TTPSS

TAG TEAM PATIENT SAFETY SIMULATION

Cultural Assessment of a person requiring palliative care

Professor Tracy Levett-Jones, University of Technology Sydney

Dr Judith Applegarth, CQUniversity

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Project Team Members:

Professor Kerry Reid-Searl, CQUniversity

Professor Tracy Levett-Jones, University of Technology Sydney

Associate Professor Patrea Andersen, University of Sunshine Coast

Dr Stephen Guinea, Australian Catholic University

Professor Trudy Dwyer, CQUniversity

Ms Leeanne Heaton, CQUniversity

Project Manager

Ms Tracy Flenady, CQUniversity

Research Assistant

Dr Judith Applegarth, CQUniversity

Preface

It is recommended that educators refer to the TTPSS *Facilitator Guide* prior to the implementation of this simulation for more detailed and specific information.

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Simulation Overview

This simulation comprises two scenarios that focus on the cultural needs of a person requiring home-based palliative care. The protagonist and family members in the simulation are from a Muslim background, however, the key issues presented transcend specific cultural and ethnic groups and emphasise the importance of person-centred, individualised and holistic healthcare for all patients. Both scenarios also address the National Safety and Quality Health Service (NSQHS) Standards: *Standard 2 Partnering with consumers*, *Standard 5 Comprehensive care* and *Standard 6 Communicating for safety* (Australian Commission on Safety and Quality in Health Care, 2012).

To ensure the relevance of the scenarios we have provided a list of recommended readings about the needs of people requiring palliative care from different culturally and linguistically diverse (CALD) backgrounds. Educators will be able to use these resources when preparing for the simulation and if they wish to adapt the simulation to be contextually and culturally relevant to the demographic profile of their location.

Scenario 1 of the simulation is foundational in nature and introduces the importance of undertaking a cultural assessment. Scenario 2 extends the level of complexity by adding a challenging clinical issue, provision of culturally appropriate pain management for a person requiring palliative care.

The level of complexity of the simulation can also be increased for either scenario to meet the specific needs of learners through the use of Antagonist Cards. Each scenario incorporates 5 phases: Setup and Briefing, Act 1, Intermission, Act 2, Debrief.

Scenario 1

Learning outcomes

At the completion of Scenario 1 learners will be able to:

- 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 develop therapeutic relationships while at the same time maintaining professional boundaries
- Collaborate and communicate effectively with members of the healthcare team
- Reduce the risk of patients acquiring healthcare-associated infections

Key points from NSQHS Standards relevant to Scenario 1

Communicating for safety

Highlighting the importance of:

- Documenting critical information and clinical concerns including plan of care
- Communicating changes in client health status
- Partnering with consumers to enable them to be actively involved in their own care

Comprehensive care

Highlighting the importance of:

- Implementing health service organisation systems for timely screening, assessment and risk identification including provision of culturally safe and appropriate care for patient, family and carers.
- Identifying strategies and actions for managing identified clinical risks
- Understanding the role of the RN in implementing and reporting care

Partnering with consumers

Highlighting the importance of:

- Involving the consumer in partnerships to plan, design, deliver, measure and evaluate health care
- Communicating with patients to ensure partnerships are supported effectively
- Respecting the consumer's healthcare rights and provision of informed consent

Whilst this scenario focuses on the above standards, educators are also encouraged to capitalise on the many opportunities to address the following standard:

Healthcare associated infection

Highlighting the importance of:

- Preventing and controlling healthcare-associated infections.
- Identifying and managing patients presenting with or at risk of infection

Preparatory reading materials for students

Before the simulation, send learners a *Participant Information Handout* that includes the following:

- General information about the simulation, including dates, times, and venue.
- A brief overview of the TTPSS method including the simulation rules.
- The prologue to the scenario along with the roles of cast members.
- The NSQHSS Standards relevant to the scenario.
- Preparatory reading materials and a summary of key points.

The TTPSS toolkit includes a modifiable template where the details of dates, times, and venue can be inserted (see Appendix 4).

Preparatory reading materials

Recommended readings for educators

Australian Commission on Quality and Safety in Healthcare (2015). National consensus statement: Essential elements for safe and high-quality end-of-life care. https://www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-forsafe-high-quality-end-of-life-care.pdf [Pages 4–20]

Kagawa-Singer, M., & Backhall, L. (2001). Negotiating cross-cultural issues at end of life. *Journal of the American Medical Association, 286*, 2993–3001.

Johnstone, M-J., & Kanitsaki, O. (2006). Culture, language, and patient safety: Making the link. *International Journal for Quality in Health Care 18*, 383–388. https://doi.org/10.1093/intqhc/mzl039

Migrant Information Centre (Eastern Melbourne) Community Partners Program (2009). Palliative care for culturally & linguistically diverse communities. http://miceastmelb.com.au/wp-content/uploads/2016/02/Palliative_care_resource_for_workersAug2009.pdf

Palliative Care Victoria (2016). Culturally responsive palliative care: Cultural perspectives and values from ten culturally and linguistically diverse communities in Victoria. http://www.pallcarevic.asn.au/healthcare-professionals/cultural-safety/people-from-diverse-cultural-backgrounds/ [Pages 5–13]

Scenario 1 prologue

This scenario focuses on the cultural needs of Nasifah[1], a 67 year old woman with advanced metastatic liver cancer who requires home-based palliative care. Nasifah came to Australia as an asylum seeker ten years ago. She was born in the Kurdish section of Iraq and the family experienced toxic gas attacks during the Iran–Iraq war in which many members of her extended family were killed. Before she came to Australia, Nasifah taught economics at university and she speaks English competently. Nasifah and her family are from a Muslim background.

A Registered Nurse (RN) who has recently joined the community-based palliative care team has been asked to conduct an initial home visit and undertake a cultural assessment of Nasifah. Because the RN is new to the role she is being mentored by a more experienced RN on this home visit.

Environment

The simulation is to be conducted in a ‘home’ setting. Although the simulation environment can be conducted in any suitable location, the space must be appropriate for the number of learners.

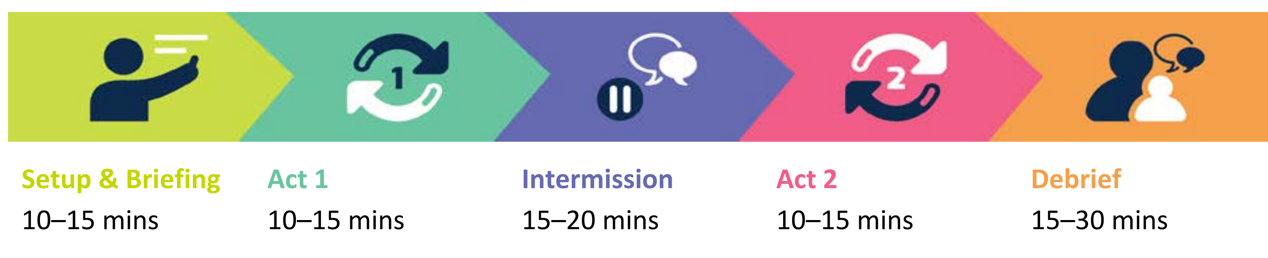
Roles

- The Director (played by the educator or facilitator)
- A RN who has recently joined the community palliative care team
- An experienced RN mentor
- Nasifah – the patient (Protagonist)
- Two family members
- Audience members

In this simulation learners will tag in and out of the RN roles, resulting in many cast members playing one role.

