

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/S5bkTAG22YdMtkYi8>

Faculty Evaluation - <https://forms.gle/D5ogyPy9f8CLosa67>

### Section I: Scenario Overview

<b>Scenario Title:</b> Implicit Bias #3 Substance Use Disorder Stigma		
Original Scenario Developer(s):	Christina Sanford DNP, RN; Marie Gilbert DNP, RN, CHSE-A; Deborah Bennett PhD, RN, CHSE	
Date – May, 2021	Validation: 6/15/2022	Pilot testing: 6/15/2022
<u>Estimated Scenario Time</u> : 30 minutes		<u>Debriefing time</u> : 60 min
<u>Target group</u> : nursing students		
<u>Context</u> : 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 and OARS Motivational Interviewing and as guiding frameworks		
<u>Core case</u> : The purpose of this scenario is to focus on the stigma associated with substance use disorder from a patient’s perspective, the provider’s perspective and the impact that this stigma has on care. The learner will be required to use open-ended questions, affirmation, reflection, and summary techniques in a respectful and empathetic manner to solicit information from the patient. The debrief will explore the stigma of substance use disorder. The debrief can also be a venue to introduce a framework that guides the learner with what they could do if they identify they have a bias toward a patient characteristic and/or group.		
<u>Brief Summary of Case</u> : Ms. Nelson is a 55-year-old woman in the emergency department with a primary complaint of pain in her right leg. She has a known history of substance use disorder. The scenario explores the impact of stigma relating to substance use. The learners are required to use open-ended questions, affirmation, reflection, summary techniques in a respectful and empathetic manner to solicit information from the patient.		
<b>Patient characteristics/stereotypes associated with potential bias</b>		
Substance Use Disorder		

<b>EVIDENCE BASE / REFERENCES (APA Format)</b>
Cloyd, M., Stiles, B. L., & Diekhoff, G. M. (2021). Nursing students' perceptions of substance abusers: The effect of social status on stigma. <i>Nurse Education Today</i> , 97, 104691.
Marcovitz, D.E., Sidelnik, S.A., Smith, M.P., & Suzuki, J. (2020). Motivational Interviewing on an Addiction Consult Service: Pearls, Perils, and Educational Opportunities. <i>Acad Psychiatry</i> . 44(3):352-355. doi: 10.1007/s40596-020-01196-y. Epub. Feb 25. PMID: 32100252.
January 28,2021. Words Matter-Terms to Use and avoid When Talking About Addiction. National Institutes of Health. National Institute on Drug Abuse. Retrieved from <a href="https://www.drugabuse.gov/words-matter-terms-to-use-and-avoid-when-talking-about-addiction">Words Matter - Terms to Use and Avoid When Talking About Addiction   National Institute on Drug Abuse (NIDA)</a>

Mostow, C., Crosson, J., Gordon, S., Chapman, S., Gonzalez, P., Hardt, E., Delgado, L., James, T & David, M. (2010). Treating and precepting with RESPECT: a relational model addressing race, ethnicity, and culture in medical training. *Journal of general internal medicine*, 25(2), 146-154.

## Section II: Curriculum Integration

### A. SCENARIO LEARNING OBJECTIVES

1. The learner identifies potential implicit and/or conscious biases associated with patient characteristics
2. The learner effectively communicates
3. The learner establishes trust
4. The learner partners with the patient in a respectful and compassionate manner
5. The learner demonstrates reflective listening
6. The learner demonstrates empathy
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
Principles of patient centered care.	Values active partnership with patients in planning, implementation, and evaluation of care.
Principles of therapeutic communication.	Uses therapeutic communication skills.
Principles of OARS communication.	Uses OARS communication skills.
Language about substance use that is respectful and compassionate (RESPECT - <b>Respect</b> ).	Uses language to talk about substance use that is respectful and compassionate.
Principles of the RESPECT Model- <b>Empathy, and Trust.</b>	Verbal and nonverbal responses that validate patients' emotions and cause them to feel understood.

## Section III: Scenario Script

### A. Case Summary

Ms. Nelson is a 55-year-old year woman in the emergency department with a primary complaint of pain in her right leg.

