



INDIGENOUS HEALTH AND CULTURAL COMPETENCY E-LEARNING MODULE SERIES CURRICULUM FRAMEWORK

Contents

1.	Introduction	2
1.1	Indigenous Health.....	2
1.2	Cultural Competency	3
1.3	International Medical Graduates	3
2.	Guiding Principles	4
3.	Development and Educational Methodology	4
4.	Curriculum Framework.....	5
4.1	Overall Aim and Learning Objectives	5
4.2	Module Topic Outline	5
4.3	Detailed Module Learning Objectives	6
	Section One: Applying Core Concepts of Culturally Competent Care in the ED	6
	Section Two: Caring for Aboriginal and Torres Strait Islander and Other Culturally Diverse Patients in the ED	10
	Section Three: A Culturally Competent Approach to Challenging Presentations	14
5.	References	16
6.	Document Review	16
6.1	Responsibilities	16
6.2	Revision History	16

1. INTRODUCTION

The Indigenous Health and Cultural Competency (IH&CC) project was established by the Australasian College for Emergency Medicine (ACEM) in recognition of the urgent need to address the current state of Aboriginal and Torres Strait Islander health in Australia and the contribution that emergency medicine doctors can make by delivering culturally competent care to both Aboriginal and Torres Strait Islander and other Culturally and Linguistically Diverse (CALD) patients and their families in their local emergency department.

IH&CC learning materials are provided as Continuing Professional Development (CPD) for ACEM Fellows, and as self-directed learning opportunities for all emergency medicine staff, including ACEM trainees, ACEM candidates and diplomats, non-specialist doctors and in particular International Medical Graduates (IMGs).

1.1 Indigenous Health

ACEM recognises the diversity and complexity of preferences for terminology when referring to Aboriginal and Torres Strait Islander peoples. 'Aboriginal and Torres Strait Islander' is the currently accepted national standard when referring to the Indigenous peoples of Australia and as such this phrase is used, along with particular local group names and identity (such as Koori or Yolngu) where appropriate. 'Indigenous' as a term is used when referring more broadly to those peoples who are considered the first peoples of countries, as is the current accepted international standard.

The IH&CC learning modules comprise teachings on both Indigenous health and cultural competency. Indigenous health content in ACEM training and professional development is regarded as a unique and important subject area in recognition of:

- Aboriginal and Torres Strait Islander peoples' status as the Traditional Owners of the original nations now known as Australia;
- The unique cultures and histories of Aboriginal and Torres Strait Islander peoples;
- The significant health 'gap' between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians¹;
- The disproportionately higher rates (compared to non-Indigenous Australians) of attendance by Aboriginal and Torres Strait Islander peoples to Australian emergency departments²;
- The disproportionately higher rates of Aboriginal and Torres Strait Islander patients taking own leave²;
- The disparities between patterns of emergency department use²; and
- The barriers Aboriginal and Torres Strait Islander patients face when requiring care at emergency departments.^{2,3}

As such, the IH&CC learning modules focus primarily on Aboriginal and Torres Strait Islander health and cultures, and utilise examples therein to highlight core principles of cultural competency that are transferrable to all patients, including other CALD peoples. Examples of other CALD communities' health worldviews and practices are included as appropriate to further highlight core principles.

Improving the understanding of Aboriginal and Torres Strait Islander cultures, pertinent health issues and overall cultural competency of emergency medicine doctors can contribute to^{3,4,5,6}:

- Improving patient satisfaction and health outcomes;
- Improving engagement with emergency medical care; and
- Reducing barriers to access.

ACEM recognises the Māori of Aotearoa-New Zealand as the *tangata whenua* (original people of the land). However, these resources have been funded by the Australian Government and, as such, focus primarily on Australian Indigenous peoples. The principles of care explored are relevant for practice in both Australia and New Zealand.

1.2 Cultural Competency

Culture can broadly be defined as “a shared, learned system of beliefs, values and attitudes that shape and influence a person’s perception and behaviour. It describes the ways in which members of a group interact with each other, often operating at an unconscious level which is the result of shared understanding and commonality of experiences”⁷.

