Texas Department of State Health Services 2021

Addressing Implicit Bias in Cancer Patient Care

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Outline For The Presentation

Part I: Examine the psychology of implicit bias as it relates to cancer patient care

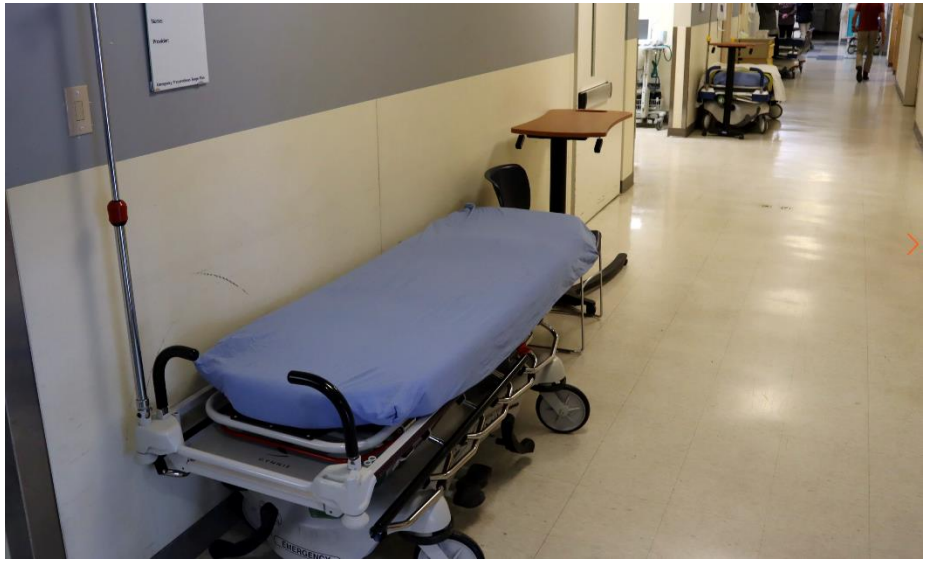
1. Verbal and nonverbal forms of implicit bias
2. When does it happen? What does it look like?

Part II: Discuss strategies for controlling implicit bias

Implicit Bias In Clinical Judgement

From “How Doctors Think” by Jerome Groopman, M.D.
A story about an “error” treating a patient relayed by Dr. Karen Delgado:

A young man was brought into the ER of the hospital in the early morning hours. The police had found him sleeping on the steps of a local art museum. He was unshaven, his clothes dirty, and he was uncooperative, unwilling to rouse himself and respond with any clarity to the triage nurse’s questions. Dr. Delgado was busy that night attending to other patients, **so she “eyeballed” him** and decided that he could stay on a gurney in the corridor, another homeless hippie who would be given breakfast in the morning and returned to the streets.



Some hours later, she felt a nurse tugging on her sleeve. “I really want you to go back and examine that guy,” the nurse said. Delgado was reluctant, but she had learned to respect an ER nurse who felt something was really wrong with a patient.

“His blood sugar was sky-high,” Delgado told me. The young man was on the brink of a diabetic coma. He had fallen asleep near the art museum because he was weak and lethargic and unable to make it back to his apartment.

It turned out that he was not a vagrant but a student, and his difficulties giving the police and the triage nurse information reflected the metabolic changes that typify out-of-control diabetes.

