**Abridged Example Facilitator Guide**

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| *Learner opportunity to complete pre-work:* **30 min.** |
| **Say:** (When learners arrive) “Welcome to class, have you had the opportunity to read the article and watch the pre-learning video?” |
| **Do:** Set up learners with pre-learning materials (article to read & QR code for video)* Watch 8 minute *TEDx Talk by Kristin Pressner*

<https://youtu.be/Bq_xYSOZrgU> |
| *Class Starts/Welcome:* **10 min.** |
| **Say:** “Welcome to this session, my name is \_\_\_\_\_ and I work in the \_\_\_\_\_ department and will be facilitating the class today with \_\_\_\_\_. (Co-facilitator say name and department). Let’s start by everyone in the group sharing their name and in one word, the feeling you had while doing the pre-learning. I will give my own as an example, \_\_\_\_\_\_ (e.g. reflective/motivated). (Co-facilitator also share).  |
| **Do:** Have learners all share their name and in one word, the feeling you had while doing the pre-learning. |
| **Say:** “Thank you all for sharing. I heard (reflect back what you heard learners mention), what questions do people have about the pre-learning? (pause)The goal of the class today is to provide an opportunity to practice de-escalation techniques and explore the role of implicit bias in de-escalation. Family satisfaction scores and safety learning reports across the organization, including the St. Paul NICU, indicate we have opportunities to improve the way we provide care for families of color. National data shows that people of color have poorer health outcomes and experience lower patient satisfaction. Although the St. Paul NICU RNs are the first to complete the education, many other departments and disciplines are interested in participating in the future. The feedback from you today will be instrumental in shaping future simulation-based education.”  |
| **Do:** Handout the agenda to each learner.  |
| **Say:** “Here is the agenda for the day, you can see the objectives listed and the mitigation techniques from our pre-learning are listed on the back.” |
| **Say:** “We are going to start by reviewing ground rules.” * Share air time.
* Lean into discomfort with difficult conversations and commit to engaging in emotional labor.
* All learners are here to improve and provide better care to patients and families. We all have different identities and life experiences. Speak honestly from your own perspective – use “I” statements. **We all hold implicit biases** and are striving to recognize these biases and mitigate them to improve the way we provide care.
* Expect non-closure (Heard-Garris presentation, 2020). We are all aiming for improvement during these sessions and we accept our growth will need to continue after this session.
* The content may be triggering or difficult for people of color and we aim to create a safe space. Microaggressions will be addressed as they arise.
* Please only share your own experiences and respect others by refraining from sharing their stories. We value confidentiality as a way to allow us to be vulnerable today while we practice skills around mitigating racial bias.
* What ground rules would we like to add for our session today?
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| **Do:** Write additional ground rules on white board.  |
| **Say:** “Ok, before moving into our other activities and simulations, we are going to start with a short mindfulness activity” |
| *Mindfulness Activity: Two feet, One breath* |
| **Say:*** “Think of a favorite place, it can be a vacation spot you miss visiting, a favorite sunny spot in your home, somewhere outdoors, wherever you think of as your favorite place.
* “I invite you to close your eyes and plant your feet on the ground. Hold the image of your favorite place in your mind as we take a deep breath in, and exhale.
* “Feel the weight grounded through your left foot. Stretching out your toes, breathing into that left foot, and exhale.
* “Feel the weight grounded through your right foot. Stretching out your toes, breathing into that right foot, and exhale.
* “Notice what is around you in your favorite place, what do you see? Take a deep breath in, and exhale.
* “Notice the sounds surrounding you in your favorite place, maybe there is wind blowing through the trees, or waves crashing, or a tea kettle boiling. What sounds do you hear? Take a deep breath in, and exhale.
* “Notice the smells in your favorite place, maybe there is the smell of a spring rain, or a favorite meal cooking on the stove. Take a deep breath in, noticing that smell, and exhale.
* “Notice you are grounded through your feet, and center your mind on your heart. Take a deep breath in, feeling centered on your heart, and exhale.
* “When you are ready, please open your eyes.
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| *Prebrief for Simulation Case 1: Father at Bedside in NICU* |
