



Sponsored by the California Simulation Alliance

Implicit Bias Microaggression Nursing Prelicensure/New Grad Simulation Scenario

This scenario was developed as part of the Kaiser Permanente grant funded WSSA initiative to reduce implicit bias in healthcare education and practice through simulation-based learning. The project is part of the ongoing efforts to address unconscious biases that may impact clinical judgment, clinical reasoning, communication, and marginalized patient care, safety, policy, and environmental change.

The simulation is aligned with the **INACSL Healthcare Simulation Standards of Best Practice™** (<https://www.inacsl.org/healthcare-simulation-standards>) and incorporates specific learning objectives, evidence-based content, and structured reflective debriefing prompts. The **American Association of Colleges of Nursing Essentials** (<https://www.aacnnursing.org/essentials>) domains, competencies and sub-competencies have been mapped to the scenario. QSEN competencies (<https://www.qsen.org/competencies>) are noted and educators can add their State/Regional Core Tenet Learner Activities to meet learning objectives for their program.

References have been vetted to this specific scenario and are useful for learner prework and reflective debriefing. The references are intended to give **facilitators** a broader understanding of the topic and are extremely important in facilitating an active reflective debriefing. Please review.

All scenarios have been validated by subject matter experts, pilot tested and approved by the WSSA before being published. All scenarios are the property of the HealthImpact-WSSA.

The California Simulation Alliance (CSA) is now the **Western States Simulation Alliance (WSSA)** with eight regional collaboratives in California and gives opportunity for individuals, organizations, and associations from California, Oregon, Washington, Idaho, Alaska, and Hawai'i to collaborate, contribute, and take advantage of offerings, resources, and other benefits. The WSSA is a program under *HealthImpact*, a non-profit organization focused on workforce development in healthcare and provides leadership for the WSSA (CSA).

Notice: This scenario was written to focus on specific populations, groups of people, or clinical context. It may not capture the full range of experiences or needs across all populations or practice settings. If changing the scenario focus, consider that it may not be applicable for other populations, groups, or clinical context. Encourage learners to consider how the implicit bias constructs presented may (or may not) apply to their practice, including ways in which bias might present differently among diverse individuals and communities.

It is with sincere hope that the implicit bias scenarios will further the safety and quality of patient care and learners will experience the benefit of reflection following the simulation experience.

Contact information, membership, educational courses, and validated scenarios can be found at: www.californiasimulationalliance.org.

Please assist the WSSA with ongoing quality improvement and scenario effectiveness. Upon completing the simulation experience, please provide the links below to give feedback and capture learning outcomes. The evaluations are anonymous. *Thank you*

Facilitators, Educators, and Faculty give this link to **all learners** who participated in the experience.

Learner Evaluation https://qualtricsxm8m6jlzn6q.qualtrics.com/jfe/form/SV_bfqjiiTMAIFDpxY

Facilitators, Educators, and Faculty use this link to provide **your feedback**:

Faculty/Facilitator Evaluation https://qualtricsxm8m6jlzn6q.qualtrics.com/jfe/form/SV_5aUpWnqk53zftHg

Section I: Scenario Overview

Scenario Title:	Implicit Bias Microaggression Nursing Prelicensure/New Grad	
Scenario Review & Revision Developer(s)	Revised by Malia La Vallee, DNP, RN, PHN, CCRN, CHSE; Virginia Riggall, DNP, RN, AACNS-AG, CHSE, CPPS	
Date: May 2025	Validation June 2025 Leslie Catron, DNP, M.A.ED, RN, CHSE	Pilot testing: 5/6/2025
Original Scenario Developer(s):	Marie Gilbert DNP, RN, CHSE-A; Deborah Bennett PhD, RN, CHSE	
Date: May 2021	Validation: 2/2/2022	Pilot testing: 2/2/2022
Estimated Scenario Time: 60 minutes with prebrief		
Debriefing time: 60 minutes		
Target group: Senior nursing students or new graduate nurses		
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 is 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 to provide a clinical experience that allows learners to safely explore concepts of bias while having the opportunity to develop and practice specific interpersonal skills. This scenario uses the RESPECT model and the Microaggression Triangle as guiding frameworks.		
Core case: The purpose of this scenario is to provide the learners with a framework/approach to manage microaggression that is either directed toward them, committed by them, or they observe as a bystander. In this scenario, the learners are exposed to potential microaggressions that have been linked to nurses “eating their young,” although this scenario isn’t about lateral violence, the context provides experiences for the learners to experience microaggressions and biases being directed toward them, and also observation of microaggressions directed to someone else. During the debrief, the concept of microaggression based on race and other stereotypes will be explored further. The Microaggression Triangle Model (MTM) (Ackerman-Barger, et al., 2020) is used as the guiding framework. The concept of implicit bias will be introduced in the pre-simulation preparation and further explored during the post-simulation debrief. The debrief will serve as a psychologically safe space for reflection and discussion and will include the introduction (or reinforcement) of a structured framework to guide learners in what to do if they become aware of a personal bias toward a specific patient characteristic or group. The goal is not to eliminate bias in a single encounter, but to build		

