

Audience members

Sim 4 Scenario 1

Brief You are required to observe the simulation and take notes as required. During the intermission and debrief you will be expected to provide feedback on specific aspects of the unfolding scenario. The focus of your feedback is on the Cue Card provided and related to the NQSHS Standards. Feedback should be constructive, supportive and focused on enhancing safe nursing practice.

Registered Nurse 1

Sim 4 Scenario 1

Brief You are a RN who has recently joined the local community-based palliative care team. You are committed to the provision of person-centred and culturally competent healthcare and today the objective is to conduct a cultural assessment of Nasifah.

This role will be undertaken by a number of learners. Each time tagging occurs, the learner taking on the RN role takes over from where the previous one finished.

Registered Nurse 2 (mentor)

Sim 4 Scenario 1

Brief You are playing the role of a Registered Nurse who is working as a mentor for RN 1 who has recently joined the community palliative care team. You believe that all people, irrespective of their background, should receive equal healthcare, however, you are concerned about how long the cultural assessment will take and mindful that there are a number of other community visits that you need to complete today.

This role will be undertaken by a number of learners. Each time tagging occurs, the learner taking on the RN role takes over from where the previous one finished.

Below are some questions that can be used as a guide for RN1 and RN2 during the preparation stage of the simulation. The questions provided are only examples and do not need to be memorised or referred to during the simulation. They can be adapted but should remain culturally appropriate and based on your preparatory readings.

Possible questions	Sim 4 Scenario 1
<p>Attitudes:</p> <p><i>‘What does your illness mean to you?’</i></p> <p><i>‘What does your mother’s illness mean to you?’</i></p>	
<p>Beliefs:</p> <p><i>‘Where do you find strength to make sense of what is happening?’</i></p> <p><i>‘How can we support your needs?’</i></p>	
<p>Context:</p> <p><i>‘Where were you born? Where did you grow up?’</i></p> <p><i>‘What were other important times in your life that might help us understand your situation?’</i></p> <p><i>How has your life changed since coming to live in Australia?’</i></p>	
<p>Decision-making style:</p> <p><i>‘Who is the head of the family?’</i></p> <p><i>‘How are healthcare decisions made in your family?’</i></p> <p><i>‘Is there anything you would like to ask me?’</i></p>	

Protagonist (Patient)**Sim 4 Scenario 1**

Brief	Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add content because this will detract from the scenario.
Name	Nasifah, a 67 year old widow from a Muslim background
Situation	You are wearing a scarf and sitting in a comfortable chair in your home with a rug over your knees. Your daughter Diana and son Amin are with you. You speak English competently and you taught economics at university before escaping from Iraq and seeking asylum in Australia.
Background	<p>You came to Australia as an asylum seeker ten years ago. You were born in the Kurdish section of Iraq and your family experienced toxic gas attacks during the Iran–Iraq war in which many members of your extended family were killed. It is believed that your cancer is a result of exposure to the toxic gases.</p> <p>You were diagnosed with advanced metastatic liver cancer two months ago, but you are not clear about your diagnosis. You want to be cared for at home with support from your family and the community-based palliative care team. Today is the first visit by a palliative care nurse.</p>
Assessment	You are in minimal pain but you are anxious and unsure what to expect from the palliative care nurse. You are concerned about whether the care she provides will align with your religious beliefs and practices. You have had some negative and distressing healthcare experiences since being diagnosed with cancer, and not all the healthcare professionals you have interacted with have understood or respected your cultural needs.

Nasifah's Son Amin and Daughter Diana

Sim 4 Scenario 1

Brief Your mother Nasifah is a 67 year old widow from a Muslim background. She was diagnosed with advanced liver cancer two months ago. You have been told her condition is terminal, but your mother has not been told this. It is thought that her cancer was caused by exposure to toxic gas attacks during the Iran–Iraq war. Your family came to Australia as asylum seekers ten years ago. You speak fluent English, as does your mother.