| **Say:** * We are now going to practice de-escalation skills, bias recognition and bias mitigation strategies in the simulated setting. We will continue to refer to our ground rules during the simulation. Please remember, all learners are here to improve and provide better care to patients and families. **We all hold implicit biases** and are striving to recognize these biases and mitigate them to improve our care.
* We will use a simulation format where you all will care for the family and patient as if you are one person. We will use a play/pause format where one person will interact with the actor while others remain seated in this semi-circle. We encourage you to use a tap in/tap out method where you would take over at the point in the scenario where your colleague left off. To tap in or tap out, you can say “I would like to tap in here” or “Pause, I would like to tap out here”. We encourage everyone to tap in at least once so everyone can get practice using their own words within the simulation.
* The person interacting with the actor or the facilitator can pause the scenario. During the pauses, the learner can ask for peer or facilitator feedback, and the facilitator may briefly call out mitigation strategies to consider as they arise in the case.
* We may also rewind the case to provide opportunities to practice specific parts of the scenario again, integrating feedback.
* Finally, we will have an opportunity for debriefing after the case, where we can discuss the case as a group and hear feedback from the family perspective.
* Being in a simulation can be intimidating but also extremely rewarding so we are asking all of you to be willing to be vulnerable and buy into the fiction contract to treat this simulation as a real clinical situation. This will enhance everyone’s opportunity for learning.
* As noted in our Ground Rules, please only share your own experiences/learnings and respect others by refraining from sharing their stories. We value confidentiality as a way to allow us to be vulnerable today.
* We recognize that some parts of the simulation cases may lead you to think of cases you’ve experienced in your unit. The cases were created based on organizational and St. Paul NICU SLRs and family experiences. The cases are not a specific case. We ask that you refrain from sharing any protected health information (PHI).
* Before I read the background on the case, what questions do you have?
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| **Do:** Hand out “Instructions to Learners” for Simulation Case 1 and consider having one learner read it out loud.  |
| Baby John was born 3 days ago due to preterm labor and fetal distress. He required positive pressure ventilation due to minimal respiratory effort, intubated, surfactant x1. Extubated to Bubble CPAP 5 within a few hours post-delivery. Dad was told he’d be able to cut the umbilical cord but due to the emergent need for resuscitation, he wasn’t allowed to do this. The father has stated multiple times that “no one is telling me what is going on.” The nurse from the previous shift stated, “He was really angry, I was uncomfortable spending a lot of time in there. I almost had to call security but then he calmed down some”. The nurse also mentioned, “He hasn’t really left the bedside the last few days.”You just received report and are entering the room to do your routine safety checks. The father begins to speak to you about his concerns.  |
| **Say**: “What questions can I answer about the simulation case prompt?”“Who would like to start us off? As a reminder, you can say pause or make a T (with your hands)” |
| **Know:** *(for facilitator eyes only)* Male actor’s safe word is “aggravated”. If you hear this word, please pause and offer one of the questions, like “What do we think the father is feeling right now?” The actors will use this safe word when a pause is needed for them. This may be due to a microaggression in the case. Please address the microaggression if noted.Instructions given to Actor: You are the father of the patient that is very ill in the NICU. This is your first baby and you are not coping well with the idea that you aren’t able to hold and enjoy your baby as you had expected. You are on the edge, exhausted, stressed, and ready to escalate. Your emotional response depends on how well the learner does in managing the interactions. You could easily become angry, blaming, shouting, crying, etc. You will never take a threatening posture or become physical, will not advance towards the learner in any threatening way. Your girlfriend, Jemma, was just discharged yesterday from the postpartum unit and is at home resting and will come back later tonight. She is pumping breastmilk and will be bringing the breastmilk this evening. You notice the nurses taking care of your son put a tube down his mouth and put formula in the tube. You know that your girlfriend always wanted to breastfeed this baby and you wanted to say something but you weren’t sure because no one asked. |

