

IAT Small group Session Facilitator's Guide

Developed by

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Background:

FYI: Prior to the small group session students should have:

1. Completed at least two IATs. All students were asked to complete the Disability IAT and at least one other from the following list: Sexuality, Race, and Weight.
2. Given the printed results of their Disability IAT to Cindy Patton.
3. Read and signed a consent form to acknowledge recording of the small group session.
4. Read the article "Implicit Bias among Physicians and its Prediction of Thrombolysis Decisions for Black and White Patients" (Green et al, 2007).

NOTE: this background is for your information only; you do NOT need to check up on the students or anything.

Goal of this session: To create self-reflection about one's personal biases and their relationship to clinical care.

Outcome Objectives are printed at the end of this guide.

What to do the day of the session:

All facilitators should plan to arrive at the Facilitator Ready Room (Debakey M305) by 2 p.m. on April 24. Paul Haidet and Grace Villarreal lead a warm up session with the facilitators and address any final questions or concerns. You will receive a final list of your room assignment, student assignment, and administrator's name at this time.

A few minutes before 2:30, please report to your assigned room. The Administrator will already be in the room with all of the materials needed for the session (copies of surveys, name cards, pens, dry erase marker, etc). Please use these few minutes before the session begins to orient yourself to the room, write ground rules on the dry erase board (if you wish), and to introduce yourself to students as they begin coming into the room.

You should also plan to return to the Ready Room (M305) immediately after the session concludes at 3:30. You will have a short survey to complete and an opportunity to talk with Grace and Paul and the other facilitators about your experiences with the group process, if you wish.

LACE “Best Intentions” IAT Session Facilitator Guide

This guide is divided into four main sections: 1) Opening the Discussion, 2) Discussing the Experience of Taking an IAT, 3) Discussing the Relationship between taking the IAT and Clinical Practice, and 4) Closing / Affirmations. Please try to touch on each of these sections with your group.

Important reminder: The priority in these discussion groups is not necessarily to focus on the IATs themselves, but on the self-reflection that taking IATs triggered for the students. Please also remember it is not your responsibility to explain or defend the IATs. Your job is to keep the communication open and flowing.

Students may want to focus on the test itself, individual results, the mechanics of the test, or its validity. As such, it is important that you, as a facilitator, provide room for discussion of these issues, but also identify opportunities to guide discussion to a broader discussion of bias and how it affects human interaction. Where possible, getting students to tell their own stories may be helpful.

1. Open the discussion:

- a. Introduce the assistant. Clarify they are serving an ADMINISTRATIVE role (monitoring recorder, taking notes, collecting post test).
- b. Recording and evaluation:
 - i. Remind the students that the session is being recorded and ask the assistant to start the recorder. Inform the students that they can request that the recorder be stopped if they have something to say that they do not want recorded.
 - ii. Remind students that the session is a pilot, and, as such, has a rigorous evaluation with questionnaires, etc. Inform students that identifiable materials (such as audiotapes) will not be looked at by the LACE Director until AFTER LACE grades are submitted, and will not affect their grades or their credit for the session in any way.
- c. GROUND RULES FOR DECORUM
 - i. Silent or turn off cell phones. No text messaging
 - ii. Start and end on time
 - iii. Recorder can be turned off at any time by participant request
- d. GROUND RULES FOR EXCHANGE
 - i. What’s shared in the room stays in the room.
 - ii. One person speaks at a time.
 - iii. Try not to make assumptions. If someone makes a controversial statement, ask “Can you tell me what you meant by...”
 - iv. No one may criticize another. It may be useful to add a statement such as “the primary task is to describe our own views and not to criticize others”
 - v. Ideas may be reviewed to look for themes.

- vi. Feelings may be expressed and must be respected. Acknowledge they are very real to the person who expresses them.
 - vii. Focus discussions on positions, not personalities.
- e. State the goal of this pilot
- i. *Transition to the discussion – Rather than discussing the objectives with students, consider briefly mentioning the purpose from their invitation letter:*

“To talk about and understand some of our own internal biases, why they are normal, and how we can incorporate an awareness of our biases when providing patient care.”
- f. Opening questions (Warm up)
- i. Why did you decide to participate in this pilot?
 - ii. How many IATs did you take? Which IATs did you take? Did they take too long?

2. Discuss the experience of taking an IAT

- a. What was it like to do the IAT? Tell us your stories.
- b. How did you feel when you got your IAT results? Were your results what you expected? Why or why not? How so?
- c. Regardless of whether you expected them or not, how do you feel about your results?
- d. *Potential challenge: Students may challenge the validity of the test, and may need some time to express this first.*

Strategies: You may find it helpful to remain silent which encourages others to comment, acknowledge concerns of validity, ask the participants “what was useful/provocative/interesting about taking the IAT?,” ask other participants how they see the IAT, etc. See also scenarios at end of this document.

