



RESOLUTION: 43(20)

SUBMITTED BY: District of Columbia Chapter
Maryland Chapter
Diversity, Inclusion. & Health Equity Section

SUBJECT: Creating a Culture of Anti-Discrimination in our Emergency Departments and Healthcare Institutions

PURPOSE: Promote transparency in institutional data for identification of disparities and biases in medical care; continue to encourage compliance with training to combat discrimination for all clinicians; and continue to explore frameworks for integrating anti-discrimination in EDs and institutions at all levels.

FISCAL IMPACT: Budgeted section and staff resources. Potential unbudgeted costs for convening a task force and accrediting enduring CME course(s). Actual cost depends on the scope of the work, potential honorarium, and whether meetings will occur virtually or in person. Minimum cost for accrediting CME is \$12,000 per course offering.

1 WHEREAS, ACEP advocates for tolerance and respect for the dignity of all persons and opposes all forms of
2 discrimination within healthcare¹; and
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4 WHEREAS, Multiple studies have provided evidence for unconscious bias impacting the quality of care
5 certain patients receive²; and
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7 WHEREAS, ACEP has recognized the importance of unconscious bias in clinical practice and has developed
8 an online course to assist all individuals in recognizing their own biases to curb their effects³; and
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10 WHEREAS, ACEP recognizes that fostering a broad and inclusive healthcare environment and mitigating
11 clinicians' unconscious bias enhances patients' experience and health outcomes; therefore be it
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13 RESOLVED, That ACEP promote transparency in institutional data to better identify disparities and biases in
14 medical care; and be it further
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16 RESOLVED, That ACEP continue to encourage compliance with training to combat discrimination for all
17 clinicians; and be it further
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19 RESOLVED, That ACEP continue to explore frameworks for integrating anti-discrimination into our
20 emergency departments and institutions at all levels including, but not limited to, patients, families, medical students,
21 staff, trainees, staff physicians, administration, and other stakeholders.

Background

This resolution calls for the College to promote transparency in institutional data for identification of disparities and biases in medical care; continue to encourage compliance with training to combat discrimination for all clinicians; and

¹<https://www.acep.org/patient-care/policy-statements/non-discrimination-and-harassment/>

²https://store.aamc.org/downloadable/download/sample/sample_id/168/

³<https://www.acep.org/life-as-a-physician/why-does-diversity-matter/>

continue to explore frameworks for integrating anti-discrimination in EDs and institutions at all levels.

In March 2018, ACEP, as a recommendation of the Diversity and Inclusion Task Force, launched the [Unconscious Bias in Clinical Practice](#) one-hour, accredited CME course. This course focuses on:

- Defining unconscious/implicit bias and its manifestations, based on metacognition and brain function.
- Discuss the link between social determinants of health, cultural competence, bias, and patient care.
- Review evidence on effects of implicit bias on clinical practice and disparities in patient care and outcomes
- Identify strategies to protect against and minimize the impact of implicit bias on patient care

Amended Resolution 14(19) Implicit Bias Awareness and Training was adopted by the Council and the Board of Directors. The resolution directed ACEP to develop and publicize a policy statement that encourages implicit bias training for all physicians and continue to create and advertise free, CME-eligible, online training related to implicit bias. The Academic Affairs Committee was assigned to develop the policy statement, which will be completed in the 2020-21 committee year. The Diversity, Inclusion, & Health Equity Section continues to promote the [Unconscious Bias in Clinical Practice](#) course.

The Diversity, Inclusion, & Health Equity Section has several objectives that relate to this resolution:

- Develop strategies to create a true culture of promoting diversity and inclusion and of addressing issues of health equity within the emergency medical community.
- Promote practical and realistic solutions in efforts to address diversity, inclusion, and health equity within the emergency medicine community.
- Develop and present educational programs on the many facets of cultural competency, diversity, inclusion, unconscious bias, and health equity within emergency medicine.
- Generate awareness of and promote pathways to address unconscious bias in emergency medicine.
- Identify the impact of a diverse workforce on health equities and patient outcomes and workforce in Emergency Medicine.
- Develop and make available to members of the College a Diversity and Inclusion Toolkit.

