



NATIONAL NURSE PRACTITIONER  
RESIDENCY & FELLOWSHIP TRAINING  
**CONSORTIUM**

## **Panel Presentation:**

**Justice, Equity, Diversity, and Inclusion  
in Postgraduate Training**

# **Diversity, Equity, & Inclusion (DEI)**

## **Advanced Practice Provider (APP)**

### **Professional Development**



**July 2022**

*Mark Lamb*

*MPH, MSN, FNP-C, ENP-C*

# Disclosure

- Nothing financial
- Opinions -> Mine
- Errors/Bad Ideas -> Mine
- Questions >> Answers
- Content -> For Reference



## Objectives

- Explain why Advanced Practice Providers (APPs) need DEI training & education
- Identify resources and possible steps for incorporating DEI into APP post-graduate training



**What is DEI?**

# Defining DEI

“**Diversity** ... representation... the collective [mix] of human beings and their **individual identities co-existing within a specific space**... considered holistically to include race, age, gender, sexual orientation, religion, sex, disabilities, culture, and educational backgrounds.”

“**Equity** ... creating a space that promotes **fairness for all** regardless of their individual identities.”

“**Inclusion** ... creating a space where **individuals feel they can bring their individual identities without judgment and can feel a sense of belonging and respect**. Inclusion in the workplace provides opportunities for people of all identities to participate and have an impact in a meaningful way.”

*American Academy of Physician Assistants (2022)*

# **Significance**

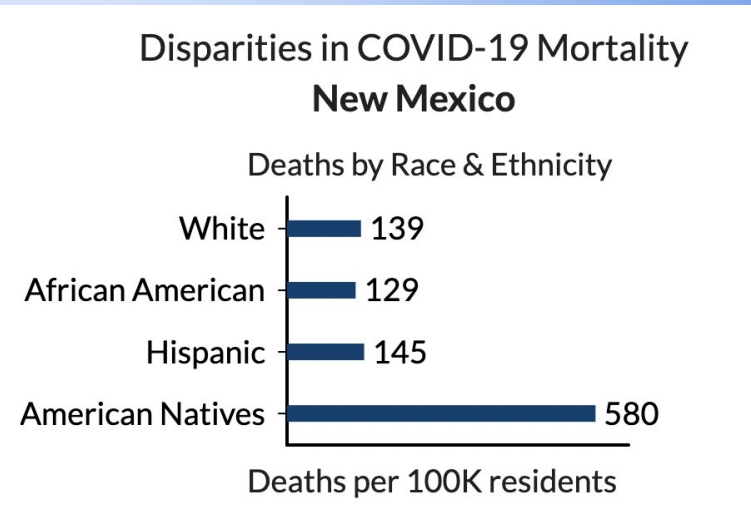
# Clinical Significance

## Not “doing” DEI Hurts Patients

- Evidence-based treatment?
- Individualized medicine?
- Clinical outcomes?
- Trust?

## Hurts Providers & Health Systems

- Burnout?
- Reputation?
- Recruitment/Retention?
- Mission/Function?





# Professional Significance

- American Academy of Physician Associates (AAPA)
- American Academy of Nurse Practitioners (AANP)
- American Academy of Emergency Physicians (AAEP)
- American Medical Association (AMA)
- American Association of Medical Colleges (AAMC)
- American Association of Colleges of Nursing (AACN)
- Physician Assistant Education Association (PAEA)
- American Psychiatric Association (APA)
- Press-Ganey
- Centers for Disease Control & Prevention (CDC)



# Historical Significance

- American Psychological Association (APA)
  - Promoting, Perpetuating, & Failing to Challenge Racism, Racial Discrimination, & Human Hierarchy in the U.S. (10/29/21)
  - Commitment to Addressing Systemic Racism



## Significance in Education & Training

- Standards for Quality Nurse Practitioner Education, 6th Edition: A Report on the National Task Force on Quality Nurse Practitioner Education (2021)
- 2021 State of Healthcare Training and Staff Development Report (Relias)
- Development of Diversity Competency in Health Professionals: Preliminary Investigation (2021)
- Survey of post-graduate PA training programs

# Resources

# DEI in Universities/Academic Teaching Facilities

- Western University of Health Sciences College of Osteopathic Medicine of the Pacific Diversity, Equity, & Inclusion
- UC Davis Internal Med Residency
- Yale School of Medicine
- UC San Francisco (UCSF)

## Care of World

- Global Health
- Ethics of international work
- Funding & politics
- War and Refugees
- Pandemics
- Environmental stewardship  
(clean water access, sanitation, food)



# APP DEI Residency/Fellowship/Curriculum?

- East Bay Consortium NP Residency
  - DEI & Anti-Oppression Curriculum Integration
    - Trauma-Informed
    - <https://lifelongmedical.org/nurse-practitioner-residency/>



# Competencies

- Association of American Medical Colleges (AAMC)
  - Diversity & Inclusion Toolkit Resources
    - Power & Privilege
    - Microaggressions, Identity, & Cross-Cultural Communication
    - Diversity Learning Series
    - Diversity & Inclusion Officer Toolkit
    - <https://www.aamc.org/professional-development/affinity-groups/cfas/diversity-inclusion-toolkit/resources>
  - Diversity, Equity, & Inclusion Competencies Across the Learning Continuum (July 2022)
    - Downloadable, free
    - <https://www.aamc.org/data-reports/report/diversity-equity-and-inclusion-competencies-across-learning-continuum>