awareness, self-reflection, and respectful clinical practice habits that contribute to more equitable, compassionate care and create a community value of allyship. And when applicable use of restorative justice to address past harms and any unintentional harms that occur in the visit.

Brief Summary of Case:

The learners are in the role of new graduate nurses waiting to receive report from the night charge nurse. The night shift has been terribly busy and short-staffed. The Charge Nurse enters the room to provide report and immediately sighs, looks to the ceiling, and under her breath states, “Oh, why are these new grads on shift today?” The charge nurse then makes several condescending remarks regarding the new graduates, as well as racial comments about a new nurse who is not present, as she called in sick. There are several bystanders in the role of day shift experienced nurses.

Patient characteristics/stereotypes associated with potential bias

A patient is not involved in this scenario.

- New Grad RN Stereotypes
- Race

EVIDENCE BASE / REFERENCES (APA Format)

Ackerman-Barger, K. & Jacobs, N. N. (2020). The microaggressions triangle model: A humanistic approach to navigating microaggressions in health professions schools. *Academic Medicine*, 95(12S), S28-S32. https://journals.lww.com/academicmedicine/Fulltext/2020/12001/The_Microaggressions_Triangle_Model_A_Humanistic.6.aspx

Ackerman-Barger, K., Jacobs, N. N., Orozco, R., & London, M. (2021). Addressing microaggressions in academic health: A workshop for inclusive excellence. *MedEdPORTAL: The Journal of Teaching and Learning Resources*, 17. https://www.mededportal.org/doi/10.15766/mep_2374-8265.11103

Ackerman-Barger, K., Boatright, D., Gonzalez-Colaso, R., Orozco, R., Latimore, D. (2020). Seeking inclusion excellence: Understanding racial microaggressions as experienced by underrepresented medical and nursing students. *Academic Medicine*, 95(5), 758-763. <https://doi.org/10.1097/ACM.0000000000003077>

Aslan, F., & Yalniz, O. (2024). Exploring racial microaggression experiences among ethnic minority nursing students: a descriptive phenomenological study. *Nurse Education Today*, 140, 1-7. <https://doi.org/10.1016/j.nedt.2024.106297>

Carter, B. M., McMillian-Bohler, J. (2021). Rewriting the microaggression narrative: enhancing nursing students' ability to respond. *Nurse Educator*, 46(2):96-100. <https://doi.org/10.1097/NNE.0000000000000850>

Dada, T. & Laughey, W. (2023). Simulation for teaching on racial microaggressions and bystander interventions -A theory-based guide for health professional education. *Medical Science Educator*, 33, 991-997. <https://doi.org/10.1007/s40670-023-01820-0>

Goodman, D. (2011). Responding to Microaggressions and Bias. In *Promoting Diversity and Social Justice: Educating People from Privileged Groups*. Routledge. <https://dianegoodman.com/wp-content/uploads/2021/05/Responding-to-Microaggressions-and-Bias-Goodman332.pdf>

Herrick, N. F., Chatterjee, P., Shapiro, J., Katz, J.T., & Yialamas, M.A. (2021). Let’s talk about what just happened: A single-site survey study of a microaggression response workshop for internal medicine residents. *Journal of General Internal Medicine*, 36(11), 3592-3594. <https://doi.org/10.1007/s11606-020-06576-6>

