

New statewide Michigan rule requires implicit bias training for health care workers

by Michal Ruprecht
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Before Nursing junior Josiah Ratts receives his license to practice nursing in the state of Michigan after he graduates in two years, he will participate in two hours of implicit bias training. At a press conference on June 1, Gov. Gretchen Whitmer and the Department of Licensing and Regulatory Affairs (LARA) announced a **new** mandated training requirement for all healthcare workers.

Beginning next June, any new health care provider seeking a license to practice will be required to complete two hours of implicit bias training. Additionally, existing health care providers will be required to participate in one hour of training every year. According to the press release, training programs will be offered by accredited colleges and universities, organizations approved by a state licensing board and other organizations specializing in diversity, equity and inclusion.

“These (new) rules aim to reduce disparities and improve equity in the delivery of health care to Michigan residents through practical education of new and renewing licensed health care professionals,” the press release read.

Last July, Whitmer **signed** an executive directive assigning LARA to develop a new implicit bias training requirement for healthcare professionals. She cited **research** outlining that COVID-19 is over four times more prevalent among Black Michiganders than white Michiganders. Ratts commented on the importance of the training.

“We know that there’s research that tells us that there is an implicit bias that affects care for minorities and low-income people across America,” Ratts said. “I think it’s really important and I’m actually kind of glad to see something like this coming out.”

Medical School student Benjamin Moy said he thinks the sudden influx of patients engaging with various health care professionals and sharing their experiences during the COVID-19 pandemic has **amplified** the medical community’s awareness of implicit bias in health care. However, Moy emphasized that implicit bias was ubiquitous in health care **long before** the pandemic began.

“The pandemic has certainly put more attention on a lot of disparities that have been in health care for a long time,” Moy said. “It has really accelerated and brought to light many of those issues in a new and fresh way.”

Pino D. Colone, president of the Michigan State Medical Society (**MSMS**) **said** in a press release that MSMS was not in favor of mandating implicit bias training. Colone stressed the state’s pre-existing **requirement** for physicians to complete additional hours of continuing medical education beyond medical school. He also noted that his organization opposes compulsory training regardless of its benefits.

“MSMS has been engaged in this conversation (about the mandate) with the State and others throughout the healthcare sector for many months,” Colone said in the press release. “The impacts of this issue are real ... We stand firmly with all our colleagues (in) stating that bias of any kind has no place in the practice of medicine.”

Marta Wyngaard, a previous Michigan Medicine patient, said she believes health care workers may find it difficult to adapt to new changes like the new training mandate. She suggested that doctors at Michigan Medicine and other medical institutions who are not accustomed to participating in this sort of annual training might be reluctant to change their established routines.

“It’s a difficult process that is similar to anything that is new,” Wyngaard said. “(The new mandated training) will produce a lot of resistance, but (implicit bias) needs to be addressed, especially when you see the numbers and the data that shows there is bias and better treatment for a certain group than another.”

Michigan is only the second state to require implicit bias training for all health care professionals, although lawmakers in Illinois and Maryland introduced similar bills in 2020 which may become law in the near future. In 2019, California was officially the first state to pass a law requiring that implicit bias training be incorporated into all continuing education programs for physicians, surgeons and nurses by Jan. 1, 2022.

Kristin Fernandez, a health care attorney at the Chapman Law Group, said California and Michigan are paving the way for implicit bias training programs to become a standard practice in medical education nationwide.

“I do think that (mandating training) is a newer idea that’s kind of spreading,” Fernandez said. “I think even if there aren’t many states that are implementing these procedures right now, I anticipate to see (more states implement rules like this) in the coming months and years.”

Fernandez noted that most large health care institutions such as Michigan Medicine have already been offering free, optional implicit bias training programs for health care workers. According to Susan Ringler-Cerniglia, public information officer for the Washtenaw County Health Department (WCHD), several other major hospitals in Washtenaw County have also been offering implicit bias training for years.

However, Fernandez said many smaller, private practices have yet to develop this sort of training because they often have fewer resources and training programs were not previously government mandated.

“I would say that there is definitely a lower trend of those kind of (small health care practices) offering this kind of training,” Fernandez said.

As a person of Hispanic origin, Wyngaard said she has never personally experienced bias as a patient in a health care setting. However, she said she noticed other patients of Hispanic origin encounter implicit bias when she volunteered as an interpreter at her local hospital. In particular, Wyngaard recalled translating for

female-identifying, Spanish-speaking patients and said she felt the white, English-speaking doctors were treating these patients differently than they might have treated a white, heterosexual male.

“I would be there interpreting for Spanish-speaking women with students who were training to be doctors, so I have (seen) bias (in health care),” Wyngaard said. “The white kids, who were rich kids — the medical residents and doctors — didn’t see or understand these women that didn’t speak English.”

Moy agreed with Wyngaard and said he believes the new compulsory training will allow health care providers to better individualize the care they give to each unique patient.

“I was particularly heartened when I heard about this new initiative,” Moy said. “I think bias has been something that has been neglected in the health care system for a very long time. I feel that a lot of the changes occurring in society are really prompting those in the health care system to think about these issues more closely and to see how treatment of patients is not only confined to how we’re able to solve diseases.”

David J. Brown, associate dean for health equity and inclusion at Michigan Medicine, wrote in an email to The Michigan Daily that the mandatory training will increase awareness of any unconscious biases health care workers may have towards particular groups, and it will highlight how these biases could create unintentional treatment inequities.

“This training is a good first step,” Brown wrote. “Yet, we need to also have providers model behaviors that decrease healthcare disparities, have accountability measures and also educate providers about other things that impact the healthcare of BIPOC individuals, including social determinants of health, racism and restorative justice.”

Fernandez said defining what exactly will constitute as sufficient anti-bias training will be important going forward. As universities and other organizations work to develop programs before training officially becomes required to get a medical license next June, Fernandez said training will hopefully become more structured and centralized.

“I could see this as kind of a platform and a standard where we’re going to start and kind of further develop and focus these requirements,” Fernandez said. “It is a start, but I think that these social issues are a lot deeper than a two-hour tutorial.”

While Ratts looks forward to graduation and acquiring his nursing license, he too remains hopeful that the training programs will help him and other health care workers understand and correct their biases. But, Ratts said, mandating training is just the beginning on a long road to achieving total equity in health care.

“I think it’s definitely a good first step, but I think there’s definitely still more work,” Ratts said. “This is one simple policy that is for a much bigger issue, so we honestly can’t expect all racism in health care to go away.”

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