

Antiracism

A New Simulation Frontier

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As George Floyd's last words, "I. Can't. Breathe." continue to reverberate in my ears, I reflect on how I can harness my role in simulation to improve the racial disparities in healthcare. I am taken back to when I moved to Minnesota just after the 2016 US General Elections, and the very old underbelly of American racism was starkly at the forefront of the nation's consciousness. I had been in the simulation world for more than 5 years, and it was strangely the first time I had considered the intersection of racism and simulation.

Why were all our default simulation mannequins of white skin tone and male? Were we unknowingly perpetuating implicit racial bias through our simulation education practices?

These and other questions weighed heavily on my mind as I planned a unique ethics simulation conference with the Director of Clinical Ethics, Dr. Nneka Sederstrom. The course would provide interactive practice of difficult conversations in the adult, pediatric, and neonatal health care setting for a diverse group of learners that included physicians, nurses, social workers, and chaplains.

During this conference, a particular case caused me to stumble upon the use of the well-established simulation framework of psychological safety to address implicit racial bias. The case was initially written to be a warm-up to provide learners an opportunity to become familiar with the simulation methodology. A standardized participant (SP) would play an upset mother of a child who had been admitted with a new cancer diagnosis. She was initially told that she would be able to have a room in the Ronald McDonald House but later discovered that all the rooms had already been allocated for the night. This case represented a common occurrence in most hospital systems because of limited resources. It was not until the SP training that the implicit complexity and nuance of the case became glaringly obvious to me.

As I walked Kiara, the SP, through the expected portrayal of the role, I asked her if she would be comfortable "going there." I wanted to know whether she would be willing to weave her identity as a Black woman into the case. She eloquently articulated that by virtue of the color of her skin, race was inherently a factor in *any* room she entered whether explicitly acknowledged or not. I realized then that this would be the first time I would use simulation to potentially address the charged topics of racism and implicit bias... and I had no idea how it would unfold.

The simulation format was a "fishbowl"—a small group of 6 learners interacting with the SP in a start/stop manner. The SP stayed in her role and different learners could "tap in" or "tap out" of the interaction, taking turns practicing being in the difficult conversation. Most participants expected this simulation to focus on the difficulty of the new diagnosis of cancer and the related Ronald McDonald room policy. However, it quickly became clear during the 30-minute learner-SP interaction that not receiving a room for the night was just the tip of the iceberg for this Black mother. As Kiara made statements such as "I am frustrated because I feel like we are not being seen or cared for" and "I have a Master's degree, I am somebody," the learners could sense an unnamed tension in the air but were hesitant to call it out.

One of the participants, Chaplain Lillehei, reflected on his first simulation experience as a learner. "I could feel myself starting to have an uncomfortable pull in my gut as I observed one of my fellow participants interacting in the simulation. I felt like there was something unspoken occurring which I wasn't confident enough to name but did not understand why. As the simulation progressed, I could feel the tug intensify. I watched the African-American mom express her frustrations to the learner

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and I could sense racial injustice was an unspoken part of this interaction. When I finally admitted to myself what I was feeling, I shifted into questioning what I should do next. Am I the only one who noticed? Should I say something? What right do I have, as a White man to bring up race? What if, by me mentioning race, I am bringing up an issue that does not really exist until I say it?"

The fishbowl simulation format allowed for the facilitator to "pause" the simulation and microdebrief at this critical juncture. This pause gave one of the learners an opportunity to call out "I do not think it's about the room," which allowed the facilitator to probe further by asking if that was something the group should explore. Chaplain Lillehei noted, "I do not know how to quite phrase this but I am going to trust this safe space. I think there are some racial aspects of this case that maybe need to be named." To Lillehei's surprise, this transparency was met with grace and tears and an almost collective sigh of relief from the learners, facilitator, and SP. When we "unpaused," the simulation and the learner started with "I can sense there is more to this situation for you than just the room..." the true practice of a difficult conversation began.

This simulation provided an opportunity for people to become comfortable with the uncomfortable, to recognize that as awkward as these interactions can be, they are necessary. As Dahlen, one of the simulation facilitators shared, "The case was an example of talking about race and the family's experience, and giving the mother back some of the power we hold as healthcare professionals. The case was an experience for me, as a White woman, to practice talking about the hard things

that due to my privilege, I am able to choose to ignore but cannot if I want to provide equitable care to all families."

During the 20-minute debriefing after the simulation, learners openly discussed their thoughts and fears with candor that was unexpected and raw. Hearing from the SP was invaluable as Kiara helped learners understand the Black mother's perspective. Kiara shared that she brought her whole self to this role allowing her to unpack and reveal the experience and feelings associated with racial inequity as they were truly her lived experiences. The microaggression of not receiving a room triggered a maternal instinct causing her to question if the care provided to her son would be unintentionally compromised because of the color of his skin. She stated, "I'm not a problem to deal with, I am a person. The first thing to accept is that the legitimacy of racism from a historical perspective is something you will not be able to fix. However, you can honor the truth of my statements and experiences."

Reflecting on the recent senseless deaths of George Floyd, Breonna Taylor, Ahmaud Arbery, and other members of our Black community has made me think that simulation may provide a unique opportunity. An opportunity to engage in self-reflection and deliberate practice with participants of varied experiences and backgrounds. This case gave me a peek into the role of simulation as a new frontier in the endless possibilities that exist to improve racial inequities in healthcare.

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