The Psychological Steps to Intergroup Bias

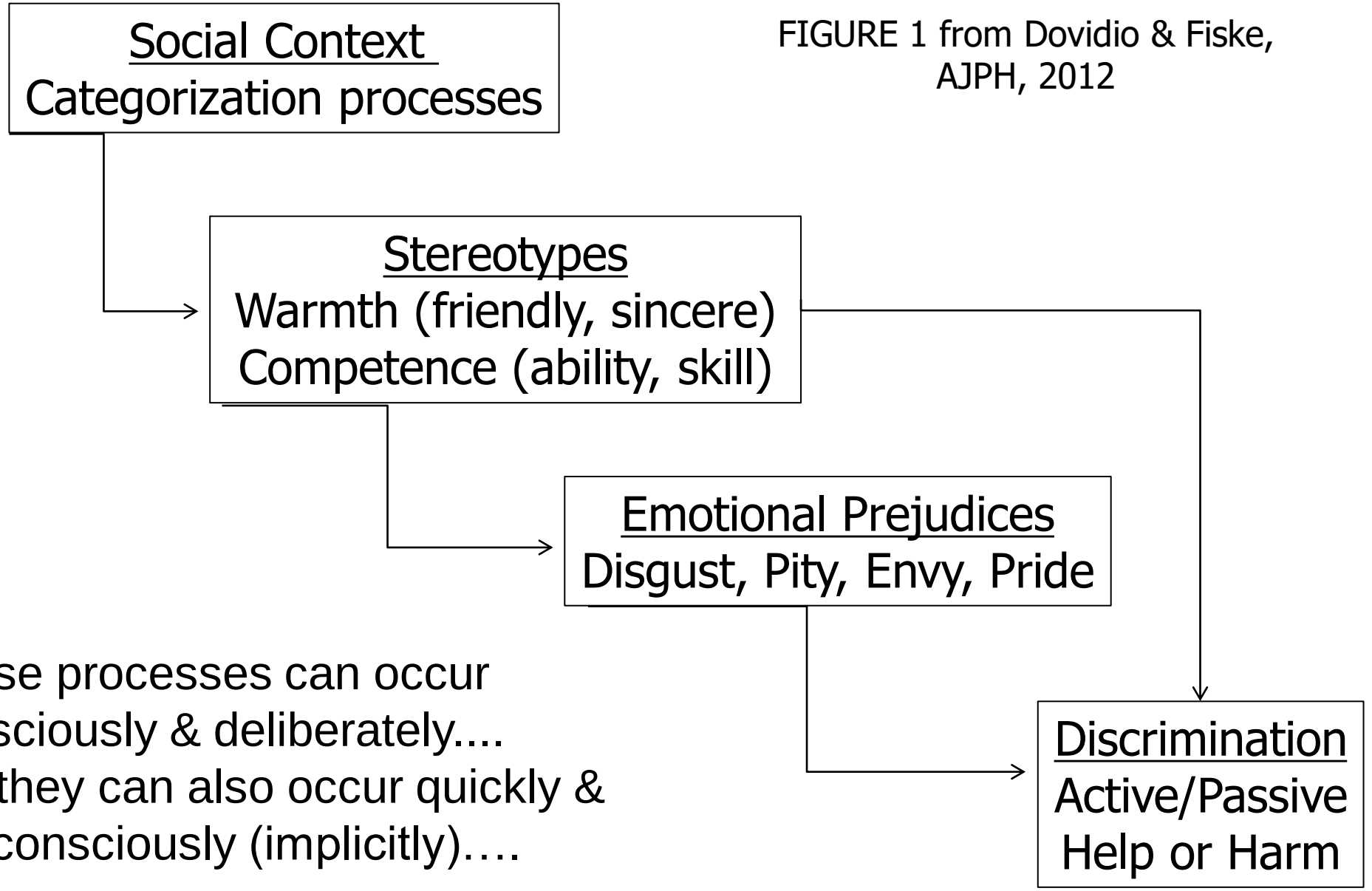


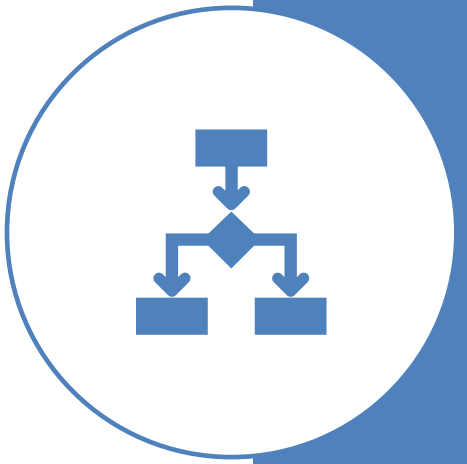
FIGURE 1 from Dovidio & Fiske, AJPH, 2012

- These processes can occur consciously & deliberately....
- But they can also occur quickly & nonconsciously (implicitly)….

