCLA DOM-EDI

UCLA Department of Medicine - Office of Equity, Diversity & Inclusion
Quarterly Newsletter - July 2020

Visit our [website](#) and **bookmark** it as we will be updating our offerings and information regularly!

A Message from the DOM-EDI Vice Chair
Keith C. Norris

Broken hearts, anguish, rage, anger, despair, exhaustion, powerlessness, hopelessness, and confusion are among the emotions being expressed in our Bruin academic and medical community as well as across our nation. From the coopting of COVID-19 to perpetrate hate against Asian Americans to the disproportionate impact of the pandemic on women and communities of color, and now the recent vivid instances of systemic injustice and violence against many of those same communities. The racial tension has impacted many staff, students, trainees and faculty on our campus and health system, as well others across the country. We condemn the tragic murders of George Floyd, Ahmaud Arbery, Breonna Taylor, and more at the hands of systemic injustice.



Welcome to the UCLA Department of Medicine Office of Equity, Diversity and Inclusion
The mission of DOM EDI is to become the exemplar Department of Medicine program/center in the nation for advancing diversity, equity and inclusion for students, residents, fellows and faculty in the context of scientific excellence, outstanding scholarship/innovation and the highest level of compassionate, high-quality care for our patients. To do this, we focus our efforts on open conversation, sharing ideas, data, and knowledge to build a thriving and inclusive community that fosters the success of us all.

Together we are stronger. Together we are better.

Tell us what you think!

We are interested in hearing from YOU! [Click on the suggestion box below](#) and let us know what our office could do to support EDI efforts in DOM.

[Suggestion Box](#)



David Geffen
School of Medicine