

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/1Xr3J3CPB3diRFth8>

Faculty Evaluation - <https://forms.gle/nqmUz2YZ9JWwFpPk8>

Section I: Scenario Overview

Scenario Title: Implicit Bias #5 Obstetrics		
Original Scenario Developer(s):	Deborah Bennett PhD, RN, CHSE; Marie Gilbert DNP, RN, CHSE=A	
Date – April, 2021	Validation: 09/2022	Pilot testing:08/2022
Estimated Scenario Time: 20 minutes per Frame		
Debriefing time: 40-60 minutes		
Target group: nursing students		
<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 increase awareness of stereotypes, and conscious and unconscious bias. Utilizing the RESPECT model will give the learner the opportunity to develop the practical skills needed to actively build trust. The RESPECT model is an action-oriented set of communication and relational behaviors designed to build trust across differences of race/ethnicity, culture, and power.</p>		
<p>Brief summary Kara Jones is a 17-year-old gravida 3 para 1 African American female with regular prenatal visits. She was found to be hypertensive on her prenatal visit at 39 weeks and was admitted to the OB unit for further evaluation and monitoring. She has a history of positive Group B Strep, DM type 2 and has gained 42lbs. She also had hypertension with first pregnancy.</p>		
Patient characteristics/stereotypes associated with potential bias		
<p>African American Adolescent Pregnancy with HTN Race Age Low income</p>		

EVIDENCE BASE / REFERENCES (APA Format)

American College of Obstetricians and Gynecologists, (2017, February) *Racial Bias: Statement Policy*, retrieved June 15, 2021 from <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2017/racial-bias>

Anderson, C. M., & Schmella, M. J. (2017). Preeclampsia: Current Approaches to Nursing Management: A clinical review of risk factors, diagnostic criteria, and patient care. *AJN American Journal of Nursing*, 117(11), 30–40. <https://doi-org.prox.miracosta.edu/10.1097/01.NAJ.0000526722.26893.b5>

Johnson, B. (2018). Adverse Outcomes in Adolescent Pregnancy. *International Journal of Childbirth Education*, 33(4), 36–38.

Mostow C, Crosson J, Gordon S, Chapman S, Gonzalez P, Hardt E, Delgado L, James T, David M. Treating and precepting with RESPECT: a relational model addressing race, ethnicity, and culture in medical training. *J Gen Intern Med*. 2010 May;25 Suppl 2(Suppl 2):S146-54. doi: 10.1007/s11606-010-1274-4. Erratum in: *J Gen Intern Med*. 2010 Nov;25(11):1257. PMID: 20352510; PMCID: PMC2847117.

Narayan, M.C. (2019) Addressing Implicit Bias in Nursing: A Review. *AJN* 119(7); 36-43

Rutherford-Hemming, T; Lioce, L; Breymier, T. (2019) Guidelines and Essential Elements for Prebriefing. *Sim Healthcare* 14:409–414, 2019), it is recommended that during the prebrief time be allowed for the learners to practice open-ended questioning, affirmation and reflective listening.

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES

Critical Learner Actions
1. The learner identifies potential implicit and/or conscious biases associated with patient characteristics
2. Establishes trust
3. Partners with the patient in a respectful and compassionate manner
4. Demonstrates reflective listening
5. Demonstrates empathy
6. 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, OB patient in labor	1. Values active partnership with patient/family in planning, implementation, and evaluation of care
2. Principles of therapeutic communication	2. Uses therapeutic communication skills
3. Principles of the RESPECT Model- Social context, support	3. Show interest and pay attention to patient/family concerns
4. Principles of the RESPECT Model- Empathy	4. Verbal and nonverbal responses that validate patients' emotions and cause them to feel understood.

