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**INTERPROFESSIONAL
APPROACH TO
REFUGEE HEALTH**

**A PRACTICAL GUIDE FOR
INTERDISCIPLINARY
HEALTH AND SOCIAL
CARE TEAMS**



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12. Advanced Clinical Reasoning

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Introduction to Advanced Clinical Reasoning

Advanced clinical reasoning is the process by which healthcare professionals from different disciplines collaborate to understand and address the complex needs of patients. When working with persons with refugee experience, this process becomes particularly important as they may have unique healthcare needs and face challenges such as language barriers and cultural differences. Their potentially complex healthcare needs may require the expertise and input of multiple professionals. Interprofessional advanced clinical reasoning involves the ability to think critically and creatively and to consider the potential long-term impact of different treatment options. The healthcare needs of persons with refugee experience may be more complex and may necessitate longer-term solutions.

When you, as a healthcare professional, first speak with your patient, depending on your work setting, you often know only the diagnosis from the doctor's referral. The following chapter will guide you on how to take more aspects into consideration. You will learn to describe the current components of your patient's health using the International Classification of Functioning, Disability and Health (ICF). Finally, you will take into account narratives of the past and different forms of clinical reasoning. The authentic voices of those who have experienced displacement will stimulate your reflection and enhance your understanding of their extraordinary life situations.

As essential background information for professionals working with people who have experienced forced migration, it is helpful to first learn about the health risks that are prevalent in the different countries of origin of people who have experienced forced migration. Read the report by Navarese et al. (2022) on the impact of war on a country's ability to provide health services to its citizens. For people working in the health system who have not experienced war and forced displacement, it is often impossible to imagine the serious consequences of a lack of medical services and medication. It is therefore important to bear in mind the major medical and psychological consequences for the individual.

Using the ICF in Advanced Clinical Reasoning in Refugee Health

The life situation of people with refugee experience is complex and characterized by various factors that influence their lives. Knowledge and understanding of these factors are difficult for healthcare workers to develop, because in most cases the circumstances are completely unknown and therefore more difficult to understand. Good interviewing, careful listening, and special empathy skills are necessary to develop a sustainable client-therapist relationship in this context. Special attention must be paid to the context, which in most cases will be very new and perhaps unfamiliar for clients with refugee experiences.

Interprofessionality is essential in this process, as different disciplinary perspectives contribute to a deeper understanding of the client's situation and allow the client more diverse ways of working together with their professionals. The chance of successful collaboration is increased by interprofessionality. Therapists who have developed competencies in the areas of role understanding, communication, teamwork, and ethics in interprofessional collaboration can use these in the collaboration with clients and the team for the development of individually appropriate and sustainable care for people with refugee experiences. As explained by Adamopoulou et al. (2022: 74), "Therapeutic teams work interprofessionally in this field to be able

to address the multiple needs of refugees' health through multiple coordinate professional competences".

One key aspect of interprofessional advanced clinical reasoning is the ability to consider the patient's overall context and life circumstances, rather than simply focusing on their immediate healthcare needs. This includes taking into account factors such as social, cultural, and economic issues that may have an impact on the patient's health and well-being.

As a healthcare professional you will probably be used to working with the International Classification of Functioning, Disability, and Health (ICF) (WHO 2001). The ICF describes the components of health to identify the constituents of health. You can use this model to understand the complex health situation beside the specific medical problem of people with refugee experience. Additionally, the ICF provides a common language for describing health and health-related states that facilitates interprofessional communication.

This approach is, for example, underpinned by the research project 'Using the International Classification of Functioning, Disability and Health (ICF) to describe the functioning of traumatized refugees':

The aim of this project was to use the International Classification of Functioning, Disability and Health (ICF) to develop an interdisciplinary instrument consisting of a Core Set, a number of codes selected from ICF, to describe the overall health condition of traumatized refugees. We intended to test 1) whether this tool could prove suitable for an overall description of the functional abilities of traumatized refugees before, during and after the intervention, and 2) whether the Core Set could be used to trace a significant change in the functional abilities of the traumatized refugees by comparing measurements before and after the intervention (Jørgensen et al. 2010: 57).