# AAMC DEI Competencies

- Advance diversity & integration into practice
- Advocate for diverse healthcare team/system
- Mitigate stigma/implicit & explicit bias
- Eliminate healthcare inequities
- Practice anti-racism & critical consciousness
- Advocate for health equity
- Foster belongingness
- Provide culturally responsive patient care
- Advocate for inclusive practices & built environment





<p style="text-align: center;"><b>Entering Residency (Recent Medical School Graduate) or New to DEI Journey</b></p>	<p style="text-align: center;"><b>Entering Practice (Recent Residency Graduate) or Advancing Along DEI Journey</b> <i>All prior competencies +</i></p>	<p style="text-align: center;"><b>Faculty Physician Teaching and Leading or Continuing DEI Journey</b> <i>All prior competencies +</i></p>
<p><b>Advancing Diversity and Integration in Practice</b> Knowledge and practices demonstrating that one values and understands how aspects of an individual's overlapping identities create unique lived experiences that may influence health and health care outcomes</p>		
<p>1a. Demonstrates evidence of self-reflection and how one's personal identities, biases, and lived experiences may influence one's perspectives, clinical decision-making, and practice</p>	<p>1b. Mitigates the effects of personal bias in clinical decision-making and delivery of patient care</p>	<p>1c. Role models how the practice of self-reflection can help with identifying and mitigating effects of personal biases</p>
<p>2a. Demonstrates the value of diversity by incorporating dimensions of diversity into the patient's health assessment and treatment plan</p>	<p>2b. Gathers and applies patient-identified demographic data to develop a comprehensive patient health assessment and treatment plan</p>	<p>2c. Role models and teaches how to collect and apply patient-identified demographic data to develop a comprehensive patient health assessment and treatment plan</p>
<p>3a. Demonstrates knowledge of the intersectionality of a patient's multiple identities and how each identity may result in varied and multiple forms of oppression or privilege related to clinical decisions and practice</p>	<p>3b. Applies knowledge of intersectionality to inform clinical decisions and practice</p>	<p>3c. Role models how knowledge of intersectionality informs clinical decision-making and practice</p>

# American Association of Colleges of Nursing

- DEI Leadership Inclusion Network
  - <https://www.aacnnursing.org/Leadership-Networks/DEILN>
- Faculty Toolkit
  - <https://www.aacnnursing.org/Portals/42/Diversity/Diversity-Tool-Kit.pdf>
- Resource Supplement
  - <https://www.aacnnursing.org/Portals/42/AcademicNursing/Tool%20Kits/Essentials/DEI-Essentials-Feb-2022.pdf>

# Additional DEI Resources & Tools

- Anti-racism Assessment Tool:
  - [https://unitedwayaddisoncounty.org/client\\_media/files/ReneeWellsAntiRacismSelfAssessmentTool.pdf](https://unitedwayaddisoncounty.org/client_media/files/ReneeWellsAntiRacismSelfAssessmentTool.pdf)
- Anti-racism Primer & Toolkit for Medical Educators (UCSF)
  - <https://ucsf.app.box.com/s/27h19kd597ii66473parki15u0cgochd>
- DEI Trainings (UCSF)
  - <https://diversity.ucsf.edu/programs-resources/training>
- Unconscious Bias in Medicine (Free CME):
  - <https://online.stanford.edu/courses/som-ycme0027-unconscious-bias-medicine-cme>
- LGBTQIA+
  - Safe Zone Project
    - <https://thesafezoneproject.com/>
  - National LGBTQIA+ Education Center
    - <https://www.lgbtqiahealtheducation.org/resources/type/learning-module/>
  - UCSF online training modules
    - [https://guides.ucsf.edu/lgbt\\_health](https://guides.ucsf.edu/lgbt_health)
- Working with Students with Disabilities (UCSF)
  - <https://sds.ucsf.edu/working-students-disabilities>
- Facilitating Dialogue: “The Person You Mean To Be”
  - <https://www.apdr.org/-/media/Files/APDR/Program-Directors/Diversity/2020-PersonYouMeanToBeTG.ashx?la=en&hash=D692413EBAD8F95B27EABD6006442884CF7BC626>
- DEI in Curriculum (California Community College Curriculum Committee)
  - [https://www.nas.org/storage/app/media/New%20Documents/DEI%20in%20Curriculum%20Model%20Principles%20and%20Practices\\_Final%202.25.22.pdf](https://www.nas.org/storage/app/media/New%20Documents/DEI%20in%20Curriculum%20Model%20Principles%20and%20Practices_Final%202.25.22.pdf)
- Academy for Diversity & Inclusion in Emergency Medicine
  - <https://www.saem.org/about-saem/academies/adiemnew/resources/dei-resource-library/diversity-equity-inclusion-curriculum>

# **Role of APPs**

# APPs

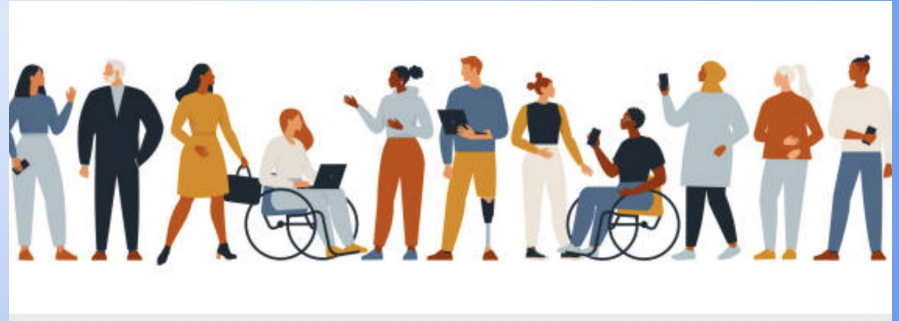
- Less school than MDs
  - Time for DEI curriculum?
  - More accessible profession?
- See patients first?
  - Frame the narrative
    - Cognitive biases
    - Incredible responsibility
- Diplomatic/intermediary role?
- More time w/ patients?
- Institutional Expectations
  - 100% clinical care?



