

ANSWER SHEET SAQ Exercise on Cultural Competency

1. **What is the most likely cause for this VBG? Describe and interpret the abnormalities.**
5 points (Table might look something like below)

pH	Compensated metabolic acidosis. Expected pCO ₂ = 8 + (1.5 x 12) = 26 (about right) Anion gap = 30 – profoundly raised Delta ratio = AG-12/24-Hco ₃ = 18/12 = 1.5 = RAGMA i.e widened anion gap probably from uraemia (consider ketosis)
K	Mild hyperkalaemia ?artefactual/ ?renal failure
GLuc	Mild hyperglycaemia from untreated DM
Ca	Hypocalcaemia from renal failure
Hb	Anaemia would be consistent with renal failure ? other causes/ acute blood loss etc
Summary	Most likely cause is renal failure with uraemia, hyperkalaemia, hypocalcaemia and anaemia. In the setting of untreated diabetes.

2. **Her creatinine is 1842 with a urea of 62. List four possible causes for these findings in a 32 year old Aboriginal woman, with the most common causes first.**

3 points; at least one bold to pass

Post strep GN

DMII nephropathy

Other forms of GN

Causes of ARF

3. **What are the principles of management?**

3 points; all in bold required

symptomatic – fluid status, K

definitive – prepare for dialysis –contact renal team, potentially place vascath

IDC

glucose control

4. **She becomes agitated and appears to be getting ready to leave the ED. What are some strategies you could employ to encourage her to stay?**

4 points; bold required, need at least 3

Get ALO/ILO

Create rapport by asking where she is from, introducing oneself

Explore: try to find why she wants to leave, can we assist with that, what are her concerns,

what is her understanding of what is going on

Appropriate body language

Do not force eye contact

Gender preference for doctor

5. **Describe cultural competency in health practice.**

3 points, bold required with some expansion

Cultural competence allows us to work effectively in cross-cultural situations.

Includes:

- treating the patient with their specific cultural context in mind,
- ensuring that patients feels safe,
- knowledge of different ethnicities and their health statuses
- knowledge of different cultures and their beliefs and experiences around health
- being aware of how our own culture impacts on our health practice
- approaching those of other ethnicities with a mixture of empathy, respect, self-reflection and curiosity, ensuring that the patient does not feel judged based on their cultural background
- positively integrating cultural aspects when devising management plans
- continuing to improve our skills in these areas