Length of scenario

The total time required for this scenario is estimated to be two hours. This includes preparation, the simulation and debriefing. In keeping with the TTPSS pedagogy, each scenario is conducted twice with each taking approximately 15 minutes. A brief Intermission occurs between Acts 1 and 2 and the simulation concludes with a 30-minute Debrief. Whilst notional times are suggested below, the amount of time spent in each phase will be dependent on the learners’ needs and the level of complexity of the scenario.



[1] If this role is played by a male the name should be changed to Nasif

Simulation modality

It is recommended that a standardised patient or student take on the role of Nasifah in this simulation.

Equipment

- Download the simulation resource pack from the online TTPSS toolkit, which includes:
  - Cue and Antagonist Cards
  - Cast members' identification tags
  - Briefing sheets for distribution to actors
  - The ABCD cultural assessment tool
  - Written handover

- Comfortable chair for the patient
- A blanket to cover the patient's legs and a scarf for her to wear on her head
- Chairs for family members
- Hand hygiene gel

Documentation

Documentation for the scenario can be printed from the TTPSS Toolkit or the information can be transcribed onto context-specific clinical charts. The information on the charts can also be modified according to the local context and resources available. The following documentation should be printed and collated into a patient chart to be used for the scenario.

Patient's notes

Medical Orders to be written in the Nasifah's community palliative care record:

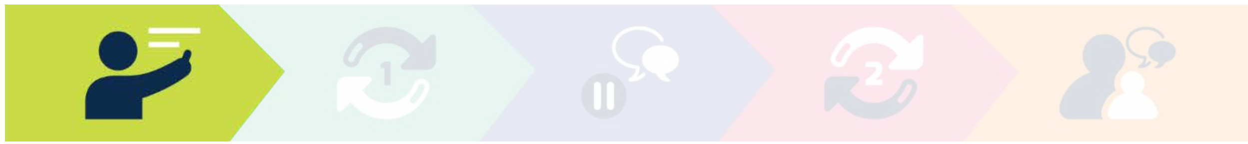
- Continue with prescribed medications
- Diet and fluids as tolerated
- Notify Dr with any concern

Medication Chart

The list of medications can be modified according to scenario requirements. In this scenario, Nasifah's medications have been prescribed by the Palliative Care Physician and dispensed by the local pharmacy. The list of medications is provided below to ensure the authenticity of the simulation, but medication administration is not the focus of the scenario:

- Paracetamol 1g qid – orally
- Ibuprofen 200mg qid orally
- Morphine sulfate modified release 15mg bd – orally
- Morphine hydrochloride oral solution 1-2mg 2 to 4 hourly PRN - orally
- Ondansetron 4 - 8mgs qid PRN Max 24mg/24hours – orally
- Metoclopramide 10mg tds PRN Max 30mg/24hours - orally
- Movicol 13.125g – 1 or 2 sachets daily - orally

Setup and Briefing



Director

Organise physical set-up

- Equipment (see list p.5)
- Ensure Nasifah has a blanket and scarf
- Ensure patient's chart available
- Position patient according to brief, sitting on chair or sitting up in bed
- Set up desired classroom layout, e.g. horseshoe layout of chairs for audience and cast members

Welcome learners and outline the following:

Learning outcomes for this scenario

At the completion of Scenario 1 learners will be able to:

- 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
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections

The NQSHS standards relevant to this scenario

Delivering comprehensive care

Communicating for safety

Partnering with consumers

Significance of scenario to patient safety

This simulation focuses on the cultural assessment of a woman requiring palliative care. She and her family are from a Muslim background, however, the key issues presented transcend specific cultural and ethnic groups and emphasise the importance of person-centred, individualised and holistic healthcare for all patients.

- Australia is one of the most culturally and linguistically diverse nations in the world. Just over 28% of the population were born overseas, over 200 languages are spoken and 116 religions practiced (Australian Bureau of Statistics, 2016).

- 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 (Johnstone & Kanitsaki, 2006).

- 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 (Garrett et al., 2008).

- 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 (Johnstone & Kanitsaki, 2006).

- 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.

- 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 also 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.

The TTPSS approach

- Tag team is a group simulation that fosters inclusion of all learners who share responsibility for actions and outcomes by exchanging roles in the unfolding scenario by 'tagging'.

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)
- Maintain a loud clear voice and think out loud when practical

TTPSS components

Roles

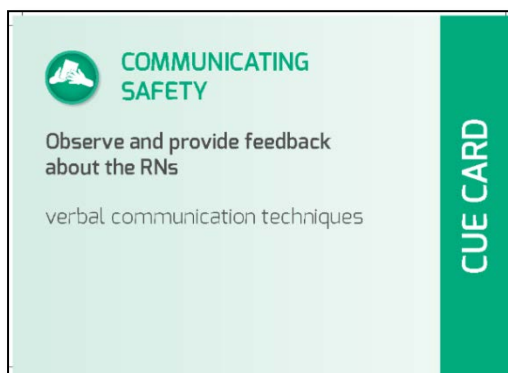
- The Director (played by the educator or facilitator)
- Cast – 3 to 4 people play each nursing role
- Audience members
- Patient (Protagonist)

Structure

- Act 1
- Intermission
- Act 2
- Debrief

Tagging

- Tagging occurs when cast members exchange roles
- Tagging can be initiated by either the Director or cast members
- Tagging can be initiated by the word 'TAG' and there may be a touch of hands
- When tagged, the new cast member takes over where the previous cast member left off



Cue Cards are given to audience members to provide direction about what they are to observe and provide feedback on.

Antagonist Cards are given by the Director to cast members to increase the complexity of the scenario and promote critical thinking and resilience.

Learners should be aware that Antagonist Cards will require cast members to act in a manner that may not reflect their usual practice.

Prepare the group for simulation

- Allocate learners to either audience member or cast member roles
- Ensure a minimum of 3 cast members are allocated to tagging for each of the RN roles
- Orientate participants to the physical environment, documentation and equipment
- Distribute briefs to cast members
- Provide time for cast members to discuss scenario
- Distribute Cue Cards to the audience
- Remind learners to use loud clear voices and to think aloud when appropriate

Briefings

Protagonist (Patient)

Brief	Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add content as 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	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. 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.
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.

Protagonist - Nasifah

Audience members

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.

Audience members observing the simulation and taking notes so that they are prepared to provide meaningful feedback during Intermission and Debrief

Registered Nurse 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)

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.*

ABCD Cultural Assessment: Examples of questions

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

Nasifah's Son Amin and Daughter Diana

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.

