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To the ensure 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/Jx6fWspnhRMnpHsr8

Faculty Evaluation - https://forms.gle/FWuwFVvBAnhSXb18A

Section I: Scenario Overview

Scenario Title:	**Implicit Bias # 4 Weight Stigma/Linguistic Competency**	
Original Scenario Developer(s):	Tara J. Lemoine D.O., FAAP; Kim Bilskey, RN, MS, CHSE	
Date – April, 2021	Validation: 10/1/2022	Pilot testing:10/5/2022
Estimated Scenario Time: 30 minutes	Debriefing time: 30 min	
Target group: Nursing Students (in or post Peds rotations)		
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		
Core case: The purpose of this case in to increase awareness of stereotypes as well as conscious and unconscious bias. Patient centered care and therapeutic communication will be strategies used to promote individuation and defuse weight stigmata. The concept of implicit bias will be introduced in the prework and revisited in the debrief. The debrief can also be a venue to introduce a framework to guide the learner in what they could do if they identify they have a bias toward a patient characteristic and/or group.		
Brief Summary of Case: Marco is a 5 y/o male admitted to the hospital for an asthma exacerbation and increased work of breathing. This is his 4th hospital admission in the last 6 months. He is morbidly obese and weighs 85kg. In this scenario, obesity in a 5-year=old with asthma whose father is a farm laborer are characteristics associated with bias.		
Patient characteristics/stereotypes associated with potential bias		
Obesity in child who presents with signs and symptoms of asthma. Parent is a farm laborer. Weight stigma Race Language Low Income		

EVIDENCE BASE / REFERENCES (APA Format)
Asthma Care. Quick Reference. DIAGNOSING AND MANAGING ASTHMA. Guidelines from the National Asthma Education and Prevention Program https://www.nhlbi.nih.gov/files/docs/guidelines/asthma_qrg.pdf
DeCamp, L. R., Kieffer, E., Zickafoose, J. S., DeMonner, S., Valbuena, F., Davis, M. M., & Heisler, M. (2013). The voices of limited English proficiency Latina mothers on pediatric primary care: lessons for the medical home. *Maternal and child health journal*, *17*(1), 95-109.

Evans, Y. N., Rafton, S. A., Michel, E., & Ebel, B. E. (2018). Provider language proficiency and decision-making when caring for limited English proficiency children and families. *Journal of the National Medical Association*, *110*(3), 212-218.

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.

Palad, C. J., Yarlagadda, S., & Stanford, F. C. (2019). Weight stigma and its impact on paediatric care. *Current opinion in endocrinology, diabetes, and obesity*, *26*(1), 19.

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. Interact with mom and Marco as an individual (learns about their living situation and the chronic) nature of his diagnosis).
3. Uses open ended questions to learn about their history as a family and how he feels about being repeatedly admitted to the hospital.
4. Pursues options to obtain a Mixteco Interpreter and not use only a Spanish based interpreter
5. Asks questions to help understand his life, experiences
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/Family Centered Care	1. Values active partnership with parent and child
2. Principles of RESPECT: Communication	2. Show validity of patient/family concerns
3. Principles RESPECT: Explanatory	3. Allows space for patient/family to share their thoughts without judgement
4. Principles RESPECT: Concerns	4. Ask open-ended questions
5. Principles RESPECT: Trust	5. Respect and encourage patient and family values with verbal and nonverbal responses.
6. Pediatric Normal and abnormal VS/physical assessment parameters.	6. Application of pediatric oxygen delivery devices, titration; monitoring, SBAR communication to IP resources on changing patient status.

