ACR/ARHP ANNUAL MEETING 2012 SUNDAY 1

## The role of perspectives in patient care: A clinical concern

s the need to reduce the high burden of preventable disease and premature death experienced by racial and ethnic minorities increases, recognizing and managing bias becomes an important clinical concern, one that no provider can afford to ignore.

During the past two decades, the elimination of health disparities has been an issue of increasing national importance. Several rheumatic diseases, particularly systemic lupus erythematous, provide vivid examples of health disparities. As part of the effort to address this national issue, healthcare professionals have been encouraged to consider how biases may contribute to disparities.

"Unconscious, or implicit, biases are thinking shortcuts that occur outside of a person's conscious awareness. They are neither inherently good nor bad and they don't discriminate. They can be connected to mutable or immutable personal characteristics. We all have biases," said Sheryl McCalla, Director of The Lupus Initiative. "We have to pay attention to unconscious bias because it can affect the clinical encounter. For example, a practitioner's personal bias can manifest in their body language and result in less time spent with that patient. These physical manifestations of bias may cause the patient to feel uncomfortable, and thus be less effective in communicating openly with the provider. In this instance, a negative feedback loop is created that inhibits effective communication.'

When patients feel stigmatized in the healthcare setting, they are more likely to avoid routine preventive care. These patients are also less likely to feel motivated to adopt healthy lifestyle changes.

Research shows that these biases are learned over time, through repeated personal experience and cultural socialization, and eventually become habit.

"[Implicit bias] may affect how the healthcare professional processes the

information from patient interactions, from lab results, and even their own knowledge of treatment protocols," said Suzanne Bronheim, Associate Professor of Pediatrics and faculty within Georgetown University's National Center for Cultural Competence.

This may impact assessment, diagnosis and patient care.

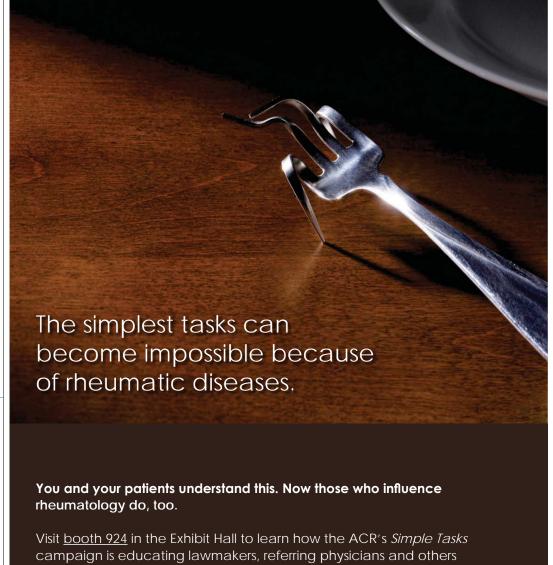
"The good news is that merely becoming aware of unconscious biases has been shown to interrupt them," McCalla said.

For this reason, these biases must be rendered less implicit and unconscious to

foster real reflection, analysis, and change. Initiatives like The Lupus Initiative of the American College of Rheumatology work to eliminate health disparities through provider education. A part of that initiative teaches clinicians across a variety of practice settings how to take the first step to interrupting unconscious bias.

The initiative offers a range of tools that help improve provider-patient communication and provide an opportunity for selfexamination of personal biases. Continuing to add to their resources, The Lupus Initiative will release new online CME focused on conscious and unconscious bias in health care, developed in collaboration with the NCCC, at the end of this month.

The initiative offers other free, online tools to facilitate informed conversation among healthcare providers to address lupus-related health disparities. The resources are designed for busy professionals or students and customized for various practice settings. To learn more about the initiative, or to access the free educational resources, visit www.thelupusinitiative.com, or stop by Booth 1043.



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