

"Take Five" (Minutes) for Equity: Implementing Bias Checks During Inpatient Rounds

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► Disclosures: None



Outline

- ▶ Discuss Implicit biases and the way they impact care
- ▶ Discuss the Five-Minute Bias Check tool
- ▶ Discuss ways to adapt this to your program

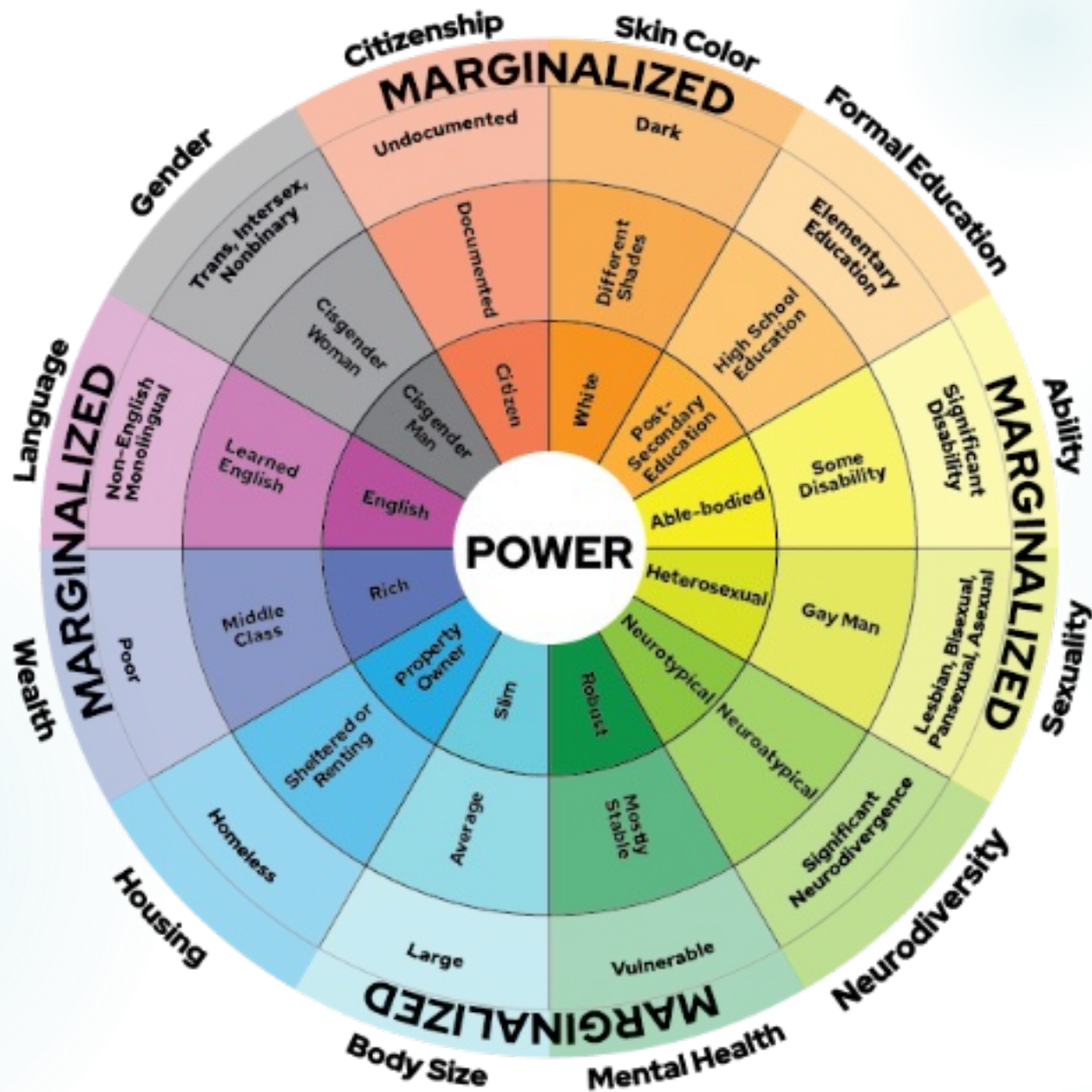
Definitions

Explicit bias	Explicit forms of bias include “preferences, beliefs, and attitudes of which people are generally consciously aware, endorsed, and can be identified and communicated” (22 , p. 1).
Implicit bias	Implicit biases are “unconscious mental processes that lead to associations and reactions that are automatic and without intention and actors have no awareness of the associations with a stimulus. Implicit bias goes beyond stereotyping to include favorable or unfavorable evaluations toward groups of people.” While we are not aware these implicit biases exist, they have a significant impact on decision making (97 , p. 14).