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Section III: Scenario Script

A. Case Summary

Marco is a 5 y/o male admitted to the hospital for an asthma exacerbation and increased work of breathing.
He was seen by his school nurse today for trouble breathing and they sent him directly to the ED for evaluation. He has been admitted for another round of bronchodilators and steroids.
This is his 4th admission in the last 6 months.
He is morbidly obese and weighs 85kg.
They live on a farm and their dad is the primary farm support for the almond farm. They live in a home with no central heat and air- only window units for air conditioning and a butane stove in the winter. He has severe persistent asthma, is chronically on inhaler treatments, and does multiple rounds of steroids a year due to his exacerbations. He is in kindergarten and attends a half day program.
Mom is at the bedside and his dad is unavailable to be here due to work.
There are 2 cats that live in the home and his dad smokes but never inside the house/only outside.
They have 3 other children and her 2 oldest sons had asthma as well. Her oldest son at the age of 18 died from a severe asthma attack.
Mom states Marco is a very picky eater and will only drink soda and milk.
They are on low-income food supplement and Marco receives free meals at school.
Marco does not participate in sports because he does not like to get hot and according to his mom.
There is a history in report that Marco/parents are not compliant with his medications. OK

B. Key contextual details

7. Setting: Acute Care Hospital (Peds Unit/Stepdown)

C. Scenario Cast

Patient	Standardized participants is preferable, however, manikins can be used if the operator has the capability to communicate with the learner via the manikins.

Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
Patient	Spanish, Mixteco, English speaking	IP
Mother	Mixteco/Spanish speaking	IP
Primary Nurse	Collect subjective assessment data	L
Secondary Nurse	Collect objective assessment data VS & physical assessment	L
Recorder/Resource Nurse (Optional)	Documents VS/assessment data on white board/ lists recommendations from team	L
Resident Physician (IP option)	L (collect data and physical assessment)	L, IP

D. Patient/Client Profile					
Last name: Benny	First name: Marco	Gender: M	Age: 5	Ht: 42 inches	Wt: 85kg
Spiritual Practice: Catholic	Ethnicity: Hispanic	Language: Spanish/Mixteco	Code Status: Full		

1. History, Chief Complaint, Assessment Data

Difficulty breathing since he woke up this morning and didn't respond to an inhaler at school. Sent via EMS from the school nurse.

Data

General: Awake, alert, talking in 3-word sentences in mild respiratory distress.
Neuro: AA0*3, PERRL, EOMI, GCS 15
Skin: No rashes or lesions, acanthosis nigrans on back of neck
Cardiovascular: HR 166 ; sinus tachycardia , BP 108/66
Respiratory: Lung sounds wheezing throughout with accessory muscle use, RR 35 , SpO2 98 % on HFNC 10 liters and continuous albuterol
GI: Bowel sounds
GU: Bladder
Extremities: Sensation and pulses WNL upper and lower extremities.
Pain: 0

Medication allergies:	none	Reaction:	
Food/other allergies:	None	Reaction:	
Primary Medical Diagnosis			

2. Current Meds	Drug	Dose	Route	Frequency
	Albuterol	4puffs	Inh	Q2hr
	Pulmicort	1 puff	inh	BID
	Famotidine	20mg	IV	Q24
	Methylprednisolone	15	IV	Q12

3. Laboratory, Diagnostic Study Results (List Significant Labs,& Diagnostic Test Results)

CXR, Immunoglobulins, blood gas ordered

Section IV: Prework

This Section provides recommendations and examples for prework to be completed by the learner prior to attending the simulation

(Facilitator) Refer to INACSL Standards Committee, McDermott, D.S., Ludlow, J., Horsley, E. & Meakim, C (2021, September). Healthcare Simulation Standards of Best PracticeTM Prebriefing: Preparation and Briefing. Clinical Simulation in Nursing, 58, 9-13. https://doi.org/10.1016/j.ecns.2021.08.008.

Review Bias-Understanding Unconscious Bias https://youtu.be/dVp9Z5k0dEE
Review Patient Centered Care https://qsen.org/competencies/pre-licensure-ksas/#patient-centered_care
Therapeutic Communication
https://www.registerednursing.org/nclex/therapeutic-communication/

https://www.myamericannurse.com/therapeutic-communication-techniques/
-ZIMLICH, R. (2020). Racism, bias negatively impact children's health, well-being: Racial and ethnic inequalities have an impact on child and adolescent development and health outcomes. Pediatricians can help to change this. *Contemporary Pediatrics*, *37*(1), 21–22.
-RESPECT Model (Reference below)
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. 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.

