Incorporating Implicit Bias into Continuing Education Curriculum

Per Assembly Bill 241 and California Business and Professions Code 2736.5, the Board of Registered Nursing (BRN) requires that all continuing education (CE) courses that contain **any direct patient care component** must include **curriculum on implicit bias**. CPPN cannot provide CE credit for courses that fail to meet this requirement.

How does the BRN define direct patient care?

- **Direct patient care** course content can include but is not limited to: patient education strategies; therapeutic interpersonal relationship skills with patients/clients; certification/recertification skills (e.g., advanced life support, audiology, etc.); skills courses (stoma care, etc.); advanced courses on any type of patient monitoring equipment (fetal, cardiac, respiratory, etc.); cultural and ethnic diversity; foreign languages (conversational) and sign language; and courses in any specialty area of nursing practice including occupational health nursing, school nursing, office nursing, etc.

- Alternatively, **indirect patient care** course content can include but is not limited to: nursing administration or management, nursing education, or nursing research; statistics; quality assurance; legal aspects of nursing; assertiveness; teaching multi-ethnic students and staff; retention of nurses in the health care delivery system, including cross training; current trends in nursing and health care; publishing for professional journals or books; and instructor courses in CPR, basic life support (BLS), and advanced life support (ALS).

How does the BRN define implicit bias?

"Implicit bias" is defined as the attitudes or internalized stereotypes that affect our perceptions, actions, and decisions in an unconscious manner, that exist and often contribute to unequal treatment of people based on race, ethnicity, gender identity, sexual orientation, age, disability, and other characteristics that contribute to health disparities (CA Bus & Prof Code § 2736.5).

How should a CE class meet this requirement?

Courses with a direct patient care component must address at least one, or a combination, of the following:

- **Examples of how implicit bias affects perceptions and treatment decisions** of licensees, leading to disparities in health outcomes.

- **Strategies to address how unintended biases in decision-making may contribute to health care disparities** by shaping behavior and producing differences in medical treatment along lines of race, ethnicity, gender identity, sexual orientation, age, socioeconomic status, or other characteristics.

The current CPPN CE Course Planning Form includes a section to document how the class will meet this requirement.

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More information on implicit bias in healthcare, per Assembly Bill 241:

Implicit bias contributes to health disparities by affecting the behavior of physicians and surgeons, nurses, physician assistants, and other healing arts licensees.

(c) Evidence of racial and ethnic disparities in health care is remarkably consistent across a range of illnesses and health care services. Racial and ethnic disparities remain even after adjusting for socioeconomic differences, insurance status, and other factors influencing access to health care.

(d) African American women are three to four times more likely than white women to die from pregnancy-related causes nationwide. African American patients often are prescribed less pain medication than white patients who present the same complaints, and African American patients with signs of heart problems are not referred for advanced cardiovascular procedures as often as white patients with the same symptoms.

(e) Implicit gender bias also impacts treatment decisions and outcomes. Women are less likely to survive a heart attack when they are treated by a male physician and surgeon. LGBTQ and gender-nonconforming patients are less likely to seek timely medical care because they experience disrespect and discrimination from health care staff, with one out of five transgender patients nationwide reporting that they were outright denied medical care due to bias.

What are some examples of implicit bias inclusion in curriculum?

1. Provide definition of implicit bias. Reflect as a group on how healthcare providers' implicit biases may impact the care patients receive with [x].
2. Provide the definition of implicit bias. Discuss how patients with various backgrounds may present in the healthcare environment. Discuss specific examples and shared experiences, including how race-based eGFR calculations can impact patient care and introduce disparities due to implicit bias. As a group, reflect on how healthcare providers' implicit biases may impact the care of patients with kidney failure.
3. Provide case study examples of implicit bias, including persons of advanced age, nonwhite race, low socioeconomic status, non-English speaking, with disabilities, and affected by obesity, mental illness and chemical addiction to interrupt the scripts commonly encountered by our acutely and critically ill adult patient populations and their families. Describe times in which implicit bias is likely to surface in healthcare providers, such as when they are under pressure, tired, busy, carrying a high cognitive load or when decisions need to be made with incomplete or ambiguous information. Introduce bias awareness strategies, including self-reflection to augment awareness and control strategies, such as perspective-taking, stereotype replacement, and partnership building to promote empathy, awareness, advocacy and reflection across UC Davis Health.
4. Provide examples of arrhythmia risk factors (age, gender, etc.). Provide examples of racial/ethnic and socioeconomic impact on cardiac disease. Ask learners to reflect on why the disparities exist. Prompt discussion.