Diana – Nasifah's daughter

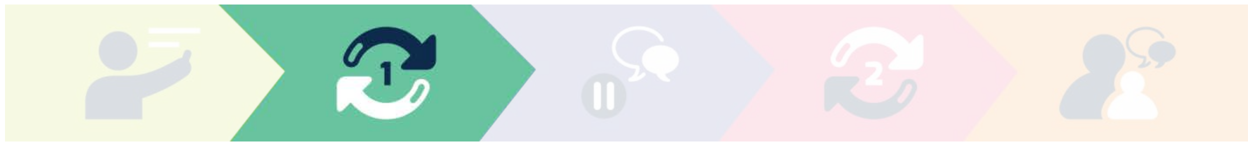
ABCD Cultural Assessment: Example responses for Nasifah, Amin and Diana (Scenario 1)

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
Attitudes: *'What does your illness mean to you?'* *'What does your mother's illness mean to you?'*	**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. **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.
Beliefs: *'Where do you find strength to make sense of what is happening?'* *'How can we support your needs?'*	**Nasifah:** My strength comes from Allah and my life is in his hands. **Nasifah:** While I am unwell my children will look after me as that is 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. **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 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.

	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 as this is our duty. We are happy to have a community nurse, but our beliefs require that the nurse is a female (*or male if the patient role is being played by a male student*).
Context: *'Where were you born? Where did you grow up?'* *'What were other important times in your life that might help us understand your situation?'* *'How has your life changed since coming to live in Australia?'*	**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. 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. 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.
Decision-making style: *'Who is the head of the family?'* *'How are healthcare decisions made in your family?'*	**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. **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. **Amin or Diana:** You must direct all health-related questions to us rather than trouble our mother, please.

Let's get started



Act 1 (10–15 minutes depending on level of complexity)

Having explained the significance of simulation in relation to patient safety, the Director ensures that:

- Learners understand their roles
- Members of the cast know who is on stage at the start of the scenario and who is off-stage and available to be tagged
- Tagging occurs approximately **every three minutes** throughout Act 1
- Tagging can be initiated by the cast or the Director and is not a reflection on performance but a strategy to optimise participation of cast members
- Cue Cards have been distributed to the audience and they understand their purpose
- Antagonist Cards are distributed to cast members throughout the play to increasing the complexity if required
- A handover, structured with reference to ISBAR, is given to open the scene
- Act 1 commences with the Director saying 'Begin' and concludes when the Director calls 'End'

Handover to open the scene

Introduction	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.
Situation	Nasifah is being visited by the palliative care team for the first time.
Background	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.
Assessment	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.
Recommendations	Complete a cultural assessment to enable the healthcare team to develop a culturally appropriate plan of care for Nasifah.

Intermission (15–20 minutes)

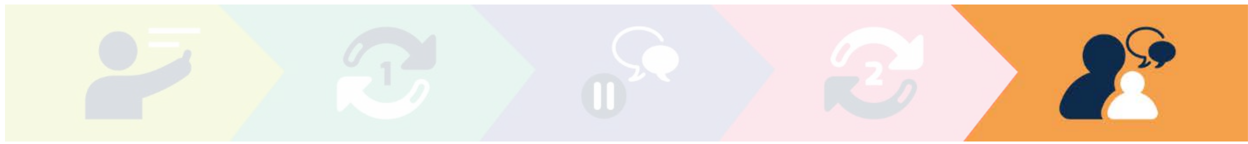
After Act 1 concludes, the Director calls Intermission and uses Socratic questioning to facilitate reflection on and for practice.

- Audience members are asked to provide their observations of Act 1 with specific reference to their Cue Cards. The main focus should be on ***feeding forward*** and suggestions for how the simulation could be improved in Act 2.
- Cast members are then asked to respond to the suggestions given by the audience and to outline how they plan to improve their practice in Act 2.
- The students who were given the Antagonist Cards can then be asked to provide feedback about having to undertake the specified actions
- It is preferable that the learners, as a group, identify the challenges, however it may be necessary for the Director to prompt and provide guidance.
- The Intermission should be no longer than 15–20 minutes.

Act 2 (10–15 minutes)

Following Intermission, Act 2 commences. This is a repeat of Act 1 using the same structure and approach, but the key difference is that the performance of cast members should have improved, based on the feedback provided during the Intermission.

Debrief (30 minutes)



At the conclusion of Act 2 the Director facilitates a Debrief with reference to the learning outcomes and following Pendleton's Rules of Feedback:

1. Clarify the focus of the simulation by reviewing the Learning Outcomes
2. Ask the person who played the role of the 'patient' to share their perspective of the simulation
3. Ask the audience to outline, with reference to the Cue Cards, what went well in the situation and what could have been done differently
4. Ask the cast what went well in the situation and what could have been done differently
5. Ask the cast members who responded to the Antagonist Cards how they thought and felt about being asked to take the specified actions
6. Provide your views of the simulation and lead the group in a discussion of how their learning will inform their future nursing practice

To ensure the Learning Outcomes have been addressed, the Director may extend the discussion by referring to the 'What If' questions. The 'What If' questions prompt learners to consider how they will transfer their learning to their future practice.

Evaluation

Each simulation scenario is accompanied by two evaluation instruments, a Knowledge Acquisition Test (KAT) (Appendix 1) and the Satisfaction with Simulation Experience Scale (SSES) (Appendix 3). The KAT is to be given to learners before their simulation experience and again immediately following Debrief. The SSES is provided to learners following Debrief.

Scenario 2

Learning Outcomes

At the completion of Scenario 2, learners will be able to:

- 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 develop therapeutic relationships while at the same time maintaining professional boundaries
- Reduce the risk of patients acquiring preventable healthcare-associated infections
- Collaborate and communicate effectively with other members of the healthcare team

Key points from NSQHS Standards relevant to Scenario 2

Communicating for safety

Highlighting the importance of:

- Documenting critical information and clinical concerns including plan of care
- Communicating changes in client health status
- Partnering with consumers to enable them to be actively involved in their own care

Comprehensive care

Highlighting the importance of:

- Implementing health service organisation systems for timely screening, assessment and risk identification including provision of culturally safe and appropriate care for patient, family and carers.
- Identifying strategies and actions for managing identified clinical risks
- Understanding the role of the RN in implementing and reporting care

Partnering with consumers

Highlighting the importance of:

- Involving the consumer in partnerships to plan, design, deliver, measure and evaluate health care
- Communicating with patients to ensure partnerships are supported effectively
- Respecting the consumer's healthcare rights and provision of informed consent

Whilst this scenario focuses on the above standards, educators are encouraged to capitalise on the many opportunities to address the following standard implicitly:

Healthcare associated infection

Highlighting the importance of:

- Preventing and controlling healthcare-associated infections.
- Identifying and managing patients presenting with or at risk of infection

Preparatory reading materials for students

Before the simulation, send learners a *Participant Information Handout* that includes the following:

- General information about the simulation, including dates, times, and venue
- A brief overview of the TTPSS method including the simulation rules
- The prologue to the scenario along with the roles of cast members
- The NSQHSS Standards relevant to the scenario
- Preparatory reading materials and a summary of key points

The TTPSS toolkit includes a modifiable template where the details of dates, times, and venue can be inserted (see Appendix 4).

Recommended readings for educators

Australian Commission on Quality and Safety in Healthcare (2015). National consensus statement: Essential elements for safe and high-quality end-of-life care. https://www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-forsafe-high-quality-end-of-life-care.pdf [Pages 4–20]

Gillan, P. C., van der Riet, P. J., & Jeong, S. (2014). End of life care education, past and present: A review of the literature. *Nurse Education Today, 34*, 331–342. doi: https://doi.org/10.1016/j.nedt.2013.06.009

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Scenario 2 prologue

This scenario focuses on the cultural needs of Nasifah[2], a 67 year old woman with advanced metastatic liver cancer who requires home-based palliative care. Nasifah came to Australia as an asylum seeker ten years ago. She was born in the Kurdish section of Iraq and the family experienced toxic gas attacks during the Iran–Iraq war in which many members of her extended family were killed. Before she came to Australia Nasifah taught economics at university and she speaks English competently. Nasifah and her family are from a Muslim background.