Section V: Pre-Brief

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 PracticeTM Prebriefing: Preparation and Briefing. Clinical Simulation in Nursing, 58, 9-13. https://doi.org/10.1016/j.ecns.2021.08.008. Review communication styles/techniques/frameworks (Assigned as prelearning) Ask learners to provide examples of therapeutic communication

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Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
5 y/o male admitted for asthma exacerbation	Pediatric Mannequin: Pad arms, legs, abdomen with foam padding (do not extend padding high on chest as this will impede auscultation of lungs; sweat pants and hoodie stretch easily over the padding and front zipper allows access for chest auscultation. Mother: Jeans or skirt/T-shirt; long sweater, cloths. ROOM: Bed, bedside table; chair for mom, interpreter phone or iPad;	Safety Equipment: Ped Amgue bag, suction set up with Yankur, compressed Air/flowmeter Oxygen (with flow meter Bedside monitor Pulse oximeter EKG leads BP cuff HFNC (other options: NC, 100% NRB mask) Continuous albuterol syringe (Other options for meds, HH Nebulizer with pink saline labeled with Albuterol dose)

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario:

The patient has just arrived to the general medical floor and his initial assessment is complete by the current shift nurse and they are beginning the transition of care to the next shift.
The mother is present but only speaks a dialect of Spanish called mixteco.
Patient is in the bed with audible wheezing.
T 38.2[HR 155: R 35[BP 99/55
Sat 92%: Resp: wheezing throughout with retractions
General: awake, in mild respiratory distress
Skin: acanthosis nigrans on neck: Ext: wwp
Neuro: AA0*3, EOMI, PERRLA, GCS 15
GI; Soft, NTND
Report (Provided by simulated participant in Frame 1)
This is Marco he is a 5 y/o male with asthma. He is well known to our unit. He is admitted multiple times a year for his asthma.
He is admitted for another exacerbation. He is currently on 10 liters of highflow nasal cannula and on albuterol 5 mg every 2 hours in mild respiratory distress. He is on IV steroids BID and gut ppx with famotidine. He is NPO on MIVF with D5NS.

Social: Mom is at the bedside. She speaks primarily mixteco but we always use the Spanish interpreter. I am sure she understands…but he always interprets anyway.
I am not sure they actually give him his medications and she clearly let's him eat whatever he wants. I guess.
We have his mom talk to the dietician every time he is admitted but he is getting more overweight. He plays on the iPad the entire time he is here, so I bet he doesn't play or exercise much at home either.

STATE / PATIENT STATUS	**DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE**		
Frame 1	**Operator**	**Learner Actions**	**Debriefing Points:**
Simulated participant nurse provides report	T 38.2 HR 155 R 35 BP 99/55 Sat 88% 10 liters HFNC General: awake, in mild respiratory distress Skin: acanthosis nigrans on neck Neuro: AA0*3, EOMI, PERRLA, GCS 15 GI: Soft, NTND Resp: wheezing throughout with retractions Ext: wwp	• Receive report on patient from off shift report nurse.	• Reflect on what happens when children answer questions and are acting as the interpreter • Reflect on statements made by the bedside nurse giving report • Reflect on weight stigmata and consequences for patient • Reflect on weight stigmata and impact on patients care • Empathy for the multiple layers of complexity of a child with a language barrier, chronic illness.
	Triggers:		
	Nurse used child to act as interpreter Nurse receives report With multiple inflammatory statements.		

