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| Learning Objective(s): | Culture and life experiences influence an individual's health belief system, their understanding of disease and health behaviours.  This case study will encourage students to explore a specific health belief system and its influences on perspectives on disease causation, labelling illness, prevention and treatment. | | | | | | | | | | |
| Patient demographics: | **Born in Australia?** | | | | | **Cultural/Ethnic/Religious group(s)** | | | | **Age group (years)** | 18-40 |
| Yes |  | | | | Muslim 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 41-60 |
| No: | Country of birth \_\_Asian country\_\_\_\_\_\_\_ | | | | European 🡪 specify \_\_\_\_\_\_\_\_\_\_\_ | | | | 61-80 |
|  | No. of years in Australia | | | \_\_\_\_\_\_\_\_\_\_\_\_ | Vietnamese | | | | > 80 |
|  | How arrived? | Family reunion | | | Iraqi | | | | **Gender** | Male |
|  |  | Economic migration | | | Sudanese | | | | Female |
|  |  | Refugee | | | Chinese 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Language group(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  | others \_\_\_\_\_\_\_\_\_\_\_\_ | | | others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Level of English proficiency:** competent | |
| **Sexual orientation** | | | Heterosexual | | | | **Family structure/Living arrangements** | Married/de facto | | |
| Gay/lesbian | | | | Single | | |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Divorced | | |
|  | | | | Living with family | | |
|  | | | | No. of dependent children \_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Patient history: | Medical history (include past and current diagnosis): type 2 diabetes | | | | | | | | | | |
| Past and current medications: metformin, glucosamine (from health food store) | | | | | | | | | | |
| Allergies: nil known | | | | | |  | | | | |
| Identifiable information (include scars, disabilities): nil | | | | | | | | | | |
| Other information (include labs, x-rays, clinical photographs): Joint pains in shoulders and knees | | | | | | | | | | |
| Family history: At least one parent or family member has diabetes. | | | | | | | | | | |
| Health care setting(s): | Hospital - inpatient | | | | | | | | | | |
| Hospital - outpatient | | | | | | | | | | |
| Hospital - ED | | | | | | | | | | |
| Community – private practice | | | | | | | | | | |
| Community – community health service; specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| Residential care | | | | | | | | | | |
| Ambulance | | | | | | | | | | |
| Case Presentation: | Introduction (1-2 statements about patient):  Asian patient presents at the local community health service because of poorly controlled diabetes. HbA1c performed last week - 8.3%. Does not have any new symptom. He/she is still tired all the time and also started losing weight. | | | | | | | | | | |
| Nature of the issues (include location, intensity and associated symptoms):  Diagnosed with Type II diabetes recently following a blood test (BSL 12.1mml/L) when he presented with chronic tiredness. The GP commenced metformin but patient is not adhering. He/she prefers to take traditional/complementary medicines. Patient is also resistant to lifestyle modifications. | | | | | | | | | | |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case   * Shame and self-denial – patient does not want people to know he has diabetes. * Patient does not take his diabetes seriously. * Patient does not like taking western medicine ("Poisonous!"), prefers to use traditional/complementary medicines. | | | | | | | | | | |
| Students’ Role: | Students’ expected actions/interactions:  Students should use their listening skills to understand the patient's perception of his diabetes and his/her readiness to manage it, and demonstrate respect for the patient's choices and decisions.  Students should work at establishing rapport and trust with patient, and seek opportunities to introduce and negotiate achievable lifestyle management and treatment goals. This may not happen at this visit.  Students should also uncover the traditional/complementary medicines the patient is taking, and discuss possible herb-drug and drug-drug interactions. | | | | | | | | | | |