Western States Simulation Alliance

Sponsored by the California Simulation Alliance

Implicit Bias Pediatric Weight Stigma/Linguistic Competency Simulation Scenario

This scenario was developed as part of the Kaiser Permanente grant funded WSSA initiative to reduce implicit bias in healthcare education and practice through simulation-based learning. The project is part of the ongoing efforts to address unconscious biases that may impact clinical judgment, clinical reasoning, communication, and marginalized patient care, safety, policy, and environmental change.

The simulation is aligned with the **INACSL Healthcare Simulation Standards of Best Practice™** (https://www.inacsl.org/healthcare-simulation-standards) and incorporates specific learning objectives, evidence-based content, and structured reflective debriefing prompts. The **American Association of Colleges of Nursing Essentials** (https://www.aacnnursing.org/essentials) domains, competencies and sub-competencies have been mapped to the scenario. QSEN competencies (https://www.qsen.org/competencies) are noted and educators can add their State/Regional Core Tenet Learner Activities to meet learning objectives for their program.

References have been vetted to this specific scenario and are useful for learner prework and reflective debriefing. The references are intended to give **facilitators** a broader understanding of the topic and are extremely important in facilitating an active reflective debriefing. Please review.

All scenarios have been validated by subject matter experts, pilot tested and approved by the WSSA before being published. All scenarios are the property of the HealthImpact-WSSA.

The California Simulation Alliance (CSA) is now the **Western States Simulation Alliance (WSSA)** with eight regional collaboratives in California and gives opportunity for individuals, organizations, and associations from California, Oregon, Washington, Idaho, Alaska, and Hawai'i to collaborate, contribute, and take advantage of offerings, resources, and other benefits. The WSSA is a program under *HealthImpact*, a non-profit organization focused on workforce development in healthcare and provides leadership for the WSSA (CSA).
***Notice**:* This scenario was written to focus on specific populations, groups of people, or clinical context. It may not capture the full range of experiences or needs across all populations or practice settings. If changing the scenario focus, consider that it may not be applicable for other populations, groups, or clinical context. Encourage learners to consider how the implicit bias constructs presented may (or may not) apply to their practice, including ways in which bias might present differently among diverse individuals and communities.

It is with sincere hope that the implicit bias scenarios will further the safety and quality of patient care and learners will experience the benefit of reflection following the simulation experience.

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

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 Pediatric Weight Stigma/Linguistic Competency**	
Original Scenario Developer(s) Interprofessional Hospital Setting Developed from the 2021 scenario	Kim Bilskey, MSN, RN, CHSE SME Dr. Jaimie Brandley and Dr. Monica Ruiz-Cangco	
Date: April, 2025	Validation: May 2025	Leslie Catron DNP, M.A.ED, RN, CHSE
Original Scenario Developer(s) Pre-Licensure Nursing	Tara J. Lemoine D.O., FAAP; Kim Bilskey, MSN, RN, CHSE	
Original Date: April 2021	Validation: 2021	Pilot Testing: 2021
Estimated Scenario Time: 30 minutes	Debriefing time: 30 min	
Target group: Nursing Students (in or post Peds rotations), hospital post graduate staff-nurses, respiratory care practitioners, physicians, residents, fellows, unlicensed assistive personnel		
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 case is to increase awareness of stereotypes as well as conscious and unconscious bias. Patient centered care and therapeutic communication will be strategies used to promote individuation and defuse weight stigmata. 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. 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:

Marco is a 5-year-old male patient admitted to the hospital for an asthma exacerbation and increased work of breathing. This is his 4th hospital admission in the last 6 months.

He is morbidly obese and weighs 85kg. In this scenario, obesity in a 5-year-old with asthma whose father is a farm laborer are the characteristics associated with bias.

