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Implicit Bias Stereotype Awareness 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 #1 – Stereotype Awareness**	
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: 60 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: 45- 60min **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: Junior/Upper Division 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 increase awareness of stereotypes, and conscious and unconscious bias. Patient centered care and therapeutic communication will be strategies used to promote individuation. The concept of implicit bias will be introduced in the prework and revisited in the debrief. The debrief can also be a venue to introduce a framework to guide the learner in what they could do if they identify they have a bias toward a patient characteristic and/or group.	

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Brief Summary of Case:
Mrs. Enid Alpine is a 75-year-old patient who is a direct admit to the med-surg unit.
In this scenario, obesity and smoking in a patient who presents with signs and symptoms of congestive heart failure are characteristics that can be associated with biases (conscious and unconscious).

Patient characteristics/stereotypes associated with potential bias

Obesity and smoking with CHF
Female
Age - Elderly
Living conditions
Class

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

Breathett, K., Lewsey, S., Brownell, N. K., Brownell, N. K., Enright, K., Evangelista, L. S., Ibrahim , N. E., Iturrizaga, J., Matlock, D. D., Ogunniyi, M. O., Sterling, M. R., & Van Spall, H. G. C. (2024). Implementation science to achieve equity in heart failure care: A scientific statement from the American Heart Association. *Circulation, 149*(19). https://doi.org/10.1161/CIR.0000000000001231

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

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

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

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES
1. The learner identifies potential implicit and/or conscious biases associated with patient characteristics.
2. Throughout the scenario, the learner observes Mrs. Alpine as an individual (e.g., learns about their personal history and the context that brought them to the hospital). [Individuation]
3. The learner uses open-ended questions to learn about Mrs. Alpine history and context that brought her to the hospital.
4. The learner listens carefully and respectfully.
5. The learner asks clarifying questions to understand Mrs. Alpines perspectives, experiences, values, and preferences.
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
Mrs. Enid Alpine is a 75-year-old is a direct admit to the med-surg unit with increased shortness of breath. She visited her Primary Care Provider this morning for an annual checkup, and it was noted that she had an elevated BP, irregular heart rate, and shortness of breath. She has been admitted to rule out heart failure. She is overweight, smokes and lives in a trailer park. *The learner(s) are to meet Mrs. Alpine and learn about her through psychosocial assessment and uncover effective 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	Assesses the psychosocial needs and patients lifestyle	L
Secondary Nurse	Assists with assessment	L
Charge Nurse	(Optional to provide report)	IP
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: Alpine	First name: Enid	Gender: F	Age: 75 yrs.	Ht: 5' 3"	Wt: 180lb
Spiritual Practice: Catholic	Ethnicity: White American	Language: English	Code Status: Full		

1. History, chief complaint, assessment data
Increasing shortness of breath and fatigue over the past 4 weeks. Swelling in feet for the past 4 days.
Assessment Data
General: Patient is pleasant with staff, cooperative. **Neuro**: WNL; **Skin**: WNL; **GI & GU** WNL, **Cardiovascular**: HR 92; normal sinus rhythm with a few PVCs, + S3, S4, BP 170/92 **Respiratory**: Lung sounds crackles bilaterally, both anterior/posterior, loose cough, RR 28, SpO2 92% 5in Room Air **Extremities**: +1 pedal edema bilaterally **Pain**: 0/10 **Focused assessment on psychosocial and lifestyle (see patient script/information below)**

Medication allergies:	NKDA	Reaction:	
Food/other allergies:	NKA	Reaction:	
Primary Medical Diagnosis	R/O Congestive Heart Failure		

2. Current Meds	Drug	Dose	Route	Frequency

3. Laboratory, Diagnostic Study Results (List significant labs,& diagnostic test results)
Order during scenario: Lab (CBC, Chem 20, GFR, Beta Natriuretic peptide, Thyroid function tests, CXR, 12 lead EKG, ECHO

Section IV: Prework

This Section provides recommendations and examples 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

- National Heart, Lung, and Blood Institute. (2022). *Heart failure. Symptoms, causes and risk factors* https://www.nhlbi.nih.gov/health/heart-failure/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

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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
75-year-old female. A direct admit to the med-surg unit with increased shortness of breath.	Patient in bed in an acute care hospital in worn trousers, sweater/top, shoes. Hair is untidy, but clean. Patient is fatigued, pale	O2 sat monitor, BP cuff, and automatic/manual BP equipment Thermometer O2 & O2 delivery equipment Incentive Spirometer at bedside Suction EMR or paper admission paperwork ***Later in the scenario following MD assessment admission orders are given:*** Orders CHF patient Education (Electronic or hard copy available for learner later in the scenario)

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario

The Doctor has not yet seen the patient.
Mrs. Alpine is in bed reading (or in a chair if using an SP), she is a little breathless but stable.
The student will meet the patient for the first time.
The following information about the patient is provided to the students before they enter the room (This can be by a Charge Nurse (Imbedded Participant) or by the facilitator:
S - Mrs. Enid Alpine a 75-year-old is a direct admit to the med-surg unit with increased shortness of breath.
B - She visited her Primary Care Provider this morning for an annual checkup, and it was noted that she had an elevated BP, irregular heart rate, and shortness of breath. She has been admitted ruling out heart failure.
A - She has just arrived on the floor, been assigned her bed and you will be her nursing team. On immediate observation, she appears to be able to mobilize without distress and appears only mildly short of breath. All we currently know about her social history is that she appears overweight, smokes and lives in a trailer park.
R - Meet Mrs. Alpine and learn more about her through a psychosocial assessment. The physician will be on the floor in approximately 15 minutes.

