

To ensure the quality and effectiveness of this scenario, please assist the CSA with our ongoing evaluation plan. If you use this scenario, please use the following links to provide feedback and identify any edits that may need to be made.

Student Evaluation - <https://forms.gle/HQB9ptMm76bq1XYaA>

Faculty Evaluation - <https://forms.gle/3kuXYryjMRo6TnAz8>

Section I: Scenario Overview

Scenario Title: Implicit Bias #7: Transgender Person		
Original Scenario Developer(s):	Theo Retos MPA, Marie Gilbert DNP, RN, CHSE-A, Deborah Bennett PhD, RN, CHSE	
Date – May, 2021	Validation: 12/2022	Pilot testing: 6/2022
Estimated Scenario Time: 60 minutes including prebrief		
Debriefing time: 60 min		
Target group: Senior Nursing Student		
<p>Context: Studies support the notion that healthcare professionals are not exempt from bias. Education, introspection and dialogue surrounding one’s own bias can create significant emotions. Readily admitting to personal biases and/or their potential influence on clinical practice are unlikely to occur in one simulation. Therefore, the aim of the scenario is not to identify individual biases in front of peers in a “Gotcha” style, but rather provide a clinical experience that allows the learner to safely explore concepts of bias while having the opportunity to develop and practice specific interpersonal skills. This scenario uses the RESPECT model as a guiding framework.</p>		
<p>Core case: The purpose of this scenario is to provide the opportunity for the learner to provide nursing care that is sensitive, informed, affirming and empowering to a transgender patient during an emotionally distressing diagnosis and treatment plan.</p>		
<p>Brief Summary of Case: A 30-year old transgender man, Mr. Douglas Fader, presents in the emergency room with abdominal cramps and vaginal bleeding. He has a past medical history of testosterone hormone replacement therapy, which was ceased in order to pursue pregnancy. He is 8 weeks pregnant. On admission, he is in distress due to pain and concern over status of the pregnancy. A miscarriage is diagnosed during the scenario. The learner is required to provide care using the principles of patient centered care and therapeutic communication to guide the delivery of culturally informed care.</p>		
Patient characteristics/stereotypes associated with potential bias		
Transgender		

EVIDENCE BASE / REFERENCES (APA Format)

Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F. R., & Ruspini, E. (2020). Men, trans/masculine, and non-binary people’s experiences of pregnancy loss: an international qualitative study. *BMC Pregnancy and Childbirth*, 20(1), NA.

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-020-03166-6>

Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: a qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy and Childbirth*, 17(Suppl 2).

<https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-017-1491-5>

Besse, M., Lampe, N. M., & Mann, E. S. (2020). Experiences with Achieving Pregnancy and Giving Birth Among Transgender Men: A Narrative Literature Review. *The Yale journal of biology and medicine*, 93(4), 517–528.

Sawyer, T., Eppich, W., Brett-Fleegler, M., Grant, V., & Cheng, A. (2016). More Than One Way to Debrief: A Critical Review of Healthcare Simulation Debriefing Methods. *Simulation in healthcare: Journal of the Society for Simulation in Healthcare*, 11(3)

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES

1. The learner identifies potential implicit and/or conscious biases associated with patient characteristics.
2. Demonstrates respect for a transgender or gender-nonconforming patient
3. Demonstrates ability to enable patient agency in self-identification
4. Demonstrates adapting language to patient’s description
5. Provides care and/or referral that affirms patient’s gender identities and reduces distress of gender dysphoria, if present
6. Partners with the patient in a respectful and compassionate manner.
7. Following the scenario, the learner feels empowered to explore any personal biases they may have identified during the scenario and uses evidence-based strategies (for example IMPLICIT [Edgoose, Quiogue, & Sidhar (2019), strategies identified by Marcelin, et al (2019), or a developmental model by Teal, et al (2012)] for personal and professional development.

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies	
Knowledge	Skills/ Attitudes
1. Principles of patient centered care	1. Values active partnership with patient in planning, implementation, and evaluation of care
2. Principles of assessment, when caring for a transgender patient	2. Adapting language to patient’s description
3. Patterns of mistreatment, discrimination, and disparities experienced by transgender people.	3. Ability to enable patient agency in self-identification
4. Principles of therapeutic communications	4. Use of therapeutic communication skills
5. Principles of the RESPECT Model – Respect, Empathy and Trust	5. Verbal and nonverbal responses that validate patients’ emotions and cause them to feel understood.

Section III: Scenario Script

A. Case summary

A 30-year old transgender man, Mr. Douglas Fader, presents in the emergency room with abdominal cramps and vaginal bleeding. He has a past medical history of testosterone hormone replacement therapy, which was ceased in order to pursue pregnancy. He is 8 weeks pregnant. The patient denied consuming alcohol or illicit drugs during pregnancy. There was no history or evidence of trauma.