A Registered Nurse (RN) who has recently joined the community-based palliative care team has been asked to conduct an initial home visit and undertake a cultural assessment of Nasifah. Because the RN is new to the role she is being mentored by a more experienced RN on this home visit.

Environment

The simulation is to be conducted in a 'home' setting. Although the simulation environment can be conducted in any suitable location, the space must be appropriate for the number of learners.

Simulation modality

It is recommended that a standardised patient or student take on the role of Nasifah in this simulation.

Roles

- The Director (played by the educator or facilitator)
- A RN who has recently joined the community palliative care team
- An experienced RN mentor
- Nasifah – the patient (Protagonist)
- Two family members
- Audience members

In this simulation learners will tag in and out of the RN roles, resulting in many cast members playing one role.

Length of scenario

The total time required for this scenario is estimated to be two hours. This includes preparation, the simulation and debriefing. In keeping with the TTPSS pedagogy, each scenario is conducted twice with each taking approximately 15 minutes. A brief Intermission occurs between Acts 1 and 2 and the simulation concludes with a 30-minute Debrief.

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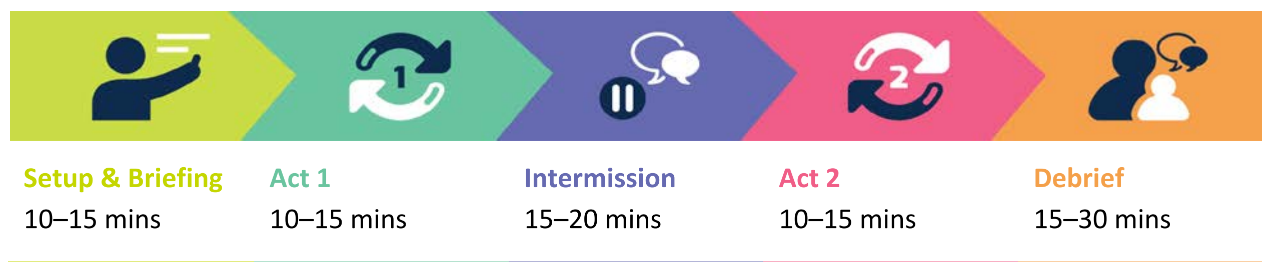
[2] If this role is played by a male the name should be changed to Nasif

Whilst notional times are suggested below, the amount of time spent in each phase will be dependent on the learners' needs and the level of complexity of the scenario.



Equipment

- Download the simulation resource pack from the online TTPSS toolkit, which includes:
    - Cue and Antagonist Cards
    - Cast members' identification tags
    - Briefing sheets for distribution to actors
    - The ABCD cultural assessment tool
    - Written handover
- Comfortable chair for the patient
- A blanket to cover the patient's legs and a scarf for her to wear on her head
- Chairs for family members
- Hand hygiene gel
- Phone
- Culturally appropriate images can be provided to increase environmental fidelity if desired
- Hand hygiene (gel or alcohol)
- Australian Medicines Handbook or MIMS (hard copy or online access)

Documentation

Documentation for the scenario can be printed from the TTPSS Toolkit or the information can be transcribed onto context-specific clinical charts. The information on the charts can also be modified according to the local context and resources available. The following documentation should be printed and collated to produce a patient chart to be used for the scenario.

Patient's notes

Medical Orders to be written in the Nasifah's community palliative care record:

- Continue with prescribed medications
- Diet and fluids as tolerated
- Notify Dr with any concern

Medication Chart

The list of medications can be modified according to scenario requirements. In this scenario Nasifah's medications have been prescribed by the Palliative Care Physician and dispensed by the local pharmacy. The list of medications is provided below to ensure the authenticity of the simulation but medication administration is not the focus of the scenario:

- Paracetamol 1g qid – orally
- Ibuprofen 200mg qid orally
- Morphine sulfate modified release 15mg bd – orally
- Morphine hydrochloride oral solution 1-2mg 2 to 4 hourly PRN - orally
- Ondansetron 4 - 8mgs qid PRN Max 24mg/24hours – orally
- Metoclopramide 10mg tds PRN Max 30mg/24hours - orally
- Movicol 13.125g – 1 or 2 sachets daily - orally

Setup and Briefing

Director

Organise physical set-up

- Equipment (see list p. 23)
- Ensure Nasifah has a blanket and scarf
- Ensure patient's chart available
- Position patient according to brief, sitting on chair or sitting up in bed
- Set up desired classroom layout, e.g. horseshoe layout of chairs for audience and cast members

Welcome learners and outline the following:

Learning outcomes for this scenario

At the completion of Scenario 2 learners will be able to:

- 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
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections

The Director preparing the learners for the simulation

The NQSHS standards relevant to this scenario

Delivering comprehensive care

Communicating for safety

Partnering with consumers

Significance of scenario to patient safety

This simulation focuses on the cultural assessment of a woman requiring palliative care. She and her family are from a Muslim background, however, the key issues presented transcend specific cultural and ethnic groups and emphasise the importance of person-centred, individualised and holistic healthcare for all patients.

- Australia is one of the most culturally and linguistically diverse nations in the world. Just over 28% of the population were born overseas, over 200 languages are spoken and 116 religions practiced (Australian Bureau of Statistics, 2016).

- 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 (Johnstone & Kanitsaki, 2006).

- 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 (Garrett et al., 2008).

- 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 (Johnstone & Kanitsaki, 2006).

- 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.

- 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 also 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.

The TTPSS approach

- Tag team is a group simulation that fosters inclusion of all learners who share responsibility for actions and outcomes by exchanging roles in the unfolding scenario by 'tagging'.

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)
- Maintain a loud clear voice and think out loud when practical

TTPSS components

Roles

- The Director (played by the educator or facilitator)
- Cast – 3 to 4 people play each nursing role
- Audience members
- Patient (Protagonist)

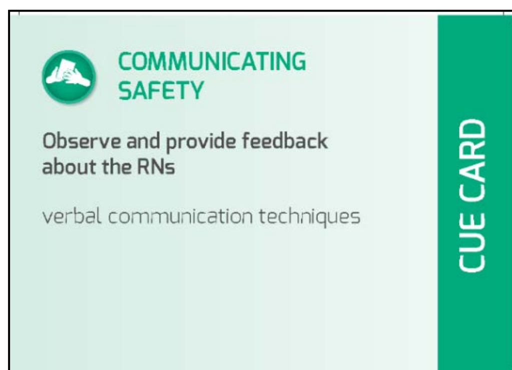
Structure

- Act 1
- Intermission
- Act 2
- Debrief

Tagging

- Tagging occurs when cast members exchange roles
- Tagging can be initiated by either the Director or the cast members
- Tagging can be initiated by the word 'TAG' and there may be a touch of hands
- When tagged, the new cast member takes over where the previous cast member left off.

Cards



Cue Cards are given to audience members to provide direction about what they are to observe and provide feedback on.