Inter-cultural factors between patients and doctors may include differences in: lay versus medical culture (including the culture of the emergency department); ethnicity; religion; gender; sexuality; (dis)ability; age; and/or socio-economic status. Furthermore, individuals can identify with more than one cultural group. This breadth and complexity makes it impossible to teach doctors about each and every cultural group. Furthermore, the literature establishes^{8,9,10,11} that such approaches can be detrimental, in that they reinforce cultural stereotypes rather than increasing the skills of doctors to interact appropriately and effectively with any patient they encounter.

What can instead be taught is an understanding of the way in which the cultural identity – including attitudes, values, beliefs and behaviours – of both the doctor and patient can impact on clinical encounters and patient outcomes. Cultural competence focuses on the capacity of doctors to integrate culture into the clinical context and tailor care to meet patients’ social, cultural and linguistic needs⁴. Culturally competent practice is central to clinical interactions, with its purpose to work towards equality of access and health outcomes for all patients.

The aim of this e-learning series is to equip doctors to become increasingly culturally competent, as one element of improving the cultural safety of emergency departments for Aboriginal and Torres Strait Islander and other CALD patients.

1.3 International Medical Graduates

The IH&CC learning materials are considered relevant for all ACEM members. It is anticipated that International Medical Graduates (IMGs) and Overseas Trained Specialists (OTs) new to Australian emergency department contexts will especially benefit. The materials provide IMGs and OTs the opportunity to learn about Aboriginal and Torres Strait Islander histories, cultures and unique health needs, to which they may previously have had very little exposure. The materials also provide opportunity for IMGs and OTs to understand the broad multi-cultural context of the communities accessing emergency care in Australia.

Furthermore, the local culture of emergency medicine with its increasing focus on patient-centred care and communication is explored, in particular as it may differ to that of the medical culture in some IMG or OTS home countries.

2. GUIDING PRINCIPLES

- Aboriginal and Torres Strait Islander and other CALD peoples have a diversity of cultures, experiences, histories and geographical demographics which is reflected in the design and delivery of learning materials
- Aboriginal and Torres Strait Islander and other CALD health worldviews are valid, meaningful and culturally appropriate explanatory models which incorporate health beliefs, behaviours and healing practices. Respect for and recognition of these diverse health worldviews are essential for effective emergency care
- Access to culturally safe care in emergency departments that is free of racism and other forms of discrimination is a right for all patients
- Aboriginal and Torres Strait Islander and other CALD peoples are collaboratively involved in all stages of planning, development, delivery and evaluation of learning materials
- The learning materials are, as far as possible, developed and delivered according to the existing evidence base, including research relating to the 'colonial determinants of health'¹²
- Cultural competency training should be considered essential for any health worker (including health administration staff who interact with patients, for example ED clerks)
- The ACEM recognises that creating culturally safe emergency departments involves more than training doctors to become increasingly culturally competent and, as such, the ACEM is committed to developing policy and advocacy that improves the cultural safety of emergency departments overall

3. DEVELOPMENT AND EDUCATIONAL METHODOLOGY

Focus groups and individual video interviews were conducted in several urban, rural and remote regions with ED doctors, nurses, Indigenous liaison officers, interpreters and cultural educators. The insights gained, alongside a broad literature review, facilitated the development of this detailed curriculum framework of emergency medicine-specific issues that are of importance to both patients and practitioners.

Adult education principles informed the development of the IH&CC e-learning modules based on this curriculum. The series provides a non-didactic learning experience that acknowledges specialist-level learners have a considerable degree of existing experience and knowledge.

The central role of the practitioner's own culture in any and all clinical interactions is the foundation upon which all other learning has been built. A case-based learning approach has been used, linked to videos of expert stakeholders discussing their own experiences and approaches. These are supported by a range of critical reflective exercises which encourage learners to extrapolate and apply principles of care to their own practice. The evidence base is presented, in particular outlining the clinical benefits of incorporating cultural competency into practice.

4. CURRICULUM FRAMEWORK

4.1 Overall Aim and Learning Objectives

The IH&CC e-learning module series' primary aim is to enhance the ability of doctors to utilise a culturally competent, patient centred approach to emergency care.

To meet this aim, the framework for the IH&CC curriculum consists of three overarching learning objectives underpinning all modules:

- Increasing awareness and knowledge of culture and health
- Improving skills in culturally competent care
- Encouraging reflection on practitioners own attitudes and understanding

4.2 Module Topic Outline

Modules have been designed to provide a step-by-step learning process if undertaken in order, however, each module is a stand-alone learning experience for doctors wishing to choose particular topics to explore.

