

RESOLUTION: Implicit Bias Awareness and Training

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WHEREAS, implicit bias is a ubiquitous and physiologic process by which unconscious assumptions and associations are attributed to individuals and groups based on characteristics such as gender, age, race, religious preference, and sexual orientation, resulting in oftentimes negative judgments, perceptions, and subsequent treatment towards these individuals and groups;

WHEREAS, implicit biases routinely influences management of both medical staff and patients and has been shown to result in poor outcomes;

WHEREAS, ACEP's Diversity and Inclusion Survey of 2017 revealed that 23% of ACEP members feel that their career advancement was hindered or delayed based on gender, race, age, sexual orientation, or religious preference - 61% of whom cited gender as the issue; (ACEP/AAMC Diversity and Inclusion Survey. Web-based. July to September 2017.)

WHEREAS, implicit bias exists in medicine at all levels and affects hiring, pay and promotion;¹⁻³

WHEREAS, studies suggest that when hiring, both men and women show a stronger preference for male candidates, and that there is preference for male over female leaders;⁴

WHEREAS, a 2016 study showed female physicians make \$18,677 less than their male counterparts even after adjusting for hours worked, their productivity and years of experience;⁵

WHEREAS, minority physicians suffer from an even more evident pay gap, with one study showing that across specialties, black male physicians earn \$64,812 less than white male physicians, and white and black female physicians earn \$89,808 and \$100,258 less than white male physicians, respectively;⁶

WHEREAS, women are less likely to get a raise than men when they ask for one;⁷

WHEREAS, when women leaders engage in agentic traits, or historically "masculine" leadership traits, they receive lower evaluations among men and women leaders;⁸

WHEREAS, while for 25 years, there have been near-equal percent of men and women in medical schools, women continue to lag behind in advancement. Women currently make up only 38% of medical school faculty, 21% of full professors, and 16% of deans;⁹

WHEREAS, only 4% of full-time physician faculty are Black or African American, when the general population is 8.9% Black or African American;¹⁰

WHEREAS, studies have shown that gender and racial bias negatively influences clinical decision-making and outcomes as related to managing cardiovascular disease, pain management, and diagnosing mental illness; (Kim, Hoffman, Eack)

WHEREAS, evidence indicates that the negative impact of implicit bias can be ameliorated by education to increase awareness and provide bias reduction strategies;¹¹⁻¹³

WHEREAS, the ACEP Diversity and Inclusion Task Force developed a 3-part comprehensive CME-eligible online course on implicit bias entitled “Unconscious Bias in Clinical Practice: Protect Yourself and Your Patients”;¹⁴

WHEREAS, the ACEP Board of Directors and staff underwent formal implicit bias training in June 2017; therefore, be it

RESOLVED, that ACEP author and publicize a policy statement which encourages implicit bias training for medical residents and physician leaders in education, organized medicine, administrative, and managerial roles; and

RESOLVED, that ACEP continue to create, sponsor and advertise free, CME-eligible online training related to implicit bias.

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