Does Implicit Bias Training Make a Difference?

N. A. Nguyen MD, S. Zimmer MD, T. Yamashita, MS, T. Lockspeiser, MD, MHPE
Denver Health and Hospital Authority, Department of Obstetrics and Gynecology
University of Colorado, Denver

BACKGROUND

- Clinical performance evaluations have a significant impact on clerkship grading which subsequently affect a student's competitiveness for residency.[1]

- Racial disparities in medical student evaluations exists, leading us to evaluate our institution.[2]

- Clinical evaluations weigh heavily into assigned student grades.

- Our analysis confirmed that we, too, have racial differences in the proportion of Under-Represented Minority (URM) students receiving honors grades during the clinical clerkships.

OBJECTIVES

- To develop interventions to mitigate racial implicit bias within our medical student evaluators by providing implicit bias training (IBT).

- To examine the effects of IBT on participants' understanding of implicit bias concepts

- Use IBT to mitigate the impact of implicit biases on student clinical evaluations.

MATERIALS AND METHODS

- Grading committees were asked to attend an IBT specifically designed for them.
  - Involving real-life implicit bias instances which the medical trainees' experienced and ways to mitigate/intervene

- Participants completed immediate pre-training and 24-hour post-training knowledge-based surveys.
  - Survey items rated on Likert-scales

- Percentages of responses in the 2 highest categories reported

- Wilcoxon Signed Rank Sum test p-values reported to assess change in paired pre-post responses.

CONTACT INFORMATION

Nicki Nguyen, MD; Denver Health Hospital, Dept. of OB/GYN; University of Colorado Anschutz
Email: nicki.nguyen@dhha.org

RESULTS

56 Participants Completed the Implicit Bias Training

Pre-Training Survey, N=55 (98.2%)	Post-Training Survey, N= 36 (64.3%)

• 63.6% had previously attended IBT, but
     • 94.5% only sometimes/rarely recognized racial microaggressions when they occur, and
     • Only 9.1% completely understood the term "Stereotype Threat"
	• 75.0% felt IBT was very/extremely effective

Comparing Pre- and Post-Survey Results, N= 31
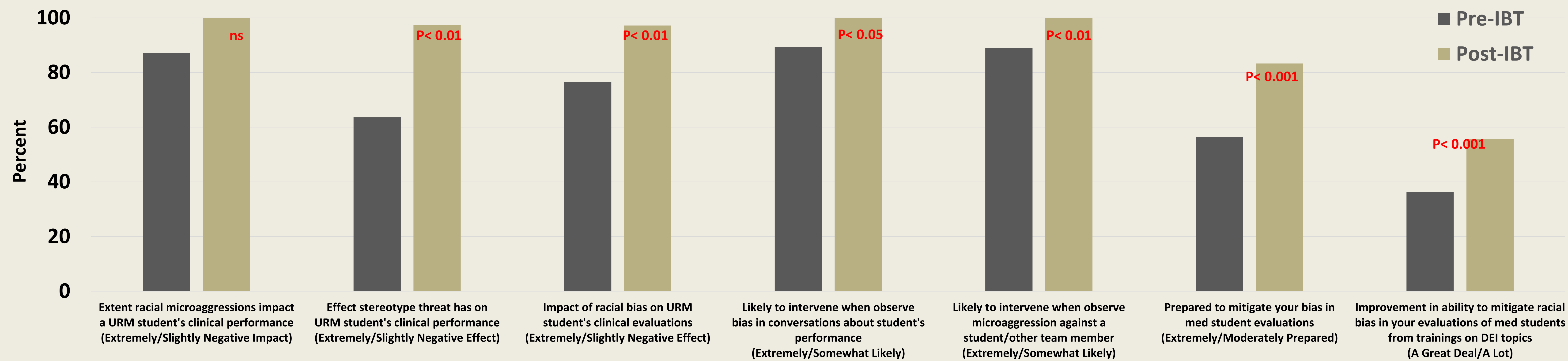
CONCLUSIONS

- IBT can be effective in changing attitudes and participant understating of topics related to implicit bias

- Our study suggests IBT training works best when it is specifically designed for the intended group; though, some effects may be due to timing of our surveys in relation to the IBT.

- IBT improves the likelihood of intervening when racial bias is observed as well as identifying racial biases in medical student grading discussions.

- Future steps
  - assess the long-term effects of IBT by reevaluating our participants 6 months after the training to ensure these effects are long-lasting.
  - follow the differences in grades between our URM and non-URM students to determine if interventions like this can reduce and ultimately eliminate racial differences in medical student evaluations

REFERENCES

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2. Low D, Pollack SW, Liao ZC, et al. Racial/Ethnic Disparities in Clinical Grading in Medical School. Teach Learn Med. 2019;31(5):487-496. doi:10.1080/10401334.2019.1597724