Measuring Implicit Bias

The Implicit Association Test (IAT)

Greenwald, McGhee, & Schwartz (1998)



- Measures strength of association between concepts
- Based on premise that associated concepts will be easier to categorize together

Measuring Implicit Bias

The Implicit Associations Test (IAT)

Phase 1: Categorize Obese & Thin words

Phase 2: Categorize Good & Bad words

Phase 3: Simultaneous categorization – stereotype congruent

Phase 4: Recategorize Thin & Obese words

Phase 5: Simultaneous categorization – stereotype incongruent

Implicit Bias: Slower reaction time on **incongruent trials** compared to **congruent trials**

Metric: *d score* = Incongruent trials – congruent trials
Positive score = Higher implicit bias

d score does <u>not</u> depend on order of words/faces/stimuli

Implicit Bias Among Healthcare Professionals

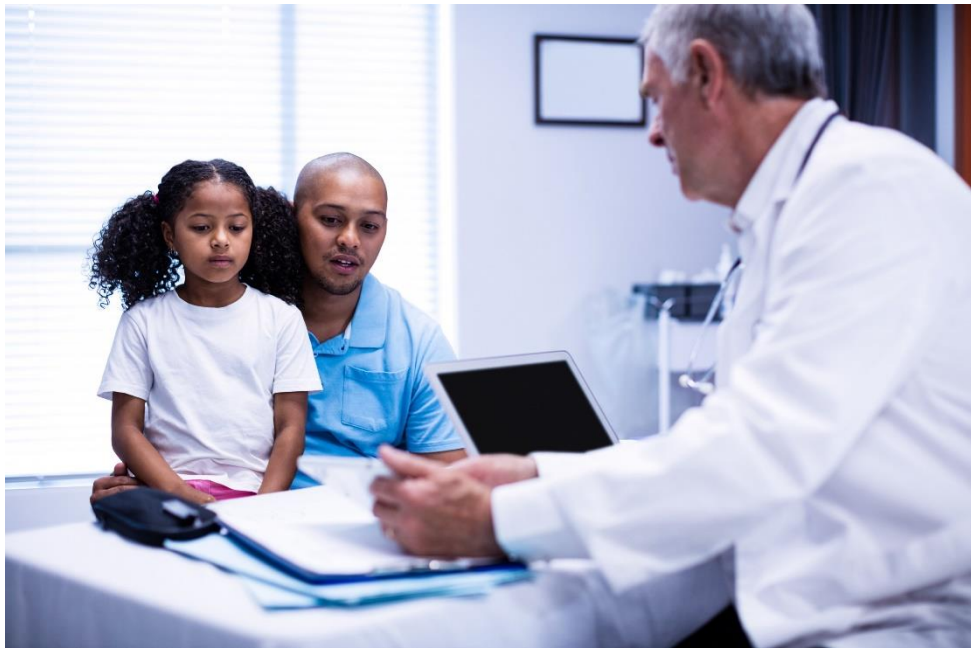
Publication	Sample size	Participants	Target Group	d score
Sabin et al. (2012)	2,284	National sample of physicians	Obese people	0.40
Green et al. (2007)	220	Residents in internal medicine and emergency medicine	Blacks	0.36
Blair et al. (2013)	210	PCPs in family and internal medicine	Hispanics	0.33
Brener et al. (2007)	60	Nurses and doctors in drug and alcohol clinic	Injecting drug users	0.36
Penner et al. (2016)	18	Oncologists	Black cancer patients	0.26
Schiller et al., (2013)	142	Health care providers	Women with lung cancer	0.33
Liang et al., (2019)	151	Gynecologic oncology providers	Women with cervical cancer	0.16

Effect of implicit bias on interactions between physicians and their patients

Degree of Explicit Bias → **Predicts** → **Verbal Behavior: <u>What</u> is Said** → **Predicts** → **Your view of the Interaction**

Degree of Implicit Bias → **Predicts** → **Nonverbal Behavior: <u>How</u> it is Said** → **Predicts** → **Their view of the Interaction**

