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GRIFFITH SHYANN

[In the Nation's Compelling Interest](#) Elsevier Health Sciences

This landmark publication published by the AAMC identifies a list of integrated activities to be expected of all M.D. graduates making the transition from medical school to residency. This guide delineates 13 Entrustable Professional Activities (EPAs) that all entering residents should be expected to perform on day 1 of residency without direct supervision regardless of specialty choice. The Core EPAs for Entering Residency are designed to be a subset of all of the graduation requirements of a medical school. Individual schools may have additional mission-specific graduation requirements, and specialties may have specific EPAs that would be required after the student has made the specialty decision but before residency matriculation. The Core EPAs may also be foundational to an EPA for any practicing physician or for specialty-specific EPAs. Update: In August 2014, the AAMC selected ten institutions to join a five-year pilot to test the implementation of the Core Entrustable Professional Activities (EPAs) for Entering Residency. More than 70 institutions, representing over half of the medical schools accredited by the U.S. Liaison Committee on Medical Education (LCME), applied to join the pilot, demonstrating the significant energy and enthusiasm towards closing the gap between expectations and performance for residents on day one. The cohort reflects the breadth and diversity of the applicant pool, and the institutions selected are intended to complement each other through the unique qualities and skills that each team and institution brings to the pilot. Faculty and Learners' Guide (69 pages) - Developing faculty: The EPA descriptions, the expected behaviors, and the vignettes are expected to serve as the foundation for faculty development. Faculty can use this guide as a reference for both feedback and assessment in pre-clinical and clinical settings. - Developing learners: Learners can also use this document to understand the core of what is expected of them by the time they graduate. The EPA descriptions themselves delineate the expectations, while the developmental progression laid out from pre-entrustable to entrustable behaviors can serve as the roadmap for achieving them.

[Developing Global Health Programming](#) Berrett-Koehler Publishers

The opioid crisis in the United States has come about because of excessive use of these drugs for both legal and illicit purposes and unprecedented levels of consequent opioid use disorder (OUD). More than 2 million people in the United States are estimated to have OUD, which is caused by prolonged use of prescription opioids, heroin, or other illicit opioids. OUD is a life-threatening condition associated with a 20-fold greater risk of early death due to overdose, infectious diseases, trauma, and suicide. Mortality related to OUD continues to escalate as this public health crisis gathers momentum across the country, with opioid overdoses killing more than 47,000 people in 2017 in the United States. Efforts to date have made no real headway in stemming this crisis, in large part because tools that already exist—like evidence-based medications—are not being deployed to maximum impact. To support the dissemination of accurate patient-focused information about treatments for addiction, and to help provide scientific solutions to the current opioid crisis, this report studies the evidence base on medication assisted treatment (MAT) for OUD. It examines available evidence on the range of parameters and circumstances in which MAT can be effectively delivered and identifies additional research needed.

[Just Medicine](#) Macmillan

This open access book analyzes barriers to inclusion in academia and details ways to create a more diverse, inclusive environment. It describes the implementation of UC Davis ADVANCE, a grant program funded by the National Science Foundation, to increase the hiring and retention of underrepresented scholars in the STEM fields (science, technology, engineering and mathematics) and foster a culture of inclusion for all faculty. It first describes what the barriers to inclusion are and how they function within the broader society. A key focus here is the concept of implicit bias: what it

is, how it develops, and the importance of training organizational members to recognize and challenge it. It then discusses the limitations of data collection that is guided by the convention assumption that being diverse automatically means being inclusive. Lastly, it highlights the importance of creating a collaborative, interdisciplinary, and institution-wide vision of an inclusive community.

[Surviving Neurosurgery](#) National Academies Press

[Seeking Solutions: Maximizing American Talent by Advancing Women of Color in Academia](#) is the summary of a 2013 conference convened by the Committee on Women in Science, Engineering and Medicine of the National Research Council to discuss the current status of women of color in academia and explore the challenges and successful initiatives for creating the institutional changes required to increase representation of women of color at all levels of the academic workforce. While the number of women, including minority women, pursuing higher education in science, engineering and medicine has grown, the number of minority women faculty in all institutions of higher education has remained small and has grown less rapidly than the numbers of nonminority women or minority men. [Seeking Solutions](#) reviews the existing research on education and academic career patterns for minority women in science, engineering, and medicine to enhance understanding of the barriers and challenges to the full participation of all minority women in STEM disciplines and academic careers. Additionally, this report identifies reliable and credible data source and data gaps, as well as key aspects of exemplary policies and programs that are effective in enhancing minority women's participation in faculty ranks. Success in academia is predicated on many factors and is not solely a function of talent. [Seeking Solutions](#) elucidates those other factors and highlights ways that institutions and the individuals working there can take action to create institutional cultures hospitable to people of any gender, race, and ethnicity.

