

Promoting a Culture of Respecting People: Recognizing Unconscious Bias

This CME/CE activity is accredited for MD, DO, APRN, PA, and AA practitioners.

“Unconscious bias, also known as implicit bias, is a taught assumption, belief, or attitude in the subconscious. Implicit bias develops overtime as individuals accumulate life experiences and are exposed to different stereotypes.”

Faculty

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Professional Practice Gap and Activity Purpose

- ▶ The purpose of this continuing medical education activity is to raise providers' level of awareness regarding their unconscious biases and the potential impact of those biases on interactions with patients, families, and health care team members and patient outcomes. In addition, this continuing medical education activity will suggest strategies providers may use for identifying and mitigating unconscious bias.

Objectives

Upon completion of this continuing medical education activity, you should be able to:

- ▶ Describe how unconscious bias effects the delivery of healthcare.
- ▶ Explain how unconscious bias may affect disparities in health care screenings and treatments.
- ▶ Describe examples of unconscious bias directed towards providers from patients and families.
- ▶ Discuss potential strategies that may be used to address unconscious bias.

Promoting a Culture of Respecting People: Defining Bias

According to:

Merriam-Webster Dictionary:

- ▶ an inclination of temperament or outlook; especially: a personal and sometimes unreasoned judgment
- ▶ an instance of such prejudice
- ▶ deviation of the expected value of a statistical estimate from the quantity it estimates or systematic error introduced into sampling or testing by selecting or encouraging one outcome or answer over others

Cambridge Dictionary:

- ▶ the action of supporting or opposing a particular person or thing in an unfair way, because of allowing personal opinions to influence your judgment
- ▶ an unfair personal opinion that influences your judgment
- ▶ the fact of allowing personal opinions to influence your judgment in an unfair way
- ▶ the fact that information is not correct because of the method used in collecting or presenting it

Promoting a Culture of Respecting People: Classifications of Bias

- ▶ **Explicit bias**¹ – also known as **Conscious Bias** – Clear and well known feelings and attitudes with related behaviors conducted with intent
- ▶ **Cognitive bias**¹ – also known as **Unconscious Bias** or **Implicit bias** – operates outside a person’s awareness and may be a direct contradiction of expressed beliefs and values
 - ▶ **Cognitive Bias Classifications**^{2,3}
 - ▶ Ascertainment bias – decision making based on prior expectations (example, “frequent flyers”)
 - ▶ Affect heuristic – actions are persuaded by either positive or negative emotions instead of logical deliberation about risks and benefits
 - ▶ Anchoring bias – the practice of prioritizing data and/or statistics to support initial impression of evidence (example: making initial diagnosis of osteoarthritis for back pain without ruling out other potential causes)
 - ▶ Availability bias - decisions or diagnosis based on familiar, common, recent, or memorable experience
 - ▶ Confirmation bias – selecting proof to confirm one’s beliefs and neglecting evidence that contradicts original belief (example: refusing to consider alternative diagnosis regardless of diagnostic test results)
 - ▶ Diagnostic momentum – once a label is applied, alternative considerations are not likely considered
 - ▶ Framing effect – how information is presented or source of information can influence decision making
 - ▶ Outcomes bias – believing clinical results are attributed to prior decisions, preventing a provider from integrating feedback to improve performance
 - ▶ Search satisficing/premature closure – cease researching for alternative answers/diagnosis once a solution/initial diagnosis has been identified

1. National Center for cultural competence at Georgetown University. (n.d.). Conscious & Unconscious Biases in Health Care. Retrieved from <https://nccc.georgetown.edu/bias/module-3/1.php>

2. Smith, T. (2021). 4 widespread cognitive biases and how doctors can overcome them. American Medical Association. Retrieved from <https://www.ama-assn.org/delivering-care/ethics/4-widespread-cognitive-biases-and-how-doctors-can-overcome-them>

3. The Joint Commission. (2016). Quick Safety 28:Cognitive biases in health care. Retrieved from <https://www.jointcommission.org/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-28/cognitive-biases-in-health-care/#.Yyy8n3YpC70>

Promoting a Culture of Respecting People: Categories of Unconscious Bias

Gender bias-
to show favor towards one gender over another which typically is derived from deep rooted beliefs about gender roles and stereotypes

Affinity bias-
an unconscious preference towards a group of people who share the same opinions

Halo effect-
viewing one particularly strong positive trait about an individual in a way that overpowers the judgement of someone else

Horns effect-
focusing on one negative perceived trait that can affect the positive ones

Beauty bias-
a social behavior that unpleasantly affects women in the workplace, For example, an attractive woman being viewed less competent than male counter parts

Confirmation bias-
selectively searching for information to support an opinion that is already formed without looking at the bigger picture

Group think bias-
occurs when individuals try too hard to fit into a particular group by impersonating others or by not voicing their opinions and thoughts

Promoting a Culture of Respecting People: Development of Unconscious Bias

- ▶ According to The Joint Commission, unconscious bias is developed during the early stages in life caused by repeated reinforcement of social stereotypes. Overtime the unconscious bias becomes replicated and reinforced causing the bias to be unrecognized ²
- ▶ Stereotypes that are automatic, unintentional, deeply engrained, universal, and influential behavior
 - ▶ Includes: sexual orientation, gender, skin color, weight, age, social class, marital and parental status, disability status, an individual's name and height