Patient Characteristics/Stereotypes Associated with Potential Bias

Weight stigma- Obesity in child who presents with signs and symptoms of asthma.
Race
Language
Low Income- Parent is a farm laborer

EVIDENCE BASE / REFERENCES (APA Format)

National Institute of Health (2020, December). *2020 Focused updates to the asthma management guidelines: Clinician's guide.* U.S. Department of Health and Human Services. https://www.nhlbi.nih.gov/sites/default/files/publications/Asthma%20Clinicians%20Guide%20508_02-03-21.pdf

DeCamp, L. R., Acosta, J., Bou Delgado, L., Guerrero Vazquez, M., & Polk, S. (2021). Community partnerships in emerging immigrant communities: Lessons learned addressing Latino childhood weight disparities. *Public Health Nursing, 38*(2), 288–295. https://doi.org/10.1111/phn.12875

Fadus, M. C., Odunsi, O. T. & Squeglia, L. M. (2019). Race, ethnicity, and culture in the medical record: Implicit bias or patient advocacy?. *Academic Psychiatry 43*, 532–536. https://doi.org/10.1007/s40596-019-01035-9

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

Squires. A. (2021). Evidence-based approaches to breaking down language barriers. *Nursing, 47*(9), 34-40. https://doi.org/10.1097/01.NURSE.0000522002.60278.ca

Stephen, J. M., Zoucha, R., Cazzell, M., & Devido, J. (2023). Cultural care needs of Spanish speaking parents with limited English proficiency whose children are hospitalized: An ethnonursing study. *Journal of Pediatric Nursing, 69*, 62-70. https://doi.org/10.1016/j.pedn.2022.12.019

Wagner, B. E. & Cook, S. (2024). Weight bias and stigma in pediatric obesity. *Pediatric Clinics of North America, 71*(1), 819-830. https://doi.org/10.1016/j.pcl.2024.07.005

Section II: Curriculum Integration

A. SCENARIO LEARNING OBJECTIVES
Critical Learner Actions
1. Identify potential implicit and/or conscious biases associated with patient characteristics including obesity, chronic uncontrolled asthma, language barrier and low socio-economic status and how they can impact patient safety after getting report.
2. Discuss the chronic nature of his diagnosis and barriers to following treatment plan with patient and mother once initial physical assessment is complete.
3. Discuss what effective communication would be if a Mixteco interpreter had been used with the patient and mother by using open ended questions to learn about their family history and the impact of repeated hospital admissions during initial interaction.
4. After the scenario, the learner will analyze if they feel empowered to explore any personal biases they may have identified during the scenario and use evidence-based strategies 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-f; 2.2i; 2.2j; 2.3a; 2.3c; 2.3d; 2.3e-g; 2.4a2.5a-e; 2.5g; 2.5i-j; 2.6b-c; 2.6e; 2.7a-b; 2.8b; 2.8d-e; 2.8i; 2.9a-b; 2.9d
3 Population Health	3.1c; 3.1g; 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	1.1e; 1.1f; 1.2a-h; 1.3a-d
9 Professionalism	2.1a-e; 2.2a-f; 2.2i; 2.2j; 2.3a; 2.3c; 2.3d; 2.3e-g; 2.4a2.5a-e; 2.5g; 2.5i-j; 2.6b-c; 2.6e; 2.7a-b; 2.8b; 2.8d-e; 2.8i; 2.9a-b; 2.9d
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/Family Centered Care	1. Values active partnership with parent and child
2. Principles of RESPECT: Communication	2. Shows validity of patient/family concerns

3. Principles RESPECT: Explanatory	3. Allows space for patient/family to share their thoughts without judgement
4. Principles RESPECT: Concerns	4. Asks open-ended questions
5. Principles RESPECT: Trust	5. Respect and encourage patient and family values with verbal and nonverbal responses.
6. Pediatric Normal and Anormal VS/physical assessment parameters.	6. Application of pediatric oxygen delivery devices, titration; monitoring, SBAR communication to resources on changing patient status.

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Section III: Scenario Script

A. Case Summary

Marco is a 5-year-old male admitted to the hospital for an asthma exacerbation with increased work of breathing. He was seen by his school nurse today for trouble breathing and they sent him directly to the ED for evaluation. He has been admitted for another round of bronchodilators and steroids. This is his 4th admission in the last 6 months. He has severe persistent asthma, is chronically on inhaler treatments, and does multiple rounds of steroids a year due to his exacerbations. They are non-adherent to asthma medication regimen.