This is the first home visit by the community based palliative care team and you are not sure what to expect. You are aware that your mother has had some negative and distressing healthcare experiences since being diagnosed with cancer and not all the healthcare professionals have understood or respected her cultural needs.

In the simulation your role is to provide support to your mother. As the scenario unfolds you become uncomfortable and are concerned about the personal nature of some of the questions asked by the RNs and you do not want your mother to know that her condition is terminal.

ABCD Cultural Assessment: Example responses for Nasifah, Amin and Diana (Scenario 1)

Below are some questions that Nasifah (mother), Amin (son) or Diana (daughter) may be asked during Scenario 1. The responses provided here are only examples. They are a guide for Nasifah (mother), Amin (son) or Diana (daughter) to use during the preparation stage of the simulation. They do not need to be memorised or referred to during the simulation. The questions can be adapted but should remain culturally appropriate and based on your preparatory readings.

Possible questions	Response examples
<p>Attitudes: <i>‘What does your illness mean to you?’</i></p> <p><i>‘What does your mother’s illness mean to you?’</i></p>	<p>Nasifah: This is difficult for me to talk about. It has not been an easy time for me but I know that my life is in the hands of Allah. I am thankful for my illness and I will patiently endure this hard time, knowing that it will bring me great blessings. But it is my son who you should discuss my illness with; he cares for me and will make the right decisions.</p> <p>Diana or Amin: We feel sad that our mother’s illness is a result of the toxic gas attacks we all experienced in Iraq but don’t like to think back on those days. We remain grateful for our mother’s faith and know that her suffering will bring blessings.</p>
<p>Beliefs: <i>‘Where do you find strength to make sense of what is happening?’</i> <i>‘How can we support your needs?’</i></p>	<p>Nasifah: My strength comes from Allah and my life is in his hands.</p> <p>Nasifah: While I am unwell my children will look after me as that is what Allah wants and they are good children. I do not want to be taken from my home and I am worried about how much the nurse will cost when she visits me. But my son is the best person to talk to about this.</p> <p>Amin or Diana: We all speak fluent English so this helps us understand most of healthcare information that is given to us. Please remember that our mother has experienced some very difficult times both in our home country, Iraq, as well as here in Australia. We do not want her to be upset by having to talk</p>

	<p>about her experiences or her illness. We respect our mother’s decision to follow the cultural practices of Islam and we hope that you will do the same. If you are not sure about anything, please ask us.</p> <p>Amin or Diana: We are grateful that our mother is being cared for at home, this is where she belongs and we will take good care of her because this is our duty. We are happy to have a community nurse, but our beliefs require that the nurse is a female (<i>or male if the patient role is being played by a male student</i>).</p>
<p>Context: ‘Where were you born? Where did you grow up?’</p> <p>‘What were other important times in your life that might help us understand your situation?’</p> <p>‘How has your life changed since coming to live in Australia?’</p>	<p>Nasifah: I was born and grew up in the Kurdish area of Iraq. I used to teach economics at a university in Iraq. We had a very happy life there until the wars.</p> <p>My family experienced toxic gas attacks during the Iran–Iraq war and many members of my family, including my husband, were killed. I came to Australia with my son and daughter 10 years ago as a refugee.</p> <p>It was difficult at first as we did not know anyone. My children adapted quite easily but it was more difficult for me. I struggled with the degree of freedom that children have in Australia and it took some time for me to accept that we were all safe.</p>
<p>Decision-making style: ‘Who is the head of the family?’</p> <p>‘How are healthcare decisions made in your family?’</p>	<p>Nasifah: My son Amin has been the head of our family since my husband passed away back in Iraq. He was still quite young at the time, but he understood that this was his role. Amin makes all decisions regarding my healthcare. If he is not available, then my daughter Diana makes decisions but she always consults with her brother if possible. I do not have any other family and there is no-one else that I trust in this way.</p> <p>Amin: I am the head of the family and all issues related to my mother’s illness and diagnosis should be discussed with me and I will make the decisions about her healthcare.</p> <p>Amin or Diana: You must direct all health-related questions to us rather than trouble our mother, please.</p>