



Sponsored by the California Simulation Alliance

Implicit Bias Substance Abuse Disorder Stigma Prelicensure Nursing 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://qualtricsxm8m6jzn6q.qualtrics.com/jfe/form/SV_bfqjiiTMAIFDpxY

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

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

Section I: Scenario Overview

Scenario Title	Implicit Bias #3 Substance Use Disorder Stigma Prelicensure Nursing	
Review & Revision Developer	Leslie Catron, DNP, M.A.ED, RN, CHSE	
Date: Sept 2025	Validation: Sept 2025	
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
<u>Estimated Scenario Time</u> : 30 minutes		<u>Debriefing time</u> : 60 min
Target group Prelicensure nursing students; consider possibly using with respiratory therapy students, social work students		
Context Studies support the notion that healthcare professionals are not exempt from bias. Education, introspection, and dialogue surrounding one's own bias can create significant emotions. Readily admitting to personal biases and/or their potential influence on clinical practice are unlikely to occur in one simulation. Therefore, the aim of the scenario is not to identify individual biases in front of peers in a "Gotcha" style but rather provide a clinical experience that allows the learner to safely explore concepts of bias while having the opportunity to develop and practice specific interpersonal skills. This scenario uses the RESPECT model and OARS Motivational Interviewing and as guiding frameworks		
Core case The purpose of this scenario is to focus on the stigma associated with substance use disorder from a patient's perspective, the provider's perspective, and the impact that this stigma has on care. The learner will be required to use open-ended questions, affirmation, reflection, and summary techniques in a respectful and empathetic manner to solicit information from the patient. The debrief will explore the stigma of substance use disorder. The debrief can also be a venue to introduce a framework that guides the learner with what they could do if they identify they have a bias toward a patient characteristic and/or group.		
Brief Summary of Case _Ms. Nelson is a 55-year-old woman in the emergency department with a primary complaint of pain in her right leg. She has a known history of substance use disorder. The scenario explores the impact of stigma relating to substance use. 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.		

Patient characteristics/stereotypes associated with potential bias

Substance Use/Overuse

Age

EVIDENCE BASE / REFERENCES (APA Format)

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*, <https://doi.org/10.1016/j.nedt.2020.104691>

Emstmeyer, K. & Christmas, E. (Eds.). (2022). *Nursing: Mental health and community concepts* [Internet]. Eau Claire (WI): Chippewa Valley Technical College; Chapter 14, Substance use disorders. <https://www.ncbi.nlm.nih.gov/books/NBK590030/>

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*(3), 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>

National Institute on Drug Abuse. 2021. *Words matter-terms to use and avoid when talking about addiction*. NIDAMED. <https://nida.nih.gov/nidamed-medical-health-professionals/health-professions-education/words-matter-terms-to-use-avoid-when-talking-about-addiction>

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

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>

Wu, K. & Baker, J. (2023). Patient communication in substance use disorders. *StatPearls* [Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK549858/>

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES

1. Identify potential implicit and/or conscious biases associated with patient characteristics
2. Use effective communication skills; Use silence appropriately
3. Establish trust by demonstrating empathy
4. Partner with the patient in a respectful and compassionate manner
5. Demonstrates reflective listening
6. Use SBAR with team members
7. 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-g; 2.2i; 2.2j; 2.3a; 2.3c; 2.3e-g; 2.4a; 2.5a-e; 2.5g; 2.5i-j; 2.6b; 2.6e; 2.7a-b; 2.8a-b; 2.8d-e; 2.8i; 2.9a-b; 2.9d
3 Population Health	3.1b-b; 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; 6.1d-e; 6.1i; 6.2c; 6.3c; 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	
<input checked="" type="checkbox"/> Patient Centered Care	<input checked="" type="checkbox"/> Teamwork & Collaboration
<input checked="" type="checkbox"/> Safety	<input type="checkbox"/> Informatics
<input checked="" type="checkbox"/> Evidence-Based Practice	<input checked="" type="checkbox"/> Quality Improvement

B. PRE-SCENARIO LEARNER ACTIVITIES

Prerequisite Competencies	
Knowledge	Skills/ Attitudes
Principles of patient centered care.	Values active partnership with patients in planning, implementation, and evaluation of care.
Principles of therapeutic communication.	Use therapeutic communication skills.
Principles of OARS communication.	Use OARS communication skills.
Language about substance use that is respectful and compassionate Respect .	Use language to talk about substance use that is respectful and compassionate.
Principles of the RESPECT Model Empathy and Trust .	Verbal and nonverbal responses that validate patients' emotions and cause them to feel understood.