He is morbidly obese and weighs 85kg. He lives on a farm and his dad is the primary support for the almond farm. They live in a home with no central heat and air utilizing window units for air conditioning and a butane stove in the winter. He is in kindergarten and attends a half day program. Mom is at the bedside and his dad is unavailable to be here due to work. There are 2 cats that live in the home and his dad smokes but never inside the house. They have 3 other children, and the 2 oldest sons have asthma as well. Her oldest son died from a severe asthma attack at the age of 18. Mom states Marco is a very picky eater and will only drink soda and milk. They are on low-income food supplement programs and Marco receives free meals at school. Marco does not participate in sports because he does not like to get hot according to his mom.

B. Key contextual details

Setting: Acute Care Hospital (Peds Unit/Stepdown)

C. Scenario Cast

Patient	Standardized participant is preferable; however, a manikin can be used if the operator has the capability to communicate with the learner via the manikin.

Participants/Role	Brief Descriptor (Optional)	Imbedded Participant (IP) or Learner (L)
Patient	Spanish, Mixteco, English speaking	Manikin or Standardized Participant
Mother	Mixteco speaking	Standardized Participant or IP
Previous Shift Nurse	Gives report frame 1	Standardized Participant or IP, could be L
Break Nurse	Gives report frame 3	Standardized Participant or IP, could be L
Primary Nurse	Collect subjective assessment data	L
Secondary Nurse	Collect objective assessment data VS & physical assessment	L
Recorder/Resource Nurse or unlicensed assistive personnel	Documents vital signs during code blue	L – IP optional
Respiratory Care Practitioner	Assists with assessment and patient care needs	L – IP optional (If not used, the facilitator or content expert can provide information as the RCP)
Resident Physician	Assess patient and gives orders	L – IP optional (If not used, the facilitator or content expert can provide information as the resident)
Attending Physician	Assess patient and gives orders	L – IP optional (If not used, the facilitator or content expert can provide information as the physician)

D. Patient/Client Profile					
Last name: Benny	First name: Marco	Gender: M	Age: 5	Ht: 42 inches	Wt: 85kg
Spiritual Practice: Catholic	Ethnicity: Hispanic	Language: Spanish/Mixteco	Code Status: Full Code		

1. History, Chief Complaint, Assessment Data

Difficulty breathing since he woke up this morning and didn't respond to an inhaler at school. Sent via EMS from the school nurse.

Data

General: Awake, alert, talking in 3-word sentences in mild respiratory distress
Neurovascular: Alert and oriented x3, PERRL, EOMI, GCS 15
Skin: No rashes or lesions, acanthosis nigricans on back of neck
Cardiovascular: HR 166, sinus tachycardia, BP 108/66
Respiratory: Bilateral wheezing throughout, mild accessory muscle use, RR 35, SpO2 98% on HFNC at 10 L/min
Gastrointestinal: Bowel sounds hyperactive, the abdomen is soft, non-tender, no distention
Genitourinary: Inspection deferred
Extremities: Sensation and pulses WNL upper and lower extremities.
Pain: 0

Medication allergies:	None	Reaction:	
Food/other allergies:	None	Reaction:	
Primary Medical Diagnosis	Asthma Exacerbation		

2. Current Meds	Drug	Dose	Route	Frequency
	Albuterol nebulizer	5 mg	INH	Q4h/q2h PRN
	Pulmicort nebulizer	1 puff	INH	BID
	Famotidine	20mg	IV	q24h
	Decadron	15	IV	q24h x 2 doses

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

Not indicated for asthma diagnosis

Section IV: Prework

This Section provides recommendations and examples for prework to be completed by the learner prior to attending the simulation

Faubion, D. (2025). *What is patient-centered care in nursing?* NursingProcess.org. https://www.nursingprocess.org/patient-centered-care-in-nursing.html

