Western States Simulation Alliance

Sponsored by the California Simulation Alliance

Implicit Bias Substance Overuse Disorder Interprofessional Clinical 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

Help 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 Substance Overuse Disorder Interprofessional Clinical**	
Original Scenario Developer(s) Interprofessional Hospital Setting. Developed from the 2021 scenario	Samantha Juan, EdD, RN, CHSE, CNE, CRN-A	
Date: April-July 2025	Validation Sept 2025	Leslie Catron, DNP, M.A.ED, RN, CHSE
Original Scenario Developer(s)	Christina Sanford DNP, RN; Marie Gilbert DNP, RN, CHSE-A Deborah Bennett PhD, RN, CHSE	
Date May 2021	Validation 6/15/2022	Pilot testing 6/15/2022
Estimated Scenario Time: 30 minutes	Debriefing time : 60 minutes	
Target group: Graduate nurses, clinical nurses, physicians, social work, allied health staff		
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. 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:
The patient fell from mountain climbing 9 years ago with L1 and L2 partial spinal cord injury and has had chronic lower back pain since. Query narcotic dependence due to poor pain management. Upper GI bleeding 2 years ago due to Ibuprofen but the patient hasn't taken Ibuprofen since. The patient dozed off while driving after taking a heavy dose of narcotics and had a motor vehicle accident last night with a right humerus fracture. A temporary splint was placed by an ortho surgeon. The patient might be discharged today after being cleared by the ortho surgeon. The learners are required to use open-ended questions, affirmation, reflection, and summary techniques in a respectful and empathetic manner to solicit information from the patient and provide discharge education.

Patient characteristics/stereotypes associated with potential bias

Age
Substance use/overuse

EVIDENCE BASE / REFERENCES (APA Format)

Attal, N. (2021, May) Spinal cord injury pain. Revue Neurologique, 177(5), 606-612. https://doi.org/10.1016/j.neurol.2020.07.003

Bartholow, L. A. M., & Huffman, R. T. (2023). The necessity of a trauma-informed paradigm in substance use disorder services. *Journal of the American Psychiatric Nurses Association*, *29*(6), 470-476. https://doi.org/10.1177/10783903211036496

Forte G., Guiffria, V., Scueri, A,., & Pazzaglia, M. (2022). Future treatment of neuropathic pain in spinal cord injury: The challenges of nanomedicine supplements, or opportunities? *Biomedicines, 10*(6), 1373. https://doi.org/10.3390/biomedicines10061373

Hinkle, J. L., Cheever, K. H., Overbaugh, K., & Bradley C. E. (2025). Pain management. In *Brunner & Suddarth's textbook of medical-surgical nursing* (16 ed.). Wolters Kluwer. ISBN/ISSN: 9781975221133

Kitt-Lewis, E., Adam, M., & Phillips, K. (2025). Stigma surrounding people with substance use disorder: A scoping review examining educational programs. *Substance Use & Misuse, 60*(12), 1839-1873. https://doi.org/10.1080/10826084.2025.2519408

Marcovitz, D.E., Sidelnik, S.A., Smith, M.P., & Suzuki, J. (2020). Motivational Interviewing on an Addiction Consult Service: Pearls, Perils, and Educational Opportunities. *Academic Psychiatry, 44,*352-355. https://doi.org/10.1007/s40596-020-01196-y

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

Nizum, N., Yoon, R., Ferreira-Legere, L., Poole, N., & Lulat, Z. (2020). Nursing interventions for adults following a mental health crisis: A systematic review guided by trauma-informed principles. *International Journal of Mental Health Nursing*, *29*(3), 348-363. https://doi.org/10.1111/inm.12691

Volkow, N. D. & Blanco, C. (2023). Substance use disorders: a comprehensive update of classification, epidemiology, neurobiology, clinical aspects, treatment, and prevention. *World Psychiatry, 22*(2), 203-229. https://doi.org/10.1002/wps.21073

Stretanski, M. F., Kopitnik, N. L., Matha, A., & Conermann, T. (2025). Chronic pain. *StatPearls* [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK553030/

