

Anti-bias strategies

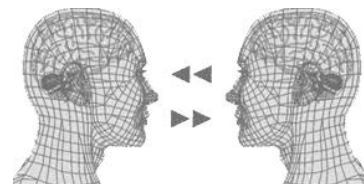
Behavioral objectives handout

Below are strategies that are shown to support anti-racism interventions while preventing potential, unintended side effects such as inter-racial anxiety and reduced motivation (among whites) to interact with racial and ethnic minorities.

Practice perspective-taking

Many studies have found that **taking a moment to try to see things from the other person's perspective** or imagining yourself in their shoes:

- Helps promote cognitive empathy by reducing bias toward a range of stigmatized groups, including Black people.
- Inhibits activation of unconscious stereotypes and prejudices.



Try this:

- "I am wondering how I might see it if I were looking through your eyes..."
- "I was imagining being in your shoes, and it occurred to me that I would feel this way..."

Check your accuracy by asking: "Am I close?"

Perspective-taking is a **skill that can be learned and will become second nature** if you make a point of practicing it as often as you can – with family, friends, neighbors, coworkers, and patients.

Build partnerships

The sense of **working together towards a common goal** – building a shared ingroup identity – has been shown to reduce bias.

For example, in one study, when white doctors and black patients were reminded before their appointment that they were on the same team, the quality of the encounter increased substantially.

- **Focus on common goals.** Try to think of yourself and your patient as a team, working toward a common goal.
- **Discover what you have in common.** Notice that as humans, we have many more commonalities than differences.
- Try this mindhack: **Use words like "we, us, and our"** instead of "I, you, or them."



Self-care and emotion shifting

Implicit biases are more likely to affect what we do when we are busy, tired, feeling anxious or stressed, or generally depleted for any reason.

When we work long hours under stressful conditions (sound familiar?) it makes it even likelier that implicit racial bias will affect their treatment of patients. Learning emotional regulation and emotion-shifting skills is an essential part of protecting yourself, your colleagues and your patients from unintended biases.

Some stress reduction strategies can be used anytime, take very little effort, and can be done in just a few minutes (deep abdominal breathing and progressive relaxation in between patients or while taking a quick break).

- Learn mindfulness: Growing evidence suggests that mindfulness practice lowers implicit bias.
- Exercise, music, anything that will help your mood and emotions.
- Positive emotions have been shown to broaden inclusion in our ingroup and reduce implicit biases.



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Assume positive intentions

We all use our own standards, traditions, and norms as a lens through which we view and judge others' behavior. People from cultures different from our own likely have different traditions and norms.

Our minds tend to automatically see “different” as “bad.”

This causes us to automatically assume others have negative intentions when they act in ways that are not in line with our cultural norms. However, if we consciously choose to assume our patients' behaviors are well-intended, we will make less-biased judgments and we will learn to see behaviors rooted in diverse cultural traditions as valid and acceptable.



Adopt a growth and learning mindset for equity

A growth mindset towards your learning and the learning of those around you fosters an understanding that:

- It is possible to change our attitudes, beliefs, and behaviors.
- **Racial bias is not inevitable**; we can take steps to prevent racial biases from impacting us.
- Interactions are opportunities to learn; they are not tests of our ability to be unbiased.

Make it safe for people to tell you if they notice unintended biases.

Mistakes:

- **Do not mean we are bad people**; it means we are humans, fallible but capable of change.
- Give us the opportunity to learn.
- Are part of growth.
- Are invitations to review what went wrong, take steps to address the things that are hampering our growth, and improve in the future

Listen for and interrupt / Replace biased narratives

Whether we are aware of it or not, **we tell ourselves stories about other people**. Structural racism and implicit bias can lead to explanations that blame the patient; implying that negative outcomes are unpreventable. Our brains want to make sense of others' behavior.

These **blame narratives take time to unlearn**. Listen for them in yourself and notice them in the way others talk about patients.

Since you now know how harmful this is to patients, you can recognize your responsibility to **gently point out automatic assumptions and offer alternatives**.



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Check for double-standards

- **Take a moment** and imagine how you would react, feel, decide, behave if someone different acted in the same way.
- **Remember that we walk in different worlds**; we may not see what someone else is experiencing.
- We cannot truly know what another person's world is like. Each of us can only be an expert in our own world and lived experience. We help patients when we **emphasize collaboration** rather than assuming we know best.



Focus on the *person in front of you*

When you *are with* a patient, it is critical to *focus on them*. If you focus instead on “not being biased,” you will appear distracted and increase the individual’s feeling of “otherness.” This can lead to rebound effects such as decreased personal interaction which undermines the interpersonal quality of the interaction. It also requires intense effort, which can deplete cognitive resources. Be sure to take time after the encounter (the same day) to examine how well you met your anti-bias goals for the interaction.



