Western States Simulation Alliance

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Implicit Bias Introduction to Bias and Health Disparities 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.

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.

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.

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

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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 Introduction to Bias and Health Disparities**	
Scenario Review & Revision Developer	Mitzy Danell Flores, RN, CHSOS, AHN-BC, COI	
Date: August 2025	Validation: Sept 2025	Leslie Catron, DNP, M.A.ED, RN, CHSE
Original Scenario Developer(s)	Marie Gilbert DNP, RN, CHSE; Deborah Bennett PhD, RN, CHSE	
Date: April 2021	Validation: April 2021	Pilot testing:

Estimated Scenario Time: 40 min. including prebrief. **NOTE:** There are suggested assigned resources in the prework and prebriefing that will set the stage to explore implicit bias.	Debriefing time: 60 minutes **NOTE: As this is an introduction to implicit Bias the debriefing time is extended to allow transparent communication demonstrating the RESPECT model.** The debriefing will introduce and explore the relationship between implicit bias and health disparities with added resources for learners.
Target Group: Fundamental nursing students; Consider use for interprofessional learning in the clinical setting with post licensure 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 as a guiding framework	
Core Case: The purpose of this scenario is to introduce the relationship between bias (implicit and conscious) and health disparities. Patient-centered care that is respectful and responsive to an individual's background and needs, therapeutic communication and self-reflection will be strategies used in the scenario to	

promote individuation. The debrief can be a venue to introduce a framework to guide the learner in what they could do if they identify they have a bias toward a patient characteristic and/or group.

Brief Summary of Case:

Mr. James Davis is a 55-year-old man who has early signs and symptoms of hypertension, and a family history of hypertension, premature CVD, (familial) hypercholesterolemia, and diabetes mellitus and has just arrived on the floor to be admitted.

In this scenario race is a potential bias, and the debrief will be a venue that can be used to share evidence-based information regarding the concept of health disparities.

Patient Characteristics/Stereotypes Associated with Potential Bias

Race
Gender
Age

EVIDENCE BASE / REFERENCES (APA Format)

American Association of Colleges of Nursing. (2021) The Essentials: Core competencies for professional nursing education https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

Acquaviva, K., Mintz, M. (2010) Perspective: Are we teaching racial profiling? The dangers of subjective determinations of race and ethnicity in case presentations, *Academic Medicine*, *85*(4), 702-705. https://doi.org/10.1097/ACM.0b013e3181d296c7

Baxter, S. L. K., Zare, H., & Thorpe, R. J. (2024). Race disparities in hypertension prevalence among older men. *International Journal of Aging & Human Development, 98*(1), 10–26. https://doi.org/10.1177/00914150231172119

Keeton, V .F . (2020) What's race got to do with it? A close look at the misuse of race in case-based nursing education. *Nurse Educator, 45*(3),122-124. https://doi.org/10.1097/NNE.0000000000000707

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

Sabin, J. A. (2022). Tackling implicit bias in health care. *The New England Journal of Medicine*, *387(*2), 105–107. https://doi.org/10.1056/NEJMp2201180

Unger, T., Borghi, C., Charchar, F., Khan, N. A., Poulter, N. R., Prabhakaran, D., Ramirez, A., Schlaich, M., Stergiou, G. S., Tomaszewski, M., Wainford, R. D., Williams, B., & Schutte, A. E. (2020). 2020 International Society of Hypertension global hypertension practice guidelines. *Hypertension*. 75(6), 1334-1357 https://www.ahajournals.org/doi/epub/10.1161/HYPERTENSIONAHA.120.15026

U.S. Department of Health and Human Services. Office of Minority Health. (2002) *The respect model.* Think Cultural Health. https://hclsig.thinkculturalhealth.hhs.gov/ProviderContent/PDFs/RESPECTModel.pdf

Vela, M. B., Erondu, A. I., Smith, N. A., Peek, M. E., Woodruff, J. N., & Chin, M. H. (2022). Eliminating explicit and implicit biases in health care: Evidence and research needs. *Annual Review of Public Health, 43*, 477–501. https://doi.org/10.1146/annurev-publhealth-052620-103528

Wilson, S. M., Johnson, K. S., & Svetkey, L. P. (2024). Achieving equity in hypertension control: Could addressing clinician implicit bias play a role? *Journal of the American College of Cardiology: Advances, 3*(7). https://doi.org/10.1016/j.jacadv.2024.100951

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES
1. The learner identifies potential implicit and/or conscious biases associated with patient characteristics.
2. The learner engages with the patient in establishing a caring relationship.
3. The learner communicates effectively with the patient.
4. The learner performs a clinically relevant, holistic health assessment.
5. The learner recognizes the patient as the source of control and full partner. The learner provides care based on respect for the patient's preferences, values, and needs.
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 suggestions for personal and professional development.

