

## SECTION I: SCENARIO OVERVIEW

<b>Scenario Title:</b>	Leadership – Observing Culturally Insensitive Nursing Care to a Gender Minority
Original Scenario Developer(s)	James Donovan MSN, RN, CNL, Christopher De Guzman MSN, RN, CNL, Aneet Deol MSN, RN, CNL, Rebekah Sypniewski MSN, RN, CNL, Luis Barberia MSN, RN, CNL
Date - original scenario	13 September 2013
Validation:	20 September 2013 Stephan Rowniak, PhD, RN, FNP; KT Waxman, DNP, MBA, RN, CNL, CENP, CHSE; Marjorie Miller, MA, RN, CHSE
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Pilot testing:	20 September 2013
<p><u>Estimated Scenario Time:</u> 15 minutes <u>Debriefing time:</u> 20 minutes</p> <p><u>Target group:</u> Nurses with clinical experience wishing to expand their knowledge in a leadership role.</p> <p><u>Competencies:</u> Patient-Centered Care, Teamwork and Collaboration</p> <p><u>Brief Summary of Case:</u></p> <p>29-year-old well-dressed transgender female patient arrives at an urgent care clinic for a 2 cm laceration on her right hand. The clinic nurse manager witnesses a staff nurse asking the patient inappropriate questions about her gender identity, violating patient privacy standards, providing insensitive care and giving report to a physician with culturally insensitive language.</p>	
<b>EVIDENCE BASE / REFERENCES (APA Format)</b>	
<p>Chapman, R., Watkins, R., Zappia, T., Nicol, P., &amp; Shields, L. (2012). Nursing and medical students' attitude, knowledge and beliefs regarding lesbian, gay, bisexual and transgender parents seeking health care for their children. <i>Journal of Clinical Nursing</i>, 21(7-8), 938-945. Retrieved from <a href="http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2011.03892.x/full">http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2702.2011.03892.x/full</a></p> <p>Cronenwett, L., Sherwood, G., Pohl, J., Barnsteiner, J., Moore, S., Sullivan, D., &amp; Warren, J. (2009). Quality and safety education for advanced nursing practice. <i>Nursing Outlook</i>, 57(6), 338-348. doi:10.1016/j.outlook.2009.07.009</p> <p>Eliason, M. J., Dibble, S., &amp; DeJoseph, J. (2010). Nursing's silence on lesbian, gay, bisexual, and transgender issues: the need for emancipatory efforts. <i>Advances in Nursing Science</i>, 33(3), 206-218. Retrieved from <a href="http://www.researchgate.net/publication/44646661_Nursing's_silence_on_lesbian_gay_bisexual_and_transgender_issues_the_need_for_emancipatory_efforts/file/d912f50bce7f99a6f0.pdf">http://www.researchgate.net/publication/44646661_Nursing's_silence_on_lesbian_gay_bisexual_and_transgender_issues_the_need_for_emancipatory_efforts/file/d912f50bce7f99a6f0.pdf</a></p> <p>Institute of Medicine (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Retrieved from <a href="http://www.ncbi.nlm.nih.gov/books/NBK64806/pdf/TOC.pdf">http://www.ncbi.nlm.nih.gov/books/NBK64806/pdf/TOC.pdf</a></p> <p>Landsittel, S. (2010). Strange Bedfellows: Sex, Religion, and Transgender Identity under Title VII. <i>Nw. UL Rev.</i>, 104, 1147. Retrieved from <a href="http://www.law.northwestern.edu/LAWREVIEW/v104/n3/1147/LR104n3Landsittel.pdf">http://www.law.northwestern.edu/LAWREVIEW/v104/n3/1147/LR104n3Landsittel.pdf</a></p> <p>Pettinato, M. (2012). Providing care for GLBTQ patients. <i>Nursing</i>, 42(12), 22-7. doi:10.1097/01.NURSE.0000422641.75759.d7</p> <p>D. &amp; Gosfield, A. (2013). HIPPA AGAIN: Confronting the Updated Privacy and Security Rules. <i>Family Practice Management</i>, 20(3), 18-22. Retrieved from <a href="http://web.ebscohost.com/ignacio.usfca.edu/ehost/detail?vid=16&amp;sid=e64a5828-cec8-4407-89ea-3308356321b9%40sessionmgr114&amp;hid=125&amp;bdata=JnNpdGU9ZWhvc3QtbnGl2ZS5yZ29wZT1zaXRi#db=ccm&amp;AN=2012100849">http://web.ebscohost.com/ignacio.usfca.edu/ehost/detail?vid=16&amp;sid=e64a5828-cec8-4407-89ea-3308356321b9%40sessionmgr114&amp;hid=125&amp;bdata=JnNpdGU9ZWhvc3QtbnGl2ZS5yZ29wZT1zaXRi#db=ccm&amp;AN=2012100849</a></p> <p>Zunner, B. &amp; Grace, P. (2012). The Ethical Nursing Care of Transgender Patients. <i>AJN The American Journal of Nursing</i>, 112(12), 61-64. Retrieved from <a href="http://journals.lww.com/">http://journals.lww.com/</a></p>	

