

Implicit Bias in Rehabilitation Practice: Recognizing Bias and Promoting Equitable Care

Learner Toolkit & Clinical Reference Guide

A practical companion for carrying course concepts into everyday clinical encounters.

Equity begins with curiosity, not conclusions.

How to use this toolkit

Use these pages as a quick reference after completing the course. The prompts are designed to support reflection, objective communication, patient engagement, and intentional clinical decision-making.

1	Course Concepts at a Glance
2	The 3Rs of Equitable Rehabilitation™
3	Equity Pause™ Clinical Reflection Card
4	From Assumption to Objective Documentation
5	Building Equity into Everyday Clinical Encounters

1. Course Concepts at a Glance

Implicit bias refers to automatic associations that may influence perception, interpretation, judgment, or behavior without conscious awareness. Recognizing the possibility of implicit bias does not mean questioning every clinical decision. It means noticing when an assumption or first impression may deserve a closer look.

Related, but Not the Same

Implicit Bias	Explicit Bias	Intentional Discrimination
Automatic associations that may operate outside conscious awareness.	Consciously held attitudes or beliefs.	Intentional actions that treat people differently based on a characteristic or belief.

When Automatic Thinking May Have Greater Influence

- Time pressure
- Interruptions and multitasking
- Stress or fatigue
- Clinical complexity
- Uncertainty or incomplete information

The observation may be accurate. The explanation may still be an assumption.

Separate What You Know from What You Are Filling In

WHAT YOU KNOW	Information you directly observed, measured, confirmed, or the patient reported.
WHAT YOU MAY BE ASSUMING	Meaning or explanation assigned to the situation without enough information.
WHAT MAY STILL BE MISSING	Relevant information that could change how the situation is understood.

Remember: An assumption does not have to be negative to be an assumption.

2. The 3Rs of Equitable Rehabilitation™

The 3Rs provide a practical course framework for moving from awareness to intentional action. They are not a diagnostic or validated clinical assessment instrument.

RECOGNIZE

What am I noticing?

- Notice when an assumption, first impression, or automatic association may be influencing your interpretation.
- Identify what you actually know or have directly observed.
- Pay attention to moments when you may be assigning meaning without enough information.

REFLECT

What deserves a closer look?

- Consider what information may be missing.
- Ask whether there are other reasonable explanations.
- Review relevant clinical evidence and patient-specific information.
- Consider whose perspective may not yet be represented.

RESPOND

What should I do with that awareness?

- Seek relevant information rather than relying on an assumption.
- Clarify rather than infer.
- Invite the patient's perspective and confirm understanding.
- Make an intentional, evidence-informed, patient-centered decision.

3. Equity Pause™ — Clinical Reflection Card

PAUSE. REFLECT. RESPOND.

Use this brief reflection when a situation feels unclear, a patient response does not match your expectations, or you notice yourself forming a quick conclusion.

1. WHAT DO I KNOW?

What have I directly observed, measured, confirmed, or learned from the patient?

2. WHAT AM I ASSUMING?

Have I assigned meaning to a behavior or situation without enough information?

3. WHAT MIGHT I BE MISSING?

Is there relevant clinical, personal, environmental, communication, or contextual information I have not explored?

4. WHAT IS THE PATIENT'S PERSPECTIVE?

Have I asked about the patient's priorities, concerns, understanding, goals, or circumstances?

5. WHAT IS MY NEXT APPROPRIATE ACTION?

What additional information, clarification, or conversation would support an evidence-informed and patient-centered decision?

Equity begins with curiosity, not conclusions.

4. From Assumption to Objective Documentation

Documentation becomes part of the patient's clinical record and may influence how other professionals understand the patient. Aim to describe what you observed, what the patient reported, and relevant clinical information rather than relying on unconfirmed labels.

Instead of an interpretive label...	Document the specific information...
"Patient is noncompliant with the home program."	"Patient reports completing the home program once this week and identifies pain and work demands as barriers."
"Patient is unmotivated."	"Patient declined progression today and reported concern that increased activity may worsen symptoms."
"Patient is resistant."	Document what was recommended, what the patient declined, and the reason the patient provided.
"Patient is difficult to communicate with."	Describe the communication behaviors observed and the strategies used to clarify information or understanding.

Quick Documentation Check

- Am I describing what occurred, or labeling what I think the behavior means?
- Can I identify the observation or patient report supporting this statement?
- Have I documented relevant barriers, concerns, or context when known?
- Would another clinician understand the situation without relying on my interpretation alone?

Document what you know—not an unconfirmed interpretation of what the behavior means.

5. Building Equity into Everyday Clinical Encounters

Equitable care does not mean giving every patient the exact same experience. The clinical standard remains consistent; how information, support, and care are delivered may need to adapt to individual needs and circumstances.

WHAT STAYS CONSISTENT	WHAT MAY NEED TO ADAPT
Clinical quality Safety Evidence-informed decisions Respect for every patient	Communication Patient education Support and resources Care planning Opportunities for participation

Workflow Checklist

BEFORE THE VISIT

- ☐ Review relevant information without pre-judging the patient.
- ☐ Notice assumptions before they shape the encounter.

DURING THE ENCOUNTER

- ☐ Ask open-ended questions.
- ☐ Listen for the patient's perspective.
- ☐ Clarify rather than assume.
- ☐ Confirm understanding.

WHEN PLANNING CARE

- ☐ Consider relevant barriers and available supports.
- ☐ Identify patient goals and priorities.
- ☐ Involve the patient in decisions.
- ☐ Individualize how education and support are delivered.

BEFORE MOVING FORWARD

- ☐ Is the plan clinically appropriate?
- ☐ Is it realistic for this patient?
- ☐ Is it based on enough information?
- ☐ Is there something I may still be assuming?

Ask yourself: What does this patient need to have a fair opportunity to benefit from care?

Putting It into Practice

Use these prompts after the course to identify one or two practical changes you want to carry into your work.

One situation in which I am most likely to rely on a quick interpretation is:

One question I can use to replace an assumption with curiosity is:

One documentation habit I want to strengthen is:

One way I can better invite the patient's perspective into care planning is:

One part of my workflow where I can build in a brief reflection is:

Course Takeaways

- Implicit bias may operate automatically and without conscious intent.
- Conditions such as time pressure, interruptions, stress, fatigue, complexity, and uncertainty may increase reliance on automatic thinking.
- Observation and interpretation are not the same. When information is incomplete, assumptions may fill the gaps.
- Objective communication and documentation focus on what is observed, reported, and clinically relevant.
- The 3Rs—Recognize, Reflect, Respond—provide a practical way to move from awareness to intentional action.
- Equitable care maintains appropriate clinical standards while allowing communication, education, support, and care planning to be individualized.

Carry curiosity into your everyday clinical encounters.

Selected References & Further Reading

These references support key concepts addressed in the course and toolkit. The 3Rs of Equitable Rehabilitation™ and Equity Pause™ are course-developed educational frameworks.

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Course-Developed Frameworks

The 3Rs of Equitable Rehabilitation™—Recognize, Reflect, Respond—and Equity Pause™ are educational frameworks developed for the Rehabilitation Equity Series™. They are intended to support reflection and application of course concepts and are not presented as validated clinical assessment instruments.