Closing the Miscommunication Gap

A User Guide to Developing Picture-based Communication Tools for Aboriginal and Torres Strait Islander Peoples in Emergency Department Settings

Aishah Jameel, Lauren Penny and Kerry Arabena

Karabena Consulting partnered with the Australasian College for Emergency Medicine (ACEM) in 2020 to develop a national, multi-sited research project to study cultural safety in emergency department (ED) settings. The resulting report, *Traumatology Talks – Black Wounds, White Stitches*, found that communication plays a vital role in ensuring patient safety and providing quality health care, particularly in high-stress environments such as EDs. In situations where miscommunication occurs between patients and clinicians, there can be serious adverse health consequences for patients including patients leaving the ED without receiving the appropriate care.

Traumatology Talks noted several incidents of miscommunication experienced by Aboriginal and Torres Strait Islander patients when engaging with ED staff, including issues of language use (including Aboriginal English) and diversity of dialects that make it difficult for staff and patients to communicate with each other. Research has shown that pictorial guides, such as cartoon illustrations, are an effective strategy in conveying information and that they significantly improve patient comprehension and compliance with ED discharge instructions.

In August 2021, ACEM again engaged Karabena Consulting to develop and trial pictorial guides to assist with culturally safe communication between Aboriginal and Torres Strait Islander patients and clinicians in the ED. The result of this work – *Closing the Miscommunication Gap: A User Guide to Developing Picture-based Communication Tools for Aboriginal and Torres Strait Islander Peoples in Emergency Department Settings*, the full report on which this Summary is based – documents our methodology and learnings in developing cartoon illustrations for use in an urban ED in Victoria. We hope it will serve as a guide for others wanting to develop pictorial techniques to increase culturally safe communication with First Nations people in hospitals, thus enhancing their patient journey.

Karabena Consulting

Australasian College for Emergency Medicine

About this Project

In August 2021, Karabena Consulting was engaged by ACEM to develop and trial pictorial guides to assist with culturally safe communication between Aboriginal and Torres Strait Islander patients and clinicians in the ED. The project stemmed from **Recommendation 6: Trialling picture/illustration-based communication techniques in pre-ED and ED settings to enhance culturally safe communication with people who speak English as a second or third language** in the *Traumatology Talks* report.

The initial plan was to trial the illustrations at St Vincent's Hospital Melbourne (SVHM) by training ED staff and conducting an evaluation to assess the effectiveness of the illustrations from both patient and staff perspectives. This site was selected as Karabena Consulting has a pre-existing relationship with SVHM and it is also an accredited ACEM hospital. However, due to the ongoing impacts of COVID-19, and the enormous disruption it continues to have on ED services, the hospital had to suspend all non-essential staff training and education. This made it difficult to trial the illustrations at SVHM's ED within the planned timeframe. As a result, the scope of the project was altered to document the methodology undertaken in developing the illustrations for use in the SVHM ED, with the hope that the same process can be adapted and translated to other EDs around Australia.

Methodology

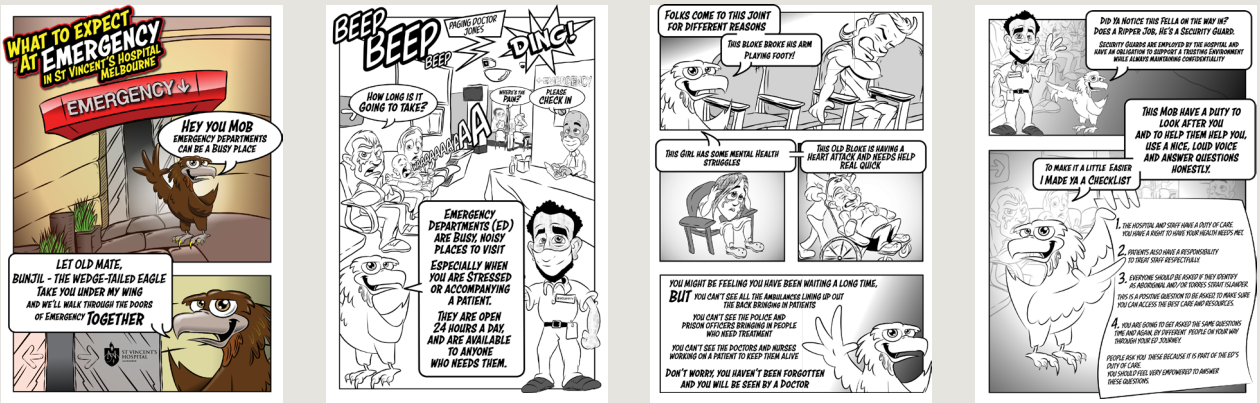
The methodology we used to develop a pre-ED communication tool to support the interests and concerns of Aboriginal and Torres Strait Islander patients in EDs is premised on both Indigenous and non-Indigenous methods of engagement and research. The comic strip design we used for the tool is also specific to the experiences of those presenting at a metro–urban context in Victoria, a State in which there has been considerable effort and attention given to progressing Treaty and achieving self-determination.

