Unconscious Bias in Medical Education: The Role of Unconscious Bias
Welcome
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.....

- Cultural symbols & stereotypes
- Social / structural factors
- Cognitive processes
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

- **People aged over 70**
- **People with a mental health condition**
- **Black people**
- **Muslims**
- **Immigrants**
- **Disabled people with a physical impairment**
- **Gay, lesbian or bisexual people**
- **Women**
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/](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

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. Please contact us on 0131 656 3200 or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.