Section III: Scenario Script

A. Case Summary

Kara Jones is a 17-year-old gravida 3 para 1 African American female with regular prenatal visits. She was found to be hypertensive on her prenatal visit at 39 weeks and was admitted to the OB unit for

further evaluation and monitoring. She is Group B Strep positive, DM type 2 and has gained 40 lbs. She also had hypertension with first pregnancy. She is having contractions and her membranes spontaneously ruptured early this am. Oxytocin augmentation is infusing and fetal monitoring has been initiated. Kara received labetalol 20 mg IVP given in triage at 0415. Foley catheter was inserted in triage at 0445.

Patient information students will uncover:

Kara’s emotional support person is her Gamma. Her grandmother not only supports her but prepares the meals and drives her to the clinic for pre-natal visits. The father is not involved.

B. Key Contextual Details

Setting: Labor and Delivery Unit, Women’s Hospital

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)
Primary Nurse	L (Collect subjective & objective assessment data on a laboring patient)	
Handoff Nurse	Gives SBAR report to on coming nurse	IP
Patient		IP
Charge Nurse (Optional)		IP (If not used, the facilitator can provide information from the charge nurse)
Physician		IP (If not used, the facilitator or content expert can provide information as the Physician)

D. Patient/Client Profile

Last name: Jones	First name: Kara	Gender: Female	Age: 17 yrs	Ht: 5’4’	Wt: 155lb
Spiritual Practice: Baptist	Ethnicity: African American	Language: English	Code Status: Full		

1. History, Chief Complaint, Assessment Data

Assessment Data

General: Excited about new baby and a little anxious

Neuro: Alert and orientated becomes anxious during contractions, reflexes 3+

Skin: Warm and dry, good turgor, smooth, firm, with an even surface.

Cardiovascular: HR 99; normal sinus rhythm, BP 160/95, 2+ pitting pedal edema, no facial edema present

Respiratory: Lung sounds clear bilaterally, 20 RR, SpO2 97% RA			
GI: WNL			
GU: WNL			
Extremities: Sensation and pulses WNL upper and lower extremities.			
Pain: 3/10			
Medication allergies:	None known	Reaction:	
Food/other allergies:	None known	Reaction:	
Primary Medical Diagnosis	Induction of Labor		

2. Current Meds	Drug	Dose	Route	Frequency
	Labetalol	20 mg	IVP	Stat in OB triage
	Morphine 5 mg IVP then 5 mg IM	5 mg	IVP/IM	Once – Pain level >4/10
	Oxytocin	15 units IV in 250 mL NS	IV	Initiate at 1 millunits/minute IV. Increase by 1-2 millunits/minute every 30 minutes to an effective labor pattern, or to a maximum increase of 30 millunits per minute

3. Laboratory, Diagnostic Study Results (List Significant Labs, & Diagnostic Test Results)	
Labs: CBC and BMP; Serology; UA, C & S; GBS status, BG	Diagnostic:

Section IV: Prework

<p>This Sections provides recommendations for prework to be completed by the learner prior to attending the simulation</p> <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 prework includes information on the RESPECT Model; 1 Mostow C, Crosson J, Gordon S, Chapman S, Gonzalez P, Hardt E, Delgado L, James T, David M. Treating and precepting with RESPECT: a relational model addressing race, ethnicity, and culture in medical training. <i>J Gen Intern Med</i>. 2010 May;25 Suppl 2(Suppl 2): S146-54. doi: 10.1007/s11606-010-1274-4. Erratum in: <i>J Gen Intern Med</i>. 2010 Nov;25(11):1257. PMID: 20352510; PMCID: PMC2847117.</p> <p>2. American College of Obstetricians and Gynecologists, (2017, February) <i>Racial Bias: Statement Policy</i>, retrieved June 15, 2021 from https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2017/racial-bias</p> <p>3. Teenage Pregnancy- https://www.youtube.com/watch?v=CX0npuJmlA</p>
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Section V: Prebrief

This Section provides recommendations for the prebrief

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. *Clinical Simulation in Nursing*, 58, 9-13. for best practice it is recommended that during the prebrief time be allowed for the learners to practice open-ended questioning, affirmation and reflective listening.
Ask learners to provide examples of therapeutic communication

Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
<p>Kara Jones is a 17-year-old gravida 3 para 1 African American female with regular prenatal visits. She was found to be hypertensive on her prenatal visit at 39 weeks and was admitted to the OB unit for further evaluation and monitoring. She is positive for Group B Strep, DM type 2 and has gained 40 lbs. She also had hypertension with first pregnancy. She is having contractions and her membranes spontaneously ruptured early this am. Oxytocin augmentation is infusing and fetal monitoring has been initiated.</p>	<p>17-year-old African American female- OB high-fidelity manikin or simulated participant with pelvic task trainer in hospital gown, fetal heart monitor, IV infusing in right forearm. Patient sitting up in bed. Gamma (grandmother) at bedside.</p>	<p>Hospital Environment O2 sat monitor, BP cuff and automatic/manual BP equipment Thermometer O2 & O2 delivery equipment Suction Fetal heart monitor Patient in hospital gown. EMR LR 1000 mL Oxytocin 15 units in NS 250 ML</p>

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario:
<p>Labor and Delivery Unit- Kara Jones is setting up in bed, fetal monitor applied, IV -LR 1000 mL @ 125 mL/hr infusing right forearm. IV Oxytocin 15 units in NS 250 mL infusing in right arm.</p>

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points:
<p>Handoff to AM shift at bedside. Primary nurse begins the assessment at 0800.</p>	<p>T – 99°F (37.2°C) HR – 86 R – 20 BP – 150/90 Sat – 97% in room air Pain-5/10 SVE 3 cm/40%/-3 Strip # 1 FHT: Status: FHR baseline is 135bm with moderate variability and uterine contractions present. IV LR 1000 mL infusing Oxytocin 15 units 250 mL infusing <i>Previous nurse medicated patient with the morphine at 0630 included in handoff report.</i></p> <p>Triggers</p> <p>If after 10 minutes patient’s grandmother asks the nurse how the patient and baby are doing. Kara asks, “How is my baby doing?”</p>	<ul style="list-style-type: none"> • Wash hands • Make eye contact with the patient and smiles • Introduce self • Identifies patient • Identifies how patient likes to be addressed (Patient prefers to be called Kara). • Listens to the patient and explains nursing care. 	<ul style="list-style-type: none"> • Communicating the value of patient and validity of her/family concerns • The use of open-ended questions • Establishing trust • Reflective listening- the Impact of patient’s life

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	Operator	Learner Actions:	Debriefing Points:
<p>Grandmother is concerned about patient. Patient is excited about seeing her new baby.</p>	<p>Vital signs T – 99°F (37.2°C) HR – 86 R – 16 BP – 148/90 Sat – 97% in room air Pain-2/10</p>	<ul style="list-style-type: none"> • Identifies hypertension • Communicate assessment to patient/family • Gives information about hypertensive medication. (labetalol) • Asks patient for clarification about 	<ul style="list-style-type: none"> • The use of open-ended questions • Demonstrating respect • Establishing trust • Reflective listening • The use of empathy
	<p>Primary Nurse tells the patient and grandmother that she needs to do her assessment then she can answer questions.</p> <p>Nurse tells grandmother that Kara was medicated in OB triage with hydralazine which is a medication for her blood pressure so she should be fine.</p> <p>Triggers:</p>		
	<p>Grandmother states, “High blood pressure runs in our family and I am worried about Kara’s blood pressure.”</p>		

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 3	Operator:	Learner Actions:	Debriefing Points:
Hypertension ↑ Grandmother remains anxious. Patient is having frequent contractions.	Vital signs T – 99°F (37.2°C) HR – 86 R – 16 BP – 162/105 Sat – 97% in room air Pain-2/10 Physician examines patient and orders medication for hypertension and to monitor patient every hour Resources	<ul style="list-style-type: none"> • Reassessment of vital signs • Nurse calls physician with SBAR report • Recommendation – stop Oxytocin, come in to assess patient • States concern regarding hypertension due to family history, stressors, past obstetrical history 	<ul style="list-style-type: none"> • Impact of social context-stressors and support system • Respect and compassion • Awareness of negative health conditions
	If learner actions are met Triggers		
Scenario End Point: 15 minutes into frame 2. Or when learner actions are met, the patient and family learner.			
Suggestions to <u>decrease</u> complexity: Nurse calls physician and states a concern about hypertension.			
Suggestions to <u>increase</u> complexity: Patient b/p increases and physician does not respond until frame 3.			

