

# Unconscious Bias in Medical Education:

Dr. Sarah J. Hill, University of Edinburgh





## Principles for respectful (and honest) enquiry

- Listen to understand
- Honour confidentiality
- Be mindful of the impact of what we say
- Assume good intention in others
- Give and receive caring feedback
- Be curious about emotional responses

## First.....

- Who is the speaker?
  - Draw or describe the narrator, as precisely as possible
  - Go with your first impression; don't overthink and be honest
  - You have 1 minute

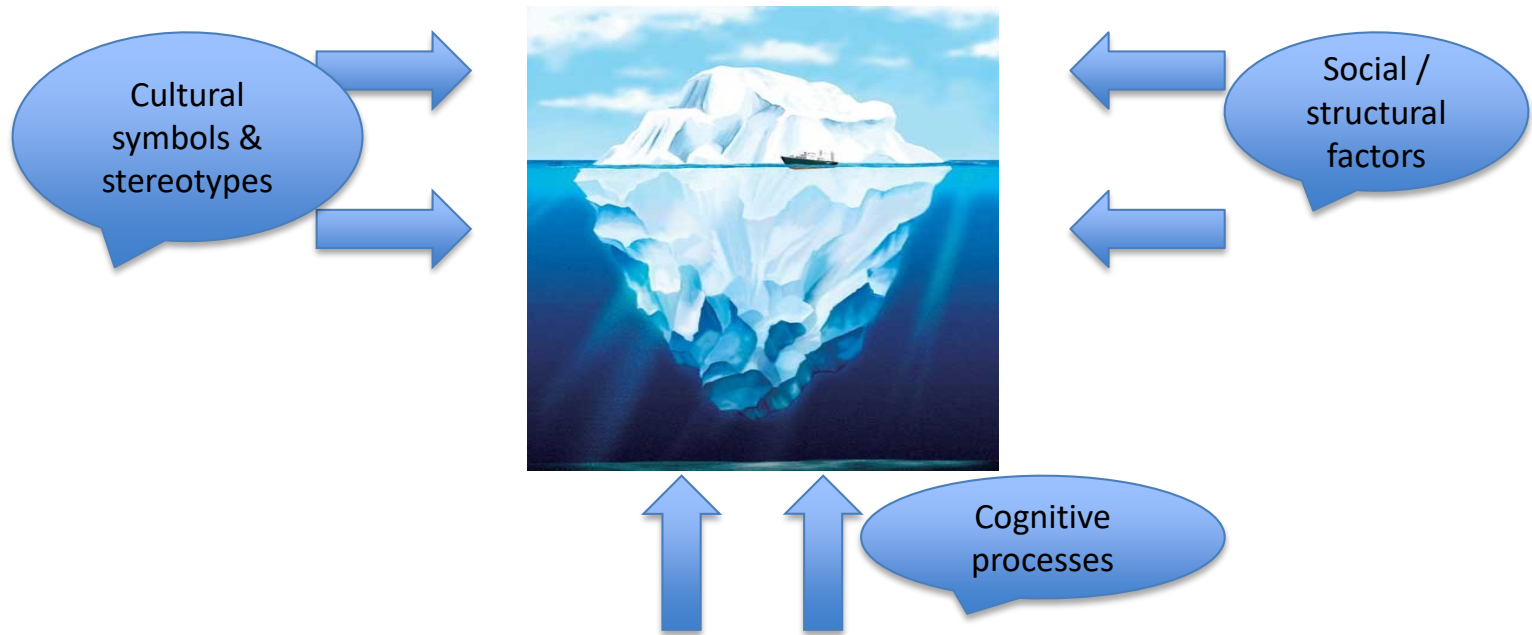
## Outline

- What is unconscious bias (or implicit association)? Why does it happen?
- Types of bias
- Bias and medical education
- Identifying and managing bias

# Why does Unconscious Bias Matter?



# The black box of your brain.....



## Unconscious Bias/Implicit Association

- Bias we are unaware of – tends to happen outside our control
- Based on automatic judgements or assessments of people or situations
- Influenced by our background, environment, personal experiences, cognitive processes
- We can be made aware of these biases and act to manage or control them.



