
Station Number 5: Communication

Candidate instructions

You are an Emergency Physician working in a tertiary hospital. You have been approached by your junior registrar who wants to discuss a patient.

The patient is a 43-year-old Indigenous man with a background of renal failure who is dialysis dependent. He presented to the ED after missing dialysis in the community but is now wanting to discharge against medical advice prior to treatment, despite a K of 6.2 and the recommendation of admission for dialysis by your registrar.

The nurse caring for the patient informed the registrar that she believes he was being “culturally insensitive”, which is contributing to the patient’s refusal to stay for treatment. The patient is asymptomatic, clinically well with no immediate life threats, and remains on a monitored bed in the ED for now.

The registrar is keen to know how he can improve his communication with cultural sensitivity regarding this patient.

Your tasks are to:

- Discuss the key elements of cultural competency in the setting of caring for the Indigenous population
- Formulate a plan with the registrar on how to manage the situation and this patient in particular

This OSCE will assess the following Domains:

- Professionalism 40%
 - Health Advocacy. 60%
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Role player instructions

You are a junior registrar who has recently joined ACEM after migrating from the UK 18 months ago, therefore you have limited experience with caring for the Australian Indigenous population.

Your initial impression was that your patient was a “poor historian” who seemed annoyed at having to give his history to you after already telling the triage and treating nurses, and not forthcoming with answers to your questions. This admittedly made you impatient and frustrated as you had 2 more patients you needed to sort management plans for before handover, and you may have raised your voice.

Your opinion is that he should be admitted under the Renal team for dialysis, but at this suggestion your patient refused and stated he wished to discharge against medical advice. Your nurse had used the term “culturally insensitive” when discussing the patient outside the cubicle, and you are confused as to what she means, but eager to learn how to improve your communication with your patient in order to achieve a safe outcome. You are upset that you may have mistreated a patient in this way as you normally have positive patient interactions and are proud of your communication skills.

“I’m disappointed that my manner was perceived in this way and that they felt I was being insensitive”

Questions if needing prompting:

Give a lead in to the scenario, explaining your version of events briefly

“Are there any differences in how I should communicate with Indigenous patients?”

“Are there any non-verbal communication skills I need to be mindful of?”

“The patient is about to leave – what should I do?”

“Where can I get further information on cultural competency?” (if not addressed)

Examiner Instructions

Candidate is expected to address the situation recognising that the registrar may need some counselling/reassurance as they are upset at what has happened. They should then teach the registrar about cultural competency and give a plan to manage the patient from here.

Background knowledge

Definition: Cultural competence focuses on the capacity of doctors and other health staff to integrate culture into the clinical context and tailor care to meet patients' social, cultural and linguistic needs.

From ACEM statement:

"The ACEM acknowledges that culturally competent practice, by aligning care to the patient's socio-cultural and linguistic context, can: improve communication between doctors and patients; increase patient understanding; decrease patient fear and anxiety; improve patient satisfaction; and enhance the ease and relevance of clinical assessment.

Subsequently culturally competent care can: reduce unnecessary investigation; increase accurate and timely diagnoses; and increase adherence to treatment and attendance rates at follow up appointments. It can also reduce reluctance to seek medical care; and discharge against medical advice and take own leave rates. Overall, it leads to better clinical outcomes and improved patient wellbeing."

Cultural factors may influence:

- Patient compliance and satisfaction
- Communication and perception of care

Communication skills

- Important to build rapport with the Indigenous patient to break down barriers and gain trust - because they have a high focus on high context, this generally means they want to build relationships first before they get into in-depth conversations.
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- Establish if English is primary language and offer the aid of an interpreter if not
 - Introduce yourself to all people in the room on entry
 - Ask the patient's name; where they are from; and talk to them about their country/clan or region if appropriate
 - Establish identity - Delicate prefacing of question such as "this is something I ask all my patients...do you identify as Aboriginal or Torres Strait Islander?'. It is important to note that, despite skin colour, people can identify as either Aboriginal or Torres Strait Islander or both.
 - Enquire about gender preference before beginning assessment (more important for opposite sex)
 - Acknowledge the importance of family/extended family within the Indigenous culture, and that next of Kin may not be "typical" for Western society.

Regarding history taking:

- Acknowledge information already given to colleagues and avoid starting history again from scratch
- Be mindful that Indigenous patients may say "yes" to all questions and agree, to hurry things along
- Ensure adequate understanding of medical terminology

Non-verbal communication with Indigenous population

- Greet people respectfully and speak softly
 - Ask about hand shaking before actioning
 - Sit next to rather than across from them
 - Acknowledge that a lack of eye contact does not indicate lack of respect
 - Periods of silence and long pauses must be respected - often used for processing information and having time to think and respond
 - Accept that to achieve a better patient outcome, the time spent with the patient will likely be longer than usual and plan for this
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Further management of patient

- Candidate should ideally offer their senior input to engage with the patient themselves in order to avoid an unsafe discharge
- Involvement of Aboriginal Health Liaison/Interpreter if required
- Involvement with inpatient Renal team who may already have an established relationship and rapport
- Patient and family to be involved in decision making and given options (admission for dialysis or medical treatment of hyperkalaemia and early follow-up acceptable if processes in place)
- Follow-up with primary health care provider, preferably with an interest or specialising in care of Indigenous population

Educational resources for registrar

- ACEM statement on culturally competent care in the ED and education material – cultural competency page with modules to complete
 - Agree to meet again/ organise a follow-up with mentor or DEMENT
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Examiner Marking Sheet

Examiner name(s):

Candidate Name:

OSCE Station:

COMPONENT ASSESSMENT

For each domain below select the **ONE** option which best represents this candidates performance. The option '**Minimum level of competency displayed**' represents the minimum level of safe independent practice as a junior FACEM in Australasia.



Response Category	Percentage
Very poor	35%
Well below minimum standard	25%
Below minimum standard	15%
At minimum standard	10%
Above minimum standard	5%
High standard	5%
Very High standard	5%

Please rate all the following domains:

[illegible]

GLOBAL ASSESSMENT RATING

Please rate this candidate's OVERALL performance in this OSCE:

In terms of a **safely practising junior emergency physician** please select the ONE option which best reflects this candidate's performance in this station

**Well
Below
Standard**

☐

**Below
Standard**

☐

**Just at
Standard**

☐

**Above
Standard**

☐

**Well
Above
Standard**

☐