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-d; 2.2f; 2.3a; 2.3f; 2.4a; 2.5b-d; 2.5g; 2.5i-j; 2.6b; 2.6e; 2.7a; 2.8b; 2.8d; 2.8h; 2.9d
3 Population Health	3.1a-c; 3.1i; 3.2a; 3.2c; 3.2e; 3.5i
4 Scholarship for the Nursing Discipline	4.1c; 4.2c
5 Quality and Safety	5.1a; 5.1f; 5.2c; 5.2f; 5.3d
6 Interprofessional Partnerships	6.1b; 6.1d-e; 6.1i; 6.2f; 6.4a-b; 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	1. Values active partnership with patient in planning, implementation, and evaluation of care
2. Principles of therapeutic communication	2. Uses therapeutic communication skills
3. Principles of the RESPECT Model- **Respect**	3. Demonstrates attitude communicating the value of the patient/family and the validity of their concerns
4. Principles of the RESPECT Model- **Empathy**	4. Verbal and nonverbal responses that validate patients' emotions and cause them to feel understood.

Section III: Scenario Script

A. Case Summary

Mr. James Davis is a 55-year-old man who, during a wellness assessment at the Family Practice Clinic, was found to be hypertensive. Initially he appeared to be asymptomatic, but on further assessment, Mr. Davis admitted to being increasingly fatigued over the past few weeks and headaches on and off with occasional difficulty breathing, he has not said anything before, as he did not want to worry anyone, and just put it down to increased stress at work.

Due to a Family history of hypertension, premature CVD, (familial) hypercholesterolemia, and diabetes mellitus, and early signs and symptoms a hospital referral was made, and Mr. Davis has just arrived on the floor to be admitted.

Admission orders have been entered, but the patient has not yet been seen by the Physician.

He is anxious as he has a family history of heart disease, and his father and grandfather both died from heart attacks before they were 50 years old. Due to this, Mr. Davis has tried to follow a healthy lifestyle; he exercises frequently, does not smoke, eats healthily and only drinks alcohol occasionally.

The learner(s) are to meet Mr. Davis and learn more about him through a psychosocial assessment and uncover efffective communication skills.

B. Key contextual details

Setting: Acute Care Hospital

C. Scenario Cast	
Patient	A standardized patient is preferred. However, a manikin can be used if the operator has the capability to communicate with the learner via the manikin. Note: There is a loss of body language with a manikin patient.

Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
Patient	Script Provided	Standardized patient
Primary Nurse	Collect subjective assessment data	L
Secondary Nurse	Collect objective assessment data [VS & physical assessment	L
Physician/Resident	Receives report/SBAR	L , IP, or standardized patient (If not used, the facilitator or content expert can provide information as the physician by phone)
Other Healthcare Professionals (optional)	Consult or provide further patient care	L, IP

D. Patient/Client Profile					
Last name: Davis	First name: James	Gender: M	Age: 55 yrs	Ht: 5’ 11’	Wt: 165lb
Spiritual Practice: unknown	Ethnicity: African American	Language: English	Code Status: Full code		

1. History, Chief Complaint, Assessment Data			
New onset hypertension, fatigue, occasional shortness of breath, occasional headaches, family history of hypertension, premature CVD, (familial) hypercholesterolemia, and diabetes mellitus.			
Assessment Data			
General: **Neuro, Skin, Respiratory, GI, GU**: WNL for age **Cardiovascular:** HR 85 ; normal sinus rhythm, BP 170/90 mmHg on admission, S1, S2 no murmurs **Pain:** 0/10			
Medication allergies:	NKDA	Reaction:	NA
Food/other allergies:	NKA	Reaction:	NA
Primary Medical Diagnosis	New onset hypertension		