5. Prompt self-reflection and discussion on how implicit bias affects the provision of healthcare as related to interpreting ECG rhythms.
6. Analyze health disparities by examining examples populations that are at risk for incomplete treatment for cardiac disease.
7. Discuss strategies nurses can use to address unintended biases in nursing practice.
8. Provide risk factors for sepsis based on age, gender, race, and ethnicity. Prompt reflection on why learners think this is. Discuss implicit bias and the effect it can have in early recognition of sepsis.
9. Discussions with participants include implicit biases that are present in the group and how these biases can affect perceptions and treatment decisions in potentially violent situations.
10. Discuss the history of the Tuskegee experiment as an example of why Black Americans may be mistrustful of vaccines and healthcare.
11. Discuss persons experiencing homelessness and how they may lack access to medications, making it important to ensure that they are able to acquire medications before discharge (otherwise, they may be readmitted needlessly). Share example of looking up the cost of medications and finding medications that are more affordable and thus accessible.
12. Introduce case study examples of implicit bias, socioeconomic status, race, and sexual orientation and gender identity (SOGI) to interrupt the scripts commonly encountered by our pediatric patients and families to better promote diversity, equity, and inclusion UC Davis Health.
13. Introduce Cultural Humility Principles to nurture, redress power imbalances, promote advocacy and stewarding ongoing awareness and reflection across UC Davis Health.
14. Present the concept of cultural humility and explore case study examples of implicit bias through presentation and discussion to promote diversity, equity, and inclusion.
15. Discuss issues with the label "drug seeker" and how it can impact care.
16. Review article related to health disparities with [x] followed by reflection and discussion.
17. Discuss delays in accessing the healthcare system by under-represented groups or groups that have distrust in the healthcare system. This could lead to discrepancies in how patients are treated and/or managed and long-term outcomes affected by the use of mechanical ventilation.
18. Discuss uninsured/underinsured patients and how lack of access/compliance to oral therapy may negatively affect disease outcomes.
19. Discuss examples of how implicit bias can affect treatment decisions, such as how patients with a history of substance abuse may be treated differently in terms of postoperative pain management or when they need long-term IV antibiotics requiring a PICC for discharge.
20. Discuss how unintended or implicit bias can contribute to communicating with patients, families, and physicians about prognosis and goals of care.

If you have questions or wish to consult, please contact:
Sabrina McKinney, DNP, RN, NPDA-BC, NEA-BC
smckinney@ucdavis.edu

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Additional Resources

Assembly Bill 241, 2019-2020. Implicit bias: Continuing education: Requirements.
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB241

CA Bus & Prof Code § 2736.5.
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=BPC&sectionNum=2736.5.

National Academies of Sciences, Engineering, and Medicine. (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity.* The National Academies Press. https://doi.org/10.17226/25982

Senate Bill 464, 2019-2020. California dignity in pregnancy and childbirth act.
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200SB464

UCDH Office for Health Equity, Diversity, and Inclusion: https://health.ucdavis.edu/diversity-inclusion/

UCD Office for Diversity, Equity, and Inclusion: https://diversity.ucdavis.edu/

UCD Principles of Community: https://diversity.ucdavis.edu/principles-community

UCD Principles of Community (English pdf): https://diversity.ucdavis.edu/principles-community

UCDH Center for Reducing Health Disparities: https://health.ucdavis.edu/crhd/

UC Implicit Bias Resources: https://ucnet.universityofcalifornia.edu/working-at-uc/your-career/talent-management/implicit-bias-resources.html