The Nursing Network: Bias, Barriers, and Breakthroughs in Care

SYLLABUS & COURSE GUIDE

A Free, 60-Minute Live Activity
Premiere Date: Wednesday, September 24, 2025
6:30 PM - 7:30 PM ET



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Faculty:
Monica E. Peek, MD, MPH, MSc (Moderator)
Tiffany Gibson, MSN, RN, NPD-BC, CPN
Victoria Sherry, DNP, CRNP, ANP-BC, AOCNP

Take advantage of our LIVE Q&A segment during this webcast!

Please click on the Ask Question tab and type your question.
Email your question or comment: questions@cmeoutfitters.com
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Information for Participants

Statement of Need

There is a critical and ongoing need to educate nurses and nurse practitioners, who often form the backbone of patient care delivery, about the presence and impact of unconscious bias in clinical settings. As essential connectors within the healthcare provider network, nurses are uniquely positioned to foster trust, deliver culturally responsive care, and advocate for patients across diverse backgrounds. Yet, despite increasing awareness of disparities that affect health outcomes among a broad range of patient populations, many frontline and administrative professionals still lack the tools, training, and institutional frameworks necessary to address these inequities in a sustained and meaningful way.

Without awareness, these unconscious biases may consistently contribute to misdiagnoses, decreased patient trust, reduced treatment adherence, and overall inequitable care delivery.

Empowering nurses with targeted educational interventions is therefore essential — not only to equip them with the competencies needed to address these challenges — but also to leverage their vital role in advancing equitable healthcare delivery and improving outcomes for all patients, regardless of background or setting.

In this CME Outfitters live webcast, expert faculty will examine how unconscious bias affects nursing care and patient outcomes across varied clinical environments. They will provide strategies to deliver culturally sensitive care by leveraging the nursing network's unique capacity to share best practices, amplify each patient's voice, and address education, health literacy, and social drivers of health.

Learning Objectives

At the conclusion of this activity, learners will be able to better:

- Identify how unconscious bias affects nursing care and patient outcomes across diverse clinical settings
- Implement strategies to deliver cultural humility care by leveraging the nursing network's role in sharing best practices, amplifying patient voice, and addressing education, health literacy, and social drivers of health

Financial Support

Supported by an educational grant provided by Johnson & Johnson.

Target Audience

Nurse practitioners (NPs), nurses, nurse navigators, front office staff, health care administrators, executives, support staff, and patients

Faculty

MONICA E. PEEK, MD, MPH, MSC (MODERATOR)
Ellen H. Block Professor of Health Justice
Vice-Chair for Diversity, Equity and Inclusion
Department of Medicine
University of Chicago
Chicago, IL

Monica E. Peek, MD, MPH, MSc, is the Ellen H. Block Professor of Health Justice in the Department of Medicine at the University of Chicago, where she provides clinical care, teaches, and does health services research. She is an internist who strives to provide comprehensive humanistic care for her patients. Dr. Peek's research pursues health equity and social justice, with a focus on promoting equitable doctor/patient relationships among racial and ethnic underserved populations, integrating the medical and social needs of patients, and addressing health care discrimination and structural racism that impact health outcomes (e.g., diabetes, COVID-19).

Dr. Peek has authored over 150 peer-reviewed papers and has served as the principal investigator for multiple grants from institutions such as the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Heart, Lung, and Blood Institute (NHLBI), Patient-Centered Outcomes Research Institute (PCORI), Agency for Healthcare Research and Quality (AHRQ), the Robert Wood Johnson Foundation, the Greenwall Foundation, the Merck Foundation, and others.

Dr. Peek is the Associate Director of the Chicago Center for Diabetes Translation Research, the Executive Medical Director of Community Health Innovation, and the Director of Research (and Associate Director) at the MacLean Center for Clinical Medical Ethics. She is a Senior Associate Editor for the journal *Health Services Research*. Dr. Peek is a member of the National Academy of Medicine.

Dr. Peek's research has been featured in national media outlets such as *The Chicago Tribune*, NPR, PRI/The World, CNN, *Democracy Now*, CBS, ABC, *TIME Magazine*, the *Christian Science Monitor*, *STAT News*, and the *Huffington Post*.