2. Current Meds	Drug	Dose	Route	Frequency

3. Laboratory, Diagnostic Study Results (List Significant Labs, & Diagnostic Test Results)
No results available at time of admission

Section IV: Prework

This Sections provides recommendations for prework to be completed by the learner prior to attending the simulation. *This review will set the stage for quality debrief reflection and discussion. Because this simulation is about personal recognition, multiple resources are provided to start reflection during the prework. These can also be used during the debrief.*

Learner Review

- The Royal Society. (2016). *Understanding unconscious bias* [Video]. YouTube. https://youtu.be/dVp9Z5k0dEE
- Institute for Healthcare Improvement. (2017). How does implicit bias affect health care? [Video]. YouTube. https://www.youtube.com/watch?v=ze7Fff2YKfM&t=1s
- Institute for Healthcare Improvement. (2017). *How does bias affect healthcare?* [Video]. YouTube. https://www.youtube.com/watch?v=ze7Fff2YKfM
- Quality and Safety Education for Nursing. (2022). Patient-Centered Care. https://www.qsen.org/competencies-pre-licensure-ksas
- Health and Human Services. (n.d.). *National standards for culturally and linguistically appropriate services (CLAS) in health and health care.* National CLAS Standards. https://thinkculturalhealth.hhs.gov/clas/standards
- National Heart, Lung, and Blood Institute. (2022). High blood pressure. Symptoms, causes and risk factors, treatment. https://www.nhlbi.nih.gov/health/high-blood-pressure/symptoms

The following communication styles/techniques/frameworks:

- Huron. (2025). *The AIDET® communication framework.* https://www.huronconsultinggroup.com/insights/aidet-communication-framework
- U.S. Department of Health and Human Services. Office of Minority Health. (2002) *The RESPECT model.* Think Cultural Health. https://hclsig.thinkculturalhealth.hhs.gov/ProviderContent/PDFs/RESPECTModel.pdf
- American Nurses Association. (2025). What is therapeutic communication? *American Nurse.* https://www.myamericannurse.com/therapeutic-communication-techniques/
- Agency for Healthdare Research an2024). *Use the teach-back method: tool 5*. Health literacy universal precautions toolkit, 3rd edition. https://www.ahrq.gov/health-literacy/improve/precautions/tool5.html

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 (Possibly assign as prework)

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Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
Mr. James Davis is a 55-year-old man with newly diagnosed hypertension.	Patient sat at the bedside in an acute care hospital, dressed in comfortable clothing	O2 sat monitor, BP cuff, and automatic/manual BP equipment Thermometer O2 & O2 delivery equipment EMR or paper admission paperwork Admission orders

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario

Mr. Davis has just arrived. The following report is given to the learners prior to starting the simulation (race and ethnicity is **NOT** to be mentioned in report).
S - Mr. James Davis is a 55-year-old man with newly diagnosed hypertension.
B - Due to a family history of hypertension, premature CVD, (familial) hypercholesterolemia, and diabetes mellitus, and early signs and symptoms associated with hypertension, a hospital referral was made and Mr. Davis has just arrived on the floor to be admitted.
A - Admission orders have been entered, but the patient has not yet been seen by the physician.
He is anxious as he has a family history of disease, and his father and grandfather both died from heart attacks before they were 50 years old.
R - Meet Mr. Davis and learn more about him through a psychosocial assessment. The physician will be on the floor in approximately 15 minutes.

<table>
<tr><th>STATE / PATIENT STATUS</th><th colspan="3">DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE</th></tr>
<tr><td>Baseline</td><td>Operator</td><td>Learner Actions</td><td>Debriefing Points</td></tr>
<tr><td rowspan="3">Mr. Davis has just arrived on the floor to be admitted.
Admission orders have been entered, but the physician has not yet seen the patient.

