



RECOGNIZING THE ELEPHANT IN THE ROOM: PHYSICIAN- AND PATIENT-FOCUSED SESSIONS TO ENHANCE STUDENT AWARENESS OF BIAS

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Introduction

- Prior to 2017, 2 cohorts of YSM clerkship students participated in interactive sessions to explore the impact of implicit biases on perception of and communication with patients.
- Student feedback was positive and provided suggestions for enhancing next iterations.
- Pre- & post-tests showed statistically significant improvement in knowledge of communication strategies to counter implicit bias; perception of receiving expert guidance to mitigate effects of bias; & perception of working actively on communication skills to mitigate effects of implicit biases (n=93; p=.0001 for each).
- This poster reports on 2017 iteration of training.

Objective

Clerkship students:

- Explore biases towards those considered “other.”
- Increase awareness of internal, “countertransference” reactions.
- Practice strategies to counter biased communication.

Background

- Implicit biases are “attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.”¹ Implicit biases associated with the persistence of health disparities in marginalized patient populations.² Neuroscience research highlights importance of bringing biases to consciousness.³
- The majority of training interventions in literature to date use a Harvard Implicit Association Test, narrative writing, and reflection exercises to assist medical students in exploring implicit biases.⁴
- Our training is novel in that it:
 - Employs a 2-part physician-focused and patient-focused approach to explore biases.
 - Uses interviews of standardized patients (SPs) to help students explore biases and rehearse communication strategies.
 - Draws on constructs of transference and countertransference as a tool to explore biases and patient communication.

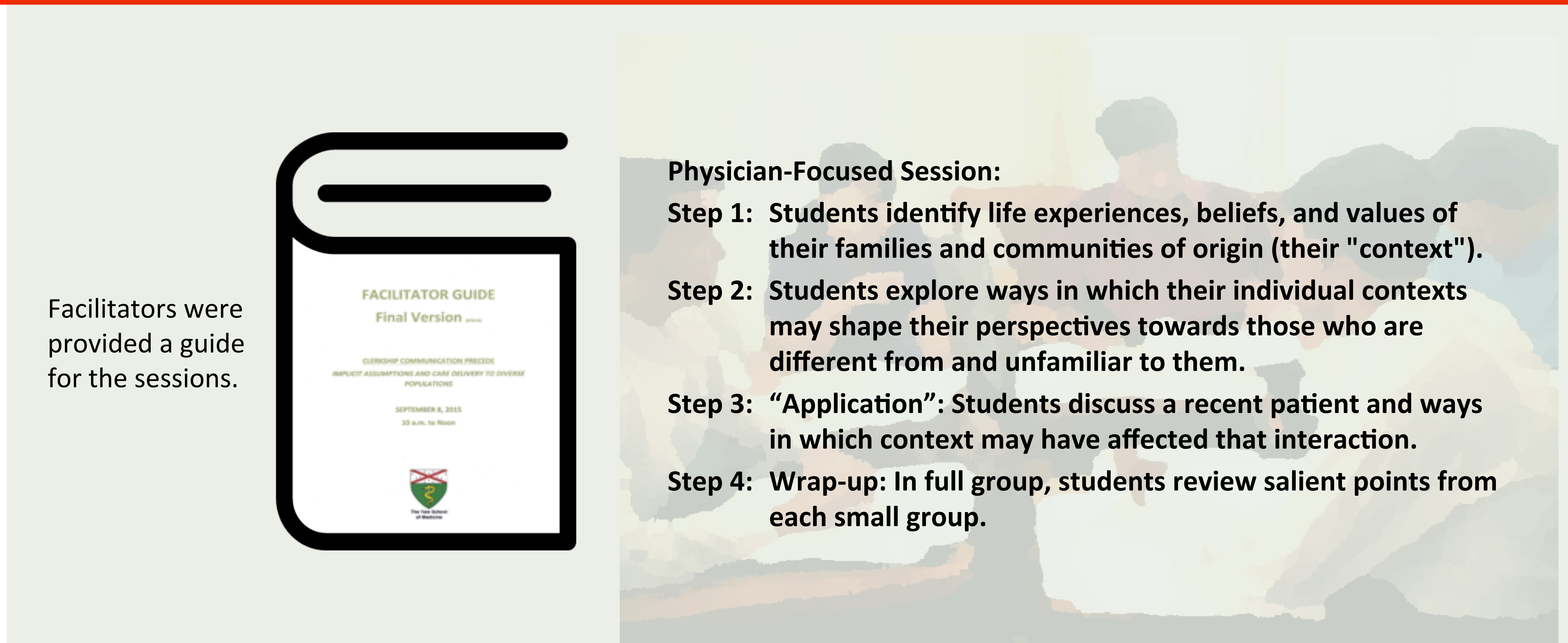
Methods

Curriculum:

- I. 20 minute didactic introduction.
- II. Two, back to back, 1.5 hour sessions:
 - Part I: Physician-focused session (self-reflection on implicit biases):
 - Facilitated small-group (12 students per group) discussions.
 - Exploration of life experiences and contexts influencing biases.
 - Part II: Patient-focused session:
 - 5 students conduct team interviews with two different SPs from marginalized populations (transgender, disabilities).
 - A resident or faculty member facilitates.

Evaluation:

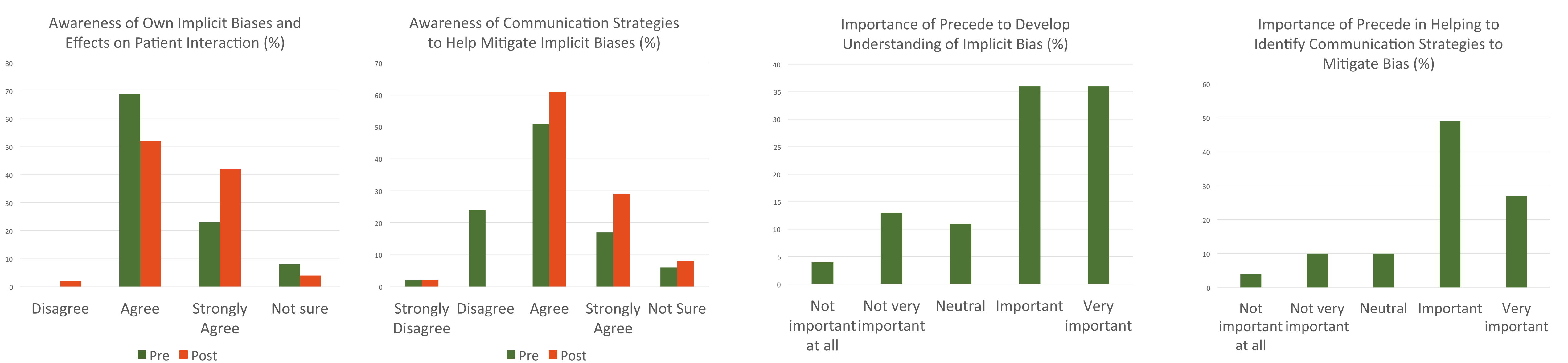
- In keeping with YSM’s effort to reduce course assessment burden on students, half the class assessed the training.
 - Satisfaction and feedback qualitative & quantitative survey.
 - Satisfaction with facilitator survey.
 - Both analyzed using simple statistics (frequencies, means) and content analysis of narrative comments.



Patient-Focused Session:

- Step 1:** Facilitated discussion on potential biases triggered by word associations (e.g., transgender, blind).
- Step 2:** Students conduct social histories with SPs representing underserved, often stigmatized populations.
- Step 3:** Facilitators spark discussion to “bring to consciousness” unconscious assumptions and underlying emotions.
- Step 4:** Groups brainstorm communication strategies to counter biases.
- Step 5:** Facilitators urge students to use emotions experienced as a bridge to connecting with patients. Concept of transference/countertransference introduced as a tool.

Results



Conclusions

- Most are aware of implicit biases and effects on patient care prior to training, yet, intensity of awareness increased post training.
- Awareness of communication strategies to mitigate implicit biases increased as a result of training.
- Most feel training is important for understanding implicit biases and identifying communication strategies to mitigate biases.
- Further exploration should occur among the students who do not perceive an increase in awareness of biases and communication strategies as a result of the sessions, and among those who do not feel that our training is important for raising awareness and identifying communication skills. For example, investigating whether our training was repetitive as a result of previous training in implicit biases or if our training failed to raise awareness because of some lack in the training content.

References

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