1. Backhus, L. M., Lui, N. S., Cooke, D. T., Bush, E. L., Enumah, Z., & Higgins, R. (2019). Unconscious Bias. *Thoracic Surgery Clinics* 29(3), pg. 259-267. doi: <https://doi.org/10.1016/j.thorsurg.2019.03.004>

2. The Joint Commission. (2016). Quick Safety 23: Implicit bias in health care. Retrieved from <https://www.jointcommission.org/en/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/#.Y21T2b3MKUk>

3. Ross, H. (2020). Cover story: Implicit bias: Recognizing the unconscious barriers to quality care and diversity in medicine. *American College of Cardiology*. Retrieved from <https://www.acc.org/latest-in-cardiology/articles/2020/01/01/24/42/cover-story-implicit-bias-recognizing-the-unconscious-barriers-to-quality-care-and-diversity-in-medicine>

Promoting a Culture of Respecting People: Unconscious Bias May Affect the Following Populations

Ethnic and racial minorities

Immigrants

Socioeconomically poor

Illiterate and/or Ignorant
individuals

Sexual minorities

Children

Women

Hearing/Speech impaired

Elderly

Mentally ill individuals

Overweight individuals

Disabled individuals



Promoting a Culture of Respecting People: Unconscious Bias Impacts Interpersonal Communication

Unconscious bias in healthcare team members and patients affects interpersonal communication between them, which may then lead to missed opportunities for reaching optimal clinical outcomes for patients

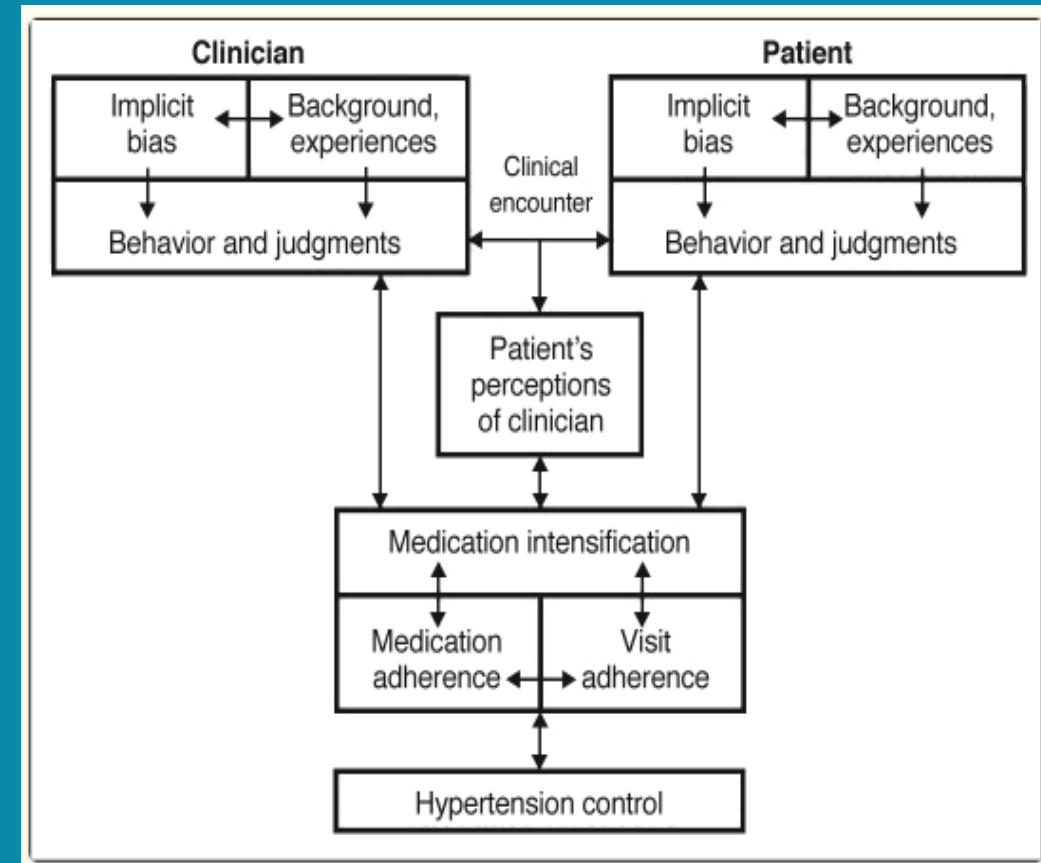


Figure 1 Conceptual model of the influence of implicit bias on communication

Promoting a Culture of Respecting People: Unconscious Bias Impacts Interpersonal Communication

Unconscious bias of the healthcare team may:

- ▶ negatively affect the clinical interview, clinical assessment and decision-making ¹
- ▶ lead to negative outcomes and potential outcome disparities in all ages ²
- ▶ negatively affect interprofessional interactions among team members, patients and patients' family members ²
- ▶ negatively affect hiring and promoting of healthcare team members ²

