

University of Pittsburgh

School of Medicine

# **Exploring Bias Through Reflective Practice Personal Enrichment Course**

## SPRING 2021

Course Dates: Tuesday 1/5, 1/12, 1/26, 2/2, 2/9, 2/16, 2/23 (6-7PM)

Maximum Students: 12

Class Year: MS1, MS2

<u>Course Director:</u> Suzanne Templer, MD

Contact Information: Suzanne Templer, MD templersj@upmc.edu

Registration: Denise Downs, Office of Medical Education

ddowns@medschool.pitt.edu

## Course Description:

There has been increased awareness in the media around the topic of bias. We all have biases, but sometimes we do not appreciate how they affect our clinical reasoning and decision making. In medicine, this is especially important, as some groups historically have been treated differently leading to increased morbidity and mortality.

Implementing reflection into medical situations leads to improved healthcare delivery and patient outcomes. By using reflective practice to explore bias, we can explore how we think and become more self-aware. Small group discussion then builds on this, as people share ideas and make new self-discoveries. Through this process, the learner will then determine the implications of their assumptions and how they may affect patient care and outcomes going forward. **This class is a safe space** to explore assumptions and prejudgments, learn where they may arise from, and how they may impact your delivery of care.

#### **Requirements:**

Attend 5 of the 7 sessions, complete your pre-session work, actively participate in the discussion

Pre-Requisites: None

Office of Medical Education

www.omed.pitt.edu

412.648.8714

**COURSE OUTLINE** Exploring Bias Through Reflective Practice

**DATES**: 1/5, 1/12, 1/26, 2/2, 2/9, 2/16, 2/23 (6-7PM)

LOCATION: ZOOM

Course Director: Dr. Suzanne Templer

### **Course Objectives:**

Recognize how implicit bias affects your medical decision making

- Use reflection to facilitate exploration of assumptions and biases to encourage increased self- awareness
- Analyze your personal context in order to identify the sources of your reactions and assumptions
- Apply learnings in this course to future clinical situations

**Texts/Required Reading:** Varies by session topic but will generally include 1-3 articles each less than 5 pages and/or a 5-15 minute video to watch prior to each session. Many resources come from <a href="https://reflectivepractice.net">https://reflectivepractice.net</a>

**Session One – Introduction**- We will discuss using reflection as a tool to recognize bias and take steps to mitigate it using the RISP process. RISP stands for initial **Reactions**, thinking about personal context/**S**ource of those reactions, care **I**mplications for your patients and their support givers and Reconstruction/**P**lan- creating a plan of what you might or might not change if you encountered a similar issue again.

**Session Two – Us vs them mentality-** Humans have a tendency to categorize strangers as a way to mitigate threat. However, thinking of others as us vs them (tribalism) can impede our communications with others, decrease collaboration, increase stress and negatively affect patient care. We will explore various examples of us vs them from being members of the "in" group to being thought of as "other" and how this effects how we work in a group.

**Session Three – Ageism**- Everyone gets older, regardless of gender, ethnicity, or sexual orientation. And yet, many people put limitations on what elderly patients are capable of. Using the RISP process, we will examine your thinking around patients as they get older and engage in a group discussion to better understand your thought processes.

**Session Four – Weight and body image-** The incidence of obesity in children and adults in the US is steadily rising, and yet, many healthcare providers have strong biases against those that are obese. Obesity is a multifactorial disease, and having a hyperintense focus on weight can lead to unhealthy patient behaviors with unknown long term consequences. Using the RISP process, we will examine your thinking around patients who have both higher and lower than average BMIs and engage in a group discussion to better understand how your thought processes may affect how you treat your patients.

**Session Five – Racism-** Thinking and talking about this topic can be challenging, because it can lead to heated and often, partisan debates. However, we should be thinking about racism in an open, curious, reflective manner. This session will help us do that. We all grew up in different communities, and this likely shaped our current understandings of race and ethnicity. We may feel guilty for things we may have said in the past, be embarrassed by family members or friends' posts on social media, or be anxious about what people will think when we voice our opinion. That is why it is so important to think about our reactions and the source of those reactions when the topic of racism comes up, and how it may affect patient care.

**Session Six – Making Mistakes-** We all make mistakes. In healthcare, it may feel like there are higher stakes to making a mistake. This can lead to feelings of shame, guilt, or embarrassment which may then change how we interact with future patients with similar presentations. This session will not focus on how to avoid making mistakes, but instead, how we have reacted when we have made a mistake and how these reactions have impacted our actions in a way that can either compound or mitigate the mistake. Our reactions can have long lasting effects and we will discuss how to manage feelings around failure.

**Session Seven – Addiction-** This is an increasing issue in healthcare that continues to have a large stigma attached to it. Southwest PA has a high incidence of addiction related deaths. Substance use disorders have changed prescribing habits of healthcare providers. Some see addiction as personal failure while others see it as an illness that can be treated. In this session, we will explore our perspectives on addiction, and how our personal contexts may affect how we treat someone with substance use disorder as much as or more than the science we know does.