Meguerdichian, M. J., Trottier, D. G., Campbell-Taylor, K., Bentley, S., Bryant, K., Kolbe, M., Grant, V., & Cheng, A. (2024) When common cognitive biases impact debriefing conversations. *Advances in Simulation*, 9(48), 1-8. <https://doi.org/10.1186/s41077-024-00324-0>

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 (Suppl 2), S146-S154. <https://doi.org/10.1007/s11606-010-1274-4>

Mostow, C., Crosson, J., Gordon, S., Chapman, S., Gonzalez, P., Hardt, E., Delgado, L., James, T., & David, M. (2010). Erratum to: Treating and precepting with RESPECT: A relational model addressing race, ethnicity, and culture in medical training. *Journal of General Internal Medicine*, 25, 1257. <https://doi.org/10.1007/s11606-010-1365-2>

Srinivasan, S., Evaristo, C., Ali, H., Tranel, G. E., DiMarco, S. M., Takahashi, N., Bidar-Sielaff, S., & Ruedinger, E. (2024). Simulation Training to Interrupt Microaggressions. *Academic Medicine*, 99(125), S68-S72. <https://doi.org/10.1097/ACM.0000000000005868>

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Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES	
1. Recognize the importance of timing when responding to a microaggression	
2. Clarify by asking questions regarding the microaggression (MTM: ACTION Approach)	
3. Seek feedback about microaggression (MTM: ASSIST Approach)	
4. Demonstrate awareness of the microaggression (MTM ARISE Approach)	
5. Demonstrate and respond with empathy (RESPECT)	
AACN Essential Learner Activities Based on Learning Objectives & Actions	
Domain	Sub competencies
1 Knowledge for Nursing Practice	1.1e; 1.1f; 1.2a-g
2 Person-Centered Care	2.1a-e; 2.2a-e; 2.6e; 2.8b; 2.9b
3 Population Health	3.1c; 3.1g; 3.2c
4 Scholarship for the Nursing Discipline	4.1c; 4.2c
5 Quality and Safety	5.2a-b; 5.3b; 5.3d
6 Interprofessional Partnerships	6.1d-e; 6.1i; 6.1j; 6.4a-c; 6.4e; 6.4g
9 Professionalism	9.1a-g; 9.1k
State or Regional Core Tenel Learner Activities – Complete as indicated for location	
QSEN Competencies	
<input checked="" type="checkbox"/> Patient Centered Care	<input checked="" type="checkbox"/> Teamwork & Collaboration
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/> Informatics
<input checked="" type="checkbox"/> Evidence-Based Practice	<input checked="" type="checkbox"/> Quality Improvement

B. PRE-SCENARIO LEARNER ACTIVITIES	
Prerequisite Competencies	
Knowledge	Skills/ Attitudes
1. Principles of the Microaggression Triangle Model (Recipient): ACTION approach	1. ACTION approach skills: A: Ask a clarifying question. C: Come from curiosity. T: Tell what you observed. I: Impact exploration. O: Own thoughts and feelings. N: Next step.
2. Principles of the Microaggression Triangle Model (Source): ASSIST approach	2. ASSIST approach skills: A: Acknowledge your bias; S: Seek feedback; S: Say you are sorry; I: Impact, not intent; ST: Say thank you.
3. Principles of the Microaggression Triangle Model (Bystander): ARISE Approach	3. ARISE approach skills: A: Awareness of microaggression; R: Responds with empathy; I: Inquiry of facts; S: Statements that start with “I.” E: Educate and engage

4. Demonstrates understanding of empathy in teamwork and patient care	4. RESPECT: Uses language to talk about the microaggression that is respectful and compassionate.
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Section III: Scenario Script

A. Case Summary

The learners are in the role of either new graduate nurses or bystanders who are experienced nurses waiting to receive report from the night charge nurse. The night shift has been terribly busy and short-staffed. The Charge Nurse enters the room to provide report and immediately sighs and looks to the ceiling and under her breath states, “Oh, why are these new grads on shift today?” The charge nurse then makes several condescending remarks regarding the new graduates, as well as racial comments about a new graduate who is not present, as she called in sick.