Antagonist Cards are given by the Director to cast members to increase the complexity of the scenario and promote critical thinking and resilience.

Learners should be aware that Antagonist Cards will require cast members to act in a manner that may not reflect their usual practice.

Prepare the group for simulation

- Allocate learners to either audience member or cast member roles
- Ensure a minimum of 3 cast members are allocated to tagging for each of the RN roles
- Orientate participants to the physical environment, documentation and equipment
- Distribute briefs to cast members
- Provide time for cast members to discuss scenario
- Distribute Cue Cards to the audience
- Remind learners to use loud clear voices and to think aloud when appropriate

TTPSS
TAG TEAM PATIENT SAFETY SIMULATION

Briefings

Protagonist (Patient)

Brief

Please note the importance of remaining in character and only contribute to the scenario as per this brief. Do not add additional information or details as this will detract from the purpose of 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

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.

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 and have support of family and the community based palliative care team. Today is the first visit by a palliative care nurse.

Assessment

You are in slight 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.

Audience

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

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)

Brief You are playing the role of a Registered Nurse who is working as a mentor for RN 1 who has just 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.

ABCD Cultural Assessment: Examples of questions

Below are some questions that can be used as a guide for RN1 and RN2. The questions provided are only examples and can be used during the preparation stage of the simulation. They 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
Attitudes: *'What does your illness mean to you?'* *'What does your mother's illness mean to you?'*
Beliefs: *'Where do you find strength to make sense of what is happening?'* *'How can we support your needs?'*
Context: *'Where were you born? Where did you grow up?'* *'What were other important times in your life that might help us understand your situation?'* *'How has your life changed since coming to live in Australia?'*
Decision-making style: *'Who is the head of the family?'* *'How are healthcare decisions made in your family?'* *'Is there anything you would like to ask me?'*

RN 1 and RN2 undertaking a cultural assessment

Nasifah’s Son Amin and Daughter Diana

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. You do not want your mother to know that her condition is terminal. You are reluctant to discuss pain medications with the RN.

Nasifah and her daughter Diana

ABCD Cultural Assessment - Example responses for Nasifah, Amin and Diana (Scenario 2)

Below are some questions that Nasifah (mother), Amin (son) or Diana (daughter) may be asked during Scenario 2. 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. They can be adapted but should remain culturally appropriate and based on your preparatory readings.

Possible questions	**Response examples**
Attitudes: *'What does your illness mean to you?'* *'What does your mother's illness mean to you?'*	**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. **Diana:** 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.
Beliefs: *'Where do you find strength to make sense of what is happening?'* *'How can we support your needs?'*	**Nasifah:** My strength comes from Allah and my life is in his hands. **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. **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 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.

	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 (*or male if the patient role is being played by a male student*).
Context: *'Where were you born? Where did you grow up?'* *'What were other important times in your life that might help us understand your situation?'* *'How has your life changed since coming to live in Australia?'*	**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. 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. 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.
Decision-making style: *'Who is the head of the family?'* *'How are healthcare decisions made in your family?'* *'Is there anything you would like to ask me?'*	**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. **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. **Amin or Diana:** You must direct all health-related questions to us rather than trouble our mother please. **Amin or Diana:** Thank you for asking. Yes, there are a couple of things. We have not been giving our mother the morphine solution because we are concerned that it might contain alcohol. Can you suggest what we can do when her pain gets bad, because we do not want her to suffer?

Let's get started

Act 1 (10–15 minutes depending on level of complexity)

Having explained the significance of simulation in relation to patient safety, the Director ensures that:

- All learners understand their roles
- Members of the cast know who is on stage at the start of the scenario and who is off-stage and available to be tagged
- Tagging occurs approximately **every three minutes** throughout Act 1
- Tagging can be initiated by the cast or the Director and is not a reflection on performance but a strategy to optimise participation of cast members
- Cue Cards have been distributed to the audience and they understand their purpose
- Antagonist Cards are distributed to cast members throughout the play and are meant to challenge learners by increasing the complexity of the Act
- The Director will deliver a comprehensive handover using ISBAR to open each Act, to facilitate learners' understanding of effective communication
- Act 1 commences with the Director saying 'Begin' and concludes when the Director calls 'End'

Handover to open the scene

Introduction	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.
Situation	Nasifah is being visited by the palliative care team for the first time.
Background	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.
Assessment	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.
Recommendations	Complete a cultural assessment to enable the healthcare team to develop a culturally appropriate plan of care for Nasifah and answer any questions about medications and diet.

Intermission (15–20 minutes)

After Act 1 concludes, the Director calls Intermission and uses Socratic questioning to facilitate reflection on and for practice.

- Audience members are asked to provide their observations of Act 1 with specific reference to their Cue Cards. The main focus should be on ***feeding forward*** and suggestions for how the simulation could be improved in Act 2
- Cast members are then asked to respond to the suggestions given by the Audience and to outline how they plan to improve their practice in Act 2
- The students who were given the Antagonist Cards can then be asked to provide feedback about having to undertake the specified actions
- It is preferable that the learners, as a group, identify the challenges, however it may be necessary for the Director to prompt and provide guidance
- The Intermission should be no longer than 15–20 minutes

Act 2 (10–15 minutes)

Following Intermission, Act 2 commences. This is a repeat of Act 1 using the same structure and approach, but the key difference is that the performance of cast members should have improved based on the feedback provided during the Intermission.

Debrief (30 minutes)

At the conclusion of Act 2 the Director facilitates a Debrief with reference to the learning outcomes and following Pendleton's Rules of Feedback:

1. Clarify the focus of the simulation by reviewing the Learning Outcomes
2. Ask the person who played the role of the 'patient' to share their perspective of the simulation
3. Ask the audience to outline, with reference to the Cue Cards, what went well in the situation and what could have been done differently
4. Ask the cast what went well in the situation and what could have been done differently
5. Ask the cast members who responded to the Antagonist Cards how they thought and felt about being asked to take the specified actions
6. Provide your views of the simulation and lead the group in a discussion of how their learning will inform their future nursing practice

To ensure the Learning Outcomes have been addressed, the Director may extend the discussion by referring to the 'What If' questions. The 'What If' questions prompt learners to consider how they will transfer their learning to their future practice.

Evaluation

Each simulation scenario is accompanied by two evaluation instruments, a Knowledge Acquisition Test (KAT) (Appendix 2) and the Satisfaction with Simulation Experience Scale (SSES) (Appendix 4). The KAT is to be given to learners before their simulation experience and again immediately following Debrief. The SSES is provided to learners following Debrief.

Acknowledgements

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Mr Mike Kennedy:	Project Manager, Palliative Care Victoria Contributed to and co-ordinated the review of the Cultural Responsiveness resources for the Palliative Care Victoria website
Ms Elizabeth Maddocks:	Nurse Unit Manager, Cancer Inpatient Unit, Rockhampton Hospital
Ms Jacqueline Leleu:	Clinical Facilitator, Cancer Inpatient Unit, Rockhampton Hospital

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Appendices

Appendix 1: Scenario 1 resources

Cue Cards Scenario 1

Please note: The **Cue Cards** given to audience members provide direction about what they are to observe and provide feedback on. The Facilitator should select Cue Cards that are most relevant to the learning outcomes and purpose of the simulation. Not all Cue Cards are required.