ALL DATA IN THIS SCENARIO IS FICTICIOUS

CSA REV template (12/15/08, 5/09, 12/09, 4/11, 1/14, 12/14)

## SECTION II: CURRICULUM INTEGRATION

<b>A. SCENARIO LEARNING OBJECTIVES</b>	
<b>Learning Outcomes</b>	
-	Differentiate between care that is culturally sensitive and not culturally sensitive.
-	Effective communication and counseling of staff regarding cultural sensitive and patient privacy.
-	Effective damage control/apologizing to patients who did not receive culturally sensitive care.
<b>Specific Learning Objectives</b>	
-	Identify the violation of patient privacy.
-	Correctly identify at least three nursing interaction points during the simulation that were not consistent to providing culturally sensitive care to a transgender person.
-	Demonstrate appropriate counseling technique to address the nurse's lack of cultural sensitivity to her/his patient.
-	Demonstrate damage control and customer service towards the patient.
<b>Critical Learner Actions</b>	
-	Communicates observations of patient privacy issue with patient's nurse.
-	Communicates observations of lack of cultural sensitivity with the patient's nurse.
-	Addresses physician's silence with the physician.
-	Provide comfort and support to the patient after breach of cultural sensitivity.
-	Provides an appropriate setting for listening to the employee.

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<b>B. PRE-SCENARIO LEARNER ACTIVITIES</b>
Prerequisite Competencies Required prior to participating in scenario

Knowledge	Skills/Attitudes
<p>-Integrate understanding of multiple dimensions of patient centered care:</p> <ul style="list-style-type: none"> <li>- Information, communication and education</li> <li>- Physical comfort and emotional support</li> <li>- Coordination and integration of care</li> <li>- Transition and continuity</li> </ul> <p>-Examine nursing roles in assuring coordination, integration, and continuity of care.</p> <p>-Analyze differences in communication style preferences among patients and families, nurses and other members of the health team.</p> <p>-Describe the impact of own communication style on others.</p> <p>-Discuss effective strategies for communicating and resolving conflict.</p>	<ul style="list-style-type: none"> <li>- Elicit patient values, preferences and expressed needs as part of clinical interview, implementation of care plan and evaluations of care.</li> <li>- Respect and encourage individual expression of patient values, preferences and expressed needs.</li> <li>- Communicate patient values, preferences and expressed needs to other members of the health care team.</li> <li>- Value the patient's expertise with own health and symptoms.</li> <li>- Recognize personally held attitudes about working with patients from different ethnic, cultural and social backgrounds.</li> <li>- Willing support patient-centered care for individuals and groups whose values differ from own.</li> <li>- Participate in building consensus or resolving conflict in the context of patient care.</li> <li>- Communicate care provided and needed at each transition in care.</li> <li>- Assess levels of physical and emotional comfort.</li> <li>- Initiate actions to resolve conflict.</li> <li>-</li> </ul>

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### SECTION III: SCENARIO SCRIPT

#### A. Case summary

The scenario begins with a transgender person (actor) arriving in a treatment room within an ER for care of a 2 cm laceration on her right hand. The patient's nurse (actor) goes into the room and begins to takedown the intake information but never closes the curtain during this procedure. The patient introduces herself as Amy Johnson (Actor) to the nurse. After the nurse addressed the initial questions regarding the laceration, she/he went on to ask the patient if she had completed surgical alterations and/or if she was on hormone therapy, which the patient answered reluctantly. The nurse followed that question with asking the patient if Ms. Johnson was the patient's legal name and asking her what her name was prior to her change. Ms. Johnson informed the nurse that she did not feel that her private social history was relevant to her hand laceration. The nurse then stopped any further questions and handed the patient an opened backed hospital gown and told her to change into it. Before the patient could protest, the nurse had already walked out of the room and closed the curtain. The nurse then goes up to the clinic physician and tells him "Do I have a patient for you! "IT is in #5 with a hand laceration." The scenario stops for the nurse manager (learner) to address the witnessed situation, if he/she has not already done so at an earlier part of the scenario.

#### B. Key contextual details

The nurse manager (learner) must be able to identify and act upon observed culturally insensitive care performed by the staff nurse. The manager will need to counsel the staff nurse about failure to provide appropriate nursing care and addressing the patient with support to elicit trust. Address physician who acted as a "silent bystander" after the staff nurses comment.