# Attention & Effort

- ‘System 1’
  - Automatic, quick, little or no effort, no sense of voluntary control – impressions, feelings, intuitions, associations, creativity
- ‘System 2’
  - Allocates attention, effortful, subjective experience of agency, choice, concentration
    - orderly logical patterns or assessments, control, meta-function
  - (Daniel Kahneman, *Thinking, Fast and Slow*)

## What type of bias is this?

- Match the type of bias to its definition
- Think of examples – either hypothetical or from your experience
- What can we do to minimise bias or prevent it from happening?
- We will ask each table to feed back on one type of bias (but see if you can think of examples all of them!).

## Types of bias

- **Affinity** (these people are like me. Basis for in-groups.)
- **Confirmation** (what I already thought)
- **Attribution** (we tend to differential attribution for our in-groups and out-groups)
- **Group Think** (minimise conflict - agree with the group)
- **Coherence – eg Halo Effect** (good in one area – good in all areas?)
- **Salience** (previous performance continues to affect view)
- **Micro-aggressions** (behavioural manifestations of bias)

# Stereotype Threat

*The subtle but powerful ways in which the devaluing and marginalizing views of others about a group can influence individual achievement and performance.'*

(Claude Steele, 2010)

- Being/feeling at risk of confirming a negative stereotype about one's group.
- May lead to:
  - poorer performance in assessments/other tasks
  - acceptance of poor performance/distancing from the task
  - distancing from stereotyped group
  - redirection of aspirations and career paths.

# How do these apply in GP training? And what can you do about them?

Affinity bias

Confirmation  
bias

Coherence  
The 'halo'  
effect

Micro-  
aggression

Stereotype  
threat

# Reflection

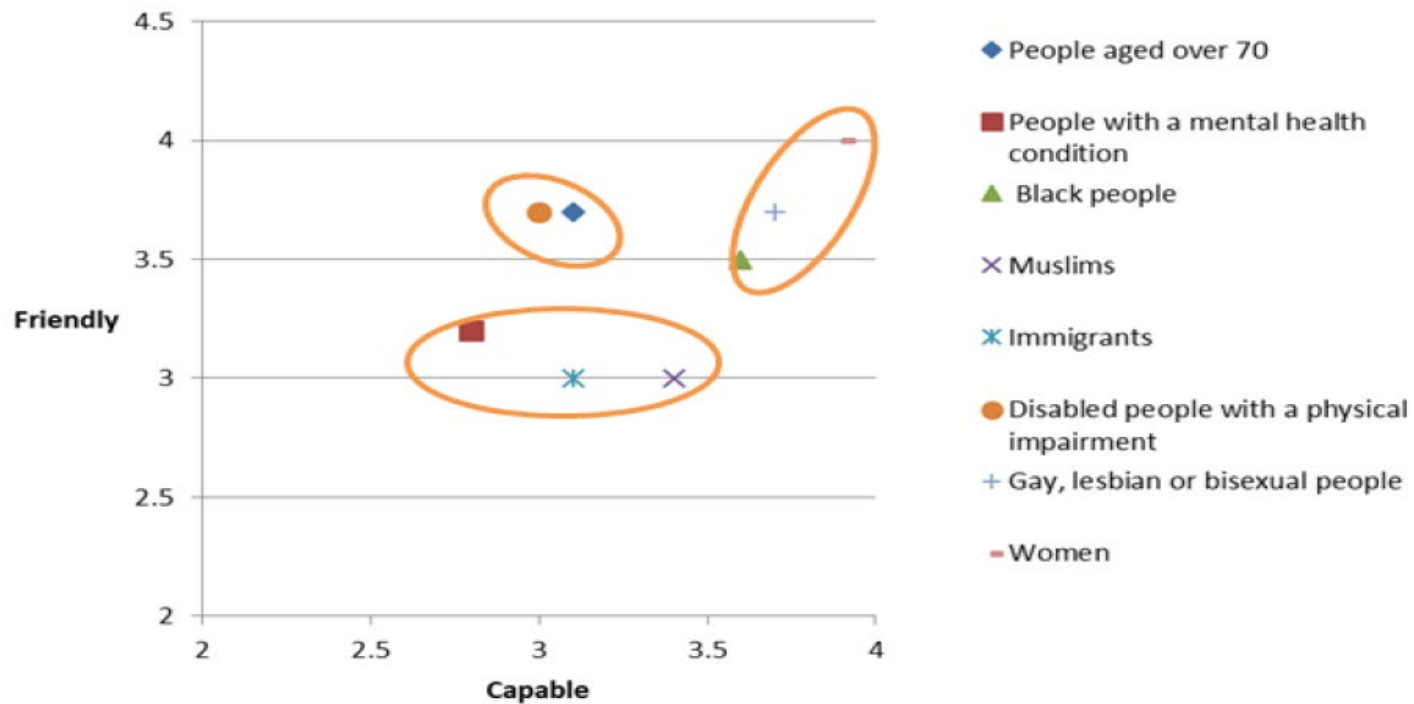
- What are the potential issues that might arise for educators?
- What are our roles/responsibilities in identifying, managing and responding to the risk of unconscious bias?
- Ideas for action? (Who are these actions for?)