Delivering Comprehensive Care

- Observe and provide feedback about how the RNs assess Nasifah's ATTITUDE to her illness
- Observe and provide feedback about how the RNs assess Nasifah's cultural BELIEFS and VALUES
- Observe and provide feedback about how the RNs ask questions about Nasifah's previous LIFE EXPERIENCES and how they are influencing her current situation
- Observe and provide feedback about how the RNs seek to understand the DECISION-MAKING approach used in Nasifah's family

Communicating for Safety

- Observe and provide feedback about the RNs' verbal communication techniques
- Observe and provide feedback about the RNs' non-verbal communication techniques
- Observe and provide feedback about how well the RNs develop a therapeutic relationship with Nasifah.
- Observe and provide feedback about how well the RNs include Nasifah's son and/or daughter in the conversation
- Observe and provide feedback about how the RNs communicate and interact with each other

Partnering with Consumers

- Observe and provide feedback about how the RNs work in partnership with Nasifah and her family by including them in decisions and plans related to her healthcare
- Observe and provide feedback about how the RNs respond to questions asked by Nasifah or her son or daughter

Preventing and Controlling Healthcare-associated Infection

- Observe and provide feedback about how the learners attempt to prevent healthcare-associated infections
- Observe and provide feedback about how the learners educate patients and visitors about infection control practices

Antagonist Cards Scenario 1

Please note: The **Antagonist Cards** can be used when required to increase the level of complexity in the scenario and to promote critical thinking. The Facilitator should select Antagonist Cards that are most relevant to the learning outcomes and the needs of the specific student cohort. Not all Antagonist Cards are required.

Delivering Comprehensive Care

- RN 1 – Tell your mentor that you have never undertaken a cultural assessment before and are not sure what to do
- RN 2 (Mentor) – Tell RN 1 to hurry up because cultural assessments are a waste of time
- Family member – Ask why the RNs are prying into your personal beliefs

Communicating for Safety

- RN 2 (Mentor) – Tell RN 1 to focus on Nasifah's illness rather than asking her about her previous experiences
- RN 2 (Mentor) – Tell RN 1 to speak directly to Nasifah's son or daughter because Nasifah won't be able to understand you
- Nasifah – Tell RN 1 that you don't understand why they keep asking so many personal questions

Partnering with Consumers

- RN2 (Mentor) – Tell RN1 that they should not provide too much information to Nasifah because it will frighten her
- RN1 – Ask the family members to leave the room because the information you are providing to Nasifah is confidential

Preventing and Controlling Healthcare-associated Infection

- RN2 (Mentor) – Tell RN1 that hand hygiene is not required in community settings
- RN1 – Ask RN2 whether transmission-based precautions are needed for Nasifah

'What if' questions Scenario 1

Please note: The **'What if' questions** can be used, when needed, during the Debrief to prompt learners to consider how they will transfer their learning to their future practice.

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?

TTPSS
TAG TEAM PATIENT SAFETY SIMULATION

Knowledge Acquisition Test (KAT) Scenario 1

1. Person-centred care is demonstrated by which of the following behaviours?
    a) Working in partnership with the person and including them in healthcare decisions
    b) Providing clear directions about what a person must do to improve their health
    c) Prioritising the doctor's perspectives and preferences in healthcare decision-making
    d) Making appropriate healthcare choices for the patient

2. What is therapeutic communication?
    a) An interaction between a psychiatrist and their patient
    b) Any communication interaction between a healthcare professional and a patient
    c) The use of verbal and nonverbal communication techniques to optimise patient wellbeing
    d) When nurses convey sympathy in their interpersonal interactions with patients

3. Which of the following is the ***most correct*** definition of the term culture:
    a) A person's country of birth
    b) A person's ethnic background
    c) A person's religious preferences
    d) A person's ways of thinking and behaving that are socially accepted within a particular group

4. Which of the following is a true statement about the incidence of adverse patient outcomes for non-English speaking patients?
    a) In Australia, non-English speaking people experience an average of three times as many adverse events as English-speaking patients
    b) In Australia, non-English speaking people experience almost twice as many adverse events as English-speaking patients
    c) In Australia, English-speaking people experience more adverse events than non-English speaking patients
    d) In Australia, non-English speaking people experience fewer adverse events than English-speaking patients

5. In the Kagawa-Singer & Backhall ABCD mnemonic for cultural assessment, 'A' refers to:
    a) A person's acceptance of illness, death and dying
    b) A person's attitude towards illness, death and dying
    c) A nurse's ability to address the concerns of a person about illness, death and dying
    d) A nurse's attitude toward people from a CALD background

6. In the Kagawa-Singer & Backhall ABCD mnemonic for cultural assessment, 'C' refers to:
    a) A person's cultural needs and preferences
    b) The historical and political context of the patient's life
    c) A person's competence with the English language
    d) The general concerns a person may have about illness, death and dying

7. When seeking healthcare, refugees are increased risk of all of the following ***except***:
   a) Medication errors
   b) Misdiagnosis
   c) Racism and stereotyping
   d) Hospital-acquired infectious diseases

8. Which of the following statements is indicative of a health professional with a culturally competent attitude?
   a) 'Patients from diverse backgrounds should try to adapt to the way we do things here ... as the saying goes … when in Rome do as the Romans do.'
   b) **'I have learned that respecting people's cultural beliefs does not mean I always have to understand or agree with them'.**
   c) 'To me, all patients are human beings and their culture, ethnicity or race does not matter at all. I provide equal care for everybody.'
   d) 'I am trying to memorise the cultural practices of most of the migrant groups in the area. That way as soon as an Indian or African person, for example, comes to my ward I will know what to do and won't have to ask'.

9. An effective approach for improving patient safety for people from CALD backgrounds includes which of the following?
   a) Completing a cultural assessment
   b) Treating everybody the same regardless of culture or religion
   c) Ensuring all patients are visited by a chaplain from the same cultural background as the patient
   d) Providing a diet specific to each ethnic group

10. Which of the following statements is true in regard to the use of hand hygiene in community-based settings?
    a) Hand hygiene is less important in community-based settings because there is little risk of person-to-person transmission of microorganisms
    b) Hand hygiene is more important in community-based settings because of the high risk of healthcare-associated infections
    c) Transmission-based precautions must always be used in community-based settings because of the high risk of healthcare-associated infections
    d) **Standard precautions must be used in community-based settings to prevent healthcare-associated infections**

Appendix 2: Scenario 2 resources

Cue Cards Scenario 2

Please note: The **Cue Cards** given to audience members provide direction about what they are to observe and provide feedback on. The Facilitator should select Cue Cards that are most relevant to the learning outcomes and purpose of the simulation. Not all Cue Cards are required.

Delivering Comprehensive Care

- Observe and provide feedback about how the RNs assess Nasifah's ATTITUDE to her illness
- Observe and provide feedback about how the RNs assess Nasifah's cultural BELIEFS and VALUES
- Observe and provide feedback about how the RNs ask questions about Nasifah's previous LIFE EXPERIENCES and how they are influencing her current situation.
- Observe and provide feedback about how the RNs seek to understand the DECISION-MAKING approach used in Nasifah's family.

