Recognizing and Mitigating Bias in Academia

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Sherita H. Golden

Office of Diversity, Inclusion, and Health Equity
What Is Your Own Diversity Story?

What Experiences Have Shaped You Into Who You Are Today?
The Diversity Circle

How I work and what I do.
How I think and process information.
How I experience the world and rejuvenate.
How I and others see me.
Groups of people with whom I identify and to which I belong.
Those with whom I intentionally spend most of my time.

VALUES
- Beliefs
- Perspectives
- Feelings
- Judgment

IDENTITY

ORGANIZATION

CULTURE

RELATIONSHIP

EXPERIENCE

COGNITIVE
The Diversity Circle

Values

Beliefs Perspectives Feelings Judgment

“True peace is not merely the absence of tension; it is the presence of justice.”
Martin Luther King, Jr.
The Diversity Circle

- **IDENTITY**
  - How I think and process information.
  - How I work and what I do.
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  - How I think and process information.

- **EXPERIENCE**
  - How I experience the world and rejuvenate.

- **ORGANIZATION**
  - How I work and what I do.
The Diversity Circle Exercise

- Go to the chat box. Click and download the Diversity Circle exercise file.
- Take 5 minutes to respond to the items in the document.
Discussion

• Discuss your responses.
• How did it feel doing this exercise?
• What is something new you learned?
• Think about how your experiences have shaped who you are today?
Discussion of AAMC/AMA Advancing Health Equity: A Guide to Language, Narrative and Concepts
The Impact of Words: Dowry versus Recruitment Package

Young brides' deaths trigger dowry crackdown in southern India

"Parents have to realize that the barbaric dowry system degrades our daughters as commodities. We must treat them better, as human beings." - Pinarayi Vijayan, Kerala Chief Minister

Geetanjali 'dowry death': After Rs 51 lakh, 101 gold coins, two luxury cars, Garg wanted more

India News
Updated on Dec 13, 2016 04:49 PM IST

The chargesheet in the Geetanjali 'murder' case before the Central Bureau of Investigation (CBI) court here has claimed that victim’s husband Ravneet Garg, a suspended judge, had taken a huge dowry and continued to harass her for more.

20 Women in India Die Every Day Due to "Dowry Deaths"

Every year thousands of women are killed or die by suicide due to harassment over dowries.

I AM AN OUTBREAK.

Babies often get seriously ill with the flu. Everyone six months of age and older should get a flu vaccine.

Talk to your doctor, call your pharmacy or call 311 | cityofchicago.org/health

BEAUTIFUL
Prioritizing Equity Video

https://youtu.be/1GSDQqOUF_M
What came to mind after watching the video and hearing the discussion?
Dominant narratives receive traction and thrive
Dominant Narratives

Dominant narratives are deeply rooted, ingrained, widespread stories, explanations or cultural practices that give preference to the interests of society’s most powerful social groups, often based on race, class, gender, sexual orientation, physical ability and other characteristics used to oppress other groups.
Dominant Narratives and Group Think
Between Me and Thee
Encoding/Decoding

- Same word/different meaning
- Technical terminology
- Slang
- Language facility
What’s the Noise?

- Perception: memory and experience
- Prejudice: judgements based on perception
- Bias: Conscious and Unconscious
Prejudice

A social *emotion* experienced with respect to one’s social identity as a group member with an out-group member as a target.
Elliot Smith (1993)

My Identity:
- Resident
- Gender Identity
- Age
- Race/Ethnicity
- Sexual Orientation
Group Think

- Groupthink occurs when a group values cohesiveness and unanimity more than making the right decision.

- In situations characterized by groupthink, individuals may self-censor criticism of the group decision.

- Although groupthink leads to making suboptimal decisions, group leaders can take steps to avoid groupthink and improve decision-making processes.
Eight Symptoms of Groupthink

1. **The illusion of invulnerability**: Creates excessive optimism that encourages taking extreme risks.

2. **Collective rationalization**: Members discount warnings and do not reconsider their assumptions.