Section III: Scenario Script

A. Case Summary

Laura Nelson is a 55-year-old year woman in the emergency department with a primary complaint of pain in her right leg.

Ms. Nelson is currently unemployed. She worked her entire adult life as an accountant until she suffered a back injury from a car accident 5 years ago. She was prescribed opiates for pain control after her accident. When she attempted to taper off the pain pills, her pain was unbearable, and she required more and more pain pills to be able to function. Her doctor eventually refused to continue to prescribe the opiates. She doctor-shopped for a while, obtaining opiates. Eventually, her life spiraled out of control. She lost her job 2 years ago, lost her healthcare insurance, and out of desperation, she turned to heroin to prevent withdrawal. A year ago, her spouse kicked her out of the house when he discovered she was using heroin. She is currently estranged from all family and couch surfs at her friend or at shelters or on the street. The ER MD examines the painful area on her right leg, orders urine drug screen, blood cultures x2, CBC, full electrolyte panel, ultrasound of right thigh, Ibuprofen 800mg PO X1, and informs Ms. Nelson that it appears she has a skin infection, most likely caused by her injecting with a dirty needle. The recommendation is to wait for lab results and then if indicated start IV antibiotics which will require 3-5 day stay in the hospital.

Ms. Nelson is not happy with plan. She knows NSAIDS will not touch her pain, and she doesn't want to be admitted to the hospital. She is afraid that she will be treated disrespectfully and that she will suffer from withdrawal.

B. Key Contextual Details

Setting: Acute Care Hospital Emergency Room

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.
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Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
Patient	Mid-fifties – Provide script	SP
Primary Nurse	Collect subjective assessment data	L
Secondary Nurse	Collect objective assessment data (VS & physical assessment)	L
Charge Nurse	Gives hand off report (SBAR)	L or IP (If not used the facilitator can provide information from the Charge Nurse)
Physician	Receives SBAR report	L or IP (if not used the facilitator or content expert can provide information as the physician)

D. Patient/Client Profile

Last Name: Nelson	First Name: Laura	Gender: F	Age: 55 yrs	Ht: around 5'5"	Wt: around 120lb
Spiritual Practice: Christian	Ethnicity: White	Language: English	Code Status: Full		

1. History, Chief Complaint, Assessment Data

Primary complaint of pain in her right leg.

Assessment Data

General: Calm (initially), avoids eye contact

Neuro: Alert, increasingly agitated/anxious as scenario progresses

Skin: Evidence of track marks on both arms, right leg has an abscess with red or black streaks running along the veins away from it, and a swollen and red area widening around it.

Cardiovascular: HR 95 normal sinus rhythm, BP 105/60

Respiratory: Lung sounds clear, RR 18, SpO2 96% in room air

GI: Bowel sounds all 4 quadrants

GU: Intact, voids in bathroom

Extremities: WNL for age upper and lower extremities.

Pain: Right leg 9/10

Medication allergies:	NKMA	Reaction:	
Food/other allergies:	NKA	Reaction:	
Primary Medical Diagnosis	Pain in right leg; Possible infection		

2. Current Meds

Drug	Dose	Route	Frequency
None			

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

No labs or diagnostic studies

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 such as OARS and practice using language regarding substance use that is respectful and compassionate.

This first resource should be practiced by learners in the simulation experience:

American Psychiatric Association. (2025). *OARS for parents and caregivers*.

<https://www.apaf.org/our-programs/schools/free-resources/oars-for-parents/>

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.

Further resources for learner review:

Bershad, D. (2019). *Motivational interviewing: A communication best practice*. *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. <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>

Substance use disorders: Psychiatric mental health for nursing students [Video]. (2024). LevelUpRN.

