

# Quick Guide

## Simulation Four – Scenario 1

### TTPSS OVERVIEW

Sim 4/Scen 1

- Roles**
- The Director
  - Patient (Protagonist)
  - Cast members
  - Audience members
- Tagging**
- Tagging occurs when cast members exchange roles
  - Tagging can be initiated by either the Director or cast members
  - When tagged, the new cast member takes over where the previous cast member finished
- Cue Cards**
- Given to audience members at the beginning of the simulation
  - They provide points to consider during the simulation and provide feedback on during debrief
- Antagonist Cards**
- Given to cast members at the Director's discretion to increase the complexity of the scenario and to promote critical thinking and resilience.
- TTPSS Rules**
- Demonstrate professional behaviours (including the use of mobile devices)
  - Imagine that the simulation is real
  - Participate enthusiastically
  - Provide meaningful, honest and constructive feedback to your peers
  - Learn from what went well during the simulation and from the mistakes
  - Maintain respect and confidentiality during and after the simulation (this includes taking and sharing photos and videos)

This simulation comprises two scenarios that focus on the cultural needs of a person requiring home-based palliative care.

<b>Learning Outcomes</b>	<p>At the completion of each scenario, learners will be able to:</p> <ul style="list-style-type: none"><li>• Demonstrate respect for each person’s cultural values, beliefs, life experiences and health practices</li><li>• Plan and provide care that is respectful of each person’s individual needs, values and life experiences</li><li>• Use verbal and non-verbal communication to convey respect and empathy</li><li>• Reduce the risk of patients acquiring preventable healthcare-associated infections</li><li>• Collaborate and communicate effectively with other members of the healthcare team</li></ul>
<b>NSQSHS standards</b>	<p>This scenario focuses on the following NSQHS Standards:</p> <ul style="list-style-type: none"><li>• Delivering comprehensive care</li><li>• Communicating for safety</li><li>• Partnering with consumers</li></ul>
<b>Significance of the scenario to patient safety</b>	<ul style="list-style-type: none"><li>• Australia is one of the most culturally and linguistically diverse nations in the world. Almost 25% of the population were born overseas, over 200 languages are spoken and 116 religions practiced</li><li>• Although all Australians have the right to equitable healthcare, patients from Culturally and Linguistically Diverse (CALD) backgrounds experience almost twice as many adverse events as English-speaking patients, and they are more likely to experience medication errors, misdiagnosis, incorrect treatment, and poorer pain management</li><li>• Misunderstandings, miscommunication, and culturally unsafe care by healthcare professionals are frequently reported, and CALD patients often describe feelings of powerlessness, vulnerability, loneliness and fear when undergoing health care</li><li>• While there is no single cause of the inequalities in health care experienced by CALD patients, research has identified that clinical encounters that do not acknowledge and address cultural factors contribute significantly to adverse patient outcomes</li></ul>

- Although talking about palliative care issues can be difficult for people from all cultures, people from Islamic backgrounds may be particularly reluctant to speak about their personal experiences with illness and dying. Palliative care can produce negative feelings because of its association with illness, death and dying and these negative feelings can trigger difficult memories. Thus, respectful curiosity is needed in the provision of culturally competent care, and this must begin with a cultural assessment to understand the patient's needs, values, beliefs and preferences about illness, death and dying.
- Cultural competence requires nurses to communicate effectively and work in partnership with patients and families in order to provide comprehensive, safe and high quality care.

## ACT 1

## Sim 4/Scen 1

<b>Preparation</b>	<ul style="list-style-type: none"> <li>• Allow cast members 5 minutes to prepare for their role</li> <li>• Distribute briefing cards to cast members</li> <li>• Distribute Cue Cards to audience members</li> <li>• Deliver the handover to open the scene</li> <li>• Signal the commencement of the simulation by saying 'begin'</li> </ul>
<b>HANDOVER Introduction</b>	Nasifah is a 67 year old woman being cared for at home by her family. She is a member of the Muslim community and speaks English competently. She is being cared for by her daughter Diana and son Amin.
<b>Situation</b>	Nasifah is being visited by the palliative care team for the first time.
<b>Background</b>	Nasifah has advanced metastatic liver cancer as a result of exposure to toxic gases in Iraq in 1988. Her medical history includes mild hypertension not requiring medication. Nasifah has no known allergies and her pain is currently well controlled.
<b>Assessment</b>	Your visit today is for the purpose of gaining an understanding of Nasifah's cultural needs, values and beliefs so that you can ensure that culturally competent palliative care is provided to her in the coming months as her health declines.
<b>Recommendations</b>	Complete a cultural assessment to enable the healthcare team to develop a culturally appropriate plan of care for Nasifah.

## INTERMISSION

## Sim 4/Scen 1

### Pause & reflect

The Director facilitates discussion highlighting what went well in Act 1 and areas for improvement in Act 2 with reference to the Cue Cards. The following issues provide the focus of discussion:

- Therapeutic communication with Nasifah and her family
- The provision of person-centred care
- The effectiveness of the cultural assessment.

## ACT 2

Repeat Act 1

## DEBRIEF

### Learning Outcomes

- Demonstrate respect for each person's cultural values, beliefs, life experiences and health practices
- Plan and provide care that is respectful of each person's individual needs, values and life experiences
- Use verbal and non-verbal communication to convey respect and empathy
- Reduce the risk of patients acquiring preventable healthcare-associated infections
- Collaborate and communicate effectively with members of the healthcare team

### Ask:

- What went well?
- What could have been done differently?
- What actions will you transfer to your clinical practice?

### What if Questions

#### **Delivering Comprehensive Care**

- What if Nasifah or her family members were reluctant to disclose cultural information to the RN?
- What if RN 1 did not know how to undertake a cultural assessment?

#### **Communicating for Safety**

- What if Nasifah and/or her family did not speak fluent English?
- What if the views and preferences of Nasifah were not supported by members of her family?

#### **Partnering with Consumers**

- What if you did not agree with the views and preferences of Nasifah and/or her family?
- What if the views and preferences of Nasifah and/or her family directly contravened what you know to be best practice?