Breaking the Bias Habit:
A Workshop to Promote Racial Equity in Hiring and Clinical Practice

Survey Results from the
Department of Family Medicine

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Introduction

This report includes the results of a survey to evaluate the workshop, Breaking the Bias Habit®: A Workshop to Promote Racial Equity in Hiring and Clinical Practice. The workshop was held on November 20, 2015 at the UWMF Administrative Office Building in Middleton, WI. Workshop presenters were Molly Carnes, Professor of Medicine and Co-Director of WISELI; Jennifer Sheridan, the Executive and Research Director of WISELI; and Eve Fine, Director of Curriculum Development and Implementation and a Researcher at WISELI.

This workshop introduced participants to the concepts of unconscious biases and assumptions by treating the application of such biases as a "habit." The workshop had three goals for the participants—recognize implicit bias as a habit, diagnose common manifestations of bias, and practice bias habit-reducing strategies. After a brief introduction, three modules were presented (1: implicit bias as a habit; 2: identifying implicit bias or becoming "bias literate", 2a: In hiring, 2b: in clinical practice; and 3: strategies to reduce the influence of implicit bias). These modules involved lecture, paired discussions, group discussions, and workshop materials.

Methods

The attached survey (see Appendix) was provided to the workshop attendees in hard-copy form immediately after the workshop. After completing the questionnaire, the forms were given to the evaluation staff to compile and analyze.

For tables displaying quantitative data, both the percentage and the number of respondents to each item are included. For open-ended items, all responses are provided for each question, with some coded and presented according to theme. Some responses have been edited for grammar, typographic errors, and to maintain the anonymity of the respondents or others. The respondents may have addressed multiple points or concerns in their open-ended answers, which were then grouped thematically. Therefore, the number of comments is not reflective of the number of people who responded to any given item.

<u>Respondent Information</u>
Out of 54 workshop participants, 33 responded to the survey for a response rate of 61%. Eighteen said they provide clinical care in the course of their normal duties, and twelve said they do not (Table 1).

Yes	No	Total
60%	40%	100%
18	12	30

Table 1. Do you provide clinical care in the course of your normal duties?

Results

Twenty-two respondents said they found the workshop to be *very useful*. The workshop was *somewhat useful* to ten participants (Table 2).

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Very Useful	Somewhat Useful	Not at all Useful	Total
69%	31%		100%
22	10	-	32

Table 2. Please provide an overall rating of this workshop.

All but one respondent said that they would recommend this workshop to their colleagues (Table 3).

Yes	No	Total
97%	3%	100%
29	1	30

Table 3. Would you recommend this workshop to your colleagues?

One respondent wrote in "not yet" and went on to explain, "Existing presentation is promising and offers lots of information. However, a notable oversight is unpacking white as racial identity. Beginning the discussion there is critical – many, many resources available that explain why."

Value of Workshop Components

Workshop participants found the module about *Identifying Implicit Bias in Hiring* to be the most valuable (81%). The modules *Implicit Bias as a Habit* and *Identifying Implicit Bias in Clinical Practice* were rated as *very valuable* (78%). *Strategies to Reduce the Influence of Implicitl Bias* was found to be *very valuable* for 75% of the participants. The *Introduction* was found to be *very valuable* by 65% of the participants.

	Not at all Valuable	Somewhat Valuable	Very Valuable	Total
Introduction	-	35% 9	65% 19	100% 26
Module 1: Implicit Bias as a Habit	-	22% 7	78% 27	100% 32
Module 2a: Identifying Implicit Bias in Hiring	-	19% 6	81% 25	100% 31
Modules 2b: Identifying Implicit Bias in Clinical Practice	-	22% 7	78% 25	100% 32
Modules 3: Strategies to Reduce the Influence of Implicit Bias	-	25% 8	75% 24	100% 32

Table 4: Value of Workshop Modules

The majority of participants *agreed* or *strongly agreed* that there was a balance of activities to promote engagement (85%) and only three participants *disagreed* (9%). One participant indicated "neutral" when asked if the content was presented at an appropriate level for comprehension; the rest (97%) *agreed* or *strongly agreed*. The amount of content was appropriate for 85% of participants, while five indicated neutral. The case studies added to the understanding of the content for 87% of survey respondents. Two participants *disagreed* that the workshop was a worthwhile use of their time. The vast majority of participants (90%) *agreed* and *strongly agreed* that the workshop was a worthwhile use of their time (Table 5).