TIFFANY GIBSON, MSN, RN, NPD-BC, CPN
Nurse Executive
New Nurse Academy, LLC
Philadelphia, PA

Tiffany Gibson, MSN, RN, NPD-BC, CPN is the founder of New Nurse Academy, an online coaching, mentoring, and learning community designed to help nurses align their careers with authenticity, emotional intelligence, and personal agency. A Bronx-born, first-generation Jamaican-American, Tiffany's passion for education and lifelong learning led her from the bedside to nursing professional development, specializing in equity, inclusion, and psychological safety in nursing. With degrees in Public Health, Nursing, and Nursing Education, along with a post-master's certification in Healthcare Diversity Leadership, she empowers nurses to lean into their Human Design and intuition to create fulfilling careers beyond clinical skills and degrees. Through conversation, community, and coaching, Tiffany is redefining what it means to be an Emotionally Intelligent Nurse—one who leads with integrity, purpose, and alignment to change the culture of nursing.

The Nursing Network: Bias, Barriers, and Breakthroughs in Care

VICTORIA SHERRY, DNP, CRNP, ANP-BC, AOCNP
Oncology Nurse Practitioner for Thoracic Malignancies
Penn Medicine Abramson Cancer Center
Advanced Senior Lecturer
Coordinator, Adult Oncology Specialty Minor/Certificate Program
Course Director, N3900 Leadership in the Complex Healthcare System
Associate Course Director, N5600 Nurses Leading in Complex Care
University of Pennsylvania School of Nursing
Philadelphia, PA

Victoria Sherry, DNP, CRNP, ANP-BC, AOCNP holds a dual appointment as an adult oncology nurse practitioner for thoracic malignancies at the Abramson Cancer Center at Penn Medicine and as an advanced senior lecturer at the University of Pennsylvania School of Nursing. She earned her Bachelor of Science in nursing degree at the Catholic University of America and received her Master of Science in nursing degree at the University of Pennsylvania, from which she graduated as an adult oncology nurse practitioner. She went on to obtain her Doctor of Nursing practice from Duke University where her dissertation focused on distress screening and management in patients with metastatic lung cancer. Dr. Sherry is a member of the Oncology Nursing Society (ONS) and the Xi Chapter of Sigma Theta Tau, the honor society of nursing.

Dr. Sherry has dedicated her entire nursing career to oncology, which has become not only a profession, but also a personal passion. Her clinical practice expertise lies in caring for and managing oncology patients, particularly those with lung cancer. She recognizes the importance of incorporating palliative care into the cancer trajectory and is certified as a Palliative Care Champion.

Throughout Dr. Sherry's career, she has developed numerous presentations, webinars, and podcasts focused on the clinical knowledge of treatments and supportive care for patients with lung cancer. She is widely published on multiple topics with a focus on symptom and toxicity management in lung cancer. Dr. Sherry lectures locally and nationally about lung cancer and nursing care for patients with lung cancer.

Patient Advocate

COLETTE SMITH
Patient Advocate, Speaker and Founder of HEALing the Bronx

Colette Smith is a dynamic lung cancer survivor, patient advocate, and community health champion who transformed her 2015 Stage 1A adenocarcinoma diagnosis into a powerful platform for change. As a never-smoker diagnosed through persistent self-advocacy, Colette's story resonates with diverse audiences seeking to understand the importance of patient empowerment and early detection.

Disclosure Declaration

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FACULTY

Monica E. Peek, MD, MPH, MSc, reports no financial relationships to disclose.

Tiffany Gibson, MSN, RN, NPD-BC, CPN, reports no financial relationships to disclose.

Victoria Sherry, DNP, CRNP, ANP-BC, AOCNP, reports no financial relationships to disclose.

PATIENT ADVOCATE

Colette Smith, reports no financial relationships to disclose.

PEER REVIEWERS

Jessica Giddens, DNP, APRN, FPMHNP-BC, RN-BC—no disclosures to report

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Sandra Caballero, PharmD—no disclosures to report
Scott J. Hershman, MD, FACEHP, CHCP—no disclosures to report
Sharon Tordoff—no disclosures to report

All identified conflicts of interest have been mitigated.

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Post-tests, credit request forms, and activity evaluations must be completed online (requires free account activation), and participants can print their certificate or statement of credit immediately (75% pass rate required). This website supports all browsers except Internet Explorer for Mac. For complete technical requirements and privacy policy, visit https://www.cmeoutfitters.com/technical-requirements/.

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Nurses (ANCC)
This activity is designated for 1.0 contact hour.

California Residents: Provider approved by the California Board of Registered Nursing, Provider # CEP 15510, for 1.00 Contact Hours.