On physical examination, his temperature was 37°C, had a heart rate of 85 beats/min, and a blood pressure of 138/80 mm Hg. On admission, he is in distress due to pain and concern over status of the pregnancy. During the scenario a miscarriage is diagnosed.

Patient information students will uncover:

Mr. Fader lives with his cisgender male partner. He has not undergone fertility treatments. He and his partner intentionally became pregnant. Patient has had issues with physicians dismissing his complaints of pain as related to prior hormone replacement therapy treatments potentially causing pregnancy difficulties, although no clinical evidence supports these claims. Mr. Fader and his partner are intentionally becoming parents and have been trying for over a year. Mr. Fader is anxious about telling his partner he believes this is a miscarriage.

B. Key contextual details

Setting: Emergency Room

C. Scenario Cast

Patient	If a standardized patient were available, this would be the preference. However, a manikin can be used if the operator has the capability to communicate with the learner via the manikin.	
Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
Patient		IP
Primary Nurse	L (Assesses the psychosocial needs and patient's lifestyle)	
Secondary Nurse	L (Assists with assessment)	

D. Patient/Client Profile

Last name: Douglas	First name: Fader	Gender: Trans man	Age: 30 years	Ht: 5' 11"	Wt: 160lb
Spiritual Practice:	Ethnicity:	Language: English	Code Status: Full Code		
1. History, Chief Complaint, Assessment Data					
8 weeks pregnant, abdominal cramps and bleeding					
Assessment Data					
General: Pale, anxious appearance T – 37°C					
Neuro: Alert and orientated					
Skin: Pale, not rashes or blemishes noted					
Cardiovascular: HR - 85 ; normal sinus rhythm, BP 138/80 mmHg					
Respiratory: WNL					
GI & GU: WNL					
Extremities: WNL					
Pain: 6/10 – abdominal cramps					
Medication allergies:	Nil Known	Reaction:			
Food/other allergies:	Nil Known	Reaction:			
Primary Medical Diagnosis	R/O miscarriage				

2. Current Meds	Drug	Dose	Route	Frequency
	Nil			

3. Laboratory, Diagnostic Study Results (List significant labs,& diagnostic test results)
Positive pregnancy test Ultra sound ordered

Section IV: Pework

This Sections provides recommendations for prework to be completed by the learner prior to attending the simulation
<p>(Facilitator) Refer to INACSL Standards Committee, McDermott, D.S., Ludlow, J., Horsley, E. & Meakim, C (2021, September). Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing. <i>Clinical Simulation in Nursing</i>, 58, 9-13. for best practice</p> <p>Learners</p> <p>Review information regarding the lived experience of a transgender man. For example https://www.youtube.com/watch?v=j-h9WBtGHd4</p> <p>Review information regarding patterns of mistreatment, discrimination, and disparities experienced by transgender people. For example an 2015 US Transgender Survey Executive Summary https://transequality.org/sites/default/files/docs/usts/USTS-Executive-Summary-Dec17.pdf</p>

Section V: Prebrief

This Section provides recommendations for the prebrief
<p>(Facilitator) Refer to INACSL Standards Committee, McDermott, D.S., Ludlow, J., Horsley, E. & Meakim, C (2021, September). Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing. <i>Clinical Simulation in Nursing</i>, 58, 9-13. for best practice.</p> <p>It is recommended that the learners have the opportunity to practice communication skills to be able to respectfully deliver culturally informed care with a transgender patient.</p> <p>This video from Montgomery College Nursing Simulation Scenario Library could be used as a primer video, and offers the learners the opportunity to reflect ‘before action’.</p> <p>https://www.youtube.com/watch?v=NEHxlmFBRrA</p> <p>After viewing it, the learners can reflect on what they have learned from the video, and the behaviors they will use during the scenario.</p>

Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
<p>Mr. Douglas Fader is a 30-year old transgender man who presents to the emergency room with abdominal cramps and vaginal bleeding. He has a past medical history of testosterone hormone replacement therapy, which was ceased in order to pursue pregnancy. He is 8 weeks pregnant. On admission, he is in distress due to pain and concern over status of the pregnancy.</p>	<p>Patient dressed in jeans and a shirt.</p>	<p>Standard Emergency Room bed space. Hospital gown available</p>

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario:

Patient has just arrived in the Emergency Room with complaints of abdominal pain and bleeding. He is anxious and identifies he is 8 weeks pregnant, which has been confirmed with a pregnancy test. The patient’s partner is parking the car and is not by the bedside.

