

## **“It Starts With Us” Series: Bias Training for Internal Medicine Residents**

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### **Background:**

In the 2020-2021 academic year, a new bias training curriculum was created, implemented, and tested to address awareness of and behavior around implicit bias and structural racism in academic medicine.

### **Innovation Objectives:**

To improve patient care and provider well-being by implementing a multi-faceted diversity curriculum on implicit and structural bias training for internal medicine (IM) residents at University of Colorado School of Medicine (SOM).

### **Program Description:**

We first identified key stakeholders in the IM residency and SOM who provided support and guidance for this project. We then conducted a needs assessment, revealing the need for a clinically-focused bias training grounded in real world situations faced by residents and faculty. We built a curriculum made up of three one-hour hybrid didactic-discussion sessions called “It Starts With Us.” Curricular efficacy was assessed with pre- and post-lecture surveys.

### **Program Evaluation:**

Session 1 illustrated the effects of structural and implicit bias in the health care system on patient health. Session 2 was an overview of how implicit bias affects recruitment, retention and career advancement of physicians. Session 3 (to be presented in March) will be an overview of the history of race and the integration of this concept into health care. The curriculum included prep work and follow-up homework for the lectures.

### **Discussion:**

Pre-lecture survey information was used to design and guide the curriculum. Pre-lecture survey results indicated residents preferred to learn in small groups in a peer-to-peer context. Therefore, the curriculum was designed to include small group discussion. The pre-lecture survey also indicated that residents learned best through video and social media. The curriculum was designed to include videos, social media resources, and popular articles relevant to each session’s central theme. Additionally, feedback provided in post-lecture surveys was incorporated into the subsequent lecture.

Following the first session 92% of respondents agreed that the curriculum “was valuable for me at my current level of training and time of year” (N=107). In the pre-lecture survey, 67% thought that structural racism impacts medical care, compared to 76% after. Following the second session 91% of respondents agreed that the curriculum “was valuable for me at my current level of training and time of year” (N=65). Overall, these results suggest that the curriculum increased awareness of bias in clinical and academic medicine.