- e. *Strategies to move students past test validity:* Did taking the IAT trigger you to reflect on (or provoke, remind you of) any past experiences with bias? OR How do you think taking the IAT relates to any past experiences you have had?

3. Discuss the relationship between IATs and clinical practice

- a. How are implicit biases helpful? Counter productive?
- b. How might your IAT results be related to challenges that you have faced or might face in clinical practice?

- c. What will you do with your results?

4. Closing/Affirmation:

- a. What has the experience of talking about this been like?
- b. Statement – self-reflection is an important part of clinical practice.
 - i. It might be helpful here to summarize some 'lessons learned' from the students' discussion during the session.
- c. Personal affirmations
 - i. Do you have any thoughts about what you might do differently after completing the IATs and this group discussion?
 - ii. What is your perception of why we asked you to do this?
 - iii. Summarize these and other suggestions that students identified throughout the course of the discussion. After you summarize, ask “Is there anything else anyone would like to add to this list?”
- d. Why we asked them to do this:
 - i. There is a demonstrated relationship between physician bias and disparities in healthcare.
 - ii. “Those physicians whose decisions are least susceptible to negative influence by biases have developed an awareness of their own biases and strategies to mitigate them.”
 - iii. You may choose to inform students of the outcome objectives, if you think that it will be helpful.
 - iv. If the students want to know why they were asked to turn in their disability IAT results, let them know that we are hoping to share with them the anonymous aggregate results of the students and facilitators in a future email.

After you have brought the discussion to a conclusion, let the students know that they must remain for a few more minutes to complete a post-survey, The Administrator will supervise the survey completion. Leave the room and return to the facilitator ready room (Debakey M305) where you will complete a post-survey.

Outcome Objectives: At the end of this workshop the learner will:

- 1. Acknowledge that bias is inherent in physicians' perspectives.**
- 2. Verbalize the impact of stereotyping or personal bias on medical decision making.**
- 3. Recognize self-reflection as a method for understanding one's own biases.**
- 4. List strategies to mitigate physician biases in patient care.**

What to do when....

It's impossible to predict all of the possibilities you may encounter when facilitating the discussion. Here are a few possible scenarios, however, and some strategies you can consider.

Possible Scenario	Strategies / Responses
The group becomes focused on a discussion about the mechanics of the IAT and what it measures	Ask the group, "Did taking the IAT trigger you to reflect on (or provoke, remind you of) any past experiences with bias?"
The validity or relevance of the IAT is questioned	Ask the group, "Do you think implicit bias exists? Why or why not?"
The group members seem to believe that they are not biased.	Try, "You seem pretty confident that you don't have biases. Have you had experiences in the past where you were confronted with bias?"
What if students bring their results and wish to discuss them?	Try not to encourage or discourage this. However, look for an opportunity to shift away from the discussion of the results and focus on the experience of getting the results, what it meant, what it led them to think about.
A group member asks if you have completed an IAT	<p>Explain that you completed an IAT as part of your training for this session. However, try not to let the focus of the session transition to your experiences.</p> <p>You may want to model what you hope they will do. "I took the disability IAT and I was surprised by the results. I felt..." Then conclude with a question back to them: "How did you all feel about taking the IATs?"</p>
If there is uncomfortable silence in the group.	<p>Try waiting it out; someone usually speaks up to fill the space.</p> <p>If it's ongoing, address it directly – "You all seem pretty quiet. How are you experiencing the discussion we'd like to have with you?"</p>

	Your last resort is self-disclosure: Briefly share an experience with your personal and ask “Have any of you experienced something like that?” Try not to stay on your experience, but bring it back to theirs. Be careful of using this option too soon in the session.
If group members seem uninterested or apathetic	Try asking the group why understanding biases is or is not an important part of providing care
If there is conflict in the group	Remember to acknowledge the validity of all group members’ feelings. However, remind members to keep comments focused on their personal feelings and responses. Their opinions should not be expressed at the expense of other group members.
If students bring up bias that they personally have been victims of	Acknowledge the student’s experience and encourage the group to reflect on that story and if it triggers awareness of their own biases.
If a student requests that his/her comments not be recorded.	Remind the student that the recording can be stopped and started again throughout the session. Put the onus upon the student to notify you each time they want the recorder to be stopped. When the student who asks recording to be stopped has completed his/her statement, cue the administrator to start the recorder again with a statement, such as, “Okay, we are now ready to resume recording of the session.
If a student says that they wish to participate in the session but prefer the session not be recorded	Explain that they can request the recorder be stopped for their own comments, but that the other group members have given consent.
If a student becomes distressed and leaves the room.	Ask the administrator to follow the student from the room and direct him / her to Rachel Shada. Rachel will be floating around the various session rooms and / or one of the Ready Rooms (M303 or M305).