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| *Simulation Case 1 Play/Pause:* **30 min.**  |
| *For Facilitator Reference:* **What to observe for, reinforce, and discuss during Deliberate Practice (DP) & Debriefing:**Remember, the emphasis during DP and Debriefing is to allow the learner to get to the learning on their own through self-reflection. Utilize the Advocacy/Inquiry method to bring up specific observations and prompt reflection by the learners.* When pausing/resuming/rewinding the scenario:
	+ **“Let’s pause for a moment…(offer observation)**
	+ **“Let’s resume the case at \_\_\_\_ point** (can be helpful to write down a phrase you heard the actor state to provide starting point)”
	+ If participants aren’t voluntarily tapping in/out, may need to offer for the learners to switch who is speaking with the actor, to provide adequate practice opportunities.
* Watch for behaviors which indicate support, respect, and open conversation. Celebrate positive behaviors:
	+ I noticed (e.g. you asked the father what was important to him) which is a powerful way to show you respect the family’s goals and want to support them.
* Watch for behaviors which do not indicate support, respect, and open conversation. Open it up to the group to respond to specific questions to promote the practices below:
	+ I noticed the father is answering with short responses and does not appear engaged in the discussion. I wonder what we could say to show our support and try to open up the conversation. What could we say?

**Mindfulness and emotional regulation practices:** * Questions to ask:
	+ **“What are you feeling/thinking right now?”** (in your body)
	+ **“What are the objective observations you can make of the present moment?”** (where are people sitting/standing in the room, what is the sound in the room, what is the tone/volume of the voices in the room?)
* Statements to make during microdebriefing:
	+ “Mindfulness allows us to calm the mind and be present in the moment. Being mindful can assist in showing compassion and empathy.”
	+ “Emotional regulation allows us to reflect on our “gut feelings” and negative reactions to patients/families/coworkers and strive to overcome the bias with purposeful practice.”

**Perspective taking practices:*** Questions to consider during microdebriefing:
	+ **“What might the father be thinking or feeling right now?”**
	+ **“How can we find out what the father is feeling?”**
* Statements to make regarding perspective taking:
	+ “Purposely consider how the family member/father/mother is thinking or feeling to develop compassion and empathy.”

**Individuation practices:** * Questions to consider during microdebriefing:
	+ **“What could we do to learn more about the father?”**
* Statements to make regarding individuation:
	+ “Learning about individuals and their own interests/hopes/fears/rituals/values is a powerful way to build rapport and to challenge biases held regarding a specific stigmatized group.”

**Partnership building practices:** * Questions to consider during microdebriefing:
	+ **“How can we partner with the family?”**
* Statements to make regarding partnership building:
	+ “Partnering and finding out what is important to the family is a powerful way to build rapport and show support of the family’s goals.”

Challenging learner behaviors: Defensiveness, White fragility, and microaggressions may arise during the debriefing or simulation. Refer to table 3 for examples of responding.If you notice white fragility: * **“Today’s discussion can be uncomfortable and difficult, take a moment to feel your reactions in your body before you speak. Be okay with the discomfort.”**
* Help the learner practice perspective taking: **“What’s happened to this family?” or “What might this family be thinking or feeling?”**
* **“Ask yourself, if this person was exactly the same, but white instead of black, how would I feel right now?”**

If a learner is tearful, or yelling:* **“I notice you are upset, why don’t you take a moment and come back when you are ready”.**

If the learner is defensive and dominating the conversation:* Consider providing a redirection, **“We want everyone here to participate and learn from each other’s experiences. We have heard a lot from some people, let’s give others a chance to speak”**

When responding to microaggressions:* Say **“Ouch”** or **“Let’s pause there”**. Consider even setting a safe word such as “ouch” at the beginning of the session for the learners to be able to use as well as the facilitators. Using a simple phrase, will allow the facilitator a moment to find the words to address the microaggression. *The most important thing is to not be silent, as silence connotes approval.*
* The facilitator should first call out the action by “calling in” the group to the impact of what was stated. **“I noticed \_\_\_\_ was stated, although the intent may not have been to harm someone, the impact of the statement is harmful”**
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| *Simulation Case 1 Debriefing: (0905-0935) (13:05-13:35) (17:05-17:35)* **30 min.** |
| *For Facilitator Reference: See laminated PEARLS guide as well* |
| **Say:** We are going to end the case here. I want to start by thanking our professional actor and allow them to step out. They will return in 5-10 minutes to rejoin our debrief and offer input from the parents perspective.” |
| **Say:** (Setting the stage) “Let’s spend 30 minutes debriefing. Our goal is to improve the care we provide to patients and families. Everyone here is intelligent and wants to improve.” |
| **Say:** (Reactions) “Any initial reactions?” |
| **Say:** (Description) “What was happening in this case?” (pause) “Does everyone agree? Any other perspectives?” |
| **Say:** (When actor returns to the room) “Now we are going to have an opportunity to discuss the case with our actor. I will introduce you to (name of actor). Would you share with the group how the case felt for you? What was your experience as the parent?” (facilitate discussion of feedback from actor) |
| **Say:** (Analysis)“Let’s start our discussion from the beginning of the case. How did the parent open the case?” |
| **If the learners do not raise the following during the debrief, offer the following observations:** *(The father does not feel heard and he was not allowed to cut the cord)* If needed, prompt learners to validate the father and think about open ended questions they can use instead of offering solutions. *(The father is not being included in his child's care, "no one is telling me anything" and "we planned to breastfeed John, why does he have a tube")* In addition to above debriefing, can prompt learners to consider the bias towards unmarried couples, particularly couples of color. If additional time, can prompt learners to reflect on the data that shows donor milk is not offered to families of color as often as white families, can also save this debriefing point for mother case if limited time. *(The father was stereotyped at the welcome desk)* Prompt learners to consider that Black men face stereotypes anytime they leave their home. In this case, discussing what the father has experienced in order to just see his child. How the barriers we have in place for all unmarried fathers and particularly perpetuate racism for fathers of color.  |
| **Say:** (Summary/Application) “What are some take-aways from this discussion for our clinical practice?” |