Indigenous methodological considerations

'Nothing about us without us'

Co-design is a key consideration in developing locally specific resources. As an Indigenous business, Karabena Consulting worked with Aboriginal doctors from ACEM and local triage nursing staff to understand the process and to gather content. We then undertook consultations with Aboriginal and Torres Strait Islander people in community-controlled organisations (with staff who refer people to the ED including Aboriginal Health Workers and nurses) and in hospital settings (Aboriginal and Torres Strait Islander hospital staff and those working with the ED, e.g. social workers,

Comic 1



Aboriginal Health Unit Managers), and with the Indigenous Health Equity Working Group (IHEWG) at SVHM. In a COVID-19 environment, co-design was done through online workshops and in committee meetings.

A focus on process, content and experience

Given our previous experience with *Traumatology Talks* and time considerations, in consultation with ED staff we decided to develop three evidence-based communication tools covering *process, content and experience*. These tools appear here as Comic 1 (see below, pp.2–4), which describes the process of being triaged and admitted, and Comic 2 (see pp. 5–7) focusing on the *content* of communicating levels of pain. Although we had planned a third comic to explore the *experience* of a parent (as a patient) bringing their children to the ED, unfortunately we were unable to develop this due to time constraints and a change in the scope of the project. We verified these foci with ACEM and SVHM (our funders and sponsors) before progressing with the development of the scripts. Once developed, the scripts were tested with emergency staff for accuracy and given to the illustrator to support the development of preliminary comic strips for wider consultation.

Embedding culture and symbols in the communication tools

Recognising the importance of embedding cultural considerations into the communication tools, we referred to the cultural determinants of health and wellbeing, and to local totemic connections and language in their development.

We did this in the following ways:

- Using Aboriginal urban slang as a key way of communicating messages for Aboriginal and Torres Strait Islander people in Victoria
- Using totems symbolising authority and trust – Bunjil the Wedge-tailed Eagle, a totem specific to SVHM's location in Melbourne, is the major narrator
- Including stories founded on lived experience
- Employing visualisation and critical reflection
- Promoting empowerment and self-determination.

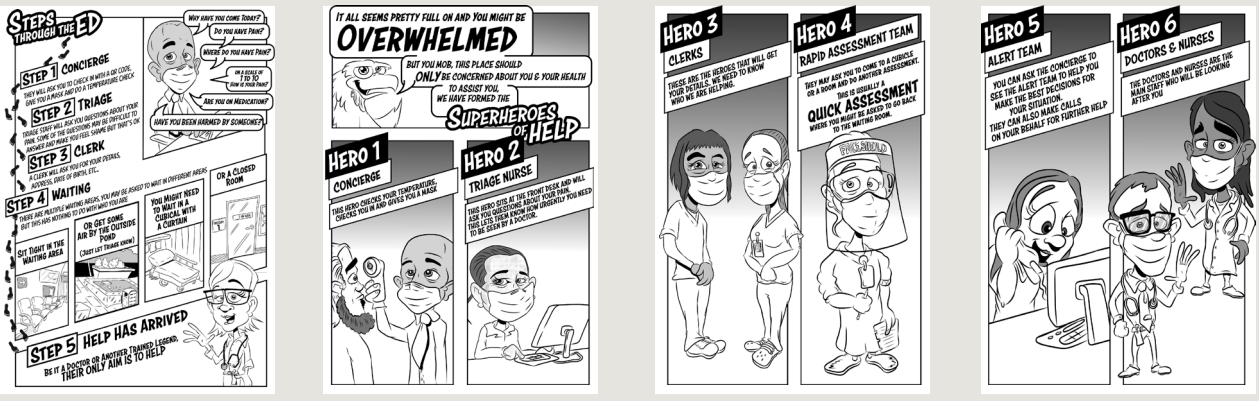
Non-Indigenous methodological considerations

Interpreting real-world data

In the absence of data from randomised trials, non-experimental studies are needed to estimate treatment effects on clinically meaningful outcomes.[1] In this instance, we developed the comics (treatment effects) on clinically meaningful outcomes (the ability to represent health interests and concerns in triage, and for Aboriginal and Torres Strait Islander people to wait in the ED until being seen). Some of the input into the design of these comics – including hospital data, photographs from the ED and audio recordings of the ED environment – provided the background needed to conceptualise the context of the illustrations and allowed the illustrator to reflect accurately the reality of the ED.

1 T. Stürmer, T. Wang, Y. M. Golightly, A. Keil, J. L. Lund & M. Jonsson Funk 2020, Methodological considerations when analysing and interpreting real-world data, *Rheumatology (Oxford)*, 59(1):14–25. https://doi.org/10.1093/rheumatology/kez320

Comic 1 (cont.)



