



Developing a Process to Standardize Responding to and Mitigating Bias Identified in CPD Program Evaluations

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The B-Word

bias, n.



bias, n.

a bent, tendency, or orientation

Audience

- ❖ Unsure understanding of bias
- ❖ Vague direction of how to engage with the bias question

SPC

- ❖ No formal process of recording bias discussion
- ❖ Vague instruction of how to use bias response in sequential program planning

Medical Reviewers

- ❖ No formal process of documenting and storing SPC bias discussion

☐ Q13
Did you perceive

Q14
If yes, please



No

☐

Q3.1

Bias is "a predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint." ([National Standard, p.8](#))☐

Q3.2

Were there any aspects of the session/program that appeared biased to you?

Q3.1

Bias is "a predisposition that prevents impartiality or which promotes an unfair, limited, or prejudiced viewpoint." ([National Standard, p.8](#))☐ Yes - sponsor-related☐ Yes - content related to culture, race, gender, etc.☐ Yes - other reason

Q3.3

If yes, please describe:

EVENT NAME (DATE): Bias Summary

Session Topic: Speaker: Attendance: Response Rate # (%)	
<u>Bias</u>	<u>SPC Response</u>
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<u>Bias</u>	<u>SPC Response</u>

Example #1

Session Topic: Pediatrics – Managing Behaviors, Learning Disabilities and Autism	
Speaker: Dr. W	
Attendance: 107	
Response Rate: 74 (69.2%)	
<u>Bias</u>	<u>SPC Response</u>
Yes - no comment	No further action required

Example #2

Session Topic: ADHD – Adult Diagnosis and Management	
Speaker: Dr. X	
Attendance: 106	
Response Rate: 75 (70.8%)	
<u>Bias</u>	<u>SPC Response</u>
1. Yes - too many personal stories rather than cases, anecdotal evidence described frequently.	1. The presenter disclosed their personal experience as both physician and parent of patient and gave a balanced perspective of both sides.
2. Yes - presenter rarely referred to evidence-based medicine; very personal experiences primarily. Use of TikTok.	2. The presenter provided a balanced presentation that included both evidence-based and personal experiences. Tik Tok was not used as a source of evidence, but rather as a demonstration of how patients are engaging with their health (looking for symptoms, etc.).

Example #3

Session Topic: Optimizing Patient Care Through EMR/Technology Speaker: Dr. Y Attendance: 102 Response Rate: 61 (59.8%)	
<u>Bias</u> Yes - speaker's mention of branded pharmaceuticals or products: focused on Ocean service.	<u>SPC Response</u> Going forward, when the topic requires it, the SPC will communicate with speakers (via the Speaker Letter) that a 'Resource Page' be included with a slide deck and that includes a list of other product options to better balance the content.

Example #4

Session Topic: Alopecia Speaker: Dr. Z Attendance: 96 Response Rate: 59 (61.5%)	
<u>Bias</u> Yes - Not necessarily bias but did solicit for a trial.	<u>SPC Response</u> The speaker was not soliciting for a trial, only mentioned it casually during the Q&A (in response to a question).

Audience

- ✓ Improved understanding of bias
- ✓ Improved direction of how to engage with the bias question

SPC

- ✓ Formal process of recording bias discussion
- ✓ Clear instruction of how to use bias response in sequential program planning

Medical Reviewers

- ✓ Formal process of documenting and storing SPC bias discussion

Speakers

- ❖ No formal process for the opportunity to follow up on bias noted in presentations
- ❖ Unclear direction of promoting evaluation responses



Thank you!