Common groups affected by implicit bias:

- ▶ Racial and Ethnic Minorities
- ▶ Gender groups
- ▶ LGBTQIA+
- ▶ Older Adults
- ▶ People with disabilities
- ▶ Individuals with lower SES
- ▶ People with body weight differences
- ▶ Differing religious affiliations



Adapted from James R Vanderwoerd ("Web of Oppression"), and Sylvia Duckworth ("Wheel of Power/Privilege")

Why do we have implicit biases?

▶ Brain Categorization and Patterns

- ▶ Mental Shortcuts
- ▶ Pattern Recognition
- ▶ Overgeneralization

▶ Social and Cultural Conditioning

- ▶ Upbringing and Environment
- ▶ Media and Culture
- ▶ In-Group Preference

Situational Factors:

- ▶ Depleted Resources
- ▶ High-pressure Environments
- ▶ Sleep restriction and heavy workloads

How do implicit biases affect patient care?

- ▶ Patient-Clinician Communication & Relationships
 - ▶ Poorer communication quality, reduced patient satisfaction
- ▶ Clinical Decision-Making and Treatment Recommendations
 - ▶ False beliefs about biological differences
 - ▶ Disparate treatment recommendations (e.g., pain mgmt)
- ▶ Patient Trust and Adherence
 - ▶ Lower trust in providers AND the healthcare system
 - ▶ More likely to delay care, skipping chronic disease screening/mgmt



So, what we can do about it?

Equity at the Point of Care: Implementing Bias Checks on Inpatient Rounds

Rebecca Chen, MD

Miranda Lu, MD

Viet Nguyen, MD

Claire Thomson, MD

Carrie Rubenstein, MD

Kari Beth Watts, DO

Kelvin Wynn, MD

Bias Check Tool

- Designed to support brief, individualized discussions at the point-of-care
- Translates across clinical settings
- Empowers facilitators in any team role

4 steps TO BIAS CHECKS

Leading conversations about potential bias on inpatient rounds



1



SITUATION

What is the patient context?

- *Race / sex / age / gender / country of origin*
- *Healthcare utilization*
- *SES / access to resources*

2



ASSUMPTIONS

What might we presume about this patient? Why?

- *(Non-)adherence to tx plan*
- *(Doesn't) want/need services*
- *Health (il-)literate*
- *(Un-)truthful*

3



IMPACT

How might this tangibly impact patient care?

- *Less thorough H&P and missed dx?*
- *More/less intervention?*
- *Offered less resources or education?*

4



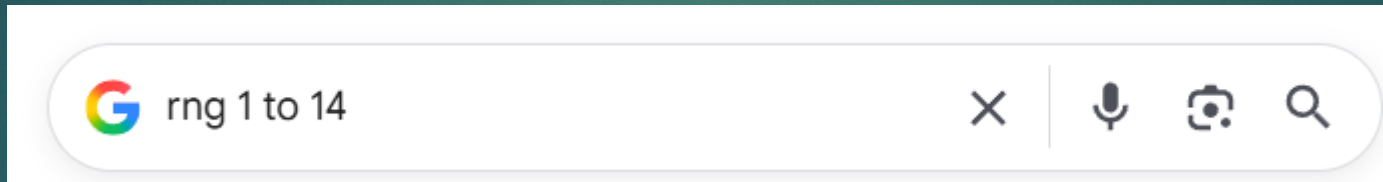
MITIGATION

What strategies can we implement to ensure equitable care? For example:

- *Ask with curiosity about patient experience*
- *Challenge stereotypes; find unique features*
- *Beware of anchoring bias: What if the opposite is true? Can you broaden the Ddx?*
- *Audit current interventions: Are you offering more/less than you would for another patient?*

How we do it @ Memorial

- ▶ Weekly during inpatient medicine table rounds
- ▶ Patient chosen at random (not biased about our bias check)



- ▶ Laminated Cards Passed Out
- ▶ Provide brief explanation
- ▶ Set a timer for 5 minutes