SECTION ONE: APPLYING CORE CONCEPTS OF CULTURALLY COMPETENT CARE IN THE ED	
Module 1	Introduction to Culturally Competent Care in the ED
Module 2	Culturally Competent Communication in the ED
Module 3	Understanding Health Literacy and Diversity of Health Beliefs
Module 4	Understanding Language Diversity and Working with Interpreters
SECTION TWO: CARING FOR ABORIGINAL AND TORRES STRAIT ISLANDER AND OTHER CULTURALLY DIVERSE PATIENTS IN THE ED	
Module 5	Improving ED Access and Experiences for Aboriginal and Torres Strait Islander Patients
Module 6	Collaborative Practice: Understanding the role of Aboriginal Liaison Officers and Families in ED Care
Module 7	Culturally Competent Discharge Planning
Module 8	Culturally Competent End of Life Care
SECTION THREE: A CULTURALLY COMPETENT APPROACH TO CHALLENGING PRESENTATIONS	
Module 9	A Culturally Competent Approach to Challenging Presentations: Aboriginal and Torres Strait Islander Patients
Module 10	A Culturally Competent Approach to Challenging Presentations: Refugee and Migrant Patients

4.3 Detailed Module Learning Objectives

Section One: Applying Core Concepts of Culturally Competent Care in the ED

MODULE 1: INTRODUCTION TO CULTURALLY COMPETENT CARE IN THE ED		
Attitudes	Knowledge	Skills
<p>Undertake self-reflective practice</p> <p>Understand own cultural identity, beliefs, values, behaviours and communication styles</p> <p>Engage in ongoing and active developmental practice and be aware of the limitations of one’s own knowledge</p> <p>Examine own biases and prejudices that may consciously or unconsciously exist toward cultural differences and actively work towards transforming them</p> <p>Not impose own values on patients, ask patients about their preferences and follow their lead</p> <p>Seek relationships with cultural mentors to improve own learning</p> <p>(Note: These learning objectives are relevant for all modules)</p>	<p>Know the definition of culture</p> <p>Understand the elements of culture that impact on the doctor-patient interaction and access to and use of emergency departments</p> <p>Know the definition of cultural competency</p> <p>Understand the concept of patient-centred care</p> <p>Understand the importance of culturally competent patient centred care to delivering effective emergency care</p> <p>Be aware of the diversity of ways that Aboriginal and Torres Strait Islander peoples self-identify</p>	<p>Develop skills in a culturally competent patient centred approach to ED care</p> <p>Apply knowledge of cultural groups respectfully and without reliance on stereotypes</p> <p>Seek out self-care and appropriate support in situations of stressful or challenging inter-cultural work environments</p>

MODULE 2: CULTURALLY COMPETENT COMMUNICATION IN THE ED		
Attitudes	Knowledge	Skills
<p>Learning objectives as per module one</p> <p>Value clear communication for clinical assessment and conveying information</p> <p>Value the importance of ensuring understanding is occurring in doctor-patient communication</p>	<p>Know the impact of poor communication on patient outcomes</p> <p>Understand the role of culture in communication</p> <p>Be aware of how cultural differences in communication styles can create misunderstandings</p> <p>Be aware of potential barriers to effective inter-cultural communication that are specific to the emergency department</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Develop rapid rapport with patients and their families from varied cultural backgrounds</p> <p>Ask people about their ethnic and cultural background</p> <p>Identify and negotiate different styles of communication</p> <p>Recognise and mitigate barriers to communication</p>