[Beyond Bias and Barriers](#) NYU Press

To capture the current state of disability in medical education, the AAMC and the University of California, San Francisco, School of Medicine partnered to publish a new report drawn from the lived experiences of learners with disabilities. This publication weaves together major themes from interviews with 47 students, residents, and physicians with disabilities to identify cultural and structural barriers and catalyze institutional policies that support all qualified learners, regardless of disability, throughout the medical education continuum. The report highlights key considerations that leaders in academic medicine can implement to increase meaningful access for learners with disabilities, including:

[Practical Management of Pain](#) National Academies Press

"Accessible and authoritative . . . While we may not have much power to eradicate our own prejudices, we can counteract them. The first step is to turn a hidden bias into a visible one. . . . What if we're not the magnanimous people we think we are?"—The Washington Post I know my own mind. I am able to assess others in a fair and accurate way. These self-perceptions are challenged by leading psychologists Mahzarin R. Banaji and Anthony G. Greenwald as they explore the hidden biases we all carry from a lifetime of exposure to cultural attitudes about age, gender, race, ethnicity, religion, social class, sexuality, disability status, and nationality. "Blindspot" is the authors' metaphor for the portion of the mind that houses hidden biases. Writing with simplicity and verve, Banaji and Greenwald question the extent to which our perceptions of social groups—without our awareness or conscious control—shape our likes and dislikes and our judgments about people's character, abilities, and potential. In [Blindspot](#), the authors reveal hidden biases based on their experience with the Implicit Association Test, a method that has revolutionized the way scientists learn about the human mind and that gives us a glimpse into what lies within the metaphoric blindspot. The title's "good people" are those of us who strive to align our behavior with our intentions. The aim of [Blindspot](#) is to explain the science in plain enough language to help well-intentioned people achieve that alignment. By gaining awareness, we can adapt beliefs and

behavior and “outsmart the machine” in our heads so we can be fairer to those around us. Venturing into this book is an invitation to understand our own minds. Brilliant, authoritative, and utterly accessible, *Blindspot* is a book that will challenge and change readers for years to come. Praise for *Blindspot* “Conversational . . . easy to read, and best of all, it has the potential, at least, to change the way you think about yourself.”—Leonard Mlodinow, *The New York Review of Books* “Banaji and Greenwald deserve a major award for writing such a lively and engaging book that conveys an important message: Mental processes that we are not aware of can affect what we think and what we do. *Blindspot* is one of the most illuminating books ever written on this topic.”—Elizabeth F. Loftus, Ph.D., distinguished professor, University of California, Irvine; past president, Association for Psychological Science; author of *Eyewitness Testimony*

White Out The Diversity Promise: Success in Academic Surgery and Medicine Through Diversity, Equity, and Inclusion

In this issue of *Primary Care: Clinics in Office Practice*, guest editors Jessica Lapinski and Kristine Diaz bring their considerable expertise to the topic of LGBTQ+ Health. Provides in-depth, clinical reviews on LGBTQ+ health, providing actionable insights for clinical practice. Presents the latest information on this timely, focused topic under the leadership of experienced editors in the field; Authors synthesize and distill the latest research and practice guidelines to create these timely topic-based reviews.

The Diversity Promise: Success in Academic Surgery and Medicine Through Diversity, Equity, and Inclusion Lippincott Williams & Wilkins

This book concisely reviews important advances in radiation oncology, providing practicing radiation oncologists with a fundamental understanding of each topic and an appreciation of its significance for the future of radiation oncology. It explores in detail the impact of newer imaging modalities, such as multiparametric magnetic resonance imaging (MRI) and positron emission tomography (PET) using fluorodeoxyglucose (FDG) and other novel agents, which deliver improved visualization of the physiologic and phenotypic features of a given cancer, helping oncologists to provide more targeted radiotherapy and assess the response. Due consideration is also given to how advanced technologies for radiation therapy delivery have created new treatment options for patients with localized and metastatic disease, highlighting the increasingly important role of image-guided radiotherapy in treating systemic and oligometastatic disease. Further topics include the potential value of radiotherapy in enhancing immunotherapy thanks to the broader immune-stimulatory effects, how cancer stem cells and the tumor microenvironment influence response, and the application of mathematical and systems biology methods to radiotherapy.

