



4. Interaction with health system and services in the receiving country

Introduction

Health systems and respective institutions and services vary greatly from country to country and have historically developed in the context of their national cultures. In European countries many similarities exist, but also large differences, not only in the institutional landscape, but also in terms of interaction between medical staff and patients. Seen from the perspective of migrants from non European countries these differences are even larger. These differences pose barriers for migrants' and refugees' access to the health provision systems in their new home countries and evidently unfold negative impact on their general health status compared to the domestic population. When we speak of health system, primarily health services, either in hospital or by established medicals, are in the focus.

These differences and barriers and deriving problems need to be taken seriously. In fact, the field of health is already delicate, as it confronts people with very personal issues that are often intimate and cause anxieties. It's important to explore the conception of health of migrants and introduce them to the western concepts and practice related to health.

This material provides support for educators who want to address health topics through activities designed for migrants to better understand the health systems of their new countries.

Challenges

The interaction of migrants, especially of those who recently arrived, with the health systems and services in European countries is full of challenges. As consequence the risk of under provision, misunderstandings leading to false diagnoses or inadequate applications of medicines, as well as prejudices is high. Thus it is necessary to emphasise this aspect of integration and to offer guidance and support, and to offer tools for trainers to address these issues.

Explanation/Background

Knowing the health system of the new countries is essential to foster a holistic inclusion of migrants. Indeed, if migrants gain knowledge and confidence regarding the health system, their health status, which is statistically lower than of the domestic population, can improve. Cultural, religious, economic backgrounds can play a noteworthy role as obstacles in understanding and improving trust in the field of health. To reflect and better understand these is aim of the activities in this chapter.



What you can expect

In this material you find eight activities that aim to improve migrants' knowledge and skills for a better and more trustful interaction within the health system. The aim of these activities is to reduce the distance between migrants and health institutions, but also to build trust through sharing knowledge and previous experiences with others, who may have a different cultural background themselves. By reflecting the own cultural background and stereotypes learners can find a new and more informed perspective towards the health system.

Overview of activities

- Activity 4.1: Going to the doctor
- Activity 4.2: Understanding the health system
- Activity 4.3: This is how it is - True or false
- Activity 4.4: Working conditions of doctors
- Activity 4.5: Do you know this specialist?
- Activity 4.6: Tell your story
- Activity 4.7: Transform cultural stereotypes
- Activity 4.8: Health places around us

References

- [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(17\)30040-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30040-2/fulltext)
- Healthy Diversity Project: <http://healthydiversity.eu/media/Healthy-Diversity-IO1-Reader-ENG.pdf>.
- <https://www.euromedinfo.eu/how-culture-influences-health-beliefs.html/>
- <http://storymaps.arcgis.com/en/>
- <http://tellyourstorymap.eu/wp-content/uploads/2017/07/tys-io1-report.pdf>
- https://ec.europa.eu/health/social_determinants/migrants_en
- <https://www.euromedinfo.eu/how-culture-influences-health-beliefs.html/>



Activity 1: Going to the doctor

Rationale

Medical services are embedded in national cultures. Thus, the experience to visit a doctor or to go to hospital may be very different in migrants' countries (of origin) and host countries. This activity intends to create awareness for these differences and shall lead to realistic expectations for a doctors' visit in the host country.

Learning outcomes

Learners are able to:

- anticipate differences between going to the doctor in their country of origin and the new country
- reflect culture based differences in the health systems

Training method

- Reflection and discussion

Equipment

- Blackboard or Flipchart to document aspects of the familiar and the new

Number of participants

- Min. 2

Duration of activity:

- approx. 5-30 minutes (can be extended)

Description of activity

Let the group sit in a circle. Tell them what you are going to talk about, that the aim is to identify differences in doctor consultations in their home and the host country.

Round 1: The first person starts saying: "In my country ... (and adds a statement or personal experience of how a doctor visit takes place in their home countries) e.g. "I have to travel two hours to go to the doctor." Then the next person makes another statement, always beginning to say "In my country...".

When the round is finished, tell them that the second round is about this (the host) country.

Round 2: Repeat the activity, but each person now starts with "In this country... (and reports an experience or notion about being in hospital or at the doctor) e.g. "... doctors have many machines in their offices."



When both rounds are finished, you can ask if there are more ideas about differences, and if so, repeat the first two rounds. Otherwise you can start a discussion about these differences, how your learners feel with it, what they prefer, whether they have experienced problems or misunderstandings because of their expectations, etc.