1. Backhus, L. M., Lui, N. S., Cooke, D. T., Bush, E. L., Enumah, Z., & Higgins, R. (2019). Unconscious Bias. *Thoracic Surgery Clinics* 29(3), pg. 259-267. doi: <https://doi.org/10.1016/j.thorsurg.2019.03.004>

2. The Joint Commission. (2016). Quick Safety 23: Implicit bias in health care. Retrieved from <https://www.jointcommission.org/en/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/#.Y21T2b3MKUk>

Promoting a Culture of Respecting People: Unconscious Bias Impacts Interpersonal Communication

Unconscious bias of healthcare team may (continued):

- ▶ cause unconscious assumptions about patients and the patients' needs which may lead to misdiagnosis, missed specialty referrals, or inappropriate treatment ²
- ▶ cause body language and other subtle cues that can lead to spending less time with patients, resulting in patients losing trust, withholding information, and/or failing to follow medical advice ²
- ▶ result in patients being discharged with inadequate follow-up care ³
- ▶ result in long waiting times for appointments and diagnostic testing ³
- ▶ result in patients dealing with healthcare team members who do not understand patients' language and cultural differences ³

1. Backhus, L. M., Lui, N. S., Cooke, D. T., Bush, E. L., Enumah, Z., & Higgins, R. (2019). Unconscious Bias. *Thoracic Surgery Clinics* 29(3), pg. 259-267. doi: <https://doi.org/10.1016/j.thorsurg.2019.03.004>

2. The Joint Commission. (2016). Quick Safety 23: Implicit bias in health care. Retrieved from <https://www.jointcommission.org/en/resources/news-and-multimedia/newsletters/newsletters/quick-safety/quick-safety-issue-23-implicit-bias-in-health-care/implicit-bias-in-health-care/#.Y21T2b3MKUk>

3. Bucknor-Ferron, P., & Zagaja, L. (2016). Five strategies to combat unconscious bias. *Nursing 2020*. Retrieved from https://www.nursingcenter.com/pdfjournal?AID=3832944&an=00152193-201611000-00016&Journal_ID=54016&Issue_ID=3832735

Promoting a Culture of Respecting People: Unconscious Bias May Be a Potential Factor Affecting the Following Disparities in Health Care Screenings and Treatments

- ▶ African American and Hispanic/Latina women experience more cesarean deliveries than Non-Hispanic white women
- ▶ Black and Hispanic men are less likely to receive definitive prostate cancer treatment in comparison to white men
- ▶ Women are three times less likely than men to receive knee arthroplasty when clinically appropriate
- ▶ Non-white patients receive fewer cardiovascular interventions and fewer renal transplants
- ▶ Black women are more likely to die after being diagnosed with breast cancer
- ▶ Non-white patients are less likely to be prescribed pain medications (non-narcotic and narcotic)

Debbink, M., et al. (2022). Racial and ethnic inequities in Cesarean birth and maternal morbidity in a low-risk, nulliparous cohort. *Obstetric & Gynecology*. 139(1), 73. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/34856577/>

Cackowski, F., et. Al. (2021). Evolution of disparities in prostate cancer treatment: is this a new normal? *American Society of Clinical Oncology Educational Book*, e203-e214. Retrieved from https://ascopubs.org/doi/pdf/10.1200/EDBK_321195?role=tab

Joint Commission. (n.d.) Retrieved from <https://www.jointcommission.org/-/media/tjc/documents/newsletters/quick-safety-issue-23-apr-2016-final-rev.pdf>

Hill, L. Artiga, S., & Haldar, S. (2022). Key facts on health and health care by race and ethnicity. *KFF*. Retrieved from <https://www.kff.org/report-section/key-facts-on-health-and-health-care-by-race-and-ethnicity-health-status-outcomes-and-behaviors/>

Promoting a Culture of Respecting People: Unconscious Bias May Be a Potential Factor Affecting the Following Disparities in Health Care Screenings and Treatments continued

- ▶ Blaming patients of color for being too passive about their health care
- ▶ Impeding patients' diagnoses regarding diseases generally associated to a race, i.e. cystic fibrosis found typically in Caucasian children
- ▶ Negatively impacting encounters with patients:
 - ▶ Stereotyping in patient electronic medical records
 - ▶ Stigmatizing transgender and LGBTQ patients
 - ▶ Dismissing complaints of elderly patients
 - ▶ Stereotyping and stigmatizing patients based on social factors such as primary spoken language, gender, sexual orientation, patient's clothing, insurance status, and employment status

Promoting a Culture of Respecting People :

Case Study Illustrating Unconscious Bias

The American Diabetes Association has changed diabetic screening guidelines indicating that Asians should be screened for diabetes starting at a lower body mass index. Dr. Elizabeth Tung, a physician at the University of Chicago, conducted a study that showed “Asian Americans were the only racial and ethnic group consistently screened less than other racial and ethnic groups. We found that overall, Asian Americans had 34 percent lower odds of being screened than whites.” Further, Dr. Tung and her colleagues stated that after looking at multiple variables including education level, insurance status, access to health care, patient satisfaction, and querying Asian Americans regarding their opinion of screening for diabetes, they could not find an explanation for the screening discrepancy. Dr. Tung theorized that “either patients don’t ask for diabetes screening because they think they are not at risk, or physicians don’t screen their patients because they think their Asian patients are healthier and at lower risk.”

