

CHCF CHIP Summary

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Professional Title, Organization:

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CHIP Title: Implicit Bias Training, Just the Beginning.

Project Description:

I wanted to respond to the social climate of our world after the murder of George Floyd resulting in protests globally. In the midst of these protests, the COVID-19 pandemic ravaged the countries around the globe, highlighting health care disparities in its wake, including marginalized populations disproportionately affected by the pandemic. Our students at USC were no exception to the widespread outcry for social justice. They too were protesting and broadened their attention beyond social reform nationally focusing their attention on the social climate at USC demanding change. I reflected upon this unique time in history. I did not want to create any further harm to our students. I felt compelled to address not only our students' concerns but also address how our employees can make better decisions personally and professionally in response to the change our students yearned for and demanded. So, I quickly pivoted my CHIP to work on Implicit Bias Training for the Student Health Clinic at the University of Southern California. My goal was simple, to implement the first implicit bias training at the Student Health Center at USC.

Key Findings and Lessons Learned:

1. **Health Center Engagement:** I started with capturing where we were as a clinic with implicit bias training so I conducted a needs assessment (pre-intervention). The findings suggested the majority (52.82%) of the employees had not had previous implicit bias training.
2. **Implemented inaugural implicit bias training (4 workshops/1 on-line training) at the student health center.**
 - A. **Revealed Inequitable Culture:** Addressing Implicit Bias means addressing the underlying climate of the health center, the intersections of DEIB issues, and focusing on issues of power and privilege. Post implicit bias training, there was a 7% increase in belonging, and a 4% increase of employees who felt empowered to start a conversation with others on implicit bias or racial issues at work.
 - B. **Redefined Advocacy:** Revealed the perfunctory beliefs of advocacy work which caused employees to re-evaluate their role in implicit bias, and anti-racism work, resulting in a 1% decrease in advocacy.
 - C. **Diversified Training Techniques to Engage Employees:** Realize this is not a one and done training, rather a consistent and repetitive training utilizing various modalities of techniques on an individual and institutionalized level to engage healthcare staff and ensure learnings are applicable to their roles. While there was an increase of 13% indicating the implicit bias training aided in self-development, there was a 2% decrease indicating it improved clinical care.

3. **Ensured Leadership Buy-in for Effective Change Management:** A “bottom down” approach and collaboration with others, identifying allies, are needed to move any training forward. This is not an exception with implementing implicit bias training. We need leadership to sign off to implement training.
4. **Empathy Required:** Respect for where others are in their learning process and DEIB journey. While there was a 3% increase in individuals who joined social justice groups, there was a 10% decrease in respondents who were interested in joining a social justice group. We must consider where others are in their learning process and DEIB journey.

Next Steps

1. Redesign training to emphasize their role in the workplace by full integration of implicit bias training.
2. Enter a phase of change management to operationalize change (i.e working with leadership to require Implicit Bias Training for all employees, including new hires (during onboarding), etc.).
3. Getting management to sign off for this work in a very deep, meaningful way, such as providing protected time for training.
4. We noticed three groups on the continuum: (1) those individuals who believe they are woke but not truly allies (2) individuals who are woke and are allies (3) those who are not interested. Reinforcing people on the continuum who are woke (1, 2) but those who are not interested (3) will at least have the required training should the training become mandatory.