Studying social processes

As one of our comics was centred on process issues, we used methodologies that focused on social processes that include time, change and human interactions. These are well illustrated in Comic 1, where we reflected on the experiences of triage, of waiting and of being seen by ED staff. Given that the full process of engaging with an ED is difficult to document in full, we used two methodological approaches to illuminate the dynamics of its social processes: participant observation (patients and those who work closely with clients) and process improvement (including simulation techniques to represent more accurately the patient journey through the ED). In this way, the comic was able to formulate improvement scenarios with data derived from a real-life ED environment.

Process improvement – queuing theory

In addition to queuing theory – which can address staffing, scheduling and patient service shortfalls – simulation and lean process improvement techniques can also be used to underpin the development of the comics. To embed queuing theories in the comics, we showed where and when people would be able to wait, and provided advice on how to wait successfully. Queuing has often been described as a barrier to receiving health care in the ED, which has recently been a major issue in Victoria because of the pandemic. Hospitals that respond to queuing theories have been shown to significantly reduce ED waiting times, in some cases by up to 15 per cent.[2]

2 K. Xu & C. W. Chan 2016, Using future information to reduce waiting times in the emergency department via diversion, *Manufacturing & Service Operations Management*, 18(3):314–31. https://doi.org/10.1287/msom.2015.0573

Continuous quality improvement

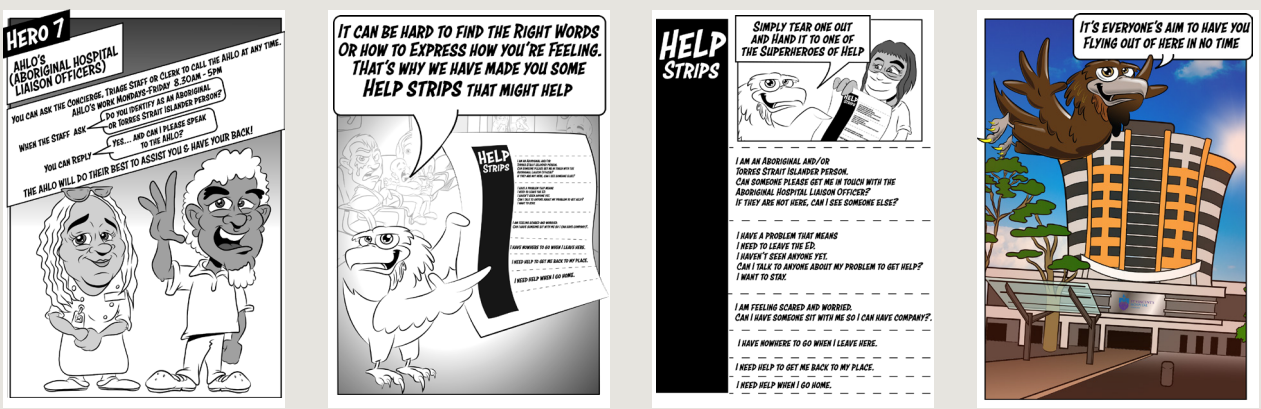
SVHM places a strong emphasis on continuous quality improvement. Although the comics in themselves would not take the place of other improvement processes, they can alert patients on how to enable, navigate and sustain engagement along their ED journey. In addition to discussing the content of the comics, we also devoted a great deal of time in our consultations to their implementation into the ED practice landscape, and the implications of this work.

Illustrator methodological considerations

The role of comics in health care can range from sharing factual information, to dealing with feelings and attitudes towards health conditions, to providing reassurance to patients experiencing vulnerability.[3] For instance, Comic 2 (see below, pp.5–7) describes both how pain is assessed in the ED and how patients can best communicate their levels of pain. How the comics are illustrated is dependent on the comic drawing traditions embedded in the practices of the illustrator. The illustrator will need to consider a range of factors including emotion; anatomical correctness and ethics; creative design and development; and working 'in-culture' or 'cross-culturally'.

3 S. McNicol 2017, The potential of educational comics as a health information medium, *Health Information and Libraries Journal*, 34(1):20–31. https://dx.doi.org/10.1111%2Fhir.12145

Comic 1 (cont.)



There are several steps to the development of comic books from conception to completion:

Phase 1 Script development

The script can be used to ground the storyline of the comic strip.

Phase 2 Art development

The script is translated by the comic developer/ illustrator, normally in pencil, then inking and eventually colouring (if required).

Phase 3 Lettering

All lettering is inserted into the dialogue balloons.

Phrase 4 Editorial

All lettering and composition is reviewed prior to being printed.