Independent Reading: Tung, E. et al. (2017). Racial and ethnic disparities in diabetes screening between Asian Americans and other adults: BRFSS 2012-2014. *Journal of General Internal Medicine*, 32, 423. Access at <https://link.springer.com/article/10.1007/s11606-016-3913-x>

Promoting a Culture of Respecting People: Unconscious Bias Towards Providers from Patients and Families

- ▶ Per 2019 *JAMA* research article, “patients reject or demean physicians based on their social characteristics....Incidents of biased patient behavior described by [study] participants ranged from outright rejection of care and racist, sexist, or homophobic epithets to inappropriate compliments”

Nonverbal disrespect

“[The patient] was sitting in the ER with a lot of swastika tattoos and other offensive tattoos on their body.” [Hospitalist, man, white]

“I’ve been on all-female teams and one situation that I remember is passing a room and having a patient’s son whistle at the entire team.” [Fourth-year medical student, woman, Latina]

Explicit refusal of care

“[The patient] said ‘I looked at your name and thought I would see someone that looks more like me. I don’t want to talk to you.’ And she started yelling at us to leave. Then the attending came in and she started yelling at him too because he was black.” [Fourth-year medical student, woman, Latina]

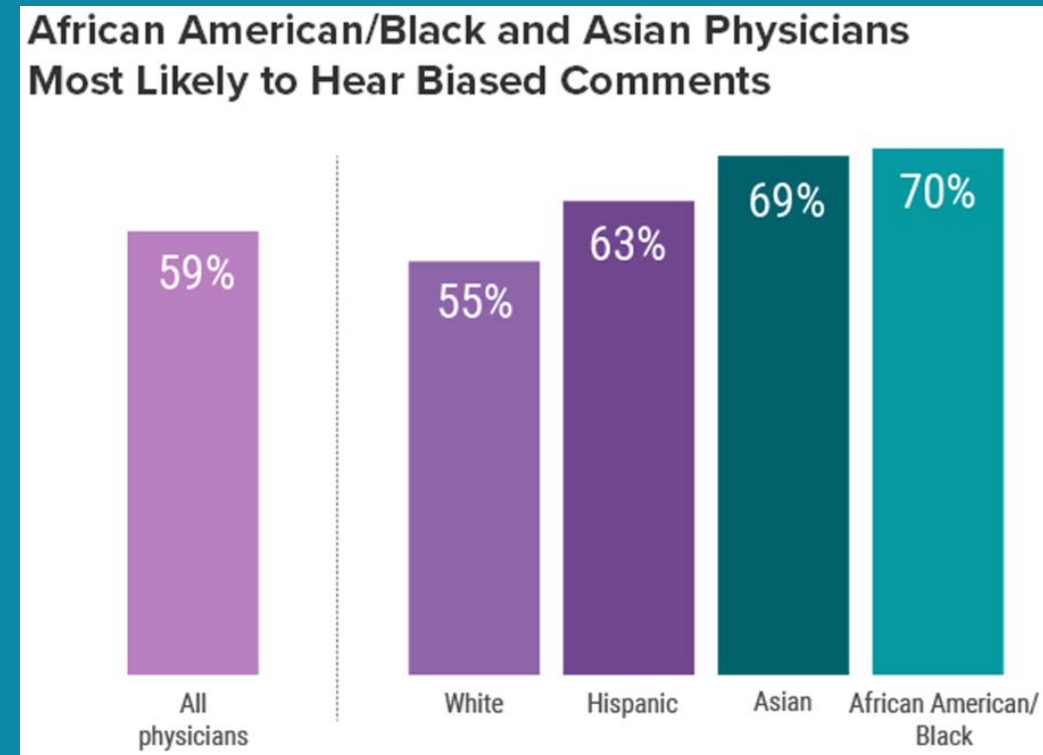
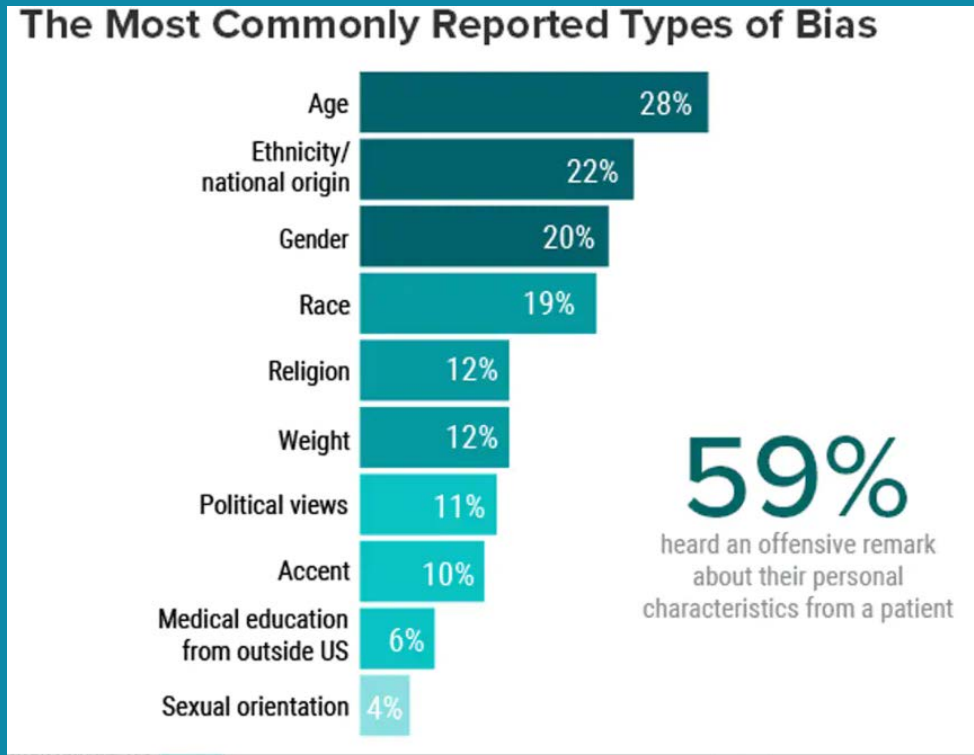
Questioning clinician role