Widerström-Noga, E., Anderson, K. D., Robayo, L. E., Perez, S., Martinez-Arizala, A., Calle-Coule, L., Cherup, N. P., & Fernandez, G. E. (2023). Development of a pain education resource for people with spinal cord injury. *Frontiers Public Health, 11.* https://doi.org/10.3389/fpubh.2023.1197944

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES
Critical Learner Actions
1. Conduct a cardiac. peripheral perfusion, and pain assessment
2. Establish trust demonstrating empathy being non-judgmental to the patient's experiences and decisions
3. Use effective communication and reflective listening skills
4. Partner with the patient in a respectful and compassionate manner
5. Use silence appropriately
6. Ask open ended and clarifying questions if unsure/unclear
7. Use SBAR when communicating with clinical team members
8. Identify potential implicit and/or conscious biases associated with patient characteristics
9. Following the scenario, the learner feels empowered to explore any personal biases they may have identified during the scenario and uses evidence-based strategies

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; 2.2i; 2.2j; 2.3a; 2.3c; 2.3e-g; 2.4a-b; 2.5a-e; 2.5g; 2.5i-j; 2.6b-c; 2.6e; 2.7a-b; 2.8a-b; 2.8d-e; 2.8i; 2.9a-b; 2.9d
3 Population Health	3.1b-c; 3.1g; 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-e; 6.1i; 6.2b-c; 6.2f; 6.3b-c; 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**
Common spinal cord injury assessment and management.	Head-to-toe assessment; focus assessments Pain assessment.
Understanding of pain management (opioids).	Values active partnership with patients in planning, implementation, and evaluation of care.
Trauma-informed nursing care.	Use of therapeutic communication skills.
Language about substance use that is respectful and compassionate (RESPECT).	Delivery effective communication in the healthcare setting.
Communicating with SBAR.	Demonstration of empathy and caring.
Principles of patient centered care.	Verbal and nonverbal responses that validate patients' emotions and cause them to feel understood.

Section III: Scenario Script

A. Case Summary
Terry Smith is a 28-year-old (male or female). The patient frequently feels pain in the hips and upper thighs. Terry also feels weakness in both lower legs sometimes. Last night, Terry dozed off while driving after taking a heavy dose of narcotics and had a motor vehicle accident and presents with a right humerus fracture. A temporary splint has been placed by an ortho surgeon. At the age of 19, Terry fell from a mountain climbing competition and experienced an L1 and L2 partial spinal cord injury. The L1 and L2 spinal cord repair was done successfully. The patient recovered well with intense physiotherapy and is independent with mobility and personal care. The patient might be discharged today after being cleared by the ortho surgeon.

B. Key Contextual Details
Setting: Acute care setting: Ortho unit

C. Scenario Cast	
Patient	Standardized participant is preferable; however, a manikin can be used if the operator has the capability to communicate with learner. Note: a manikin limits non-verbal communication.

Participants/Role	**Brief Descriptor (Optional)**	**Imbedded Participant (IP) or Learner (L)**
Patient	Mid-twenties – Script provided	SP
Family Member (optional)	Supportive, appropriate – Script provided if necessary to move case forward	SP
Handoff Nurse	Give SBAR report to on-coming nurses	IP
Primary nurse	Collect subjective assessment date	L
Secondary nurse	Collect objective assessment data (VS, physical assessment)	L
Social worker	Provide info on the patient's narcotic-dependent history Script provided with pertinent chart information provided	L preferred; IP optional
Attending Physician	Receive the SBAR report, assess patient and communicate with appropriate responses	L preferred; IP optional (if not used the facilitator or content expert can provide information as the physician)
Resident Physician	Receive the SBAR report, assess patient and communicate with appropriate responses	L preferred; IP optional (if not used the facilitator or content expert can provide information as the physician)

D. Patient/Client Profile					
Last name: Smith	First name: Terry	Gender: Suggest male or female	Age: 28 yrs	Ht: Average depends on available SP	Wt: Average depends on available SP

		depending on the available SP			
Spiritual Practice: Catholic	Ethnicity: Depends on available SP	Language: English	Code Status: Full		

1. History, Chief Complaint, Assessment Data

Primary complaint of arm and back pain

Assessment Data

General: Slightly agitated, can't stay in one position
Neuro: Alert/Oriented x4, PERRLA normal, denies headache
Skin: Right hand warm, pink
Cardiovascular:

- HR 88, RR 22, BP 118/70, O2 Sat 94% RA, temp 99F
- All pulses (+) equal
- Cap refill <2 seconds

Respiratory: No WOB, breathe smooth and easy, Breath sounds clear bilat
GI: Bowel sounds (+) all 4 quadrants, abdomen soft, denied pain
GU: Intact, voids in bathroom
Extremities: Splint on right arm
Pain: Lower back pain 8/10 radiated to both upper thighs, all 4 limbs equal strength

Medication allergies:	NKMA	Reaction:	
Food/other allergies:	NKA	Reaction:	
Primary Medical Diagnosis	Right humerus fracture Query narcotic overdose		

2. Current Meds	**Drug**	**Dose**	**Route**	**Frequency**
	Tylenol	1g	PO	Q6HPRN (Maximum 4g q24h)
	Fentanyl patch	100mcg/hr	Transdermal	Q72h
	Baclofen	20mg	PO	TID

3. Laboratory, Diagnostic Study Results (List Significant Labs, & Diagnostic Test Results)
Can be provided in EMR or paper copy

Diagnostic: Xray: right humerus closed fracture (consider providing a copy of a digital x-ray)
Labs:

Na	140
K	4.8
Cl	100
HCO3	25
BUN	10
Cr	1.0
Ca	9

Mg 2.0
Phos 3.5
Glucose 110
Hgb 14
Hct 50
Plt 400
WBC: 11.2
ABO Blood Type O+
PT 12 PTT 30 INR 1.0

Section IV: Prework

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

Learner Review

It is recommended that prework includes information on motivational interviewing and frameworks and practice using language regarding substance use that is respectful and compassionate.

Consider having the learners **complete a pre-assessment** using:
Perceived Stigma of Substance Abuse Scale (PSAS)
https://www.careinnovations.org/wp-content/uploads/Perceived-Stigma-of-Substance-Abuse-Scale.pdf
Then during debrief or as a self-reflection assessment complete a post and compare the results.

Bershad, D. (2019). *Motivational interviewing: A communication bet practice. This collaborative approach can influence behavior change and improve healthcare literacy*. American Nurse. https://www.myamericannurse.com/motivational-interviewing/

Greenfield, S. F. (2022). *Substance use disorders: Signs, common addictions, treatment options* [Video]. Mass General Brigham. YouTube. https://www.youtube.com/watch?v=jOJrfjUeSCo

Government of Canada. (2024). *How to talk to a family member or friend about their drug or alcohol use*. Substance use. https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/help-friend.html

Johnson, L. (2022, June 8). *Moving beyond implicit bias* [Video] TEDxLewisUniversity. https://www.youtube.com/watch?v=N1FpY7gmCXw

Suggested: Have learners develop a concept care map based on this scenario topic. Identify the top 3 priority patient problems.

Carepatron. (2024). *How to use a nursing concept map* [Video]. YouTube. https://www.youtube.com/watch?v=CGrqY1sVcj8

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

Include

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- Instruction regarding interaction with a standardized patient.
- Objectives: Effective communication skills, reflective listening skills, team communication, empathetic patient interaction, determine patient needs based on assessment and open-ended questions.
- Demonstrate your professional behaviors and participate in the activity as you would in clinical practice.
- A timeout or pause can be requested if any one individual feels overwhelmed.
- Maintaining confidentiality.

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.

Review communication styles and techniques (possibly assign as prework for discussion in Prebrief)

Sharma, N. P., & Gupta, V. Therapeutic communication. (2023 Aug.). *StatPearls* [Internet]. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK567775/

Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
Name: Terry Smith Age: 28 years old Preferred name: Terry Gender: M/F (depends on available SP)	Patient dressed in hospital gown ID Band on left arm IV lock on the left arm Fentanyl patch on lower back Splint on right arm	Tylenol 1g PO Q6HPRN Fentanyl patch 100mcg/hr Transdermal Q72h Baclofen 20mg PO TID EMR or paper orders - admission