**APP DEI Post-Graduate Training**  
Development & Implementation

# Steps: Iterative

- Proposal
- Approval from stakeholders (ongoing)
- Identify goals/competencies (& re-evaluate)
- Map out landscape (& re-evaluate)
- Draft plan
- Survey staff/learners
- Present to staff/learners
  - Inform
  - Recruit
  - Start dialogue
- Finalize plan
- Secure resources
- Implement
- Re-evaluate & Revise



# Sample 1-year Goals

- Map out resources & identify gaps
- Feedback
  - APPs/Learners
  - Community (if possible)
- Increase Awareness
  - Informational session
- Develop/Identify Infrastructure
  - Recruit APP learners/workforce
    - Pipeline
    - Promotion
    - Mentorship
- Expand knowledge
  - Increase current APP understanding of issues faced by DEI communities interfacing with their department
    - Identify/develop curriculum Synthesized from 1-2
    - Identify/develop infrastructure to support trainings
    - Identify develop infrastructure for information dissemination
      - Resources
        - Human (e.g. DEI Champions)
        - Framework (e.g. content, format, time/space/frequency)



**Patient Feedback**

**APP(Learner)  
Perceptions**

**Sociopolitical  
Climate**

**Literature Review**

**Best Practices  
&  
Competencies**

**Accreditation  
Standards**

```
graph TD; A([Patient Feedback]) --> D[APP DEI Curricula]; B([APP(Learner) Perceptions]) --> D; C([Sociopolitical Climate]) --> D; E([Literature Review]) --> D; F([Best Practices & Competencies]) --> D; G([Accreditation Standards]) --> D;
```

**APP DEI Curricula**

# Sample 2-year curriculum

- Quarterly education for APPs on DEI topics
  - Quarter
    - Q1: Overview of DEI:
      - Define, Significance, Survey Responses, Resources
    - Q2: Local History/Geography/Health Inequities/Demographics
    - Q3: Psychology & DEI (biases, trust, trauma, moral injury, burnout)
    - Q4: Language & DEI (culturally inclusive, self-reflective, patient-promoting)
    - Q5: Sociologic Considerations (social determinants of health)
    - Q6: Spectrums of Gender & Sexuality in DEI
    - Q7: Spectrums of Physical, Cognitive, & Sensory Abilities
    - Q8: Cultural Models of Wellness: Beliefs and Practices
  - Pre-work
    - Self-Awareness (Personality, Self-Identity, Self-Assessment, Implicit Bias Training, 360-Feedback)
      - Revisit Annually
      - Link w/ Professional Development

# Sample Long-Term Sustainable Strategy

- Community outreach (“Listening Sessions”)
  - Hear directly from leaders of DEI communities
    - What are their experiences using the health system?
    - What do they need from a healthcare system?
    - What barriers do they face to care?
    - How can their population be better served
    - What do they want their healthcare providers to know
  - Create a DEI-panel consisting of DEI community leaders to advise the hospital
- Staff recruitment & retention
  - Introduce APP & other healthcare careers to HS & college students
  - Create a formal recruitment pipeline for entry-level health system jobs and showing pathways to clinical roles
  - Opportunities for HS & college students to shadow in different departments
  - Deliberately seek out under-represented community members (active, not passive)
  - Ensure infrastructure for mentorship and support
  - Staff acknowledgement, recognition, appreciation, and celebration

# Long-Term Sustainable Strategy (continued)

- Create a formal DEI infrastructure
  - DEI Committee
    - Review educational content through DEI lens
  - Staff with diverse perspectives & demographics
    - Representative of population served
      - Actively (not passively) recruited & retained
  - Have a DEI champion for every role, in every department
    - Champion should have paid, protected time to work on DEI QI initiatives
  - DEI trainings
    - Employees should have paid, protected time to complete DEI specific trainings
    - Trainings may be more meaningful when representative of the patient population served and inspired by actual experiences of members of DEI community members
      - Members of DEI communities should be reimbursed for their time & experience

# Implementation

- When will this be done?
  - In between patients / during free time?
    - Demonstrates
      - Not a priority
      - Not an expectation / Peripheral to care
      - An administrative checkbox
- Shift work
  - Lunch break?
  - Inconsistent schedules & colleagues?
  - 12-13 hour workdays (+ commute)
    - Need days off
    - Family/Life obligations
- Training
  - Recorded vs live
  - In-person vs Online Platform
  - Incentivized vs mandated
  - Didactic, Case Studies, Workshops, Discussions
  - Combine w/ personal development
  - Staff/learners acknowledge/appreciated



# **Questions & Considerations**

# Questions & Considerations: Post-graduate training

- Any specific APP post-graduate DEI Fellowship/Residency?
  - East Bay Consortium NP Residency as example? (mentioned earlier)
- Any specific APP DEI tracks integrated in graduate level training?
  - Example: Family Nurse Practitioner, DEI Concentration
  - OR should this just be the new standard of all APP training?
    - Revise all curriculums & constantly re-examine



# Organizational Questions

## Organizational/Institutional

- Organizations offering acknowledgement/apology to local communities & broader cultures?

