



Sponsored by the California Simulation Alliance

Implicit Bias Microaggression Interprofessional New Grad, Physician 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://qualtricsxm8m6jzn6q.qualtrics.com/jfe/form/SV_bfqjiiTMAIFDpxY

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

Faculty/Facilitator Evaluation https://qualtricsxm8m6jzn6q.qualtrics.com/jfe/form/SV_5aUpWnqk53zftHg

Section I: Scenario Overview

Scenario Title:	Implicit Bias Microaggression Interprofessional New Grad, Physician	
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Date	May 2025	Validation July 2025 Leslie Catron, DNP, M.A.ED, RN, CHSE
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
<u>Estimated Scenario Time:</u>	30 minutes	<u>Debriefing time:</u> 30 minutes
Target group: New graduate nurses, clinical nurses, physicians, residents, allied health professionals		
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 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 clinical professionals “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. 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

Chief resident, Dr. Z (female) would like to cardiovert patient with Atrial Fib RVR. Nurse M does not believe that cardioversion is the appropriate therapy as the patient is too stable for it and escalates her concerns to Dr. I who is an intern (male). Charge RN D and Attending physician A overheard the conversation.

Patient characteristics/stereotypes associated with potential bias

Female physicians
Physician/Registered Nurse dynamics

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://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*. 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. & Laughy, 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

Critical Learner Actions

1. Identify microaggression, restate or paraphrasing to clarify understanding, seek feedback about microaggression (MTM: ASSIST & ARISE approach)
2. Clarify by asking questions constructed with leading and curiosity (MTM: ACTION approach)
3. Recognize the importance of timing when responding to a microaggression
4. Perform the components of the MTM Approach according to their role in the scenario
5. Demonstrate pause and reflect techniques for coaching empowering bystanders to speak up
6. Demonstrate and respond with empathy (RESPECT)
7. Challenge assumptions leveraging the MTM Approach and RESPECT framework

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; 6.1l; 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 empathy	4. RESPECT: Uses language to talk about microaggression that is respectful and compassionate.

Section III: Scenario Script

A. Case Summary

The learners are either in the role of new graduate nurses, residents, and/or physicians (bystanders). They receive report from Nurse M of an incoming patient to the ER based on the EMS report: The patient is an 86-year-old male with a history of Atrial fibrillation. Current medication are Pradaxa 150 mg PO two times a day and Diltiazem 120 mg PO once a day. Patient complaining of being mildly dizzy, a little out of breath but no other symptoms. Heart rate is 140 and blood pressure is 110/60. Dr. Z, (female) has requested cardioversion for a patient with unstable atrial fibrillation (AFib) per the newest guidelines Chief resident, Nurse M does not believe that cardioversion is the appropriate therapy as the patient is too stable for it.

B. Key Contextual Details

Setting: Busy Emergency Department

C. Scenario Cast

Patient	There is no patient in this scenario	
Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
Nurse M	Nurse assigned to patient Gives report to the physicians	IP - Script provided
Dr. Z	Female, POC – Chief Resident	L
Dr. I (Bystander)	Male, Resident	L
Dr. A (Bystander)	Attending Physician	L
Charge Nurse A (Bystander)		L Optional: Can be a standardized patient or IP – Script Provided

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

Patient information is given as incoming to emergency room

Last name: No patient_only patient report	First name:	Gender: Male	Age: 86 yrs	Ht:	Wt:
Spiritual Practice:	Ethnicity:	Language:	Code Status: Full		

1. History, Chief Complaint, Assessment Data

Assessment Data

General: Complaining of being mildly dizzy and a little out of breath

Neuro: N/A

Skin: N/A

Cardiovascular: Heart rate 140 with a history of atrial fibrillation Blood Pressure 110/60

Respiratory: N/A

GI: N/A

GU: N/A

Extremities: N/A

Pain: N/A

Medication allergies:	None known	Reaction:	
Food/other allergies:	None Known	Reaction:	
Primary Medical Diagnosis	Rule Out: Atrial Fibrillation		

2. Current Meds	Drug	Dose	Route	Frequency
	Pradaxa	150 mg	PO	Twice a day
	Diltiazem	120 mg	PO	Once a day

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

Labs: N/A

Diagnostic: N/A

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Section IV: Prework

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>

Wisconsin Technical College. (2020). Understanding microaggressions. [Video] YouTube.
<https://www.youtube.com/watch?v=e4N50b76cZc>

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>

Share there is **no** direct interaction with the patient in this scenario as our learning objectives are not clinical. The scripted lines are not the personal views of the imbedded participants. They have been created specifically for this scenario to address microaggression and implicit bias.

