Bias in the eyes of resident physicians

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**Introduction:**
- A 2003 Institute of Medicine (IOM) report, *Unequal Treatment*, recognized that bias or stereotyping may affect provider-patient communication or the care offered.

We investigated residents’ recognition of bias in an inpatient care setting.

**Method:**
- Indirect assessment of bias recognition among providers
- Anonymous response
- We asked residents the following two step question

Step 1: “Have you observed a colleague of yours SAY, PORTRAY, or ACT in a biased manner towards a patient while providing inpatient service?”

Step 2: If the answer was yes, we subsequently asked them to elaborate on the bias.

**Result:**
The survey was sent to thirty nine postgraduate (PG) internal medicine residents, in their 1st to 3rd year of training.
- Half of the responders (20/39) were female.
- The response rate was 100%.
- Forty six percent (18/39) reported observing their colleague(s) being biased toward patients.
- Of those who reported bias, 77.8% (14/18), reported one or more examples about the content of the perceived bias.

The largest category, 42.8% (9/21), was about bias towards patients with past or current “drug/substance abuse” or “narcotic seeking” behavior; 14.3% (3/21) involved patients with repeated admissions or so called “frequent fliers”; 9.5% (2/21) related to race/ethnicity; 14.3% (3/21) indicated providers not wanting to care for patients who were perceived to be “difficult”. Interestingly, another 9.5% (2/21) reported witnessing preferential service for “affluent/VIP” patients. Other (get rid of s) examples included bias against obese patients, female patients, and general stereotyping with no specifics given.

**Conclusion:**
Given the evidence that implicit bias can be recognized and improved up on, this study reinforces the need for implicit bias training/discussion to be included in residency programs.