## Competencies & Training

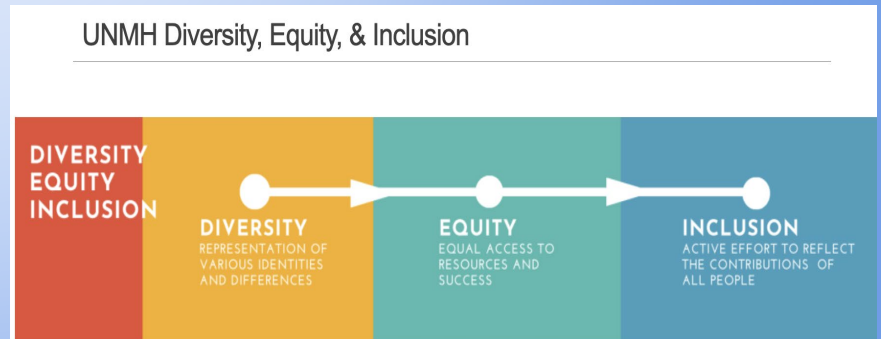
- Develop APP DEI Competencies & Training?
  - Where will this “live”?
  - Development process?
  - Customized vs Standardized?
  - Common pool of resources?
  - Distinct or integrated curriculum?
    - e.g. incorporate DEI in all teaching/policies?
- Use for recruitment/retention?





# Questions: Role of APPs

- Consider
  - Unique role
    - How to recruit?
      - Desirable profession for under-represented groups?
  - Do professional values align w/ DEI principles?
  - How to re-evaluate all APP training through DEI lens?



# Questions: APP Demographics

- Do provider demographics reflect demographics of population served?
  - Who is recruited, hired/enrolled, & retained?
  - Who is excluded, does not feel welcome, struggles, leaves?
  - Why?
  - How can this change?
    - Structured mentoring
    - Community outreach
    - Pipeline to becoming a provider
    - Highlight case examples to community
    - Listening sessions
    - Active recruitment (scholarships, mentorship)
      - Consider the lived reality of your target demographics
        - Eliminate barriers identified by that demographic



# Take Home Points

- DEI Matters for Patients, Providers, & Health Systems
- Training necessary
- Resources Available
- Healthcare & Learning Institutions Can Offer DEI Training
  - Prioritized
  - Structured & Strategic
  - Evidence-based
  - Comprehensive
  - Practical
  - Combined with:
    - Learner/Staff Development/Appreciation
    - Structural & Social Change



**How are you doing this?**

**Thank you  
for what you do**

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# Demographics

- 28% speak language other than English
  - 22% speak Spanish
- Poverty
  - 26% Black
  - 24% Native
  - 20% Hispanic
- 10% Foreign-born
  - 72% Central America
  - 19% Asia





# Justice, Equity, Diversity and Inclusion in Postgraduate Training

Dr. Barbara J Warren, PhD, RN, APRN,  
PMHCNS-BC, FNAP, FAAN  
Professor and Director of the PMHNP Specialty  
The Ohio State University, College of Nursing

Please provide author credit if using information from this presentation. Thank You.

# Disclosures

- I have no disclosures to make.



# Objectives

Describe the components of culture that affect the development of educational approaches in postgraduate training.

Analyze culturally inclusive and implicit bias perspectives regarding healthcare inequities for persons from diverse populations in healthcare systems.

Discuss the role of justice, equity, and inclusion in creating coalitions in APP program development.

# Culturally Inclusive & Humility Perspectives



**“CULTURE IS A MATRIX OF  
INFINITE POSSIBILITIES AND  
CHOICES”**

**WOLE SOYINKA, NIGERIAN  
NOBEL POET**

Warren, 2013, *Culturally sensitive psychopharmacology*,  
In *Manual of Clinical Psychopharmacology for Nurses*.p. 379

# Layers of Culture for Everyone...

## The Iceberg Concept of Culture

Like an iceberg,  
nine-tenths of culture is below the surface.

**Surface Culture**  
Most easily seen  
Emotional level - low

Food, dress,  
music, visual arts,  
drama, crafts,  
dance, literature,  
language, celebrations, games



**Shallow Culture**  
Unspoken Rules  
Emotional level - high

courtesy, contextual conversational patterns, concept of time, personal space, rules of conduct, facial expressions, nonverbal communication, body language, touching, eye contact, patterns of handling emotions, notions of modesty, concept of beauty, courtship practices, relationships to animals, notions of leadership, tempo of work, concepts of food, ideals of child rearing, theory of disease, social interaction rate, nature of friendships, tone of voice, attitudes toward elders, concept of cleanliness, notions of adolescence, patterns of group decision-making, definition of insanity, preferences for competition or cooperation, tolerance of physical pain, concept of "self", concept of past and future, definition of obscenity, attitudes toward dependents, problem solving roles in relation to age, sex, class, occupation, kinship, and ...