Foreword on Moving Forward

The language and terms used throughout this course reflect contemporary best practice and guidance. To ensure continuous alignment with current best practice, terminology will be reviewed and updated as guidelines evolve. For example, when color is used regarding race, capital letters are used (e.g., Black, White, Brown), as recommended by the National Association of Black Journalists

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Advancing Health Equity Across the Spectrum

The Nursing Network: Bias, Barriers, and Breakthroughs in Care

This program is supported by an independent medical education grant from Johnson and Johnson

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Activity Credit Types

Nurses (ANCC)	This activity is designated for 1.0 contact hour. Note to Nurse Practitioners: The content of this CNE activity pertains to Pharmacology.

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To Ask a Question

To submit a question, please go to the *Ask Question* tab at the bottom of the screen.



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INTERVIEWED FACULTY

Colette Smith
Patient Advocate,
Speaker and Founder of HEALing the Bronx

Colette Smith reports no financial relationships to disclose.

The following peer reviewers and CMEO staff have no financial relationships to disclose:

- Jessica Giddens, DNP, APRN, FPMHNP-BC, RN-BC (peer reviewer)
- Evan Luberger (planning committee)
- Estelle Perera (planning committee)
- Scott J. Hershman, MD, FACEHP, CHCP (planning committee)
- Sandra Caballero, PharmD (planning committee)
- Sharon Tordoff (planning committee)

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LEARNING OBJECTIVE 1

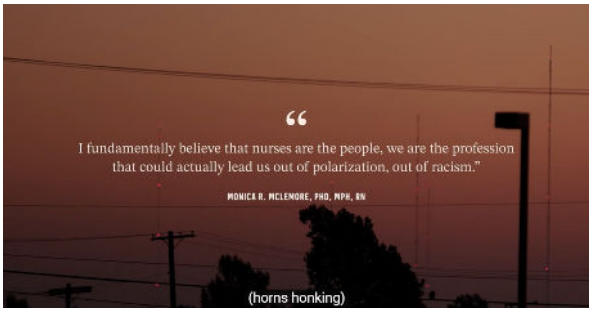
Identify how unconscious bias affects nursing care and patient outcomes across diverse clinical settings

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LEARNING OBJECTIVE 2

Implement strategies to deliver cultural humility care by leveraging the nursing network's role in sharing best practices, amplifying patient voice, and addressing education, health literacy, and social drivers of health

Setting the Stage: Why Cultural Humility Matters



SHIFT Nursing. *Everybody's Work*. 2023. https://www.shiftnursing.com/everybodys-work/watch-the-film-online.

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From Why to How: The Problem, The Purpose, and the Change





What is Unconscious Bias and How Does it Impact Patient Outcomes: Patients' Perspective and Nurses' Perspective

Have you been a victim of bias or racism and how did it make you feel?



Audience Response 1

In your nursing experience, where have you most often witnessed cultural challenges or bias in patient care?

A. Outpatient settings (clinic)
B. Hospital/acute care settings
C. Long-term care settings (skilled nursing)
D. Care transitions/discharge planning
E. Other

Implicit Bias and Link to Disparities: Clinical Tool To Overcome Barriers in Care

- **Implicit biases contribute to disparities** by influencing *clinical decision-making, patient–provider communication, and patient perceptions of care*, which in turn affect adherence, trust, and health outcomes

Implicit Association Test (IAT)

- A tool to identify personal biases
- Measures attitudes and beliefs that individuals may be unwilling or unable to report
- Can help identify unconscious biases that affect decision-making in clinical settings



Hall WJ, et al. *Am J Public Health.* 2015;105(12):e60-76. Project Implicit. 2011. https://implicit.harvard.edu/implicit/.

Audience Response 2

Have you ever completed a self-assessment for bias (e.g., IAT)?

A. I've taken the IAT or similar test and found it helpful
B. I've taken a bias test but felt the results were not accurate
C. I've taken a bias test and will do so again
D. I don't believe in these tests
E. I have not heard about these tests
F. I haven't taken a bias test

Gold vs. Platinum: How to Stop Repeating the Same Old Song and Problems

Golden Rule: "Do unto others as you would like done unto yourself…"



Platinum Rule: "Do unto others as *they* would like done to them.."

- **Key Message: Culturally responsive care = patient-centered, equity-driven**
- Shifting to a mutual process of knowledge between patients and health care professionals

Rönnedal D. *J Value Inquiry*. 2015;49(2):221-236. Chochinov HM. *J Palliat Med*. 2022;25(6):854-856. Buonaccorso L, et al. *J Palliat Med*. 2022;25(8):1172-1173. Lauwers ED, et al. *Int J Equity Health*. 2024;23(1):117.

