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. 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


Literature


Learning

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

SCCM Diagnostic Excellence Program
Using Education and Technology for Accurate and Rapid-cycle Sepsis Diagnoses
sccm.org/diagnosticexcellence

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References


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