**Deep Culture**  
Unconscious Rules  
Emotional level - intense



# Grounding for Cultural Humility

Ability to  
Dialogue,  
Discuss, Learn

Awareness  
of Cultural  
Nuances



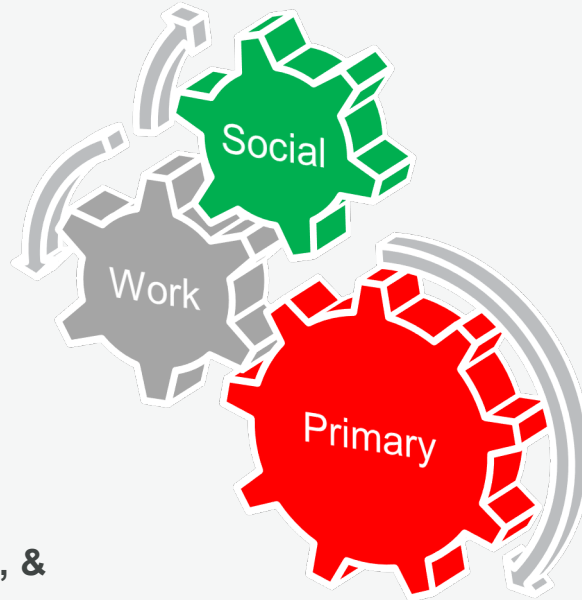
# Components of Culture

Understanding the role of **Implicit Bias** in Postgraduate  
Education

**CULTURE IS NOT MONOLITHIC.....**

# Recognize What is Right and Just in World Views

*represents what a person values & how they function within different settings*



**Differential access to goods, services, & opportunities.**

# World Views

*represents what a person values & how they function*

**Analytic** (systematic):  
OUTCOME ORIENTED

**Relational** (interactions with others):  
RELATIONSHIP-BASED

**Community** (needs of the group):  
TRANSCENDENCE-MOTIVATED

**Ecology** (connection with the earth):  
ECOLOGY-BASED

Warren, B. J., 2020

# Understanding the role of Implicit Bias in Postgraduate Education

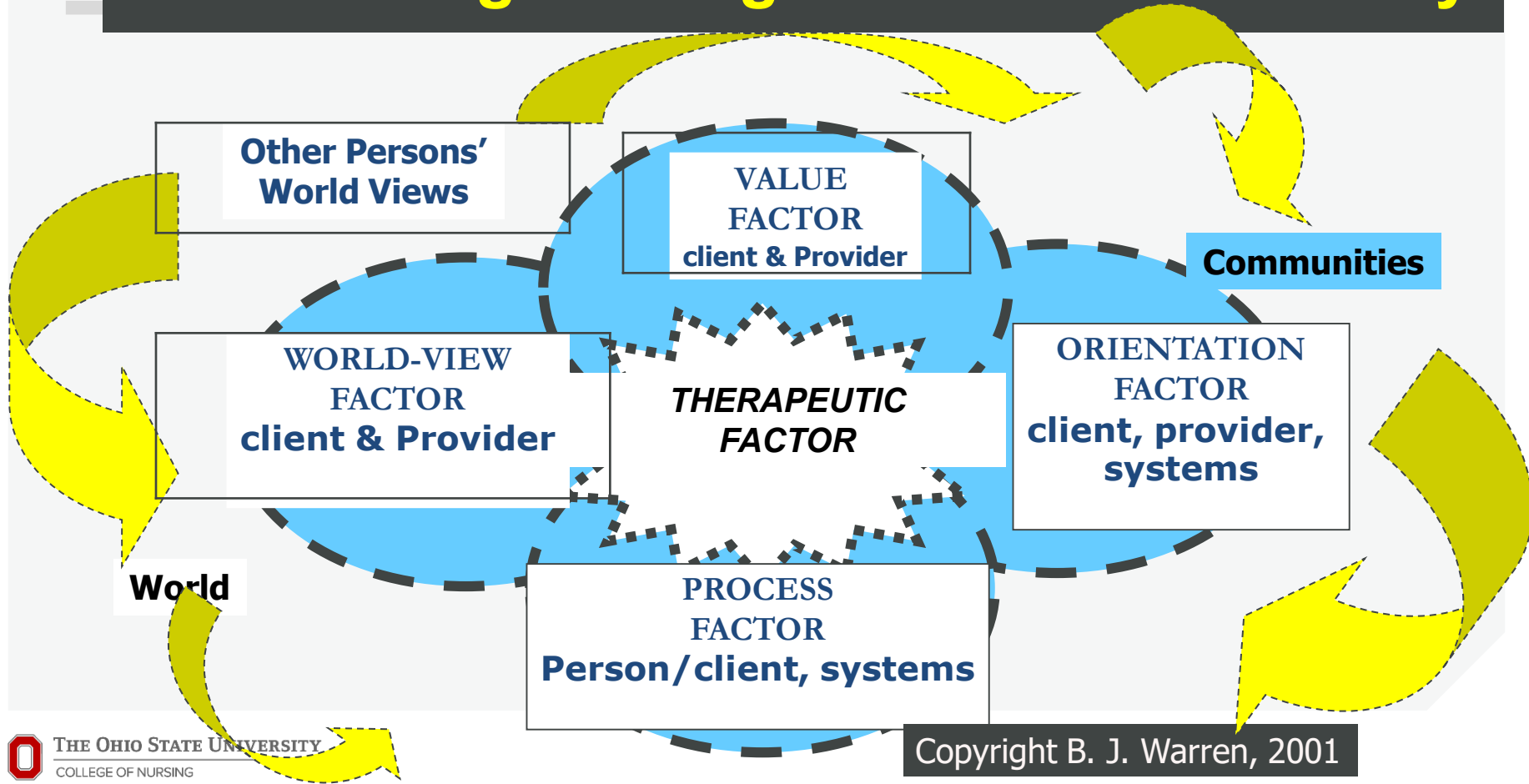
History matters. Beyond George Santayana's oft-repeated cliché that “those who cannot remember the past are condemned to repeat it,” history – or more correctly, the stories we tell about our history – frames how we think about ourselves now and the possibilities we can imagine for our future.