Ms. Nelson is currently unemployed. She worked her entire adult life as an accountant until she suffered a back injury from a car accident 5 years ago. She was prescribed opiates for pain control after her accident. When she attempted to taper off the pain pills, her pain was unbearable, and she required more and more pain pills to be able to function. Her doctor eventually refused to continue to prescribe the opiates. She doctor-shopped for a while, obtaining opiates. Eventually, her life spiraled out of control. She lost her job 2 years ago, lost her healthcare insurance, and out of desperation, she turned to heroin to prevent withdrawal. A year ago, her spouse kicked her out of the house when he discovered she was using heroin. She is currently estranged from all family and couch surfs at her friends, at shelters or on the street.

The ER MD examines the painful area on her right leg, orders urine drug screen, blood cultures x2, CBC, full electrolyte panel, ultrasound of right thigh, Ibuprofen 800mg PO X1, and informs Ms. Nelson it appears she has a skin infection, most likely caused by her injecting with a dirty needle. The recommendation is to wait for lab results and then if indicated start IV antibiotics which will require 3-5 day stay in the hospital.

Ms. Nelson is not happy with plan. She knows NSAIDS will not touch her pain, and she doesn't want to be admitted to the hospital. She is afraid that she will be treated disrespectfully and that she will suffer from withdrawal.

## B. Key Contextual Details

Setting: Acute Care Hospital Emergency Room

## C. Scenario Cast

Patient	Preferably, a standardized patient, 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 assessment data)		
Secondary Nurse	L (Collect objective assessment data [VS & physical assessment])		
Patient		IP (A manikin could be used, but may limit non-verbal communication – i.e., anxiety)	
Charge Nurse (Optional)		IP (If not used the facilitator can provide information from the Charge Nurse)	
Physician		IP	

## D. Patient/Client Profile

Last Name: Nelson	First Name: Laura	Gender: F	Age: 55 yrs	Ht: 5'5"	Wt: 120lb
Spiritual Practice: Christian	Ethnicity: White	Language: English	Code Status: Full		

### 1. History, Chief Complaint, Assessment Data

Primary complaint of pain in her right leg.

#### Assessment Data

**General:** Calm (initially), avoids eye contact

**Neuro:** Alert, increasingly agitated/anxious as scenario progresses

**Skin:** Evidence of track marks on both arms, right leg has an abscess with red or black streaks running along the veins away from it, and a swollen and red area widely around it.

<b>Cardiovascular:</b> HR 95 ; normal sinus rhythm, BP 105/60			
<b>Respiratory:</b> Lung sounds , 18 RR , SpO2 96% in room air			
<b>GI:</b> Bowel sounds normal			
<b>GU:</b> Voiding normally			
<b>Extremities:</b> Sensation and pulses WNL upper and lower extremities.			
<b>Pain:</b> 9/10			
Medication allergies:	Nil known	Reaction:	
Food/other allergies:	Nil known	Reaction:	
<b>Primary Medical Diagnosis</b>	Pain in right leg		

2. Current Meds	Drug	Dose	Route	Frequency
	Nil prescribed			

<b>3. Laboratory, Diagnostic Study Results (List Significant Labs &amp; Diagnostic Test Results)</b>
No labs or diagnostic studies

### Section IV: Prework

<b>This Sections provides recommendations for prework to be completed by the learner prior to attending the simulation</b>
<p>Refer to INACSL Standards Committee, McDermott, D.S., Ludlow, J., Horsley, E. &amp; Meakim, C (2021, September). Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing. <i>Clinical Simulation in Nursing</i>, 58, 9-13. <a href="https://doi.org/10.1016/j.ecns.2021.08.008">https://doi.org/10.1016/j.ecns.2021.08.008</a>.</p> <p>It is recommended that prework includes information on motivational interviewing and frameworks such as OARS. Example of a prework assignment:</p> <p>Review the following link and practice open-ended questions, statements that demonstrate affirmation and reflective listening, and techniques to summarize and teach back. <a href="https://www.myamericannurse.com/motivational-interviewing/">https://www.myamericannurse.com/motivational-interviewing/</a></p> <p>Review the following link and practice using language regarding substance use that is respectful and compassionate. <a href="https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/help-friend.html">https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/help-friend.html</a></p>

### Section V: Prebrief

<b>This Section provides recommendations for the prebrief</b>
<p>(Facilitator) Refer to INACSL Standards Committee, McDermott, D.S., Ludlow, J., Horsley, E. &amp; Meakim, C (2021, September). Healthcare Simulation Standards of Best Practice™ Prebriefing: Preparation and Briefing. <i>Clinical Simulation in Nursing</i>, 58, 9-13. <a href="https://doi.org/10.1016/j.ecns.2021.08.008">https://doi.org/10.1016/j.ecns.2021.08.008</a>.</p>

For this scenario it is recommended that during the prebrief, time be allowed for the learners to practice open-ended questioning, affirmation and reflective listening.

### Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
<p>Ms. Laura Nelson is a 55-year-old year woman in the emergency department with primary complaint of pain in her right leg.</p> <p>No history at the moment, although the charge nurse feels this patient has been in the Emergency Department a few weeks ago 'drug seeking'</p>	<p>55 year-old white female dressed in a gown holding on to a backpack. (The backpack contains the only possessions she has and is therefore very valuable to her). She is fully dressed under her gown in leggings and long sleeve shirt.</p> <p>Right leg has an abscess with red or black streaks running along the veins away from it, and a swollen and red area widely around it.</p>	<p>Hospital Environment (Emergency Room) O2 sat monitor, BP cuff and automatic/manual BP equipment Thermometer O2 &amp; O2 delivery equipment Suction Patient in own clothes underneath a hospital gown EMR or paper admission paperwork Note: Orders are not available at the beginning of the scenario <b>Later in the scenario following MD assessment/admission orders:</b> Orders</p>

#### CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

##### Initiation of Scenario:

The Emergency Room charge nurse provides information of the patient arrival for treatment. The patient has not yet been evaluated by the doctor. Laura Nelson is laying on the gurney, hospital gown on, and holds a backpack.

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points:
Nurses enter room to meet Ms. Laura Nelson	<p>T – 100.4°F (38°C) HR – 95 R – 18 BP – 105/60 Sat – 96% in room air Ms. L. Nelsons' voice is soft, answers questions vaguely with as few words as possible, and has minimal eye contact.</p>	<ul style="list-style-type: none"> <li>Wash hands</li> <li>Make eye contact with the patient and smiles in an effort to build trust</li> <li>Introduce self</li> <li>Identifies patient</li> <li>Identifies how patient likes to be addressed (Patient prefers to be called Ms. Nelson by strangers and becomes agitated if the nurse calls her Laura)</li> </ul>	<ul style="list-style-type: none"> <li>The use of open-ended questions</li> <li>Establishing trust</li> <li>Reflective listening</li> </ul>
	<b>Triggers</b>		

	<p>If pain assessed, patient requests pain meds for a pain scale of 9/10.</p> <p>If after 10 minutes pain hasn't been assessed, patient requests pain meds for a pain scale of 9/10.</p>	<ul style="list-style-type: none"> <li>• Give an accurate time for their assessment and when the physician will arrive</li> <li>• Begins focus nursing assessment</li> <li>• Asks open ended questions</li> <li>• Listens to the patient's responses</li> <li>• Asks clarifying questions if unclear</li> </ul>	
STATE / PATIENT STATUS      DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE			
Frame 2	Operator	Learner Actions:	Debriefing Points:
<p>Patient becomes increasingly reluctant to answer questions, and requests pain medication for her leg pain and to see a physician</p> <p>Patient will share her history if learner demonstrates appropriate behavior (learner actions).</p> <p>If appropriate behavior is not observed, the patient doesn't share information and is vague with responses</p>	<p>Vital signs unchanged Patient becomes increasingly anxious. Complaining of pain [10/10] Asking when will the doctor come and prescribe medication.</p> <p>Starts to calm and anxiety reduces if learner remains calm, uses respectful language, and acknowledges patient's distress.</p> <p>Information patient will share if learner actions are met:</p> <p>She worked her entire adult life as an accountant until a car accident 5 years ago and suffered a back injury. She was prescribed opiates for pain control after her accident.</p> <p>When she attempted to taper off the pain pills, her pain was unbearable, and required more and more pain pills to be able to function.</p>	<ul style="list-style-type: none"> <li>• Recognizes patient anxiety</li> <li>• Continues assessment using respectful language</li> <li>• Askes open-ended questions</li> <li>• Uses affirmation statements (e.g., I appreciate it took a lot of courage to share....)</li> <li>• Asks permission in order to build trust (e.g., Is it all right if we talk more about...)</li> <li>• Uses statements to display reflective listening</li> <li>• Summarizes what patient has said to confirm understanding (from the learner's perspective)</li> <li>• Provides respectful report to Physician avoiding generalized/disrespectful statements (i.e. Avoid statements such as "Laura is a drug addict" or "Laura is a drug seeker" and use statements such as "Ms. Nelson has s substance use disorder")</li> </ul>	<ul style="list-style-type: none"> <li>• The use of open-ended questions</li> <li>• Establishing trust</li> <li>• Reflective listening</li> <li>• The use of empathy</li> <li>• Communication to physician using language that demonstrates respect to the patient</li> </ul>