Tips for the trainer

- In advance think of some examples with which you can stimulate your learners imagination. Another option is to work with images. Collect images of medical situations from different cultures, e.g. a child in hospital in Africa, an old person waiting for a consultation etc. These pictures can be put in the middle to serve as inspiration what to tell.
- If you notice that your group is not ready to tell about their experiences, you can ask them to do a loosening exercise with you, e.g. to pass on claps from one to another in the circle (sitting is possible, but standing is better) or to play a game with words, e.g. throwing a ball and giving a word, to which the receiving person needs to find an association to pass on with the ball to the next person.
- For the discussion: this may be a good situation to find out which frictions exist, if anyone needs concrete help and to address the role of expectations in general.

Summary of the activity

In two rounds of discussion along leading questions, each participant contributes with personal experiences or knowledge about the health system in their country of origin and in the host country they live in now. A final discussion round serves to highlight the major differences and helps to adapt the learners' expectations towards the new health system.



Activity 2: Understanding the health system

Rationale

As national health systems are quite specific and complex, it is helpful for newly arrived migrants to get an overview about general structures and rules. In this activity learners will research the most relevant aspects to know in small groups. Having an overview about structures and services will help them to become more confident and to take decisions for their own health care more independently. Not each participant may have sufficient language skills to research autonomously, but by working in groups, learners support each other and learn from one another.

Learning outcomes

Learners are able to:

- research specific information related to the health system of their host countries
- share their findings with the group and others
- support others in retrieving information

Training methods

- Internet research in small groups
- Group presentations to plenary

Equipment

- Computers with internet access
- List of search terms

Number of participants

- Depending on number of available computers, generally 2- 16

Duration of activity

- Depending on time available and number of questions to answer. This activity can be split into several sessions.

Description of activity

- Introduce the group to the aim of the activity. It is to find out more about the new health system, the institutions involved and rights and obligations that are connected to certain sub-aspects. Ask the group to brainstorm which questions and aspects come to their minds and make a list with the brainstorming results.



Then cluster the topics with the group to identify fields to further research. Some examples: Health insurance (e.g. access, choices, costs and services, ...); incapacity for work (e.g. legal aspects, procedures, financial provision,...); going to hospital (e.g. comparison and choices, how to prepare, costs)

- After having identified the thematic areas, form small groups who are to retrieve specific answers for these fields. The groups should be composed along personal interest. Each group starts by discussing how to further break down the topic, e.g. by specifying questions and finding search terms to use for the internet research. The groups then go on to look for answers on the internet. They shall document the answers they found. The format of this documentation can relate to other course contents where synergies can be created, e.g. a digital presentation to promote the learners' IT skills (if you think this is feasible). It's up to you and the capacities of your group.
- At the end all groups share their findings with the entire group. Each group has 5 minutes to present their results. Depending on the amount of time available, other learners may ask questions or discuss some aspects of what they just learned. It may be useful to give them a brief structure to present the results (e.g. overall topic, sub-topics in more detail, feedback about information sources and the work process itself)

Tips for the trainer

- You can decide how much time is available for such a research and how deep you or the group want to go. This of course also depends on the language competence and the level of IT skills in your group.
- You may provide a list of pre-selected sources for your learners to study. This way you can sort out inadequate sources in advance, e.g. because they are too specific, the language is too difficult etc.
- A variation of this activity can be that you assign research tasks to single learners, e.g. ones who are very fast with the exercises and have time left before the entire group is finished.

Summary of the activity

Small groups research and gather information on specific aspects of the health system in their host countries, in order to gain an overview of the health system and how it is organised in contrast to the health care system in their countries of origin.



Activity 3: This is how it is - True or false

Rationale

This activity is a simple game, where learners can test their knowledge about the health care system in their host country. The questions cover a range of aspects, like insurance, consulting the physician, being at the hospital. Some questions may be true under certain conditions, but false under others, e.g. in different national contexts. The questions are a good entry to speak about aspects and different approaches to interact with the health system.

Learning outcomes

Learners are able to:

- Reflect facts about the health system of their host countries
- Give and receive feedback on their own knowledge
- Discuss and evaluate their knowledge
- Have fun

Training method

- Game with true or false questions

Equipment

- List of questions or question cards (Handout 4.3 in the annex)

Number of participants

- Min. 2

Duration of activity

- Depending on time available and number of questions to be asked and discussed, approx. 30 min.