# Role of Culture in Service Delivery: What Do We Need to Consider?

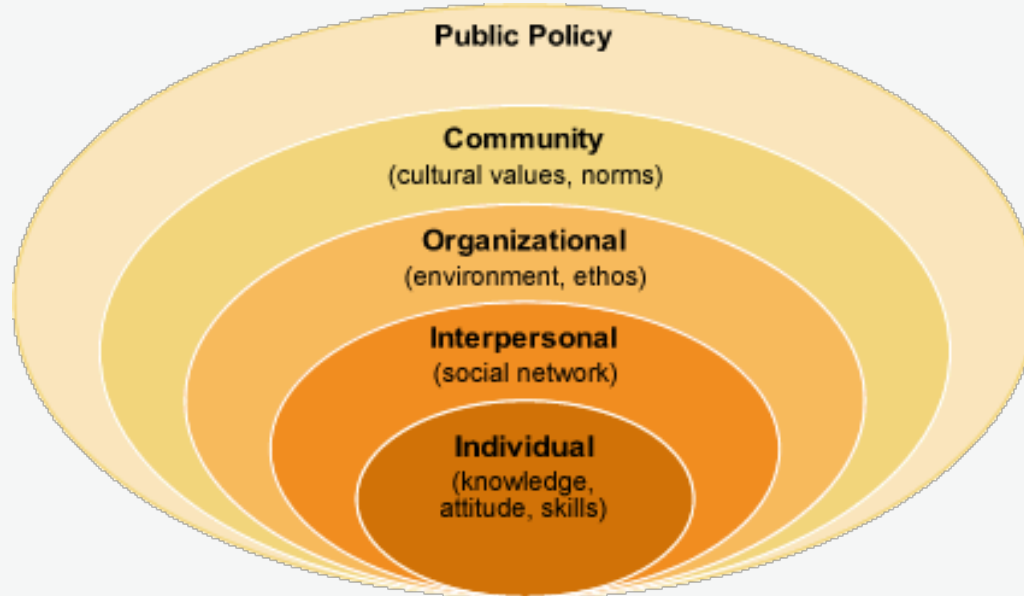
- Individuals, groups, communities, systems



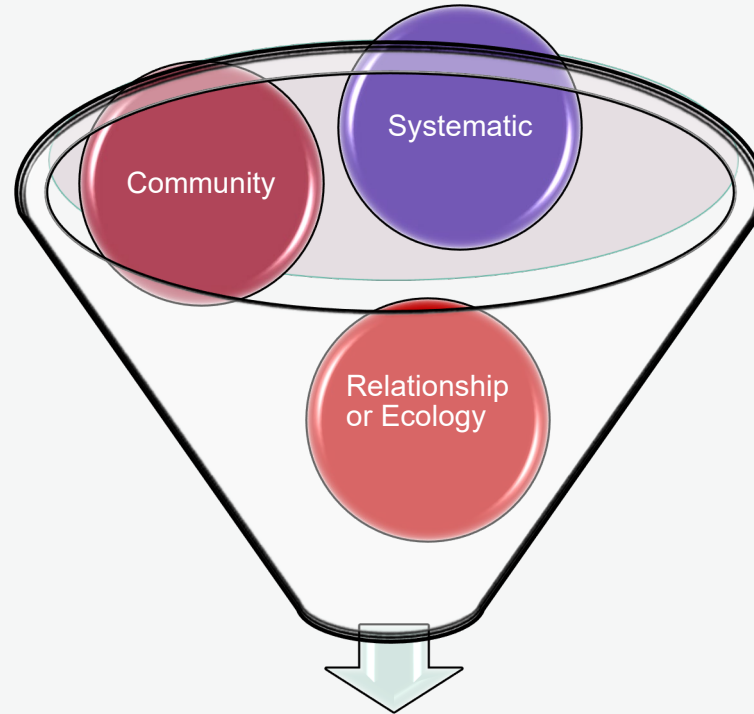
# Interlocking Paradigm of Cultural Humility



# Social Ecological Model



# Types of World Views



**World Views for a Certain  
Time, Occasion**



# “Cultural Blind Spots”

- We want to understand what they are, how they are enculturated in our behaviors, interactions, and thinking with and about ourselves and others.
- Blind spots → Implicit Bias.
  - Individual factors
  - Social & cultural
  - Socioeconomic & structural factors
  - Political factors

Edberg, 2020. Essentials of health behavior

Williams, D. R., Mohammed, S. A., Leavell, J., & Collins, C. (2010). Race, socioeconomic status, and health: Complexities, ongoing challenges, and research opportunities. *Annals of the New York Academy of Sciences*, 1186, 69-101. <sup>57</sup>  
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# “Cultural Blind Spots”

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# — What is Implicit Bias and How Do We Deal with It in Postgraduate Training?

- Thoughts and feelings can be unaware or mistaken re: other persons
  - Preferences, aversions
  - Unconscious knowledge
  - Behavior
  - Needs
- **Right and Just:** Diverse participants at all levels → educators, learners, clients, environments, use of case studies, reading materials, sharing and discussions on diversity, equity, inclusion (DEI), breakdown and rebuild present DEI exemplars, small group discussions and creating some mindful approaches to .