The results of the project suggest that the examination of the ICF can be particularly useful in working with people with a refugee background in order to capture the whole person and enable a comparison of the situation before and after rehabilitation.

By focusing on five very important components of functioning, Body Functions, Body Anatomy, Activity and Participation, Environmental Factors and Personal Factors, ICF offers an overall view of the human aspects of functioning. Considering the very complex situation of traumatized refugees, this perspective seems crucial since traumatization

of refugees impacts the mental, physical, and social functioning. This advocates for an interdisciplinary approach emphasizing rehabilitation, which includes treatment, as a part of the effort. ICF seems to be an appropriate instrument to describe the overall health condition of a patient or client and to document and monitor rehabilitation. ICF focuses on functioning rather than symptoms and diagnosis. It takes into account impairment as well as resources of the person, which creates a good basis for an assessment of all aspects of the person's health conditions.

We successfully developed a Comprehensive Core Set with 106 codes describing common and important aspects of traumatized refugees' health conditions. The result might have been a little different if the procedure had been carried out by international experts selected by certain criteria, but probably not in any decisive way (Jørgensen et al. 2010: 57).

Have a look at the interaction between the components of ICF:

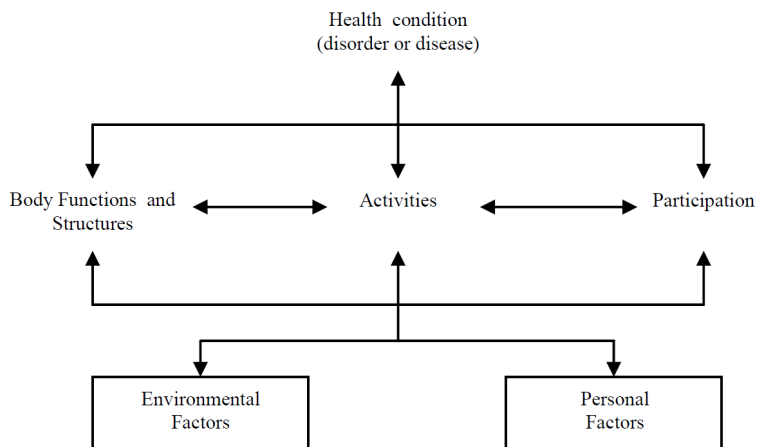


Fig. 12.1 World Health Organization 2001. International classification of functioning, disability and health: ICF. World Health Organization. <https://apps.who.int/iris/handle/10665/42407>

Regarding the specific needs of people with refugee experience, healthcare professionals will focus also on the contextual factors such as environmental and personal factors to gain a better understanding of the current health problem. They play an important role in establishing a diagnosis and providing treatment. The ICF provides

a list of contextual factors, which help you to consider and classify contextual factors.

The following videos offer an in-depth exploration of the International Classification of Functioning, Disability and Health (ICF). The first video provides a detailed overview of the interplay among the individual components of the ICF:

<https://www.youtube.com/watch?v=Vj7cF63egGU>

The following video will deepen your understanding of the ICF by explaining the contextual factors of the ICF and providing you with an example of how to use them:

https://www.youtube.com/watch?v=j0495iwCX0&ab_channel=PranayJindal

Examining these tables of the ICF contextual factors will assist health professionals in identifying additional potentially relevant aspects for the individuals with whom they work. The ICF classification facilitates the systematic assessment of these determinants of health.

	Environmental Factors
e1:	Products and technology e.g., food, drugs, assistive devices, assets
e2:	Natural environment and human-made changes to environment e.g., land forms, demographic change, plants, animals, climate, sounds, air quality
e3:	Support and relationships e.g., family, friends, people in positions of authority, care providers, strangers
e4:	Attitudes e.g., individual attitudes of family, friends, people in positions of authority, care providers; societal attitudes, social norms, practices and ideologies
e5:	Services, systems, and policies Concerning e.g., housing, utilizes, communication, transportation, civil protection, law, association, media, social security, social support, health, education, labour and employment, politics

Table 12.1 Environmental factors.