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

Sharma, N. P., & Gupta, V. (2023 August) *Therapeutic Communication.* In: StatPearls [Internet]. StatPearls Publishing. 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/

Zimlich, R. (2020). Racism, bias negatively impact children's health, well-being: Racial and ethnic inequalities have an impact on child and adolescent development and health outcomes. Pediatricians can help to change this. *Contemporary Pediatrics*, *37*(1), 21–22. https://doi.org/10.1542/peds.2019-1765

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: Pre-Brief

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. (2023 August) *Therapeutic Communication.* In: StatPearls [Internet]. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK567775/

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

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

Section VI: Scenario

Patient Information	Set-Up / Moulage	Medications/Equipment/Supplies
5-year-old male admitted for asthma exacerbation	**Patient** • Pediatric manikin or standardized participant • Pad arms, legs, abdomen with foam padding (do not extend padding high on chest as this will impede auscultation of lungs) • Sweatpants and hoodie stretch easily over the padding and front zipper allows access for chest auscultation. **Mother** • Standardized participant • Casual worn clothes **Inpatient acute care room** • Adult bed, bedside table, chair for mom, interpreter phone or iPad	Safety Equipment: • Ped Ambu bag • Suction set up with Yankauer • Flowmeters for oxygen and air • Bedside monitor • Pulse oximeter • EKG leads • BP cuff • HFNC set at 10 L/min, FiO2 30% • PIV

CASE FLOW / TRIGGERS/ SCENARIO DEVELOPMENT STATES

Initiation of Scenario

The patient has just arrived at the general medical floor and his initial assessment has been completed by the current shift nurse.
They are beginning the transition of care to the next shift.
The mother is present but only speaks a dialect of Spanish called Mixteco.
The patient is in bed and has audible wheezing.
General: Awake, alert, talking in 3-word sentences in mild respiratory distress.
Neurovascular: Alert and oriented x3, PERRL, EOMI, GCS 15
Skin: No rashes or lesions, acanthosis nigricans on back of neck
Cardiovascular: HR 166, sinus tachycardia, BP 108/66
Respiratory: Bilateral wheezing throughout, mild accessory muscle use, RR 35, SpO2 98% on HFNC at 10 L/min, FiO2 30%
Gastrointestinal: Bowel sounds hyperactive, the abdomen is soft, non-tender, no distention
Genitourinary: Inspection deferred
Extremities: Sensation and pulses normal for age in upper and lower extremities.
Pain: 0
Nurse handoff report: Provided by simulated participant in Frame 1

STATE / PATIENT STATUS	DESIRED LEARNER ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 1	**Operator**	**Learner Actions**	**Debriefing Points**
Simulated participant previous shift nurse provides report This is Marco he is a 5-year-old male with asthma. He is well known to our unit. He gets admitted multiple times a year for his asthma. He is admitted for another exacerbation. He is currently on 10 L/min HFNC and gets albuterol 5 mg every 2 hours for mild respiratory distress. He is on IV steroids BID and gut prophylaxis with famotidine. He is complaining that his stomach hurts, but I am sure he is just hungry because we are not giving him food like they do at home. They clearly let him eat whatever he wants. Social: Mom is at the bedside. She speaks primarily Mixteco, but we always use the Spanish interpreter. I am sure she understands…but he always interprets anyway. I am not sure they even give him his medications since dad is a farm worker, they probably cannot afford them. And dad only smokes outside…yeah right. Mom says he is a picky eater, but we have the dietician talk to them every time he is admitted….he is getting more overweight. He plays on the iPad the entire time he is here, so I bet he doesn't play or exercise at home either.	T 38.2 HR 155 RR 35 BP 99/55 SpO2 88% on 10 L HFNC, FiO2 30% Pain 0 **General**: Awake, alert, talking in 3-word sentences in mild respiratory distress. **Neurovascular:** Alert and oriented x3, PERRL, EOMI, GCS 15 **Skin:** No rashes or lesions, acanthosis nigricans on back of neck **Cardiovascular:** Sinus tachycardia **Respiratory:** Bilateral wheezing throughout, mild accessory muscle use **Gastrointestinal:** Bowel sounds hyperactive, the abdomen is soft, non-tender, no distention **Genitourinary:** Inspection deferred **Extremities:** Sensation and pulses WNL upper and lower extremities. **Triggers** • Nurse uses child to act as interpreter • Nurse receives report with multiple inflammatory statements.	Receive report on patient from previous shift nurse.	**Reflect** on • What happens when children answer questions and are acting as interpreters? • The statements made by the previous shift nurse giving report • Weight stigma and consequences for patients • The lack of empathy for the multiple layers of complexity of a child with a language barrier, chronic illness, and low social economic status.