B. Key Contextual Details

Setting: Clinical setting – Office/conference room for shift change report

C. Scenario Cast

Patient	There is <u>no</u> patient in this scenario
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Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
New Grad #1	Is assigned to the patient in room 401	L
New Grad #2	Is assigned to the patient in room 402	L
Charge Nurse	Provide a script	IP
Bystanders 1 RN Peer	Has been working on the unit for some time and is familiar with the charge nurse	L
Bystanders 2 RN Peer	Have been working on the unit for some time and is familiar with the charge nurse	L

D. Patient/Client Profile - A patient is not included in this scenario

Section IV: Pework

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

It is recommended for pre-work assignments to include information on microaggression.

Alvoid, T. (2020). *Eliminating microaggressions: The next level of inclusion*. [Video]. TEDxOakland.

<https://www.youtube.com/watch?v=cPqVit6TJjw>

Imperial College London. (2021). *Microaggressions-what you need to know*. [Video], YouTube.

<https://www.youtube.com/watch?v=q9bFEFIErVg>

It is recommended that prework includes information on the RESPECT Model:

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 (Suppl 2), S146-S154. <https://doi.org/10.1007/s11606-010-1274-4>

Mostow, C., Crosson, J., Gordon, S., Chapman, S., Gonzalez, P., Hardt, E., Delgado, L., James, T., & David, M. (2010). Erratum to: Treating and precepting with RESPECT: A relational model addressing race, ethnicity, and culture in medical training. *Journal of General Internal Medicine*, 25, 1257. <https://doi.org/10.1007/s11606-010-1365-2>

Section V: Prebrief

This Section provides recommendations for the prebrief

Facilitator

Refer to the standards for best practices in prebriefing:

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. <https://doi.org/10.1016/j.ecns.2021.08.008>

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

Provide each learner with either the role of a new graduate nurse or bystander experienced nurse awaiting to receive report from the night charge nurse. The night shift has been terribly busy and short-staffed. The assignments include one patient on the stepdown trauma unit. One of the new graduate nurses is assigned to the patient in room 401, and the other new graduate nurse is assigned to the patient in 402. This scenario does not reflect the views of the imbedded participant (Charge Nurse). They have been given a script for this role.

Use the Prebrief and Scripts page 14 & 15

View together (if not assigned as pre-work)

Imperial College London. *Microaggressions-what you need to know*. [Video], YouTube.

<https://www.youtube.com/watch?v=q9bFEFIErVg>

After viewing it, the learners can reflect on what they have learned from the video, and the behaviors they will use during the scenario.

Review

Ackerman-Barger, K. & Jacobs, N. N. (2020). The microaggressions triangle model: A humanistic

approach to navigating microaggressions in health professions schools. *Academic Medicine* 95(125), S28-S32. <https://doi.org/10.1097/ACM.0000000000003692>

Review the Microaggression Triangle and ACTION, ASSIST, and ARISE model.
Inform the participants about the method of pause, coach and repeat.

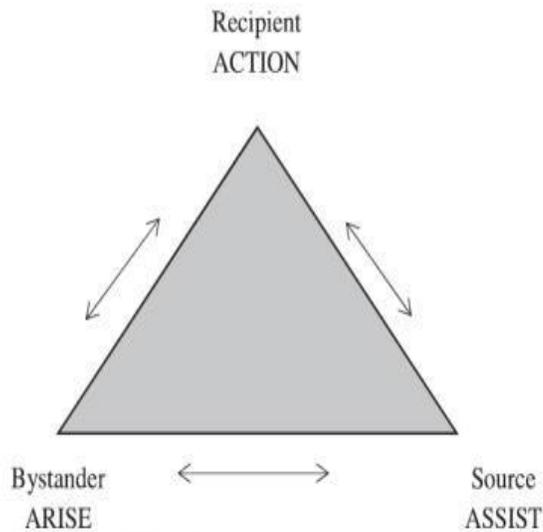


Figure 1 The Microaggressions Triangle

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Warning: Ensure participants understand that the content in this scenario will discuss potentially upsetting topics related to personal experiences with racism, sexism, or other forms of discrimination, including examples of microaggressions that could trigger emotional responses in participants based on their own identities. This training aims to educate and raise awareness about microaggressions, not to shame or blame individuals. Please state that there are resources for those who might need additional support after the training.

