Implicit Bias

Implicit biases are the unconscious attitudes, stereotypes, and categorizations that help us navigate the world. These biases can be formed as early as the age of two and influence our perception of the world and important decisions we make throughout our lives. Implicit biases are a result of our socialization and can affect our expectations, beliefs, and actions.

We all have implicit biases, and they can have a significant impact on our decisions and actions. For example, implicit biases can influence how we interact with others, how we make decisions, and how we perceive people who are different from us.

To combat implicit bias, it is important to be aware of our biases and to actively work to overcome them. This can be done through education, self-reflection, and changes in our behavior.

Deepening our understanding of implicit bias is critical to advancing equity in our society. The goal is to create a more just, equitable, and inclusive world for all.

In the long run, the goal of equity is to advance equality, to help society actually achieve justice for all so that we are able to realize our unalienable rights including life, liberty, and the pursuit of happiness. This requires us to recognize the barriers that undergird inequities such as discrimination based on race, ethnicity, sex, gender identity, sexual orientation, religion, and more, and to work towards solutions that promote access to opportunities and resources, respect, and civility, with ongoing action and assessment of progress towards the goal.

Advancing equity requires us to recognize the barriers that undergird inequities such as discrimination based on race, ethnicity, sex, gender identity, sexual orientation, religion, and more, and to work towards solutions that promote access to opportunities and resources, respect, and civility, with ongoing action and assessment of progress towards the goal.

The importance of equity as a foundation for health equity is fundamental. Thus, equal treatment may or may not lead to equitable outcomes especially when doing so may require additional or different resources. As we work to ensure learners the support that they need to meet the goals and expectations we have set for them. The goals and expectations are the same for all but as a system, we provide more than they need, others would get less than they need, and some would get just what they need.

Equality is frequently lauded as an answer to the problems we see in society. Generally, while equitable outcomes may require additional or different resources. Equality is not the starting point in our origin story. If we presuppose that the means to an end is the end, then equality is at best a lofty ideal.

We see this ideal declared often in speeches and texts. If we presuppose that the means to an end is the end, then equality is at best a lofty ideal, not the starting point in our origin story. As described above, it is unlikely that the resources would be evenly distributed. If we provide equal treatment, there would be no difference between social groups. If we provide equal resources, there would be no difference between social groups.

Similarly,翼 Sue stated, “Equal treatment can be discriminatory treatment.”

Health disparities can be defined as systematic, plausibly avoidable health differences that are found among socially disadvantaged groups; or as differences that are socially disadvantage, but causality need not be established (Healthy People 2020).

For example, some of these health differences may reflect implicit bias. Consider that while discrimination may result in unfairness, avoidable, and unnecessary, health differences may reflect implicit bias.

Health disparities can be defined as systematic, plausibly avoidable health differences that are found among socially disadvantaged groups; or as differences that are socially disadvantage, but causality need not be established (Healthy People 2020). They may reflect implicit bias.

Implicit biases can influence healthcare providers’ behaviors and understanding. Results from The Implicit Association Test, could move us collectively closer to where we should be as a profession. However, if done without further exploration, implicit bias training may not be enough to ensure meaningful curricular experiences, and moving beyond interventions like the Implicit Association Test, could move us collectively closer to where we should be as a profession.

Incorporating diversity into the curriculum considering both the student and the learning environment, their response to students, and behaviors they model that may reflect implicit bias.

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This includes the following.

- Actively prepare for reflective teaching and behavior modeling.
- Engage in practices like self-reflection.
- Solicit specific feedback regarding bias in educational interactions from learners.
- Instruct faculty about what implicit bias is and how it can affect their teaching behavior and understanding.
- Consider the impact of implicit bias when selecting departmental faculty, educational setting, and campus leadership.
- Provide workshops about implicit bias for trainees and providers.
- Provide resources to learners about implicit bias.
- Create a list of resources on implicit bias.
- Include questions on implicit bias during the application process.
- Consider implicit bias training Fall 2021, or other relevant trainings they offer; The VTCSOM associate professor of psychiatry and behavioral medicine and chief diversity officer, Tracy Bonser-Prentice, MD.

The focus for the remainder of this year will be Diversity, Equity, and Inclusion and will strive to be as individuals and as a society in both perception and action.

Incorporate diversity into the curriculum considering both the student and the learning environment, their response to students, and behaviors they model that may reflect implicit bias.

Here are some suggestions for beginning or continuing to reduce implicit bias.

- Consider implicit bias training Fall 2021, or other relevant trainings they offer; The VTCSOM associate professor of psychiatry and behavioral medicine and chief diversity officer, Tracy Bonser-Prentice, MD.

“Men” mentioned above refers to all human beings, then this is indeed a lofty ideal, a pursuit of happiness.

“Not everything that is faced can be changed, but nothing can be changed without being faced.”

James Baldwin

“Until it is faced.”

“Not everything that is faced can be changed, but nothing can be changed without being faced.”

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Upcoming Dean's Corner

This year's Dean's Corner will focus on the principles of Health Systems Science. The next Dean's Corner will be posted in the VTCSOM website. If you have any questions or comments, please let us know at the VTCSOM Diversity, Equity, and Inclusion Office.

Upcoming DEI Events

All DEI events are listed on the VTCSOM website.

- “We must hold truth to the sunlight; that all of us may see it,” were the closing words of a speech given by Thomas Jefferson at the Second Session of the Continental Congress in 1787. Jefferson’s words have long been cited as the origin of the phrase “pursuit of happiness.”

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