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| *Break* **15 min.** |

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| *Prebrief Simulation Case 2: Mother at Bedside NICU* ***10 min.*** |
| **Say:** * Before we begin the second case, let’s take a moment to review the ground rules and what to expect in the simulation.
* Please remember, all learners are here to improve and provide better care to patients and families. **We all hold implicit biases** and are striving to recognize these biases and mitigate them to improve our care.
* Remember, we will be using a play/pause format. The person interacting with the actor or the facilitator can pause the scenario. During the pauses, the learner can ask for peer or facilitator feedback, and the facilitator may briefly call out mitigation strategies to consider as they arise in the case.
* We also encourage you to tap in/tap out at least once so everyone can get practice using their own words.
* Finally, we will have an opportunity for debriefing after the case, where we can discuss the case as a group and hear feedback from the family perspective.
* Being in a simulation can be intimidating but also extremely rewarding so we are asking all of you to be willing to be vulnerable and buy into the fiction contract to treat this simulation as a real clinical situation. This will enhance everyone’s opportunity for learning.
* As noted in our Ground Rules, please only share your own experiences/learnings and respect others by refraining from sharing their stories. We value confidentiality as a way to allow us to be vulnerable today.
* We recognize that some parts of the simulation cases may lead you to think of cases you’ve experienced in your unit. The cases were created based on organizational and St. Paul NICU SLRs and family experiences. The cases are not a specific case. We ask that you refrain from sharing any protected health information (PHI).
* Before I read the background on the case, what questions do you have?
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| **Do:** Hand out “Instructions to Learners” for Simulation Case 2 and consider having one learner read it out loud. Provide “Brain Sheet” to learners.  |
| You just received bedside handoff from your colleague. Mom and Dad stepped out to get some food so were not present at time of handoff. Mom is now at the bedside and you are entering the room to do routine cares. You have the relevant clinical information that you received on the ‘brain sheet’ provided. As you begin your routine cares, mom begins to speak to you about her concerns regarding the care of her infant.*Summary of pertinent clinical information:*Baby Tenisha is a 32-week infant delivered vaginally to a first-time mother who presented to the hospital completely dilated. Upon birth, Baby Tenisha required respiratory resuscitation at birth, was briefly intubated surfactant administered, and umbilical lines placed. Over the last 5 days, she has progressed well and transitioned early to CPAP and now only has a Nasal Cannula. Mom recovered well and has been at the bedside since her discharge 2 days post-delivery. |
| **Say**: “What questions can I answer about the simulation case prompt?”“Who would like to start us off? As a reminder, you can say pause or make a T (with your hands)” |
| **Know:** *(for facilitator eyes only)* Female actor’s safe word is “aggravated”. If you hear this word, please pause and offer one of the questions, like “What do we think the mother is feeling right now?” The actors will use this safe word when a pause is needed for them. This may be due to a microaggression in the case. Please address the microaggression if noted.*Instructions to the Actor*: You are the mother of the patient, Baby Tenisha. You had a premature vaginal delivery 5 days ago which was 6 weeks early from when you expected to deliver. The baby needed resuscitation (included a breathing tube that has now been taken out and replaced with minimal oxygen through a tube in the nose) but has been recovering very well. You did well after the delivery and had a normal recovery which entailed being in the hospital for about 2 days. The first day you came to the NICU after your discharge, the nurse offered for you to do skin to skin with her. You didn’t really feel well at that time but no one’s asked again since. You would really like to breastfeed the baby but you are uncertain if that’s an option right now the baby requiring oxygen. The Ob nurse did help you learn to pump so you’ve been trying to do that. You are afraid to ask the NICU RN when you may be able to try and nurse your baby directly. You also feel you haven’t had a lot of welcoming time to ask questions of the care team and at the same time you have been hesitant to ask questions because you don’t want them to perceive you negatively and have that impact the care your baby is receiving. |
| *Simulation Case 2 Play/Pause: (10:00-10:30) (14:00-14:30) (18:00-18:30)* **30 min.** |
| *Simulation Case 2 Debriefing: (10:30-11:00) (14:30-15:00) (18:30-19:00)* **30 min.** |
| *For Facilitator Reference: See laminated PEARLS guide as well* |
| **Say:** We are going to end the case here. I want to start by thanking our professional actor and allow them to step out. They will return in 5-10 minutes to rejoin our debrief and offer input from the parents perspective.” |
| **Say:** (Setting the stage) “Let’s spend 30 minutes debriefing. Our goal is to improve the care we provide to patients and families. Everyone here is intelligent and wants to improve.” |
| **Say:** (Reactions) “Any initial reactions?” |
| **Say:** (Description) “What was happening in this case?” (pause) “Does everyone agree? Any other perspectives?” |
| **Say:** (When actor returns to the room) “Now we are going to have an opportunity to discuss the case with our actor. I will introduce you to (name of actor). Would you share with the group how the case felt for you? What was your experience as the parent?”(facilitate discussion of feedback from actor)“Thank you, (actor name). We appreciate your feedback.”  |
| **Say:** (Analysis) “Let’s start our discussion from the beginning of the case. How did the parent open the case?” |
| **If the learners do not raise the following during the debrief, offer the following observations:***(The mother states “I kept seeing the nurse checking on the other baby next door but she did not come in our room as often.”)*If needed, prompt learners to validate the mother and think about open ended questions they can use instead of offering solutions. *(The mother is concerned by the data on Black maternal health and black neonatal outcomes.)*In addition to above debriefing, can prompt learners to reflect on how they felt when the statement was made and how it may have made them defensive. *(The mother wants to breastfeed and has not had an opportunity to talk to staff about this.)*Can prompt learners to reflect on the data that shows donor milk is not offered to families of color as often as white families. |
| **“How did you feel with mom and how did you feel with dad?”** (Explore the reflection of what is different for the learner regarding the two cases (may have reflections of comfort with one caregiver over the other, the cases have similar issues and concerns where families are not being heard and included).  |
| **Say:** (Summary/Application) “What are some take-away from this discussion for our clinical practice?” |