Description of activity

- Introduce the group to the aim of the activity. It is to test their knowledge about the new health system, the institutions involved and rights and obligations that are connected to certain sub-aspects. There are different ways to use these questions. It's up to you as trainer to decide which ones. One way of instructing this activity is to read the questions to the entire group. The group then discusses which answer is correct. In some cases, the answer may not be clear. Here the group should discuss relevant aspects so the conditions become clear.



- Another way is to make cards, where one question is printed on one side and the answer on the back. You can then form smaller groups and have them play the game among themselves. You should encourage the groups to discuss their answers and to relate to differences in their own countries. Finally all groups can share their notions and how the game went with the entire group.

Tips for the trainer

- Before starting, you should evaluate questions and answers. Due to the diversity of European health systems, some answers might not fit to your national context.
- Think about your group and decide, which is the best way to involve them in the activity (either all together or in small groups).
- You may also use only single questions at once as recurring short activity as kick-off for a discussion.

Summary of the activity

This activity is a true or false game. Learners are to evaluate statements about aspects of the health system and decide whether they are true or false. As some questions can be answered in several ways or may be answered differently according to the national context, this activity offers the possibility to go deeper in a discussion.



Activity 4: Working conditions of doctors

Rationale

This activity aims to create awareness for the service providers in the health system, especially doctors. The idea is that knowing about the context and conditions of a doctor, helps to adapt own expectations and creates empathy that can lead to better cooperation between doctors and patients.

Learning outcomes

Learners are able to:

- better understand working conditions of doctors
- develop understanding and empathy as precondition for cooperation

Training method

- Exchange of experience in small groups
- Reflection

Equipment

- Handout 4.4 (in the annex)

Number of participants

- Min. 2

Duration of activity

- Depending on time available and number of questions to be asked and discussed, approx. 15 min.

Description of activity

Introduce the group to the aim of the activity. It is to test their knowledge about the new health system, the institutions involved and rights and obligations that are connected to certain sub-aspects.

In a first step, learners are invited to speak about frustrations they have experienced in the health system. These can be listed in sketch words on a blackboard or flipchart.

Then the learners receive the handout and read it together. As next step, they look at the list of frustrations again and see if they can be related to the working context of a doctor.



Example: A person has had the feeling that the doctor didn't really listen to her problem. Now learners can explain this by knowing about the social complexity and long working hours.

Tips for the trainer

- Of course there are other conditions that also determine the working conditions of health service providers, e.g. financing schemes like lump sums for consultations, or no refunds for home visits etc. As they differ nationally, these aspects have been left out.

Summary of the activity

Putting oneself in someone else's shoes helps to better understand each other. This notion underlies this activity that aims to create understanding for the situation of doctors. Understanding more of how they live and work shall motivate the learners to actively contribute to a good doctor-patient interaction. This can be reflecting unrealistic or exaggerated expectations, explicit preparation for consultations helping to save time etc.



Activity 5: Do you know this specialist?

Rationale

The landscape of medical services is complex and specialised. This activity is a mixture of knowledge mediation and vocabulary lesson. Based on picture cards, learners first guess and then learn the terms for specialised medical services.

Learning outcomes

Learners are able to:

- know the names of specialised medical services
- guess and check their knowledge

Training methods

- Guessing game to learn vocabulary
- Reflection

Equipment

- Handout 4.5 (in the annex)

Number of participants

- Min. 2

Duration of activity

- Approx. 15 minutes

Description of activity

To prepare this activity, print out the pictures. You can paste the solutions on the back side.

A circle of chairs is a good setting for this activity, but it can also be done in the usual seating order of your group. Important is that everyone can see the pictures. Either put a picture in the middle of the circle or pass around the card. Make sure everyone sees it. Then ask for guesses which kind of medical problem it points out. Then ask if anyone knows the name of the medical specialist who will take care of such problem. The answers can be retrieved from the back side of the card.

To increase the vocabulary learning aspect of this game, having identified the name of the specialist, you can collect additional terms that belongs to the topic and that may be used to describe own health problems.



Tips for the trainer

- You can extend this activity by collecting additional terms and providing respective vocabulary lists to your learners.
- You may use only single cards as opener to go deeper in specific thematic areas, e.g. children's' health.
- Some specialists may not be represented in the game. If your group misses any, you may ask them to supplement these. Let them find pictures and terms themselves.

