

Implicit Bias Training for First-Year Medical Students

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Introduction

The new curriculum at Rowan University School of Osteopathic Medicine includes a longitudinal Community Service Learning and Leadership component to prepare students to work with underserved communities. As part of that course, two sessions on Implicit Bias (IB) were designed and implemented for first-year medical students. The goals of the IB sessions were for students to understand the differences between explicit and implicit bias and the brain science behind bias creation, to examine the impact of IBs on healthcare relationships and health outcomes, to reflect on their own biases, and to identify strategies for disrupting and reducing the impact of IBs.

Session Learning Objectives

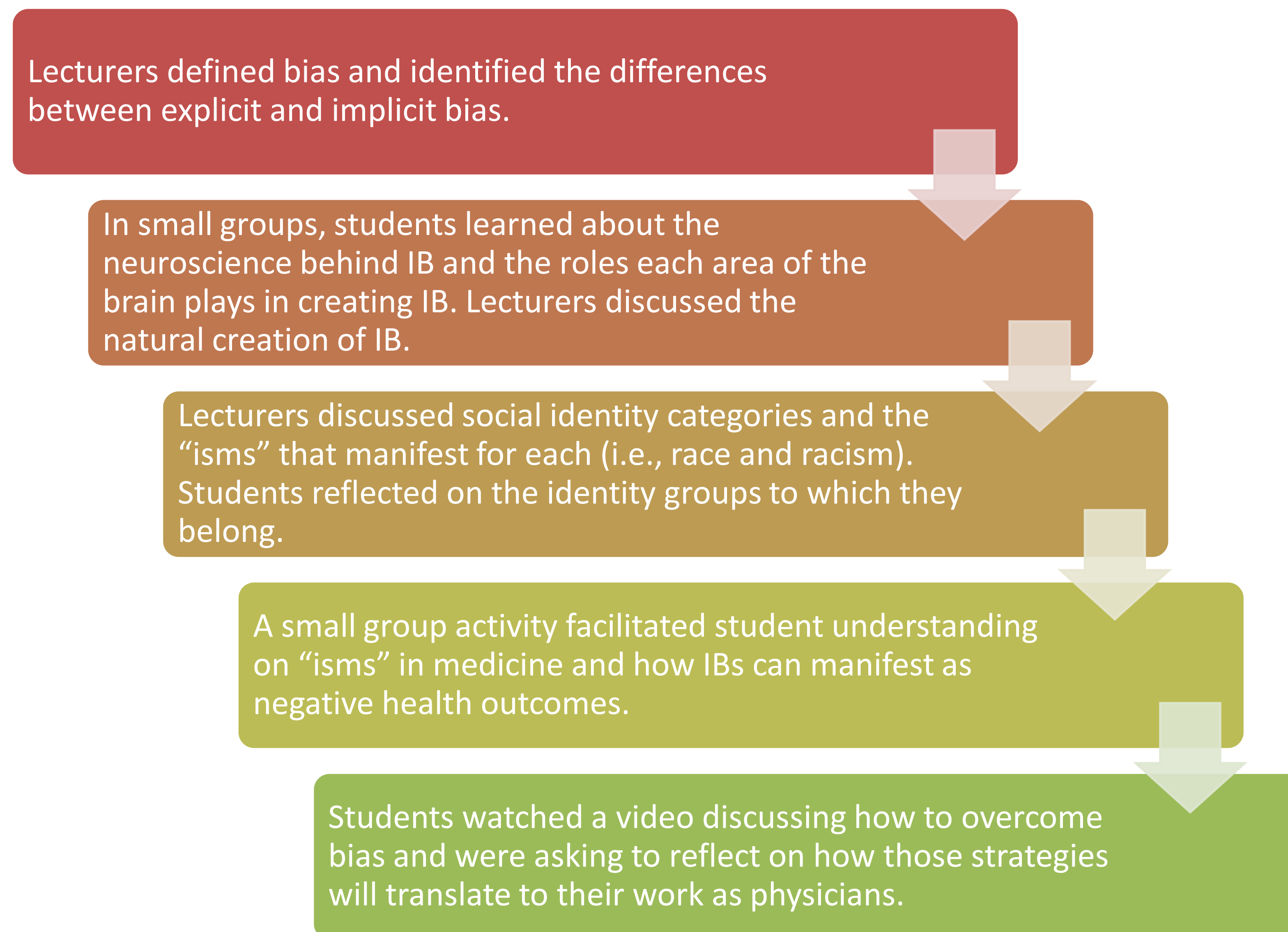
- Define IB
- Understand the nature and brain science of IB
- Examine the impact of IB on physician-patient relationships and health outcomes
- Create self-reflection about one's personal IBs and their relationship to clinical care
- Identify & use strategies for disrupting & reducing IBs

