Response to Dr. Westfall

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J Gen Intern Med 31(7):715
DOI: 10.1007/s11606-016-3683-5
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Dear Editor,

We thank Dr. Westfall for his kind words and insightful comments on our study of the impact of medical school factors on change in implicit racial bias among medical students. He asked an important question about mean change between entry (Y1) and exit (Y4) of medical school as measured through the Black/White (Race) Implicit Associations Test (IAT). While using the continuous form of the IAT (a D score) is appropriate for many analyses, including modeling predictors of change as we did in the article, it is difficult to interpret changes in mean IAT D score in a conceptually useful way. In order to address this, IAT scores are often broken into categories corresponding to conservative estimates of effect sizes on behavior outcomes (none, mild, moderate, strong).¹ At Y1 there were 773 non-Black students who had race IAT scores corresponding to mild or smaller effect sizes. Of these, 61 % had an increase in IAT scores of sufficient magnitude to move them into the moderate-strong effect size categories by Y4. Among those who had IAT scores corresponding moderate-strong effect sizes at Y1 ($n=2495$), 19 % had a decrease in IAT scores of sufficient magnitude to move them into the mild (or smaller) effect category by Y4. There was change in both directions and, as shown in the article, school factors were associated with this change.

Dr. Westfall also asked how the IAT distribution among medical students compares to that in the general

population, and to their age-mates in particular. Younger adults tend to have slightly lower scores on the Black/White IAT than the general US population. In contrast, a larger proportion of our sample scored in the strong racial bias category (36 vs. 27 %) and a lower proportion in the mild or no-preference category (31 vs. 39 %) than is seen in the general US population (all ages).

We agree with Dr. Westfall regarding the implications of our findings for the relative importance of informal curricula, which suggest that the current tendency to focus on formal curricula in the absence of an assessment of and intervention on informal curricula, especially diversity climate, is insufficient and will have limited benefit. In addition, we agree that *augenblick*—the interpretation of physical signs and symptoms “in the blink of an eye”—will contribute to disparities in cases where the very rapid interpretation of signs and symptoms are affected by equally rapidly activated implicit stereotypes.

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Compliance with Ethical Standards:

Conflict of Interest: The authors declare that they do not have a conflict of interest.

REFERENCES

1. Nosek BA, Greenwald AG, Banaji MR. The implicit association test at age 7: a methodological and conceptual review (pp. 265–292). In: Bargh JA, ed. Automatic processes in social thinking and behavior. Psychology Press 2007.