Summary of the activity

Picture cards give hints on specific health problems, on which physicians have specialised. Their names are mostly difficult, but may be important to know. This game invites learners to guess the specialist and create occasions to introduce specific vocabulary, but also to get into an exchange about experiences and differences to the home cultures of the learners.



Activity 6: Tell your story

Rationale

Stories are very powerful tools of communication. With stories people can understand situations far from themselves and develop empathy with the narrator. Storytelling in the field of health can reduce the distance between people coming from different countries, traditions and health systems.

Learning outcomes

- Sharing experiences

Training methods

- Discussion
- Pair to pair conversation
- Reflection

Equipment

- none

Number of participants

- Min. 3/4

Duration of activity

- approx. 30/40 minutes

Description of activity

Introduce the group to the aim of the activity. It is to share stories about their experiences in the health system. The topic of the stories can be adapted and specified depending on what you want to focus on, e.g. in a women group on experiences with birth care.

There are different topics and scenarios that can be discussed in order to understand different perspectives and life experiences such as:

- Your first time at the hospital
- A funny moment related to health education
- What to do to be healthy



- The most significant experience concerning the difficulty of communication when dealing with doctors, nurses etc..

Each learner starts by drawing an image of the story he/she wants to share. Then come together in a circle and everyone shares their story, the others listen. Between the stories, questions can be asked.

When everybody has shared a memory you may initiate a discussion related to three main questions:

What is your biggest fear concerning the health system in(country)?.

How can you overcome your concerns?

What do you appreciate most about the health system?

Tips for the trainer

- Ice-breakers and little physical activities help to prepare the group to share their stories.
- Let people choose freely to tell what they want to tell and if they want to tell
- Time management: make clear that there is a limited speaking time, which depends on the number of learners who want to share their story.
- Gain more inspiration from this website: <http://storymaps.arcgis.com/en/>
- <http://tellyourstorymap.eu/wp-content/uploads/2017/07/tys-io1-report.pdf>

Summary of the activity

The activity invites learners to share their experiences with the health system starting from an image. There are different specific topics that can be explored and it is important that everybody feels free to tell what he/she wants. A final discussion helps to reflect the own perception of the health system.



Activity 7: Transforming cultural stereotypes

Rationale

The aim of this activity is to open a discussion supported by images about health system related stereotypes, fears, misunderstandings of people living in a foreign country. This activity on critical incidents helps you to analyse concrete critical cases and situations that can be related to the concept of health, health education and health system in order to deconstruct stereotypes and to come to terms with a personal issue. The critical incident methodology helps to move beyond the mere identification of the sources of the tension by facilitating the identification of concrete solutions to the problem.

Learning outcomes

Learners are able to:

- Better understand their perceptions and stereotypes of the health system
- Transform their perspectives and find solutions to their problems
- Give and receive feedback on their own view and knowledge

Training method

- Critical Incidents Method

Equipment

- Images with health practices from around the world (see handout M4_A7 for suggestions)

Number of participants

- Min. 4

Duration of activity:

- 30 min. – 1 hour



Description of activity

Firstly make the group aware of the role of culture in regard to our perception of health. What we believe to be the correct way of treating health problems is related to our cultural background. There are so many medical techniques around the world people believe in and that work.

Next learners are invited to look at some pictures of different health practices all around the world and they have to choose the picture that evokes the strongest feeling (positive or negative is not important) in them. For instance the concept of injection can be different among cultural backgrounds. For some people it can be related to drugs or to vaccines or to the risk of taking away the soul from the body, (this can be related to some popular beliefs).

Sitting in a circle everyone shares why they chose the picture and why it evokes such strong emotions in them. It's important to ask to describe the picture first objectively, then to tell the feeling they have felt, then which is the value they connect to the picture and the feelings they have experienced.

Then ask how the story just shared plays out in their present life situation. Learners may discuss this in smaller groups. After they identified in which way the card has represented a present issue, they should think of how to overcome this barrier.

If you have time left, let the learners look at the pictures again, after the discussions have finished and ask if they still feel the same way.

Tips for the trainer

- For more information about the critical incidents method for health education: Healthy Diversity Project: Catalogue of critical incidents. URL: <http://healthydiversity.eu/media/Healthy-Diversity-IO1-Reader-ENG.pdf>.
- You should have a basic knowledge about different health practices around the globe.