	Personal Factors
i1:	General characteristics such as age and gender e.g., calendrical age, biological sex
i2:	Physical factors e.g., physical characteristics
i3:	Mental factors e.g., personality factors, cognitive factors, amnesic factors
i4:	Attitudes, skills, and habits e.g., attitudes, competencies (language competence, self-competence), habits (communication or sleeping habits)
i5:	Living situation e.g., employment status, housing situation

Table 12.2 Personal factors.

The tables 12.1 and 12.2 are based on ICF Praxisleitfaden 4 (2016). Bundesarbeitsgemeinschaft für Rehabilitation (BAR) e.V.: <https://www.bar-frankfurt.de/service/publikationen/produktdetails/produkt/1-04-025-icf-praxisleitfaden-4-berufliche-rehabilitation-120.html>

The ICF serves as a tool for assessing the current components of health but does not encompass the individual's history. Consequently, it is essential to be attentive to personal narratives. To gain a comprehensive understanding of the health issues at hand, it is important to consider the individual's past as well as the historical aspects of their environment. Adopting an open conversational attitude that encourages client narratives is crucial for understanding the person's preferences and expectations. These narratives are very important for aligning therapeutic interventions meaningfully with the individual's needs.

In addition to the effective utilization of the ICF, incorporating other assessments can be advantageous. Good interprofessional cooperation enables the coordinated use of profession-specific assessments. Given their unique focus on the respective subject areas of different health professions, these assessments can yield valuable insights that benefit the interprofessionally coordinated therapeutic process. Moreover, interprofessional coordination of assessments helps to prevent duplication of assessment procedures and avoids inefficiencies and

unnecessary burdens for the client. It also fosters mutual knowledge within the interprofessional team, facilitating the development of an effective team reasoning process for therapeutic decision-making.

It may be useful to explore the topic further by writing down a specific case and analysing it based on the ICF. Use advanced clinical reasoning to promote a better understanding of the whole person. Use the ICF to get an idea of the different aspects and components of health. Add aspects of the patient's past if relevant.

For healthcare professionals working with persons with refugee experience, advanced clinical reasoning may necessitate consideration of the impact of factors such as trauma, displacement, and limited access to resources and their impact on the patient's health. It may also require understanding the unique cultural and linguistic needs of these individuals, including the use of interpreters or other language support services as needed.

In order to broaden understanding of the life situation of people with refugee experience and to enable more in-depth professional reasoning, two personal experience reports are detailed in the following sections of this chapter. The original voices of people with a refugee background are important sources of information in understanding their life situations. These personal experience reports will provide the reader with the opportunity to mentally scrutinize and apply the framework and content discussed in the preceding sections of this chapter.

What Language Means to Me: A Personal Story

The following text was written by Amira* (*name changed), a 45-year-old freelance journalist and children's book author from Damascus, Syria, and a single mother of three children. In 2015, she fled Syria via the Balkans with her youngest daughter and her elder son and came to Germany. It was only four years later that Amira managed to bring her middle son—shortly before his 18th birthday—to Germany via a family reunification procedure. For the first few years, Amira lived with her children in various refugee shelters in southern Germany. Since 2019, Amira has been living in her own flat with her daughter and middle son. Today, her sons live in shared flats in the same city.

Her co-author is Kerstin Berr, MSc, in Occupational Therapy, employed at Bosch Health Campus GmbH, Stuttgart. In 2016, I (Kerstin) met Amira and her family through my volunteer work in refugee aid and we became friends. Today we live in close proximity to each other and meet every week. While we only communicated in English in the beginning, we have exclusively been speaking German with each other since 2018. The text is based on our conversations. We recorded our conversation and I wrote it down and summarized it. Together we discussed the text. It is only a small part of Amira's story, but an attempt to give her feelings a voice.

I love writing! As a child I used to write and read the texts to my mother. If my mother thought it was good, it was good enough for me. If she didn't like something about my writing, then I wasn't happy either. I always tried to write. I often sat in my room for hours and created stories.

But it was a long way until I found my way to writing as a career. After my school education, I started a family early and spent the next years of my life taking care of my family and raising the children. During this time, there was little room for writing. But whenever I found the opportunity to take time out, I read and put my story into words.

When the children started school, I finally got the chance to work for an agency that produced children's books. They published books for children from 1 to 12 years old. My job was to check the texts first. During this time, a colleague of mine found out that I write texts myself and asked me if I could show her some of my texts. She read my texts and was enthusiastic. I told her that I only write for myself, without a bigger plan. She asked me if we could show the texts to our boss. And so, I started writing for the publishing house.