Communicating for Safety

- Observe and provide feedback about the RNs' verbal communication techniques
- Observe and provide feedback about the RNs' non-verbal communication techniques
- Observe and provide feedback about how well the RNs develop a therapeutic relationship with Nasifah
- Observe and provide feedback about how well the RNs include Nasifah's son and/or daughter in the conversation
- Observe and provide feedback about how the RNs communicate and interact with each other

Partnering with Consumers

- Observe and provide feedback about how the RNs work in partnership with Nasifah and her family by including them in decisions and plans related to her healthcare
- Observe and provide feedback about how the RNs respond to questions asked by Nasifah or her son or daughter

Preventing and Controlling Healthcare-associated Infection

- Observe and provide feedback about how the learners attempt to prevent health care associated infections
- Observe and provide feedback about how the learners educate patients and visitors about infection control practices

Antagonist Cards Scenario 2

Please note: The **Antagonist Cards** can be used when required to increase the level of complexity in the scenario and to promote critical thinking. The Facilitator should select Antagonist Cards that are most relevant to the learning outcomes and the needs of the specific student cohort. Not all Antagonist Cards are required.

Delivering Comprehensive Care

- RN 1 – Tell your mentor that you have never undertaken a cultural assessment before and are not sure what to do
- RN 2 (Mentor) – Tell RN 1 to hurry up because cultural assessments are a waste of time
- Family member – Ask why the RNs are prying into your personal beliefs
- Patient's daughter – Tell the RNs that your mother is refusing to take morphine for pain because it contains alcohol

Communicating for Safety

- RN 2 (Mentor) – Tell RN 1 to focus on Nasifah's illness rather than asking her about her previous experiences
- RN 2 (Mentor) – Tell RN 1 to speak directly to Nasifah's son or daughter because Nasifah won't be able to understand you.
- Nasifah – Tell RN 1 that you don't understand why they keep asking so many personal questions
- RN 2 (Mentor) – Tell the patient and her family that she must take the morphine prescribed otherwise she may need to be admitted to hospital when she has pain

Partnering with Consumers

- RN2 (Mentor) – Tell RN1 that they should not provide too much information to Nasifah because it will frighten her
- RN1 – Ask the family members to leave the room because the information you are providing to Nasifah is confidential

Preventing and Controlling Healthcare-associated Infection

- RN2 (Mentor) – Tell RN1 that hand hygiene is not required in community settings
- RN1 – Ask RN2 whether transmission-based precautions are needed for Nasifah

‘What if’ questions Scenario 2

Please note: The **‘What if’ questions** can be used, when needed, during the Debrief to prompt learners to consider how they will transfer their learning to their future practice.

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 you have concerns that that Nasifah’s son or daughter is not giving the analgesia that has been prescribed?
- What if you discover that the family is using traditional medicines with Nasifah instead of the prescribed ones?

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?
- What if the views and preferences of Nasifah were not supported by members of her family?
- What if Nasifah refused to take the morphine prescribed because she thought it contained alcohol?

Knowledge Acquisition Test (KAT) Scenario 2

1. Person-centred care is demonstrated by which of the following behaviours?
   a) Working in partnership with the person and including them in healthcare decisions
   b) Providing clear directions about what a person must do to improve their health
   c) Prioritising the doctor's perspectives and preferences in healthcare decision-making
   d) Making appropriate healthcare choices for the patient

2. What is therapeutic communication?
   a) An interaction between a psychiatrist and their patient
   b) Any communication interaction between a healthcare professional and a patient
   c) The use of verbal and nonverbal communication techniques to optimise patient wellbeing
   d) When nurses convey sympathy in their interpersonal interactions with patients

3. Which of the following is the ***most correct*** definition of the term culture:
   a) A person's country of birth
   b) A person's ethnic background
   c) A person's religious preferences
   d) **A person's ways of thinking and behaving that are socially accepted within a particular group**

4. Which of the following is a true statement about the incidence of adverse patient outcomes for non-English speaking patients?
   a) In Australia, non-English speaking people experience an average of three times as many adverse events as English-speaking patients
   b) In Australia, non-English speaking people experience almost twice as many adverse events as English-speaking patients
   c) In Australia, English-speaking people experience more adverse events than non-English speaking patients
   d) In Australia, non-English speaking people experience fewer adverse events than English-speaking patients

5. In the Kagawa-Singer & Backhall ABCD mnemonic for cultural assessment, 'A' refers to:
   a) A person's acceptance of illness, death and dying
   b) A person's attitude towards illness, death and dying
   c) A nurse's ability to address the concerns of a person about illness, death and dying
   d) A nurse's attitude toward people from a CALD background

6. In the Kagawa-Singer & Backhall ABCD mnemonic for cultural assessment, 'C' refers to:
   a) A person's cultural needs and preferences
   b) A person's competence with the English language
   c) The general concerns a person may have about illness, death and dying
   d) The historical and political context of the patient's life

7. When seeking healthcare, refugees are increased risk of all of the following ***except***:
   a) Medication errors
   b) Misdiagnosis
   c) Racism and stereotyping
   d) Hospital-acquired infectious diseases

8. Which of the following statements is indicative of a health professional with a culturally competent attitude?
   a) 'Patient's from diverse backgrounds should try to adapt to the way we do things here ... as the saying goes … when in Rome do as the Romans do.'
   b) **'I have learned that respecting people's cultural beliefs does not mean I always have to understand or agree with them'.**
   c) 'To me, all patients are human beings and their culture, ethnicity or race does not matter at all. I provide equal care for everybody.'
   d) 'I am trying to memorise the cultural practices of most of the migrant groups in the area. That way as soon as an Indian or African person, for example, comes to my ward I will know what to do and won't have to ask'.

9. Which of the following statements is **NOT** correct in regard to the attitudes of people from Arabic-speaking backgrounds towards pain management in palliative care?
   a) People from Arabic-speaking backgrounds frequently use traditional healing practices
   b) **People from Arabic-speaking backgrounds refuse the use of Western medicines**
   c) There are no taboos with regard to pain relief for people from Arabic-speaking backgrounds
   d) People from Arabic-speaking backgrounds may refuse the use of medicines that contain alcohol

10. Which of the following statements is true in regard to the use of hand hygiene in community-based settings?
   a) Hand hygiene is less important in community-based settings because there is little risk of person-to-person transmission of microorganisms
   b) Hand hygiene is more important in community-based settings because of the high risk of healthcare-associated infections
   c) Transmission-based precautions must always be used in community-based settings because of the high risk of healthcare-associated infections
   d) **Standard precautions must be used in community-based settings to prevent healthcare-associated infections**

Appendix 3: Satisfaction with Simulation Experience Scale (SSES)

(Adapted for TTPSS)

Below you will find a list of statements. Read each statement and then select the response that best indicates your level of agreement.