Summary of the activity

This activity aims to bring out the emotions connected to certain medical practices, which may have highly different connotations in different cultures. Reflecting these emotions and questioning them in regard to the present situation is the result of several steps of a conversation.



Activity 8: Health places around us

Rationale

This activity encourages learners to find out more about health offers and services in their local environment that are relevant to them. It also awareness that health is not only a matter of specialised health institutions, but that many informal activities and places can contribute to our well-being too.

Learning outcomes

Learners are able to:

- Find and access relevant health services and beneficial places in their direct environment
- Feel more familiar with the place they live at
- Discuss and evaluate their knowledge about health provision in their surrounding and daily life

Training methods

- Reflection
- Exploration of the environment
- Presentation of results

Equipment

- Cameras, Smartphones, printer
- Meta plan with schematic map of the area

Number of participants

- Min. 4

Duration of activity:

- approx. 1, 5 hrs. (can be extended)

Description of activity

- Get together in a circle and ask your learners to name some of their “healthy places”. Healthy places are such, that are in some way are beneficial for the participants health, not only medical institutions. These may be a doctor’s office or a pharmacy,



but can also be the park, the swimming pool or a organic grocery store or a farmers market.

- Next the group is split into smaller groups of 3-4 persons. Invite them to take a walk through the area where they live or where the training venue is located (define the time available). All are equipped with cameras or smart phones to take pictures. The task is to make pictures of 5 (or how many you consider feasible) healthy places for each person.
- When they are back, come together in a circle again. The map of the area should be visible for all. Each learner then marks their healthy places on the map (with a written symbol, or pins the printed picture to the respective place) and explains to the group, why they chose the place and which relevance it has for them.
- Finish the activity with a reflection round, asking if they found new ideas and inspirations. And maybe your learners decide to visit some of these places together.

Tips for the trainer

- Alternatively to using a schematic map on paper, this can be done digitally too. You can use Google maps to create your group's own map of health places by putting marks and describing them or letting them do it.
- This activity not only stimulates the learners' reflection about their health practices and possibilities, but also has a beneficial physical impact, as they go on a walk together.

Summary of the activity

Participants identify places in their direct living environment that have a positive impact on their health. Meant are not only institutional health services, but informal places that also contribute to the learners' well-being, like a park or a farmers market. Learners document the places most relevant to them and share them with the group.

Annex





Handout 4.3: This is how it is - True or false

The following questions may be answered differently, according to the context they are asked in. Before starting you should check if the answers are correct in your context, as national health systems and cultures differ greatly. Some of these questions can be answered differently and true may be as correct as false. Here you can have a short discussion with the participants to explain more.

- I can visit friends and relatives in hospital at any time. (True/false, not at nighttimes, but generally rules for this are depending on the country and the specific institution)
- When going to the doctor, I should bring my whole family to the consultation. (False. It is normal that parents accompany their children, but adults should not bring more than one additional person to a consultation)
- If you are ill, you won't get payed. (False. If a doctor states you are ill and issues a certificate of disability, you will receive your regular pay for maximum 6 weeks. After 6 weeks you will receive subsistence money from the health insurance.)
- Children are the best interpreters. (False: It is too much responsibility for children to have the role of an interpreter. They might miss out on important information, misunderstand what was said and can't be expected to be in charge of telling their parents what to do in regard to their health.
- Modern medicine has become so good, that I don't need to care about my health until I feel ill. There is medicine for everything. (False. Even though modern medicine continuously further evolves to be ever more powerful, it can't reverse damage resulting from long-term neglect. Thus self-care and preventive measures should be part of everyone's life.)
- The more detailed I report about my ailments, even if it is embarrassing or causing shame, the better a doctor can help me. (True. The more information a doctor receives from your report, the easier it is to identify what needs to be done.)
- In case of emergency, I can go to hospital at any time. (True. But if your emergency occurs during regular consultation hours and if its treatment doesn't require special instruments, you better go to see your family doctor first. There you might already get the help you need and it will be much less stressful and time consuming than waiting for treatment in hospital.)
- I can ask questions about anything that is not clear or that I don't understand. (True. It's important you are informed and feel safe with a treatment.)
- I have to do what the doctor tells me to. (False. Of course it is rational to follow the doctors advice and instructions for concrete treatments. But generally it is up to you



to decide, what you want and allow for. If you are not sure, if you can trust your doctor, consult another one to get a second opinion.)

