Learning Activity: Addressing Bias in Healthcare Simulation

Description of Activity:	This simulation or role-play scenario is designed to stimulate reflection and discussion on how bias or stigmatizing language impacts patients and considerations for providing feedback to peers and other healthcare providers.					
Keywords:	Trauma and Violence Informed Care, Bias, Stigma, Substance Use					
Type of activity	Simulation or Didactic Role Play activity	Recommendation on when introduced in curriculum?	☐Early ☒Mid ☐End	Suggested Course:	☐Health Promotion /Assessment/ Fundamentals ☒Acute care ☒Chronic care ☐Pharmacology	☒Population/ Community health ☐Leadership ☐Other:
Competency addressed:	☒1. Provide respectful, compassionate, person-centered care for people experiencing homelessness (PEH) ☐2. Evaluate clients for social determinants of health needs, including housing status and related aspects of safety, access to food, social support and other relevant domains ☒3. Collaborate with client and appropriate Interprofessional community members to optimize health in PEH ☒4. Advocate for improved health for PEH					
Learning Activity:	**Learning activity Type: Didactic Role Play or Simulation** Goal: stimulate reflection and discussion on how bias or stigmatizing language impacts patients, and considerations for providing feedback to peers and other healthcare providers. **Learning Outcomes:** During this learning activity, nursing students will: • Recognize bias and stigmatizing language. • Apply feedback strategies to stimulate discussion with other healthcare providers. • Describe at least one example of how language can impact patients negatively. • Articulate at least one suggestion for alternative non-bias and stigmatizing language. **Preparation: 1.5 hours** Review assigned articles, studies, videos and guiding organization webpages or documents (e.g., CDC, NIH). See page 2. **Simulation or Role Play Activities: 3.5 hours** Students will participate in two patient case scenarios. Allow students the opportunity to choose their role in a simulation or role-play activity. (Inclusive education practices: allowing autonomy) Repeat each SIM case twice to allow students to switch roles and practice applying knowledge and skills.					

Pre-brief (**30 minutes**): Simulation standards are set and reviewed with students, emphasizing group learning (e.g., building connections with one another), safety, identifying stressors, and coping strategies. (Inclusive education practice: fostering safety)

Case Example ONE (1-hour simulation or role play): A trusted colleague (nursing student or peer faculty) comes to you after their day in the clinical setting. They shared that they were in shift report for an unhoused patient they were to care for. The nurse from the previous shift referred to the client as noncompliant and a frequent flyer with a long history of methamphetamine abuse. The nurse thought that the patient was likely drug-seeking. Your colleague didn't know how to respond since no one in the room spoke up, and they are returning to care for the client again tomorrow. They ask you to role-play with them on how to respond to the nurse.

De-brief Questions (30 minutes): Discuss in small groups how the Simulation went.
Report out from each group as applicable, thoughts, ideas, knowledge, and experiences. Individuals may turn in their reflections or report their own findings if not working in groups.
- What are students feeling positive or negative about? What other thoughts are coming up?
- Has a healthcare provider ever made you feel shame or stigmatized by their language? Can you think of an experience where language impacted you in a negative way?
- Can you identify what language (phrases) should be addressed in this scenario and what language could be used instead?
- What is the likely impact to the client when such words are used?
- What language can we use instead?
- How might students advocate for the client and navigate clinical hierarchy when students observe stigma.
- Has anyone ever provided feedback to you in the workplace? If so, how did it make you feel and what are your thoughts on their feedback approach?
- What do we know about providing feedback and how might you recommend providing feedback to the staff nurse?

Case Example TWO (1-hour simulation or role-play):
During a chart review in your clinical shift, you notice a nurse's note describing a postpartum patient as "hysterical and overreacting to pain." The chart also includes language such as "claims to be in pain" and "refused to ambulate despite being told it was necessary." You are scheduled to care for this patient next. When you meet her, she is tearful and says she feels like no one believes her. You suspect she is in genuine distress and may not be getting appropriate pain management. You need to decide how to advocate for her, what language to use in your own documentation, and whether or how to bring this up with the nurse who wrote the original note.