3. **Belief in inherent morality**: Members believe in the rightness of their cause and therefore ignore the ethical or moral consequences of their decisions.

4. **Stereotyped views of out-groups**: Negative views of “enemy” make effective responses to conflict seem unnecessary.

5. **Direct pressure on dissenters**: Members are under pressure not to express arguments against any of the group’s views.

6. **Self-censorship**: Doubts and deviations from the perceived group consensus are not expressed.

7. **Illusion of unanimity**: The majority view and judgments are assumed to be unanimous.

8. **Self-appointed ‘mindguards’**: Members protect the group and the leader from information that is problematic or contradictory to the group’s cohesiveness, view and/or decisions.
Groupthink and the Dominant Narrative

When groupthink is present, the small group is subjected to a number of defects that affects the group’s perspective taking and decision-making processes. Typically, the cohesive group will not discuss alternative options. Any course of action viewed by the group majority as not fitting the dominant narrative will be neglected. This leads to the blocking out of crucial information that may lead to the evaluation of alternative courses of action.

Furthermore, the cohesive group will select the information and opinions it wishes to appraise. Information that does not conform to their favored viewpoint or dominant narrative will be ignored. This further constrains the discussion of alternative options. These potential effects of groupthink drastically increase the likelihood that the decision to be made will be of poor quality. Janis 1982
## Some Features of Dominant Narratives

<table>
<thead>
<tr>
<th>Features</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominant Narratives absolve people and institutions of responsibility of social justice</td>
<td>Housing market crash of 2008</td>
</tr>
<tr>
<td>Dominant narratives use coded racial language to feed on insecurities of the white community</td>
<td>Inner city/ghetto, colorblind, welfare queen, tough on crime, government handouts</td>
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<tr>
<td>Dominant narratives position people as consumers rather than citizens; choices are defined through individual consumption rather than broad social policy, serving as a substitute for democracy</td>
<td>Health insurance</td>
</tr>
<tr>
<td>Dominant narratives blame people for their own condition by placing the cause of their problems on the individuals themselves, and not on systems that generate inequity</td>
<td>Obesity, HIV/AIDS status, COVID-19 status etc…</td>
</tr>
</tbody>
</table>

Redlining Baltimore City

Baltimore City 1910 Housing Ordinance:
“…to compel by law the separation of the white and black races in their places of residence; to prohibit the negro from intruding himself and his family as permanent residents in a district already dedicated to the white race, and equally, to prevent the white man from forcing himself upon a district given over to the negro.”
The Black Butterfly and the White L...
HISTORICAL DISCRIMINATION AND RACISM DURING SLAVERY AND POST-CIVIL WAR

Medical and Scientific Contributors
- Eugenics Theory defining certain races and ethnicities as biologically inferior
- Closure of medical schools training black physicians in 1910s
- Experimentation on vulnerable groups without their consent

Social Conditions and Policies
- Redlining and predatory lending leading to racial residential segregation and housing insecurity
- Homestead Act (1862) and Desert Land Act (1877)—drying up of Gila River and reliance of Indigenous Americans on reservations and government subsidies
- Inadequate investment to maintain public works and school systems in minoritized neighborhoods and on reservations
- Discrimination in access to high quality jobs with adequate health insurance (farm and domestic labor excluded from social security benefits of New Deal Legislation)

↓ Trust in medical establishment

Healthcare provider bias toward minority patients

Language and communication barriers

Healthcare Context
- Poor access to care, ↓ quality of care, ↓ participatory decision-making in patient-provider relationships, ↓ health literacy

↓ neighborhood stability, cleanliness, sidewalks, open space, parks

↓ access to healthy food

↓ affordable housing

↑ Stress, Blood Pressure, Obesity, Cholesterol, Blood Glucose

DISPARITIES IN CARDIOMETABOLIC OUTCOMES
Health Equity Guiding Principles for Unbiased, Inclusive Communication