- I can take the time I need when seeing my doctor. (Theoretically true, but practically time is scarce in the medical system. Try to use the time you have consciously and efficiently. This avoids frustration and shows your empathy towards the working situation of the doctor.)
- I need to get permission from my health insurance before I go to hospital/get treatment. (False. It is the doctor who decides which treatments you will get (of course in cooperation with you). They are responsible to reason their measures towards the insurance. For specific topics it might be true though that the insurance has a say, e.g. for certain medical aids like wheelchairs need to be applied for, other services have to be paid by the patient anyway. Your doctor will be able to advise you.)
- Anything I need to know about the health system in my new country, I have to research myself. (False. There are support centres, e.g. either migration centres or health advice centres, who can support you and a number of publications to inform migrants about various aspects of the health services.)
- I receive my medication from my doctor. (Both possible. Here the answer needs to be adapted to the national context)
- I can buy any medicine in the pharmacy. ((Both possible. Here the answer needs to be adapted to the national context)
- I should appear tough and demanding when seeing my doctor in order to be taken seriously and to get the best treatment. (False. Cooperation counts....)
- I don't have to pay for consulting a doctor. (Both possible. Here the answer needs to be adapted to the national context)



Handout 4.4 – How to prepare for a doctors visit

1. Collect the problems you want to discuss. You may want to make notes describing your problem and listing your questions. To not forget the answers you receive, you can take notes or take along someone you trust, as four ears can hear more than two.

If you have any related documents, e.g. reports of other physicians, laboratory values, radiographs, etc. take them with you.

2. Be in time for your appointment to avoid additional stress
3. Be aware that time is limited. Start with the most important problem

Describe your problem as detailed as possible (30 seconds – 1 minutes)

- Where is the feeling/pain?
- Intensity (0-10)
- Quality of the feeling (e.g. pressing, pungent, dull, ...)
- Outreach of the feeling, is the pain only local or does it radiate
- Other symptoms that may be related?
- What helps, what makes it worse?
- When did the problem firstly occur? Was there a concrete cause? Is it the first time to have this problem?
- If it occurred before, how was it treated then?
- Anything similar in the family?
- Anything else that is important? E.g. pregnancy, other diseases, drug consume, ...?

How you can support a doctor in helping you, e.g. to find the right diagnosis?

There are certain cognitive traps that doctors may step in which can lead to wrong diagnosis. This can happen due to the tendency to see what we expect, to stick to the familiar, to decide too quickly (e.g. due to time pressure) and a lack of awareness for seldom diseases, or not properly listening. It surely isn't on bad intention, but caused by cognitive automatisms that have an impact on everyone.

Some tips to support your doctor in fining the right treatment for you:

- Be sympathetic. Research shows that doctors treat patients to whom they don't feel sympathy worse than the ones they like. To support your doctor in liking you, try to be nice. A friendly tone of voice and body language helps to develop empathy and openness.

Kommentiert [JB1]: This handout belongs to M6, but I mixed up the annexes. The correct handout for this activity was already sent with M6. I will exchange that after the translation. Julia



- Don't stress your own diagnosis too much. Be open for other results. E.g. you suffer from migraine, but there may be occasions where you have headaches for other reasons. Stay open, otherwise there is the risk that the doctor doesn't look further.
- When describing your problem, do it in an emotional way. Research showed that patients who speak very rationally, receive less support than the ones who connect their problems to feelings that result from it. E.g. "I have pain in my stomach since 2 months. I am afraid it might be an ulcerated stomach." Speaking about feelings triggers empathy.
- Make sure you're taken seriously. Insist that the doctor listens well and believes what you say. Doctors tend to speed up consultations by asking questions and to quickly come to conclusions about potential diagnosis. If you feel you missed to say anything important, ask to be listened to until you are finished.



