



Reflections from Implicit Bias Training

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Course: Cultivating Awareness of Racial Microaggressions

- Only those registered could attend- up to 30 people per session
- Upon registration invited to join: **AccessMatters** portal & attend 2 courses: self-paced videos & the LIVE session
 - ✓ Required 100% viewing of “Cultivating Awareness of Racial Microaggressions Self-Paced Videos” to be admitted to LIVE session.
- LIVE Session: Training divided into 2 racial affinity groups (***Black, Indigenous, and People of Color (BIPOC) & White People Group***) also known as “racial caucuses”.
 - this was done to enhance the psychological safety of BIPOC & reduce the likelihood of re-traumatization.
 - asked to introduce yourself and the gender pronoun that you identify with (she/her/hers)
- Lead and co-trainers for each group were experts on a variety of related topics: white supremacy, anti-racism, trauma and reparative responses
 - They facilitated introductory training about racism – not designed to prepare anyone to facilitate their own discussion on racism- **wanted everyone to come with a beginner’s mind.**

LIVE Training Session

- 3-hour session
- Logged on within 15 minutes – or you were locked out. If left to attend to children or bathroom moderator reached out after 10 min – if not back in within 5 minutes you were removed
- Encouraged to print some of the training materials – you could reference throughout.
 - Provided **Definitions: Anti-racism, Implicit Bias, Institutional Racism, Intersectionality, Microaggression, Microassault, Microinsult, Microinvalidation, Racism, Reproductive Justice, Systemic Racism, White Privilege, White Supremacy**
- Expected to keep the camera on throughout training- and use a computer versus mobile device
- Recording strictly prohibited
- At the end of the training participants could:
 - Describe implicit bias and the phenomenon of racial microaggressions
 - Analyze the impact of racial microaggressions on Black, Indigenous, and People of Color
 - Reflect on personal experiences of learning about racism, implicit racial bias, and racial microaggressions
 - **Practice implementing CPR:** The Racial Microaggressions Reparative Response Model (built into the course)
- Post course completed evaluation and received Anti-Racism Resources.
- Future: Part 2 course that focuses on structural racism

RN- White group

I thought the training was extremely relevant and helpful. I love that we discussed different types of bias and the microaggressions. I had also not personally heard of the CPR model prior to that course. I think it has provided a new insight for myself as well as open my eyes for the need for this type of training for all of our frontline staff. A lot of the comments and phrases they shared in the training are ones that are heard around our department more than they should be. Compared to the in person training last year, I felt that since this course was longer, it covered more material and was significantly more in depth.

For my MSN final project, I am going to be working with Melissa Young and the outpatient clinic. I am hoping to develop some type of obstetric implicit bias training for the LDR staff because of how relevant this course was.

Social Worker - White group

I thought the training was good. These types of trainings always stir up some anxiety in me as to what would be discussed and how personal it may get. The training was basic however we all came to this group with many different levels of training and different professions. You can't hear this stuff just one time and think you know it.....the more you hear, the more you begin to think about the role that race plays in your everyday practice. Processing of this information is what brings about a change in your perspectives about racism. I think that the separation of white and BIPOC made sense (although initially I was surprised that they did this!) in providing the group with a comfort level to have a discussion. I was surprised that our group had only probably 8 people in it! That's why registration filled up so quickly! I was expecting something different.

The take-away for me is to continue to the discussion about race and it's impact on us as professionals and how it plays out in population health. It has forced me to examine how we (SW) approach different clinical situations and has encouraged me to participate in a number of other trainings related to racism and working with people of color. While SW education sensitizes all Social Workers about these issues in classes that we take.....education throughout a person's career is needed to continually remind us all that we are all see the world from our own perspective and need to open our eyes and ears to the perspective of others, particularly people of color for whom we work with every day. Having more education programs and keeping an open dialogue about racial disparities needs to happen no matter how uncomfortable this may be for us white folks!

We all have the propensity to be racist at any given moment!

Why is this training relevant to addressing Maternal Morbidity & Mortality?

- Black women are three to four times more likely to die of a pregnancy-related death
- Medical providers' implicit biases and lower-quality care at hospitals that serve Black women are two factors that contribute to these disparities
- Implicit bias training is a first step towards acknowledging and addressing these issues

.....but we must acknowledge its limitations



Reflections on Implicit Bias Training

Nicholas DeGregorio, MD, MMM, FACP

Implicit Bias – Key Points

Bias is Natural

- Bias should not have a negative connotation or elicit defensiveness; it is part of our human nature
- Life experiences create subconscious thought patterns that influence our perceptions and responses
- Bias is natural and inherent to this process as a consequence of different life experiences

Bias is biological and normal

Most bias is unconscious

- Explicit biases are conscious, can be identified and corrected as they occur
- Implicit biases are unconscious and occur without awareness
- Implicit bias training raises awareness of subconscious bias, how it affects others, & how to correct it

