

CEP Unconscious Bias Training Task Kit – Products

1. Read this excerpt (3 minutes)

Stereotypes also inadvertently play a significant role in medical education ([Figure 1](#)). Presentation of patients and clinical vignettes often begin with a patient's age, presumed gender, and presumed racial identity. Automatic associations and mnemonics help medical students remember that, on examination, a black child with bone pain may have sickle-cell disease or a white child with recurrent respiratory infections may have cystic fibrosis. These learning associations may be based on true prevalence rates but may not apply to individual patients. Using stereotypes in this fashion may lead to premature closure and missed diagnoses, when clinicians fail to see their patients as more than their perceived demographic characteristics. In the beginning of the human immunodeficiency virus (HIV) epidemic, the high prevalence of HIV among gay men led to initial beliefs that the disease could not be transmitted beyond the gay community. This association hampered the recognition of the disease in women, children, heterosexual men, and blood donor recipients. Furthermore, the fact that white gay men were overrepresented in early reported prevalence data likely led to lack of recognition of the epidemic in communities of color, a fact that is crucial to the demographic characteristics of today's epidemic. Today, there is still no clear solution to learning about the epidemiology of diseases without these imprecise associations, which can impact the rapidity of accurate diagnosis and therapy.¹

2. Read this excerpt (2 minutes)

Many diseases have been historically examined in male bodies, with the assumption that the same diagnoses would apply to women. Heart attacks, for example, can be experienced differently by women, and doctors have misdiagnosed women who've had them. "Women can experience pain in heart attacks in quite different ways that don't fit what we often think of as the classic heart attack," said Dr. Fitzgerald.²

Men are also affected by biases. They are less likely to be diagnosed with mental health issues since they present them differently, said Dr. Fitzgerald. Depressed men may present as angry rather than sad, according to the [University of Rochester Medical Center](#). It is also often harder for men with depression to get help, due to stereotypes of sadness as weakness in men.²

¹ Jasmine R Marcelin, Dawd S Siraj, Robert Victor, Shaila Kotadia, Yvonne A Maldonado, The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It, *The Journal of Infectious Diseases*, Volume 220, Issue Supplement_2, 15 September 2019, Pages S62–S73, <https://doi.org/10.1093/infdis/jiz214>

² Smith. 2021. 4 widespread cognitive biases and how doctors can overcome them. AMA Association. <https://www.ama-assn.org/delivering-care/ethics/4-widespread-cognitive-biases-and-how-doctors-can-overcome-them>

3. Scan this resource, including the infographic/chart toward the end (5 minutes)

Language Matters In The Recovery Movement

<https://facesandvoicesofrecovery.org/blog/2019/08/01/language-matters-in-the-recovery-movement/>

4. Discuss (12 minutes)

Given the prevalence of human bias, how might biases show up in the clinic tools and other CEP products? Consider the various types of biases outlined in the excerpts above. Please make notes.