1. Consider how our language and the narrative behind it shapes our thinking
2. Avoid use of adjectives such as “vulnerable” and “high-risk”
3. Avoid dehumanizing language. Use person-first language instead
4. Remember that there are many types of subpopulations
5. Avoid saying “target,” “tackle,” “combat” or other terms with violent connotation when referring to people, groups or communities
6. Avoid unintentional blaming
### 7 Equity-Focused Terms to Engage Patients and Community

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<thead>
<tr>
<th>Promotes Health Equity</th>
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<tr>
<td>Cultural humility</td>
<td>Cultural competence</td>
</tr>
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<td>Groups experiencing disadvantages or historically disadvantaged</td>
<td>Disadvantaged, under-resourced, or underserved</td>
</tr>
<tr>
<td>Formerly incarcerated (returning citizens)</td>
<td>Ex-con or felon</td>
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<tr>
<td>Native Peoples/Indigenous peoples/American Indian and Alaska Native</td>
<td>Indians</td>
</tr>
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<td>Undocumented immigrants</td>
<td>Illegal immigrant</td>
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<td>Historically marginalized</td>
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<td>Noncompliance</td>
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## Other Equity-Focused Terms to Use

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<td>Special needs</td>
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### Contrasting Conventional (Well-intentioned) Phrasing with Equity-focused Language that Acknowledges Root Causes of Inequities

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<th>Well-intentioned/Conventional</th>
<th>Revision that uses Equity-focused Language</th>
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<td>Native Americans have the highest mortality rates in the United States.</td>
<td>Dispossessed by the government of their land and culture, Native Americans have the highest mortality rates in the United States.</td>
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<td>Low-income people have the highest level of coronary artery disease in the United States.</td>
<td>People underpaid and forced into poverty as a result of banking policies, real estate developers gentrifying neighborhoods, and corporations weakening the power of labor movements, among others, have the highest level of coronary artery disease in the United States.</td>
</tr>
<tr>
<td>Factors such as our race, ethnicity or socioeconomic status should not play a role in our health.</td>
<td>Social injustices including racism or class exploitation, e.g., social exclusion and marginalization, should be confronted directly, so that they do not influence health outcomes.</td>
</tr>
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<td>For too many, prospects for good health are limited by where people live, how much money they make, or discrimination they face.</td>
<td>Decisions by landowners and large corporations, increasingly centralizing political and financial power wielded by a few, limit prospects for good health and well-being for many groups.</td>
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What does this mean for you or your leadership, research and teaching?

What's your commitment to action?
Consequences of Bias and Structural Racism/Oppression
Lack of Biomedical Workforce Diversity
Flexner Report, 1910

• Eliminated proprietary schools
• Supported establishment of biomedical model as gold standard of medical training
• Racial implications
  – Forced closing of historically black medical schools except for Howard Medical School and Meharry Medical College
  – African Americans excluded from medical institutions → Blacks vulnerable to medical abuses and faced barriers receiving medical education
Implications of Historically Black Medical School Closures

• Estimated consequences associated with closure of historically Black medical schools for number of African American medical school graduates
  – Obtained # of graduates from 13 historically Black medical schools now closed (through historical records)
  – Obtained data on historically Black medical schools currently open through school-specific and AAMC reports
  – Projected estimates of outcomes from hypothetical continued operation and expansion of 5 closed historically Black medical school included in the Flexner Report

• Findings—5 of the closed medical schools might have collectively trained an additional 35,315 graduates by 2019, resulting in 29% increase in # of graduating Black physicians in 2019 alone

Campbell et al, JAMA Network Open, 2020
AHN* individuals are underrepresented at all career stages

*AHN: African American/Black, Hispanic/Latinx, Native American/Alaskan Native, and Native Hawaiian/other Pacific Islanders
Women are underrepresented in leadership in internal medicine

AAMC 2017-2018; Survey of Earned Doctorates 2016

Women = 51% U.S. population
Disproportionate loss of Asians in leadership in internal medicine

