#### Scenario

35-year-old African American woman presented with constant epigastric abdominal pain, n/v that has been present for 5 days but increasingly worse and unable to be controlled by narcotic pain medication-

She had been seen in multiple occasions in the ED (not here) but was repeatedly sent home with 7 ofran and narcotics

She visited the ED again (at OHSU) 5 days later and was admitted with the diagnosis of acute cholecystitis. In the OR she was found to have gangrenous cholecystitis.

When asked her how she could endure that pain for so many days she said "I kept seeking care and I was sent home with narcotics, I overheard the nurse say, she probably is coming back for a script of narcotics- so I believed I could be getting addicted to the narcotics and stayed home with pain"

### Identity and Treatment

Table 5.—Dose, Route, and Class of Analgesic

	White, % (n)	Hispanic, % (n)	P
Analgesic dose			
No analgesic	25.9 (28)	54.8 (17)	
Low dose	. ,	` '	
(<10 mg			
morphine)	45.4 (49)	19.4 (6)	.005
High dose			
(≥10 mg			
morphine)	28.7 (31)	25.8 (8)	
Analgesic route			
No analgesic	25.9 (28)	54.8 (17)	
Oral	30.6 (33)	6.5 (2)	.003
Parenteral	43.5 (47)	38.7 (12)	
Analgesic class	,	. , ,	
No analgesic	25.9 (28)	54.8 (17)	
Nonnarcotic	5.6 (6)	0 (0)	.007
Narcotic	68.5 (74)	45.2 (14)	

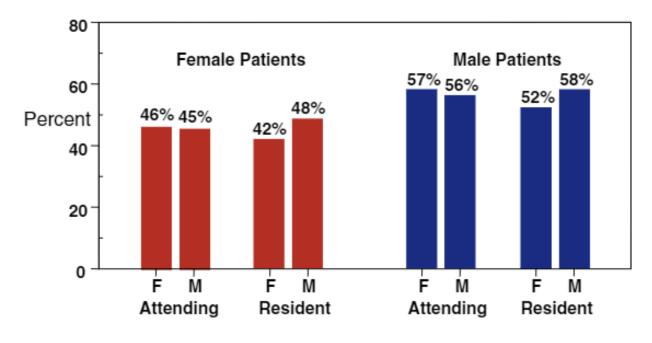


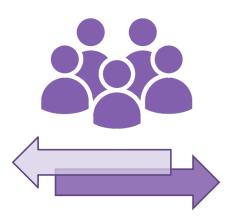
Figure 1. Opioid administration by provider gender.

Chen, E. H., Shofer, F. S., Dean, A. J., Hollander, J. E., Baxt, . W., Robey, J. L., Sease, K. L. and Mills, A. M. (2008), Gender Disparity in Analgesic Treatment of Emergency Department Patients with Acute Abdominal Pain. Academic Emergency Medicine, 15: 414-418. doi:10.1111/j.1553-2712.2008.00100.x

# Implicit Bias

#### The Bias We All Share

Implicit Bias: The **involuntary and unconscious** attitudes we have towards members of distinct social groups that affect our beliefs and actions



Everyone has it

Does not necessarily align with out stated beliefs



Tends to favor our own ingroup

### Implicit Association Test

<u>Tony Greenwald</u> (University of Washington)

<u>Mahzarin Banaji</u> (Harvard University)

<u>Brian Nosek</u> (University of Virginia)