- Please answer every item, even if one seems similar to another one
- Answer each item quickly, without spending too much time on any item

Briefing		
1	The learning outcomes for TTPS were clear	Strongly disagree Disagree Unsure Agree Strongly agree
2	Readings and pre-simulation activities were provided	Strongly disagree Disagree Unsure Agree Strongly agree
3	The facilitator explained how TTPS was organised and managed	Strongly disagree Disagree Unsure Agree Strongly agree
4	I understood my role	Strongly disagree Disagree Unsure Agree Strongly agree
Patient Safety		
5	The simulation developed my knowledge and skills specific to patient safety	Strongly disagree Disagree Unsure Agree Strongly agree
6	The simulation developed my clinical decision-making ability in relation to patient safety	Strongly disagree Disagree Unsure Agree Strongly agree
7	The simulation enabled me to demonstrate my knowledge and clinical skills specific to patient safety	Strongly disagree Disagree Unsure Agree Strongly agree
8	The simulation helped me to recognise critical aspects of patient safe care	Strongly disagree Disagree Unsure Agree Strongly agree
9	The simulation provided an opportunity for me to engage in critical thinking	Strongly disagree Disagree Unsure Agree Strongly agree
10	This was a valuable learning experience	Strongly disagree Disagree Unsure Agree Strongly agree
11	The simulation felt real	Strongly disagree Disagree Unsure Agree Strongly agree

Clinical Practice		
12	The simulation tested my clinical ability	Strongly disagree Disagree Unsure Agree Strongly agree
13	The simulation helped me to apply what I have learned previously	Strongly disagree Disagree Unsure Agree Strongly agree
14	The simulation helped me to recognise my strengths and weaknesses	Strongly disagree Disagree Unsure Agree Strongly agree
15	The simulation has developed my confidence	Strongly disagree Disagree Unsure Agree Strongly agree
16	As a result of the simulation I feel more prepared for clinical practice	Strongly disagree Disagree Unsure Agree Strongly agree
17	The Cue Cards were useful to facilitate learning	Strongly disagree Disagree Unsure Agree Strongly agree
Debrief		
18	Constructive criticism was provided during Intermission and Debriefing	Strongly disagree Disagree Unsure Agree Strongly agree
19	The facilitator summarised important issues during Intermission and Debrief	Strongly disagree Disagree Unsure Agree Strongly agree
20	I had the opportunity to reflect on and discuss my role during the debriefing	Strongly disagree Disagree Unsure Agree Strongly agree
21	We were provided with opportunities to ask questions	Strongly disagree Disagree Unsure Agree Strongly agree
22	I received feedback that helped me to develop my understanding of patient safety	Strongly disagree Disagree Unsure Agree Strongly agree
23	Reflecting on and discussing the simulation enhanced understanding of patient safety	Strongly disagree Disagree Unsure Agree Strongly agree
24	The facilitator's questions helped me to learn	Strongly disagree Disagree Unsure Agree Strongly agree
25	The Antagonist Cards were an effective learning strategy	Strongly disagree Disagree Unsure Agree Strongly agree
26	The facilitator made me feel comfortable and at ease during the debriefing	Strongly disagree Disagree Unsure Agree Strongly agree
27	I was encouraged to participate in the debrief	Strongly disagree Disagree Unsure Agree Strongly agree
28	The 'What if' questions were an effective learning strategy	Strongly disagree Disagree Unsure Agree Strongly agree

Do you have any comments about the Tag Team Patient Safety Simulation experience?

………

………

Appendix 4: Preparatory readings for students

Student Handout

Simulation Four

Cultural Assessment – Scenario 2

Preparing undergraduate nurses for the workforce in the context of patient safety through innovative simulation.

This simulation will be conducted using an approach called Tag Team Patient Safety Simulation. This is a unique approach designed to facilitate engagement of all learners in the simulation and the development of technical and non-technical skills that graduates require to be work-ready upon graduation.

Simulation Four – Cultural Assessment

Scenario 2 Prologue

This scenario focuses on the cultural needs of Nasifah, a 67 year old woman with advanced metastatic liver cancer requiring home-based palliative care. Nasifah came to Australia as an asylum seeker ten years ago. She was born in the Kurdish section of Iraq. During the Iran-Iraq war her family experienced toxic gas attacks and many members of her extended family were killed. Before she came to Australia Nasifah taught economics at university and she speaks English competently. Nasifah and her family are from a Muslim background.

A registered nurse (RN) who has recently joined the community-based palliative care team has been asked to conduct an initial home visit and undertake a cultural assessment of Nasifah. Because the RN is new to the role she is being mentored by a more experienced RN.

Roles

- The Director (played by the educator or facilitator)
- A RN who has recently joined the community palliative care team
- An experienced RN mentor
- Nasifah - the patient (protagonist)
- Two family members
- Audience members

In this scenario, learners will tag in and out of the RN roles, resulting in *many voices playing one part*.

Simulation Session

Date……………………..

Time……………………..

Venue…………………..

Simulation 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)

Learning Outcomes

At the completion of Scenario 1 learners will be able to:

- 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
- Collaborate and communicate effectively with other members of the healthcare team
- Reduce the risk of patients acquiring preventable healthcare-associated infections

This scenario focuses on the following NSQHS Standards:

Preparatory Reading:

Australia is one of the most culturally and linguistically diverse nations in the world. Over 28% of the population were born overseas, over 200 languages are spoken and 116 religions practiced (Australian Bureau of Statistics, 2016). Although all Australians have the right to equitable healthcare, patients from Culturally and Linguistically Diverse (CALD) backgrounds (including Aboriginal Peoples) 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 (Johnstone & Kanitsaki 2006). 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 (Garrett et al, 2008).

While there is no single cause of the inequalities in health care experienced by CALD patients, research has identified that clinical encounters which do not acknowledge and address cultural factors, contribute significantly to adverse patient outcomes and health inequality (Johnstone & Kanitsaki, 2008). Thus, practical strategies for improving the provision of culturally competent care are needed. Undertaking cultural assessments as a part of *routine* clinical practice are one of these strategies.

The simulation you will be undertaking focuses undertaking a cultural assessment. It is recognised that assessment underpins safe practice, and nurses are all too familiar with the need to routinely conduct fall risks assessments, pressure area assessments, nutrition assessment and vital signs etc. Although cultural assessments are equally important many nurses are not confident in doing so. The ABCD mnemonic for cultural assessment by Kagawa-Singer and Backhall (2001) provides a structure for undertaking a cultural assessment that is easily to remember and put into practice:

ATTITUDES

Take the time to explore the attitudes and values of the patient and their family with regards to:

- the meaning of illness.
- truth telling in relation to diagnosis and prognosis.
- communicating about death and dying.
- traditional healing practices versus Western healthcare.

BELIEFS

- Ask about the patient's and family's religious and spiritual beliefs, especially in relation to the meaning of death and dying, the afterlife, healing and miracles.
- Ask how the patient and their family make sense of their illness and find strength in times of suffering.
- Ask how you can best support their spiritual and religious needs and practices.

CONTEXT

Determine the historical and political context of the patient's life, including:

- place of birth
- refugee or immigrant status
- socioeconomic status
- language/s spoken
- preferred dietary practices
- degree of support from and integration with their cultural community.

Also identify community resources that may be of assistance to health care professionals, patients and family members, such as translators, health care liaison staff, community groups, religious leaders, and traditional healers.

DECISION-MAKING STYLE

Identify the general decision-making style of the cultural group and specifically the patient and their family. Explore whether individual or family decision-making processes are used. Ask questions such as:

- How are decisions about health care made in your family?
- Who is the head of your family?
- Is there anyone else I should talk to in your family about your condition?

When used effectively the ABCD cultural assessment mnemonic will help you to communicate with CALD patients and to provide safe and person-centred care to all people regardless of their race, ethnicity, culture, or language.

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