- All MD Degrees: 21% Asian, 11% White/URM/Unknown
- Bio PhDs: 11% Asian, 27% White/URM/Unknown
- IM Residents: 27% Asian, 27% White/URM/Unknown
- IM Assistant Professors: 27% Asian, 18% White/URM/Unknown
- IM Associate Professors: 18% Asian, 11% White/URM/Unknown
- IM Professors: 11% Asian, 7% White/URM/Unknown
- IM Chairs: 7% Asian, 6% White/URM/Unknown

Asians = 6% U.S. population

AAMC 2017-2018; Survey of Earned Doctorates 2016
Diversity in academic medicine has many benefits

- Diverse groups are more productive, creative, innovative, and engage in higher levels of critical analysis (Phillips 2014; Kets & Sandroni 2015; Page 2017; and more)
  - E.g., publish more articles in higher impact journals (Freeman & Huang 2014, 2015)
- Diverse perspectives yield new approaches to teaching, research, and mentorship (Morrison & Grbic 2015; Woolley et al. 2010; Umbach 2006; Xie et al. 2011; Nielsen et al. 2017; and more)
- White medical students at schools with diverse student bodies feel better prepared to care for non-White patients (Saha et al. 2008)
- Decreases health disparities (Levine & Ambady 2013; Louis Sullivan Commission 2004; Smedley et al. 2003; Smedley et al. 2004)
Perpetuation of Health and Healthcare Inequities
Unconscious Bias in Healthcare--Physicians Are Not Immune!

- Physicians exhibit the same implicit biases as the general population:
  - Preference for young\(^1\), thin\(^2\), rich\(^3\), heterosexual\(^4\), White\(^5,6\)
- Physicians generally DO NOT report explicit race bias\(^6\)
- Impact of implicit bias on physician decision-making:
  - For decisions based on objective findings (e.g., UTI, hypertension) – overall no impact of implicit race bias\(^7\)
  - For more subjective decisions (e.g., pain management), some evidence of implicit bias impact\(^6,8\)
  - Patient-physician communication is most adversely affected by greater implicit bias\(^5,9\)
  - Controlling for actual education, physicians rated Black patients as less educated than comparable White patients\(^10\)

\(^1\)Archambault et al. 2008, Ruiz et al. 2015; \(^2\)Sabin et al. 2012, Schwartz et al. 2003; \(^3\)Haider et al. 2015; \(^4\)Burke et al. 2015; \(^5\)Hall et al. 2015; \(^6\)Green et al. 2007; \(^7\)Sabin et al. 2008, Blair et al. 2014; \(^8\)Sabin & Greenwald 2012; \(^9\)FitzGerald & Hurst 2017, Maina et al. 2017; \(^10\)Van Ryan & Burke, 2000
Bias Directed Toward Patients with Diabetes and Obesity

- Weight bias has been demonstrated among primary care providers (PCPs), endocrinologists, cardiologists, nurses, dietitians, and medical trainees
  - Lazy, lack self-control and willpower, personally to blame for their weight, noncompliant with treatment, and deserving targets of derogatory humor

- Women with obesity view physicians as one of the most frequent sources of weight bias that they encounter in their lives
  - Contributes to decreased healthcare utilization
Health Consequences of Weight Bias

- Healthcare provider interactions with patients with obesity compared to thinner patients:
  - Spend less time in appointments
  - Provide less education about health
  - More reluctant to perform certain screenings with patients who have obesity compared to thinner patients.
  - Less patient-centered communication
  - Less weight loss counseling
Unconscious Bias in Academia
What is Unconscious Bias?

• A tendency or inclination that results in judgement without question
  – Mental associations without awareness, intention, or control

• Often conflict with our conscious attitudes, behaviors, and intentions.

