Implicit Bias OB Teenage Pregnancy
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 Obstetrics Teenage Pregnancy**	
Scenario Review & Revision Developer	Alicia Collins MSN, RNC-OB, CNE	
Date: April 2025	Validation: May 2025	Leslie Catron, DNP, M.A.ED, RN, CHSE
Original Scenario Developer(s):	Deborah Bennett PhD, RN, CHSE; Marie Gilbert DNP, RN, CHSE-A	
Date: April, 2021	Validation: September 2022	Pilot testing: August 2022
Estimated Scenario Time: 20 minutes per frame	Debriefing time: 40-60 minutes	

Target group: Prelicensure Service & Hospital Based Learning – prelicensure nursing Students (in or post OB rotations), hospital post graduate staff-nurses, physicians, residents, fellows

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.

The simulation is structured around the RESPECT model (Rapport, Empathy, Support, Partnership, Explanation, Cultural competence, Trust), which provides a guiding framework for respectful, patient-centered, and equity-informed interactions.

Core case: The purpose of this scenario is to increase awareness of stereotypes, and conscious and unconscious bias. Using patient-centered care, therapeutic communication techniques, and promoting psychological safety principles, learners will be encouraged to practice individuation (the act of seeing each patient as a unique individual, rather than as a representative of a group) in nursing care that is sensitive, informed, affirming, and empowering with a pregnant teenager.

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. Utilizing the RESPECT model will give the learner the opportunity to develop the practical skills needed to actively build trust. 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:

Kara Jones is a 17-year-old gravida 3 para 1 African American female with regular prenatal visits. She was found to be hypertensive on her prenatal visit at 39 weeks and was admitted to the OB unit for induction of labor. She has a history of positive Group B Strep, GDMA1 and had hypertension with her first pregnancy.

Patient Characteristics/Stereotypes Associated with Potential Bias

African American Adolescent Pregnancy with HTN
Race
Age
Low income

EVIDENCE BASE / REFERENCES (APA Format)

American College of Obstetricians and Gynecologists. (2024, November). *Addressing social and structural determinants of health in the delivery of reproductive health care* (Committee Opinion No.11). https://www.acog.org/clinical/clinical-guidance/committee statement/articles/2024/11/addressing-social-and-structural-determinants-of-health-in-the-delivery-of-reproductive-health-care

American College of Obstetricians and Gynecologists. (2024, September). *Racial and ethnic inequities in obstetrics and gynecology* (Committee Statement No.10). https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/09/racial-and-ethnic-inequities-in-obstetrics-and-gynecology

Diabelková, J., Rimárová, K., Dorko, E., Urdzík, P., Houžvičková, A., & Argalášová, Ľ. (2023). Adolescent Pregnancy Outcomes and Risk Factors. *International Journal of Environmental Research and Public Health, 20*(5), 4113. https://doi.org/10.3390/ijerph20054113

Druzin M., Shields L., Peterson N., Sakowski C-ONQS, Cape V., & Morton C. (2021, November). *Improving health care response to hypertensive disorders of pregnancy: A California quality improvement toolkit.* Retrieved April 4, 2025, from https://www.cmqcc.org/resource/improving-health-care-response-hypertensive-disorders-pregnancy

Jones, D. D. (2022). Examining the unconscious racial biases and attitudes of physicians, nurses, and the public: Implications for future health care education and practice. *Health Equity 18*(6), 375-381. https://doi.org/10.1089/heq.2021.0141

Maheshwari, M. V., Khalid, N., Patel, P. D., Alghareeb, R., & Hussain, A. (2022). Maternal and neonatal outcomes of adolescent pregnancy: A narrative review. *Cureus, 14*(6), e25921. https://doi.org/10.7759/cureus.25921

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

Stamps, D. C. (2021). Nursing leadership must confront implicit bias as a barrier to diversity in health care today. *Nurse Leader, 19*(6), 630-638. https://doi.org/10.1016/j.mnl.2021.02.004

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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 including low socioeconomic status, teenage single parent pregnancy.
2. Discuss with patient and family member the treatment plan and ongoing support by establishing trust.
3. Demonstrate patient-centered partnership with the patient in a respectful and compassionate manner.
4. Demonstrate reflective listening with open-ended questions.
5. Demonstrate empathy with recognition of ongoing support with family and healthcare.
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 like Edgoose et al. (2019), Marcelin et al. (2019), and Teal, et al (2012) suggest for personal and professional development. Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management, 26*(4), 29-33. https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html 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. *Journal of Infectious Diseases*, 22*0 (2)*, S62-S73. https://doi.org/10.1093/infdis/jiz214