	<p>Her doctor eventually refused to prescribe any further. She doctor-shopped for a while, obtaining pain pills. Eventually, her life spiraled out of control. She lost her job 2 years ago, lost her healthcare insurance, and out of desperation, she turned to heroin to prevent withdrawal. A year ago, her spouse kicked her out of the house when he discovered she was using heroin. She is currently estranged from all family and couch surfs at her friends, at shelters or on the street.</p>		
Triggers:			
Physician arrives			
STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 3	Operator:	Learner Actions:	Debriefing Points:
<p>MD examines area on leg that is painful, writes orders, and informs Ms. Laura Nelson it appears she has a skin infection, most likely caused by her injecting with a dirty needle. The recommendation is to wait for lab results and ultrasound results. Then, if indicated start IV</p>	<p>Patient’s anxiety increases. She continues to complain of pain. She is afraid to be admitted to the hospital. If learner actions are met the patient shares the following information: Fear of being in the hospital as she won’t be able to self-medicate. Fear of being in the hospital as she thinks she will be stereotyped as a ‘junkie’ She wants to stop using drugs but she doesn’t know how. She has tried a few times to quit on her own and failed.</p>	<ul style="list-style-type: none"> <li>• Recognizes patient anxiety</li> <li>• Continues assessment using respectful language</li> <li>• Asks open ended questions</li> <li>• Uses affirmation statements</li> <li>• Uses statements to reflect reflective listening</li> <li>• Summarizes what patient has said to confirm understanding (from the learner’s perspective)</li> <li>• If learner offers Ibuprofen 800mg PO X1 now as ordered patient becomes distressed as she knows this will be inadequate to manage the pain</li> </ul>	<ul style="list-style-type: none"> <li>• Healthcare provider order identifies “Known Drug User”. Reflecting on the term used and the impact it can have.</li> <li>• Reflect on stigma associated with substance use disorder from a patient’s perspective.</li> </ul>
	Triggers (to scenario end point):		

<p>antibiotics which would require 3-5 day stay in the hospital.          Ibuprofen 800mg PO X1 now also ordered.</p> <p>The phlebotomist draws labs before the nurse meets with Ms. Nelson again. Results are pending but will not be available during the scenario.</p> <p>Ms. Nelson wants to stop using heroin, but doesn't feel she can. She has tried in the past to quit 'cold turkey' and failed.</p>	<p>10 minutes into frame 3. Or when learner actions are met, the patient has shared her fears, and is reassured by the learner.</p>		<ul style="list-style-type: none"> <li>• Reflect on stigma associated with substance use disorder from a provider's perspective.</li> <li>• Reflect on the impact of stigma on care.</li> <li>• The use of open-ended questions.</li> <li>• Establishing trust.</li> <li>• Reflective listening.</li> <li>• The use of empathy.</li> <li>• Pain management for patients with substance use disorders</li> </ul>
<p>Scenario End Point: 10 minutes into frame 3. Or when learner actions are met, the patient has shared her fears, and is reassured by the learner.</p>			
<p>Suggestions to <u>decrease</u> complexity: Patient remains calm, and identifies early that she has a substance use disorder and wants assistance to stop using heroin</p> <p>Suggestions to <u>increase</u> complexity: Patient is under the influence of heroin on admission. Or, patient is experiencing withdrawal signs and symptoms during admission, in addition to her painful leg.</p>			

## Section VII: Debrief

### This Section provides recommendations to include in debriefing/guided reflection

(Facilitator) 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 the following elements for debriefing this scenario:

Reflect on:

- The effectiveness of communication in the scenario
- Was trust established?
- Was a partnership with the patient established that was respectful?
- Was reflective listening demonstrated and if so, was it effective?
- Was empathy displayed?

