



TRUST THE AUDIOLOGIST WHO TEACHES

Teaching Strategies for Clinical Educators

Welcome back to our *Trust the Audiologist who Teaches* series. The Fall semester is now in full swing and we have started up with a new cohort of audiology graduate students. In anticipation of meeting new students and thinking about first impressions, this newsletter focuses on the idea of implicit bias and how we teach students about its influence on clinical care.

Implicit Bias—“Don’t worry, I don’t have it”

Implicit or unconscious bias is the “attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner” (Kirwan Institute, 2015). All people have implicit bias - stereotypes and prejudices about which we may not be aware. Implicit bias can impact our judgement and behavior including our clinical care of patients from stigmatized groups (Stone & Moskowitz, 2011). Researchers have developed a method for measuring implicit biases and strategies for minimizing the impact that they have on our behaviors.

How to measure implicit bias

A reliable way to measure implicit bias is by using the [Implicit Association Test \(IAT\)](https://implicit.harvard.edu/implicit/). The link below will take you to a website where you can take the IAT tests, learn more about your own biases, and learn how implicit bias is studied. Remember that implicit bias is not something to be ashamed of, we all have it. Instead it is something to be aware of so that our behaviors reflect the principles that are important to us.

<https://implicit.harvard.edu/implicit/>

Expressions of Implicit Bias—Creating Awareness

Please do not feel obligated to work with your students directly on this topic. However, in case you would like to, we thought it would be helpful to give you some teaching tools.

Dr. Jeff Stone and Dr. Katie Wolsiefer of the University of Arizona provide trainings to faculty and health care providers on implicit bias. See their attached handout on “Verbal And Nonverbal Expressions of Implicit Bias During Interaction.” Feel free to share this handout with your student to help them become aware of positive and negative behaviors they may exhibit during interactions with clients. An excerpt from the handout is listed below:

Positive interview behaviors (low bias)	Negative interview behaviors (high bias)
Open posture, nothing between you and the client	Tense, closed posture, slouched away from client
Appropriate eye contact	Shifty, avoiding eye contact, focusing on notes
Equal-status seating or standing	Standing above or sitting below client
Appearance is appropriate & professional	Appearance objectionable to client
Facial animation, interest	Bland expression, yawning, tight mouth





Reducing the negative consequences of implicit bias

Stone and Moskowitz (2011) have identified four strategies that we can use to reduce implicit bias. These strategies are listed below and you can read more about them in their article that is attached to this email.

Four strategies for teaching healthcare providers how to reduce implicit bias (Stone and Moskowitz, 2011, p.773-774):

1. “pursuing egalitarian goals” - Discuss the principle of egalitarianism with your student and the way that it impacts clinical care. For example, this principle may guide us to be fair, accurate, and individualized when taking a case history and to be cautious of stereotypes. Research has shown that students can learn to use race or ethnicity as a cue to trigger egalitarianism and prompt them to take a more accurate history, rather than leading them to take actions based on unconscious stereotypes (p.773).

2. “perspective taking” - Have students consider and appreciate the challenges experienced by their patients. Teaching students to see things from another person’s view point can help them to be more empathetic toward their patients.

3. “identifying common identities” - Help your student to find shared experiences or activities that connect them with the patient. “The act of triggering one group identity inhibits the activation of other identities and also inhibits the stereotypes associated with the other identities” (p.773). This can be done naturally as the student is trying to establish rapport with the patient or when the student is learning more about the patient’s lifestyle, such as when conducting the Client Oriented Scale of Improvement to establish listening goals.

4. “counter-stereotyping” - Train your student to gather information and ask questions that challenge stereotypes (p.774). For example, ageist stereotypes may lead us to believe that a 95 year old patient does not have an iPhone or use social media. Showing a student how you can integrate a question about SMART phone use or comfort with technology in the case history can help them to develop interview habits that counter-stereotype.

A New Teaching Resource

Want to read more about the scholarship of teaching in audiology and speech-language pathology? There is a new journal called *Teaching and Learning in Communication Sciences and Disorders*, which aims to increase the evidence base on this topic. This journal is open-access and peer-reviewed. Click the link to browse their articles: [Take me to TLCSD newsletter](#)

References and Resources

- ◆ Stone, J. and Moskowitz, G. B. (2011). Non-conscious bias in medical decision making: what can be done to reduce it? *Medical Education* 2011, 45: 767-776.
- ◆ The Kirwan Institute for the Study of Race and Ethnicity. (2015). *Understanding Implicit Bias*. Retrieved from <http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/>

Community Clinical Educator Spotlight



This time we would like to spotlight ALL of you! Thank you so much for the work that you do with our students. Knowing who all is on the team may facilitate collaboration and discussion.

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