We're unaware of most bias

CPR Repair Model

- **Calm yourself** – take a breath, collect your thoughts and resist being defensive
- **Practice Humility** – think beyond your comfort, take responsibility, focus on impact not intent
- **Repair** – Center on the relationship, not your feelings; ask what you can do; it might take time

Everyone can benefit from bias training

Some Key Points I learned

- Implicit bias training definition of racism focuses on groups in greater versus lesser power positions.
- I has significant unawareness of things that might be offensive to black individuals. Examples include:
 - Complimenting a black person as being articulate or well-spoken is considered offensive – It's a backhanded compliment implying it was not expected.
 - Claiming not to see color is offensive – color-blind racism of the 1960s.
 - Saying all lives matter in response to black lives matter - The intention is not that black lives matter more, it's that they should not matter less.
- The cumulative effect of day-to-day microaggressions cause real harm.
- Practicing awareness and correction with the CPR model can strengthen relationships both personally and professionally.

The Impact of Health System Bias

- Medicaid use of the ED – Lessons learned from member interviews:
 - High rate of unsatisfactory primary and specialty care¹
 - Negative experiences with physicians and office staff, resulting in a lack of trust, not feeling listened to, not feeling respected, and not feeling cared for¹
 - Difficulty accessing primary care – more likely to be referred to the ED (varies based on provider selected)^{2,3}

- Interview representatives' quotes:¹
 - “The patient thinks that when she goes to the primary care clinic the doctor does not seriously address the patient’s concerns.”
 - “The patient claims the people behind the counter ‘were ghetto’ and didn’t treat the patient with respect. The patient heard one of them saying, ‘Oh God, what is she here for!’ ”

1. Capp R et al. Reasons for Frequent Emergency Department Use by Medicaid Enrollees: A Qualitative Study. *Academic Emergency Medicine*, April 2016;23(4):476-481.
2. Morganti et al. The Evolving Role of Emergency Departments in the United States. Research Report No. RR-280-ACEP. Santa Monica, CA: Rand Corporation, 2013.
3. Cheung PT et al. National Study of Barriers to Timely Primary care and Emergency Department Utilization Among Medicaid Beneficiaries. *Annals of Emergency Medicine*, 2012;60:4-10.e2

Our Agenda

WORKFORCE

Enhance the diversity and cultural competency skill-set of our employees.

CULTURALLY COMPETENT CARE

Provide culturally and linguistically competent care to improve the health status of our increasingly diverse patient and member population.

Our Agenda

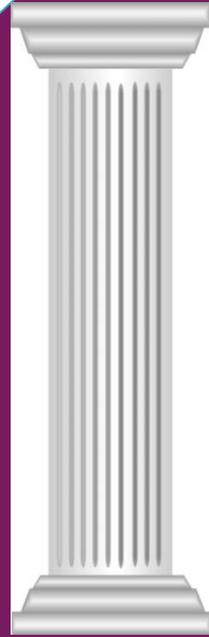
COMMUNITY

Enrich the health status of those who live and work in the communities we serve.

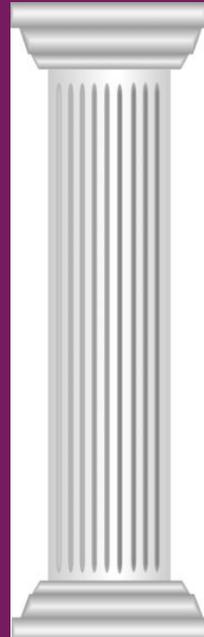
MARKETPLACE

Grow our patient population through effective market segmentation strategies that target the fastest growing segments of the region.

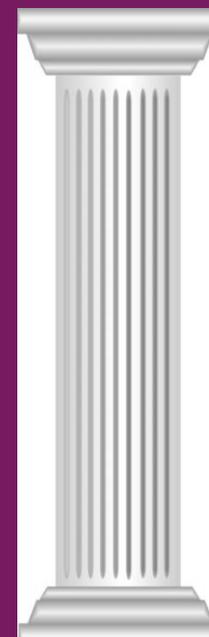
Diversity & Inclusion Curriculum



Dignity &
Respect



Cultural
Awareness



Unconscious
Bias

DIVERSITY LEARNING

Unconscious Bias Learning

Annual Mandator Online Learning

Executive Leadership Forums

Mandatory Online Learning

Leadership Unconscious Bias Forums

Physician Unconscious Bias Forums

UPMC Beginnings Orientation

DRIVE Leadership Development

Highlights

Awareness and management of Unconscious Bias is critical in the work done throughout our Health Care System.

This learning is imperative in order to deliver culturally competent care to our diverse patient population.

Forums provide data to support the impact of unconscious bias in diagnosis, treatment, and care for those who are most vulnerable.

Insights are provided as to how Unconscious Biases contribute to health disparities.

In 2020 52 scheduled Unconscious Bias Forums; an additional 40+ sessions added to the schedule since May.

Special Physician Unconscious Bias created with a focus on racial bias in patient care.

Partnering with University of Pittsburgh on various training initiatives for physicians and faculty on Unconscious Bias.