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| Learning Objective(s): | Effective communication with CALD patients with low English proficiency require sensitivity to the factors that affect the way people understand and respond to health and well-being.  This case study will encourage students to explore some of the factors (including culture, belief, context and working with an interpreter) that will affect how a CALD patient with low English proficiency will respond to the consultation, and respect a patient’s preparedness and readiness to make changes or accept help. | | | | | | | | | | |
| Patient demographics: | **Born in Australia?** | | | | | **Cultural/Ethnic/Religious group(s)** | | | | **Age group (years)** | 18-40 |
| Yes |  | | | | Muslim 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | 41-60 |
| No: | Country of birth \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | European 🡪 specify \_\_\_\_\_\_\_\_\_\_\_ | | | | 61-80 |
|  | No. of years in Australia | | | Less than 1 year | 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:** poor | |
| **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): Possibility post traumatic stress | | | | | | | | | | |
| Past and current medications: nil | | | | | | | | | | |
| Allergies: nil known | | | | | |  | | | | |
| Identifiable information (include scars, disabilities): nil | | | | | | | | | | |
| Other information (include labs, x-rays, clinical photographs): nil | | | | | | | | | | |
| Family history: nil | | | | | | | | | | |
| 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):  Patient presents today for a health assessment. | | | | | | | | | | |
| Nature of the issues (include location, intensity and associated symptoms):  Possibility post traumatic stress, otherwise nil remarkable. | | | | | | | | | | |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case   * Patient hates and distrusts certain ethnic groups that s/he perceives to be causing the war currently in his/her home country. S/He will not talk if the interpreter is from that ethnic group. * Patient has no family support, other than her spouse, in Australia. | | | | | | | | | | |
| Students’ Role: | Through the interpreter, student needs to conduct a health assessment. They should work at establishing rapport and trust, and consider an appropriate interpreter– the patient’s choice and decision here is important and necessary. Students should use their listening skills to understand the needs of the patient. Students should observe non-verbal skills to aid communication.  Students should work at establishing rapport and trust with patient, and seek opportunities to introduce disease prevention and health promotion interventions. | | | | | | | | | | |