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STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	**Operator**	**Learner Actions**	**Debriefing Points**
Mrs. Alpine is sitting in the chair; she is a little breathless as she has just arrived and walked in from the car but is stable. She is pleasant and cooperative (Do provide Health Care Orders until Frame 2)	T 98.6 F (37 C) HR 92 R 28 BP 170/92 Sat 95% in room air **General**: Patient is pleasant with staff, cooperative. **Neuro: Skin: GI & GU:** WNL for age **Cardiovascular:** normal sinus rhythm **Respiratory:** Lung sounds crackles bilaterally, both anterior/posterior, loose cough **Extremities:** +1 pedal edema bilaterally **Pain:** 0/10 **Weight:** 180 lb **Height:** 5'3'' **Focused Assessment:** See patient script (can be used as a Standardized Participant Script or as the voice of a manikin) **Triggers:** 15 minutes or on completion of assessment. The physician will call for an SBAR report	• Wash hands • Introduce self • Identify patient • Identify how patient likes to be addressed (Patient prefers to be called Mrs. Alpine by strangers and Enid by friends/family only) • Give an accurate time for their assessment and when the physician will arrive. • Begin assessment • Ask open ended questions • Listen to the patient's responses • Demonstrate empathy • Demonstrate compassionate care • Establish trust • Apply 'teach-back' to confirm the patient's understanding of condition and reason for admission • Provide SBAR report to physician	What was the learner's initial impression from the report received? How did this impression change? **Reflect** on the type of questions the learners asked, open vs. closed **Reflect** on how much the learners talked vs. the patient **Reflect** on Mrs. Alpine's perspective, experiences, values, and preferences identified during the assessment.

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STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	**Operator**	**Learner Actions**	**Debriefing Points**
Charge nurse provides report on the new order set: Doctor's orders received [Start Lisinopril, Lasix, Metoprolol] EKG and Chest X-ray ordered and revealed a new diagnosis of Heart Failure. The physician has told her she has to stop smoking, lose weight, and become more active. The patient is not happy and appears frustrated.	No change from frame 1 **Triggers**: Following discussion regarding smoking, diet, and exercise or after 15 minutes	• Nurses review orders (Note medications will arrive on the floor in 30 minutes [after the scenario]) While they are waiting for the medications to be dispensed: • Continue assessment • Ask open ended questions • Listen to the patient's responses • Ask clarifying questions if unclear • Apply 'teach-back' to confirm the patient's understanding • Provide a summary report to charge nurse	**Reflect** on what the learner finds out about Mrs. Alpine the person (vs. Mrs. Alpine the patient). **Reflect** on the type of questions the learner asked, open vs. closed. **Reflect** on how much the learner talked vs. the patient. **Reflect** on Mrs. Alpine's perspective, experiences, values, and preferences identified during the assessment.
Scenario End Point Charge Nurse arrives for report (If not using an SP, the facilitator can end scenario and ask for report 5-10 minutes after the last group start)			
Suggestions to <u>decrease</u> complexity: Stop after frame 1 do not introduce physician orders. Suggestions to <u>increase</u> complexity: Give SBAR report to a second group of staff coming on shift. Include the physician's orders. Patient is not cooperative and gives very brief responses to questions. She becomes very offended when the learners discuss smoking and weight loss and threatens to make a formal complaint that the nurses have been unprofessional.			

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Patient Script

You are: Mrs. Enid Alpine - a 75-year-old woman being admitted to the med-surg unit with increased shortness of breath. You weigh 180 pounds and are 5 feet 3 inches tall. You know you are a little heavy, but that is how you have always been.

Background to Admission

You visited your Primary Care Provider this morning for an annual checkup, and he said you had an elevated BP, irregular heart rate. You were short of breath. Your doctor said you needed to be admitted to rule out heart failure.

General Health

Generally healthy. You say it's due to good genes, strong family bonds, hard work, gratitude and helping others. You have only been in the hospital to have children. You think your doctor is overreacting.

Religion

You are Catholic and believe the good Lord will take you when He is ready. You don't see the need to mess with fate.

Family

You are an independent person and live with your husband. You are childhood sweethearts, married for 55 years. You have 3 children and 8 grandchildren.

Social

You are semi-retired and work in a local bookstore (a store you and your husband set up). You volunteer at the local Humane Society.

Diet

You eat 3 meals a day. An example of her daily diet includes:
Breakfast: Oatmeal - Lunch: Sandwich with some chips & soda - Dinner: Meat (usually chicken) with potatoes and vegetables.
Once a week you and your husband go for a burger. A happy memory of younger days when you were first married, before children.

