

Incorporating Implicit Bias Education and Mitigation into Cultural Competence Curriculum For First-year Medical Students

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The Institute of Medicine report “Unequal Treatment” highlights the importance of cross-cultural medical education as a means of eliminating healthcare disparities. The LCME and ACGME agree that education in cultural competence (CC) is essential at all levels of medical education. Recently, there has been increased attention to the role that implicit bias plays in patient care and how mitigation of such bias is critical to ensuring equitable healthcare. Despite this attention, most of the focus on implicit bias has been on understanding its impact without actionable steps toward managing such bias. The aim of this innovation is to integrate CC training and implicit bias education and mitigation. The learning objectives of the session were to: 1) Define cultural competence and enumerate at least four aspects of culture and 2) Identify a personal bias that may potentially impact the way one cares for patients and create a management plan for the identified bias.

The session begins with didactic education about CC and implicit bias in a large group format. Following this, students are given time to reflect on a personal implicit bias, create a mitigation plan, and are provided tools to reevaluate their bias management plan in the future. Students are then placed in small groups to role play a patient-provider interaction that employs cultural aspects of shared decision making and asks students to reflect on possible biases in the case. This is followed by a large group debrief and an optional survey.

This innovation was implemented for 1st year medical students. Due to the COVID-19 pandemic, the session was held virtually during Winter 2020 in a large group format with breakout rooms for small group activities. The session was required, and an optional survey was completed by students with consent. 70% of the 153 students completed the retrospective pre-post survey with Likert scale ratings (1 –strongly disagree, 3- neutral, 5- strongly agree). Using a paired t-test there was a significant improvement in mean difference between students pre- and post-ratings in defining culturally effective medicine (3.7 to 4.2, $p < 0.005$), enumerating at least four aspects of culture (3.7 to 4.3 $p < 0.005$), and recognizing a bias within oneself that may impact patient care (3.8 to 4.2, $p < 0.005$).

These results indicate that CC and implicit bias education can be effectively incorporated together in undergraduate medical education. Further, this intervention ensures that students can act on their knowledge to enhance patient care. Limitations include a single institution study with no exploration of long-term retention of knowledge or performance in clinical settings. Using self-reflection and case-based examples where cultural needs and biases interact, programs can be developed that help students grow in mitigation of personal bias and to recognize situations where biases may occur.