Section VII: Debrief

<p>This Section provides recommendations to include in debriefing/guided reflection</p> <p>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. <i>Clinical Simulation in Nursing</i>, 58, 27-32.” for best practices in Debriefing.</p> <p>In addition, consider the following elements for debriefing this scenario: Reflect on</p>
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- The effective of communication in the scenario
- Was trust established with patient/family?
- Was the impact of patient’s age, stressors, and support system (social context) recognized with respect and in a compassionate manner?
- Was reflective listening demonstrated and if so was it effective?
- Was empathy displayed?

Open ended questions

Affirmation

Reflective listening

Summarize and teach-back

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*, 58, 54-56. <https://doi.org/10.1016/j.ecns.2021.08.016>.” for best practices in participant evaluation.”

Self-reflection – An observation exercise or journaling on an exemplar of empathetic individualized care

Section VIII: Faculty/Facilitator Resources

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

In addition to the identified resources for pre work, facilitators may find the following useful resources to review in order to assist with evidence-based discussions during the pre-brief:

American College of Obstetricians and Gynecologists, (2017, February) *Racial Bias: Statement Policy*, retrieved June 15, 2021 from <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2017/racial-bias>

Amjad, S., Voaklander, D., Ospina, M. B., MacDonald, I., Chandra, S., Chambers, T., & Osornio-Vargas, A. (2019). Social determinants of health and adverse maternal and birth outcomes in adolescent pregnancies: A systematic review and meta-analysis. *Paediatric & Perinatal Epidemiology*, 33(1), 88–99. <https://doi-org.prox.miracosta.edu/10.1111/ppe.12529>

Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to Identify, Understand, and Unlearn Implicit Bias in Patient Care. *Family Practice Management*, 26(4), 29–33

Mostow C, Crosson J, Gordon S, Chapman S, Gonzalez P, Hardt E, Delgado L, James T, David M. Treating and precepting with RESPECT: a relational model addressing race, ethnicity, and culture in medical training. *J Gen Intern Med.* 2010 May;25 Suppl 2(Suppl 2):S146-54. Doi: 10.1007/s11606-010-1274-4. Erratum in: *J Gen Intern Med.* 2010 Nov;25(11):1257. PMID: 20352510; PMCID: PMC2847117.

Narayan, M.C. (2019) Addressing Implicit Bias in Nursing: A Review. *American Journal of Nursing:* 119 (7), 36-43

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: Kara Jones DOB: 1/10/XX Age: 17 years MR#: 1234566	Diagnosis: Induction of Labor
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†No Known Allergies

†Allergies & Sensitivities

Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
		Admit to Labor and Delivery Unit from triage
		Full Code
		Vital Signs: Routine Q 1hour then Q 30 minutes when in active labor
		IV Fluids: 1000 mL Lactated Ringer’s to run at 100 mL/hr
		Medications: Pain: Morphine 5 mg IVP and 5mg IM once for a pain level >4/10 Pitocin augmentation per protocol- 15 units per 250 mL of Normal Saline Initiate at 1 milliunits/minute IV. Increase by 1 milliunits/minute every 30 minutes to an effective labor pattern, or to a maximum increase of 30 milliunits per minute
		May have Epidural at 4 cms dilated as desired (Fentanyl and Bupivacaine)- Notify Anesthesiologist
		Labs: Stat CBC with diff, Type and Screen, BMP, UA, POC BG q4
		Diet: Non-caloric clears
		Continuous Fetal Monitoring and BR privileges in early labor
		Catheter: Insert Foley catheter
Signature		Dr. Meyers