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	Total
There was balance of activities to keep me engaged in the workshop.	-	9% 3	6% 2	66% 21	19% 6	100% 32
The content was presented at a level that I could easily comprehend.	-	-	3% 1	47% 15	50% 16	100% 32
The amount of content was appropriate.	-	-	16% 5	47% 15	38% 12	100% 32
The case studies and activities added to my understanding of the content.	-	-	13% 4	56% 18	31% 10	100% 32
This workshop was a worthwhile use of my time.	-	6% 2	3% 1	48% 16	42% 14	100% 33

Table 5. Workshop Presentation and Content

Level of Knowledge/Skill Before and After Workshop

Participants indicated that their knowledge about various concepts, including bias, increased due to the workshop. The greatest increase in knowledge was about how bias affects clinical practice. The participants also indicated that their skill increased in both recognizing bias, as well as using strategies to reduce bias (see Table 6 and Figure 1).

1= No Knowledge/Skill 2= Very Little Knowledge/Skill 3=Some Knowledge/Skill 4=Much Knowledge/Skill		
	BEFORE	**NOW**
Health and healthcare disparities	3.24	3.42
Implicit bias concepts	3.03	3.55
How bias affects clinical practice	2.79	3.44
Recognizing examples of bias	3.03	3.45
Using strategies to reduce bias	2.81	3.42

Table 6. Average Level of Knowledge/Skill Before and After Workshop

Level of Knowledge/Skill

Much Knowledge/Skill

NOW

BEFORE

No Knowledge/Skill

3.42   3.55   3.44   3.45   3.42

3.24   3.03   2.79   3.03   2.81

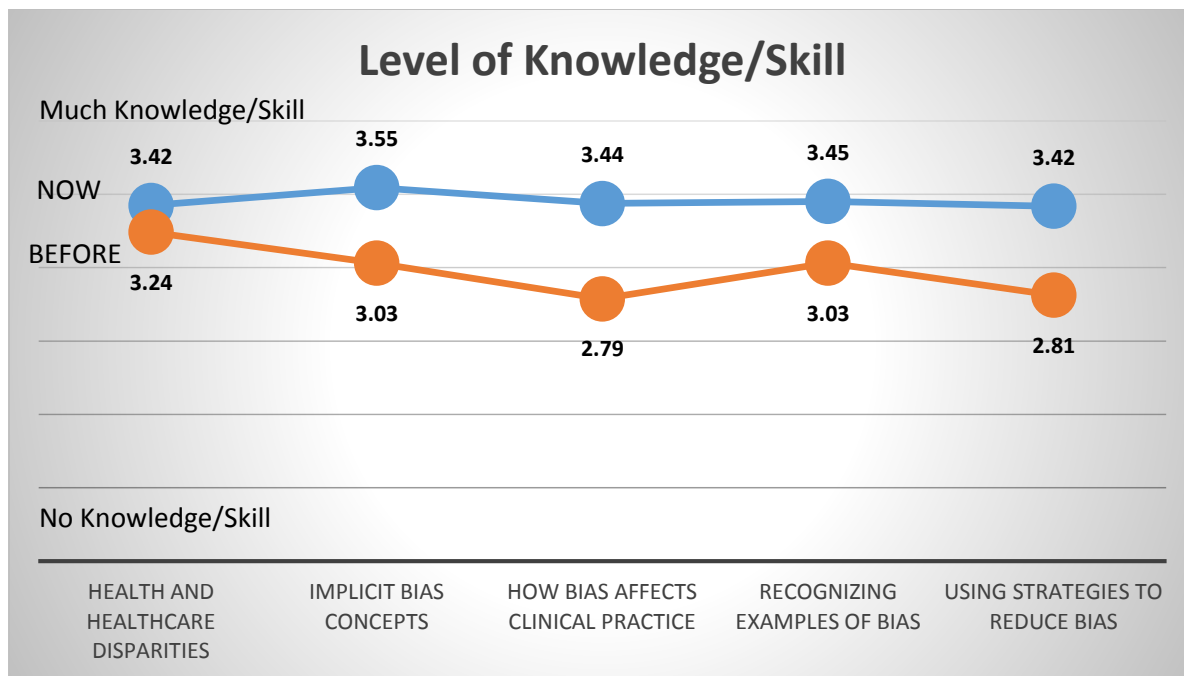| HEALTH AND HEALTHCARE DISPARITIES | IMPLICIT BIAS CONCEPTS | HOW BIAS AFFECTS CLINICAL PRACTICE | RECOGNIZING EXAMPLES OF BIAS | USING STRATEGIES TO REDUCE BIAS |