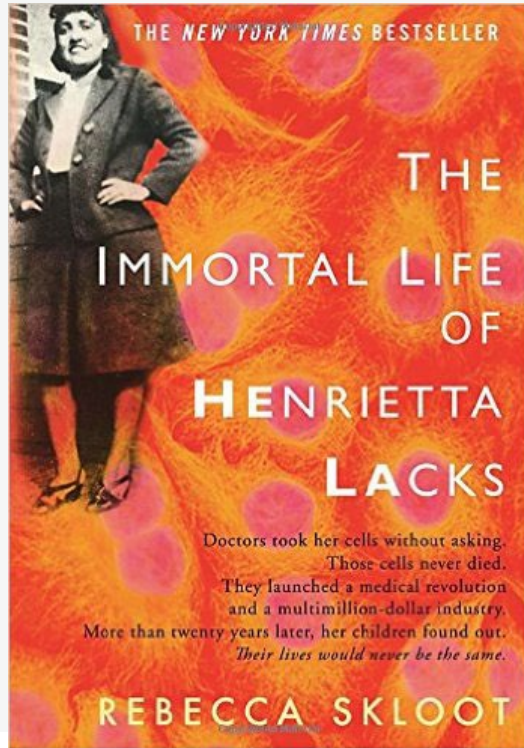
# — What is Implicit Bias and How Do We Deal with It in Postgraduate Training?

- Most of our actions occur without the use of conscious thought.
- Be mindful of the risk of being biased & **joy of not.**
  - Unfair assessment of others and oneself
  - Affects decision making at all levels
  - Promotes poor quality care and erodes healthcare interactions.
  - Pushes our values and decision-making on to others without having conversations about it.
- Use mentorship with others who have some experience in Implicit biased training, work.
- Continue learning and moving into new experiences with new persons.

# Implicit Assessment Test

- <https://implicit.harvard.edu/implicit/canada/takeatest.html>

# Cultural Blind Spot: Bringing it Together



Her name was Henrietta Lacks, but scientists know her as HeLa. She was a poor Southern tobacco farmer who worked the same land as her slave ancestors, yet her cells—taken without her knowledge—became one of the most important tools in medicine. The first “immortal” human cells grown in culture, they are still alive today, though she has been dead for more than sixty years. If you could pile all HeLa cells ever grown onto a scale, they’d weigh more than 50 million metric tons—as much as a hundred Empire State Buildings. HeLa cells were vital for developing the polio vaccine; uncovered secrets of cancer, viruses, and the atom bomb’s effects; helped lead to important advances like in vitro fertilization, cloning, and gene mapping; and have been bought and sold by the billions.

Amazon.com



# Justice, Equity, Inclusion

- Justice: fair and unbiased, right and just for the specific situation. Remember culture is not monolithic.
- Equity: impartiality, fair play
- Inclusion: being in the present, presentence
- **Exemplar in APNA's DEI committee and the role it plays in the organization.**



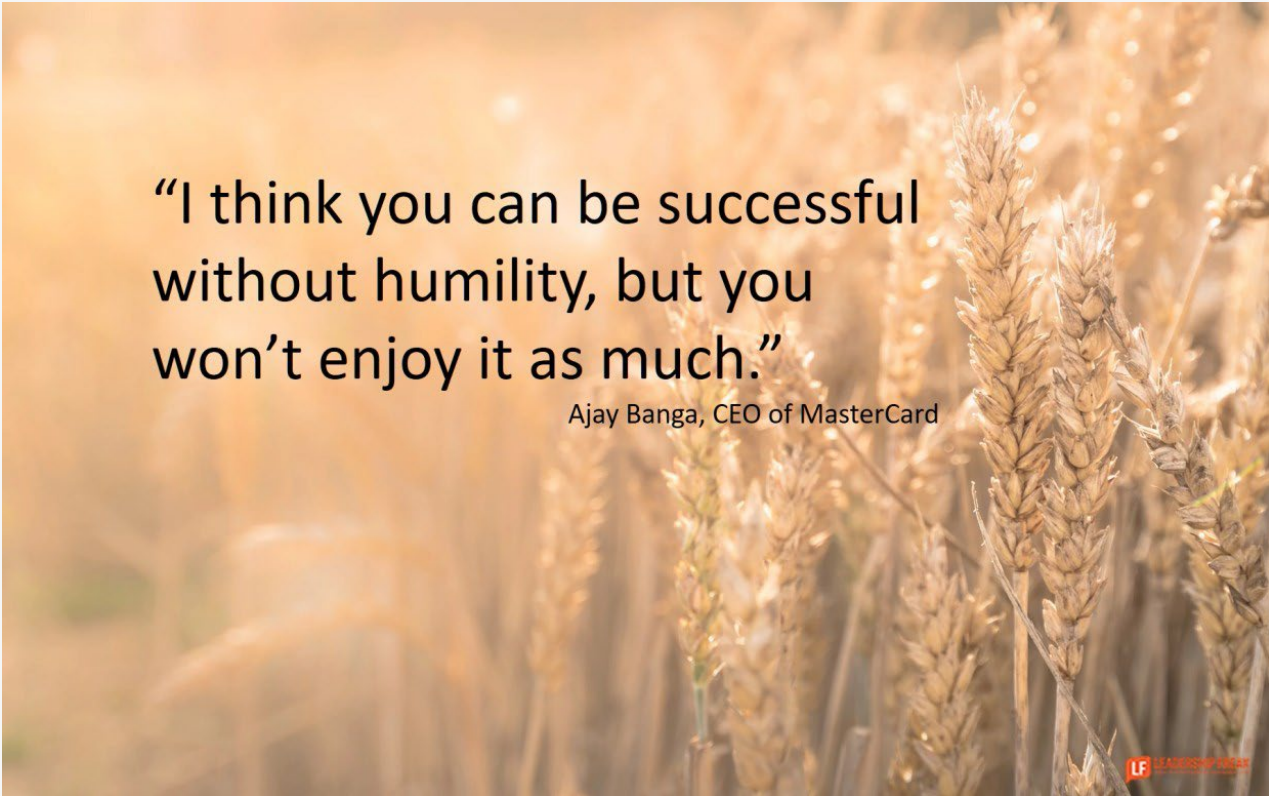
Below is the interpretation of your IAT performance, followed by questions about what you think it means. The next page explains the task and has more information such as a summary of what most people show on this IAT.