De-brief Questions (30 minutes): Discuss in small groups how the Simulation went.
Report out from each group as applicable, thoughts, ideas, knowledge, and experiences. Individuals may turn in their reflections or report their own findings if not working in groups.
- What emotions or concerns did this scenario bring up for you?
- What phrases in the chart could be considered stigmatizing or dismissive? Why?
- How does stigmatizing documentation affect patient care and trust?
- How might implicit bias contribute to labeling a woman in pain as "hysterical"?
- What are examples of objective, patient-centered language you could use instead?

	• How would you document this patient's pain and response to care without minimizing her experience? • How might you approach the nurse who documented the encounter to provide feedback? • What is the role of nurses in addressing bias in patient records? • How do race, gender, or other social identities affect how patients are perceived in pain?
Time Required:	3.5 hours
Preparation of the student:	**Preparation Time:** 1.5 hours Review assigned articles, studies, videos and webpages, or documents. Required: ☐ Ashford, R. D., Brown, A. M., & Curtis, B. (2018). Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias. Drug and Alcohol Dependence, 189, 131–138. https://doi.org/10.1016/j.drugalcdep.2018.05.005 ☐ Centers for Disease Control and Prevention. (2021). Health equity guiding principles for inclusive communication. https://learn.lowcountryfoodbank.org/wp-content/uploads/2022/01/CDC-Health-Equity-Style-Guide.pdf ☐ Earnshaw, V. A., & Quinn, D. M. (2012). The impact of stigma in healthcare on people living with chronic illness. Journal of Health Psychology, 17(2), 157–168. https://doi.org/10.1177/1359105311414952 ☐ Healy, M., Richard, A., & Kidia, K. (2022). How to reduce stigma and bias in clinical communication: A narrative review. Journal of General Internal Medicine, 37(10), 2533–2540. https://doi.org/10.1007/s11606-022-07609-y ☐ U.S. Department of Health and Human Services. (2021, June 23). Words matter: Preferred language for talking about addiction. National Institutes of Health. Words Matter: Preferred Language for Talking About Addiction | National Institute on Drug Abuse (NIDA) ☐ Salud America! (2022, October 19). New health equity language guide helps fight implicit bias, discrimination. https://salud-america.org/new-health-equity-language-guide-helps-fight-implicit-bias-discrimination/ The Way We Work, a TED series. (2020, February 10). The secret to giving great feedback [Video]. YouTube. https://www.youtube.com/watch?v=wtl5UrrgU8c Optional: ☐ Ruben, M & Stosic, M. (2024). Documenting race and gender biases in pain assessment and a novel intervention designed to reduce biases. *The Journal of Pain.* 25(9). https://doi.org/10.1016/j.jpain.2024.104550

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Resources:

Grading Rubric:

Criteria	Meets Expectations (3 pts)	Approaching Expectations (2 pts)	Needs Improvement (1 pt)
1. Recognizes Bias and Stigmatizing Language	Clearly identifies at least one example of biased or stigmatizing language.	Provides vague explanation or needs clarification.	Does not recognize or incorrectly identifies stigmatizing language.
2. Applies Feedback Strategies	Provides respectful, appropriate feedback that encourages dialogue with peers or healthcare staff.	Attempts feedback, but delivery may be unclear or lacks collaboration.	Does not provide feedback or provides feedback that inappropriate or ineffect
3. Explains Impact of Language on Patients	Gives at least one specific example of how language can negatively affect patients.	Provides a general idea of the impact but lacks a clear example.	Does not provide an example or demonstrate limited understanding of impact.
4. Suggests Alternative Non-Biased Language	Offers at least one appropriate and respectful alternative to stigmatizing language.	Suggests an alternative that may lack clarity or full appropriateness.	Does not offer a meaning alternative or uses simila biased language.

Ashford, R. D., Brown, A. M., & Curtis, B. (2018). *Substance use, recovery, and linguistics: The impact of word choice on explicit and implicit bias*. *Drug and Alcohol Dependence, 189*, 131–138. https://doi.org/10.1016/j.drugalcdep.2018.05.005

Brown, T., Berman, S., McDaniel, K., Radford, C., Mehta, P., Potter, J., & Hirsh, D. A. (2021). Trauma Informed Medical Education (TIME): Advancing Curricular Content and Educational Context. Academic Medicine, 96(5), 661–667.