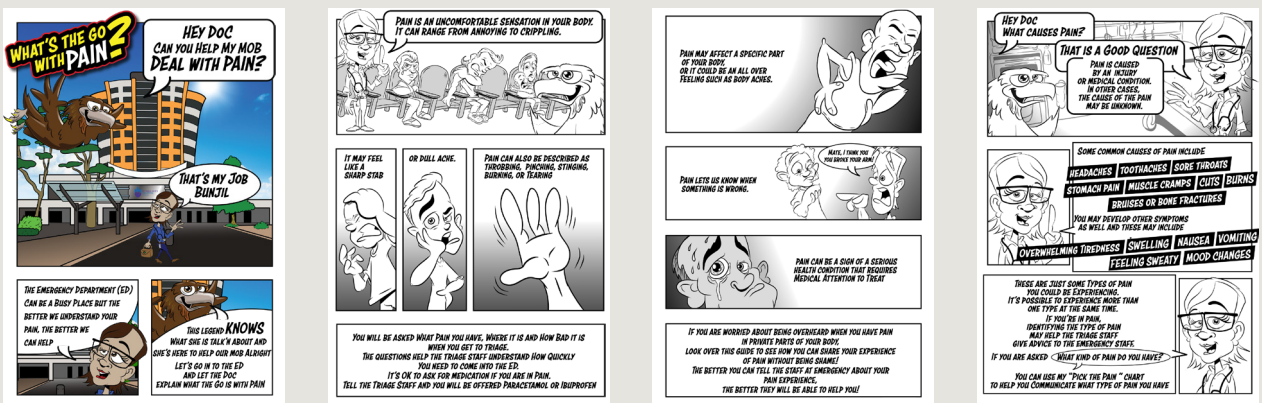
Evidence-based, evidence-informed and evidence-generative approaches

Where possible and practical, all the content of communication tools in emergency settings should be evidence based, that is, the content-focused communication tools (describing pain, medical procedures, diagnosis and treatment information) should be based on peer-reviewed literature that has been through a validated scientific process.

Evidence-informed research is already available and has been tested thoroughly. This evidence is then combined with the experiences and expertise of the organisation developing the best communication tools for the target population. Using evidence-informed research allows EDs to access the best practice possible, without having to invest in research of their own.

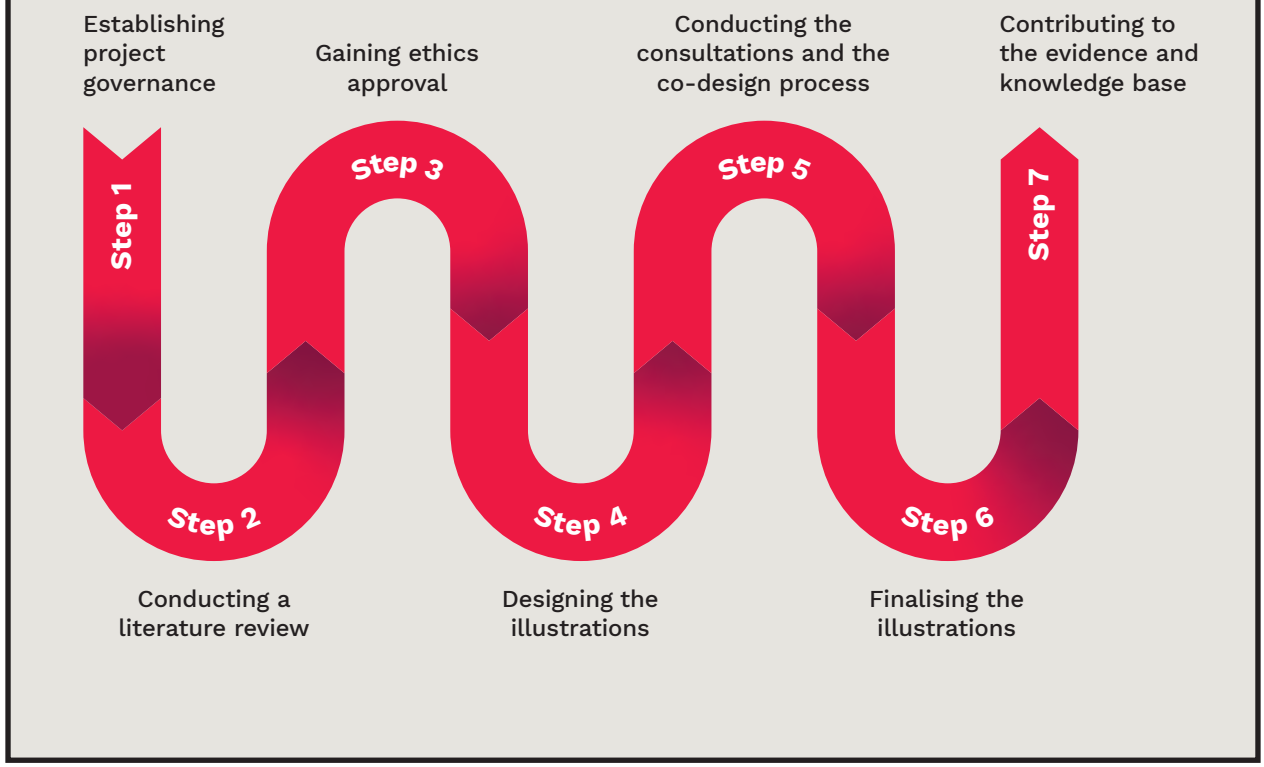
Although we do not claim to be evidence-based, we are heavily invested in being evidence generative, that is, generating evidence that can be used by others to trial in different regions. To do this work (i.e., generate evidence) we use the best evidence available, which may be peer-reviewed, unpublished, survey results or information gathered during advisory meetings, community workshops and focus groups. We then adopt an evidence-informed approach to developing resources that will allow for information to emerge from the experiences of the people involved. We are careful to make the distinctions between evidence based, informed and generative because we do not want to undermine the work of researchers who are on the front lines of emergency services, but rather to aid this work where possible.