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario

The following report is given to the learners prior to starting the simulation.
This is Terry Smith who is 28 years old. Terry states frequent pain in the hips and upper thighs and feeling weak in both lower legs sometimes. The patient was admitted last night after a motor vehicle accident. The patient had dozed off while driving after taking a heavy dose of narcotics. There is right humerus fracture with a temporary splint placed by an ortho surgeon.
She has a history of a fall from a mountain climbing competition at the age of 19 with L1 and L2 partial spinal cord injury. The L1 and L2 spinal cord repair was done successfully. The patient recovered well with intense physiotherapy and is independent with mobility and personal care.
The patient was up several times during the night complaining of lower back pain 6-8/10. The patient might be discharged today after being cleared by the ortho surgeon. Tylenol 1g po was given four hours ago. The patient also has a transdermal Fentanyl patch 100mcg/hr Q72h that was placed two days ago.

The last vital signs were two hours ago: T 99, P 88, RR 22, BP 118/70, O2 Sat 94% RA. Breath sounds clear throughout. Lab results are all within range. May be discharged home today pending ortho surgeon assessment.

Standardized Patient Script

Your name is Terry Smith. You are 28 years old.
You are calm during the assessment
Respond to questions appropriately. You are alert and oriented to person, place, and time
If any learner doesn't introduce self and role: **SAY** "what are you doing here?"
If learner doesn't ask for permission **SAY** "what are you doing?"
If learner doesn't start the assessment **SAY** "did you say you need to assess something?"
Give your name and DOB (Calculate date to May) when asked by the nurse

- You prefer to be called Terry
- Give your permission to go ahead with the assessment: "Sure, please go ahead"

If the learner wants to check blood pressure is on the right arm, **SAY** "my right arm is hurting. Can you check on my left arm?"

- If learners don't assess your right arm/hand, **SAY** "my right arm is hurting." May need to repeat it twice.
- If learners don't assess your back, become uncomfortable, talking less, moving body slowly with grimace facial expression.
- **Say** "I feel bloated on my abdomen, I don't have pain, I'm just bloated" Your last bowel movement was three days ago.
  If learner doesn't conduct a GI assessment, repeat "I feel bloated in my abdomen."

Responses to questions from the nurse about what happened:

- I broke my right arm in a car accident last night. Doctor said I don't need surgery but need to keep the splint on for 12 weeks.
- My right arm is hurting but the doctor doesn't want to prescribe anything for me (Provocation/palliation).
- ***I'm taking a lot of pain killers for my back***. My back was hurting so badly yesterday at work so I had to take extra pain medications. After taking extra pills, I thought to go home and relax. When I drove home, I dozed off then had the car accident. I guess I will just take extra pain killer I have at home.
- My right arm is not too bad now. It's a bit sore, but I feel my back starting to hurt now.
- My right upper arm is sore and it stays there (Region/Radiation). It's not too bad, about 3/10 (Severity).

<u>If</u> asked about back pain provide history of injuries – If not asked do not volunteer

- I was a national mountain climber. My parents took my sister and I to mountain climbing when we were very young, and I was really into it. But I fell from a national competition and almost broke my back. I had to stop school for a year after the surgery. My doctor said I was very lucky that I didn't need to sit in a wheelchair for the rest of my life. I was grateful to all the doctors, nurses, and physiotherapists. I was able to go back to school and finished my degree. But the back pain never goes away. It's like a souvenir from the fall that keeps reminding me how precious life is.

<u>If</u> asked about pain control at home – if not asked do not volunteer

- I use a Fentanyl patch on my back every day but the back pain still comes and goes. I used to take a lot of Ibuprofen and had a very bad stomach ulcer 2 years ago. I was vomiting fresh blood and had blackish tarry loose stool for days. I fainted at work and the ED doctor said I had stomach bleeding from Ibuprofen so I don't take Ibuprofen anymore. Tylenol helps a bit, but Hydromorphone works much better. The problem about Hydromorphone is it makes me sleepy and constipated.

Questions about pain medication – if not asked do not volunteer but do SAY "I need more hydromorphone at home."

- How many Hydromorphone did you take last night, **SAY** "I don't remember, a couple."