Due to this, Mr. Davis has tried to follow a healthy lifestyle; he exercises frequently, does not smoke, eats healthily and only drinks alcohol occasionally.</td><td>T 98.5 F
HR 85 ; normal sinus rhythm,
BP 170/90 mmHg
RR 20
Sat 98% in room air
General: Patient is pleasant with staff, cooperative.
Neuro: Skin: GI & GU: WNL for age
Skin: WNL for age
Cardiovascular: WNL for age
BP slightly elevated
Respiratory: Clear bilateral
Pain: 0/10

Weight: 165 lb
Height: 5’11’’

Focused Assessment:
See patient script (can be used as a Standardized Participant Script or as the voice of a manikin)</td><td rowspan="3">• Wash hands
• Introduce self
• Identify the patient
• Identify how patient likes to be addressed
(Patient prefers to be called Jim)
• Give an accurate time for their assessment and when the physician will arrive
• Begin assessment
• Recognize patient anxiety
• Ask open ended questions
• Listen to the patient’s responses
• Demonstrate empathy
• Demonstrate compassionate care.
• Establish trust
• Demonstrate relationship-centered care
• Apply ‘teach-back’ to confirm the patient's understanding of condition, reason for admission
• Provide SBAR report to physician</td><td rowspan="3">What was the learner’s initial impression from the report received?

How did this impression change?

Reflect on what learners find out about Mr. Davis the person vs. Mr. Davis the patient.

Reflect on how much the learners talked vs. the patient.

Reflect on Mr. Davis’s perspective, experiences, values, and preferences identified during the assessment.

Reflect on assumptions about the patient's beliefs or traditions based on diagnosis, patient characteristics, and/or race.</td></tr>
<tr><td>Triggers</td></tr>
<tr><td>15 minutes or on completion of assessment.
The physician will call for an SBAR report</td></tr>
<tr><td colspan="4">Scenario End Point: After SBAR report</td></tr>
</table>

Suggestions to decrease complexity: none
Suggestions to increase complexity: Underlying clinical conditions can be more complex (i.e., hypertension with elevating BP; chest pain) or patient is less cooperative and shares how previous medical experiences have not been good and become reluctant to share information during assessment and request to be discharged.

Patient Script

You are: Mr. James Davis - a 55-year-old man with newly diagnosed hypertension. You weigh 165 pounds and are 5 feet 11 inches,

Background to Admission

You are anxious as you have a family history of heart disease. Your father and grandfather both died from heart attacks before they were 50 years old.

General Health

Due to his family history, you have tried to follow a healthy lifestyle. You are generally well; however, you have been increasingly fatigued over the past few weeks. You have had occasional difficulty breathing and headaches. You have not said anything before because you didn't want to worry anyone. You feel it is due to increased stress at work.

Religion - None

Family- Married

2 adult children (both live away from home)

4 grandchildren – you love spending time with his grandchildren.

You have 2 dogs: Max and Teddy

Social

You work as a senior supervisor for a chain of local restaurants. You enjoy your work but lately have been having difficulty with his new boss. You live with his wife in a 2-bedroom home.

Diet

You try to monitor your diet due to family history. You eat fruits and vegetables with every meal and try to avoid over processed or fast food. Monitors salt in diet due to family history

Smoking: You do not smoke and have never smoked.

Alcohol: You have a drink occasionally,

Drugs: You have never done drugs

Exercise: You are active and not overweight. You run 3 times a week and cross train 3 times a week (30 minutes each).

Section VII: Debrief

This Section provides recommendations to include in debriefing/guided reflection

Facilitator

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

Note to Facilitator

As this is an introduction to implicit Bias the debriefing time is extended to allow transparent communication demonstrating the RESPECT model.

The debriefing will introduce and explore the relationship between implicit bias and health disparities with added resources for learners.

Consider the following elements for debriefing this scenario:

Reflect on using the RESPECT Model:

- Was a caring relationship established?
- Was there effectiveness communication?
- Was the assessment clinically relevant and holistic?
- Was the patient the source of control and a full partner in care?

Reflect on what we can do if we think we have a bias toward a patient characteristic.

The following resources provide frameworks/strategies that can be used to guide this discussion – could be assigned as prework or a post-reflection assignment:

Edgoose, J. Y .C., 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. *The Journal of Infectious Diseases*, *220*(Supplement 2), S62-S73. https://doi.org/10.1093/infdis/jiz214

Teal, C. R., Gill, A. C., Green, A. R., & Crandall, S. (2012). Helping medical learners recognize and manage unconscious bias toward certain patient groups. *Medical Education*, *46*(1), 80-88. https://doi.org/10.1111/j.1365-2923.2011.04101.x

Self-Reflection

- Encourage students to self-reflect on any initial assumptions they may have made relating to the patient's diagnosis, beliefs and compliance based on his race.
- Encourage self-reflections regarding their reaction when they found out the patient lived a very healthy lifestyle.
- Would provider reactions vary if the history identified that the patient smoked, did not exercise, was obese, and ate fast food?
- Could they identify any bias toward the patient?
- What did the learners find out about Mr. Davis the person vs. Mr. Davis the patient, the type of questions the learner asked (open vs. closed), and thoughts for the continuation of the assessment/scenario (i.e., what else needs to be addressed)?