Handout 4.5: Medical specialists



Source: Pixabay.com

<https://www.pexels.com/photo/allergen-allergic-allergy-health-207424/>

Topic: Allergies, Asthma, auto immune diseases

Doctors are called: **Allergists/Immunologists**



Source: Pexels.com

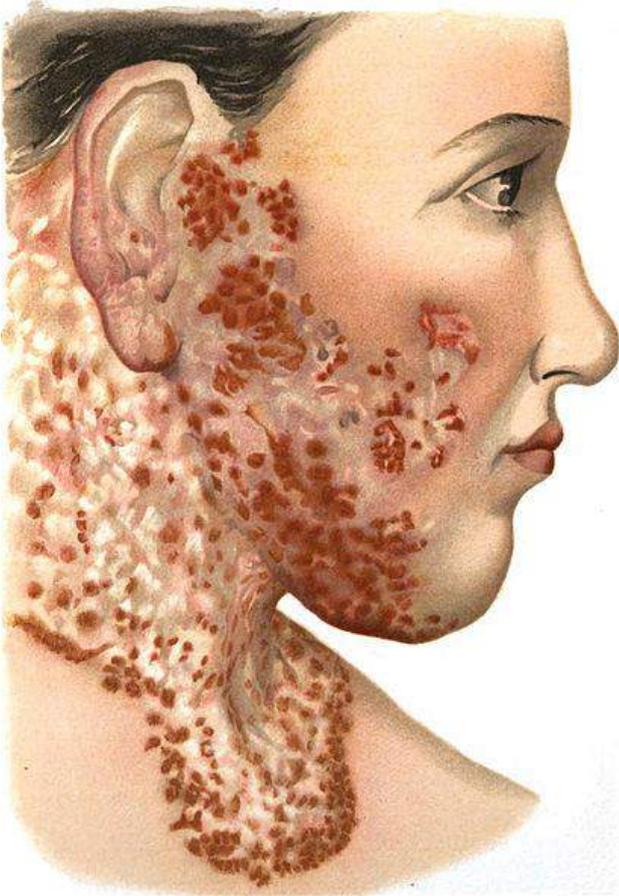
<https://www.pexels.com/photo/man-wearing-polo-shirt-holding-left-chest-128597/>

Term: Cardiologic problems, heart disease, heart attack

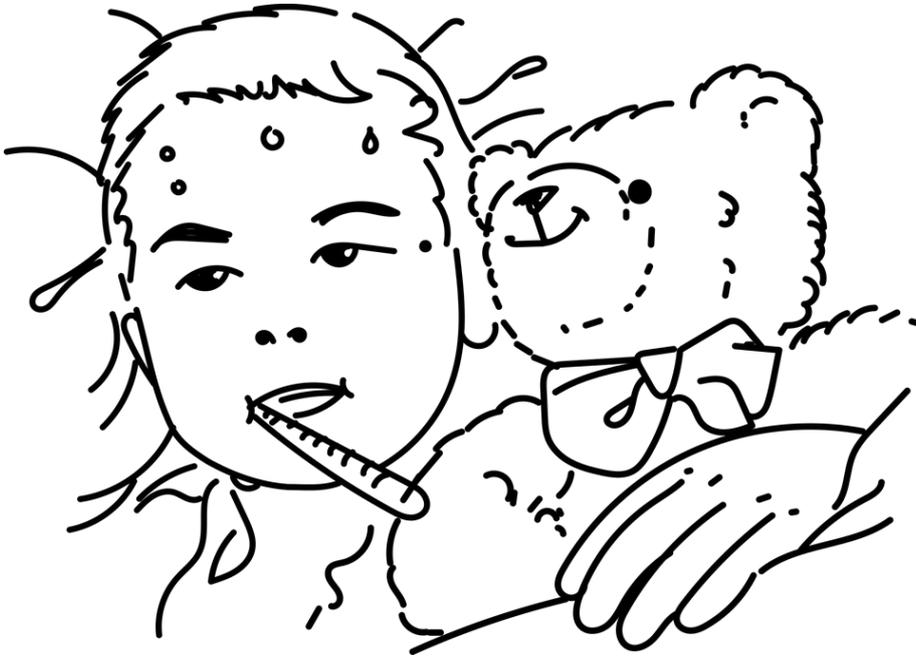
Doctors are called: Cardiologists



Source: pixabay.com
<https://pixabay.com/de/zahnschmerzen-schmerz-z%C3%A4hne-m%C3%A4dchen-2071938/>
Term: Toothache, teeth, dental problems
Doctors are called: Dentist



Source: Norman Purvis Walker [Public domain], via Wikimedia Commons
[https://commons.wikimedia.org/wiki/File:An_introduction_to_dermatology_\(1905\)_Lupus_vulgaris_2.jpg](https://commons.wikimedia.org/wiki/File:An_introduction_to_dermatology_(1905)_Lupus_vulgaris_2.jpg)
Term: Skin diseases, rashes, moles, scars
Doctors are called: Dermatologist



