CREOG Health Equity Curriculum: Bias

Annotated Bibliography

   An excellent resource for faculty development. This paper describes an excellent framework to use in integrating Implicit Bias training into the curriculum. It provides a step by step discussion of organizing curriculum and assessing its effectiveness. Rich bibliography.

   Excellent faculty development. Discusses the need for faculty to get beyond race as a biologic construct and be comfortable with discussing race as a social construct. Faculty need to avoid current “reductive” models and accept bias is a fact in medical education. Most faculty are not prepared for this. Discusses steps to reflect on as educator, faculty development authors, researchers to dismantle racism and use our positions of privilege to explore and understand.

   Describes using structured teaching exercises for a faculty workshop. One teaches managing explicit bias against a learner by a family requesting a non-Muslim physician. The second addresses a learner who expressed implicit bias in creating a discharge plan by assuming an immigrant family was not concerned with their child’s long term cognitive development. Faculty feedback was that the workshop gave them an opportunity to practice these skills in simulation and rated it as very helpful.

   Excellent faculty development for facilitating debriefs of IAT responses. Suggests use IATs that are not racial but perhaps mental health oriented. Describes tension between results and idealized concepts of professional self.

   Examines current evidence on the role that provider implicit bias may play in health disparities and whether training can effectively reduce the biases that providers exhibit. Directions for future research and best practices for training to reduce bias.

   AAMC MedEdPORTAL example of the use of IAT to encourage reflection on personal bias among medical students. Curriculum described and facilitator tips given.
   Classic article utilizing a cliff analogy to discuss the interactions of social determinants of health, health equity, health policy, poverty, and racism.

   Discusses the difference between training in cultural competence and implicit bias and suggests methods to reduce implicit bias in medical decision making.

   Commentary on ongoing bias against LGBT people in health systems. Emphasizes how physician bias can create a self-perpetuating climate that reinforces the bias through the hidden curriculum.

    Reviews literature on the impact of obesity stigma and weight bias on healthcare quality and outcomes. Potential intervention strategies recommended. Study of participants results on IAT for people who inject drugs and potential for increased discrimination due to addition stigma.

**The Discriminatory Patient and Family**

11. **Whitgob EE et al. The discriminatory patient and family: strategies to address discrimination towards trainees.** Acad Med 2016;91:s64-s69.
    Excellent faculty development. The authors identify strategies for trainees and physicians to respond effectively to mistreatment/bias by patients and families.

12. **March C et al. Experiential communications curriculum to improve resident preparedness when responding to discriminatory comments in the workplace.** JGME June 2018; p 306-310.
    Describes a simulation curriculum using standardized patients to respond to discriminatory comments from a patient’s family.

    Presents an ethics discussion of a case where a family requested a white doctor. Several faculty experts review ways physicians might respond.

14. [Website from the University of Nebraska Medical Center describing ACTION model for taking a stand against microaggressions.](https://connected.unmc.edu/infographic-join-the-resistance-against-microaggression/)