Student Preparatory Handout

Simulation Four

Cultural Assessment – Scenario 1

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 1 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.*

TTPSS
TAG TEAM PATIENT SAFETY SIMULATION

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)

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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:


Delivering comprehensive care


Communicating for safety


Partnering with consumers

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 that 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 on undertaking a cultural assessment. It is recognised that assessment underpins safe practice, and nurses are all too familiar with the need to conduct routinely 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 them. 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 regard 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.

References

Australian Bureau of Statistics (2016). *Overseas born Aussies highest in over a century*. http://www.abs.gov.au/ausstats/abs@.nsf/lookup/3412.0Media%20Release12014-15

Garrett, P. W., Dickson, H. G., Young, L., Whelan, A. K., & Forero, R. (2008). What do non-English-speaking patients value in acute care? Cultural competency from the patient's perspective: A qualitative study. *Ethnicity and Health, 13*, 479–496.

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

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