Nonverbal Expressions Of Implicit Bias

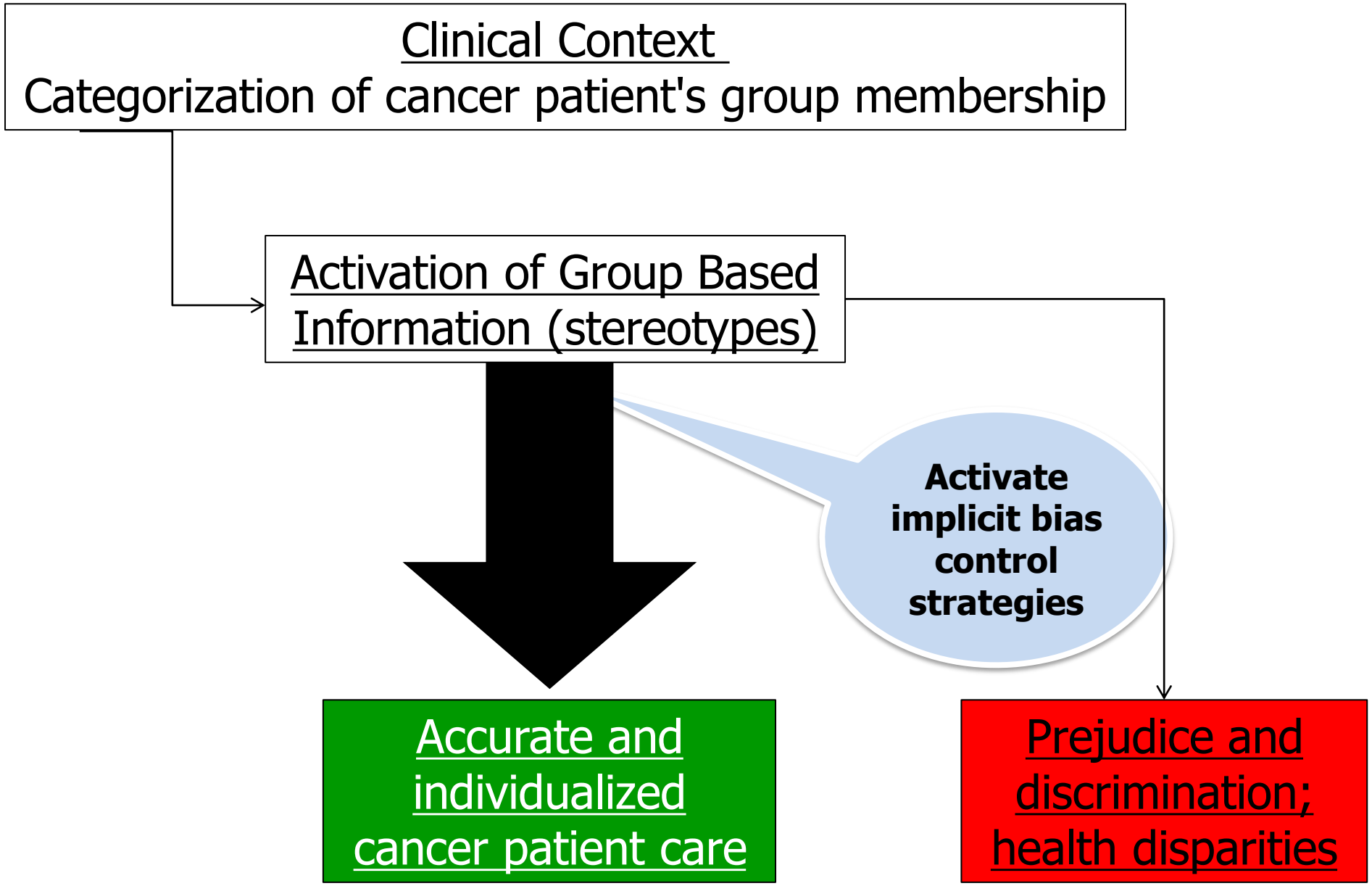


Negative clinical behaviors (higher bias):
• Appearance objectionable to patient
• Do not use patient's name; do not shake hands
• Standing or sitting or above or below patient
• Standing or sitting far away, turned away
• Tense, closed posture, slouched away from patient
• Sitting behind desk or laptop table; barriers
• Critical or distracting gestures: pointing finger, clenched fist, foot-swinging, checking PHONE
• Bland expression, yawning, tight mouth
• Frowning, lip biting
• Shifty, avoiding eye contact, focusing on notes
• Strident, high-pitched tone
• Too frequent or infrequent touch
• Talking too much; interrupting; inappropriate questioning
• Too much or too little professional or technical language
• Closing is abrupt or awkward; no summary