#### C. Scenario Cast

Leader/Others	<input type="checkbox"/> High fidelity simulator <input type="checkbox"/> Mid-level simulator <input type="checkbox"/> Standardized patient	
Role	Brief Descriptor	Actor/Confederate (A/C) or Learner (L)
Nurse Manager		Learner
Staff Nurse	Culturally Insensitive	Confederate
Patient: Amy Johnson	Transgender Female seeking care	Confederate
Physician	Silent Bystander	Confederate

#### Environment, Equipment, Essential props

Recommend standardized set ups for each commonly simulated environment

##### 1. Scenario setting: (example: office, board room, patient room,)

A nurse manager (learner) is sitting at a nursing station in an urgent care clinic observing an interaction with one of his/her nursing staff. The patient's room is one of twelve rooms that surround the station. Each room is designed with one solid back wall and three adjustable curtains that separate each room from the one on either side. The curtains only provide visual privacy but no audio privacy.

##### 2. Equipment, supplies, monitors

(In simulation action room or available in adjacent core storage rooms)

Table	Chair x 2	Patient Chart	Exam Room
Patient Bed	Hospital Gown		

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Case Flow / Trigger / Scenario Development States
Initiation of Scenario: Patient (actor) is already in the room and the staff nurse (actor) arrives to assess the patient. The charge nurse (learner) is just outside the room at the nursing station.

Participant Status: Desired Learner Action and Trigger to Move to Next State			
Participant Status	Triggers	Learner Actions	Debriefing Points
1. RN manager observer at nursing station as staff RN in room with patient	Staff RN does not close the curtain violating the patient's privacy.	Identify that the curtain should have been closed during the assessment. Learner to discuss breach of HIPAA privacy with staff nurse. The learner may close the curtain or ask the staff RN to do it to address this trigger or wait till the end of the scenario.	HIPAA Privacy rules. Actions the RN manager should have taken to improve privacy

2. RN manager observer at nursing station as staff RN in room with patient	Staff RN asking questions that are culturally insensitive and do not pertain to the reason the patient has requested care. Patient frustration, fear and anxiety observable.	Learner recognizes that patient center care is not being given. Learner to discuss breach of cultural sensitivity. The learner may stop the interview and counsel the staff RN or wait till the end of the scenario.	CLAS Standards for Cultural sensitivity.
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3. RN manager observer at nursing station as staff RN in room with patient	Staff RN tells the patient to take off her clothes and get into a hospital gown when the care being provided does not require it.	Learner recognizes that patient center care is not being given. Learner to discuss breach of cultural sensitivity. The learner may stop the interview and counsel the staff RN or wait till the end of the scenario	Discuss transgender specific concerns that are associated with undressing. Is a hospital gown always necessary, and why?
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Participant Status: Desired Learner Action and Trigger to Move to Next State			
Participant Status	Triggers	Learner Actions	Debriefing Points
4. RN manager observer at the nursing station as staff RN provides brief report to MD.	Culturally insensitive dialog from staff RN to the MD regarding the patient. She calls Ms. Johnson an "It."	<ol style="list-style-type: none"> <li>1. Learner recognizes that patient center care is not being given.</li> <li>2. Learner observes that physician accepts inappropriate report without correcting the staff nurse.</li> <li>3. Learner intervenes to discuss prior observations with staff nurse by providing education and corrective actions.</li> <li>4. Learner discusses cultural sensitivity with physician.</li> <li>5. Learner addresses patient to improve therapeutic environment and support her throughout the rest of her clinical stay.</li> </ol>	Review organization policies.

Scenario End Point: Any point in which the learner intervenes to support the patient and counsels the offending staff nurse

Suggestions to decrease complexity:

- Eliminate HIPAA curtain issue.
- Reduce the number of inappropriate questions asked by the staff nurse.
- Eliminate the need for the gown.
- Eliminate the handoff to the physician.

Suggestions to increase complexity:

- Patient becomes upset at the staff nurses actions and causes a scene.
- Laceration was the result of an assault or domestic violence.
- Staff nurse unwilling to care for the patient because of her sexual identity.

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**APPENDIX A: Digital images of scenario milieu**



