2019 Council Resolution 14: Implicit Bias Awareness and Training

Council Action: **AMENDED AND ADOPTED**

Board Action: **ADOPTED**

Status:

SUBMITTED BY: Wisconsin Chapter ACEP
American Association of Women Emergency Physicians Section
Quality Improvement and Patient Safety Section
Elizebeth Dubey, MD, FACEP
Diversity, Inclusion and Health Equity Section

Purpose:

Develop and publicize a policy statement that promotes implicit bias training for medical residents and physician leaders in education, organized medicine, administrative, and managerial roles; and continue to create and advertise free, CME- eligible, online training related to implicit bias.

Fiscal Impact:

Budgeted committee or section and staff resources to develop a policy statement. Minimum of $12,000 to accredit an enduring course. Actual costs depend on the scope of the course(s) and whether honorarium is provided to the content developer(s).

Background:

WHEREAS, Implicit bias is a ubiquitous and physiologic process by which unconscious assumptions and associations are attributed to individuals and groups based on characteristics such as gender, age, race, religious preference, and sexual orientation, resulting in oftentimes negative judgments, perceptions, and subsequent treatment towards these individuals and groups; and

WHEREAS, Implicit biases routinely influences management of both medical staff and patients and has been shown to result in poor outcomes; and

WHEREAS, ACEP's Diversity and Inclusion Survey of 2017 revealed that 23% of ACEP members feel that their career advancement was hindered or delayed based on gender, race, age, sexual orientation, or religious preference - 61% of whom cited gender as the issue15; and

WHEREAS, Implicit bias exists in medicine at all levels and affects hiring, pay and promotion1-3;and

WHEREAS, Studies suggest that when hiring, both men and women show a stronger preference for male candidates, and that there is preference for male over female leaders4; and

WHEREAS, A 2016 study showed female physicians make $18,677 less than their male counterparts even after adjusting for hours worked, their productivity and years of experience5; and

WHEREAS, Minority physicians suffer from an even more evident pay gap, with one study showing that across specialties, black male physicians earn $64,812 less than while male physicians, and white and black female physicians earn $89,808 and $100,258 less than white males physicians, respectively6; and

WHEREAS, Women are less likely to get a raise than men when they ask for one7; and

WHEREAS, When women leaders engage in agentic traits, or historically “masculine” leadership traits, they receive lower evaluations among men and women leaders8; and

WHEREAS, While for 25 years, there have been near-equal percent of men and women in medical schools, women continue to lag behind in advancement and women currently make up only 38% of medical school faculty, 21% of full professors, and 16% of deans9; and

WHEREAS, Only 4% of full-time physician faculty are black or African American, when the general population is 8.9% black or African American10; and

WHEREAS, Studies have shown that gender and racial bias negatively influences clinical decision-making and outcomes as related to managing cardiovascular disease, pain management, and diagnosing mental illness16, 17; an

WHEREAS, Evidence indicates that the negative impact of implicit bias can be ameliorated by education to increase awareness and provide bias reduction strategies11-13; and

WHEREAS, The ACEP Diversity & Inclusion Task Force developed a three-part comprehensive CME-eligible online course on implicit bias entitled “Unconscious Bias in Clinical Practice: Protect Yourself and Your Patients”14; and

WHEREAS, The ACEP Board of Directors and staff underwent formal implicit bias training in June 2017; therefore be it

RESOLVED, That ACEP develop and publicize a policy statement that encourages implicit bias training for medical residents and physician leaders in education, organized medicine, administrative, and managerial roles; and be it further

RESOLVED, That ACEP continue to create and advertise free, CME-eligible, online training related to implicit bias.

This resolution calls for the College to develop and publicize a policy statement that promotes implicit bias training for medical residents and physician leaders in education, organized medicine, administrative, and managerial roles and encourages ACEP to continue to create and advertise free, CME-eligible, training related to implicit bias.

In March 2018, ACEP launched an Unconscious Bias in Clinical Practice 1- hour, accredited CME course, which was developed by the Diversity & Inclusion Task Force. The course focused on the following objectives:

- Defining unconscious/implicit bias and its manifestations, based on metacognition and brain function.
- Discuss the link between social determinants of health, cultural competence, bias, and patient care.
- Review evidence on effects of implicit bias on clinical practice and disparities in patient care and outcomes.
- Identify strategies to protect against and minimize the impact of implicit bias on patient care

ACEP’s policy statement “Workforce Diversity in Health Care Settings” supports that hospitals and emergency physicians should staff emergency departments with a diverse workforce. ACEP’s goal is to attain a diverse, well-qualified physician workforce that truly reflects our multicultural society. Implicit bias serves as an influencer of management and medical staff and be a hindrance of the career advancement of physicians based on characteristics, such as gender, race, age, sexual orientation or religious preference.