• May be held by an individual group, or institution and can have negative or positive consequences
## Types of Bias

<table>
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<tr>
<th>Expectancy Bias</th>
<th>Expecting certain behaviors, traits, or abilities in individuals based on stereotypes about their social category (related to stereotype threat)</th>
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</thead>
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<tr>
<td>Competency Bias</td>
<td>Members of historically lower-status groups are presumed to be less competent than members of groups that have typically held positions of authority</td>
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We know common stereotypes even if we don’t believe them

Men

- Strong
- Decisive
- Stubborn
- Competitive
- Ambitious
- Risk-taking
- Assertive
- Logical
- Authoritative
- Independent

↑
AGENTIC

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**Women**
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- Nurturing
- Family-oriented
- Emotional
- Supportive
- Sympathetic
- Nice
- Helpful
- Dependent

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\textsuperscript{1}Carli et al. 2016, Eagly & Sczesny 2009, Bem 1974; \textsuperscript{2}Ghavami & Peplau 2013.
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<td>• Strong</td>
<td>• Caring</td>
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AGENTIC  COMMUNAL
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<td>Rich</td>
<td>Bad drivers</td>
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<td>Good at math</td>
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<td>Ghetto or unrefined</td>
<td>Poor</td>
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Things to know about stereotypes

• They persist in the face of disconfirming data

• A trivial piece of information makes the entire content of a stereotype pop to mind and filters all subsequent information

• Just knowing them (even if we don’t believe them) can influence interpretation of objective data

• Depending on the situation, they create stereotype-advantaged or stereotype-disadvantaged groups
Could expectancy and competency bias contribute?

- Text analysis of MSPEs:
  - White students: “intelligent”
  - Black students: “competent” (Ross et al., *PLOS ONE* 2017)
- With each increase of 10 kg/m² in BMI, physicians perceived patients to be less adherent to medications, regardless of blood pressure control (Huizinga et al., *Obesity* 2010)
## Types of Bias

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<th>Bias Type</th>
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<td><strong>Conformity Bias</strong></td>
<td>Bias caused by group peer pressure</td>
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Role (in)congruity in leadership

Men = Agentic
- Strong
- Authoritative
- Risk-Taking
- Logical
- Assertive
- Decisive
- Independent

Women = Communal
- Caring
- Nurturing
- Supportive
- Nice
- Helpful
- Dependent
- Emotional

LEADER?
Role (in)congruity in leadership

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SOCIAL PENALTIES

Could role (in)congruity contribute?

- Asian and Black medical students less likely than White students to be selected for AOA after controlling for multiple academic factors (including leadership activity) (Boatright et al., *JAMA Intern Med* 2017; Wijesekera et al., *Acad Med* 2018)

- Black PIs less likely to have their R01s funded than White PIs (Ginther et al., *Science* 2011; Ginther et al., *Acad Med* 2016)

- Female faculty receive lower medical student teaching evaluations than their male counterparts (Morgan et al., *J Women’s Health* 2016; Fassiotto et al., *J Surg Educ* 2018)

- Men who request family leave are regarded as weak and are penalized in promotion and reward processes (Rudman & Mescher, *J Social Issues* 2013)
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### Reconstructing credentials

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<td>Shifting importance of GPA in admissions to selective, elite colleges</td>
<td>Samson, <em>Du Bois Rev: Social Science Research on Race</em> 2013</td>
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**CONSTRUCTED CRITERIA: REDEFINING MERIT TO JUSTIFY DISCRIMINATION**

Value of credential weighted differently depending on who has it

- Male and female applicants with identical credentials
  - Police Chief: streetwise vs. formally educated
    - Credentials reconstructed to favor Michael vs. Michelle
  - Women’s Studies Professor: activist vs. scholar
    - Credentials reconstructed to favor Patricia vs. Tom
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| Attribution Bias          | - When we underperform we believe our failing is due to other people who adversely affect our performance  
<pre><code>                       |   - When someone else underperforms we tend to attribute it to their lack of competence. |
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<p>| Affinity Bias             | Occurs when we see someone with whom we have an affinity (e.g. attended same college, worked for same employers, grew up in same town, reminds of someone we know and like) |
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| **Job ads using predominantly male stereotypes** (e.g., competitive, aggressive, decisive)  
*Research subjects believed more men would be in the field and women found the jobs less appealing* | Gaucher et al., *J Pers Soc Psychol* 2011 |
| **“Chairman” vs. “chair” as job title**…  
*Assumption that person in the position had more stereotypically male traits* | McConnell & Fazio, *Person Soc Psychol Bull* 1996 |
| **Priming negative stereotypes about race/ethnicity and intelligence**  
Discussion

