Domain: Our People
Metric 3: Diversity and Inclusion Training in Our Workforce
Focus Area: Explicit / Implicit Bias Reduction Training

Leading Practice Standard

Healthcare institutions should mandate implicit and explicit bias training for employees and establish institutional policies to foster awareness of unconscious biases and promote equitable treatment for all patients, regardless of race, ethnicity, or background. By addressing biases head-on, such strategies can enhance patient trust, improve healthcare outcomes, and contribute to a more inclusive and culturally competent healthcare environment. These trainings and policies should address the following:

1. Investigate reports of subtle or overt discrimination and unfair treatment.
2. Identify and work to transform formal and informal norms that ignore and/or support racism.
3. Implement and evaluate training that ensures that clinicians have the knowledge and skills needed to prevent racial biases from affecting the quality of care such as self-awareness regarding implicit biases, and skills related to perspective-taking, emotional regulation, and partnership-building.
4. Focus trainings on specific clinical areas and populations.

(Jama Forum, 2022)

Example

Staff at WellSpan Health, a Mid-Atlantic integrated health system, can choose customized and targeted trainings in multiple formats (eLearning, classroom, virtual classroom, journals/article-based, and coaching/training). WellSpan Health also won the Outstanding Training Initiative Award for its Inclusion Champion Training Program bestowed by Training Magazine.

If you would like to learn more about WellSpan Health's training, please contact Kimberly Brister at kbrister@wellspan.org.

Background

Implicit and explicit biases in healthcare can significantly impact patient care and outcomes. Implicit biases, which are unconscious attitudes or stereotypes that affect perceptions and behavior, have been shown to influence medical decision-making, treatment recommendations, and patient-provider interactions.[1] Additionally, explicit biases are conscious attitudes or beliefs that individuals hold toward certain groups, which can also manifest in various healthcare settings.[2] These biases can lead to disparities in healthcare delivery, contributing to differences in treatment received by patients based on factors such as race, ethnicity, gender, or socioeconomic status.[3] Understanding and addressing both implicit and explicit biases in healthcare is crucial for promoting equitable, high-quality care and improving health outcomes for all patients.

Resources

1. **Mandated Implicit Bias Training for Health Professionals—A Step Toward Equity in Health Care**
   A JAMA article explaining the importance of implicit bias training and how widespread training are being used to achieve the goals of reducing bias and promoting equitable care.
2. **Bringing Awareness to Implicit Bias**
   An AMA module defining implicit bias, encouraging professionals to identify and acknowledge their own hidden biases, and sharing strategies to help mitigate the unintended consequences of implicit bias.
3. **Stigma & Implicit Bias Toolkit**
   A IPRO NQIIC, a Network of Quality Improvement and Innovation Contractor, under contract with the Centers for Medicare & Medicaid Services, toolkit designed to raise awareness to improve outcomes and achieve health equity by identifying stigma and implicit bias in healthcare.

References

1. FitzGerald, C., & Hurst, S. (2017). Implicit bias in healthcare professionals: a systematic review. BMC medical ethics, 18, 1-18.
2. Hall, W. J., Chapman, M. V., Lee, K. M., Merino, Y. M., Thomas, T. W., Payne, B. K., ... & Coyne-Beasley, T. (2015). Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. American journal of public health, 105(12), e60-e76.
3. Van Ryn, M., Burgess, D. J., Dovidio, J. F., Phelan, S. M., Saha, S., Malat, J., ... & Perry, S. (2011). The impact of racism on clinician cognition, behavior, and clinical decision making. Du Bois review: social science research on race, 8(1), 199-218.