4 steps TO BIAS CHECKS

Leading conversations about potential bias on inpatient rounds

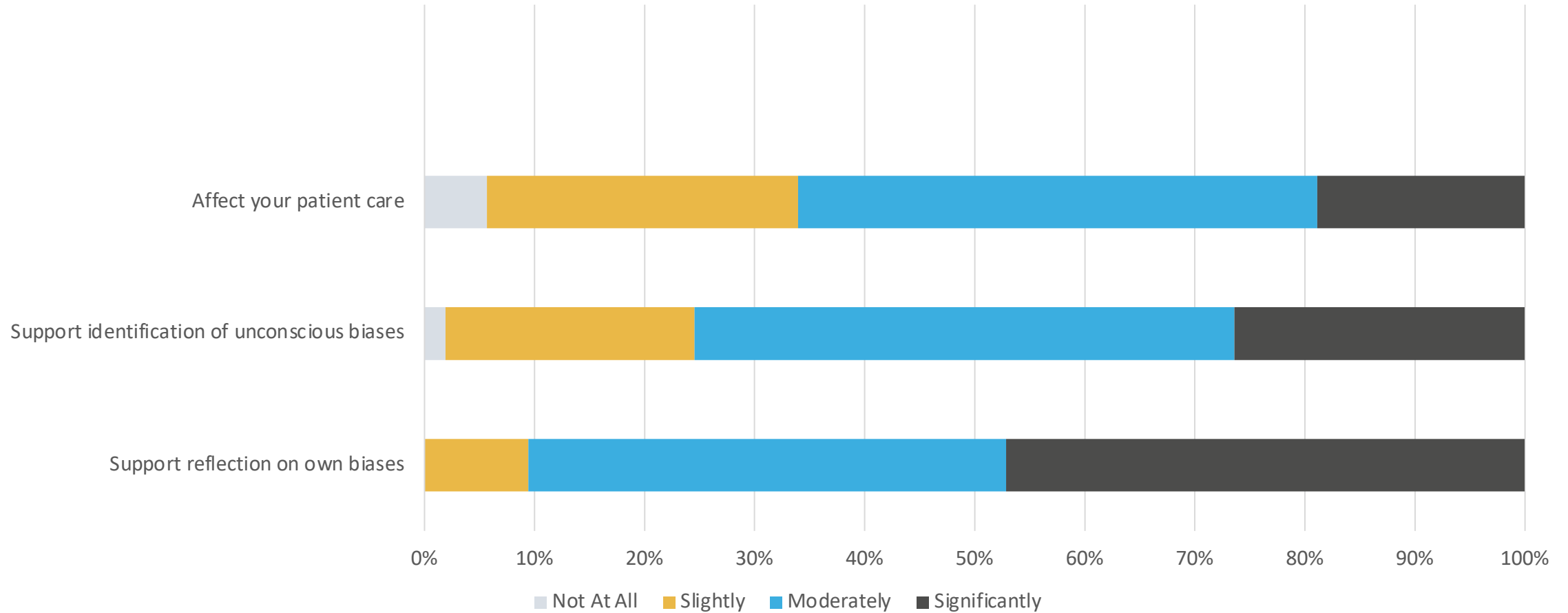
- 1 SITUATION**
What is the patient context?
 - Race / sex / age / gender / country of origin
 - Healthcare utilization
 - SES / access to resources
- 2 ASSUMPTIONS**
What might we presume about this patient? Why?
 - (Non-)adherence to tx plan
 - (Doesn't) want/need services
 - Health (il-)literate
 - (Un-)truthful
- 3 IMPACT**
How might this tangibly impact patient care?
 - Less thorough H&P and missed dx?
 - More/less intervention?
 - Offered less resources or education?
- 4 MITIGATION**
What strategies can we implement to ensure equitable care? For example:
 - Ask with curiosity about patient experience
 - Challenge stereotypes; find unique features
 - Beware of anchoring bias: What if the opposite is true? Can you broaden the Ddx?
 - Audit current interventions: Are you offering more/less than you would for another patient?

Feedback

- ▶ Residents talk about “bias checking” themselves
- ▶ Frequently start discussions about other patients
 - ▶ In group settings or 1:1
- ▶ Greater self-awareness of implicit biases
- ▶ Culture shift

Survey Data

To what extent did your use of the Bias Check tool...



Adaptation to your Culture is Key



- ▶ Are there other places (inpatient, outpatient, etc.) where bias checks could happen?
- ▶ What format would work best for your institution?
- ▶ What do you see as potential barriers?
- ▶ How receptive would residents be? How much education do they need ahead of time to make this high-yield?
- ▶ Questions (in general)?

References

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Thank you!