American Melancholy Jones & Bartlett Publishers

"When Damon Tweedy first enters the halls of Duke University Medical School on a full scholarship, he envisions a bright future where his segregated, working class background will become largely irrelevant. Instead, he finds that he has joined a new world where race is front and center. When one of his first professors mistakes him for a maintenance worker, it is a moment that crystallizes the challenges he will face throughout his early career. Making matters worse, in lecture after lecture the common refrain for numerous diseases resounds, "More common in blacks than whites." In riveting, honest prose, *Black Man in a White Coat* examines the complex ways in which both black doctors and patients must navigate the difficult and often contradictory terrain of race and medicine. As Tweedy transforms from student to practicing physician, he discovers how often race influences his encounters with patients. Through their stories, he illustrates the complex social, cultural, and economic factors at the root of most health problems in the black community. These elements take on greater meaning when Tweedy finds himself diagnosed with a chronic disease far more common among black people. In this powerful, moving, and compassionate book, Tweedy deftly explores the challenges confronting black doctors, and the disproportionate health burdens faced by black patients, ultimately seeking a way forward to better treatment and more compassionate care.- For readers of Atul Gawande, Sandeep Jauhar, Pauline W. Chen, and Henrietta Lacks"--

Blindspot John Wiley & Sons

Not since *White and Sweet* published *Pain and the Neurosurgeon* in the 1960s has there been a comprehensive review of the entire field of neurosurgical pain management. You will find a complete synthesis of all current concepts of pain neuroanatomy, physiology, and pathophysiology; new procedures that minimize invasiveness and postoperative neurological deficits; and the entire scope of surgical and medical management of chronic pain. In addition, you will benefit from the expertise of the international board of contributors, a virtual who's who in pain medicine, management, and surgery. Special features of this encyclopedic resource: * Special Considerations highlighting important practical, clinical information * Point/Counterpoint giving the pros and cons of different treatment methods * Expert commentary offering insights and alternative views of each topic

Healthcare decision makers in search of reliable information that compares health interventions increasingly turn to systematic reviews for the best summary of the evidence. Systematic reviews identify, select, assess, and synthesize the findings of similar but separate studies, and can help clarify what is known and not known about the potential benefits and harms of drugs, devices, and other healthcare services. Systematic reviews can be helpful for clinicians who want to integrate research findings into their daily practices, for patients to make well-informed choices about their own care, for professional medical societies and other organizations that develop clinical practice guidelines. Too often systematic reviews are of uncertain or poor quality. There are no universally accepted standards for developing systematic reviews leading to variability in how conflicts of interest and biases are handled, how evidence is appraised, and the overall scientific rigor of the process. In *Finding What Works in Health Care* the Institute of Medicine (IOM) recommends 21 standards for developing high-quality systematic reviews of comparative effectiveness research. The standards address the entire systematic review process from the initial steps of formulating the topic and building the review team to producing a detailed final report that synthesizes what the evidence shows and where knowledge gaps remain. *Finding What Works in Health Care* also proposes a framework for improving the quality of the science underpinning systematic reviews. This book will serve as a vital resource for both sponsors and producers of systematic reviews of comparative effectiveness research.

Unequal Treatment Springer Nature

The Diversity Promise: Success in Academic Surgery and Medicine Through Diversity, Equity, and Inclusion Lippincott Williams & Wilkins

Medications for Opioid Use Disorder Save Lives Simon and Schuster

In the contemporary United States, matters of life and health have become key political concerns. Important to this politics of life is the desire to overcome racial inequalities in health; from heart disease to diabetes, the populations most afflicted by a range of illnesses are racialized minorities. The solutions generally proposed to the problem of racial health disparities have been social and environmental in nature, but in the wake of the mapping of the human genome, genetic thinking has come to have considerable influence on how such inequalities are problematized. *Racial Prescriptions* explores the politics of dealing with health inequities through targeting pharmaceuticals at specific racial groups based on the idea that they are genetically different.