MODULE 32 COMMUNICATION COMPETENT CARE OF THE PATIENT FROM ANOTHER CULTURAL GROUP: THE CULTURAL COMPETENCY RATHER THAN CULTURAL AWARENESS/KNOWLEDGE AS WELL: UNDERSTANDING HEALTH LITERACY AND DIVERSITY OF HEALTH BELIEFS		
Attitudes	Knowledge	Skills
<p><i>Learning objectives as per module one</i></p> <p>Recognise it is the responsibility of the doctor to ensure patient understanding and partnership in decision making</p> <p>Respect patients’ diverse health beliefs, healing practices and priorities</p> <p>Respect patients’ right to refuse or vary treatment plans</p>	<p>Be aware of Aboriginal and Torres Strait Islander concepts of health and wellness</p> <p>Understand the role of Aboriginal and Torres Strait Islander traditional healing practices and medicines</p> <p>Be aware of the diversity of health beliefs and healing practices among other culturally diverse communities</p> <p>Know the definition of health literacy and be aware of the varying degrees of health literacy in the general community</p> <p>Understand the factors that impact on health literacy</p> <p>Understand the impact of low health literacy on clinical outcomes and in particular compliance and delayed presentation to ED</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Take a ‘cultural history’ as part of patient assessment</p> <p>Elicit each patient’s health beliefs (how they conceptualise and understand their illness)</p> <p>Negotiate a shared understanding of illness and treatment plans</p> <p>Assess the health literacy of patients</p> <p>Communicate and practice in such a way as to enhance health literacy for patients</p>

MODULE 4: UNDERSTANDING LANGUAGE DIVERSITY AND WORKING WITH INTERPRETERS		
Attitudes	Knowledge	Skills
<p><i>Learning objectives as per module one</i></p> <p>Value clear communication for clinical assessment and conveying information</p> <p>Respect the right of patients to speak their own language and have access to interpreters when needed or requested</p> <p>Advocate for increased interpreter resources in ED where appropriate</p>	<p>Be aware of the prevalence of linguistic diversity (oral and written) in Australia, including Aboriginal and Torres Strait Islander language use</p> <p>Understand the negative impacts on clinical outcomes when an interpreter is not used for patients who speak English as a second language</p> <p>Understand the importance of working effectively with interpreters to ensure accurate communication</p> <p>Know best practice standards for working with interpreters</p> <p>Be aware of the challenges of interpreting biomedical terminology into Aboriginal and Torres Strait Islander and other languages</p> <p>Understand the challenges of accessing qualified medical interpreters in ED and the clinical risks associated with use of other health staff or family members for interpreting</p> <p>Be aware of the need to revisit elements of patient assessment and discussion once an interpreter becomes available</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Identify when language and communication factors are influencing the clinical interaction</p> <p>Actively seek to engage interpreters when linguistic barriers are identified</p> <p>Work effectively with interpreters according to best practice standards</p> <p>Effectively mitigate the risks associated with working with family members as interpreters if no professional interpreter is available</p>

Section Two: Caring for Aboriginal and Torres Strait Islander and Other Culturally Diverse Patients in the ED

MODULE 5: IMPROVING ED ACCESS AND EXPERIENCES FOR ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS		
Attitudes	Knowledge	Skills
<p><i>Learning objectives as per module one</i></p> <p>Consider own privilege in relation to dominant cultural systems, including health systems</p> <p>Acknowledge the cultural, historical and political factors that impact on Aboriginal and Torres Strait Islander access to, perceptions and use of emergency care</p> <p>Reflect on own knowledge and attitudes regarding Aboriginal and Torres Strait Islander patients</p>	<p>Be aware of the history of Australia post-colonisation in relation to Aboriginal and Torres Strait Islander peoples</p> <p>Understand the impact of past and current policies on Aboriginal and Torres Strait Islander access to, perceptions and use of emergency departments</p> <p>Know the definition of inter-personal and institutional racism</p> <p>Know the prevalence of experience of racism and its impact on the health of Aboriginal and Torres Strait Islanders and their access to, perceptions and use of emergency departments</p> <p>Understand the socio-economic factors which can influence access to and use of emergency care</p> <p>Understand the varying degrees of patient understanding of triage and other emergency department systems</p> <p>Understand the perceptions of waiting times in Aboriginal and Torres Strait Islander communities</p> <p>Understand the prevalence and reasons for Take Own Leave / Leave Against Medical Advice and Did Not Wait</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Practice emergency medicine in a non-discriminatory manner</p> <p>Recognise colonial and socio-economic determinants of health in patient presentations</p> <p>Assist patients to understand emergency department systems</p> <p>Recognise patients at risk of Take Own Leave</p> <p>Utilise strategies to minimise Take Own Leave and effectively negotiate with patients considering Take Own Leave a patient-accepted management plan</p>