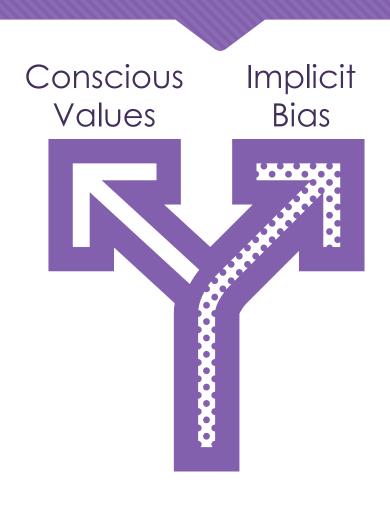
#### Weapons ('Weapons - Harmless Objects' IAT). This IAT requires the ability to recognize White and Weapons IAT Black faces, and images of weapons or harmless objects. Race ('Black - White' IAT). This IAT requires the ability to distinguish faces of European and Race IAT African origin. It indicates that most Americans have an automatic preference for white over black. Age ('Young - Old' IAT). This IAT requires the ability to distinguish old from young faces. This test Age IAT often indicates that Americans have automatic preference for young over old. Religion ('Religions' IAT). This IAT requires some familiarity with religious terms from various **Religion IAT** world religions. Gender - Science. This IAT often reveals a relative link between liberal arts and females and between **Gender-Science IAT** science and males. Native American ('Native - White American' IAT). This IAT requires the ability to recognize last **Native IAT** names that are more likely to belong to Native Americans versus White Americans. Weight ('Fat - Thin' IAT). This IAT requires the ability to distinguish faces of people who are obese Weight IAT and people who are thin. It often reveals an automatic preference for thin people relative to fat people. Arab-Muslim ('Arab Muslim - Other People' IAT). This IAT requires the ability to distinguish Arab-Muslim IAT names that are likely to belong to Arab-Muslims versus people of other nationalities or religions.

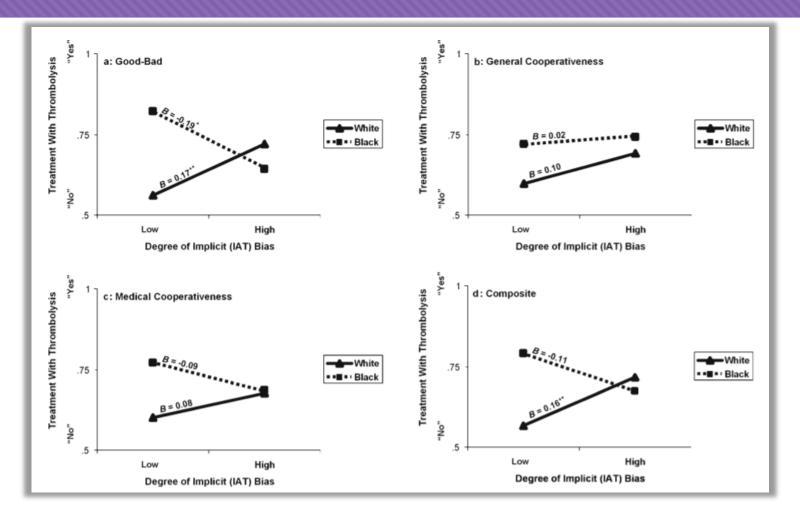
#### https://implicit.harvard.edu/implicit/takeatest.html



Measuring individual differences in implicit cognition: The implicit association test. By Greenwald, Anthony G.,McGhee, Debbie E.,Schwartz, Jordan L. K. Journal of Personality and Social Psychology, Vol 74(6), Jun 1998 Greenwald AG, Poehlman TA, Uhlmann EL, Banaji MR. Understanding and using the Implicit Association Test: III. Meta-analysis of predictive validity. Journal of Personality and Social Psychology. 2009

# Implications for Patients





### Case Study

35-year-old African American woman presented with abdominal pain, n/v increasingly worse and unable to be controlled by narcotic pain medication-

She had been seen in multiple occasions in the ED but was repeatedly sent home with Zofran and narcotics

She visited the ED again (at OHSU) 5 days later and was admitted with the diagnosis of acute cholecystitis. In the OR she was found to have gangrenous cholecystitis.

"I kept seeking care and I was sent home with narcotics, I overheard the nurse say, she probably is coming back for a script of narcotics- so I believed I could be getting addicted to the narcotics and stayed home with pain"

#### **Discussion Points**

- How do you recognize bias that may change your management?
- What do you do if you suspect it from one of your colleagues?
- What strategies can you employ to minimize this bias?
- What sort of dynamic does this set up between the care team and the patient?

## Case Study

Two providers were discussing a patient that was going emergently to the OR after being shot by Police. One provider said, "he is lucky he is alive". The other provider response was "do bad things to deserve bad things"

#### **Discussion Points**

- What should provider 1 say to provider 2?
- What could a bystander say to this person if they overheard the conversation?

## Survey

Please complete the following brief survey to assess your learning from today's session and provide feedback on your experience.

- 1. Open camera app on your phone
- 2. Point your phone at the QR code to scan it
- 3. Tap the pop-up banner/link and fill the brief survey

Thank you!!