What We Keep Hearing



The question of equity when it comes to research and clinical trials

↓

Colleague's research on clinical trials and historical issues with clinical trials.

↓

Key: leave this program with real world tips on how nurses can address this barrier

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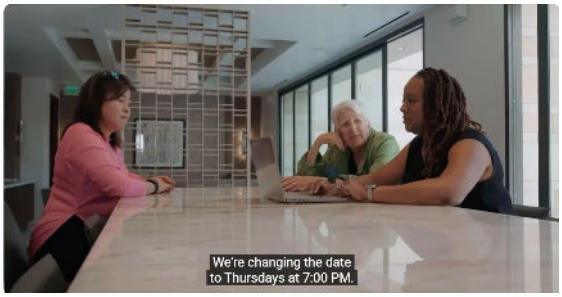
Busting Myths and Fighting Fears

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Interactive Poll

Mutale F. *J Adv Pract Oncol*. 2022;13(8):755-757.

How Seeing and Shifting Bias Impacts Outcomes



SHIFT Nursing. *Everybody's Work*. 2023. https://www.shiftnursing.com/everybodys-work/watch-the-film-online.

Cultural Humility Matters

"When we have those wince moments when someone says something that should not be said, or if you say something, it's never too late to correct that. When you have that heaviness in your chest that you can't get rid of, that you can't shake, after you hear something that's an indication to you in your soul that you have to take some action. Until we can make that culture shift, I don't think we're going to move the needle.

Well, your IBIAS program is one step closer…"

– from SHIFT Nursing documentary

SHIFT Nursing. *Everybody's Work*. 2023. https://www.shiftnursing.com/everybodys-work/watch-the-film-online.

IBias: Bias Interruption in Action

WHY IT MATTERS

- Implicit bias → unconscious mental shortcuts shaped by social context
- In healthcare → disparities, higher morbidity & mortality
- Major orgs (American Association of Critical Care Nurses [AACN], National Academy of Medicine [NAM], American Nurses Association [ANA]) demand bias-interruption training

HOW IT WORKS

- Daily Skills → practice 2 bias-interrupting behaviors
- Daily Reflection → "Did I assume without evidence?" / "Did I see others do it?"
- Habit Building → treat bias like a patient safety error

CORE ELEMENTS

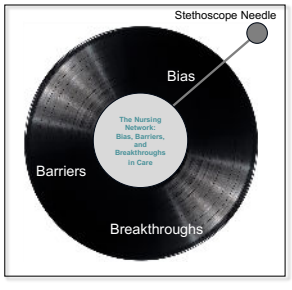
- 1. Simulation + online module
- 2. 10 bias-interrupting skills (slow down, perspective-taking, question stereotypes)
- 3. Daily reflection & feedback

TAKEAWAY: IBIAS™ builds lifelong habits to recognize, interrupt, and prevent bias — just like infection control or med safety.

O'Connor MR, et al. *Nurse Educ*. 2024;49(1):57-59.

Culturally Responsive Care: Finding the Right Track

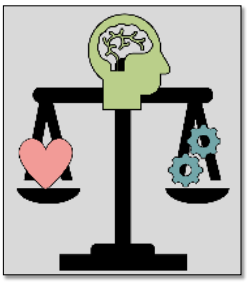
- Like a record needle finding the groove, culturally responsive care aligns with each patient's values, beliefs, and lived experiences
- Patient-centered: Listens deeply, adapts communication, and respects preferences
- Equity-driven: Identifies barriers (e.g., bias, literacy, socioeconomic factors) and adjusts care to achieve fair outcomes
- Nurses are the DJs of care —blending evidence, empathy, and cultural awareness into harmony, *amplifying the patient's voice* across the system



Chen A, et al. *BMC Med Educ*. 2023;23(1):658. Lauwers ED, et al. *Int J Equity Health*. 2024;23(1):117. Pachter LM, et al. *Pediatrics*. 2021;149(2):e2021052162.