AACN Essential Learner Activities Based on Learning Objectives & Actions	
Domain	**Sub competencies**
1 Knowledge for Nursing Practice	1.1e; 1.1f; 1.2a-h; 1.3a-d
2 Person-Centered Care	2.1a-e; 2.2a-f; 2.2j; 2.3a; 2.3e-f; 2.4a-c; 2.5b-d; 2.5g; 2.5i-j; 2.6b; 2.6e; 2.8b; 2.8d-e; 2.9d
3 Population Health	3.1c; 3.1i; 3.2c; 3.2e
4 Scholarship for the Nursing Discipline	4.1c; 4.2c
5 Quality and Safety	5.1c; 5.1f; 5.2c; 5.2f; 5.3d
6 Interprofessional Partnerships	6.1b; 6.1d-e; 6.1i; 6.2f; 6.4a; 6.4c; 6.4e; 6.4g
9 Professionalism	9.1a-d; 9.1f-g
State or Regional Core Tenel Learner Activities – Complete as indicated for location	

QSEN Competencies	
☒ Patient Centered Care	☒ Teamwork & Collaboration
☒ Safety	☐ Informatics
☒ Evidence-Based Practice	☒ Quality Improvement

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies	
Knowledge	**Skills/Attitudes**
1. Principles of patient centered care, OB patient in labor	1. Values active partnership with patient/family in planning, implementation, and evaluation of care
2. Principles of therapeutic communication	2. Uses therapeutic communication skills
3. Principles of the RESPECT Model- Social context, support	3. Shows interest and pay attention to patient/family concerns
4. Principles of the RESPECT Model- Empathy	4. Gives verbal and nonverbal responses that validate patients' emotions and cause them to feel understood.

Section III: Scenario Script

A. Case Summary

Kara Jones is a 17-year-old gravida 3 para 1 African American female with regular prenatal visits. She was found to be hypertensive on her prenatal visit at 39 weeks and was admitted to the OB unit for induction of labor. She has a history of positive Group B Strep, GDMA1 and had hypertension with her first pregnancy. Oxytocin is infusing at 1mUnits/min, admit BG 105, CBC, CMP, PCR, UA & T&S pending. Membranes are intact and fetal monitoring has been initiated and displays a category 1 tracing.

Patient information students will uncover:
Kara's emotional support person is her Gamma. Her grandmother not only supports her but prepares the meals and drives her to the clinic for pre-natal visits. The father is not involved.

B. Key contextual details

Setting: Labor and Delivery Unit, Women's Hospital; Medical Center L&D

C. Scenario Cast

Patient	If a standardized patient were available, this would be the preference. However, a manikin can be used if the operator has the capability to communicate with the learner via the manikin.	
Participants/Role	**Brief Descriptor (Optional)**	**Imbedded Participant (IP) or Learner (L)**
Patient	Script Provided	Standardized Participant, possible manikin
Handoff Nurse	Gives SBAR report to on-coming nurse	IP or L
Primary Nurse	Collect subjective & objective assessment data on a laboring patient	IP or L
Family Member	Grandmother at bedside for support	Standardized participant or IP, could be L
Charge Nurse (Optional)	Oversees nursing and care delivery	Standardized patient or IP – Could be L (If not used, the facilitator can provide information from the charge nurse)

Attending Physician Or Resident		Standardized patient or IP – Could be L (If not used, the facilitator or content expert can provide information as the physician)

D. Patient/Client Profile

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

1. History, Chief Complaint, Assessment Data

Data

General: Excited about new baby and a little anxious

Neurovascular: Alert and oriented x3, PERRL, GCS 15, becomes anxious during contractions, reflexes 3+, denies headache or visual changes

Skin: Warm, dry, good turgor, smooth firm, and even surface. No rashes or lesions

Cardiovascular: HR 99, NSR, BP 145/90, 2+ pitting pedal edema, no facial edema present

Respiratory: Lung sounds clear bilaterally RR 20 SpO2 97% RA

Gastrointestinal: WNL, no abdominal pain

Genitourinary: WNL

Extremities: Sensation and pulses WNL upper and lower extremities

Pain: 3/10 with contractions

Medication allergies:	None known	Reaction:	
Food/other allergies:	None known	Reaction:	
Primary Medical Diagnosis	Induction of Labor		