Drawing on the introduction of BiDiI to treat heart failure among African Americans, this book contends that while racialized pharmaceuticals are ostensibly about fostering life, they also raise thorny questions concerning the biologization of race, the reproduction of inequality, and the economic exploitation of the racial body. Engaging the concept of biopower in an examination of race, genetics and pharmaceuticals, *Racial Prescriptions* will appeal to sociologists, anthropologists and scholars of science and technology studies with interests in medicine, health, bioscience, inequality and racial politics.

Racial Prescriptions Russell Sage Foundation

The Preceptor's Handbook for Supervising Physician Assistants is a helpful guide for clinical preceptors of physician assistant (PA) students during their educational program and for physicians who supervise PAs in their practice. This work encompasses the experience and passion of four dedicated PA educators with combined experience of over 100 years. This indispensable resource addresses current practice as well as future projections and provides guidance for new styles of supervision in evolving health care systems including distance supervision, supervision in teams, and patterns of supervision in home care and geriatrics. Covering a wide variety of topics including supervision in the team environment as well as in individual practice, this handbook will provide the physician and physician assistant with the information and skills needed to be an excellent preceptor for students and a supervising clinician for graduate PAs. Features • Case Studies • Job Descriptions • Performance Agreements • Evaluation Tools • Professional Improvement Plans "The uniqueness of the physician-PA team paves the way for effective physician assistant practice. The Preceptors Handbook: A Guide to Supervising Physician Assistants presents a comprehensive model to help physicians reap the benefits that PAs bring to their practice, their patients, and the health care team. This clear and accessible resource provides step-by-step guidelines for building relationships with PAs, including tips on how to hire and work effectively with a PA, how to give constructive feedback, and how to apply coaching strategies. The authors, all leaders in PA education and practice, provide the essential information for building and sustaining a successful physician-PA team." ~ Janet J. Lathrop, MBA President, National Commission on Certification of Physician Assistants (NCCPA)

Accessibility, Inclusion, and Action in Medical Education W. W. Norton & Company

Disasters and public health emergencies can stress health care systems to the breaking point and disrupt delivery of vital medical services. During such crises, hospitals and long-term care facilities may be without power; trained staff, ambulances, medical supplies and beds could be in short supply; and alternate care facilities may need to be used. Planning for these situations is necessary to provide the best possible health care during a crisis and, if needed, equitably allocate scarce resources. *Crisis Standards of Care: A Toolkit for Indicators and Triggers* examines indicators and triggers that guide the implementation of crisis standards of care and provides a discussion toolkit to help stakeholders establish indicators and triggers for their own communities. Together, indicators and triggers help guide operational decision making about providing care during public health and medical emergencies and disasters. Indicators and triggers represent the information and actions taken at specific thresholds that guide incident recognition, response, and recovery. This report discusses indicators and triggers for both a slow onset scenario, such as pandemic influenza, and a no-notice scenario, such as an earthquake. *Crisis Standards of Care* features discussion toolkits customized to help various stakeholders develop indicators and triggers for their own organizations, agencies, and jurisdictions. The toolkit contains scenarios, key questions, and examples of indicators, triggers, and tactics to help promote discussion. In addition to common elements designed to facilitate integrated planning, the toolkit contains chapters specifically customized for emergency management, public health, emergency medical services, hospital and acute care, and out-of-hospital care.

Just Medicine National Academies Press

Racial and ethnic disparities in health care are known to reflect access to care and other issues that arise from differing socioeconomic conditions. There is, however, increasing evidence that even after such differences are accounted for, race and ethnicity remain significant predictors of the quality of health care received. In *Unequal Treatment*, a panel of experts documents this evidence and explores how persons of color experience the health care environment. The book examines how disparities in treatment may arise in health care systems and looks at aspects of the clinical encounter that may contribute to such disparities. Patients' and providers' attitudes, expectations, and behavior are analyzed. How to intervene? *Unequal Treatment* offers recommendations for improvements in medical care financing, allocation of care, availability of language translation, community-based care, and other arenas. The committee highlights the potential of cross-cultural education to improve provider-patient communication and offers a detailed look at how to integrate cross-cultural learning within the health professions. The book concludes with recommendations for data collection and research initiatives. *Unequal Treatment* will be vitally important to health care policymakers, administrators, providers, educators, and students as well as advocates for people of color.