MODULE 6: COLLABORATIVE PRACTICE: UNDERSTANDING THE ROLE OF ABORIGINAL HOSPITAL LIAISON OFFICERS (AHLOs) AND FAMILY IN ED CARE		
Attitudes	Knowledge	Skills
<p>Learning objectives as per module one</p> <p>Recognise and respect the particular expertise brought to ED care by AHLOs</p> <p>Learn from AHLOs in relation to cultural and practical issues in patient care</p> <p>Advocate for increased AHLO resources in ED where appropriate</p>	<p>Understand the role of AHLOs including the ways in which AHLOs contribute to cultural liaison and patient support in the ED</p> <p>Understand the challenges faced by AHLOs when working in ED, including variations in availability, expectations, community obligations, training and support</p> <p>Understand the nature of kinship in Aboriginal and Torres Strait Islander communities</p> <p>Be aware of the diversity of kinship structures in other culturally diverse communities</p> <p>Understand the importance of working with patients' families including appreciating variations in roles and responsibilities in relation to health</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Actively seek to engage AHLOs when working with Aboriginal and Torres Strait Islander patients</p> <p>Work effectively, collaboratively and culturally appropriately with AHLOs</p> <p>Work effectively with patients' families, where culturally appropriate, in delivering ED care and negotiating management</p>

MODULE 7: CULTURALLY COMPETENT DISCHARGE PLANNING		
Attitudes	Knowledge	Skills
<p>Learning objectives as per module one</p> <p>Recognise role of emergency doctor within a holistic care system</p> <p>Accept a “best possible” discharge outcome when decisions and priorities conflict between patient and doctor</p>	<p>Know the key tasks of effective discharge planning including ensuring patient understanding of diagnosis and the post-ED care plan</p> <p>Understand the factors that affect discharge destination including socio-economic considerations, threshold for admission and potential for deterioration</p> <p>Understand the cultural factors that affect discharge planning for Aboriginal, Torres Strait Islander and other culturally diverse patients</p> <p>Understand the role of, and variations in access to, primary health care services for Aboriginal, Torres Strait Islanders and other culturally diverse communities in urban, rural and remote Australia</p> <p>Know the application of the Section 100 and Close the Gap Scheme for pharmaceutical access for Aboriginal and Torres Strait Islander patients</p> <p>Be aware of the prevalence of poorly managed non-acute co-morbidities in Aboriginal and Torres Strait Islander patients and the contributing factors</p> <p>Understand the importance of working with primary care for addressing non-acute co-morbidities and providing timely and appropriate follow up</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Effectively negotiate a mutually agreeable discharge plan with patients and their families that takes into account socio-economic and cultural factors</p> <p>Utilise a range of strategies to motivate and create practical plans to support adherence to treatment and referral</p> <p>Effectively work with Aboriginal Hospital Liaison Officers and other allied health staff in developing appropriate discharge plans</p> <p>Write a clear and concise discharge summary letter incorporating culturally relevant aspects of the discharge plan</p> <p>Effectively work with available primary health care services to ensure follow up and referral for non-acute co-morbidities</p>

MODULE 8: CULTURALLY COMPETENT END OF LIFE CARE		
Attitudes	Knowledge	Skills
<p><i>Learning objectives as per module one</i></p> <p>Respect the choice of patients in making decisions regarding end-of-life care and advanced care planning, including preference for place of dying</p> <p>Respect the diversity of expressions of grief and cultural rituals and protocols following a death in the ED</p>	<p>Be aware of Aboriginal, Torres Strait Islander and other culturally diverse patients’ understanding of palliative care</p> <p>Understand the cultural elements in the experience of pain and pain management</p> <p>Understand the cultural factors and beliefs that impact on end-of-life decision making</p> <p>Understand the variations of “responsible person” or “next-of-kin” within cultural groups</p> <p>Be aware of the diversity of cultural expressions of grief and important cultural rituals and protocols following a death in the ED</p> <p>Understand the role of cultural and religious support people during end-of-life care in the ED</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Elicit end-of-life preferences in a culturally appropriate manner and with the appropriate family members</p> <p>Sensitively manage palliative patient presentations, including culturally appropriate pain management</p> <p>Work effectively with Aboriginal, Torres Strait Islander and other culturally diverse families following the death of a patient in ED, taking into consideration relevant cultural factors</p>