ACEP’s policy statement “Cultural Awareness and Emergency Care” supports that cultural awareness is essential to the training of healthcare professionals in providing quality patient care. It also confirms ACEP’s position that resources be made available to emergency departments and emergency physicians to ensure they properly respond to the needs of all patients regardless of background. This is important to the subject of implicit bias, as cultural awareness helps combat negative assumptions and associations. Implicit Bias is recognized by the individual and mitigated through education recalling stereotypical thought processes.

ACEP’s policy statement “Non-Discrimination and Harassment” advocates tolerance and respect for all and

opposes all forms of discrimination and harassment.

Stragegic Plan Reference:

Goal 2 Enhance Membership Value and Member Engagement

Objective G – Promote/facilitate diversity and inclusion and cultural sensitivity within emergency medicine

Prior Council Action:

Substitute Resolution 41(05) Sexual Orientation Non-Discrimination adopted. The resolution directed that ACEP oppose all forms of discrimination against patients and oppose employment discrimination in emergency medicine.

Prior Board Action:

June 2018, approved the revised policy statement "Non-Discrimination and Harassment;" revised and approved with the current title April 2012; originally approved October 2005 with the title "Non-Discrimination."

November 2017, approved the revised policy statement "Workforce Diversity in Health Care Settings;" reaffirmed June 2013 and October 2007; originally approved October 2001.

April 2014, reaffirmed the policy statement "Cultural Awareness and Emergency Care;" revised and approved April 2008 with the current title; originally approved October 2001 titled "Cultural Competence and Emergency Care.")

Substitute resolution 41(05) Sexual Orientation Non-Discrimination adopted.

Council Action:

Reference Committee A recommended that Amended Resolution 14(19) be adopted.

RESOLVED, That ACEP develop and publicize a policy statement that encourages implicit bias training for **all physicians;** medical residents and physician leaders in education, organized medicine, administrative, and managerial roles; and be it further

RESOLVED, That ACEP continue to create sponsor, and advertise free, CME-eligible, online training related to implicit bias **free of charge to ACEP members.**

COUNCIL ACTION: The Council adopted Amended Resolution 14(19) on October 26, 2019.

Testimony:

There was significant testimony in favor of this resolution with many noting the destructive effect of discriminatory bias in the workplace. There was an emphasis regarding the healthcare safety issues that can be created by such biases. Additional testimony stated that training should be expanded to all ACEP members but should not be mandated. Further testimony recommended that to demonstrate the value of ACEP membership, the resolution should be revised to provide free CME to ACEP members only.

Board Action:

The Board adopted Amended Resolution 14(19) on October 30, 2019.

RESOLVED, That ACEP develop and publicize a policy statement that encourages implicit bias training for all physicians; and be it further

RESOLVED, That ACEP continue to create and advertise CME-eligible, online training related to implicit bias free of charge to ACEP members.

References:

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14. ACEP. Unconsious Bias in Clinical Practice. 2017.
15. ACEP/AAMC Diversity and Inclusion Survey. Web-based. July to September 2017.
16. Kim et al. Sex-based Disparities in Incidence, Treatment, and Outcomes of Cardiac Arrest in the United States, 2003-2012. Journal of American Heart Association. 2016 June 22;5(6).
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Implementation Action:

Assigned first resolved to the Academic Affairs Committee to develop a policy statement. The committee was also assigned an objective for the 2021-22 committee year to develop a Policy Resource & Education Paper. Assigned second resolved to the Diversity, Inclusion, & Health Equity (DIHE) Section.

The DIHE Section continues to promote the Unconscious Bias in Clinical Practice 1-hour, accredited CME course, launched in March 2018. The course focuses on the following objectives:

- Defining unconscious/implicit bias and its manifestations, based on metacognition and brain function.
- Discuss the link between social determinants of health, cultural competence, bias, and patient care.
- Review evidence on effects of implicit bias on clinical practice and disparities in patient care and outcomes.
- Identify strategies to protect against and minimize the impact of implicit bias on patient care.

In addition to this course, other CME-eligible education and training materials and webinars on this topic are available in the ACEP Online Learning Center.

The Academic Affairs Committee developed the policy statement “Implicit Bias and Awareness Training” that was approved by the Board in October 2021.

The Diversity, Equity, & Inclusion Committee was appointed in July 2022 and has been assigned objectives to address health equity and advocacy, data collection and monitoring, organizational accountability, and education.

Background Information Prepared by: Riane Gay

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