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points:
<p>Patient is on a gurney, fully dressed. He is anxious and identifies he is 8 weeks pregnant, which has been confirmed with a pregnancy test.</p> <p>Patient’s partner is parking the car and is not by the bedside.</p> <p>The learner is to enter the patient room and meets the patient for the first time.</p>	<p>T – 37°C HR – 85 R – 14 BP – 138/80mmHg Sat – 98% in Room Air</p> <p>Information to guide patient responses: Prefers to be called Doug Pronouns: he/him/his Lives with his cisgender male partner “I’m trans”</p>	<ul style="list-style-type: none"> • Wash hands • Introduce self & pronouns used • Asks patient what name and pronouns to use • Asks what word the patient uses to describe their gender • Begins focus nursing assessment • Partners with the patient to identify what words to use to describe body parts and what words to avoid. 	<ul style="list-style-type: none"> • Establishing trust • Importance of identifying pronouns • Cultural awareness and influences on health – potential distrust of healthcare providers due to stereotyping, potential distress of gender dysphoria, appropriate use of language to describe body, fear of discrimination • Did the learner avoid gendering patients (sir, ma’am, Mr., Ms.) unless the patient specified a title • Were questions clinically relevant and for the benefit of the patient?

<p>An ultrasound has been ordered.</p>	<p>“I’ve been on hormones for about six years, and stopped a year ago in order to pursue pregnancy.” “I’m 8 weeks pregnant.” “I don’t really like woman types of words, but I get that this is a hospital. Can we just use ‘parts’ and call the other stuff the medical words like cervix or uterus?” Reason for visit: “I’m having some bleeding down below and I’m worried about what’s going on.”</p>	<ul style="list-style-type: none"> • Asks open ended questions • Listens to the patient’s responses • Asks clarifying questions if unclear • Builds trust • Explains what an ultrasound is <p>Examples of appropriate language: “Is there a name you use that is different from what is on your chart?” “How would you like me to address you?” “Is there a gender pronoun that you use that is different from what is on your chart?”</p>	<ul style="list-style-type: none"> • What happens if mistakes are made? <ul style="list-style-type: none"> ○ Quickly apologize or say “thank you” ○ Correct your mistake ○ Move on ○ Do not make the mistake again • Body Part Terminology <ul style="list-style-type: none"> ○ Patient preferences will differ ○ Might differ in exam room vs. in other parts of life ○ Ask patients what terms they want you to use ○ Use those terms ○ Offer explanation if other terms are necessary ○ Be aware of using slang terms
<p>STATE / PATIENT STATUS</p>	<p>DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE</p>		
<p>Frame 2</p>	<p>Operator</p>	<p>Learner Actions:</p>	<p>Debriefing Points:</p>
<p>Patient returns from the ultrasound and has been told, by the provider, that the causes of pain and bleeding are signs and</p>	<p>Vital signs are unchanged. Patient’s questions: “I don’t understand. What is happening? Is the baby still alive? What do I do now?”</p>	<ul style="list-style-type: none"> • Recognizes patient anxiety • Continues assessment using respectful language • Asks open ended questions • Acknowledge and attempt to dispel guilt 	<ul style="list-style-type: none"> • The use of empathy • Reflective listening • Cultural awareness and influences on health – potential distrust of healthcare providers due to stereotyping, potential

<p>symptoms of an early pregnancy loss.</p> <p>No further treatment is required at this time, and he is to make an appointment with his primary care provider in 2 weeks. Contact his primary care provider sooner if there is an increase in bleeding or any signs of infection.</p> <p>The patient does not understand that this means he has miscarried the pregnancy.</p> <p>He is confused and anxious.</p>	<p>“Where’s my partner? He was parking the car, he should be here now. What am I supposed to tell him? Is it my fault? I just don’t understand.”</p> <p>“Do you ... do you know if ? When can we try again? We’ve been trying for a while.”</p> <p>Partner is very supportive and they have been in a committed relationship for over 3 years.</p> <hr/> <p>Triggers:</p> <p>When all learner actions are met. If learner actions are not met stop after 10 minutes in the frame. If referred to a counselor, the councilor will call for a report/briefing about the patient</p>	<ul style="list-style-type: none"> • Acknowledge and legitimize grief • Explores support system • Refers patient and partner to a counselor • Provides report/briefing to counselor, to avoid the patient and his partner being misgendered / harmed by potential biases of the counselor. 	<p>distress of gender dysphoria, appropriate use of language to describe body, fear of discrimination</p> <ul style="list-style-type: none"> • Collaboration with patient to plan follow up care
<p>Scenario End Point: Referral to councilor and/or support groups. Learner will need to engage the referral system with a specific briefing about this patient to avoid the person being misgendered / harmed by the biases of the support person.</p>			
<p>Sugestions to <u>decrease</u> complexity: Sugestions to <u>increase</u> complexity: Partner is at the bedside with the patient and becomes distraught.</p>			