Nonverbal Expressions Of Implicit Bias

Positive interview behaviors (low bias):
• Appearance is appropriate & professional
• Greet patient by name, introduce self, shake hands
• Equal-status seating or standing
• Close proximity to patient
• Relaxed, open posture, leaning toward patient
• Nothing between you and the patient
• Occasional facilitating gestures
• Facial animation, interest
• Appropriate smiling
• Appropriate eye contact
• Moderate tone of voice and rate of speech
• Appropriate touch
• Listening; waiting your turn to speak; asking appropriate number of questions
• Appropriate level of professional or technical language
• Close visit by summarizing future steps

"Controlling" Implicit Bias



Strategies for Controlling Bias

Step 1: Be **aware** of the potential for bias before, during and after interaction:

Strategies for Controlling Bias

Step 2: Be **motivated** to **override bias**

- Learn to use strategies that *change* the way you think about people

Strategy #1: *Activate your* **Egalitarian Goals**

– Goal to be fair, just and impartial toward others

– Egalitarian goal activation directs thought, emotion and behavior toward being fair, just and impartial

Strategies for Controlling Bias

Strategy #1: The steps to activating **Egalitarian Goals**:

1. Learn to associate people who are different from you with the goal to be fair and impartial toward others

Upon contact, <u>deliberately</u> think about fairness and justice

- Activates your egalitarian goals
- Slows down and individuates your thinking
- Adjusts your nonverbal behaviors

2. <u>Practice makes perfect</u>: Over time, activation of egalitarian goals can become automatic when encountering out-group members

Strategies for Controlling Bias

Strategy #2: Look for a **common identity**

Identify group memberships, activities or interests you share in common with out-group members

This works directly on how you categorize people

Once we learn about an identity we share in common, the person changes in our mind from an out-group member, to an in-group member

Strategy #2: Look for a **common identity**

Uses:

- Ask questions that reveal group memberships, interests or activities you share in common
- Offer collaboration or partnership in work or care

Strategies For Controlling Bias

Strategy #3: Perspective taking

Viewing the world through the eyes of an out-group member

Slows processing and induces *empathy*

Strategy #3: Perspective taking

This is a a patient undergoing treatment for breast cancer:

"Imagine a day in the life of this person as if you were her, looking at the world through her eyes and walking through the world in her shoes"

Strategy #3: Perspective taking

Caution: PT can be difficult to use accurately:

1. Requires effort, time and resources
2. We can make mistakes when using it:

- Using stereotypes about the group as the reference ("Most of them are like this...")
- Using yourself as an anchor ("If I was that patient, I would feel...")
- Assuming the worst or the best about their situation/condition (Overestimation = Overreaction)

Strategy #3: Perspective *Gaining*

Don't guess: ***Gain*** perspective by asking patients open-ended questions that allow *them* to share their unique perspective

What open-ended questions could you ask her that could reveal her unique perspective and concerns about her cancer treatment?