Emotional Intelligence in Nursing Practice

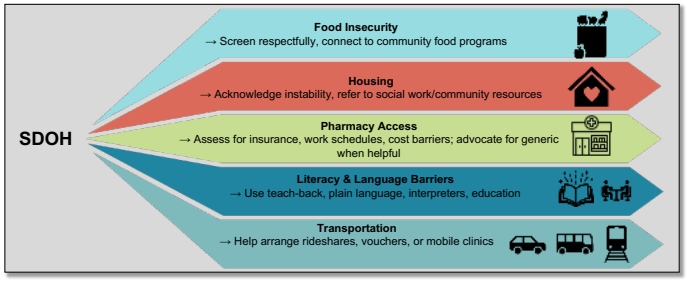
- Emotional intelligence (EI) = key to navigating bias and conflict
- Equity education is continuing education: self-reflection and practice required
- "Intent vs. Impact": discrimination often invisible but deeply felt
- Growth mindset: get comfortable with being uncomfortable



Mehralian G, et al. *BMC Nurs.* 2024;23(1):800. Cheraghi R, et al. *BMC Nurs.* 2025;24(1):130.
Cichoń J, et al. *Nurs Crit Care.* 2023;28(2):322-328. Kaczynski MA, et al. *J Gen Intern Med.* 2025;40(11):2491-2498.

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Nursing's Role in Cultural Humility: Amplifying Patient Voice and Addressing Social Drivers of Health



National Academies of Sciences, Engineering, and Medicine. *The Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity.* 2021. https://www.ncbi.nlm.nih.gov/books/NBK573914/. Bailey K, et al. *Pediatrics.* 2024;153(1):e2023062275. Ebeywa E, et al. *J Nurse Pract.* 2021;17(10):1292-1296. Lathrop B. *Nurs Womens Health.* 2020;24(1):36-44. Bussell JK, et al. *Clin Diabetes.* 2017;35(3):171-177.

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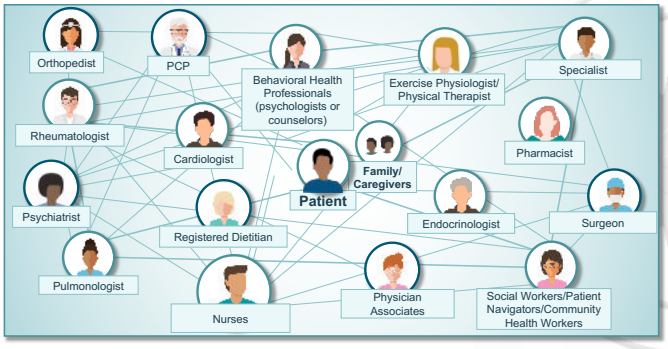
Emotional Intelligence and Nursing Practice

- Emotional intelligence interventions improve communication, reduce nurse stress, and enhance patient trust
- Nurses in ICU and hospital settings using EI report better caring behaviors and reduced burnout
- EI is teachable via training; continuous reflection enhances its impact

ICU = intensive care unit
Kawashima T, et al. *Nurse Educ Today.* 2025;151:106743.

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Amplifying your Role and Impact in the Nursing Network: Bias, Barriers, and Breakthroughs in Care



PCP = primary care practitioner

Audience Response 3

How often do you believe patients perceive bias in their interactions with the healthcare system?

A. Very often
B. Often
C. Sometimes
D. Rarely
E. Never

SMART Goals

Specific, **M**easurable, **A**ttainable, **R**elevant, **T**imely

Put education into action! Consider the following goals, then *set a time frame* that fits with your work environment and *a reasonable improvement target* that aligns with your patient population.

Practical Application (Direct Patient Care & Advocacy):

- **Specific:** Within one month, I will incorporate at least two screening questions about social drivers of health (housing, food, safety) into my patient assessments.
- **Measurable:** Within 90 days, I will refer at least five patients to community-based organizations (food pantries, housing services, transportation support) and track follow-up outcomes.
- **Achievable:** Over the next six months, I will identify and collaborate with at least one community-based resource (e.g., food pantry, housing agency) to create a direct referral pathway and a breakthrough in care.
- **Relevant:** I will identify at least one patient per week whose care is impacted by a social driver of health and document the barrier in their chart.
- **Time-bound:** By the end of the calendar year, I will develop and share a resource sheet (print or digital) listing at least five local community resources for my care team to help overcome barriers and reduce bias in care.

To Ask a Question

Please select the *Ask Question* tab below the slide viewer.

Please include the faculty member's name if the question is specifically for them.

Additional Resources

Visit www.cmeoutfitters.com for clinical information and certified educational activities

Visit the
Health Access & Social Responsibility Hub

Free resources and education
for health care professionals and patients

https://www.cmeoutfitters.com/practice/diversity-and-inclusion-hub/

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