Section VII: Debrief

This Section provides recommendations to include in debriefing/guided reflection

In addition to a traditional post event facilitator-guided debriefing, it may be beneficial to also include facilitator-guided within-event debriefing [also known as “in-simulation debriefing, ’ concurrent debriefing,” “microdebriefing,” “Start/stop debriefing”]. Debriefing in this paradigm focuses on coaching the participants to maximize performance in real time. The communication skills in this scenario may be new to many students, and coaching during the interaction with the patient may be beneficial for learning.

Refer to “INACSL Standards Committee, Decker, S., Alinier, G., Crawford, S.B., Gordon, R.M., & Wilson, C. (2021, September). Healthcare Simulation Standards of Best Practice™ . The Debriefing Process. *Clinical Simulation in Nursing*, 58, 27-32.” for best practices in Debriefing.

Consider asking the learners to reflect on:

- The effectiveness of communication in the scenario
- Was trust developed? If so how?
- Was a partnership with the patient developed?
- Was respect demonstrated?
- Was the patient’s gender identity affirmed?
- In preparing for and participating in this simulation:
 - What have you learned about the transgender community?
 - What patterns of mistreatment, discrimination, and disparities experienced by transgender people?
 - What skills have you acquired to provide culturally informed care for a transgender patient?

Section VIII: Assessment/Evaluation Strategies

This Section provides recommendation for assessment/evaluation strategies to use.

(Facilitator) Refer to “INACSL Standards Committee, McMahon, E., Jimenez, F.A., Lawrence, K. & Victor, J. (2021, September). Healthcare Simulation Standards of Best Practice™ Evaluation of Learning and Performance. *Clinical Simulation in Nursing*,” for best practices in participant evaluation.

Formative observational assessment of culturally informed care during the simulation.

Reflective paper regarding skills to provide culturally informed care for a transgender patient.

Section VIII: Faculty/Facilitator Resources

This Section provides resources for faculty/facilitator development in the content area

The following link has a video and reports regarding patterns of mistreatment, discrimination, and disparities experienced by transgender people identified in the 2015 US Transgender Survey

<https://www.ustranssurvey.org/>

Risk Factors for Stereotypes of Transgender People

- Historical trauma.
- Violence (including physical assault and sexual assault).
- Poverty.
- High levels of unemployment.
- Discrimination, especially medical.
- Lack of health insurance.

The following provides additional LGBTQ patient case scenarios

<https://www.lgbthealtheducation.org/publication/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios/>

The following articles provide interesting information relating to this scenario:

Riggs, D. W., Pearce, R., Pfeffer, C. A., Hines, S., White, F. R., & Ruspini, E. (2020). Men, trans/masculine, and non-binary people's experiences of pregnancy loss: an international qualitative study. *BMC Pregnancy and Childbirth*, 20(1), NA.

<https://link.gale.com/apps/doc/A634935872/AONE?u=csufresno&sid=AONE&xid=8d8c5530>.

Hoffkling, A., Obedin-Maliver, J., & Sevelius, J. (2017). From erasure to opportunity: a qualitative study of the experiences of transgender men around pregnancy and recommendations for providers. *BMC Pregnancy and Childbirth*, 17(Suppl 2).

<https://link.gale.com/apps/doc/A513802340/AONE?u=csufresno&sid=AONE&xid=de46edb7>.

Besse, M., Lampe, N. M., & Mann, E. S. (2020). Experiences with Achieving Pregnancy and Giving Birth Among Transgender Men: A Narrative Literature Review. *The Yale journal of biology and medicine*, 93(4), 517–528.

Introduce what we can do if we think we have a bias toward a patient characteristic.

The following resources provide frameworks/strategies that can be used to guide this discussion

Edgoose, J.Y.C., Quiogue, M., Sidhar, K. (2019) How to Identify, Understand, and Unlearn Implicit Bias in Patient Care. *Fam Pract Manag.* Jul/Aug;26(4):29-33.

Marcelin, J. R., Siraj, D. S., Victor, R., Kotadia, S., & Maldonado, Y. A. (2019). The impact of unconscious bias in healthcare: how to recognize and mitigate it. *The Journal of infectious diseases*, 220(Supplement_2), S62-S73.

Teal, C. R., Gill, A. C., Green, A. R., & Crandall, S. (2012). Helping medical learners recognise and manage unconscious bias toward certain patient groups. *Medical education*, 46(1), 80-88.