ACEP's policy statement "[Non-Discrimination and Harassment](#)" advocates for tolerance and respect for the dignity for all individuals and opposes all forms of discrimination against and harassment of patients and emergency medicine staff on the basis of an individual's race, age, religion, creed, color, ancestry, citizenship, national or ethnic origin, language preference, immigration status, disability, medical condition, military or veteran status, social or socioeconomic status or condition, sex, gender, identity or expression, sexual orientation, or any other classification protected by local, state, or federal law. ACEP's goal is to attain a diverse, well-qualified physician workforce that truly reflects our multicultural society. Discrimination and bias can serve as major drivers of influence on the quality of care provided in the emergency department toward individuals of underrepresented populations.

The information paper "[Disparities in Emergency Care](#)" includes three recommendations that directly supports the need for continued education related to cultural competence, clinical decision-making, and knowledge gaps among physicians that lack post-graduate education in emergency medicine.

1. Promote the evidence-based teaching of cultural competency.
2. Emphasize the use of clinical decision tools that standardize the approach to risk stratification and potentially reduce subjective bias.
3. Explore initiatives that address the "knowledge disparity" between rural and urban providers of emergency services, including providers who do not have post-graduate training in emergency medicine

ACEP's policy statement "[Workforce Diversity in Health Care Settings](#)" reinforces that hospitals and emergency physicians should work together to promote diversity in staffing of emergency departments.

ACEP's policy statement "[Cultural Awareness and Emergency Care](#)" supports that cultural awareness is essential to the training of healthcare professionals in providing quality patient care. It also confirms ACEP's position that resources be made available to emergency departments and emergency physicians to ensure they properly respond to the needs of all patients regardless of background. This is important to the subject of implicit bias as cultural awareness helps combat negative assumptions and discrimination. Implicit bias is recognized by the individual and mitigated through education recalling stereotypical thought processes. The recognition of bias can help prevent an individual from acting upon bias, which occurs in the form of discrimination.

Demonstrating the ongoing importance of this issue, 14 of ACEP's committees will work on objectives during the 2020-21 committee year to address health care disparities and health equity.

One approach to address the third resolved of this resolution to explore frameworks for integrating anti-discrimination into emergency departments is to convene a task force. Additional implicit bias training courses could also be developed.

ACEP Strategic Plan Reference

Goal 2: Enhance Membership Value and Member Engagement

Objective G – Promote/facilitate diversity and inclusion and cultural sensitivity within emergency medicine

Fiscal Impact

Budgeted section and staff resources. Potential unbudgeted costs for convening a task force and accrediting enduring CME course(s). Actual cost depends on the scope of the work, potential honorarium, and whether meetings will occur virtually or in person. Minimum cost for accrediting CME is \$12,000 per course offering.

Prior Council Action

Amended Resolution 14(19) Implicit Bias Awareness and Training adopted. Directed ACEP to develop and publicize a policy statement that encourages implicit bias training for all physicians and continue to create and advertise free, CME-eligible, online training related to implicit bias.

Substitute Resolution 41(05) Non-Discrimination adopted. The resolution expressed ACEP's opposition to all forms of discrimination against patients on the basis of gender, race, age, creed, color, national or ethnic origin, religion, disability, or sexual orientation and against employment discrimination in emergency medicine on the same principles as well as physical or mental impairment that does not pose a threat to the quality of patient care.

Prior Board Action

April 2020, approved the revised policy statement "[Cultural Awareness and Emergency Care](#);" reaffirmed April 2014; revised and approved April 2008; originally approved October 2001.

Amended Resolution 14(19) Implicit Bias Awareness and Training adopted.

June 2018, approved the revised policy statement "[Non-Discrimination and Harassment](#);" revised and approved April 2012 with the current title; originally approved October 2005.

November 2017, approved the revised policy statement "[Workforce Diversity in Health Care Settings](#);" reaffirmed June 2013 and October 2007; originally approved 2001.

October 2017, reviewed the information paper "[Disparities in Emergency Care](#)."

April 2017, reviewed the information paper "Unconscious Bias and Cultural Sensitivity and their Effects on Clinical Practice Management."

Substitute Resolution 41(05) Non-Discrimination adopted.

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