To maintain psychological safety do not force students to share reflections if they are uncomfortable but rather share evidence-based information regarding the concept of health disparities. Suggested information includes:

Review as a group:

- Center for Disease Control. (2025). Health of Black or African American non-Hispanic Population. https://www.cdc.gov/nchs/fastats/black-health.htm

Consider social determinants of health, and the influence of policy and history (review videos listed in Faculty Resources for additional information)

- Center for American Progress. (2020). *Health disparities by race and ethnicity.* Fact Sheet. https://www.americanprogress.org/article/health-disparities-race-ethnicity/
- O'Brien, R., Neman, T., Seltzer, N., Evans, L., & Venkataramani, A. (2020). Structural racism, economic opportunity, and racial health disparities: Evidence from U.S. counties. *Population Health, 11.* https://doi.org/10.1016/j.ssmph.2020.100564
- Gilbert, K. L., Ray, R., Siddiqui, A., Shetty, S., Baker, E. A., Elder, K., & Griffith, D., M. (2019). Visible and invisible trends in Black men's health: Pitfalls and promises for addressing racial, ethnic, and gender inequities in health. *Annual Review of Public Health, 37,* 295-311. https://doi.org/10.1146/annurev-publhealth-032315-021556

The following could be used to introduce how implicit bias can influence health disparities:

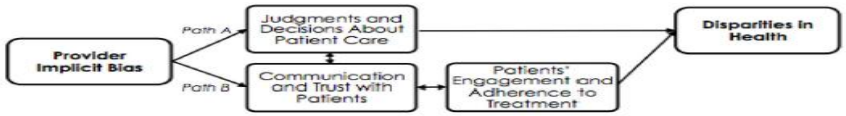

Figure 1.
Model of paths through which provider implicit bias may contribute to health disparities.

Zestcott, C. A., Blair, I. V., & Stone, J. (2016). Examining the presence, consequences, and reduction of implicit bias in health care: A narrative review. *Group Process & Intergroup Relat*ions, *19*(4),528-542. https://doi.org/10.1177/1368430216642029

Section VIII: Assessment/Evaluation Strategies

This Section provides recommendation 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

For formative assessment, consider a knowledge assessment and/or retrospective pre/post self-reflection see pre-work and debrief reflection resources.

For evaluation of simulation consider using a validated tool found through the International Nursing Association for Clinical Simulation and Learning website – search simulation effectiveness: https://www.inacsl.org/repository-of-instruments

Section VIIII: Faculty/Facilitator Resources

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

The following discuss considerations when including race in case based/scenarios.
It is important to **review all** of the scenario, prework, and prebrief, and debrief references.
Note: These could also be shared with students before or after simulation scenario whether implicit bias is embedded or not.

Keeton, V F. (2020) What's race got to do with it? A close look at the misuse of race in case-based nursing education. *Nurse Educator, 45*(3, 122-124. https://doi.org//10.1097/NNE.0000000000000707

The following two links provide a historic overview of race in America:
Holy Media. (2020). *Race in America* [Video]. YouTube https://www.youtube.com/watch?v=AGUwcs9qJXY

Holy Media. (2020). Race in America part 2 [Video]. YouTube https://www.youtube.com/watch?v=u-yun74BJEc

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APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: James Davis **DOB: 1/1/XX** **Age: 55 years old** **MR#: 12345**		**Diagnosis: New Onset Hypertension**
†No Known Allergies †Allergies & Sensitivities		
Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
		Admit to Medical Unit
		Vital signs hourly
		Notify MD if SBP >180, DBP > 100
		Activity Up ad lib as tolerated
		Daily weight
		Fluid Balance: Intake and output
		Regular Diet
		Lab: serum sodium, potassium, & creatinine, lipid profile & glucose, urine dipstick
		12-lead EKG
		CXR
Signature		*Dr. Feelgood*