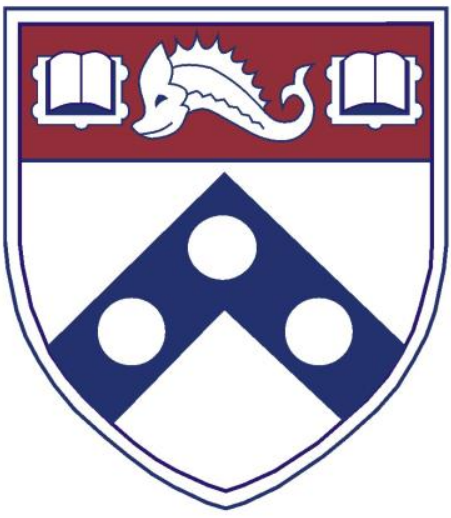


Uncovering the Blind Spots: A Study of Advanced Practice Provider Implicit Bias Education



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BACKGROUND

- Provider bias can affect patient-provider interactions including communication, management decisions, treatment adherence and subsequently patient outcomes (Burgess, Beach & Saha, 2017; Green et al., 2007, Hall et al., 2015).
- Limited progress toward recognition and mitigation of provider bias has occurred.
- The purpose of this study was: (1) Increase awareness of provider bias; (2) Engage advance practice providers (APPs) in a dialogue regarding health care disparities; and (3) Develop & evaluate the effectiveness of a formalized approach to implicit bias training.

METHODS

- A mixed methods approach was utilized to evaluate the efficacy of a one hour facilitated education session on bias and its impact on care.
- Each participant took the Harvard University's Implicit Association test (IAT) on Race followed by a facilitated guided discussion that was audio recorded, transcribed & coded, and concluded with an anonymous online survey.
- Feedback was collected through post session participant survey that queried pre- and post- session attitudes surrounding bias & general demographic information, directly from the facilitators and from both observed and recorded data.

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RESULTS

TABLE 1 - Demographics of Participants

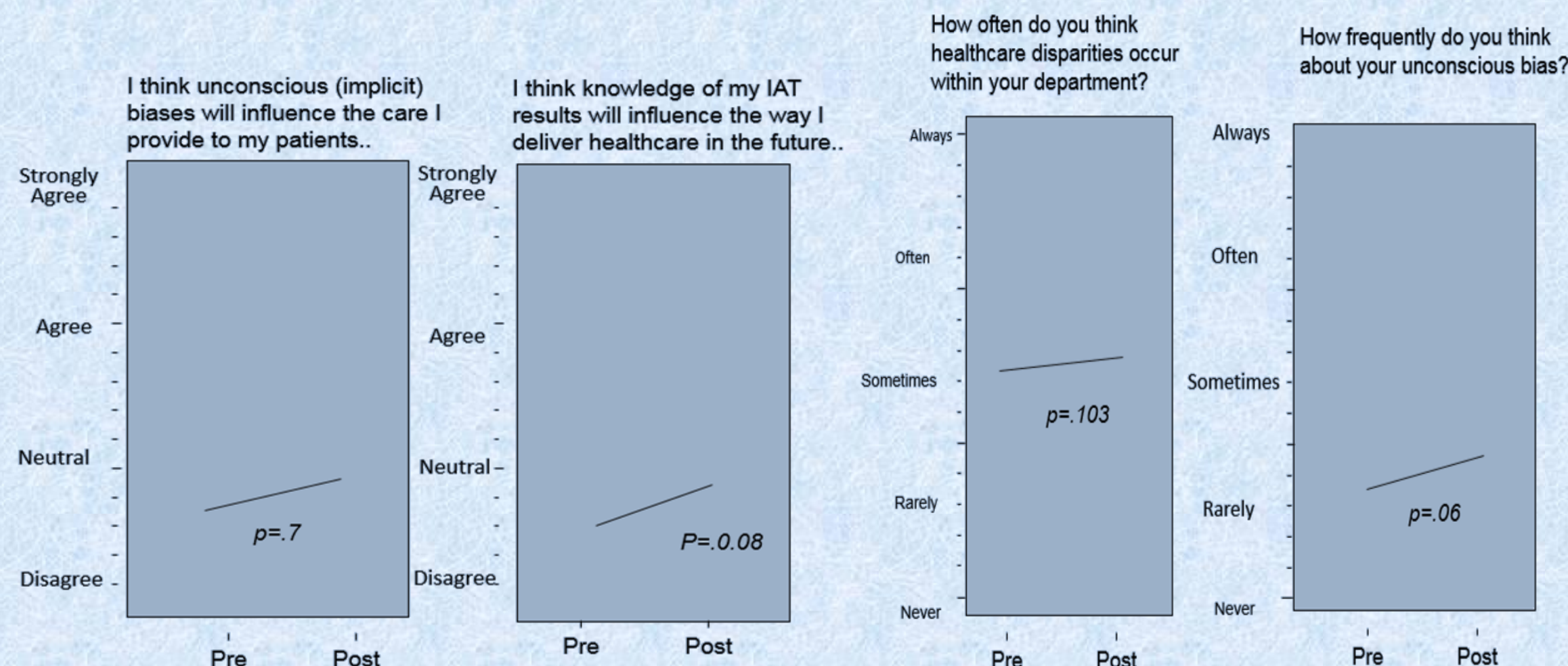
Characteristics	Percent (%)	N
Gender		
Male	9.5	4
Female	85.7	36
Not reported	4.7	2
Age		
21-25	7.1	3
26-30	35.7	15
31-35	28.5	12
36-45	11.9	5
45-55	7.1	3
>55	7.1	3
Not reported	2.4	1

Characteristics	Percent (%)	N
Race		
White or Caucasian	81	34
Black or African American	7.1	3
Asian	9.5	4
Not reported	2.4	1
APP Subspecialties		
Internal Medicine	26.3	10
Surgical Critical Care	18.4	7
Medical Critical Care	13.1	5
General Surgery	10.5	4
Medical Oncology	10.5	4
Neurology/Neurosurgery	7.9	3
Cardiology/Cardiac Surgery	7.9	3
Plastic Surgery	2.6	1
Otolaryngology	2.6	1

TABLE 3 - Qualitative Findings

Response to Test	"I wouldn't say it was hard, but it made me nervous," "I felt like it was going to – I have a conceived notion of myself I guess. And I was concerned about what the outcome would show." "For me it wasn't surprising because I think you relate closer to the group in which you live."
Attitudes on Provider Implicit Bias	"I think it's about how you identify. So you may be more sympathetic or empathetic to one- race, gender or what have you." "And I hope that I always try to approach a patient in the same way I would my own parents." "And you may not be able, despite your best efforts, to do that to something you potentially don't identify with. And that could jeopardize care, if you're not able to appropriately communicate with that person."
Limitations & Future Directions	"Sessions of this sort should be held in a room where people can sit in a circle." "[I think] having more patient scenarios, [and in] smaller groups also would be better." "[We should] Continue to provide cultural and diversity training to open minds and ensure a healthy workplace environment." "In addition, education will engage a conversation, enhance communication, impart respect & dignity for those different than oneself."

TABLE 2 - Implicit Bias Pre/Post Findings



CONCLUSIONS

- There is an opportunity to provide additional training for APPs on implicit bias in the health care context to increase awareness.
- Educational initiatives should include patient scenarios as well as possible simulation training.
- Identification of potential blind spots in provider bias and its impact on care is an area for further research.