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| *Mindfulness Activity: Body Centered Practice- Resmaa Menakem My Grandmother’s Hands, page 24* |
| **Say:** * “Now we will do a mindfulness activity to help bookend our time together.
* “I invite you to close your eyes and plant your feet on the ground.

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| *Discussion* |
| **Say:** We want to thank you all for being vulnerable and practicing the bias mitigation and de-escalation techniques today. We want to take this opportunity to discuss our takeaways. “What are your hesitations going forward?” “What is one mitigation strategy that you will commit to using in the next week? Next month?” |
| *Evaluation:* **10 min.** |
| **Do:** Hand out evaluations form with QR code. If learner does not have smart phone device, offer computer. Laptops are available in the debriefing room cabinet if needed. Set out handout for E&I contact information to take as they leave. Remain available, as a learner may choose to hang back once all others have left.  |
| **Say:** “We appreciate your feedback on the session and will use it to improve the course. We will be following up to provide further resources to help everyone continue on their learning journey. We do not anticipate that this is the end of the learning but rather just the beginning. And as we noted in our ground rules, it is understandable if you are not feeling closure on the discussions we’ve had today. We will be available if you would like to follow up with one of us after you finish the evaluation. We also have a handout available with contact information if you would like to follow up. Thank you again for your engagement today.” |
| *After learners leave:* **30 min.** |
| **Do:** Debrief with your co-facilitator. Email any feedback from the session that we should be aware of as sessions continue. Note anything you would like to share during the next facilitator debriefing session (occurring approximately every 3 weeks). We will discuss the following questions during debriefing sessions: * What went well? What could be improved?
* What would you like to share with other facilitators?
* Share your aha moments and the aha moments you observed
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