YouTube. <https://www.youtube.com/watch?v=i9ctS06oIDw>

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=CGrqY1sVci8>

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

The Basic Assumption©. 2004-2024 Center for Medical Simulation, Boston, Massachusetts, USA. All Rights Reserved – Used with permission. www.harvardmedsim.org info@harvardmedsim.org
<https://harvardmedsim.org/resources/the-basic-assumption/>

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
<p>Ms. Laura Nelson is a 55-year-old year woman in the emergency department with primary complaint of pain in her right leg.</p> <p>No history at the moment, although the charge nurse feels this patient has been in the Emergency Department a few weeks ago 'drug seeking'</p>		<p>55-year-old white female dressed in hospital gown holding on to a backpack. (The backpack contains the possessions she has and is therefore very valuable to her). She is fully dressed under her gown in leggings and long sleeve shirt.</p> <p>Right leg has an abscess with red or black streaks running along the veins away from it, a swollen and red area widening around it.</p>	<p>O2 sat monitor, BP cuff, Thermometer O2 & O2 delivery equipment Suction EMR or paper admission paperwork Note: Orders are not available at the beginning of the scenario Later in the scenario following MD assessment/admission orders: Orders</p>
CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES			
Initiation of Scenario			
<p>The Emergency Room charge nurse provides information of the patient arrival for treatment. The patient has not yet been evaluated by the doctor. Laura Nelson is laying on the gurney, hospital gown on, and holds a backpack.</p>			
STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Baseline	Operator	Learner Actions	Debriefing Points:
<p>Nurses enter room to meet Ms. Laura Nelson</p> <p>Ms. L. Nelsons' voice is soft, answers questions vaguely with as few words as possible, and has minimal eye contact.</p>	<p>VS T 100.4°F (38°C) HR 95 R 18 BP 105/60 SpO2 96% in room air Pain 9/10</p> <hr/> <p>Triggers</p>	<ul style="list-style-type: none"> Wash hands Make eye contact with the patient and smile in an effort to build trust Introduce self Identify patient Identify how patient likes to be addressed (Patient prefers to be called Ms. Nelson by strangers and becomes agitated if the nurse calls her Laura) 	<p>Relational practice: Introduction, patient's preferred name.</p> <p>Ask open-ended questions to clarify patient concerns and use reflective listening skills.</p> <p>To develop trust, it is important to listen to the patient without judgment of patient's decisions and condition.</p>

	<p>Pain assessed, patient requests pain meds for pain 9/10.</p> <p>If after 10 minutes pain has not been assessed, patient requests pain meds for a pain 9/10.</p>	<ul style="list-style-type: none"> Request to start assessment and give an accurate time for the assessment and when the physician will arrive Assess pain level: overall and leg <p>O: nset: When did the pain start?</p> <p>P: rovokes/Palliates: What makes the pain worse or better?</p> <p>Q: uality: Describe the pain (e.g., sharp, dull, burning)</p> <p>R: adiation: Does the pain spread to other areas?</p> <p>S: everity: Rate the pain on a scale of 0 to 10</p> <p>T: ime: How long has the pain been present?</p> <ul style="list-style-type: none"> Ask history Asks clarifying questions if unclear 	<p>Encourage patient to express feelings. Consider sitting instead of standing. Make eye contact.</p> <p>Avoid medical terminology, using common language helps patient understanding of the situation.</p> <p>Explain before doing anything enables trust.</p> <p>Use silence appropriately giving time to the patient for thinking through an answer or to provide new information.</p> <p>Ask clarifying questions if unsure/unclear, summarize what the patient has said.</p> <p>Being non-judgmental to the patient's experiences and decision keeps two-way communication open.</p>
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STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	Operator	Learner Actions:	Debriefing Points:
<p>Patient becomes increasingly anxious and reluctant to answer questions. Requests pain medication for her leg pain of 10/10 and to see a physician to prescribe medication.</p> <p>Starts to calm and anxiety reduces if learner remains calm, uses respectful language, and acknowledges patient's distress. (See learner actions and debriefing points).</p> <p>Patient will continue share her history if learner demonstrates appropriate behavior (see learner actions) and debriefing points).</p> <p>If appropriate behavior is not observed: Patient will not continue to share information and responses are vague.</p>	<p>Vital signs unchanged</p> <p>Patient Script: Information to share if learner actions are met.</p> <p>She worked her entire adult life as an accountant until a car accident 5 years ago and suffered a back injury. She was prescribed opiates for pain control after her accident. When she attempted to taper off the pain pills, her pain was unbearable and required more and more pain pills to be able to function. Her doctor eventually refused to prescribe any further. She doctor-shopped for a while, obtaining pain pills. Eventually, her life spiraled out of control. She lost her job 2 years ago, lost her healthcare insurance, and out of desperation, she turned to heroin to prevent withdrawal.</p>	<ul style="list-style-type: none"> • Recognize patient anxiety • Continue assessment using respectful language • Ask open-ended questions • Use affirmation statements • Ask permission • Summarize what patient has said - confirm understanding • Use SBAR - Provide respectful report to Physician 	<p>Use of open- ended questions helps to establish rapport and trust. "Is it all right if we talk more about..." "I appreciate it took a lot of courage to share...."</p> <p>Reflective listening by asking clarifying questions if unsure/unclear. It is important to learn the patient's perspective.</p> <p>Use empathy and be non-judgmental in responses or decisions.</p> <p>Communicate with physician using language that demonstrates respect of the patient's situations. Avoid generalized or disrespectful statements. Avoid statements such as "Laura is a drug addict" or "Laura is a drug seeker" and use statements such as "Ms. Nelson has a substance use disorder."</p>

