

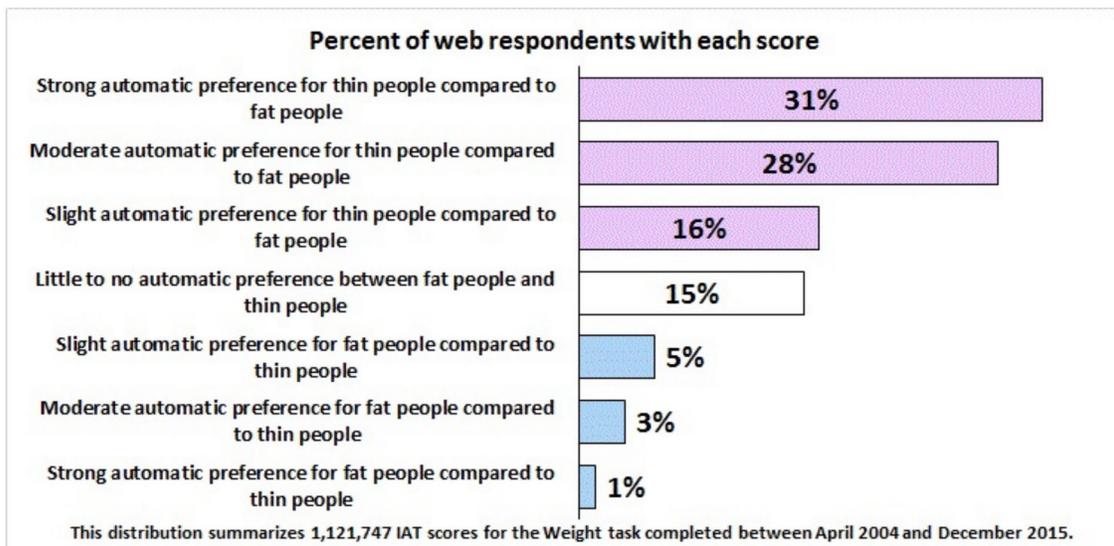
Dylan Wilson

Team Leader #2

3/13/2024

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- 1) A complicit bias I am aware of before taking the biased test I toward overweight/obese. I don't believe it affects my clinical judgment, but I am aware.
- 2)



- 3) Based on my initial reflection I feel as if the results compare truthfully to what I previously stated. The graph reflects a strong bias toward my preference of thin > fat people. The test has an interesting metric for judging fat and thin people. By comparing them into two categories and having the test taker press I and E as fast as they can when they recognize the shape of a person. Also, pairing “good and “bad” words with an image of a fat or thin person. I naturally was able to pair the thin person and press the keyboard faster than for fat people compassion. I'm guessing that is why my data is skewed the way it is.
- 4) As a team leader if another Nurse stated, “I am tired of taking care of patients who don’t take care of themselves”? Then I would explain that some people may not have the ability to lose weight as easily as them because of health problems or way of life. I do agree that if a person is able to lose weight and they choose to be “fat” then I respect their personal choice to do as they wish with their body. Stated in the

article, "Implicit bias is not directly amenable to either prevention or eradication, so designing instructional strategies to thwart its negative effects is challenging." (Alspach 2018, pg.14). I personally feel that if a healthcare worker is judging the person to the extent to where it bothers them how others look then maybe they should look for a new profession.

Work Cited

Alspach, J. (2018, August). Implicit bias in patient care: An endemic blight on quality care. Critical Care Nurse, (38),4, 12-16. Retrieved from <https://aacnjournals.org/ccnonline/article/38/4/12/3698/Implicit-Bias-in-Patient-Care-An-Endemic-Blight-on>