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 2	**Operator**	**Learner Actions**	**Debriefing Points**
The patient begins to desaturate and needs more respiratory support.	**Vital Signs** T 38.2 HR 155 RR 44 BP 99/55 SpO2 85% on 10 L HFNC, FiO2 30% ↑ 88-90% **IF** ↑12L FiO2 40% **General**: Awake, in worsening respiratory distress **Neurovascular:** Alert and oriented x3, PERRL, EOMI, GCS 15 **Skin:** Perspiration **Cardiovascular:** Sinus tachycardia **Respiratory:** Bilateral wheezing throughout, moderate accessory muscle use **Gastrointestinal:** Bowel sounds hyperactive, the abdomen is soft, non-tender, no distention **Genitourinary:** Inspection deferred **Extremities:** Sensation and pulses WNL upper and lower extremities. **Triggers** Following completion of learner actions undergraduate learners end here. For complexity and/or IP hospital-based staff continue to frame 3.	• Wash hands and introduce self to patient and mom • Examine patient as he tries to talk and interpret for mother • Recognize mother's anxiety and addresses mother with gentle touch attempting reassurance while patient continues interpreting • Interact with patient in English as mother is interrupting in Mixteco wanting to know what the nurse is saying • Increase oxygen to 12 L, FiO2 40%, assess lungs, SpO2 improving back to 88-90% • Notify respiratory care practitioner and charge nurse about increase in oxygen • Work to obtain a Mixteco interpreter for mom	**Reflect** on • Impact of language barriers on patient care in forming therapeutic relationship • The role of the patient as interpreter to help mother's anxiety while patient's respiratory status is declining • The mother's mistrust of healthcare system as her child is declining, she cannot understand the language being spoken to her and one child has already died of this disease process

STATE / PATIENT STATUS	DESIRED ACTIONS & TRIGGERS TO MOVE TO NEXT STATE		
Frame 3	**Operator**	**Learner Actions**	**Debriefing Points**
The primary nurse went to lunch break. Upon return from lunch, the break nurse gives the primary nurse report. "Mother has come to the nurse's station multiple times since you left. I guess she is upset about something. You know they are so needy every time they are here. I am not getting an interpreter just so she can get him more food. You can deal with them" The primary nurse goes to assess the patient. Upon entering the room, the patient is ill, appearing with significant work of breathing and unable to speak.	T 38.2 HR 155 RR 65 BP 92/50 SpO2 82% 12 L HFNC, FiO2 40% **General**: Ill appearing in significant respiratory distress **Neurovascular:** Alert and oriented x3, PERRL, EOMI, GCS 15 **Skin:** Perspiration **Cardiovascular:** Sinus tachycardia **Respiratory:** Bilaterally diminished throughout with poor air entry, severe accessory muscle use **Gastrointestinal:** deferred **Genitourinary:** deferred **Extremities:** deferred	**Primary Nurse** • Recognize change in patient's status • Activate code blue • Increase oxygen to 100%, HFNC 15-20 L • Provide report to code blue team **Physician Team Leader** • Listen to report • Order continuous albuterol, asks for PRN albuterol dose in the meantime • Order 20 mL/kg NS bolus • Order blood gas • Call PICU for transfer **Code Team Nurse** • Perform bedside blood gas • Administer IV bolus NS **Code Team Respiratory Care Practitioner** • Initiate continuous albuterol **ICU Charge Nurse/Physician** • Prepare for patient transfer	**Reflect** on • The impact of language barriers on the patient, caregiver and medical team and how it can impact the treatment the patient receives. • How implicit bias creates dismissiveness of parental concerns based on subjective belief of stereotypes and assumptions which leads to poor patient care • The delay in care the patient received