	<p>A year ago, her spouse kicked her out of the house when he discovered she was using heroin.</p> <p>She is currently estranged from all family and couch surfs at her friends, at shelters or on the street.</p>		
	<p>Triggers Physician arrives</p>		

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
<p>Frame 3</p> <p>Phlebotomist (this can be the nurse) draws labs. Results are pending – not available during scenario.</p> <p>MD examines area on leg that is painful, writes orders, and informs Ms. Laura Nelson it appears she has a skin infection, most likely caused by her injecting with a dirty needle.</p> <ul style="list-style-type: none"> • Wait for lab results and ultrasound results. <p>If indicated</p> <ul style="list-style-type: none"> • Start an IV • Start antibiotics which would require 3-5 day stay in the hospital • Give Ibuprofen 800mg PO X1 now. <p>Patient’s anxiety increases. She continues to complain of pain. She is afraid to be admitted to the hospital.</p>	<p>Operator:</p> <p>Patient Script Information to share if learner actions are met:</p> <p>Fear of being in the hospital as she won’t be able to self-medicate. Fear of being in the hospital as she thinks she will be stereotyped as a ‘junkie’ She wants to stop using drugs but she doesn’t know how. She has tried a few times to quit on her own and failed.</p>	<p>Learner Actions:</p> <ul style="list-style-type: none"> • Recognizes patient anxiety • Continue assessment using respectful language • Ask open ended questions • Use affirmation statements • Use statements to reflect reflective listening • Summarize what patient has said to confirm understanding (from the learner’s perspective) • If learner offers Ibuprofen 800mg PO X1 now as ordered patient becomes distressed as she knows this will be inadequate to manage the pain 	<p>Debriefing Points:</p> <p>MD order identifies “Known Drug User.” Reflect on the term used and the impact it can have with ongoing care.</p> <p>Reflect on stigma associated with substance use disorder from a patient’s perspective.</p> <p>Reflect on stigma associated with substance use disorder from a provider’s perspective.</p> <p>Reflect on the impact of stigma on care.</p> <p>Reflect on the challenges of pain management for patients with substance use disorders. What resources are there to help the patient with self-care and overcome abuse?</p>
	<p>Triggers 10 minutes into frame 3. Or when learner actions are met, the patient has shared her fears, and is reassured by the learner. Move to scenario end.</p>		

Scenario End Point: 10 minutes into frame 3. Or when learner actions are met, the patient has shared her fears, and is reassured by the learner.

Suggestions to decrease complexity: Patient remains calm, and identifies early that she has a substance use disorder and wants assistance to stop using heroin.

Suggestions to increase complexity: Patient is under the influence of heroin on admission. Or, patient is experiencing withdrawal signs and symptoms during admission, in addition to her painful leg.

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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>

Consider the following elements for debriefing this scenario:

Reflect on:

- Was communication effective with the patient?
- Was the patient included in care?
- Was trust established?
- Was a partnership with the patient established that was respectful?
- Was reflective listening demonstrated and if so, was it effective?
- Was empathy displayed?
- What were the patient's fears?

Reflect on a time when you may have struggled to do something, or when we felt inadequate in some way. How did that make us feel?

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.

Review: From the proposed prework <https://www.canada.ca/en/health-canada/services/substance-use/talking-about-drugs/help-friend.html>

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, which focuses first on the individual or individuals, not the action (e.g., “people who use drugs”)

Reflect on OARS prework (<https://www.myamericannurse.com/motivational-interviewing/>) and application of concepts to this scenario.

- Open ended questions
- Affirmation
- Reflective listening
- Summarize and teach-back

Are there other situations OARS would be valuable?

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) and 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>

Section VIII: 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: The following videos 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>

