

Implicit Bias Training for Medical School Educators

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https://youtu.be/u9B_EJh8QOU

Background

- In 2020, Cleveland Clinic Lerner College of Medicine (CCLCM) established a Diversity and Inclusion Steering Committee that oversees individual Action Groups.
- Each action groups centers on a specific aspect of enhancing an inclusive and welcoming learning environment for all.
- My work was performed within the Creating a Culture of Anti-Racism Action Group.
 - Address: EC-10 Cleveland Clinic, 9501 Euclid Ave, Cleveland, OH 44195

Population

- Our group crafted implicit bias trainings for Physician Advisors (PAs) and Problem Based Learning (PBL) Facilitators within CCLCM. These roles have the highest level of interactivity with medical students.

Learning Objectives

- Assess current trainings for implicit bias and anti-racism within CCLCM.
- Evaluate current literature using verified search engines for studies of implicit bias in the medical field.
- Create trainings for medical school staff and faculty to learn about implicit bias and anti-racism.

Activities

- Review literature for studies demonstrating implicit bias in the medical field.
- Construct slide decks that describe the history of implicit bias and racism in medicine.
- Create case scenarios targeted towards each audience for examples of implicit bias.
- Present and lead aspects of the implicit bias training sessions.

Deliverables

- Slide decks that give the history of implicit bias and prejudice within the context of medical education.
- List of case scenarios that can be used for group discussions during implicit bias training.

Implicit Bias

- Attitudes or stereotypes that affect our understanding, actions, and decisions in an **unconscious** way
- Biases may be based on race, gender, sexuality, etc.
- Pattern recognition
- Removing these biases is a **challenge**

RACIAL DISPARITIES IN HEALTH CARE

- Poorer health outcomes for Black mothers treated by non-Black doctors
- 1/3 of dermatologists are inadequately trained for darker skin
- Black patients are less likely to be prescribed pain killers
- eGFR and Creatine Kinase

HISTORY OF RACISM IN MEDICINE

- Drapetomania**
 - Dr. Samuel A. Cartwright described a "disease" that caused slaves to run away
- Schizophrenia as a "protest psychosis"**
 - Black Americans are 1.5x more likely to be diagnosed with schizophrenia compared to white counterparts
- Father of Gynecology**
 - Dr. J. Marion Sims has been memorialized as the "father of modern gynecology"
 - Perfecting his techniques on enslaved women without anesthesia
- Eugenics movements**
 - Quoted by Hitler in *Mein Kampf*
- Forced sterilization**
 - Hysterectomies from the 1910-1960
 - Financial/Legal pressure for Norplant in the 1990's
- Tuskegee Syphilis Experiment**
 - Ran from 1932-1972, withholding treatment from black men to understand the disease course of Syphilis

RESEARCH ARTICLE

Differences in words used to describe racial and gender groups in Medical Student Performance Evaluations

David A. Ross¹, Dwin Boatright², Marcelle Nunez-Smith^{3,4}, Ayana Jordan¹, Adam Chekrouf¹, Edward Z. Moore⁵

*White students were more likely to be described as "exceptional," "best," and "outstanding" whereas Black students were more likely to be described as "competent."

*Female students were more frequently described as "caring," "compassionate," and "empathetic" yet male students were more likely to be described as "scientific."

Descriptor Word	Women (n = 2,554)	Men (n = 3,131)	P-value
Bright	58%	52%	<0.001*
Organized	80%	75%	<0.001*
Caring	55%	45%	<0.001*
Empathetic	43%	33%	<0.001*
Compassionate	58%	48%	<0.001*

CURRENT RACISM IN HEALTH CARE

There are stark disparities in health outcomes between Black and White babies.

CASE 1

You hear from your students that a woman in another PBL group was reviewing her end of block evaluation and noticed that much of the feedback was focused on personality traits rather than content knowledge.

Lessons Learned

- Previously, there was a lack of structured implicit bias training materials available at CCLCM.
- There is extensive research on the impact of implicit bias in health care delivery and medical education. This research is foundational for providing tangible examples during implicit bias training.
- Although the trainings were well received by most attendees, some found discussions about racism and sexism irrelevant, thus, highlighting the need to continue educating medical school staff and faculty on the importance of these issues.

Future Aims

- Expand our implicit bias training sessions to include Art and Practice of Medicine (APM) facilitators and course directors.
- Continue to disseminate slide decks and case scenarios to other groups within Cleveland Clinic to promote implicit bias trainings for medical staff.

Public Health Implications

- Last year, Cleveland declared racism a public health crisis. Racism and other forms of prejudice are historically interwoven into the structure of medicine, and this has direct impact on health care inequities.
- By providing trainings on implicit bias, we aim to provide tools for those in medical education to mitigate the expression of their own biases in the classroom setting.
- By starting at the educator level, we aim to change the culture of CCLCM to become an inclusive and safe learning environment for all, thus, leading to the training of compassionate, anti-racist physicians.

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Figure 1: Examples from implicit bias training slide deck. Each training session included an introduction to terminology, history of racism in medicine, current research studies about implicit bias in medicine and medical education, and case examples for group discussion.