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	**Operator:**	**Learner Actions:**	**Debriefing Points:**
Patient begins to desaturate and need more respiratory support asking for more oxygen and another breathing treatment.	T 38.2 HR 155 R 44 BP 99/55 Sat 85% 10 liters HFNC General: awake, in worsening respiratory distress Skin: perspiration Neuro: AA0*3, EOMI, PERRLA, GCS 15 GI: Soft, NTND Resp: wheezing throughout with retractions Ext: wwp Triggers: Following completion of learner actions end point of sim could be in frame 2. For complexity go to frame 3.	• Washes hands and introduces self to patient • Examines patient and intervenes on worsening hypoxia as he tries to talk and interpret for Mother • Recognize mother anxiety and address mother gentle touch, reassurance Patient interpreting • Interact with Patient in English; Mother interrupting wanting to know what is said, • Increase oxygen; Assess lungs; reassesses O2	• Impact of lack of language barriers on patient care in forming therapeutic relationship • Reflect on: Role of the patient as interpreter for parent to help mother's anxiety. • Mother mistrust of healthcare system as her child is declining and one child has already died of this disease process

		improving back to 88-90% • SBAR call to RT/RR/Charge Nurse for change in status • Works to obtain a Mextico interpreter so mom will have the information she needs	
STATE / PATIENT STATUS	**DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE**		
Frame 3	**Operator**	**Learner Actions**	**Debriefing Points**
Patient begins to desaturate and needs more respiratory support, he can no longer interpret for his mother This would be a good frame to include for an IP simulation with HCP residents and part of stabilizing patient in addition to communication. Felt it was too much for UG nursing students only in sim with RT/Charge Nurse/Rapis Response resource.	T 38.2 HR 155 R 44 BP 99/55 Sat 82% 10 liters HFNC General: awake, in worsening respiratory distress Skin: acanthosis nigrans on neck Neuro: AA0*3, EOMI, PERRLA, GCS 15 GI: Soft, NTND Resp: wheezing throughout with retractions and poor air entry Ext: wwp	• Recognize mother anxiety • Continue assessment and intervention for worsening respiratory distress • Works to obtain a Mextico interpreter so mom will have the information she needs	• Impact of lack of language barriers on patient care, understanding of treatments, anxiety levels

		• SBAR Call to HCP; Patient to transfer to PICU	
	Triggers: Mother is crying		
Scenario End Point: Following resolution to obtain a Mextico interpreter or after 5 minutes in this frame			
Suggestions to <u>decrease</u> complexity: Patient does not have a clinical deterioration Suggestions to <u>increase</u> complexity: Patient continues to have a worsening deterioration and a physician component is added for communication from an IPE perspective.			

Section VII: Debrief

This Section provides recommendations to include in debriefing/guided reflection

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 using the RESPECT Model:

- Whether a caring relationship was established
- Was trust established? Was there clarification and reassurance demonstrated?
- The effectiveness of communication and if it was age appropriate for patient.
- Were parent concerns addressed? How were they addressed?
- Validation of patient's and family situation demonstrated with empathy.

Self-reflection

- Encourage students to self-reflect on any initial assumptions they may have made relating to the patient's diagnosis, family's beliefs and compliance based on race.
- Encourage self-reflections regarding their reaction regarding possible weight bias or other unconscious bias regarding this scenario.
- Encourage self-reflection on home environment and low income

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."

Section VIIII: Faculty/Facilitator Resources

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

- Provider Language Proficiency and Decision Making When Caring for Limited English Proficiency Children and Families. Journal of the National Medical Association, 2018-06-01, Volume 110, Issue 3, Pages 212-218.
- The Voices of Limited English Proficiency Latina Mothers on Pediatric Primary Care: Lessons for the Medical Home. Journal of Maternal Child Health 2013 January;17(1): 95-109
- The Complexity and Stigma of Pediatric Obesity. Childhood obesity, March 29 2021.

- Weight Stigma and its impact on pediatric care. Current opinion Endocrinology Diabetes Obesity 2019, Feb; 26: 19-24
- Education as a tool to modify anti-obesity bias among Pediatric residents. International Journal of Medical Education.2017;8;77-78
- www.ginasthma.org; Asthma intervention guidelines
- ZIMLICH, R. (2020). Racism, bias negatively impact children's health, well-being: Racial and ethnic inequalities have an impact on child and adolescent development and health outcomes. Pediatricians can help to change this. *Contemporary Pediatrics*, *37*(1), 21–22.

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APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: **DOB:** **Age:** **MR#:**	**Diagnosis:**

† No Known Allergies
† Allergies & Sensitivities

Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
Signature		