I. Check-in – Talk about what service everyone has recently finished and the new service we’ve started. Also give any life updates you’re willing to share with the group.

II. Dive into Discussion:
   a. Talk about what we believe bias is, how it affects our daily lives, how it can affect our professional decisions, and/or if we’ve seen any biased decisions during our clerkships
   b. Bias and Prejudice
      i. Types of Bias
   c. Talk about our own ability to recognize our biases
      i. Cognitive Bias Activity
         1. http://www.youtube.com/watch?v=UOMqDIXsLm8
      ii. Complete Implicit Association Test
      iii. Discuss Our Results

III. Narrative Writing: Now that you know about the different types of bias and are (hopefully) more aware of your unconscious biases, think of a moment when you felt like someone was either biased against you or when you recognized that you had an experience with a person guided by an unconscious bias.

IV. Take a 10 Minute Break

V. Activities to Increase Understanding
   a. A Look at the Literature:
      i. Watch Out for That One
      ii. Review of Scholarly Articles and what they’ve shown in regards to bias in medicine:
         1. Bias in medicine: a survey of medical student attitudes towards HIV-positive and marginalized patients in Russia, 2010
         2. Review Paper: Gender Competencies in the Medical Curriculum: Addressing Gender Bias in Medicine
         3. Patrolling Your Blind Spots: Introspection and Public Catharsis in a Medical School Faculty Development Course to Reduce Unconscious Bias in Medicine
   b. Why does bias matter?

VI. Closing Discussion Questions:
   a. Can we control/reduce our bias?
   b. What benefit does it offer us as professionals?
   c. How does it impact our ability to care for our patients?

VII. Evaluation of This Week’s Student Leader
Types of Bias:

- **Attentional bias** - A bias where people make faulty conclusions based on what they already believe or know. For instance, one might conclude that all tiger sharks are sharks, and all sharks are animals, and therefore all animals are tiger sharks.

- **Belief bias** - A bias where people make faulty conclusions based on what they already believe or know. For instance, one might conclude that all tiger sharks are sharks, and all sharks are animals, and therefore all animals are tiger sharks.

- **Choice-supportive bias** - A bias in which you think positive things about a choice once you made it, even if that choice has flaws. You may say positive things about the dog you just bought and ignore that the dog bites people.

- **Cognitive bias** - Systematic errors that predispose one's thinking in favor of a certain viewpoint over other viewpoints.

- **Confirmation bias** - A tendency people have to believe certain information that confirms what they think or believe in.

- **Conservatism bias** - Where people believe prior evidence more than new evidence or information that has emerged. People were slow to accept the fact that the earth was round because they tended to believe earlier information that it was flat.

- **Inter-group bias** - We view people in our group differently from how we see someone in another group.

- **Negativity bias** - The tendency to put more emphasis on negative experiences rather than positive ones. People with this bias feel that "bad is stronger than good" and will perceive threats more than opportunities in a given situation.

- **Omission bias** - The tendency to judge harmful actions as worse than equally harmful inactions. For example, we consider it worse to crash a car while drunk than to let one's friend crash his car while drunk.

- **Projection bias** - The tendency to unconsciously assume that others share the same or similar thoughts, beliefs, values, or positions.

- **Selection bias** - A distortion of evidence or data that arises from the way that the data is collected or the way that samples are selected to study.
One of my first patients as a medical intern was an avowed racist. Chester (a pseudonym) was a lifelong smoker and fan of Southern cuisine whose bad habits finally caught up with him. His body failing, he turned to our hospital for help only to find me, a black man, as one of the doctors entrusted to extend his life. The year was 2003, but for a time, it felt more like 1963.

On our way to Chester’s bed in the emergency department, a nurse stepped in front of my path to warn me. “Watch out for that one,” she said, through a thick Caribbean accent.

“Why?” I asked.

I expected her to say he was severely agitated or confused. Instead, she leaned toward me and lowered her voice. “He asked a white nurse why there are ‘so many niggers’ working here, and said that he did not want any ‘niggers’ taking care of him.”

“What?” I gasped.

I glanced at my colleagues: a white male medical student and a Jewish woman who was our supervising resident. It took a few seconds for the resident to regain her composure. “Don’t worry,” she said. “You don’t have to go in.”

“I’ll be fine,” I said, as I took a deep breath, “but maybe you should do the talking.”

