Unconscious Bias

Format: Introduction video with UNM faculty speaking, embedded TED Talk, slides (26 minutes)
https://hscmoodle.health.unm.edu/course/view.php?id=646

- Objectives:
  - Define unconscious bias
    - Explains how the concept emerged in addition to the definition
  - Explore personal unconscious biases through the use of an online tool (IAT)
    - Explains a bit about how IAT works – reaction time and what the respondent is asked to do
  - Give examples of the impact of unconscious bias in healthcare and other fields
    - Healthcare
      - IOM Unequal Treatment describes inequities arising from the clinical encounter in addition to the health system and patient-level factors
      - 2 study examples – likelihood to refer, perceptions of pain experience and differences in pain treatment by race/gender
    - Criminal justice: racial bias in the court, police treatment
    - Education: racial bias in preschool suspensions, behavioral expectations; preference for white males in all academic fields in higher education
    - Employment: racial bias in interview offers, hiring
    - Cognitive dissonance: holding two conflicting ideas simultaneously. Health professional behavior and decision-making may contribute to racial inequalities. However, most healthcare professionals are genuinely motivated to provide good care to all patients. This hinders attempts to confront unconscious bias.
  - Describe strategies to reduce unconscious bias and impact on behavior
    - Awareness is the first step
    - “Feel” the bias and take steps to change behavior
    - Create an environment that allows for behaviors and decisions that are well-thought and not time-pressured
    - Educate yourself
    - Take action: seek people and experiences who run counter to stereotypic views, think of things from the perspective of others
    - Be accountable: when confronted with bias, take the time to examine your beliefs or actions. How would you justify them to other people?

What You Don’t Know: The Science of Unconscious Bias – AAMC

Format: Slide presentation with audio narration and embedded videos (26 minutes)
https://www.aamc.org/video/t4fnst37/index.htm

- Agenda:
  - Define unconscious bias
  - Review scientific literature on:
    - Evaluation
- 2 manifestations of unconscious bias in the evaluation of job candidates: 1) recommendation letters and 2) proportion in the candidate pool.
- **Hiring**
  - Studies examining bias based on race, gender, and parental status using callback rates for identical CVs with differing name/information
- **Leadership**
  - Leadership paradox: No gender differences in aspirations to be a leader, self-assessment of leadership qualities, or willingness to take on leadership tasks. However, women less likely to serve in leadership positions, involve in decisions, feel they have influence in the department
  - Double standards: Stereotypes of women as “communal” in contrast with expected leadership qualities; female leaders judged as less competent and must meet higher standards to be perceived as competent
  - Accumulation of advantage: Over time, a slight advantage to one group grows/accumulates into substantial differences
- Review data – how is academic medicine doing in terms of the proportion of women?
  - Have made progress, but at the current rate would still take another 50 years to achieve parity
  - The proportion of women in faculty and leadership positions declines with seniority
- What can you do to mitigate bias? [Practical steps]
  - Compare your institution with national benchmarks
  - Individually: acknowledge biases and recognize when engaged in thought or action based on bias or stereotype
    - Take the [Implicit Association Test](#)
  - Institutionally:
    - Ensure not engaged in practices that… have search committees commit to the value of credentials before reviewing.
    - Look carefully at way you are describing position – language causing gender priming (e.g. “powerful leader,” “aggressive,” “risk-taker” prime toward hiring men). Substitute for gender-neutral language.