I worked a lot during that time—copywriting, graphic design and I wrote my own stories on the side. But then the unrest in the country began and finally the war broke out. That's when I started working as a clandestine journalist. I travelled to places that were affected by the war and reported on the situation on the ground. I talked to many people and documented the crimes. It was very stressful work, but I wanted to help and give people a voice through my reports. The texts were then taken abroad. It was very dangerous work. After two years it became too dangerous and I was afraid for my children. My mother finally told me to leave the country.

Then the publishing house I worked for also left the country. In my office there was a drawer with all my written work. There were many notebooks that I had filled by hand. I only wanted these texts. It was my story—the story of my life so far. But I was told they were all destroyed. I didn't care so much about the children's books, but much more about my private texts. I didn't have a copy; it was all handwritten. But I didn't get anything back.

Then came the escape.

I fled with my youngest daughter and my older son. Actually, we wanted to go to the Netherlands, but with a group of refugees we finally ended up in Germany.

At first, I thought I could manage everything, learn the language quickly, and catch up with my son within a few weeks. I thought I only needed one year and then I could work as a writer again—or so I had heard. You only need one year to learn the language and then you move on. But I experienced one trauma after another in Germany. The first camp was very bad. We shared a room with many other people, the food was very bad, we had little money, and no idea what to do.

I had no orientation and didn't know what to do to change this state of waiting. It was very hard for me—always waiting. I was in the country for seven months without access to a language course. I tried to learn the language through YouTube videos. I learned a few simple phrases, like “My name is ...; I have children...”. I kept asking for a language course, but I was told that I couldn't take part in any language courses without papers. When we moved to the next accommodation, my daughter got a place at school. Every day I had to take her to school and pick her up. It was only in the third accommodation after a year in Germany that I was able to start my first language course.

Before that, I could only communicate in English, and in the camps, there were sometimes projects run by volunteers. When I heard about them, I went and learned a bit. That's why I was able to join the first official language course at A2 level. At first, I was very good, but then I don't know exactly what happened. Maybe it was because I was very unhappy at the camp or because of my stressful situation? I had imagined everything so differently. Everything was incredibly difficult—learning the language, finding work, worrying about my children and the many foreign people around me.

And when I sought medical help, I had to understand everything that was said, but I didn't. That made me very angry and sad. But I swallowed my anger—all day long. All the difficulties in everyday life: with the social welfare office, the job centre, the situation of my children, and I still had no residence status and no papers.

I didn't ask for help and instead tried to sort everything out in English, but my head was often too full. Too full to understand everything and I just felt sad. And I really tried to learn, but I don't know why what I learned didn't stay in my head. I've had the problem for a long time that I forget a lot. But I thought I could do it: I can learn German, I can work, I can start a new life. But I have lost that feeling.

I don't know. I tried to talk to a doctor, but it didn't help me. They don't have time to listen and help me and that makes me even sadder. I was recommended therapy at a counselling centre.

I wanted to try everything to make it better and I started a trauma therapy. There they tried to explain my situation to me. There is no certainty, but maybe I have a trauma and because of this trauma this blockage in the brain happens. My head wants to protect me and that's why I can't remember. I don't know.

One year after therapy I still have the feeling I am very deep down and I need a lot of time to come up again. And for that I need a lot of energy, a lot of strength and time. I hate it when I need help. I hate the feeling and, so far, I need a lot of help—with translations of letters from the authorities, with financial questions, just for everything, and I hate this feeling. And I hate it when I have to ask my children for help. And it makes me sad and angry when my children say to me that I need to do more. I feel bad and stupid when I have to ask for help. My head is empty.