2. Current Meds

Drug	Dose	Route	Frequency
Oxytocin	30 units IV in 500 mL NS	IV	Initiate at 1 milliunits/minute IV. Increase by 1-2 milliunits/minute every 30 minutes to an effective labor pattern, or to a maximum increase of 20 milliunits per minute
Lactated Ringers	1000 mL	IV	Run continuous at 125mL/hr

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

Labs: Pending CBC, CMP, PCR, Type & Screen, UA; admit BG 105   Diagnostic: abdomen ultrasound shows fetus in vertex position

Section IV: Prework

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

American College of Obstetricians and Gynecologists. (September 2024). Racial and ethnic inequities in obstetrics and gynecology (Committee Statement No.10). https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/09/racial-and-ethnic-inequities-in-obstetrics-and-gynecology

Marquez, M. (2020). *Rethinking teenage pregnancy prevention*. [Video]. TEDxColegioAngloColombiano https://www.ted.com/talks/juliana_maria_marquez_salej_rethinking_teenage_pregnancy_prevention

AWHONN. (2021). *Knowledge to Action: Care Equity for Black Moms* https://www.youtube.com/watch?v=2RAyowlF6GQ

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. Ask learners to provide examples of therapeutic communication.

Sharma, N. P., & Gupta, V. Therapeutic Communication. (Updated 2023 Aug 2). In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. https://www.ncbi.nlm.nih.gov/books/NBK567775/

Therapeutic Communication: NCLEX_RN. (2025). *Registered Nursing.org.* https://www.registerednursing.org/external/link/nclex/therapeutic-communication/

Review communication styles/techniques/frameworks (Assigned as prework)

Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
Kara Jones is a 17-year-old gravida 3 para 1 African American female with regular prenatal visits. She was found to be hypertensive on her prenatal visit at 39 weeks and was admitted to the OB unit for induction of labor. She has a history of positive Group B Strep, GDMA1 and had hypertension with her first pregnancy. Oxytocin is infusing at 1mUnits/min, admit BG 105, CBC, CMP, PCR, UA & T&S pending. Membranes are intact and fetal monitoring has been initiated and displays a category 1 tracing.	17-year-old African American female- OB high-fidelity manikin or simulated participant with pelvic task trainer in hospital gown, fetal heart monitor, IV infusing in right forearm. Patient sitting in bed. Gamma (grandmother) at bedside.	Hospital Environment O2 sat monitor, BP cuff and automatic/manual BP equipment Thermometer O2 & O2 delivery equipment Suction Fetal heart monitor Patient in hospital gown. EMR LR 1000 mL Oxytocin 30 units in NS 500 ML

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES
Initiation of Scenario
Labor and Delivery Unit- Kara Jones is setting up in bed, fetal monitor applied, IV -LR 1000 mL @ 125 mL/hr infusing right forearm. IV Oxytocin 30 units in NS 500 mL infusing in right arm @ 1mUnits/min

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	**Operator**	**Learner Actions**	**Debriefing Points**
Handoff to AM shift at bedside. The primary nurse begins the assessment at 0800. If after 10 minutes, the nurse has not explained the plan of care or assessment findings, patient's grandmother will ask "how is Kara doing?" Kara asks, "How is my baby doing?"	T 99°F (37.2°C) HR 86 R 20 BP 145/90 Sat 97% in room air Pain 2/10 during contractions SVE 3 cm/40%/-3 FHR baseline is 135bm with moderate variability and uterine contractions present every 4 min. IV LR 1000 mL infusing @125ml/hr and Oxytocin 30 units in 500 mL infusing @ 1mUnits/min **Triggers** Desired learner actions are met.	• Wash hands • Make eye contact with the patient and smiles • Introduce self • Identify patient • Identify how patient likes to be addressed (Patient prefers to be called Kara) • Listen to the patient and explain nursing care • Inform patient and caregiver of the plan of care e.g. fetal monitoring, labor induction, expectations during labor...	• Collaborate with the patient and her family to recognize her value and validate their concerns through open, respectful communication • The use of open-ended questions • Establishing trust • Reflective listening • Respect and compassion • Awareness of negative health conditions

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	**Operator**	**Learner Actions**	**Debriefing Points**
Grandmother is concerned about Kara. Patient is excited about seeing her new baby.	Vital signs T　　99ºF (37.2ºC) HR　　86 R　　16 BP　　148/90 Sat　　97% in room air Pain　2/10 during contractions **Triggers** **Grandmother states:** "High blood pressure runs in our family and I am worried about Kara's blood pressure." Desired learner actions are met.	• Identify hypertension • Communicate assessment to patient/family • Give information about hypertensive management/protocol • Inform patient and caregiver of the plan of care surrounding hypertension management	• The use of open-ended questions • Demonstrating respect • Establishing trust • Reflective listening • The use of empathy • Including the patient in their care • Impact of social context on health outcomes- stressors and support system • Respect and compassion • Awareness of negative health conditions