“The daughter was asking for a dark-skinned support nurse who [had] been following her throughout her hospital stay...And I immediately knew, [that she was] referring to me, because I was the intern writing the orders.” [Third-year resident, woman, Asian]

“I had been working with a female resident and the patient addresses me as the doctor...and then there’s the moment where I say, ‘No, no, I’m just a medical student’...I’ve never had it happen with a male resident or a male intern.” [Fourth-year medical student, man, white]

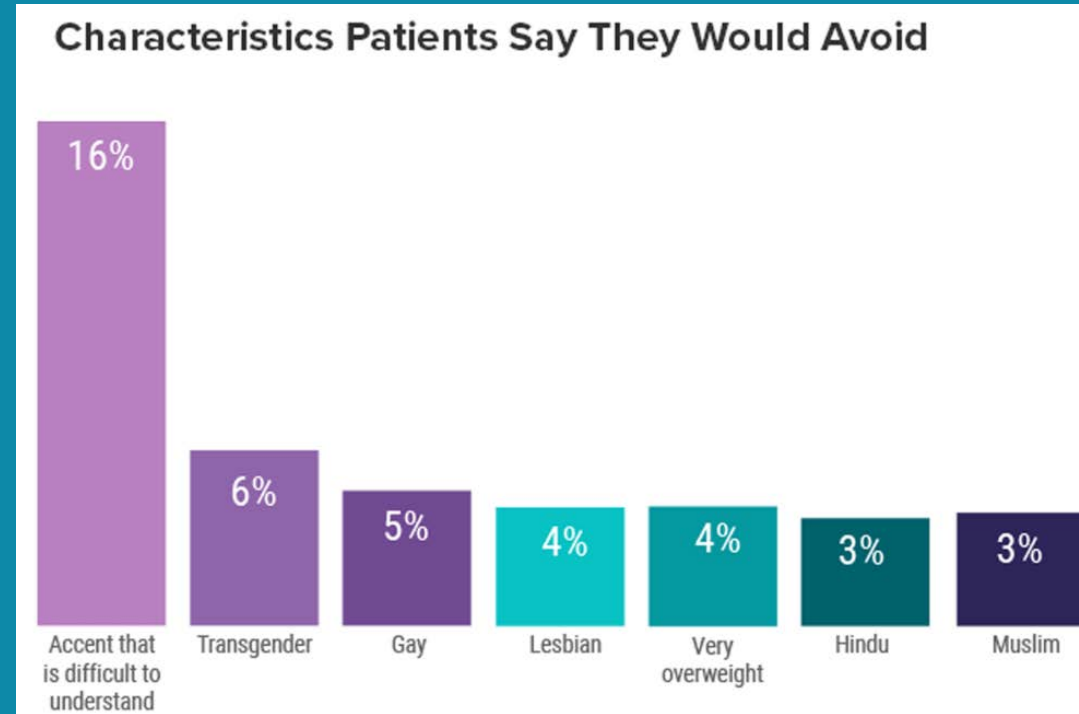
Promoting a Culture of Respecting People: Unconscious Bias Actions/Attitudes from Patients/Consumers

- ▶ Per *Medscape* study conducted in 2017, 59% of 822 physician participants heard an offensive remark about their personal characteristics from patients/consumers.