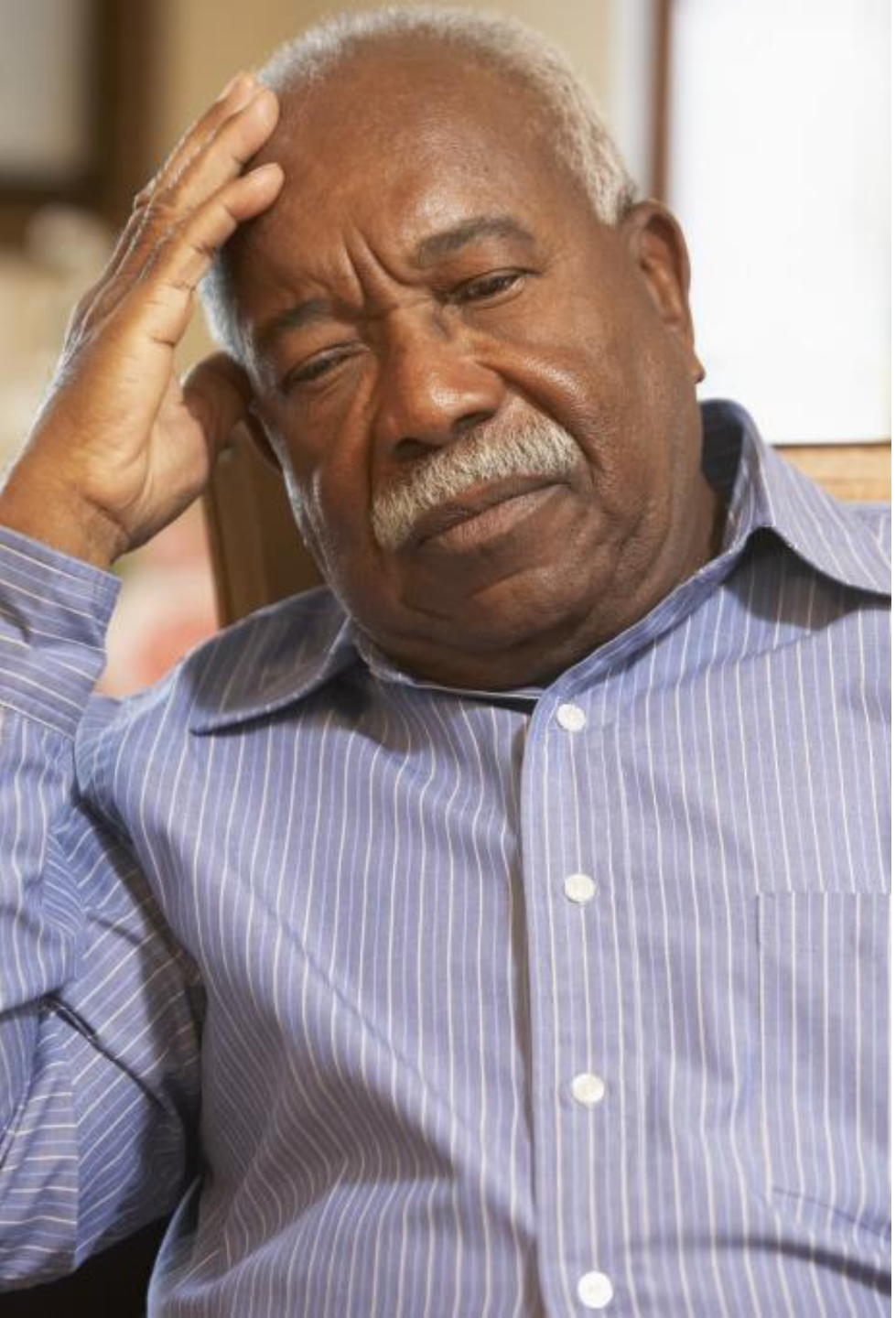
Strategies for Controlling Bias

Strategy #4:

Acquire **counter-stereotypic attributes**

How is this person different from the negative stereotypes about their group?

Slows down processing and individuates thinking



Strategy #4: Acquire Counter-stereotypic Information

Uses: Ask patients about, or look for, counter-stereotypic attributes or behaviors

Imagine this cancer patient is in severe pain:

Step 1: Identify a cultural/social stereotype about the man's group that, if true of him, could create difficulties for treating his pain

Step 2: Generate questions to ask him that could reveal the degree to which his behavior deviates from the group stereotypes

Key: Focus questions on stereotypic *behaviors* that the person *could* engage in that would be problematic for success

Strategies for Controlling Bias

Planning: **Implementation Intentions**

"If-Then" statements that specify when, where and how you will achieve a goal.

Create implementation intentions to achieve your egalitarian goals by using the strategies reviewed today:

Example: "When I evaluate/interact with members of an out-group, then I will:"

"…. Adjust my nonverbal behaviors, look for a common-ID and counter-stereotypic behaviors, and ask questions to gain their perspective!"

Take-away Points

- We <u>all</u> have intergroup biases due to cultural exposure
- Implicit (nonconscious) bias is distinct from explicit (conscious) bias
- Implicit bias can leak into judgment and behavior outside of awareness

You can **control** implicit and explicit bias by **making plans** to use these strategies:

Non-verbal Communication

Egalitarian Goal Activation

Counter-stereotypes

Common-Identity

Perspective Gaining

All bias reduction strategies require awareness and motivation as you learn to use them

<u>But with practice</u>, they can become your automatic response to the outgroup members