



Addressing and Mitigating Implicit Bias in the ICU

Implementation Toolkit Society of Critical Care Medicine Diagnostic Excellence Program

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Background

Implicit (unconscious) bias is defined as automatic negative or positive perceptions toward groups based on factors such as race, gender, or socioeconomic status. Implicit bias has both direct and indirect effects on day-to-day behaviors.¹



In the intensive care unit (ICU), implicit bias among clinicians has adverse effects on patient care.² For example, studies have shown that clinicians are more likely to prescribe pain medication to White patients than to Black patients with the same symptoms.³

It is important for ICU clinicians to be aware of their own implicit biases and take steps to address and mitigate their biases to provide equitable and high-quality care to all patients. It is especially important for ICU clinicians to be aware of the potential for implicit bias to worsen when they are stressed or sleep deprived, both frequent occurrences in the ICU.

This toolkit is designed to:

- Outline a multifaceted approach to addressing and mitigating implicit bias in the ICU
- Provide tools and resources for addressing and mitigating implicit bias in the ICU

Addressing and Mitigating Implicit Bias in the ICU

Addressing and mitigating implicit bias in the ICU requires a multifaceted approach that involves raising awareness, continual reflection, and taking concrete action.⁴ Here are some ways to address and mitigate implicit bias in critical care:

1. Recognize and acknowledge the existence of implicit bias. ICU clinicians should acknowledge that implicit bias exists and can influence their actions and decisions. Questions to consider in exploring the effects of implicit bias on patient care in the ICU include:

- Is time to ICU admission the same for all patients?
- Is the correlation between pulse oximetry readings and oxygen saturation evaluated on darker-skinned patients?
- Are all patients discharged to step-down units and long-term acute care using the same criteria?
- Are goals-of-care discussions conducted similarly for all patients?

2. Foster a culture of inclusivity and equity. ICUs should foster a culture that values inclusivity and equity and prioritizes the mitigation of implicit bias. Cultivation of inclusivity and equity includes exploring levels of racial, gender, and socioeconomic diversity across ICU roles, including physicians, nurses, pharmacists, and respiratory therapists, and identifying steps needed to increase diversity across these roles. Diversity across the ICU workforce strengthens the ability of ICUs to address and mitigate implicit bias.

3. Implement tools to address implicit bias. ICUs should implement tools and training to address and mitigate implicit bias and identify issues that require change. Tools and training to support these efforts are outlined in detail on the next page.

Implementation Strategies

Resources recommended by SCCM subject matter experts to help mitigate implicit bias in your ICU:

Tools



- Project Implicit: implicit.harvard.edu/implicit/aboutus.html
- Bias Rounds. In: Viswanathan V, Seigerman M, Manning E, Aysola J. Examining provider bias in health care through implicit bias rounds. *Health Affairs*. July 17, 2017. Accessed June 12, 2023. <https://www.healthaffairs.org/content/forefront/examining-provider-bias-health-care-through-implicit-bias-rounds>
- Assumption Method. In: FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics*. 2017 Mar 1;18(1):19.

Literature



- Devine PG, Forscher PS, Austin AJ, Cox WTL. Long-term reduction in implicit race bias: a prejudice habit-breaking intervention. *J Exp Soc Psychol*. 2012 Nov;48(6):1267-1278.
- FitzGerald C, Martin A, Berner D, Hurst S. Interventions designed to reduce implicit prejudices and implicit stereotypes in real world contexts: a systematic review. *BMC Psychol*. 2019 May 16;7(1):29.
- Lai CK, Marini M, Lehr SA, et al. Reducing implicit racial preferences: I. A comparative investigation of 17 interventions. *J Exp Psychol Gen*. 2014 Aug;143(4):1765-1785.
- Lane-Fall MB, Miano TA, Aysola J, Augoustides JGT. Diversity in the emerging critical care workforce: analysis of demographic trends in critical care fellows from 2004 to 2014. *Crit Care Med*. 2017 May;45(5):822-827.

Learning



SCCM webcast: Mitigating Implicit Bias in Diagnosing Patients With Sepsis
sccm.org/webcasts

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Rapid-cycle Sepsis Diagnoses
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References

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2. Alspach JG. Implicit bias in patient care: an endemic blight on quality care. *Crit Care Nurse*. 2018 Aug;38(4):12-16.
3. FitzGerald C, Hurst S. Implicit bias in healthcare professionals: a systematic review. *BMC Med Ethics*. 2017 Mar 1;18(1):19.
4. Addressing implicit bias in the critical care workforce. *Critical Connections*. February 14, 2021. Accessed June 12, 2023. <https://www.sccm.org/Blog/February-2021/Addressing-Implicit-Bias-in-the-Critical-Care-Work?feed=Blog-RSS-Feed>

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