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| Learning Objective(s): | Culture, belief and context all 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; 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 |
| [x]  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): asthma, hayfever |
| Past and current medications: Seretide inhaler, Telfast tablets, gingko tablets, calcium tablets, multivitamins |
| 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 |
| [x]  Community – private practice |
| [x]  Community – community health service; specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Residential care |
| [ ]  Ambulance |
| Case Presentation: | Introduction (1-2 statements about patient):Patient presents at the local primary care practice with complaint acute asthma attack.Diagnosed with asthma about 3 years ago, and it has progressively worsened. He was prescribed Ventolin, Flixotide and Serevent inhalers previously. Was eventually switched to Seretide inhaler by GP after averaging 1-2 asthma attacks a day. |
| Nature of the issues (include location, intensity and associated symptoms): Patient is breathless and feels tight around the neck and chest. Symptoms settled somewhat following oxygen. |
| Context: | Key cultural issue(s) influencing health and wellbeing presented in the case* Patient is not happy when GP changed his inhalers. Only used the Seretide inhaler once or twice. Was also given a script for a 1-week high-dose corticosteroid pulse therapy which patient did not even present to pharmacist.
* Patient believes that his worsening asthma is brought on by a curse because s/he has neglected burning incense and making offerings at his Buddhist temple. S/He has already engaged the temple monks to come to his house to pray and exorcise the bad spirits.
* The monks have told him to demonstrate his faith in Buddha. Patient is afraid if he sees a doctor, it means he does not have enough faith.
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| Students’ Role: | Students’ expected actions/interactions:Students should use their listening skills to understand the patient's perception of his/her asthma and his/her readiness to manage it, and demonstrate respect for the patient's choices and decisions. Student needs to negotiate with patient with regards to the need to use inhalers and medications regularly. |