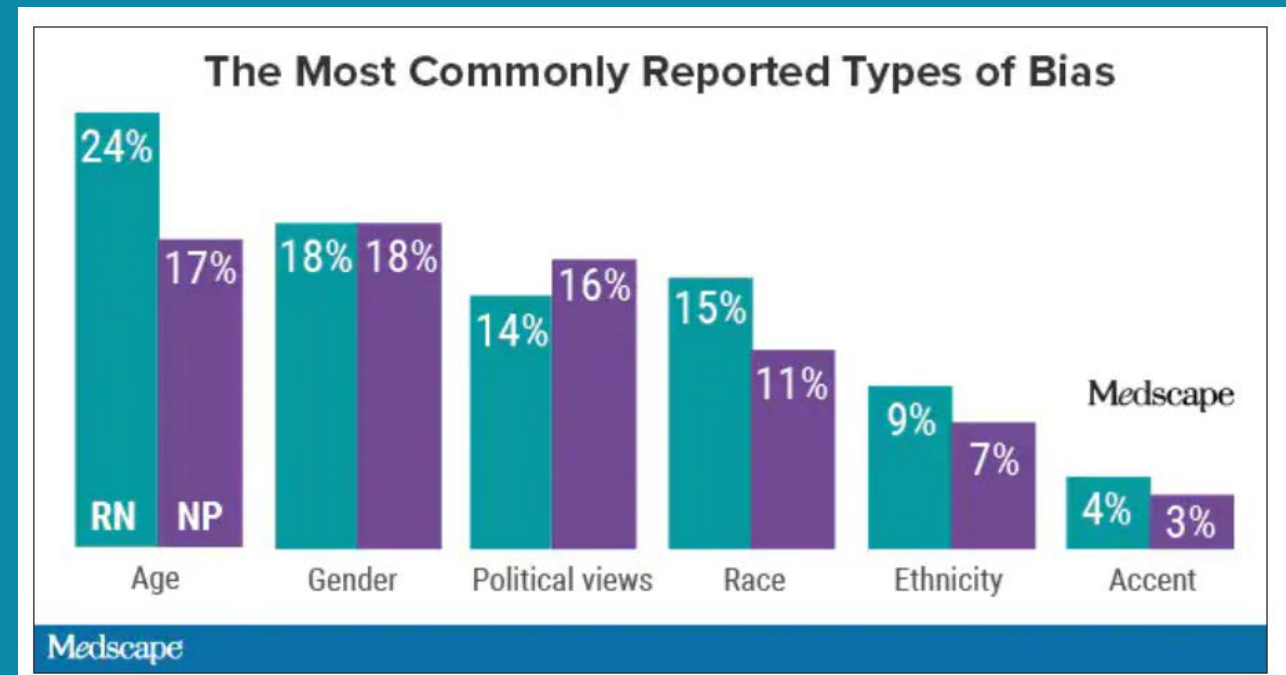
Promoting a Culture of Respecting People: Unconscious Bias Actions/Attitudes from Patients/Consumers

- ▶ Results of the *Medscape* study also showed that 934 patients/consumers who participated in the study indicated they would avoid healthcare providers with difficult accents, appear transgender, gay, or lesbian, are overweight, or are Hindu or Muslim.



Promoting a Culture of Respecting People: Unconscious Bias Actions/Attitudes from Patients/Consumers

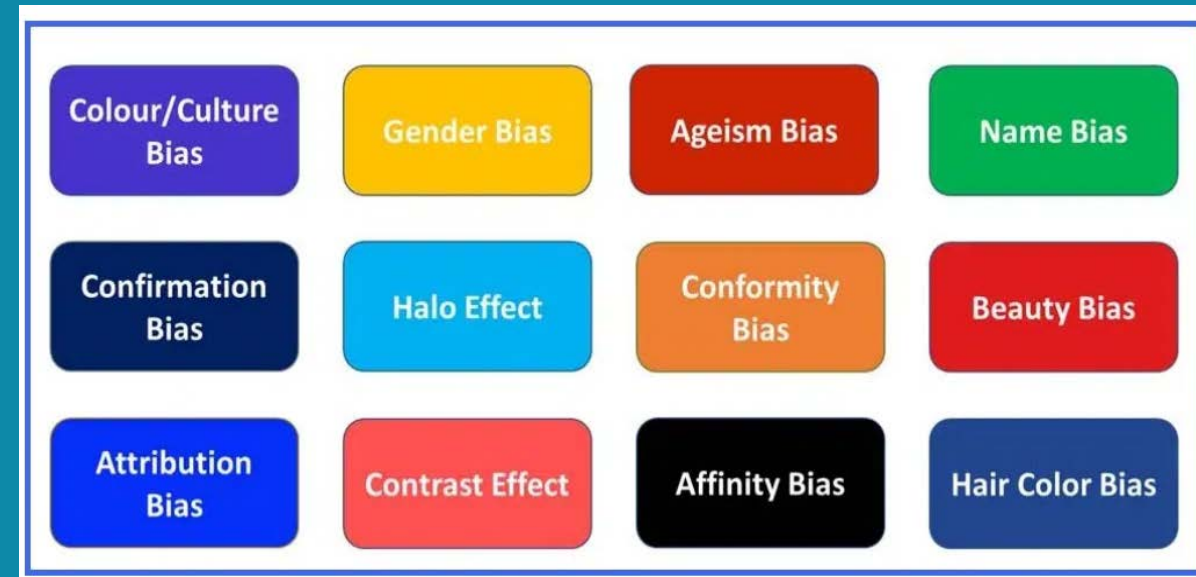
- ▶ In addition, results of the 2017 *Medscape* study showed that within the past 5 years, APRNs and RNs reported that offensive remarks regarding age, gender, race, ethnicity or accent were directed at them.