- How many Hydromorphone do you usually take for breakthrough pain: **SAY** “it depends. When I have a big project and need to sit for my work for longer time, I had to take 2-3 tablets every other hour for my back pain”
- How would you describe your back pain? **SAY** My back pain is sharp, like someone stabbing my back by a knife.
- Where is the pain? **SAY** It’s around my lower back and sometimes goes to my upper thighs. My both lower legs might also feel weak but I can walk without a problem.”
- How bad is the pain (scale 0-10)? **SAY “**My back pain is very bad even with a Fentanyl patch. It’s about 8/10 now.”
- Is the pain all the time or some of the time? **SAY** “It comes and goes and doesn’t have particular times.”

Response to Social Work questions:
If the social worker does not introduce self, **SAY** “Who are you?”
When asked how do you feel, **SAY** “I’m fine.”
When asked if you have any concerns about going home, SAY “No.”
When asked there is help at home, SAY “My parents live nearby. My dad will come pick me up later, and they will stay with me for a couple of days.”

Conversation with the Provider:
- You become agitated by moving frequently. You are more uncomfortable.
- You have a grimace facial expression of discomfort and not liking the decision to go home without more pain mediation

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	**Operator**	**Learner Actions**	**Debriefing Points:**
The nurse enters room to meet Terry after getting patient report.	**VS** T 99 HR 88 RR 22 BP 118/70 SpO2 95% RA Pain 7/10 constant lower back Pain 3-10 right wrist **Triggers** Patient has responded to questions and assessment is started	• Hand hygiene • Provide privacy • Check name band with 2 identifiers • Introduce self and role • Ask patient's preferred name • Ask permission for assessment	Relational practice: Introduction, patient's preferred name. Ask open-ended questions to clarify patient concerns. To develop trust, it is important to listen to the patient without judgment of patient's decisions and condition.

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	**Operator**	**Learner Actions:**	**Debriefing Points:**
Breathing easy and smooth Responding to questions Cooperating with assessment	No change in vital signs **Triggers** Patient has responded to questions and given history of past injuries and how she controls pain at home	• Check LOC: people, location, time • Check vital signs • Assess peripheral perfusion upper extremities • Assess pain level: overall, arm, back, abdomen **O**: nset: When did the pain start? **P**: rovokes/Palliates: What makes the pain worse or better? **Q**: uality: Describe the pain (e.g., sharp, dull, burning) **R**: adiation: Does the pain spread to other areas? **S**: everity: Rate the pain on a scale of 0 to 10 **T**: ime: How long has the pain been present? • Conduct GI assessment LBM characteristics of BM bowel sounds • Ask personal history • Ask patient about how she controls her pain	Encourage patient to express feelings. Establish a compassionate relationship. Avoid medical terminology. Use language the patient will understand. Explain before doing anything. Use silence appropriately. Take time to listen to the patient to avoid missing valuable information that could alter care. Ask clarifying questions if unsure/unclear. Summarize patient's answers. Being non-judgmental to the patient's experiences and decisions develops trust and improves transparent communication.

STATE / PATIENT STATUS	**DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE**		
Frame 3	**Operator:**	**Learner Actions:**	**Debriefing Points:**
Patient is calm and lower back pain 8/10	**Learner or Imbedded Participant** **Social Worker Script** • **SW** arrives and states a referral was received to assess the patient for potential discharge today. Receives SBAR from nurse. • After an introduction, **SW:** Asks the patient, "How do you feel?" Patient responds, "I'm fine." • **SW:** "I understand you had a car accident yesterday. Do you have any concerns about going home? I see your right arm is fractured. Is there anyone at home who can help you?" Patient replies, "My parents live nearby. My dad will come pick me up later, and they will stay with me for a couple of days." • If nurse **expresses no** concern about the patient, SW clears the patient for discharge	• Give SBAR to social worker • Express concerns about the patient's back pain, constipation, and behavior on driving after taking a large dose of narcotics.	Effective communication with clinical team members is essential to patient care and safety. SBAR is a proven algorithm to highlight the patient condition and risks. Situation Background Assessment Recommendation

	• If nurse **expresses concern** about patient's back pain and medication, SW indicates they need to discuss discharge planning with provider		
	Triggers If nurse does **not** express concerns about the patient's back pain 8/10, **SW asks** the nurse, "Do you have any concerns if the patient goes home this afternoon?"		