Consider **Start/Stop debriefing** during the scenario to pause the simulation and gather thoughts as a team as to how you would like to approach or respond to a situation.

Bennett, M. (2023). *The start-stop-continue exercise: How to conduct one* (+template). Niagara Institute.
<https://www.niagarainstitute.com/blog/start-stop-continue>

Clapper, T. C. (2020). How to use the reflective pause in clinical simulation debriefing to maximize learner engagement. HealthySimulation.
<https://www.healthysimulation.com/healthcare-simulation-reflective-pause/>

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.

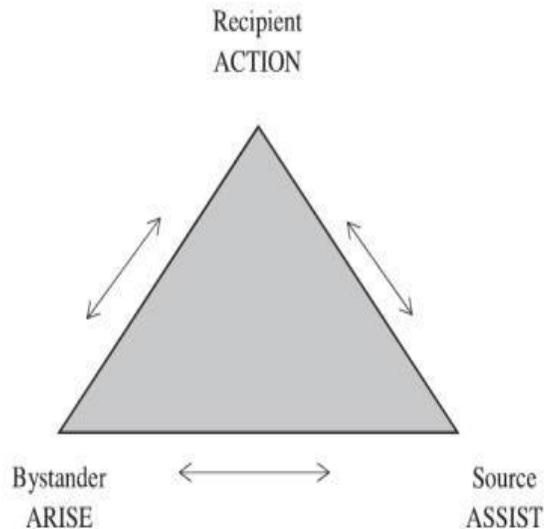


Figure 1 The Microaggressions Triangle

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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 support sources like the Employee Assistance Program (EAP) are available for those who might need additional support after the training.

Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies	
<p>Patient is an 86-year-old male with a history of Atrial fibrillation on Pradaxa, on Diltiazem who is coming in Atrial Fibrillation at a heart rate of 140 with a blood pressure of 110/60. Patient is mildly dizzy but otherwise he has no symptoms.</p>	<p>Conference room, table with chairs</p>	<p>Hospital environment – medical surgical unit conference room</p>	
<p>CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES</p>			
<p>Initiation of Scenario:</p>			
<p>Nurse M enters the dictation room to ask the Chief Resident, Dr. Z, what the plan is for the 86-year-old patient in room 401. Report is given by Nurse M to the Chief Resident and others present.</p> <p>The patient is an 86-year-old male with a history of Atrial fibrillation. Current medication are Pradaxa 150 mg PO two times a day and Diltiazem 120 mg PO once a day. Patient complaining of being mildly dizzy, a little out of breath but no other symptoms. Heart rate is 140 and blood pressure is 110/60. Dr. Z is requests Nurse M to set up patient in ER room 1 for Cardioversion for Atrial Fibrillation</p>			
STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points
<p>Nurse M gives report to Dr. Z the Chief Resident of incoming patient to the ER.</p> <p>Dr. Z requests cardioversion set-up in ER 1</p> <p>Nurse M (to female Chief Resident, visibly skeptical) "Why are you cardioverting this patient? Why can't we just use medications instead?"</p>	<p>Operator</p> <p>- If necessary, pause for coaching prior to participants responding to the comments. Return to scenario for Chief Resident to respond to Nurse M.</p> <hr/> <p>Trigger</p> <p>Offer a pause if participants do not use the MTM model.</p>	<p>Learner Actions</p> <ul style="list-style-type: none"> • Listen to report • Identify the assigned patient room (ER 1) <p>MTM- ACTION Approach for Chief Resident</p> <ul style="list-style-type: none"> • Ask a clarifying question <ul style="list-style-type: none"> ○ Example - "You seem surprised by the order. Did it surprise you?" • Come from curiosity <ul style="list-style-type: none"> ○ Example - "What is your concern about early cardioversion?" 	<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 an aggressor. • As a recipient of microaggression, you must consider whether you are safe