Methods

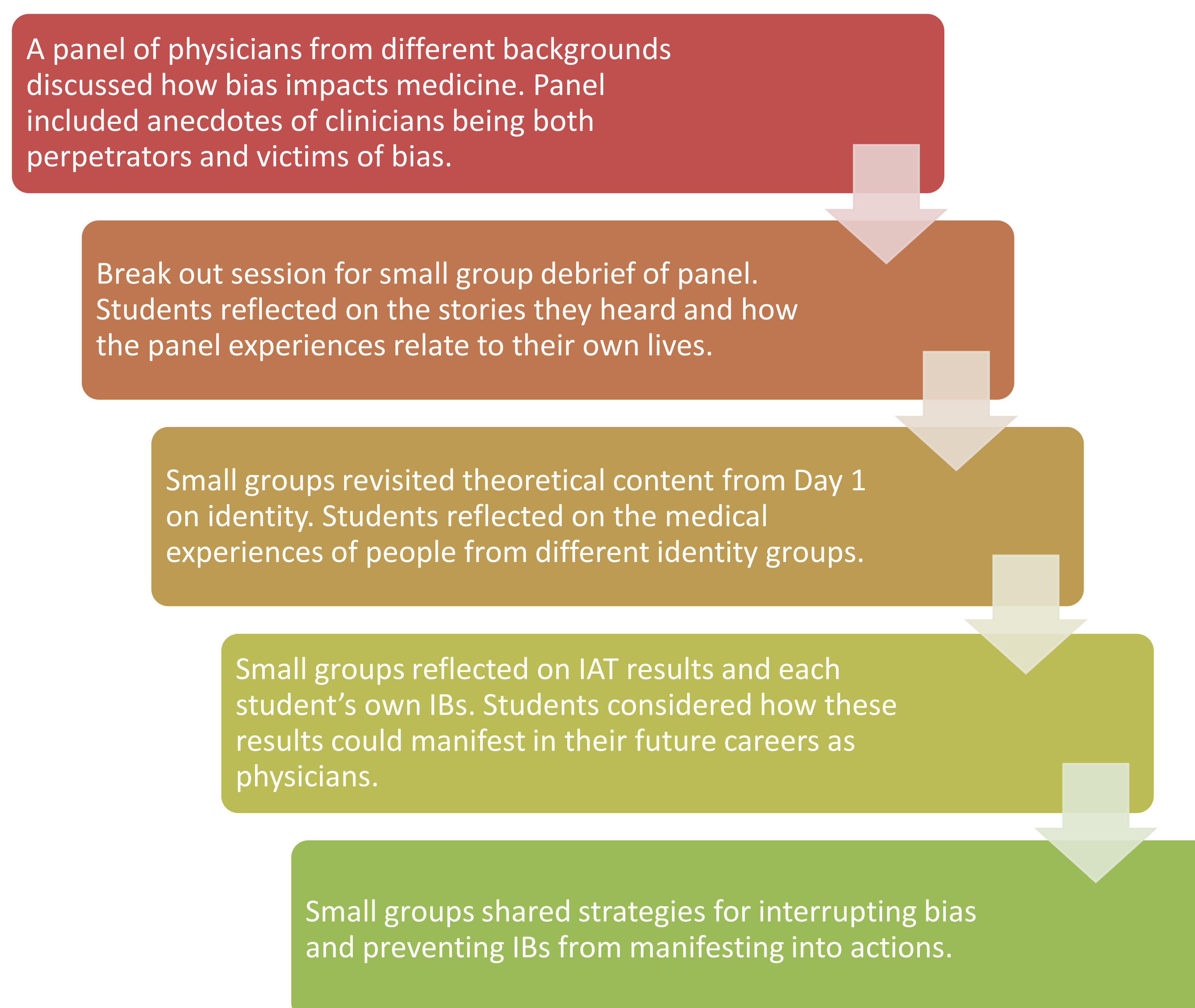
First-year medical students (210) participated in eight hours of IB programming over the course of two days. Students were pre-assigned reading and video materials and were required to complete several Harvard Implicit Association Tests (IATs) to identify the IBs they may personally hold. Facilitators (10) included interdisciplinary faculty and staff and supported small group activities throughout both days and led break out sessions on Day 2. Day 1 included a large group lecture, small group activities at tables, and mixed media presentations. Day 2 included a panel of physicians and break out group activities. Students reflected on their own biases and thought critically about the potential impacts of their own IBs on their future work as physicians. Lastly, students engaged in goal setting to continue to challenge their IBs and promote behavior change.

Methods

Day 1: Whole group lecture



Day 2: Whole group panel, Small group break out



Results

Students completed a reflection assignment on their experiences in the sessions and their IAT results. As anticipated, group size was a limitation. Even break out sessions were limited by having larger groups than desired (20-25 students per break out group). Additionally, debriefing sessions were desired by some students who felt triggered by the heavy content. Nevertheless, students appreciated the opportunity to understand and confront their IBs so early in their medical careers.

Student Responses

"Confronting my own implicit biases was a new experience for me but was greatly helpful. It shed light on some biases I never believed I had."

"Reading through the articles in the first lecture made me see just how malignant implicit biases can be, especially in medicine."

"I cannot afford to have any sort of implicit bias that may prohibit me from providing the best treatment I can give."

"These sessions were empowering in teaching me the ways in which I was privileged and could use that privilege to uplift other groups."

Conclusion

In order to train culturally competent physicians, it is essential to create opportunities to gain awareness of one's own IBs and their impact on relationships within the healthcare setting. Prior to doing community work, it is important for medical students to intentionally reflect on who they are and how they interact with the people around them. These sessions could potentially serve as a model for IB training for other medical school programs.

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