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Section VI: Scenario

Patient Information		Set-Up / Moulage	Medications/Equipment/Supplies
<p>This scenario does <u>not</u> have a patient. The learners are in the role of new graduate nurses waiting to receive report from the night charge nurse. The two Bystanders are experienced nurses for the day shift. The night shift has been terribly busy and short-staffed. The Charge Nurse enters the room to provide report and immediately sighs, and looks to the ceiling, and under her breath states, “Oh, why are these new grads on shift today?” The charge nurse then makes several condescending remarks regarding the new graduates, as well as racial comments about a nurse educated outside of the United States, who is not present, and she called in sick.</p>		Conference room table with 6 chairs	Hospital Environment (Medical Surgical Unit Conference Room)
CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
Initiation of Scenario:			
Two new graduates are in the report room waiting to receive handoff prior to starting the day shift, along with two experienced nurses. The Charge nurse from the night shift enters the room to give to report.			
STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points
<p>Roles:</p> <ul style="list-style-type: none"> New graduate #1 sitting at table New graduate #2 sitting at table Bystanders 1 & 2 sitting at table <p>Charge Nurse – Walks into the room to give report with a drink in her hand and slams the drink on the table. They are in a hurry and look tired. They stand over the table, with crossed arms and roll their eyes.</p>	<p>Charge Nurse: rolls her eyes and states, “Aren’t you the ones who graduated from a BSN program?”</p> <p>Charge Nurse: “We are short-staffed today. Who is taking the patient in Room 401?”</p> <p>New Grad # 1: answers</p> <p>Charge Nurse: “Be ready for a horrible day as new graduates from a (ADN, or BSN, or ABSN, or Entry Level MSN) program don’t have the knowledge and skills to care for a patient like this.”</p>	<ul style="list-style-type: none"> Listen to report respectfully. Identify which patient room they have been assigned to. <p>If necessary, pause for coaching prior to students responding to Charge Nurse. Return to scenario for students to respond to Charge Nurse.</p>	<p>MTM- ACTION Approach for the learner</p> <ul style="list-style-type: none"> Ask a clarifying question Come from curiosity Tell what you observed Impact exploration: Pause and reflect on how the statement you are about to say will impact the person to whom you are talking Own thoughts and feelings Next step <p>MTM- ASSIST Approach from the Charge Nurse</p> <ul style="list-style-type: none"> Acknowledge bias Seek feedback Say you are sorry Impact, not intent Say thank you

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points
	<p>Directed at New Grad #2 “I guess you were in the same cohort as her/him...your day is going to be awful too, as you’re in 402.”</p> <p>“I don’t know why they hire new graduates from that nursing school, you’re all so incompetent.”</p> <p style="text-align: center;">TRIGGER</p> <p>Charge Nurse to Bystanders if they don’t use the ASSIST tool – “I hope you’re ready to babysit these new graduates today. I don’t want to come back to the mess I had last night.”</p> <p>Charge Nurse’s responses to learners’ actions are initially vague, and eventually, the charge nurse responds: “I was a little harsh thinking that since you graduated from a (ADN, or BSN, or ABSN, or Entry Level MSN) program you could not care for this patient. It was a really difficult night and I’m exhausted. The patients are extremely sick, and I will make sure the charge nurse checks in with you both to make sure you’re doing ok. Not because your new graduates but because they are both busy</p>	<ul style="list-style-type: none"> ● Restate or paraphrase to clarify understanding. (Example - “I think I heard you saying new graduates are incompetent, is that correct?” ● Ask a clarifying question <ul style="list-style-type: none"> ○ Example – “Could you say more about what you mean by that?” ○ “How have you come to think that?” ● Acknowledge the feelings behind the statement <ul style="list-style-type: none"> ○ Example - “It sounds like you’re really frustrated/nervous/angry about having new graduates on the floor.” 	<p>Coaching points taken from Ackerman- Barger and Jacobs (2020):</p> <ul style="list-style-type: none"> ● Recognize that, upon receiving a microaggression, your mind and body sense a threat, and the primal functions of your brain can easily take control of your frontal lobe or rational brain. This is when you are likely to respond in a way that makes the situation worse or even makes you seem like the aggressor ● As a recipient of microaggression, you must consider whether you are safe both physically and in terms of your status. ● When you choose to respond in the moment, consider what your motivation is for engaging with the source. ● If your motivation is based on emotion, the situation is likely to escalate. ● If your motivation is to uphold inclusion principles and to take advantage of a teachable moment, you may have more success