Figure 1. Average Level of Knowledge/Skill Before and After Workshop

What Was Learned
Survey participants were asked to identify 1-3 ideas that they learned at the workshop. The most common response referred to the EPIC acronym, followed by overall strategies to reduce bias.
- EPIC Strategies.
- EPIC acronym was great.
- EPIC.
- Specific strategies to reduce bias.
- Messages/attitudes that reduce bias.
- Ways to reduce/recognize bias.
- The strategies to reduce bias were really helpful.
- Putting myself in another's shoes before or during interaction saying "I'm trying to do better" improves outcomes more than just acknowledging it.
- Physician and patient as a team. We are all working on reducing bias.
- Challenge your stereotypes.
- RN research study on perspective.
- Repeat positive messages about reducing biases.
- Empathy is malleable.

Workshop participants also learned about environmental stereotypes and microaggressions:
- Environmental stereotype threats, it's important to eliminate these.
- Look at handouts, décor, magazines that are put out that can contain racial bias or microaggressions.

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- Importance of awareness of how you question folks. Importance of awareness of surroundings.
- Recognizing microaggression.
- Definition of microaggression.
- Microaggression, stereotype bias.
- Microaggression, homophilly, multicultural (is greater than) diversity.
- Micro insults and implicit bias.
- How everyday implicit bias can create micro effects that accumulate.

How Information Will Be Applied

Participants were asked, "How will you apply what you learned in your professional work?" Many responses related to how this workshop will change the way they will interact with patients:
- Think about patient perspective.
- Contextualize each patient.
- Work to put myself in other's experiences more.
- Tell my patients we are a team.
- Self-check on bias before interactions. Careful with my use of questioning folks.
- Work with teams.
- Repeat positive message.
- Use mantra before going into meeting with group that is primarily people of color

Others responded that it will change practices and processes at the clinic:
- I think this will help in the way we recruit residency applicants.
- Evaluate hiring process.
- As Physician recruited for the department [I have] many opportunities to introduce process improvement.
- Be more conscientious in hiring/ review of CV's/candidates.

Others intend to eliminate environmental threats:
- Evaluate clinic environment.
- Walk through worksite with eye toward stereotype threat.
- Evaluate posters.

A few suggested general ways of applying what they learned:
- Try to reference knowledge gained in everyday situations.
- More awareness – Start discussions.
- Challenge my stereotypes.
- Awareness of my own bias.

Suggestions for Improvement

The most common suggestion for improvement was to allow more time for discussion:
- Discussing more how to make changes – we understand that these changes exist: how specifically as a group of concerned employees do we now make positive change.

- I think we would benefit from more discussion time. The discussions at our group were great, but were cut short.
- Would like longer time on Module 3 (Strategies to Reduce the Influence of Implicit Bias) especially liked this section and wanted more time to discuss and plan next steps.
- More time to do 3rd part (Strategies to Reduce the Influence of Implicit Bias) with time to talk about our own behavior and department changes
- Less PowerPoint, more discussion.
- It would have been helpful to have time to discuss with other people from my clinic.
- More chance to sit with and talk to people in our specific areas to brainstorm ways/areas to make change
- More discussion time, especially with people from my clinic.
- More time to discuss cases.
- It would be helpful to have a little more interactions.
- Longer!
- Need more time to explore more deeply.
- I would like more time at the table to discuss.
- More time for deeper discussion, more subtle exercise scenarios.
- Want more activities and time for discussion.
- Very helpful, but having a review of several studies was difficult to remain engaged.

Another common suggestion for improvement was to allow more time to work on strategies to reduce bias and identifying personal biases:
- I would have liked to spend more time on strategies.
- More time on reducing bias strategies in clinician-patient relationship.
- More time examining our individual biases and behaviors.
- More discussion time! Especially for ways to reduce bias in clinical practice.
- More time on recognizing personal biases.
- I think I would benefit from spending more time identifying my specific biases.

One participant noted:
> I found it fascinating and also disheartening that one of my speakers demonstrated implicit bias unintentionally. When a woman with an Asian heritage made a comment, the speaker said it was a great comment and repeated it for everyone else to hear. When a woman of African descent spoke, the speaker didn't even acknowledge the comment but instead just said she needed to get on with the presentation.

Two respondents thought the workshop would be better as a morning session and not on Friday afternoon. There were also suggestions to supply food and water for workshop participants.