Status Thieme

This is the first book to define and explore Black fatigue, the intergenerational impact of systemic racism on the physical and psychological health of Black people—and explain why and how society needs to collectively do more to combat its pernicious effects. Black people, young and old, are fatigued, says award-winning diversity and inclusion leader Mary-Frances Winters. It is physically, mentally, and emotionally draining to continue to experience inequities and even atrocities, day after day, when justice is a God-given and legislated right. And it is exhausting to have to constantly explain this to white people, even—and especially—well-meaning white people, who fall prey to white fragility and too often are unwittingly complicit in upholding the very systems they say they want dismantled. This book, designed to illuminate the myriad dire consequences of “living while Black,” came at the urging of Winters's Black friends and colleagues. Winters describes how in every aspect of life—from economics to education, work, criminal justice, and, very importantly, health outcomes—for the most part, the trajectory for Black people is not improving. It is paradoxical that, with all the attention focused over the last fifty years on social justice and diversity and inclusion, little progress has been made in actualizing the vision of an equitable society. Black people are quite literally sick and tired of being sick and tired. Winters writes that “my hope for this book is that it will provide a comprehensive summary of the consequences of Black fatigue, and awaken activism in those who care about equity and justice—those who care that intergenerational fatigue is tearing at the very core of a whole race of people who are simply asking for what they deserve.”

LGBTQ+Health, An Issue of Primary Care: Clinics in Office Practice, eBook Springer

Just Medicine offers us a new, effective, and innovative plan to regulate implicit biases and eliminate the inequalities they cause, and to save the lives they endanger. Over 84,000 black and brown lives are needlessly lost each year due to health disparities, the unfair, unjust, and avoidable differences between the quality and quantity of health care provided to Americans who are members of racial and ethnic minorities and care provided to whites. Health disparities have remained stubbornly entrenched in the American health care system—and in *Just Medicine* Dayna Bowen Matthew finds that they principally arise from unconscious racial and ethnic biases held by physicians, institutional providers, and their patients. Implicit bias is the single most important determinant of health and

health care disparities. Because we have missed this fact, the money we spend on training providers to become culturally competent, expanding wellness education programs and community health centers, and even expanding access to health insurance will have only a modest effect on reducing health disparities. We will continue to utterly fail in the effort to eradicate health disparities unless we enact strong, evidence-based legal remedies that accurately address implicit and unintentional forms of discrimination, to replace the weak, tepid, and largely irrelevant legal remedies currently available. Our continued failure to fashion an effective response that purges the effects of implicit bias from American health care, Matthew argues, is unjust and morally untenable. In this book, she unites medical, neuroscience, psychology, and sociology research on implicit bias and health disparities with her own expertise in civil rights and constitutional law.

Whistling Vivaldi National Academies Press

This easy-to-read book provides a practical step-by-step process for defeating the unconscious biases that interfere with our ability to relate effectively to others.

Urology at Michigan: The Origin Story: Emergence of a Medical Subspecialty and Its Deployment at University of Michigan National Academies Press

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"In the past fifty years, Asian Americans have helped change the face of America and are now the fastest growing group in the United States. But as ... historian Erika Lee reminds us, Asian Americans also have deep roots in the country. *The Making of Asian America* tells the little-known history of Asian Americans and their role in American life, from the arrival of the first Asians in the Americas to the present-day. An epic history of global journeys and new beginnings, this book shows how generations of Asian immigrants and their American-born descendants have made and remade Asian American life in the United States: sailors who came on the first trans-Pacific ships in the 1500s to the Japanese Americans incarcerated during World War II. Over the past fifty years, a new Asian America has emerged out of community activism and the arrival of new immigrants and refugees. No longer a "despised minority," Asian Americans are now held up as America's "model minorities" in ways that reveal the complicated role that race still plays in the United States. Published to commemorate the fiftieth anniversary of the passage of the United States' Immigration and Nationality Act of 1965 that has remade our "nation of immigrants," this is a new and definitive history of Asian Americans. But more than that, it is a new way of understanding America itself, its complicated histories of race and immigration, and its place in the world today"--Jacket.