Do NOT think about whether you are biased during the encounter.

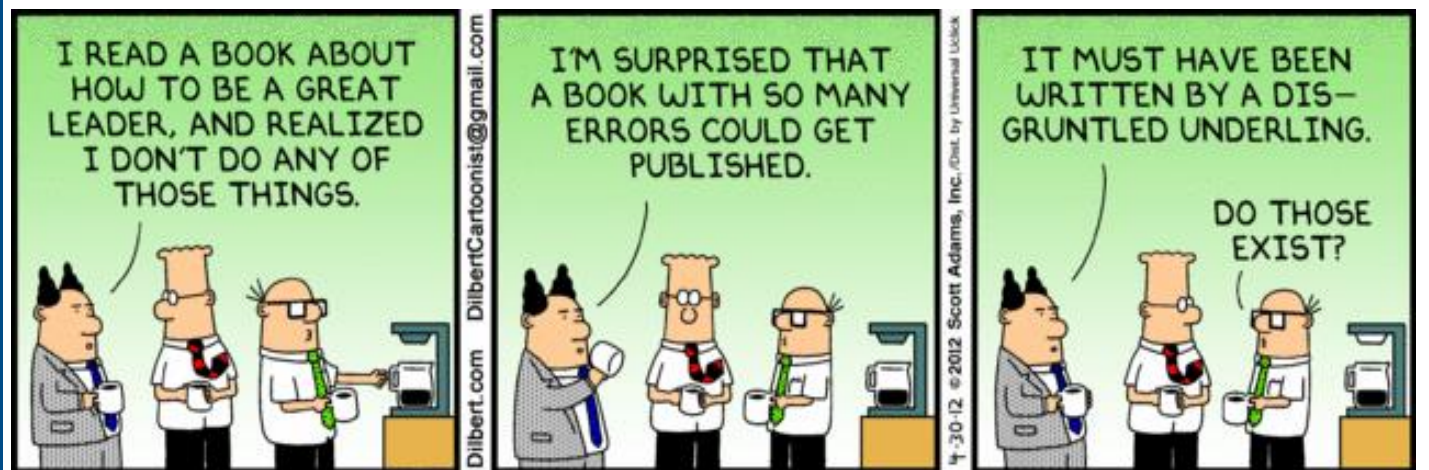
Instead:

- Focus on the person and **take a moment to understand their perspective**.
- **Think of yourself as on the same team as this person** and try to communicate that sense to them.

Evaluate your skepticism

Humans have an automatic preference for information that increases positive emotions (and an aversion to information that increases negative emotions).

- We automatically look for, and prefer, less distressing explanations for experiences.
- Many studies show we are biased in the way we evaluate evidence of discrimination or differential treatment.
- We reflexively discount information not consistent with our implicit beliefs.



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Buffer patients from racism by creating a safe and healing space

Make the implicit, explicit

Ask things like*:

- “I don’t want to assume anything about your identity. How do you identify racially, ethnically, culturally, and what are your pronouns?”
- “Many of my patient’s experience racism in their health care. Are there any experiences you would like to share with me?”
- Say “It’s my job to get you. You shouldn’t have to work to get me. If I miss something important or say something that doesn’t feel right, please know you can tell me immediately and I will thank you for it.”

* Questions courtesy of Southern Jamaica Plain Health Center (Boston Massachusetts)

Use trauma-informed practices

Trauma-informed care considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently retraumatize. This can mean many things:

- Explain why you are asking sensitive questions and how the information will be helpful in providing the best care possible.
- Explain why you need to perform a physical exam.
- Ask permission before touching.
- Tell patients if they need you to stop at any time, they can say the word.

If someone refuses outright to have a certain exam or test, respond with compassion and work with them, rather than attempting to force them or becoming annoyed.

Consider the environment

Audit the space for stereotypic images. Consider how you might change or add things to signal that this is a safe space. Consider pictures on the wall, pictures in patient education, and magazines in the waiting room.

Pay attention to your language

The words we use and the tone of voice signals partnership and respect vs. power-over and disrespect. For example, instead of “Why didn’t you take your prenatal vitamins?” you can ask something like “People have good reasons for their decisions. Help me understand more about what’s going on with prenatal vitamins for you, so I can support you in being as healthy as possible.”

Make a list of the questions that you ask patients every day. As you review them, ask yourself if there is a way that you could ask them differently, so they are more likely to convey respect, caring, and partnership.