Scenario End Point: Patient transfer to PICU or after 5 minutes in this frame
Suggestions to **decrease complexity**: Patient does not have a clinical deterioration due to receiving care timely Suggestions to **increase complexity**: Add additional frames-patient continues to have a worsening deterioration when transferred to PICU-add PICU staff and interventions

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 using the RESPECT Model:

- Was a caring relationship established?
- Was trust established?
- Was the patient and family member included in their care?
- Was there clarification and reassurance demonstrated?
- How was the effectiveness of communication and was it age appropriate for patient?
- Were parent concerns addressed? How were they addressed?
- Was there validation of patient's and family situation demonstrated with empathy?
- Was the impact of patient's age, stressors, and support system (social context) recognized with respect and in a compassionate manner?

Self-reflection

- Encourage learners to self-reflect on any initial assumptions they may have made relating to the patient's diagnosis, family's beliefs and compliance based on race.
- Encourage self-reflections regarding their reaction regarding possible weight bias or other unconscious bias regarding this scenario.
- Encourage self-reflection on home environment and low income

Section VIII: Assessment/Evaluation Strategies

This Section provides recommendations for assessment/evaluation strategies to use.
Facilitator Refer to the standards for best practices in participant evaluation: INACSL Standards Committee, McMahon, E., Jimenez, F. A., Lawrence, K. & Victor, J. (2021, September). Healthcare Simulation Standards of Best Practice™ Evaluation of Learning and Performance. *Clinical Simulation in Nursing, 58,* 54-56. https://doi.org/10.1016/j.ecns.2021.08.016 **Self-reflection**: An observation exercise or journaling on an exemplar of empathetic individualized care

Section VIIII: Faculty/Facilitator Resources

This Section provides resources for faculty/facilitator development in the content area
In addition to the identified resources for pre-work, facilitators may find the following useful resources to review to assist with evidence-based discussions during the pre-brief: Evans, Y. N., Rafton, S. A, Michael, E., & Ebel, B. E. (2018). Provider language proficiency and decision making when caring for limited English proficiency children and families. *Journal of the National Medical Association, 110*(3), 212-218. https://doi.org/10.1016/j.jnma.2017.06.002 Global Initiative for Asthma. (2025). GINA 2015 slide set objectives, documents, and management recommendations from 2025 update. https://ginasthma.org/gina-2025-slide-set-is-now-available/ Hagg, A., Kebbe, M., Tan, Q., Manco, M., & Salas, X R. (2021). The complexity and stigma of pediatric obesity. *Childhood Obesity, 17*(4), 229-240. https://pmc.ncbi.nlm.nih.gov/articles/PMC8147499/ Palad, C. J., Yarlagadda, S., & Stanford, F. C. (2019). Weight stigma and its impact on pediatric care. *Current opinion Endocrinology Diabetes Obesity 26*(1), 19-24. https://pmc.ncbi.nlm.nih.gov/articles/PMC6311448/ Zimlich, R. (2020). Racism, bias negatively impact children's health, well-being: Racial and ethnic inequalities have an impact on child and adolescent development and health outcomes. Pediatricians can help to change this. *Contemporary Pediatrics*, *37*(1), 21–22. https://publications.aap.org/pediatrics/article/144/2/e20191765/38466/The-Impact-of-Racism-on-Child-and-Adolescent?autologincheck=redirected

APPENDIX A: HEALTH CARE PROVIDER ORDERS

Patient Name: **DOB:** **Age:** **MR#:**	**Diagnosis:**

† No Known Allergies
† Allergies & Sensitivities

Date	Time	**HEALTH CARE PROVIDER ORDERS AND SIGNATURE**
Signature		