Reflect on Ms. Nelsons fears. What were they?

Reflect on times when we have struggled to do something, or when we felt inadequate in some way. How did that make us feel?

From the Facilitator resource article “Nursing students' perceptions of substance abusers: The effect of social status on stigma.”

- Stigma associated with substance use disorders.
- I.e., Patients with a substance use disorder may have high levels of internalized stigma, and therefore often hide their problem from others and so are less likely to seek treatment
- I.e., Stigma toward individuals with substance abuse problems is prevalent in healthcare.

It has been suggested that healthcare professionals tend to hold negative attitudes toward individuals with substance use disorders, viewing them as violent, manipulative, and with poor motivation. These negative attitudes may be more pronounced toward substance-abusing populations than toward those with mental illness and are found to impede the delivery of healthcare services to substance users.

(From the proposed prework <https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/help-friend.html>)

Reflect on language used and the impact it can have. The negative impacts of stigma can be reduced by changing the language we use about substance use. Key principles:

- Using neutral, medically accurate terminology when describing substance use
- Using “people-first” language, that focuses first on the individual or individuals, not the action (e.g. “people who use drugs”)

Reflect on OARS prework (<https://www.myamericannurse.com/motivational-interviewing/>) and application of concepts to this scenario.

- Open ended questions
- Affirmation
- Reflective listening
- Summarize and teach-back

Are there other situations OARS would be valuable?

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.

Mostow, C., Crosson, J., Gordon, S., Chapman, S., Gonzalez, P., Hardt, E., Delgado, L., James, T & David, M. (2010). Treating and precepting with RESPECT: a relational model addressing race, ethnicity, and culture in medical training. *Journal of general internal medicine*, 25(2), 146-154.

### Section VIII: Assessment/Evaluation Strategies

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

(Facilitator) Refer to “INACSL Standards Committee, McMahan, 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.

Learner:

Self-reflection – pre/post or retrospective pre/post Perceived Stigma of Substance Abuse Scale (PSAS) <https://www.careinnovations.org/wp-content/uploads/Perceived-Stigma-of-Substance-Abuse-Scale.pdf>

### Section VIII: Faculty/Facilitator Resources

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

Cloyd, M., Stiles, B. L., & Diekhoff, G. M. (2021). Nursing students' perceptions of substance abusers: The effect of social status on stigma. *Nurse Education Today, 97*, 104691.

Luoma, J. B., O'Hair, A. K., Kohlenberg, B. S., Hayes, S. C., & Fletcher, L. (2010). The development and psychometric properties of a new measure of perceived stigma toward substance users. *Substance use & misuse, 45*(1-2), 47-57

NIH Video Series: Motivating Patients to Initiate Treatment in the ED

<https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department/motivating-patients>

**APPENDIX A: HEALTH CARE PROVIDER ORDERS**

<b>Patient Name: Laura Nelson</b>  <b>DOB: 1/1/XX</b>  <b>Age: 55 years</b>  <b>MR#: 1234567</b>		<b>Diagnosis:</b> <b>Painful right thigh</b> <b>R/O cellulitis, R/O deep abscess</b> <b>Known drug user</b>
†No Known Allergies †Allergies & Sensitivities		
<b>Date</b>	<b>Time</b>	<b>HEALTH CARE PROVIDER ORDERS AND SIGNATURE</b>
		Physical findings include redness, warmth, tenderness and swelling
		<b>Orders</b> Urine Drug Screen Blood cultures X2, CBC Full electrolyte panel. Ultrasound of right thigh to evaluate cellulitis vs. deep abscess of the thigh.
		Ibuprofen 800mg PO X1 now
		<b>Treatment after ultrasound and lab draws. Call MD before initiating orders:</b>
		If only cellulitis, then order would be - Cefazolin 1 gm IV. X1 now
		<b>OR</b>
		If Abscess - Linezolid 600mg IV. X1 now
<b>Signature</b>		Dr. H. Parker MD.