Source: Pixabay.com <https://pixabay.com/de/kind-krank-b%C3%A4ren-fieberschwei%C3%9F-2842614/>

Term: children diseases, vaccination

Doctors are called: Pediatrician



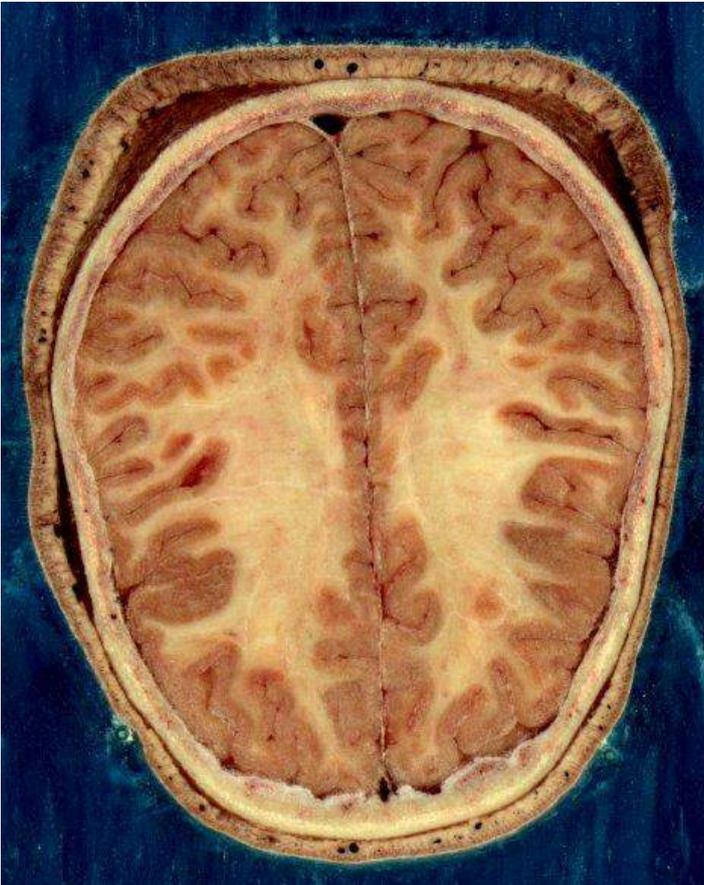
Source: Pixabay.com <https://pixabay.com/de/bauchschmerzen-schmerzen-blinddarm-2821941/>

Term: intestinal disorders, stomach problems

Doctors are called: **Gastroenterologists**



Source: Pixabay.com <https://pixabay.com/de/bauch-schwangere-frau-hautnah-1434852/>
Term: female reproductive organs, birth, contraception
Doctors are called: **Gynecologist**



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Term: nervous system, [brain](#), spinal cord, nerves, strokes, [brain](#) and spinal tumors, [epilepsy](#), [Parkinson's disease](#), [Alzheimer's disease](#).
Doctors are called: **Neurologists**



Source: pixabay.com <https://pixabay.com/de/hoden-hodenkrebs-penis-peniskrebs-2790218/>

Term: male reproductive organs, prostate, fertility, bladder

Doctors are called: **Urologist**



Source: pixabay.com <https://pixabay.com/de/eyecare-sehtest-augenheilkunde-3262295/>

Term: eyes, sight, eye diseases

Doctors are called: Ophthalmologist



Source: exels.com <https://www.pexels.com/photo/person-wearing-hearing-aid-1251174/>

Term: ears, nose, throat, respiratory system

Doctors are called: **Otorhinolaryngologist or ear, nose and throat specialist**



Source: Photo by [Piron Guillaume](#) on [Unsplash](#)
Terms: operation, surgery, repair
Doctors are called: Plastic Surgeons, General Surgeons



Source: Photo by [rawpixel](#) on [Unsplash](#)

Terms: bones, muscles, joints, chords, locomotor system, sport injury

Doctors are called Orthopedist



Source: Photo by [Kat J](#) on [Unsplash](#)

Terms: Depression, psychological issues, mind, trauma, fear, anxiety, bad feelings

Doctors are called Psychiatrists or Psychtherapist