Smoking

You have smoked as long as you can remember. A year ago, you cut back from 30 cigarettes a day to 5 a day. You are really proud of this.

Alcohol

You like an occasional glass of wine - once or twice every couple of weeks.

Exercise

You say you are active. You walk the dog around the trailer park 3 times a day. You are very active in looking after her 8 grandchildren.

Housing

You live in a trailer park with her husband and you grew up in a trailer park. You lived in a 4-bedroom house when bringing up children, however, when the they left home and you are semi-retired, you and your husband wanted to move back to the trailer park which has social club that you both attend regularly.

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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 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 being Female, Elderly, overweight, smoker, living in a trailer park, class, R/O CHF
- 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 continued to smoke 30 cigarettes a day, did not exercise, and ate fast food?
- Could they identify any bias toward the patient?
- What did the learners find out about Mrs. Alpine the person vs. Mrs. Alpine 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)?

Reflect on Mrs. Alpine's background & history and identify any potential 'stereotypes.'
Consider the report received at the beginning:

- Reflect on what the group feels are Mrs. Alpine's values and preferences that would be important to include in her plan of care.
- Introduce the concept of bias – reflect on pre-learning video and defining implicit bias (bias we are not conscious of), and stereotypes
- Discuss how bias could play out in scenarios similar to this one.
- Consider gender bias, ageism, bias against obesity, smoking, lack of exercise (Perceptions of poor lifestyles), class bias
- Reinforce one strategy to address bias is Individuation – the focus of this scenario
- Introduce what we can do if we think we have a bias toward a patient characteristic.

Review as a group

- Job, C., Adenipekun, B., Cleves, A., Gill, P., & Samuriwo, R. (2024). Health professional implicit bias of patients in low socioeconomic status (SES) and it effects on clinical decision-making: A scoping review. *BMJ Open, 14*(7). https://doi.org/10.1136/bmjopen-2023-081723
- Pelham, V. (2023). *Confronting ageism in healthcare.* Cedars Sinai. https://www.cedars-sinai.org/blog/confronting-ageism-in-healthcare.html

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

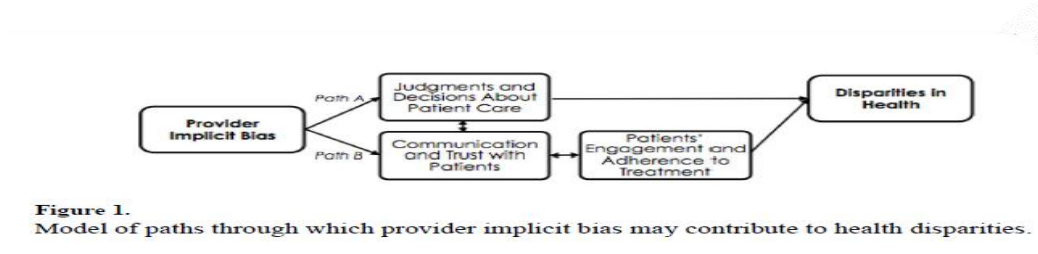

Figure 1.
Model of paths through which provider implicit bias may contribute to health disparities.

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 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

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

Western States Simulation Alliance
Sponsored by the California Simulation Alliance

HealthImpact
Optimizing health through nursing

Section VIIII: Faculty/Facilitator Resources

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

The following discuss considerations when including ageism 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.

Goldbach, J. (2020). *Diversity toolkit: A guide to discussing identity, power, and privilege.* University of Southern California. https://www.iml.org/file.cfm?key=20641

Levy, B. R., Pietrzak, R. H., & Slade, M. D. (2023). Societal impact on older person's chronic pain: Roles of age stereotypes, age attribution, and age discrimination. *Social Sciences & Medicine, 323.* https://doi.org/10.1016/j.socscimed.2023.115772

Levy, B. R., Slade, M. D., Chang, E., Kannoth, S., & Wang, S. (2020). Ageism amplifies cost and prevalence of health conditions. *Gerontologist, 60*(1), 174-181. https://doi.org/10.1093/geront/gny131

Shams, P., Malik, A., & Chhabra, L. (2025). Heart failure (congestive heart failure). *StatPearls* [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK430873/

Van Wicklin, S. A. (2020). Ageism in nursing. *Society of Plastic and Reconstructive Surgical Nurses, 40*(1), 20–24. https://doi.org/10.1097/PSN.0000000000000290

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: Enid ALPINE **DOB: 1/1/XX** **Age: 75 years** **MR#: 123456**		**Diagnosis: Mild Congestive Heart Failure**
Allergies & Sensitivities: No known allergies		
Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
		Lisinopril 5mg orally once a day
		Lasix 20mg orally once a day
		Metoprolol 50mg orally once a day (HOLD for heart rate less than 60 or systolic BP less than 100mmHg)
		Acetaminophen 650 mg orally every 4 hours prn fever or pain
		Monitor vital signs/oxygenation/Neuro status every 4 hours
		Daily weight; I&Os
		Activity: Up ad lib
		CHF teaching and discharge instructions
		Smoking Cessation Referral
		Dietary consult
Signature		Dr. Feelgood MD