Promoting a Culture of Respecting People: Affects of Unconscious Bias in the Healthcare Workplace

Unconscious bias can also negatively affect the workplace culture:

- ▶ Difficulty with diversity in recruiting and hiring practices, retention efforts, performance reviews, and promotions
- ▶ Increased workplace bullying
- ▶ Increased disengagement of employees
- ▶ Increased stress in employees
- ▶ Increased burnout among employees
- ▶ Increased attrition of employees



What Types & Examples of Unconscious Bias are There? (2022). *Symonds & Research*. Retrieved from <https://symondsresearch.com/types-of-unconscious-bias/>

To minimize unconscious bias in the workplace, organizations can provide policies that reinforce a positive working environment, by rewarding employees for supporting their colleagues

1. McCormick, H. (2016). The real effects of unconscious bias in the workplace. *University of North Carolina Kenan-Flagler Business School*. Retrieved from <https://teammates.atriumhealth.org/-/media/human-resources/documents/new-teammates/unc-white-paper-the-real-effects-of-unconscious-bias-in-the-workplace-final.pdf>

2. Kinckle, S. R. (2020). Unconscious bias training without CQ makes things worse. *Cultural Intelligence Center*. Retrieved from <https://culturalq.com/blog/unconscious-bias-training-without-cq-makes-things-worse/>

Promoting a Culture of Respecting People: Strategies to Reduce Unconscious Bias

- ▶ **Stereotype replacement** — Recognizing that a response is based on stereotype and consciously adjusting the response
- ▶ **Counter-stereotypic imaging** — Imagining the individual as the opposite of the stereotype
- ▶ **Individuation** — Recognizing patients as individuals rather than a representation of a racial or social group (e.g., learning about their personal and/or health history and the context that brought them to the doctor's office or health center)
- ▶ **Emotional regulation skills** — Providers who have good emotional regulation skills and who experience positive emotion during clinical encounters may be less likely to view patients in terms of their individual attributes, and to use more inclusive social categories. It's easier to empathize with others when people view themselves as being part of a larger group.

Promoting a Culture of Respecting People: Strategies to Reduce Unconscious Bias (continued)

- ▶ **Perspective taking** — “Putting yourself in the other person’s shoes”. Empathy positively affects patient satisfaction, self-efficacy perceptions of control, emotional distress, adherence, and health outcomes.
- ▶ **Partnership building** — Reframing the interaction with the patient as one between collaborating equals or as a team member working toward a common goal.
- ▶ **Personal development** — Personally increasing opportunities for contact with individuals from different groups; Expand network of friends and colleagues by attending events where people of other racial and ethnic groups, gender identities, sexual orientation, and other groups may be present.

Promoting a Culture of Respecting People: Mitigating Unconscious/Implicit Bias By Using the Following Strategies

STRATEGIES TO COMBAT OUR IMPLICIT BIASES

	Description	Resources
I ntrospection	Explore and identify your own implicit biases by taking implicit association tests or through other means.	Project Implicit – Implicit Association Tests (https://implicit.harvard.edu/implicit/)
M indfulness	Practice ways to reduce stress and increase mindfulness, such as meditation, yoga, or focused breathing.	“Three Ways Mindfulness Makes You Less Biased” (https://greatergood.berkeley.edu/article/item/three_ways_mindfulness_can_make_you_less_biased)
P erspective-taking	Consider experiences from the point of view of the person being stereotyped. This can involve consuming media about those experiences, such as books or videos, and directly interacting with people from that group.	“A Conversation About Growing Up Black” (https://www.nytimes.com/video/opinion/100000003670178/a-conversation-about-growing-up-black.html?module=inline)
L earn to slow down	Pause and reflect on your potential biases before interacting with people of certain groups to reduce reflexive reactions. This could include thinking about positive examples of that stereotyped group, such as celebrities or personal friends.	“Snacks and Punishment” (https://www.nytimes.com/video/us/100000004818677/snacks-and-punishment.html?playlistId=100000004821064)
I ndividuation	Evaluate people based on their personal characteristics rather than those affiliated with their group. This could include connecting over shared interests or backgrounds.	“Long-Term Reduction in Implicit Race Bias: A Prejudice Habit-Breaking Intervention” (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3603687/)
C heck your messaging	Embrace evidence-based statements that reduce implicit bias, such as welcoming and embracing multiculturalism.	“The Impact of Multiculturalism Versus Color-blindness on Racial Bias” (http://groups.psych.northwestern.edu/spcl/documents/colorblind_final_000.pdf)
I nstitutionalize fairness	Promote procedural change at the organizational level that moves toward a socially accountable health care system with the goal of health equity.	The Equity and Empowerment Lens (https://multco.us/diversity-equity/equity-and-empowerment-lens)
T ake two	Practice cultural humility, a lifelong process of critical self-reflection to readdress the power imbalances of the clinician-patient relationship.	“Cultural Humility Versus Cultural Competence: A Critical Distinction Defining Physician Training Outcomes in Multicultural Education” (https://melanietervalon.com/wp-content/uploads/2013/08/CulturalHumility_Tervalon-and-Murray-Garcia-Article.pdf)

Independent Reading: How to Identify, Understand, and Unlearn Implicit Bias in Patient Care by Jennifer Edgoose, MD
<https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html>

Edgoose, J., (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management*, 26 (4), 29-33. Retrieved from <https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html>

Promoting a Culture of Respecting People: Mitigating Unconscious Bias by Using the PAUSE Strategy

Use **PAUSE** to identify and mitigate unconscious bias.