	<p>assignments. I'm sorry for my comments, I should not have taken my frustrations out on you."</p> <p>Trigger</p> <p>Pause for a coaching moment after assignments. See coaching points on page 8.</p> <p>Move to next frame following Charge Nurse's last response to learners.</p>		
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STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>Frame 2</p> <p>Report/Conversation Report continues with new graduates, experienced nurse bystanders, and Charge Nurse.</p>	<p>Operator</p> <p>Charge Nurse Comment: “At least you both show up to work. I’m not surprised that black nurse has called in sick...AGAIN. I’m sure they only hire foreign nurses to keep our diversity numbers up.”</p> <p>Charge Nurse’s responses to learners’ actions are initially vague, and eventually, the charge nurse responds using the ASSIST Approach.</p> <p>“I’m sorry what I said was disrespectful. It is never my intent to be so unprofessional, but I had a really bad night. I remember from training a few months ago that sometimes our implicit biases emerge when we are overly stressed. I know that’s not an excuse, and I have some self-reflection and work to do. Thank you for your insight, I think this will help me grow as a person.”</p>	<p>Learner Actions:</p> <ul style="list-style-type: none"> • Awareness. <ul style="list-style-type: none"> ○ Example - “Your comments about this nurse calling in sick again suggest a biased assumption.” • Empathy Inquiry <ul style="list-style-type: none"> ○ Example - “I’m curious what you meant by your comments?” • Statement that starts with “I” <ul style="list-style-type: none"> ○ Example - “I believe everyone is doing their best to meet the patient’s needs and we need to focus on that.” • Educate and engage <ul style="list-style-type: none"> ○ Example - “I know you didn’t intend to stereotype anyone, but as your colleague, I want to let you know that what you said could be interpreted that way.” 	<p>Debriefing Points:</p> <p>In this scenario, the learner observed condescending and biased remarks. Reflect on why bystanders should intervene.</p> <p>MTM ARISE Approach is an approach to guide our response as a bystander when we observe microaggression.</p> <ul style="list-style-type: none"> • Awareness of microaggression • Responds with empathy • Inquiry of facts • Statements that start with “I.” • Educate and engage <p>MTM- ASSIST Approach from Charge Nurse</p> <ul style="list-style-type: none"> • Acknowledge bias • Seek feedback • Say you are sorry • Impact, not intent • Say thank you
<p>Scenario End Point: End scenario after Charge Nurse’s apology</p>			
<p>Suggestions to <u>decrease</u> complexity: Two roles instead of three, one new graduate and the Charge Nurse. Suggestions to <u>increase</u> complexity: Add more microaggression comments from the Charge Nurse.</p>			

Section VII: Debrief

This Section provides recommendations to include in debriefing/guided reflection

Facilitators

Refer to the standards for best practices in debriefing:

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.

<https://doi.org/10.1016/j.ecns.2021.08.011>

Consider the following elements for debriefing this scenario:

Ackerman-Barger et al (2021), and Ackerman-Barger and Jacobs (2020), can be used as a guide to prepare the facilitator for this reflection.

- Explore and reflect on the concepts of microaggression
- Microaggressions are subtle in the sense that the person who is the source of the microaggression or even bystanders may not understand the impact of the microaggression, particularly if they do not share the identity that has been targeted. For the recipient, however, it can be very painful.

Interrupting biased comments is one important way to foster equity and inclusion. Yet, one of the more challenging moments can be when we hear a prejudiced or stereotypical comment. Often, there is a momentary “freeze” and an anxious feeling of “what do I do now?”

Suggested Debriefing Questions and Self-Reflection:

Take a moment to reflect on how you felt during this simulation.

- What did you think of the opportunity to have a pause out?
- What if the charge nurse had not been talking about a peer or new graduate but was talking about a patient or a family member? How does that change the dynamics?
- For the bystanders: “You have a rapport with the charge nurse, how does this influence your response to her comments and behaviors?”
- If this has been addressed before, what do you need to do to address the repeated behaviors?
- We are trained to advocate for our patients, so how do we advocate for ourselves and each other?
We promote what we permit; silence is agreeing with what is being said.
- If the source were a patient or family member, how does that change how you would respond?
- Discuss healthy boundaries and behavior contracts if this is an option.
- What support could we offer the nurse who has called out sick?
Discuss the assumptions that have been made in this situation.
- Reflect on what influences our responses when we hear a prejudiced or stereotypical comment. What insights do you have here?
- Reflect on methods to address microaggressions that may be directed toward us, committed by us, or macroaggressions we may observe as a bystander.