Comic 2

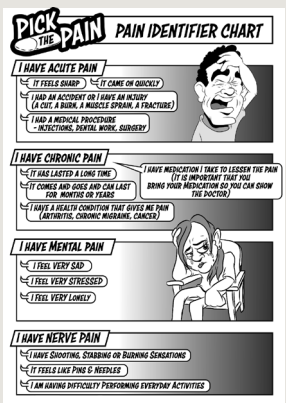


Implementing the Methodology

Figure 1: Methodology used to develop emergency department-based illustrations



Comic 2 (cont.)



Step 1: Establishing project governance

Project governance involves describing and implementing functions and processes that guide the project throughout its entire life cycle, and defining the structured roles, responsibilities and accountabilities within the project. While there is no one project governance framework that is effective in all circumstances, an outline of the essential elements of successful project governance with Aboriginal and Torres Strait Islander people can be found in the full report.

Step 2: Conducting a literature review

As part of our *Traumatology Talks* report, we undertook an extensive literature review to get a better understanding of the cultural safety needs of Aboriginal and Torres Strait Islander patients in ED environments. This included peer-reviewed national and international journal articles – with a particular focus on First Nations populations across Australia and Aotearoa New Zealand, Canada and the United States of America – as well as books and grey literature including government reports and guidelines in Australia.

After consulting with ED staff, we chose two of the major themes that arose from the patient interviews in *Traumatology Talks* as the focus of our communication tools – comprehension issues and pain management in the ED – and reviewed more than 40 sources of literature about them (see 'Section 2: Optimising Emergency Services for Patients' of *Traumatology Talks*).

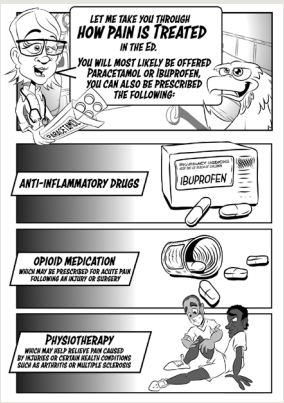
In the development of our communication tools, we conducted a further literature review (available in the full report) of 34 sources to explore the types of illustration-based tools that have been trialled in EDs to improve communication with patients, namely the use of video programs, language boards, mobile and web-based education, and comic illustrations.

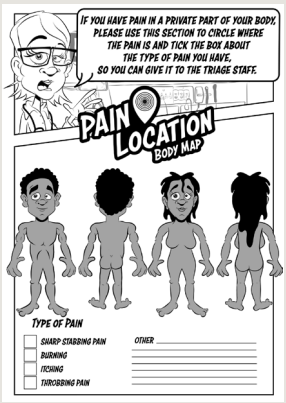
We identified many gaps in the health promotion literature in Australia, particularly around communication, process and the experience of waiting. Consequently, there are limitations in the peer-reviewed literature evaluating:

- the efficacy of these materials in supporting Aboriginal and Torres Strait Islander people's access to ED settings;
- the methodology employed in the development of these resources; and
- whether these styles of materials enhance the patient experience of ED services.

We recommend that each ED undertakes a literature review of the content area that is relevant to their communication tool and includes at least 10 sources of literature per content area. Our full report outlines the key activities in conducting a literature review.

Comic 2 (cont.)





Step 3: Gaining ethics approval

A key part of the process is gaining ethics approval to carry out this research. As the 'research project' is hospital-based, approvals have to be site-specific, which is time consuming and may involve further costs. In addition, it is rare that a hospital ethics committee will have an Aboriginal or Torres Strait Islander member, which can lead to misunderstandings and further delays.

You may need to allow up to five months for the approval process to be completed, even though developing the resource and trialling its acceptability with patients may be low risk. All hospitals will have an ethics committee, but you will need to check to see if the committee you are working with has the capacity to assess an Aboriginal and Torres Strait Islander-focused ethics application to be considered. All hospitals provide details about the process of ethics approvals along with some basic steps we have outlined in the full report. When applying for ethics approval, be aware that you will not be able to start the project until you are in receipt of written approval to commence.

