Mitigating Implicit Bias in Health Care Delivery

Clinician Self-Evaluation Form

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The following form is intended to help clinicians evaluate their susceptibility toward relying on implicit bias as well as their orientation toward bias mitigation practices. Please answer each question honestly to allow for a holistic evaluation. **In no way is this self-evaluation tool intended for use as a formal metric of a clinician's performance;** instead, it is created for individual use by clinicians seeking to mitigate implicit bias in their patient care practices and increase their capacity for introspection and reflection.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Exploring Personal Biases	In the last 6 months, I have taken an Implicit Association Test (implicit.harvard.edu) to explore biases I may possess.						
	I have explored readings and information related to implicit bias in the last 6 months.						
Analyzing Trends	When analyzing treatment and/or care decisions I have made over the last 6 to 12 months, I have <u>NOT</u> noticed any prominent differences in my treatment decisions and/or care provision across identity groups.						
	When analyzing demographic trends of patient feedback over the last 12 months, I have <u>NOT</u> noticed any notable differences in patient perception of care across identity groups.						
Evaluating Practices	In the last two weeks of care provision, I have been attentive to the **talk time ratios** — the balance of time spent talking with vs. listening to — with patients of various backgrounds.						
	Reflecting on my most recent 15 patients, I have consistently sought connect with my patients around our common identity/ies.						

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Evaluating Practices	Reflecting on my most recent 15 patients, I have actively engaged in **perspective-taking** when providing care to my patients. Perspective-taking refers to the imagining of the experiences, feelings and thinking of one's patients to build empathy and understanding.						
	Over the last 6 months, I have frequently engaged in practices aimed at increasing my cognitive control (e.g. mindfulness meditation) in an effort to mitigate the influence of implicit bias in my care provision.						
	Institutional Leaders: I have made intentional decisions to construct diverse clinical care teams and facilitate **intergroup contact** over the last 3 months.						

Intergroup contact theory asserts that intergroup prejudice may be reduced through increased familiarity with outgroups (Allport, 1954). In the medical context, it "intergroup" refers to those individuals who are under-represented in the medical field.   Importantly, there are four key conditions for optimal intergroup contact: Equal status between individuals; collectively focused on an active goal-oriented effort; interacting in a cooperative setting as opposed to a competitive setting; and receiving support from authority figures, law, or custom where applicable.