Section Three: A Culturally Competent Approach to Challenging Presentations

MODULE 9: A CULTURALLY COMPETENT APPROACH TO CHALLENGING PRESENTATIONS - ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS		
Attitudes	Knowledge	Skills
<p><i>Learning objectives as per module one</i></p> <p>Treat patients in a non-discriminatory manner and without stereotyping associated with drug and alcohol use and violence</p> <p>Acknowledge the cultural, historical and political factors that impact on Aboriginal and Torres Strait Islander patient presentations</p>	<p>Know the prevalence in Aboriginal and Torres Strait Islander communities of alcohol and drug use, violence and mental ill-health including major psychological stressors and self-harm</p> <p>Understand the context of alcohol and drug use, violence and mental ill-health including:</p> <p>Colonial determinants of health</p> <p>Personal and inter-generational trauma, including cycles of alcohol and drug use and violence</p> <p>Historical and contemporary policies, including the impact of the Stolen Generations and in particular policies related to rights to access to alcohol and community controlled alcohol management plans</p> <p>Institutionalised discrimination</p> <p>Socio-economic determinants</p> <p>Homelessness, poverty, over-crowding, high rates of incarceration</p> <p>Access to relevant culturally appropriate services</p> <p>Access to and availability of alcohol and drugs</p> <p>Cultural factors</p> <p>Cultural obligations to kin</p> <p>The difference between Customary/Traditional Law (also known as ‘payback’) and unauthorised/non-Traditional, uncontrolled ‘payback’</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Utilise de-escalation methods in a culturally competent way with patients presenting with agitation, aggression and/or intoxication</p> <p>Undertake a culturally competent brief motivational interview to address alcohol and drug use and minimise harmful use</p> <p>Appropriately manage and refer a patient who is a victim of violence, including working with relevant allied health staff, Aboriginal Hospital Liaison Officers and culturally appropriate external support providers</p> <p>Assess a patient presenting with psychological distress taking into account cultural norms, behaviours and beliefs</p> <p>Work effectively with family and Aboriginal Hospital Liaison Officers and determine an appropriate place for care</p>

MODULE 10: CULTURALLY COMPETENT APPROACH TO CHALLENGING PRESENTATIONS - REFUGEE AND MIGRANT PATIENTS		
Attitudes	Knowledge	Skills
<p><i>Learning objectives as per module one</i></p> <p>Treat patients in a non-discriminatory manner</p> <p>Acknowledge the cultural, experiential and political factors that impact on refugee, asylum seeker and migrant access to, perceptions and use of emergency care</p>	<p>Know the definitions of established community, refugee and asylum seeker</p> <p>Be aware of the broad migration patterns to Australia and geographical diversity of non-Australian born communities</p> <p>Understand the health needs of established communities</p> <p>Understand the experiences of refugees and asylum seekers, including within Australia’s immigration detention centres</p> <p>Understand the impact of trauma and torture on the ongoing psychological and physical health of refugees and asylum seekers and the consequences for ED care</p> <p>Understand the prevalence of Female Genital Mutilation and its impact on women’s gynaecological health</p> <p>Understand the context of pre-arrival health care and health issues relevant to ED of newly arrived migrants, refugees and asylum seekers</p> <p>Understand the perceptions of and barriers to access to ED care for newly arrived and established communities</p>	<p>Further develop skills in a culturally competent patient centred approach to ED care</p> <p>Sensitively assess whether a patient is a refugee and has experienced trauma or torture that may be impacting on the current presentation</p> <p>Sensitively manage and refer patients with ongoing psychological or physical sequelae from torture and trauma</p> <p>Sensitively assess women who have undergone Female Genital Mutilation and manage appropriately</p> <p>Address patient concerns and perceptions about their care in ED</p> <p>Instigate management and appropriate referral for newly arrived migrant and refugee patients presenting with common health complaints</p>

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6. DOCUMENT REVIEW

Timeframe for review: every three (3) years, or earlier if required.

6.1 Responsibilities

Document authorisation: Indigenous Health and Cultural Competency Reference Group
 Document implementation: Alyssa Vass, Project Manager Indigenous Health and Cultural Competency
 Document maintenance: Indigenous Health Subcommittee

6.2 Revision History

Version	Date of Version	Pages revised / Brief Explanation of Revision
V1	15/10/14	Approved by IHCC Reference Group

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