Section VIII: Assessment/Evaluation Strategies

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

Self Reflection

Consider running the scenario a second time and offer a self-reflection between the sessions through the use of pre/post or retrospective pre/post on perceived microaggression such as a journal reflection on the Microaggression Triangle and each of its components (ACTION, ASSIST, and ARISE) or de-escalation using RESPECT framework.

Section IX: Faculty/Facilitator Resources

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

- Ackerman-Barger, K. & Jacobs, N. N. (2020). The microaggressions triangle model: A humanistic approach to navigating microaggressions in health professions schools. *Academic Medicine* 95(125), S28-S32. <https://doi.org/10.1097/ACM.0000000000003692>
- Ackerman-Barger, K., Jacobs, N. N., Orozco, R., & London, M. (2021). Addressing Microaggressions in Academic Health: A Workshop for Inclusive Excellence. *MedEdPORTAL : the journal of teaching and learning resources*, 17, 11103. https://doi.org/10.15766/mep_2374-8265.11103
- Carter, B.M., McMillian-Bohler, J. (2021) Rewriting the microaggression narrative: Enhancing nursing students' ability to respond. *Nurse Educator*, 46(2), 96-100. <https://doi.org/10.1097/NNE.0000000000000850>
- Center for a Diverse Healthcare Workforce. (2019). *Understanding microaggressions in health professions learning environments*. [Video]. YouTube. https://www.youtube.com/watch?v=OcOSF7soM_0

Microaggression Prebrief & Scripts

Prebrief: You are in the role of new graduate nurses waiting to receive report from the night charge nurse. The night shift has been terribly busy and short staffed. You are each assigned one patient on the stepdown trauma unit. One of you are assigned the patient in 401; the other the patient in 402. This scenario does not reflect the views of the imbedded participant (Charge Nurse). They have been given a script for this role.

CHARGE NURSE

Tone/Action enters room in a hurry and looks tired.

“We are short staffed today so who is taking the patient in Room 401?”

NEW GRAD #1

Tone/Action sitting at table: Listens to report respectfully: Responds:

“I guess that would be me taking 401”

CHARGE NURSE

Rolls her eyes and states:

“Aren’t you the one who graduated from a BSN program?”

“Be ready for a horrible day as new graduates from a BSN program don’t have the knowledge and skills to care for patients like this.”

Directed at New Grad #2:

“I guess you were in the same cohort ...your day is going to be awful too as you’re in 402. Be prepared to be on your toes all day.”

“I don’t know why they hire new graduates from a BSN program, you’re all so incompetent. You get more theory than clinical.”

PAUSE OUT AND COACHING FROM FACILITATOR: ACTION RESPONSE

CHARGE NURSE

Responses to learners’ actions are initially vague, and eventually, the charge nurse responds:

“I guess I was a little harsh thinking that since you graduated from a BSN) program you could not care for this patient. It was a really difficult night and I’m exhausted. The patients are extremely sick, and I will make sure the charge nurse checks in with you both to make sure you’re doing ok. Not because your new grads but because they are both busy assignments. I’m sorry for my comments, I should not have taken my frustrations out on you.”

RACIAL IB – FRAME 2

CHARGE NURSE

“At least you both show up to work. I’m not surprised that black nurse has called in sick...AGAIN. I’m sure they only hire foreign nurses to keep our diversity numbers up.”

PAUSE OUT AND COACHING FROM FACILITATOR FOR BYSTANDER RESPONSE (ARISE) New Grad 1 & 2

CHARGE NURSE

Charge Nurse’s responses to learners’ actions are initially vague, and eventually the charge nurse responds using the ASSIST Approach

“I’m sorry what I said was disrespectful. It is never my intent to be so unprofessional, but I had a really bad night. I remember from training a few months ago that sometimes our implicit biases emerge when we are overly stressed. I know that’s not an excuse, and I have some self-reflection and work to do. Thank you for your insight. I think this will help me grow as a person.”

TRIGGER: Charge Nurse to Bystanders if they don’t use the Assist tool – “I hope you’re ready to babysit these new graduates today. I don’t want to come back to the mess I had last night.”