<p>Dr. Z (Chief Resident): (calm, professional) "The latest guidelines recommend cardioversion in unstable AFib to rapidly restore rhythm and stabilize the patient. The patient is symptomatic, and this is the safest approach."</p> <p>Nurse M (rolling eyes, looking incredulous) "Okayyyy....if you say soo....."</p>	<p>If participants use the MTM model, move to the next frame following Nurse M's last response to Dr. Z.</p>	<ul style="list-style-type: none"> • Tell what you observed <ul style="list-style-type: none"> ○ Example - "I noticed you seem apprehensive and dismissive to my practice recommendations." • Impact exploration <ul style="list-style-type: none"> ○ Example -"Ouch, your eye roll and body language, makes me feel like you doubt my judgment. • Own thoughts and feelings <ul style="list-style-type: none"> ○ Example -"It is difficult being the only female resident in the program. People often think I am only here to fill the diversity quota." • Next step. <ul style="list-style-type: none"> ○ Example -"Next time we have a patient together, let's review current guidelines together." <p>MTM- ASSIST Approach from Nurse M</p> <ul style="list-style-type: none"> • Acknowledge bias <ul style="list-style-type: none"> ○ Example - "I guess I was a little harsh thinking that you could not care for this patient. • Seek feedback 	<p>both physically and in terms of your status.</p> <ul style="list-style-type: none"> • When you choose to respond at 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.
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- Example - I'm sorry what I said was disrespectful. It is never my intent to be so unprofessional. I remember from training a few months ago that sometimes our implicit biases emerge when we are overly stressed. Thank you for your insight. I think this will help me grow as a person."
- Say you are sorry -Impact, not intent
 - Pause and reflect on how the statement you are about to say will impact the person to whom you are talking.

Continue to Frame 2

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	Operator	Learner Actions:	Debriefing Points
<p>Later, Nurse M approaches Dr. I (male junior resident), and Dr. A, (attending physician) near the nurses station. Charge Nurse A overhears conversation.</p> <p>Nurse M: (lower voice, uneasy) "Hey, can you guys please check on room ER Room 1? I don't understand why Dr. Z is cardioverting that patient. It seems unnecessary. I don't want to ruffle feathers, but honestly, I don't trust Dr. Z's judgment on this. Why are all the female residents in this program so aggressive with procedures? Why can't we just try medications first?"</p>	<p>If Dr. I or Dr. A respond using the MTM ARISE approach to the negative comment, Nurse M will respond with the ASSIST approach.</p> <hr/> <p>Triggers</p> <p>If Dr. I and/or Dr. A do not use the MTM ARISE approach, pause for coaching.</p> <p>Nurse M "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</p>	<p>MTM_ARISE Approach from Bystanders</p> <ul style="list-style-type: none"> ● Awareness <ul style="list-style-type: none"> ○ Example - "Your comments about this resident performing too many procedures suggests a biased assumption." ● Respond with empathy -avoid judgment <ul style="list-style-type: none"> ○ Example -"I understand that it is a busy day in the ED, and the acuity of your patient is high, which can increase our stress levels and affect how we respond to new situations." ● Inquiry of facts <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 	<p>If learners used the MTM model, ask them what it felt like to use this model? If learners did not use the MTM model: Ask what barriers they encountered?</p> <ul style="list-style-type: none"> ● Take a moment to reflect on how you felt during this simulation. "What did you think if there were an opportunity to have a pause out?" <p>For the bystanders:</p> <ul style="list-style-type: none"> ● "What impact would having a rapport with this nurse influence your response to their 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 the same as agreeing with what is being said.

	<p>self-reflection and work to do. Thank you for your insight, I think this will help me grow as a person.”</p>	<p>○ 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>	
<p>Scenario End Point: After apology from Nurse M</p>			
<p>Suggestions to <u>decrease</u> complexity: Remove the attending physician and include a charge nurse. Suggestions to <u>increase</u> complexity: This can be run with a physician proceduralist or hospital-based specialist instead of a female chief resident. A standardized patient could be added with script asking for clarification of treatment.</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:

- "What if the source of the microaggression or implicit bias was a patient or family member? Does that change how you would respond?"

Discuss healthy boundaries and behavior contract if this is an option.

- "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."
- "Using the RESPECT Model, which communication technique would you feel most comfortable utilizing in this situation if you were recipient of a microaggression?"
- "Which RESPECT Model communication technique would you feel most comfortable utilizing in this situation if you were 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 VIII: Faculty/Facilitator Resources

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

Center for a Diverse Healthcare Workforce. (2019). *Understanding microaggressions in health professions learning environments*. [Video]. YouTube. https://www.youtube.com/watch?v=OcOSF7soM_0

Fu, R., Varghese, J., Duroseau, N.H., Duncan, A., & Leff, S.S. (2024). A systematic review of microaggression-focused interventions and training programs in healthcare. *Trauma, violence, & abuse. Sage Journals, 0(0)*. <https://doi.org/10.1177/15248380241306349>

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>