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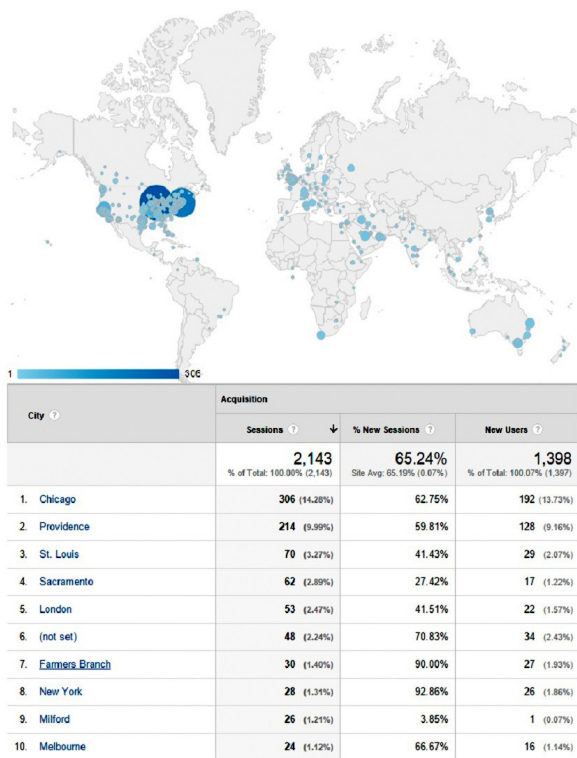


Figure 2.

97 Disparities in Pain Management: An Educational Intervention Using the Implicit Association Test

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Background: Disparities in healthcare delivery persist despite decades of work towards racial equality. Multiple emergency medicine (EM) milestones address cultural competency, including Professional Values and Patient Centered Communication. The practice of EM often relies on instinctive, task-oriented critical actions that potentially are subject to unconscious, inherent bias, often without explicitly outlined guidelines.

Objectives: 1) Analyze implicit bias in clinical practice including in analgesic selection, and, 2) Discuss strategies for mitigating the effects of implicit bias in the emergency department (ED).

Curricular Design: 57 residents at a large, urban EM training facility were given a 5 minute introductory lecture on the Implicit Association Test (IAT), a tool that assesses for unconscious bias. They were subsequently sent a link to complete the Race IAT. At the annual retreat, residents were presented with eight cases and asked to select an analgesic for various scenarios of chronic and acute presentations to the ED, with matched scenarios for patients of each race. Residents

were anonymously asked in real time to report their preferred pain management strategy: no medication, non-narcotic, or narcotic analgesics using Poll Everywhere. A one-hour facilitated discussion followed.

Impact: For a chronic pain scenario, 11/30 (37%) residents reported they would use opioid analgesics as first-line agents in the management of the Black patient compared to 24/33 (73%) for the case-matched White patient. No statistical difference was observed in the management of acute pain cases for either Black or White patients. 19/31 (61%) resident respondents reported that this activity would increase their awareness and influence their practice pattern. An EM-based curriculum on diversity, inclusion, and cultural competence using the IAT can increase awareness of unconscious racial bias among EM residents with regard to pain management.

98 Easing the July Transition: The Use of In-situ Scenarios to Teach and Assess Non-Technical Skills

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Background: In our experience, emergency medicine (EM) interns enter with varying levels of preparedness. During intern orientation, lecture-based didactics address medical knowledge however data-synthesis and interpersonal and communication skills (ICS) are also required for success in the emergency department (ED).

Objectives: 1) Assess interns' baseline performance in ICS, data acquisition and synthesis, presentations, and consultant communications 2) Provide formative feedback to learners on their performance 3) Identify interns with deficiencies in these skills.

Design: A task force identified skills necessary for early success in our ED: clinical data acquisition and synthesis, presentation skills, and ICS. An in-situ series of standardized patient (SP) encounters was developed to replicate a "day in the life" of an EM intern. Three cases were created: abdominal pain, dyspnea and chest pain. Interns obtained histories and physicals and presented to faculty. ICS feedback was provided by SPs while faculty gave feedback on presentations. Interns were then prompted to call relevant consulting services. Faculty received these calls and provided feedback. Previously validated tools guided assessment and feedback for all components, though the presentation assessment tool was modified for the ED setting (Figure 1). Faculty then assigned each intern a global rating. Intern feedback was also solicited.

Impact: Intern feedback indicated the event