





# Disclosures

We have no actual or potential conflict of interest  
in relation to this presentation

# DRIVE STATEMENT OF INTENT

Everyone participating in DRIVE activities is committed to learning together, has valuable expertise, welcomes diversity, and is invested in improving teaching and learning across our community.

We strive to maintain confidentiality of personal details while elevating relevant topics for broader discussion.



Our intent is to promote inclusive learning while avoiding bias.

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If you identify opportunities for addressing bias or improving representation in this or other course content or instructional delivery, we encourage you to share them with either:



The DRIVE Initiative at [DRIVE@umassmed.edu](mailto:DRIVE@umassmed.edu) or  
you can scan the QR code to send  
feedback **anonymously** to DRIVE

Chan  
SCHOOL



We commit to  
apply the DRIVE  
goals  
and abide by the  
'Statement of  
Intent'

# Learning objectives

- Identify examples of **implicit bias** in clinical teaching.
- Utilize **Goals, Needs Assessment** and **Objective-setting** from GNOME in preparing to address implicit bias.
- Identify **strategies** to address implicit bias in clinical teaching.
- Apply strategies to **mitigate** the effects of exclusionary behaviors in clinical education.

# Systems Practice Guides



**SYSTEMS PRACTICE GUIDE:  
COUNTERING OUR OWN IMPLICIT BIASES**

- We all have biases; some we hold consciously (explicit biases) and others we are not aware of (unconscious or implicit bias).
- You can recognize your own implicit biases and take actions to mitigate their effects on others.
- Learners may recognize our implicit biases, or experience them as microaggressions, which impede learning and the open exchange of ideas.
- Take the DRIVE Bias [Independent Learning Module](#) to learn more.

**Learn to Recognize Implicit Biases**

pay attention to whose voices you find most credible. Take note of people you confuse with one another. Learners and others may tell you about biases they see in you or provide this as written feedback.

**01**

**Actively challenge yourself**

See **umassmed.edu/drive** for our Systems Practice Guides on:

**Countering Our Implicit Biases**

**Boundary Phrases**

**Content Disclosures**

**Giving Actionable Feedback**

**Videocamera Use**

*With more coming soon!*

# Examples of Implicit Bias

- 1) In your own experience, what implicit biases have you yourself experienced or witnessed?
- 2) What impact did it have on you?
- 3) What did you do about it?
- 4) What strategies do you use to respond?
- 5) What impact did your (in)actions have?

# Examples of Implicit Bias

- 1) What implicit biases have you recognized in yourself?
- 2) **How** were you able to identify your own implicit biases?
- 3) What have you done to mitigate the impact of your own implicit biases?
- 4) What impact did these mitigations have?

# Open the Front Door:

## **Observe, Think, Feel, Desire**

- **Observe:** Start the conversation by what was observed with concrete and factual statement
- **Think:** Share your thought based on what you observed
- **Feel:** State the emotions you feel
- **Desire:** State your desired outcome or specific request for the situation

# Think-Pair-Share 1

As a male nursing student, I was introduced to a patient and their family.

When I returned to the room a few minutes later, the patient's father asked "A pleasure to see you again - can you tell us what kind of doctor you'd like to be?"

# Think-Pair-Share 1

"What kind of physician do you want to be?"

- 1) As a learner, how could you respond in the moment to assert your professional role, while keeping the patient and family engaged in the clinical interaction?
- 2) As a preceptor, what could you do and say to support your learner's professional role?

# Using GNOME to Address Implicit Bias

- **Goals**

How does addressing implicit bias relate to your goals for this session or learner?

- *Handling implicit biases they may face*
- *Recognizing biases that occur in clinical practice*
- *Responding to implicit bias in the moment*

# Using GNOME to Address Implicit Bias

- **Needs**
  - Consider data from prior learner experiences
  - Review feedback
  - assess evidence of the learner's knowledge and experience

# Using GNOME to Address Implicit Bias

- **Objectives**
  - Look at existing objectives for the experience. Should you edit them? Add one focused on bias or microaggressions?
  - Explicitly ask for learner feedback on implicit biases in your own teaching and context.
  - Prepare learners to recognize and respond to implicit biases.

## Think-Pair-Share 2

After a learner of South Asian ancestry has briefly seen a patient, the patient asks to see you alone and states **"I couldn't understand her – don't you have any American students any more?"**

## Think-Pair-Share 2

"I couldn't understand her – don't you have any American students any more?"

- 1) What could you say to the patient in the moment to support the professionalism and clinical authority of your learner?
- 2) What could you do to support the learner in this situation?
- 3) In this example the learner was not in the room, what would you do if the learner was?

## Think-Pair-Share 3

"As a preceptor, I noticed I was getting two students' names confused with each other. I was profoundly embarrassed and handled it by trying not to use their names, even not calling on them out of concern I'd make a faux pas."

## Mixing up Names

- 1) Should the preceptor acknowledge the confusion they are having with learners' names?
  - o *If so, to whom, and how?*
- 2) How can the preceptor engage these learners in all activities going forward?
- 3) How could the preceptor structure the educational environment to alleviate this in the future?

# Take-Aways

- You came into the room with your own experience and strategies for recognizing and mitigating biases in yourself and others.
- We have reinforced how to address implicit bias using the GNOME framework and introduced a more specific tool: Open The Front Door.
- You have practiced these skills by applying them to clinically-relevant scenarios.

# THANK YOU

for your

## ENGAGEMENT!

We are eager to hear your feedback  
through formal evaluations and  
especially hallway conversations!