## So why does this matter?

- Prescribing decisions
- Recruitment
- Team working
- Work allocation
- The way we give feedback (or not)
- Assessing a trainee

# EHRC: The form of bias matters

**Figure 4.3 Evaluations of each protected characteristic group on warmth and competence**





## Reducing or Managing Unconscious Bias: Creating New Habits

Also, consider this in light of reflective cycles: Reflection-in-action and reflection-on-action.



# Implicit Association Tests

- Project Implicit – Cognitive Psychology research with international partners, robustly validated
- <https://implicit.harvard.edu/implicit/>
- Measures strength of automatic association between mental representations of social groups (concepts) and positive or negative ideas.
- Can be used as mechanism for feedback on implicit bias.

## Other reflective exercises

- ‘I own these stereotypes’
- Encounter diaries
- My ideal colleague....
  
- Issues – may be difficult to identify your ‘unknown unknowns’. Not independently validated.
- Shared feedback with/from trusted others?

# Strategies for Bias Reduction

- Stereotype replacement
- Counter-stereotypic imaging
- Individuation
- Perspective taking
- Increasing opportunities for contact

--Devine et al 2012

# Mindfulness practice

- Impact on empathy & individuation
- Management of fatigue, cognitive load, stress
- [application/context.....]

## Using the Toolkit

- Make it about you – where is your starting point?
- What issue do you want to work on?
- What kind of strategy might work for that issue?
- What about your context? Is it a constraint? Can you set it up to help?
- Habituation – Creating an ongoing practice and checking in regularly.

## What can we do about unconscious bias?

- Accept we are all biased -- be aware of our own biases
- Challenge stereotypes and use counter-stereotypical information
- Change perception and relationship with out-group members
- Consider and try actively to manage micro-behaviours.
- Be an active bystander
- Be aware of and manage social dynamics of learning groups and within practice.
- Manage emotional and cognitive load.

## Ideas to incorporate personal education plan

- Statement of intention to learn and develop – what will you do next/change?
- Tools or approaches you want to implement
- Something you found interesting / surprising/ concerning



# Welcomed and Valued

- <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/welcomed-and-valued/how-disability-is-viewed>



## References

- Podcast: Adventures in Social Mobility
- Daniel Kahneman, Thinking, Fast and Slow
- Abrahms et al, Towards a national barometer of prejudice and discrimination in Britain
- GMC, Welcomed and Valued
- For further resources, see Toolkit

This resource may be made available, in full or summary form, in alternative formats and community languages.  
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NHS Education for Scotland  
Westport 102  
West Port  
Edinburgh  
EH3 9DN  
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