Suggestions for Curriculum Improvement
- Some of the language and statements we're supposed to tell ourselves was at a high academic level – even highly educated people appreciate easy to remember/easy to access statements.
- Some terms seemed advanced - would be good to define.
- I feel this workshop was geared towards physicians vs. other leadership roles.

- Whiteness studies – with the absence of white racial identity awareness the emphasis continues to be on Black, Latino, etc. as "other," creating a hierarchy for whiteness to not be analyzed similarly, just reifies white as the norm to which POC are deficit, that type of implicit bias exists within this presentation on implicit bias; something to consider. Maybe after introduction but before Module 1, insert a "setting the state" section that demonstrates witnesses as universal norm; how we are all conditioned/socialized on this norm; and how pervasive biases are for everyone. There has to be an orienting framework of white racial identity first in order to promote inclusion of "white" as a race with its own sets of assumptions biases, beliefs etc. otherwise, the sole focus on race as "underrepresented" prevents white people from knowing how the culture of whiteness contributes to the framework. Existing presentation is promising and offers lots of information. However, a notable oversight is unpacking white as racial identity. Beginning the discussion there is critical many, many resources available that explain why. Be careful about some things in your language. Prefer people of color vs minorities. Some people of color will be majority in the U.S. so this won't be accurate. "Call the Police" this was said a few times. "You wouldn't call the police." This assumes a certain (positive) relationship with police. Microaggressions section was well done – qualitative data provided depth of the experience; the presenter appropriately supplemented by speaking to "energy exerted" or required to address. Could be useful as a heads up that the concepts introduced and discussed may carry an emotional charge/trigger; speak to ways to sit with discomfort and discuss productive utility of discomfort. Clear that evidence-based findings were critical to making points – good use of data; consider similar format for debunking "universal" to reveal white privilege and/or culture of whiteness.

Continue workshops and include others:
- Should offer again to residents, students more faculty.
- Could this be brought to each clinic and include all staff? That way we could actually make real changes.

EVALUATION

About Your Learning

1. Please indicate the value of each of the workshop components:

	Not at all Valuable	Somewhat Valuable	Very Valuable
Introduction	❑	❑	❑
Module 1: Implicit Bias as a Habit	❑	❑	❑
Module 2a: Identifying Implicit Bias in Hiring	❑	❑	❑
Module 2a: Identifying Implicit Bias in Clinical Practice	❑	❑	❑
Module 3: Strategies to Reduce the Influence of Implicit Bias	❑	❑	❑
Comments:			

2. What other topics did you hope would be covered, yet were not?

3. Please use the following scale to indicate your level of **knowledge** about the following **BEFORE** attending this workshop and **NOW**:

	No Knowledge	Very Little Knowledge	Some Knowledge	Much Knowledge
Health and healthcare disparities - BEFORE	❑	❑	❑	❑
Health and healthcare disparities - NOW	❑	❑	❑	❑
Implicit bias concepts - BEFORE	❑	❑	❑	❑
Implicit bias concepts - NOW	❑	❑	❑	❑
How bias affects clinical practice - BEFORE	❑	❑	❑	❑
How bias affects clinical				

practice - NOW	❑	❑	❑	❑

4. Please use the following scale to indicate your level of **skill** about the following **BEFORE** attending this workshop and **NOW**:

	No Skill	Very Little Skill	Some Skill	Much Skill
Recognizing examples of bias - BEFORE	❑	❑	❑	❑
Recognizing examples of bias – NOW	❑	❑	❑	❑
Using strategies to reduce bias - BEFORE	❑	❑	❑	❑
Using strategies to reduce bias - NOW	❑	❑	❑	❑

5. Please identify 1-3 ideas that you learned at this workshop:

6. How will you apply what you learned in your professional work?

About the Workshop
7. Please use the following scale to indicate your level of agreement to the following items:

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree
There was balance of activities to keep me engaged in the workshop.	❑	❑	❑	❑	❑
The content was presented at a level that I could easily comprehend.	❑	❑	❑	❑	❑
The amount of content was appropriate.	❑	❑	❑	❑	❑
The case studies and activities added to my understanding of the content.	❑	❑	❑	❑	❑
This workshop was a worthwhile use of my time.	❑	❑	❑	❑	❑
Comments:❑❑❑❑❑❑					

Please provide an overall rating of this workshop:
- ❑ Very Useful　　　　❑ Somewhat Useful　　　　❑ Not at all Useful

8. How could this workshop be improved?

9. Would you recommend this workshop to your colleagues?

　　　　　　　❑ YES　　　　❑ NO

Please explain:

10. Any other comments?