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 3	Operator	Learner Actions	Debriefing Points
Hypertension ↑ Kara and grandmother remain anxious.	Vital signs T 99ºF (37.2ºC) HR 86 R 16 BP 162/105 Sat 97% in room air Pain 2/10 Physician examines patient and orders medication for hypertension and to initiate preeclampsia protocol	• Reassess vital signs • Nurse calls physician with SBAR report • State concern regarding hypertension being in severe range	• Impact of social context on health outcomes- stressors and support system • Respect and compassion • Awareness of negative health conditions
	Triggers		
	Desired learner actions are met.		
Scenario End Point: 15 minutes into frame 2 or when learner actions are met.			
Suggestions to **increase** complexity: Patient SBP increases to ≥ 160 and/or DBP increases to ≥ 110, and physician orders medication for hypertension and initiates preeclampsia protocol.			

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 **In addition, consider the following elements for debriefing this scenario:** Reflect on using the RESPECT Model: - Was a caring relationship established?   - Was trust established?   - Was the patient and family member included in their care?   - Was there clarification and reassurance demonstrated?   - How was the effectiveness of communication and was it age appropriate for patient?   - Were parent concerns addressed? How were they addressed?   - Was there validation of patient's and family situation demonstrated with empathy?   - Was the impact of patient's age, stressors, and support system (social context) recognized with respect and in a compassionate manner?   Self-reflection   - Encourage learners 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 age 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 recommendations for assessment/evaluation strategies to use.
Facilitator   Refer to the standards for best practices in participant evaluation: 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   **Self-reflection**: An observation exercise or journaling on an exemplar of empathetic individualized care

Section VIIII: Faculty/Facilitator Resources

This Section provides resources for faculty/facilitator development in the content area
In addition to the identified resources for pre-work, facilitators may find the following useful resources to review to assist with evidence-based discussions during the pre-brief: American College of Obstetricians and Gynecologists, (2024, September) Racial and ethnic inequities in obstetrics and gynecology. *Obstetrics & Gynecology, 144*(3). https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/09/racial-and-ethnic-inequities-in-obstetrics-and-gynecology   Amjad, S., Voaklander, D., Ospina, M. B., MacDonald, I., Chandra, S., Chambers, T., & Osornio-Vargas, A. (2019). Social determinants of health and adverse maternal and birth outcomes in adolescent pregnancies: A systematic review and meta-analysis. *Paediatric & Perinatal Epidemiology*, *33*(1), 88–99. https://doi.org/10.1111/ppe.12529   Edgoose, J., Quiogue, M., & Sidhar, K. (2019). How to identify, understand, and unlearn implicit bias in patient care. *Family Practice Management, 26(*4), 29-33. https://www.aafp.org/pubs/fpm/issues/2019/0700/p29.html   Jones, D. D. (2022). Examining the unconscious racial biases and attitudes of physicians, nurses, and the public: Implications for future health care education and practice. *Health Equity 18*(6 375-381. https://doi.org/10.1089/heq.2021.0141   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   Stamps, D. C. (2021). Nursing leadership must confront implicit bias as a barrier to diversity in health care today. Nurse Leader, 19(6), 630-638.

https://doi.org/10.1016/j.mnl.2021.02.004

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: Kara Jones DOB: 1/10/XX Age: 17 years MR#: 1234566	Diagnosis: Induction of Labor

†No Known Allergies
†Allergies & Sensitivities

Date	Time	HEALTH CARE PROVIDER ORDERS AND SIGNATURE
		Admit to Labor and Delivery Unit
		Full Code
		Vital Signs: Routine Q 1hour
		IV Fluids: 1000 mL Lactated Ringer's to run at 125 mL/hr
		Medications: epidural when patient desires Pitocin per protocol- Initiate at 1millunits/minute IV. Increase by 1-2 millunits/minute every 30 minutes to an effective labor pattern, or to a maximum of 20 millunits per minute
		Pain: May have Epidural when desired (Fentanyl and Bupivacaine)- Notify Anesthesiologist
		Labs: CBC, CMP, PCR, Type and Screen, UA, POC BG q4
		Diet: Clear liquid
		Fetal Monitoring: Continuous fetal monitoring
		Activity: OOB as tolerated until epidural
Signature		*Dr. Marion Meyers*