

Bias Awareness Guide

Background

Making a fair assessment of an individual's actions requires that an assessor have insight into subconscious biases to which every human is prone. Unchecked, these biases can contribute to unfair assumptions about an individual and the actions that they took (or decided not to take). Four common biases that might influence how an assessor evaluates and makes decisions about an individual's action(s) or inaction(s) are described below. Reviewing this information before conducting interviews may help an assessor phrase less biased questions.

After completing an assessment but before making any decisions, an assessor should review these biases. This awareness will help to make decisions that are fair to everyone involved.

Four biases and their proactive and reactive debiasing strategies

- **Hindsight bias**
 - **Description**
 - This is the tendency, knowing what ultimately happened, to view how things unfolded in a different light. Hindsight bias leads an assessor, peers and others, including the patient, to believe the individual could have predicted the outcome beforehand and therefore should have made different decisions and taken different actions than they did. Knowing the outcome can profoundly influence the perception of past actions and behaviours and thus minimize a realistic (objective) appraisal of what occurred. Hindsight bias can also lead an assessor to believe the decisions that should have been made and the actions that were taken (or not taken) were much more obvious than they were at the time. This bias can be rewritten as 'easy to see it coming, once it has come.'
 - **Debiasing strategies**
 - **Proactively**, the assessor can try not to learn about the outcome for the patient. In addition, the assessor should not inform any of the interviewees about the patient's outcome.
 - **Reactively**, if the assessor knows what the patient's outcome is, then an awareness of this bias will help to limit its effect. Also, the assessor should purposely think about what information the individual had at the time they were making decisions and undertaking actions, and how quickly events might have been unfolding. In other words, the assessor should try to estimate how much pressure the individual was under to process information, make decisions and take actions quickly, while recognizing the individual did not know what was coming. The assessor should also counsel interviewees to put aside (as much as possible) any knowledge they have of the patient's outcome.

- **Illusion of free will**
 - **Description**
 - This is the belief that each one of us can choose to be perfect. In addition, when something untoward happens, the individual who was involved, at some level, made a conscious choice to perform below that standard of perfection.
 - **Debiasing strategies**
 - **Proactively**, the assessor, through awareness of this bias, should temper their idea of what an individual *'should have done'* and endeavour to think about what most people *'would have done'* in a similar situation.
 - **Reactively**, the assessor can ask themselves if they have been influenced by this bias and revisit some of their conclusions, up to and including the analysis of information processing and actions.
- **Fundamental attribution error**
 - **Description**
 - This error is made when the assessor links an act of omission or commission to some aspect of the individual's personality or even a character defect. This error can be expressed as *'they forgot because they are lazy'* or *'they just don't care.'*
 - **Debiasing strategies**
 - **Proactively**, an assessor through awareness of this bias, would check if they have any preconceived impressions of the individual's physical, psychological or personality traits (positive or negative) and be aware of any emotional reactions they have to any of these traits. When making judgments at any phase of the assessment, the assessor should reflect on any emotions they could be feeling about the event and/or the individual. In addition, if the assessor disagreed with the opinions of peers, then it is possible that the resulting analysis could be biased. The assessor should therefore pay extra attention to the possibility their thinking has been influenced by this bias.
 - **Reactively**, the assessor should ask themselves if they have been influenced by this bias and revisit some of or all their conclusions.
- **Symmetry bias**
 - **Description**
 - This bias relates to the common tendency to link the seriousness or the horror of the outcome with the seriousness of the actions. This reaction can be restated as *'the patient suffered severe harm in part because the individual forgot to do one task – and therefore this omission was a serious error, or even an egregious error.'* This concept should be avoided, as should using adjectives such as trivial, serious or egregious to describe errors.
 - **Debiasing strategies**
 - **Proactively**, like dealing with the Fundamental Attribution Error, the assessor should note any emotions evoked when they think of the patient's outcome, if they are aware of it. They should then check to see if this emotion influences any judgments as they make them.
 - **Reactively**, the assessor can ask themselves if they have been influenced by this bias and revisit some of or all their conclusions.