#### **Your Result**

**Your data suggest a strong automatic preference for Straight People compared to Gay People.**

The interpretation is described as 'automatic preference for Straight People' if you responded faster when *Straight people* and *Good* words were classified with the same key than when *Gay people* and *Good* words were classified with the same key. Depending on the magnitude of your result, your automatic preference may be described as 'slight', 'moderate', 'strong', or 'little to no preference'. Alternatively, you may have received feedback that ['there were too many errors to determine a result'](#).





“I think you can be successful  
without humility, but you  
won’t enjoy it as much.”

Ajay Banga, CEO of MasterCard



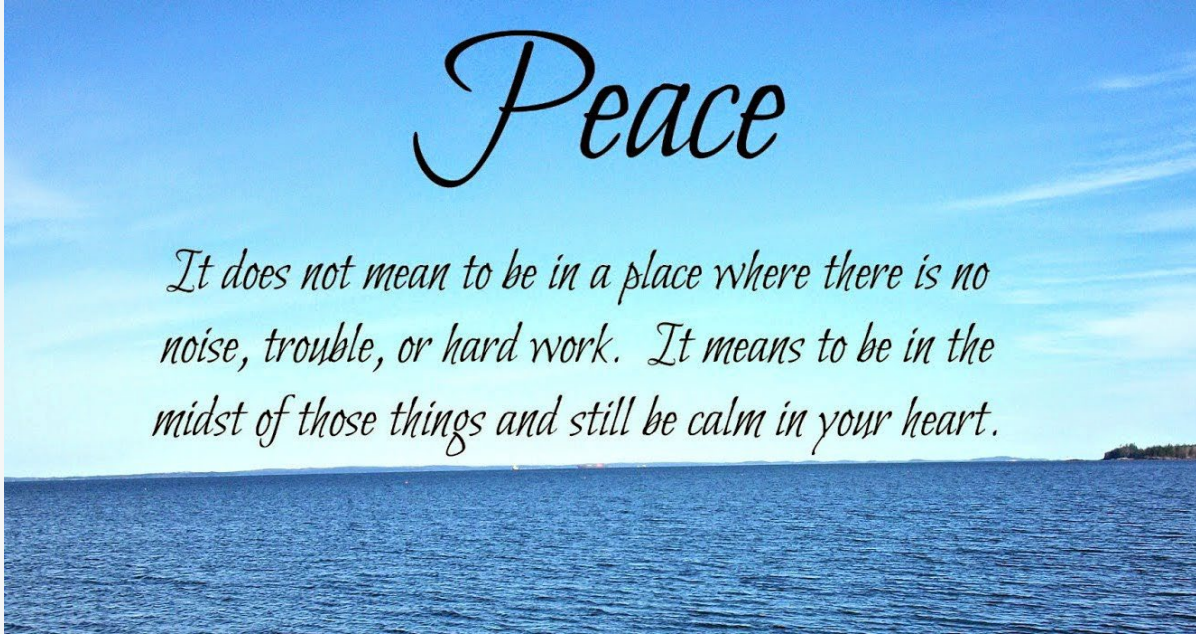
# One Never Travels the Journey Alone



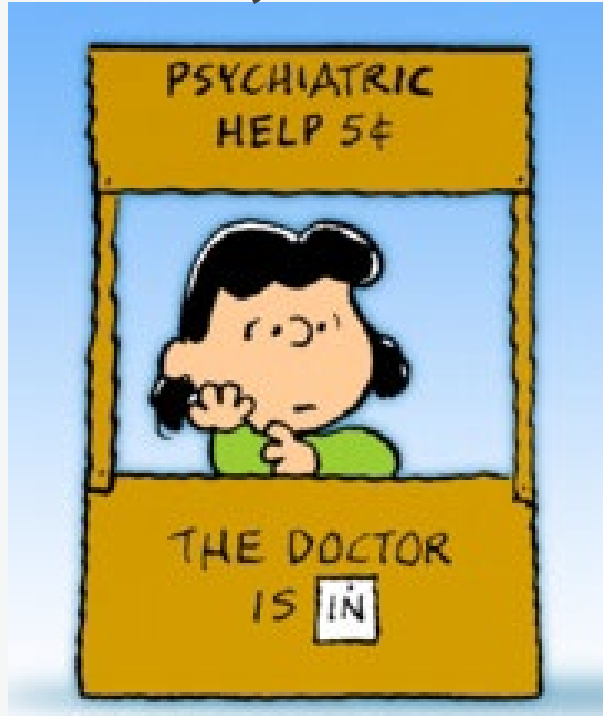
Keep This in Mind for Your Own Relaxation  
You could also place IB next to PEACE

*Peace*

*It does not mean to be in a place where there is no noise, trouble, or hard work. It means to be in the midst of those things and still be calm in your heart.*



# Comments, Questions?



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