PAUSE Strategy:

Pay attention to what is actually happening

Acknowledge your own reactions, interpretations, and judgements

Understand other's reactions, interpretations, and judgements that may be possible

Search for a way to deal with the situation

Examine your options and make a decision

Promoting a Culture of Respecting People: Mitigating Unconscious Bias through Self-Assessment

Project Implicit: Self-Assessment Tests

- ▶ A 501(c)(3) nonprofit organization hosted on a Harvard educational website. The self-assessment tests and website were created by Dr. Mahzarin Banaji (Harvard University), Dr. Anthony Greenwald (University of Washington), and Dr. Brian Nosek (University of Virginia)
- ▶ The various tests help individuals to build a profile of their implicit bias for better recognition and improved management of the implicit bias(s)
- ▶ To access a self-assessment Project Implicit Test, copy and paste <https://implicit.harvard.edu/implicit/> into your browser



Promoting a Culture of Respecting People at Flagler Health + by:

Remembering the Flagler Health + Mission

“To provide the best patient experience with the best staff.”

Promoting a Culture of Respecting People: Incorporating Professional Ethics in Every Practice Environment

▶ American Medical Association:

“Physicians can best contribute to a mutually respectful alliance with patients by serving as their patients’ advocates and by respecting patients’ rights. These include the right:

- a. To courtesy, respect, dignity, and timely, responsive attention to his or her needs.
- b. To receive information from their physicians and to have opportunity to discuss the benefits, risks, and costs of appropriate treatment alternatives, including the risks, benefits and costs of forgoing treatment.”¹

▶ World Medical Association International Code of Medical Ethics: General Principles:

2. The physician must practise medicine fairly and justly and provide care based on the patient’s health needs without bias or engaging in discriminatory conduct on the basis of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, culture, sexual orientation, social standing, or any other factor. ²

1. Patient Rights. (n.d.) American Medical Association. Retrieved from <https://code-medical-ethics.ama-assn.org/ethics-opinions/patient-rights#:~:text=To%20courtesy%2C%20respect%2C%20dignity%2C,and%20costs%20of%20forgoing%20treatment>

2. World Medical Association International Code of Medical Ethics. (2022). Retrieved December 13, 2022 from <https://www.wma.net/policies-post/wma-international-code-of-medical-ethics/>

Promoting a Culture of Respecting People: Hippocratic Oath- A Modern Version

I swear to fulfill, to the best of my ability and judgment, this covenant:

- ❖ *I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.*
- ❖ *I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.*
- ❖ *I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*
- ❖ *I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.*
- ❖ *I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.*
- ❖ *I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.*
- ❖ *I will prevent disease whenever I can, for prevention is preferable to cure.*
- ❖ *I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.*
- ❖ *If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.*

Promoting a Culture of Respecting People: Osteopathic Oath

- ❖ *I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.*
- ❖ *I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.*
- ❖ *I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.*
- ❖ *I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.*

Promoting a Culture of Respecting People: Physician Assistant Professional Oath

I pledge to perform the following duties with honesty and dedication:

- ❖ I will hold as my primary responsibility the health, safety, welfare, and dignity of all human beings.*
- ❖ I will uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.*
- ❖ I will recognize and promote the value of diversity.*
- ❖ I will treat equally all persons who seek my care.*

Promoting a Culture of Respecting People: International Council of Nursing Pledge

- ❖ *In the full knowledge of the obligations I am undertaking, I promise to care for the sick with all of the skill and understanding I possess, without regard to race, creed, color, politics, or social status.*
- ❖ *I will respect at all times the dignity and religious beliefs of the patients under my care, holding in confidence all personal information entrusted to me and refraining from any action that might endanger life or health.*
- ❖ *I will endeavor to keep my professional knowledge and skill at the highest level and to give loyal support and cooperation to all members of the health team.*
- ❖ *I will do my utmost to honor the international code of ethics applied to nursing and to uphold the integrity of the nurse.*

In Summary:

In promoting a culture of respecting people, it is critical that healthcare providers engage in life-long learning relative to identification of their unconscious biases. Engaging in life-long learning will enable them to address their unconscious biases through self-assessment and implementation of appropriate learned strategies. Further, it is essential that healthcare providers apply their professional oaths and codes in addressing their unconscious biases.

Claiming CME Credits

- ▶ Thank you for reviewing the *Promoting a Culture of Respecting People: Recognizing Unconscious Bias* continuing medical education activity.
- ▶ Please complete the activity post-test with passing score of 80% and CME evaluation to earn *1.00 AMA PRA Category 1 Credit*™ . CME/CE Credits will be reported to CE Broker and certificate will be provided as indicated within the evaluation.