• Did you identify with any of the forms of unconscious bias in the workplace?
• Have you ever made any of these assumptions about others?
  • If so, please share.
• Discuss how unconscious bias in the workplace can affect recruitment, retention, promotion, performance evaluations, and clinical care?
Microaggressions
How Microaggressions Are Like Mosquito Bites?
Examples of racial microaggressions

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Discussion

• What other examples of microaggressions have you experienced, witnessed, and/or committed?
• Did you respond? If so, how?
• How did others respond?
• In hindsight, what could have been done differently?
Microaggression definition and characteristics

Brief and subtle comments, behaviors, or environmental cues that communicate hostile, derogatory, or unwelcoming messages toward members of underrepresented groups

- Experienced _frequently_ and _persistently_
- _Not ill-intended_, but _impacts_ the target negatively
- Often informed by _stereotypes_ and _biases_
Intention vs. Impact

Balancing intention versus impact
We judge ourselves by our intentions.

And others by their impact.
Status leveling

“I was on call and one of the nurses interrupted me and said, ‘Oh, go to room such and such, the sheets need to be changed.’”

Occurs when a person from an underrepresented group is assumed to belong to a lower status position.
“I keep getting mistaken for the only other Asian American medicine resident in my program.”

Members of a minority group may be mistaken for one another by a person from a different group.
“I’ll share an idea and no one responds. Then a guy says the same thing and everyone says ‘great idea’ and we do it.”

A person’s accomplishment is not recognized or is incorrectly credited to another person.
In my department there are faculty members who would never talk to me about my partner...

Excluding, ignoring, or negating a person’s identity and experiences.
## Combatting Microaggressions—Acting in the Moment or Later

| You committed a microaggression | • If you recognize it, apologize (now or later)  
|                                | • If it is pointed out to you, believe the person  
|                                | • Don’t get defensive  
|                                | • Learn more about why your action was a microaggression  

| You witnessed a microaggression | • Interrupt the behavior (e.g., say “ouch”!)  
|                                | • Name the offense  
|                                | • Support the target publicly or privately  
|                                | • Support someone else who is speaking up  
|                                | • Talk privately with the offender later  
|                                | • Amplify ideas or suggestions that are ignored  

| You received a microaggression | • Choose to speak up or note  
|                                | • Rely on allies  
|                                | • File a complaint  
|                                | • Seek out a community of support  

Strategies to Mitigate Bias
BRIM: Bias Reduction in Internal Medicine

• Faculty in 46 intervention departments vs. 46 control departments:
  – Increased awareness, motivation, self-efficacy and action for engaging in gender equity promoting activities
  – Reported a more positive department climate

• Intervention departments had greater diversity in new hires 2-3 years later

Carnes et al, Acad Med, 2015
Recognize, label, and challenge stereotypes

• Intentionally recognize stereotypes by others or yourself

• Label that stereotype/bias and challenge it with data and accurate information
Recognize, label, and challenge stereotypes

CHALLENGE:

- In the U.S, we don’t expect people of European heritage to speak German, French, or Hungarian
- Return to review criteria to ensure reconstructing credentials has not occurred
- Replace stereotype primes with neutral or diversity-affirming information
- Replace assumptions based on a patient’s race, gender, etc. with actual data
- Remind yourself that experience and accomplishments rather than gender, race, sexual orientation, weight, religion, age, etc., predict ability to be effective in any role
Consider the opposite

• When the data seem to point to one conclusion, look for data supporting the opposite conclusion before making a final decision
Identify counter-stereotypical exemplars

• Spend time with or focus on individuals you admire from groups against which you have a bias.

• Concentrate on those individuals who have traits that you admire to reduce your bias against the whole group.