Step 4: Designing the illustrations

To develop the cartoon illustrations, Karabena Consulting engaged with professional illustrator Nick Love, who was recommended by Mullum Mullum Indigenous Gathering Place, a partner of Karabena Consulting that had used his services previously. As the illustrations were to be trialled at SVHM's ED, the illustrations were localised to the ED's physical location. In addition to providing photos and soundscapes of the ED, we also worked closely with ED and triage staff to develop scripts for the illustrator as it was critical to have a clear understanding of how the ED operates. An example of this process can be found in our full report, in which we outline in detail how we went about designing the scripts and illustrations to develop Comic 1: What to expect at SVHM ED.

With regard to character development for our illustrations, we felt it would be useful to have a character that could narrate the story and be the focal point of the comics. In determining the character that would have the greatest local relevance, we decided on the 'Wedge-tailed Eagle' and, after receiving feedback in the consultations, decided to name him 'Bunjil' to ensure cultural relevance and understanding among the Koori community.

Bunjil sculpture in Docklands, Melbourne

Photo courtesy Aishah Jameel

Bunjil is a totem specific to the place where SVHM is located. Using this totem makes the locality and use (of the resource) clear, i.e., the boundaries of the Kulin Nation and those who respect Bunjil as the Creator being for the region. Character draft illustrations can be found in our full report.

Step 5: Conducting the consultations and the co-design process

Karabena Consulting is committed to the principle of co-design to ensure that the voices and experiences both of service providers and of Aboriginal and Torres Strait Islander people are reflected in our work to improve health outcomes. To support the process of co-design, we held a number of online consultations with ED health professionals – including the SVHM IHEWG members and ACEM's Co-Chair of Indigenous Health Committee – to co-develop the content and messaging of the illustrations and also present the character drafts.

We were then able to develop three scripts – the first describing the *process* of being triaged and admitted; the second the *content* of communicating levels of pain; and the third the *experience* of a parent (as a patient) bringing their children to the ED – which we shared with some of the ED staff at SVHM to verify the accuracy of the information. Once the scripts were endorsed, they were given to the illustrator to guide the narratives of the illustrations. Although we had initially planned to develop three comic strips, only Comics 1 and 2 were developed due to time constraints and the overall change in scope of the project. After drafts of the illustrations were developed, we organised and facilitated three online workshops to present the drafts and obtain feedback from Aboriginal and Torres Strait Islander community members, SVHM's IHEWG and other hospital service providers.

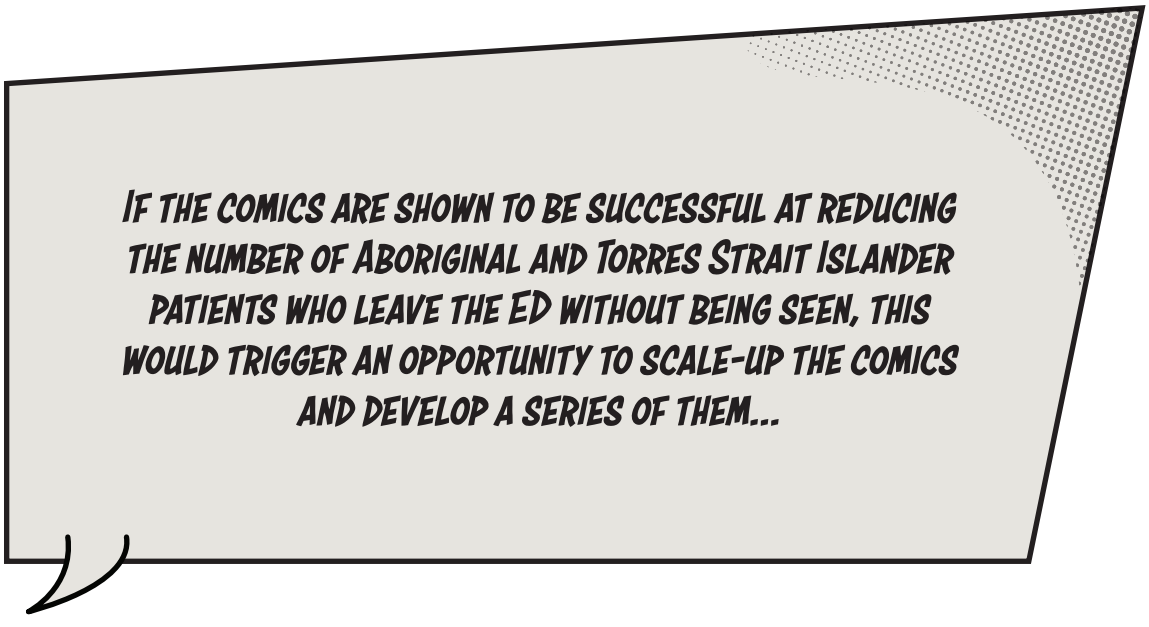
Step 6: Finalising the illustrations

After the workshops were completed, we compiled the feedback received and sent it to the illustrator to revise the drafts and produce final versions of the illustrations. The comics underwent several rounds of revision before final versions were produced; they can be found in our full report.

