

1 **HBPC: Implicit Racial Bias**
2 *Resident 9 Reflections and Commitment to Change*

3

4

5

6 **Q1:** What was it like to see your result on your implicit bias test? How did
7 that affect your patient encounter? After completing these home visits,
8 what are you noticing in your mind, in your gut or in your heart? What
9 barriers did you face in applying some of these strategies during your
10 home visit? How could you overcome these barriers? What strategies will
11 you try to implement in your clinical practice in the future?

12

13

14 **Resident 9:**

15

16 To be honest, when discussing the implicit bias test, I don't think it is very

17 accurate. And I don't say that to try to deny that I and everyone else likely

18 has some racial bias. I say it because of the way the test is structured. It

19 always starts by having bad and african americans associated with the

20 same key. I have taken this test multiple times and it is always structured

21 that way. It seems to be teaching you to link the two, so it's no surprise

22 when you don't perform as well when they switch the key association. This

23 may also explain why a lot of African Americans even have a slight bias

24 against their own race. I just think I would trust the test a lot more if it was

25 random which order the keys were associated first. This particular patient

26 encounter was unique because it was a phone encounter. I know I've met

27 thesee patients before but I honestly don't remember what their race is. I

28 obviously couldn't see it through the phone, so there was virtually no way

29 racial bias could play a role in our visit. This is one huge advantage to

30 phone encounter (although their are a lot of negatives which make make

31 them not ideal in general). It has also been discussed that it may be a

Doubted
(Response to IAT)

32 good platform for transgender care. The patient may feel more relaxed
33 and open to discuss their care if they don't feel judged by being physically
34 present in the office. As discussed with Dr Goroncy prior to our visits, I
35 think another form of bias that is huge in the medical field, that I personally
36 struggle with and is not discussed enough, is bias against the very
37 unhealthy population. I'm talking about the severely obese, uncontrolled
38 diabetic, heavy smoker, heavy drinker, drug addict, etc. Most of look at
39 this type of patient and our first thought is, they did it to themselves, or
40 even worse, they deserve it. No one talks about it, but I would be willing to
41 bet nearly every doctor does it to some degree. I personally think this
42 needs to be discussed, maybe even more so than racial bias, because
43 these patients often get suboptimal care because of this notion that they
44 did it to themselves, but these are the patients that need medical care the
45 most. We are ignoring our most vulnerable and sick population. If we
46 could change this, we could change the face of medicine.

47

48 **Resident 10:**

49 I was very surprised to see that I had a moderate bias. I expected to have
50 some bias, but the severity was more than I anticipated. I am trying to be
51 more cognizant of my bias in patient encounters, especially in home visits.
52 In my patient encounter I tried to make less assumptions and follow up
53 areas I did not understand with questions. I felt that my bias and
54 assumptions could mislead me in understanding my patient's wants and

Biases -
obesity
poor health

Surprised

Self-Awareness

Open ended ? /
more ?'s

55 needs better. Awareness that bias exists, and awareness that if I carefully
56 ask more questions, I can learn where some biases may lie.

57

58 **Q2:** From 1 (minimal commitment) to 10 (maximal commitment), how
59 committed are you to making this change?

60 **R9:** 5

61 **R10:** 97

62 **Q3:** As a result of completing this home visit experience, I commit to:

63 **R9:** Be open about bias with my future learners to create an environment
64 where this can be discussed openly.

65 **R10:** having an open dialogue with patients who are from a different
66 background than my own about what experiences they may have had that
67 differ from my own.

Different!
Learning
environment
impact
open dialogue