**APPENDIX B: DEBRIEFING GUIDE**

<b>General Debriefing Plan</b>			
<input type="checkbox"/> Individual	<input type="checkbox"/> Group	<input type="checkbox"/> With Video	<input type="checkbox"/> Without Video
<b>Debriefing Materials</b>			
<input type="checkbox"/> Debriefing Guide	<input type="checkbox"/> Objectives	<input type="checkbox"/> Debriefing Points	<input type="checkbox"/> Core
<b>Core Competencies to consider for debriefing scenarios</b>			
<input type="checkbox"/> Leadership	<input type="checkbox"/> Communication	<input type="checkbox"/> Evidence-based Practice	
<input type="checkbox"/> Human Factors	<input type="checkbox"/> Team Work (if applicable)	<input type="checkbox"/> Systems Utilization	
<b>Sample Questions for Debriefing</b>			
<ol style="list-style-type: none"> <li>1. Did you have the knowledge and skills to meet the learning objectives of the scenario?</li> <li>2. What GAPS did you identify in your own knowledge base and/or preparation for the simulations experience?</li> <li>3. What relevant information was missing from the scenario that impacted your performance? What did your attempt to fill in the GAP?</li> <li>4. How would you handle the scenario differently if you could?</li> <li>5. In what ways did you perform well?</li> <li>6. What three factors were most significant that you will transfer to your leadership/management setting?</li> <li>7. Discuss how roles and responsibilities might vary under different circumstances.</li> </ol>			
<b>Notes for future sessions:</b>			



## APPENDIX C: Storyboard and Planning

<b>IDENTIFIED PROBLEM/SCENARIO TOPIC</b> TRANSGENDER CULTURAL SENSITIVITY	<b>CASE SUMMARY</b> The scenario begins with a transgender person (actor) arriving in a treatment room within an ER for care of a 2 cm laceration on her right hand. The patient's nurse (actor) goes into the room and begins to takedown the intake information but never closes the curtain during this procedure. The patient introduces herself as Amy Johnson (Actor) to the nurse. After the nurse addressed the initial questions regarding the laceration, she/he went on to ask the patient if she had completed surgical alterations and/or if she was on hormone therapy, which the patient answered reluctantly. The nurse followed that question with asking the patient if Ms. Johnson was the patient's legal name and asking her what her name was prior to her change. Ms. Johnson informed the nurse that she did not feel that her private social history was relevant to her hand laceration. The nurse then stopped any further questions and handed the patient an opened backed hospital gown and told her to change into it. Before the patient could protest, the nurse had already walked out of the room and closed the curtain. The nurse then goes up to the clinic physician and tells him "Do I have a patient for you! "IT is in #5 with a hand laceration." The scenario stops for the nurse manager (learner) to address the witnessed situation, if he/she has not already done so at an earlier part of the scenario.
<b>HIGHLIGHTED QSEN COMP/NPS GOALS</b>  PATIENT - CENTERED CARE	
<b>SCENARIO OBJECTIVES</b> <ul style="list-style-type: none"> <li>- Identify the violation of patient privacy.</li> <li>- Correctly identify at least three nursing interaction points during the simulation that were not consistent to providing culturally sensitive care to a transgender person.</li> <li>- Demonstrate appropriate counseling technique to address the nurse's lack of cultural sensitivity to her/his patient.</li> <li>- Demonstrate damage control and customer service towards the patient.</li> </ul>	<b>CRITICAL PERFORMANCE ELEMENTS</b> <ul style="list-style-type: none"> <li>- Communicates observations of patient privacy issue with patient's nurse.</li> <li>- Communicates observations of lack of cultural sensitivity with the patient's nurse.</li> <li>- Addresses physician's silence with the physician.</li> <li>- Provide comfort and support to the patient after breach of cultural sensitivity.</li> <li>- Provides an appropriate setting for listening to the employee.</li> </ul>

<b>CASE FLOW (20 MINUTE SIMULATION TIME MAXIMUM)</b>			
<p><b>INITIATION OF SCENARIO</b> Patient (actor) is already in the room and the staff nurse (actor) arrives to assess the patient. The charge nurse (learner) is just outside the room at the nursing station.</p>	→→	<p><b>FIRST FRAME</b> RN manager observer at nursing station as staff RN in room with patient. Staff RN does not close the curtain violating the patient's privacy. The nurse manager should recognize that the open current during an assessment is a HIPAA breach.</p>	→→
<p><b>SECOND FRAME</b> The nurse manager overhears the staff nurse asking questions that are culturally insensitive and do not pertain to the reason the patient has requested care. Patient frustration, fear, and anxiety is observed by the nurse manager.</p>	→→	<p><b>THIRD FRAME</b> The nurse manager overhears Staff RN tells the patient to take off her clothes and get into a hospital gown when the care being provided does not require it.</p>	→→
<p><b>FOURTH FRAME</b> The nurse manager overhears staff RN provide culturally insensitive dialog to the MD regarding the patient. She calls Ms. Johnson an "It." The physician does not object to this dialog and act ambivalent.</p>	→→	<p><b>SCENARIO END POINT</b> Nurse manager (learner) recognizes that patient centered care is not being given. Learner observes that physician accepts inappropriate report without correcting the staff nurse. Learner intervenes to discuss prior observations with staff nurse by providing education and corrective actions. Learner discusses cultural sensitivity with physician. Learner addresses patient to improve therapeutic environment and support her throughout the rest of her clinical stay.</p>	D E B R I E F