Step 7: Contributing to the evidence and knowledge base

For the purposes of these communication tools, we have identified a myriad of ways in which these tools can contribute to the evidence base, including published and unpublished resources (e.g., peer-reviewed journal articles, conference proceedings and presentations); colouring books for children waiting in EDs; posters; animations to be played on closed circuit TVs in waiting rooms; and staff training packages, including orientation programs.

With regard to the comics produced in this project, there is an opportunity to distribute them at Aboriginal Community Controlled Health Organisations with referral pathways to hospitals and at local housing corporations and other community organisations. Once these tools have been disseminated in the community and piloted for several months, it would be beneficial to then evaluate them to assess their effectiveness with ED patients and their families. If the comics are shown to be successful at reducing the number of Aboriginal and Torres Strait Islander patients who leave the ED without being seen, this would trigger an opportunity to scale-up the comics and develop a series of them (with the same characters) to focus on other equally important issues such as mental health, disability and social emergency care.



Key Recommendations

Key Recommendation 1

That a **network of emergency departments** across Australasia undertake a project to trial different communication techniques for underserved or over-represented groups within their jurisdictions, emphasising the use of the methodology developed through this project.

Key Recommendation 2

That a **practice guide be developed** from this project which distils and documents the efforts of this extended network in its efforts to reduce miscommunication.

Key Recommendation 3

That ACEM commits to supporting emergency departments across Australasia in **implementing knowledge exchange** opportunities aligned to the undertakings from these EDs. Support might include advocating for localised methodological development, multijurisdictional ethics approval processes, and evaluating the impact of these communication strategies with staff, patients and referring agencies. Where possible, the findings of this work should be shared in peer-reviewed publications to develop an evidence base through emergency departments internationally.

Key Recommendation 4

That other strategies be developed to support the effective carriage of these communication techniques through **locally determined distribution channels**. Access and utility are at the forefront of this work, and may involve referring agencies, first responders, community information providers (local radio and television), and a social media campaign as part of the launch activities.

Key Recommendation 5

That a **training package be developed and delivered** to train all emergency department staff, including triage nurses, clerks, the care coordinator team, and security guards, on the comics and expectations patients can have from their triage, waiting and service experience.

Key Recommendation 6

That the **annual ACEM conference** includes a workshop or conference stream dedicated to emergency staff efforts to reduce miscommunication with patients by developing and implementing localised communication tools.

Final Word

Good communication is one of the most important survival skills we have available to us, particularly in life-or-death situations or crisis situations. During this project, we have tried to address the issue of miscommunication head on and have learned a lot along the way. Taking on the work of creating culturally safe and effective communication tools is best achieved through processes – ones that recognise the essence of our family and community relationships and why we present, and facilitate that experience with as much dignity and camaraderie as possible – as part of ED staff commitment to continued quality improvement. Inevitably, we want patients to experience empowerment in communicating their needs, and hope that this work will go some way to making that happen.

The resultant comics from this project are, for now, confined to our report. We have not yet facilitated the development of distribution channels and referral pathways to give these comics meaning, nor have we developed in-house training opportunities to support emergency staff to meet the needs of Aboriginal and Torres Strait Islander patients and their families and carers through the development of this work. We are yet to identify whether the comics meet the expectations of patients, referral agencies or staff. In future projects, we hope to interrogate whether these do meet the needs of everyone on the patient journey by interacting with the messages contained in the comics themselves.

We have learned, as we hope that different EDs across Australasia are prepared to learn, that communication takes time to cultivate. It requires deep listening to the needs and desires of people who are often underserved or over-represented in emergency departments to determine what could make their experience better.

Good communication with Aboriginal and Torres Strait Islander patients will not only require ED staff to learn about, understand and respond to cultural protocols, but for the EDs and hospitals to take responsibility for venturing into intercultural spaces through committed and decisive action. Not only will this meet the aspirations of people working in EDs to respond to their patients more effectively and empathetically, but it will also activate the *United Nations Declaration on the Rights of Indigenous Peoples*, and other human rights covenants around the globe, which for many people during this pandemic have not been available or have been denied. For them, we must make every effort to address miscommunication, achieve equity and enhance access to EDs the world over.

Acknowledgments

Karabena Consulting respectfully acknowledges the Traditional Owners of the lands on which this project took place.