Centers for Disease Control and Prevention. (2021). *Health equity guiding principles for inclusive communication*. https://learn.lowcountryfoodbank.org/wp-content/uploads/2022/01/CDC-Health-Equity-Style-Guide.pdf

Earnshaw, V. A., & Quinn, D. M. (2012). *The impact of stigma in healthcare on people living with chronic illness*. *Journal of Health Psychology, 17*(2), 157–168. https://doi.org/10.1177/1359105311414952

Goddard, A., Witten Jones, R., Esposito, D., & Etcher, L. (2022). Trauma-Informed Education in Nursing: A Concept Analysis. *The Journal of nursing education,* 61(6), 296–302. https://doi.org/10.3928/01484834-20220404-15
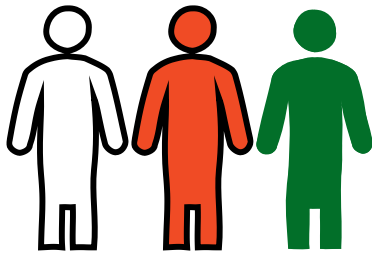
Hansen, E. (2011). Idea based learning: A course design process to promote conceptual understanding. Stylus Publishing, LLC.

Healy, M., Richard, A., & Kidia, K. (2022). *How to reduce stigma and bias in clinical communication: A narrative review*. *Journal of General Internal Medicine, 37*(10), 2533–2540. https://doi.org/10.1007/s11606-022-07609-y

Noone, J. & Gubrud, P. (2024). Best practices in teaching nursing. National League for Nursing.

Ruben, M & Stosic, M. (2024). Documenting race and gender biases in pain assessment and a novel intervention designed to reduce biases. *The Journal of Pain.* 25(9). https://doi.org/10.1016/j.jpain.2024.104550

Salud America! (2022, October 19). *New health equity language guide helps fight implicit bias, discrimination*. https://salud-america.org/new-health-equity-language-guide-helps-fight-implicit-bias-discrimination/

Stevens, D & Levi, Antonia. (2013). Introduction to rubrics: An assessment tool to save grading time, convey effective feedback and promote student learning. (2nd ed.). Stylus Publishing, LLC.

The Way We Work, a TED series. (2020, February 10). *The secret to giving great feedback* [Video]. YouTube. https://www.youtube.com/watch?v=wtl5UrrgU8c

U.S. Department of Health and Human Services. (2021, June 23). Words matter: Preferred language for talking about addiction. National Institutes of Health. Words Matter: Preferred Language for Talking About Addiction | National Institute on Drug Abuse (NIDA)

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Addressing Bias & Stigmatizing Language in Healthcare
Quick Facts and Feedback Considerations for Faculty and Students

🔢 **Patients Are Noticing: 1 in 10 patients** with medical record access **felt judged** by provider language.

📉 Anticipated **stigma is the top predictor of reduced healthcare access** in a study of 184 people with chronic illness.
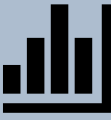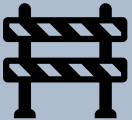
Bias is Documented – Literally

- **A large cross-sectional study** found that **2.5% of hospital admission notes** contained stigmatizing language.

- **Qualitative study of 600 notes highlighted** patterns of **negative language** (e.g., expressions of disapproval & disbelief).

Words Matter – Educate & Advocate

☑ Use first person Language   ☑ Avoid Dehumanizing & Blameful Language   ☑ Speak up

Examples of Terms to Avoid	Use instead
Non-Compliant	Experiencing challenges following treatment plan
Poor people	People with lower income
Homeless or Transient	People experiencing homelessness or unstable housing
Drug abuser, addict	Person with Substance use disorder, person with alcohol use disorder
Lower socioeconomic status	Poverty-stricken
Disabled	Person with a disability

Create a **safe** space for Feedback: Ensure space is private, quiet, in a neutral location, & allow time for discussion.

🪑 **Start with permission-** "Would it be ok if I shared something I noticed?"

📊 **Data Point-** Explain the observation, be clear and non-judgmental.

🚧 **Explain the impact-** connect the language or behavior to patient outcomes.

🧠 **End with a question-** "What are your thoughts and feedback?"

❤ **Lead by Example-** Model respectful communication in all interactions.

Click Resources for a list of references including CDC Health Equity Guide.