

## **Case: David Davidson**

### **Patient Information**

- **Age:** 52 years
- **Gender:** Male
- **Indigenous Status:** Aboriginal
- **Location:** Rural community in Northern Queensland, Australia
- **Year:** 2024
- **ICPC-2 Codes:** A – General and Unspecified

### **Competency Outcomes:**

#### **1. Communication and Consultation Skills:**

- Engage in culturally sensitive communication, understanding the patient's context, beliefs, and healthcare expectations.
- Address barriers to healthcare access that may uniquely impact Indigenous Australians in rural settings.

#### **2. Clinical Information Gathering and Interpretation:**

- Take a detailed health and social history, focusing on socioeconomic factors that influence health.
- Identify systemic barriers and health inequities faced by Indigenous patients in rural settings.

#### **3. Diagnosis, Decision-Making, and Reasoning:**

- Identify health conditions influenced by social determinants and inequitable healthcare access.
- Explore methods of addressing unmet health needs and preventive care within Indigenous health contexts.

#### **4. Clinical Management and Therapeutic Reasoning:**

- Develop a holistic care plan that includes patient-centered health strategies, preventive health, and culturally appropriate care.

#### **5. Preventive and Population Health:**

- Understand the broader impact of healthcare inequities on Indigenous health outcomes and identify approaches to reduce these disparities.

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## Instructions to the Candidate

- **Review** the patient information and context provided in the summary below.
- **Conduct** an assessment of the patient's health needs, considering social determinants and healthcare barriers.
- **Formulate** a culturally sensitive management plan that addresses David's immediate health needs and long-term preventive care.
- **You have 15 minutes** for this case discussion.

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## Patient Record Summary

- **Name:** David Davidson
- **Age:** 52 years
- **Gender:** Male
- **Indigenous Status:** Aboriginal
- **Allergies and Adverse Reactions:** Nil known
- **Medications:** Nil regular medications
- **Past Medical History:**
  - Hypertension, diagnosed 2 years ago but inconsistently managed due to poor access to a GP.
  - Type 2 Diabetes, diagnosed 4 years ago, HbA1c last checked 12 months ago.
  - Chronic back pain, attributed to years of manual labour.
- **Social History:**
  - Lives with extended family in a remote Indigenous community.
  - Unemployed.
  - No access to a local GP; nearest clinic is 2 hours away by car, which he has limited access to.
- **Family History:**
  - Father: Deceased from stroke at 65 years.

- Mother: Type 2 Diabetes.
  - **Vaccination and Preventative Activities:**
    - Up-to-date vaccinations through a mobile health unit.
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## Scenario

David Davidson, a 52-year-old Aboriginal man from a rural community in Northern Queensland, presents for a **routine check-up** facilitated by a mobile health service. David has been inconsistently managing his hypertension and diabetes, with limited follow-up or medication due to the **remote location and infrequent access to primary healthcare**. He reports feeling fatigued, experiencing occasional dizziness, and struggling to adhere to dietary recommendations due to both availability and cost of healthy food options in his community.

David expresses frustration with the health system, stating that he feels "ignored" by the healthcare providers and that it's often difficult for him and his family to access care when they need it. His reluctance to attend appointments stems partly from prior negative experiences, where he felt his concerns were dismissed. He is seeking support but is hesitant about how effective the healthcare services available to him can be.

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## Examiner Information Only

### Questions and Suggested Answers

#### 1. Systemic Health Inequities (Ask):

- **Prompt:** What systemic inequities contribute to poorer health outcomes for Indigenous Australians, particularly those in rural areas?
  - **Answer:** Systemic inequities include **limited access to primary care**, particularly in rural and remote areas, **socioeconomic disadvantages** such as low income and high cost of nutritious food, **cultural and historical distrust of the healthcare system**, and **geographic isolation**. Additionally, inadequate healthcare infrastructure and workforce shortages in rural areas lead to gaps in consistent care for chronic conditions like hypertension and diabetes, which disproportionately affect Indigenous populations.

#### 2. Health Disparities and Social Determinants (Assess):

- **Prompt:** What specific health disparities might David face due to these social determinants?

- **Answer:** David is at increased risk of **poorly controlled diabetes and hypertension**, which can lead to complications like **cardiovascular disease** and **kidney disease**. His **limited access to health services**, combined with a **high prevalence of chronic disease in Indigenous communities**, places him at higher risk of complications. Additionally, **food insecurity** and limited availability of healthy foods contribute to poorer health outcomes, and his chronic back pain may worsen without regular healthcare follow-up and management.

### 3. Culturally Appropriate Management (Advise):

- **Prompt:** How would you approach culturally sensitive communication and healthcare delivery in David's case?
  - **Answer:** Build trust by engaging David with **active listening** and **acknowledging his past experiences** with the healthcare system. Use **clear, respectful language** and avoid medical jargon. Involve **Indigenous health workers** or community liaison officers to provide culturally appropriate support and address any language barriers. **Tailor education** on hypertension and diabetes to David's cultural context and encourage **gradual changes** to his **diet and lifestyle** that are **achievable** within his circumstances.

### 4. Practical Support and Assistance (Assist):

- **Prompt:** What specific support or interventions can assist David in managing his health conditions?
  - **Answer:** Arrange **follow-up with the mobile health unit** for blood pressure monitoring and blood tests for diabetes management (e.g., HbA1c). Consider **arranging telehealth consultations** with a GP or chronic disease nurse to improve continuity of care. Provide **dietary guidance** that takes into account limited food availability and cost. If available, connect him to **community support programs** that may offer **transport** assistance to healthcare appointments or access to **subsidized healthy food**.

### 5. Follow-Up and Community Resources (Arrange):

- **Prompt:** How would you arrange ongoing support and follow-up for David given his remote location?
  - **Answer:** Schedule regular visits with the mobile health unit and consider **telehealth follow-up** with a GP or diabetes educator. Connect David with **Indigenous-specific support services**, such

as Aboriginal Health Services or community outreach programs, for chronic disease management and ongoing support. Arrange a follow-up in one month and ensure he has contact details for the mobile health unit or local health services for urgent issues. Encourage **Indigenous Health Checks** and make sure he is enrolled in the **Close the Gap** program to subsidise his medication costs. Ensure his immunisations are up to date and tailored to the **Indigenous Immunisation Schedule**.

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### Examiner Checklist

- **Clinical Knowledge and Skills:**
  - Demonstrated understanding of the social determinants impacting Indigenous health, including the influence of socioeconomic and geographic barriers.
  - Addressed systemic inequities and tailored advice based on David's unique circumstances.
- **Patient Communication:**
  - Provided culturally sensitive explanations and offered support to help build trust in the healthcare system.
  - Addressed the patient's concerns empathetically, acknowledging the impact of healthcare inequities.
- **Evidence-Based Practice:**
  - Applied knowledge of Indigenous health challenges, including the importance of mobile health services, telehealth, and community outreach.
  - Provided a holistic, culturally appropriate management plan with a focus on continuity of care and preventive health.

This case discussion encourages registrars to consider the broader social determinants that impact Indigenous health, emphasizing culturally sensitive communication, practical solutions, and the importance of community-focused healthcare in addressing health inequities.