<table>
<tr><th>STATE / PATIENT STATUS</th><th colspan="3">DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE</th></tr>
<tr><td>Frame 4</td><td>Operator:</td><td>Learner Actions:</td><td>Debriefing Points:</td></tr>
<tr><td rowspan="2">Patient is calm and lower back pain 8/10

Conversation with the Provider:
The patient becomes more uncomfortable and begins to move body frequently being agitated. There is a grimace facial expression of discomfort and not liking the decision to go home without more pain mediation</td><td>Learner or Imbedded Participant
Provider Script

• Provider arrives and receives SBAR from nurse.
• Provider: Express concern with the nurse that the patient could be addicted to narcotics with drug-seeking behaviors because s/he has been on a very large dose of Fentanyl patch.
• <u>If</u> the nurse provides an SBAR with concern about pain medication then Provider: States being uncomfortable prescribing Hydromorphone even though the patient was on Hydromorphone in the community.</td><td rowspan="2">• Give SBAR to provider.

• Express concerns about the patient’s increase in back pain and patient use of hydromorphone to control pain, constipation, and behavior on driving after taking a large dose of narcotics.</td><td rowspan="2">Effective communication with clinical team members is essential to patient care and safety. SBAR is a proven algorithm to highlight the patient condition and risks.
Situation
Background
Assessment
Recommendation</td></tr>
<tr><td>Triggers

If nurse does not express concern about the patient, the provider gives the order for discharge and orders hydromorphone.</td></tr>
<tr><td colspan="4">Scenario End Point: Either nurses give concerns in SBAR with the provider or scenario reaches 30-minute mark</td></tr>
</table>

Suggestions to decrease complexity:
Suggestions to increase complexity: Patient is uncooperative, complaining of pain through the scenario and needing medication, is agitated with any questioning, requesting to leave. There could be a change in vital signs (elevated) with agitation triggering further assessment or calling the provider sooner.

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

Consider the following elements for debriefing this scenario:
Reflect and roll model using the RESPECT Model

1. How did the experience of caring for this patient feel for you; for the team?
2. Did you have the knowledge and skills to meet the learning objectives of the scenario?
3. What GAPS did you identify in your own knowledge base and/or preparation for the simulation experience?
4. Was a caring relationship established?
5. Was trust established?
6. Was the patient included in their care?
7. Were clarification and reassurance demonstrated?
8. Was communication effective with the patient and the team?
9. How were patient concerns addressed?
10. Was there validation of patient's demonstrated with empathy?
11. Was the impact of patient's age, stressors, and support system (social context) recognized with respect and in a compassionate manner?
12. How would you handle the scenario differently if you could?
13. In what ways did you perform well?
14. What three factors were most SIGNIFICANT that you will transfer to the clinical setting?

From the Facilitator resource article "Nursing students' perceptions of substance abusers: The effect of social status on stigma."

- Stigma associated with substance use disorders. Patients with a substance use disorder may have high levels of internalized stigma, and therefore often hide their problem from others and so are less likely to seek treatment

- Stigma toward individuals with substance abuse problems is prevalent in healthcare.

It has been suggested that healthcare professionals tend to hold negative attitudes toward individuals with substance use disorders, viewing them as violent, manipulative, and with poor motivation. These negative attitudes may be more pronounced toward substance-abusing populations than toward those with mental illness and are found to impede the delivery of healthcare services to substance users.

Self-reflection

Reflect on language used and the impact it can have. The negative impacts of stigma can be reduced by changing the language we use about substance use. Key principles:

- Using neutral, medically accurate terminology when describing substance use
- Using "people-first" language, that focuses first on the individual or individuals, not the action (e.g. "people who use drugs")

Encourage learners to self-reflect on any initial assumptions they may have made relating to the patient's diagnosis, beliefs and compliance based on their situation and potential treatment.
At what point in the scenario were your nursing actions specifically directed toward PREVENTION of a negative outcome?
Consider potential safety risks for this patient and how to avoid them.
Introduce what we can do if we think we have a bias toward a patient characteristic.