Chester looked the part of a hospital patient. A scraggly beard covered much of his ashen face. His abdomen protruded as if carrying a full-term pregnancy. His wrinkled hands trembled while adjusting the rubber tubing that fed him oxygen. He smelled as if he had gone days, maybe weeks, without a bath. After introductions, Chester grimaced as he strained to lift his head off the pillow. His voice was feeble and raspy. "Where's my real doctor?” he asked.
Although the resident tried to explain that we were his real doctors, Chester looked past her, scowling at me before his eyes rested on the medical student: "I only wanna deal with you."

The resident clenched her hand, snapping the hook on her ink pen in half. "I'm in charge, so either you answer my questions, or we find another doctor, which could take hours.” Chester looked around as he weighed his options. His physical distress was more important than his mental prejudices. “Damn you,” he said.
The resident and I gritted our teeth as we worked in tandem and took the usual medical history and performed a physical examination. Given all the data, pneumonia was the most likely diagnosis. We wrote admission orders and moved on to other work during the overnight shift. As I plodded through each successive patient and hour without sleep, I could not get Chester out of my mind. Prejudice toward black doctors is nothing new, but it was one thing to read about it or hear others recount their experiences and quite another to feel it for myself.

Chester was the first person we saw on morning rounds the next day. We took a collective deep breath as we entered his room: “Good morning,” the resident said, half-heartedly.

Chester shook his head. He was unhappy to discover that we were still his doctors.

A middle-aged woman and young man sat at his bedside. The woman gruffly introduced herself as his oldest daughter. She wore a T-shirt that proudly displayed the Confederate flag across her chest. Her son wore a crew cut and had thin forearms covered with tattoos. His shirt had a smaller Confederate flag on its pocket. Together, they looked the part of people who might traffic in N-words.

As we left the room, the resident suggested trading Chester to our sister team, where both doctors were white men. Such a change would have required going up the hospital chain of command. I resisted. This was not the way I wanted to start my career, as someone who flamed racial tensions. So, I convinced her that everything would be fine if we stuck to the medical facts.
In the beginning, that is what we did. Gradually, however, in tending to his physical ills, I learned tidbits about his life. He was married for almost fifty years and took care of his wife in her final months. They had three daughters. He worked in a factory most of his life. He loved fishing and baseball.

About two weeks into his stay, Chester finally acknowledged me as a doctor when I asked him one morning how he felt. “Okay, Doc. I’m gettin’ better.”

His daughter softened, too. She asked about my personal life. Tension oozed from my back and shoulders. It was as if I was having a regular conversation with regular people—not ones who wanted to see me locked up in prison or strung from a tree.

Although I made inroads with earning their trust, our medical efforts ultimately proved futile. We discovered that his pneumonia stemmed from aggressive lung cancer that had metastasized to his liver. He also developed a multi-resistant infection and acute renal failure. The verdict was in: Chester was dying, and dying soon.

The moment came just days later. Shortly after I arrived for my weekend shift, I received a page from a nursing station. I returned the call. “Your patient has died,” a nurse said without emotion.

When I approached Chester’s bedside, the room was filled. I quickly verified that he was dead. I then looked up at his family, scanning from one to the next, their eyes all honed on me. “I’m sorry for your loss.” After I let that linger for a few seconds, I asked, “Does anyone have questions?”

I braced myself for racially tinged criticism. But what came from their mouths was the opposite of hate.

“Thanks for all you did for my daddy,” his eldest daughter said.

“We appreciate all the time you spent with him,” another daughter said.

Despite the flashes of humanity he showed toward the end, I had regarded Chester and his family in a mostly negative light. Like many blacks do, I countered their prejudice with my own: To my eyes, they were high-school dropout, Dixie flag-waving, trailer-park
residents—people I saw as fundamentally beneath me. I’d been raised to feel this way, and without much thought, I had obliged. Yet, here was Chester’s progeny, heirs to his bigoted ways, offering nothing but genuine gratitude. Suddenly, I felt like the racist fool.

In the end, at least for a moment in time, a polarizing black-and-white landscape had turned a more neutral and friendly gray. Nowadays, whenever I feel myself on the receiving end of a prejudiced patient or becoming biased against someone based on their appearance or background, I think back to Chester and his family. Our encounter showed that both sides are capable of something better.