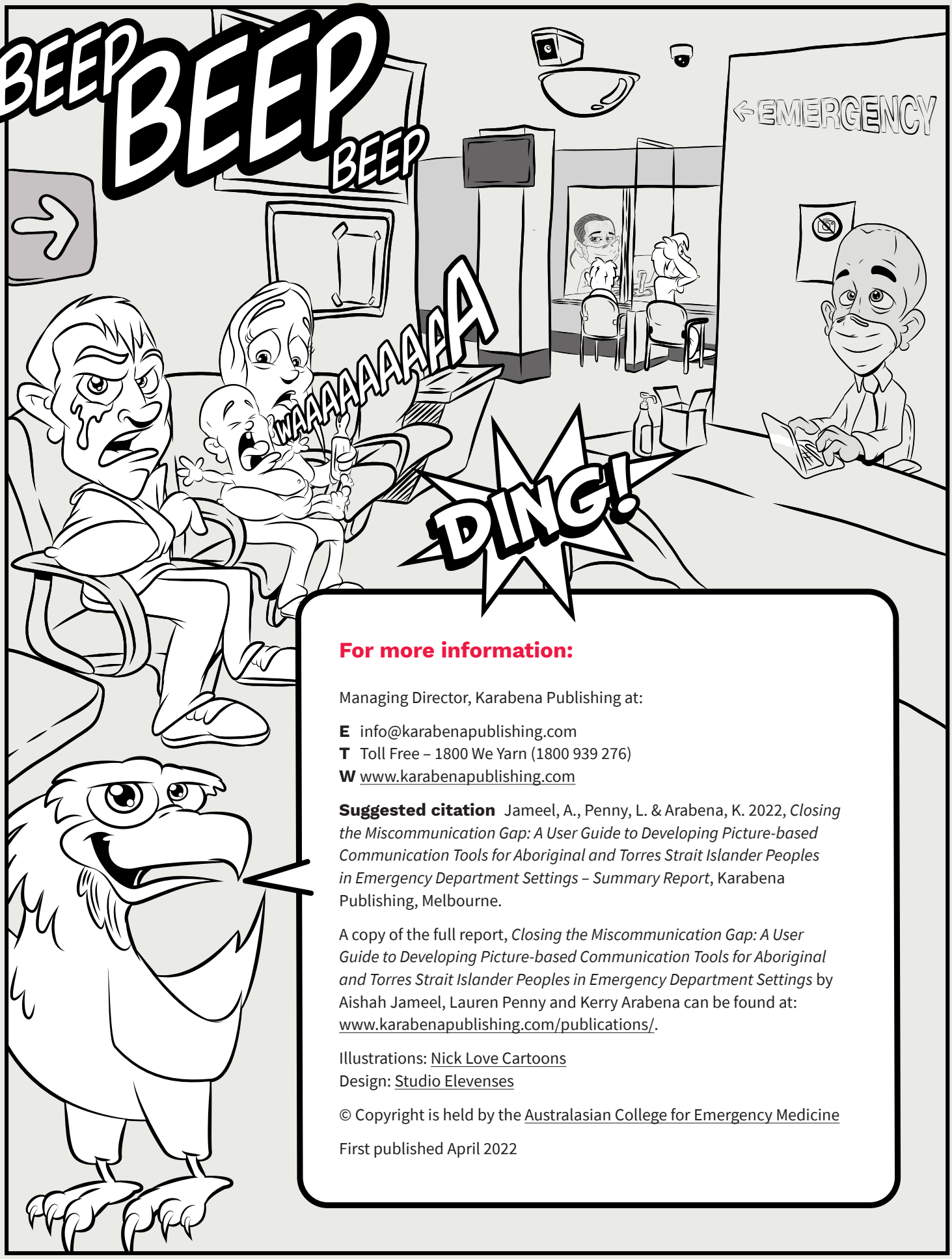
We thank the service providers and community members who participated in the workshops and those who also contributed to this project via email and phone calls. We appreciate your guidance, advice and the time you have generously given us during these consultations. We would also like to thank the SVHM ED staff and the IHEWG for their contribution, in particular Dr Jennie Hutton and Deborah Barnes who have supported us immensely.

We are also indebted to Nick Love, at Nick Love Cartoons, a committed non-Indigenous ally and illustrator.

Finally, to the staff of the Australasian College for Emergency Medicine, thank you for your contributions, support and flexibility on this project.

Notes: Karabena Consulting has received Commonwealth funding and Australasian College for Emergency Medicine support for this activity as part of the Australian Government Department of Health Specialist Training Program.

ACEM, the peak body for emergency medicine, is the not-for-profit organisation responsible for training emergency physicians and the advancement of professional standards in emergency medicine in Australia and New Zealand.



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Suggested citation Jameel, A., Penny, L. & Arabena, K. 2022, *Closing the Miscommunication Gap: A User Guide to Developing Picture-based Communication Tools for Aboriginal and Torres Strait Islander Peoples in Emergency Department Settings – Summary Report*, Karabena Publishing, Melbourne.

A copy of the full report, *Closing the Miscommunication Gap: A User Guide to Developing Picture-based Communication Tools for Aboriginal and Torres Strait Islander Peoples in Emergency Department Settings* by Aishah Jameel, Lauren Penny and Kerry Arabena can be found at: www.karabenapublishing.com/publications/.

Illustrations: Nick Love Cartoons
Design: Studio Elevenses

First published April 2022

Karabena Publishing