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

Section VIII: Assessment/Evaluation Strategies

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

Facilitator

Refer to 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

Learner

Self-reflection – Complete a pre (during prework) or a post using the PSAS:
Access the Perceived Stigma of Substance Abuse Scale (PSAS)
https://www.careinnovations.org/wp-content/uploads/Perceived-Stigma-of-Substance-Abuse-Scale.pdf
Reference:

Luoma, J. B., O'Hair, A. K., Kohlenberg, B. S., Hayes, S. C., Fletcher, L. (2010). The development and psychometric properties of a new measure of perceived stigma toward substance users. *Substance Use and Misuse, 45*, 47-57. https://doi.org/10.3109/10826080902864712

See **Appendix A** for a learner assessment that can be used by the learner, a peer, or facilitator to provide quality feedback for improvement.

Section VIIII: Faculty/Facilitator Resources

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

Cloyd, M., Stiles, B. L., & Diekhoff, G. M. (2021). Nursing students' perceptions of substance abusers: The effect of social status on stigma. *Nurse Education Today*, *97*, 104691. https://doi.org/10.1016/j.nedt.2020.104691

Kitt-Lewis, E., Adam, M., & Phillips, K. (2025). Stigma surrounding people with substance use disorder: A scoping review examining educational programs. *Substance Use & Misuse, 60*(12), 1839-1873. https://doi.org/10.1080/10826084.2025.2519408

Singh, S., Kumar, S., Sarkar, S., & Balhara, Y. P. S. (2018). Quality of life and its relationship with perceived stigma among opioid use disorder patients: An exploratory study. *Indian Journal of Psychological Medicine, 40*(6), 556-561. https://doi.org/10.4103/IJPSYM.IJPSYM_171_18

Note: Although the following videos reference a patient in the ED, they may be helpful to include in prework or use for reflection during debrief:

NIH Video Series: Motivating Patients to Initiate Treatment in the ED
https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department/motivating-patients

APPENDIX A: ASSESSMENT AN FEEDBACK OF LEARNER ACTIONS

This simulation activity is designed for formative assessment only. Faculty can observe the scenario experience and provide their feedback during debrief. The learner can then reflect on their actions during debrief. Use peer feedback cautiously to avoid "pointing fingers."
The recommended assessment strategy is based on the critical learners action and encourages self-reflection and peer-feedback.

	Self-Reflection			Peer-Feedback (optional)			Faculty Feedback		
	Done	Not Done	NA	Observed	Not-O	NA	Observed	Not-O	NA
1. Check patient's ID with 2 identifiers									
2. Ask permission for assessment									
3. Check LOC: orientation									
4. Check vital signs: T, P, R, BP, O2 Sat									
5. Conduct a cardiac assessment: peripheral perfusion assessment									
6. Conduct a GI assessment: LBM, characteristics									
7. Conduct pain assessment on the right upper extremities									
8. Introduce self with name and role									
9. Ask patient's preferred name									
10. Ask open-end questions									
11. Encourage patient to express feelings									
12. Avoid medical terminology									
13. Explain before doing anything									
14. Use silence appropriately									
15. Ask clarifying questions if unsure/unclear									
16. Being non-judgmental to the patient's experiences and decisions									
17. Avoid more than one person talking to the patient at the same time									
18. Use SBAR effectively when communicating with another social work and provider									

APPENDIX B: HEALTH CARE PROVIDER ORDERS

Patient Name: Terry Smith **DOB: May 28** **Age: 28** **MR#: 13222568**	**Diagnosis:** Right humerus fracture, Query narcotic overdose

† No Known Allergies
† Allergies & Sensitivities

Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
	2100	**Admit**: to Ortho unit under Dr. Mercer
		Code: Full
		Medications: Tylenol 1g po Q4-6H (Maximum 4g q24h)
		Fentanyl patch 100mcg/hr q72h
		Baclofen 20mg po TID
		Labs: CBC, Renal Profile, Mg2+, Phos, PT/INR, ECG,
		Diet: Diet as tolerate
		Vital sign routine
		Exercise as tolerate
		Splint on the right arm for 6 weeks
		IV lock
		O2 keep O2 Sat <92%
Signature		Dr. Mercer