• Force yourself to spend time with people who are not like you.
Individuate and perceive variability

• Ask individuals about themselves so their social category is not the most salient information (there are multiple subgroups within any group)

• If someone says, “members of (some group) are…” interrupt with “some members of (that group) are…but others are…and still others are…”
Perceiving variability reduces bias

Interventions:
- Whereas some (members of group) are...
others are...
- Think of differences
- Poster emphasizing variability

Results:
- explicit & implicit bias
- interpersonal distance
- helping behavior

Fatima, 21 years doesn’t stand up for herself
Ilham, 18 years chess champion
Samir, 34 years too chatty
Yamina, 59 years optimistic
Aïcha, 30 years stingy
Hamza, 23 years screen addict
Abdel, 28 years wants to become an actor
Saïd, 42 years excellent handyman

What makes us the same... is that we are all different

Er-rafiy & Brauer, Soc Pers Psychol Compass 2012
Common identity formation

• At the beginning of your interaction with a colleague from a diverse background probe until you find a common group identity

• Ask about interests and activities that you share in common
Perspective taking

• Force yourself to get into the mind of the person you are speaking to.

• Take the perspective of a member of the stereotyped group (“walk in their shoes”)
  – Consider what it would be like to have your abilities called into question daily or be viewed as less competent than peers not in the stereotyped group
Perspective-taking increased patient satisfaction

• Students in perspective-taking groups received higher patient satisfaction scores than those in control groups in areas that included:
  – listening skills
  – caring
  – fostering patient participation in care
  – trust
  – overall satisfaction

• Effect sizes were greatest for African American patients
Recite a growth mindset and internal motivation messages

• Growth mindset
  – Believing that with hard work and perseverance new behaviors can be learned

• Internal motivation
  – Believing that engaging in any behavior is a personal choice
Internal motivation messages reduce bias

Reinforcing one’s **internal motivation** for overcoming bias, e.g.:
- I enjoy relating to people of different groups
- I value diversity
- It’s fun to meet people from other cultures
- I think that issues of diversity are interesting

And avoid **external motivation** messages, e.g.:
- It is socially unacceptable to discriminate based on cultural background
- People *should* be nonprejudiced
- Racism is wrong

Legault et al., *Psychol Science* 2011;
Specific Strategies for Search Committees
Selection Committee Bias Interruption Strategies

• All persons on a search exercise judgement to avoid having one person eliminate a candidate

• Articulate job related reasons for advancing or not advancing candidates

• Consider appointing a diversity advocate to the committee
Selection Committee Bias

Interruption Strategies

• Use consistent interview questions, protocols, and evaluation forms/criteria for all candidates

• Spend sufficient time evaluating each applicant
  – Hasty decision making often results in lower ratings for URM candidates even when they have equal qualifications to their majority peers
Active listening

• Do not interrupt until the candidate has finished speaking

• Maintain eye contact and use positive verbal and non-verbal feedback

• When you disagree, do not begin preparing a rebuttal in your head instead of listening
Suggested Interview Questions to Glean Candidate’s Experience in Diversity and Inclusion Efforts

Johns Hopkins University and Johns Hopkins Medicine value diversity and inclusion. Then…

- Please describe your experience in promoting diversity and inclusion, focused on underrepresented groups, at your own institution

- Tell us about a specific strategic diversity initiative that you have led, the risk involved, and the outcome of your efforts

- Tell us about a time you managed an organizational or operational transformation around a diversity initiative
Additional Resources

- AMA Center for Health Equity: Advancing Health Equity: A Guide to Language, Narrative and Concepts
- AAMC Advancing Health Equity: A Guide to Language, Narrative and Concepts
  - https://www.aamchealthjustice.org/narrative-guide
  - AMA: Our words matter. It’s time to get them right. (October 28, 2021)
  - https://www.ama-assn.org/about/leadership/our-words-matter-it-s-time-get-them-right
- AMA: Try these 7 equity-focused language options to engage patients (November 1, 2021)
- AMA Prioritizing Equity video series: Narratives and language (February 14, 2022)
- Disability Language Style Guide
  - Disability Language Style Guide | National Center on Disability and Journalism (ncdj.org)