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| Learning Objective(s): | Culture, belief and life experiences influence an individual's health belief system and affect the way people understand and respond to health and well-being.  This case study will encourage students to explore culture’s influence on a patient's perspective on health and illness – cause, prevention, 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 \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ | | | | European 🡪 specify \_\_\_\_\_\_\_\_\_\_\_ | | | | 61-80 |
|  | No. of years in Australia | | | a few months only | Vietnamese | | | | > 80 |
|  | How arrived? | Family reunion | | | Iraqi | | | | **Gender** | Male |
|  |  | Economic migration | | | Sudanese | | | | Female |
|  |  | Refugee | | | Chinese 🡪 specify \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **Language group(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
|  |  | others international student visa | | | 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 \_\_0\_\_\_\_\_\_\_\_\_\_ | | |
| Patient history: | Medical history (include past and current diagnosis): nil remarkable | | | | | | | | | | |
| 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 is an international student. Arrived in Australia a few months ago and is currently studying at the Victoria University. He presented (to ambulance or ED) with acute abdominal pain which started earlier this evening at the students’ accommodation in Foiotscray. At around midnight, his/her housemate heard and found him/her collapsed in the corridor, and called the ambulance. Ambulance paramedics diagnosed appendicitis following physical examination. Despite protest from patient, paramedics transported him/her to Sunshine Hospital ED. | | | | | | | | | | |
| Nature of the issues (include location, intensity and associated symptoms):  Severe pain radiating from the umbilicus to the right lower quadrant (RLQ), nausea and vomiting. | | | | | | | | | | |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case   * Patient is worried about how much all this is going to cost him – the ambulance, the doctors at ED, etc. S/He barely has enough to pay rent. S/He works part-time at a petrol station. The job market is very competitive especially for an international student. S/He does not want to risk his/her job by needing to take time off. * Patient is worried about not taking his economics exam tomorrow. * Patient does not trust Western medicine because s/he has always been taught that Western medicines are toxic. | | | | | | | | | | |
| Students’ Role: | Students’ expected actions/interactions:  Students should use their listening skills to understand the patient's perception of his situation 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 at allaying his fears and concerns. | | | | | | | | | | |