I have told a lot—talked a lot, a lot, because I want to help myself. And the therapists have said that this is good. It's good if I can talk about the past and they noticed that I have a lot of information about mental health problems. I said, "Yes, I am interested in this". And they said this is the first important step. I understood that right away and talked diligently. But I want to understand! Why do I have such a problem? I asked my mother, friends, and the therapists. But they only said, maybe it's a big problem—maybe you saw a murder, for example, or it comes from my war experiences...—but maybe it's a very small problem, but very important for me and it broke something? And I answered "Excuse

me, many people in Syria have experienced disasters, but they go on, they have a life and they are happy. They also have beautiful memories. Like my mother, she didn't have a wonderful life, but she has everything in her head and if you ask her something she has answers. Why not me? Am I stupid?" But they said that's not true. But then what? Why can't I write anymore, for example? That's a big problem. I don't want to write for other people, but for myself—I feel myself when I write.

But what should I do? What can I do? It's like my teacher said: language is the key here in Germany. If you don't know the language, you don't have the key. For example, when I get a letter and I don't understand anything. I have to translate everything and still I don't understand it properly. I have done very stupid things because I didn't understand. I never said I didn't understand and I usually try to manage on my own. My problem is, I have read and translated a word a thousand times and then I have forgotten it again. Why does this happen? It makes me very sad—where is my voice, where has my language gone?—I miss writing.

In order to develop a deeper understanding of Amira's situation, it can be helpful to engage with the following questions on your own or in conversation with another person who has also read Amira's story:

1. When in your life have you ever felt that you could no longer pursue an activity, hobby, or occupation, or others prevented you from pursuing it?

- What feelings did this trigger in you?
- What did you do about it?
- Who or what helped you in this situation?

2. Discuss these questions related to the situation Amira describes in her story:

- What prevents Amira from pursuing her activities and occupations?
- What feelings does she describe?
- What could Amira do about the situation?
- Who or what could be a help in the situation?

3. Share Amira's situation in relation to your specific professional focus (subject area). What concrete benefits can interprofessional cooperation bring for Amira?

4. Read the following article on occupational disruption:

Helen C. Hart. 2023. 'Imagined futures: Occupation as a means of repair following biographical disruption in the lives of refugees', *Journal of Occupational Science*, 30:1, 24-36, <https://doi.org/10.1080/14427591.2022.2038249>

- Summarize the key messages of the text.
- What further possibilities for supporting Amira arise from the text?
- Develop a series of statements about the connection between the consequences of trauma and language learning or other important activities.

The content of the following interview with Ousman should also contribute to a better understanding of the life situation of people with refugee experience and enable more in-depth professional reasoning.

The Meaning of Illness and Education: A Personal Story

The following summarized text describes the current life situation of Ousman D. He comes from the Gambia and is now 23 years old. The interview with Ousman took place in October 2023. A lengthy escape, an initial stay in Italy and his arrival in Germany as an unaccompanied minor refugee preceded the interview. Ousman arrived in Germany in 2017. He completed his schooling here up to year 10. Ousman now speaks very good German and trained as an occupational therapist from 2019–2023. He has been working as an occupational therapist in Germany since 2023.

The interview and the text were developed by Kathrin Weiß, MSc in Occupational Therapy, employed at the University of Applied Sciences and Arts Hildesheim/Holzminden/Göttingen (HAWK) und at Schule für Ergotherapie, Bildungsakademie GENO, Bremen. In 2018, she met Ousman D. during the application process for professional training at the school for occupational therapy. Since then, they have remained in casual contact.

The interview provides insight into the experiences and important aspects of the life of a person with refugee experience and is intended to emphasize some aspects of advanced clinical reasoning within the context of interprofessional collaboration.

The unique situation of individuals who have fled with a serious illness or significant health restrictions, often in pursuit of better health outcomes abroad, should be particularly emphasized. The challenges of this huge transition—which involves not only leaving one’s continent and home country, but also acclimatizing to a new ethnic group, social system, and language—demand tremendous adaptive efforts. Ousman’s aspiration to become an occupational therapist emerged from this transformation, which he accomplished with enormous commitment and perseverance. His learning situation in a class of prospective occupational therapists was characterized by his profound thirst for knowledge, open-mindedness, self-confidence, and commitment. Inclusion in a cooperative learning group, alongside a reliable educational supervisor and empathetic teachers supported Ousman in his ambition to become an occupational therapist.

Ousman offers the following insights into his everyday life, daily routine, and leisure activities.

Insights into everyday life:

I am currently still on holiday and have not yet commenced my new job, which I will begin next month. I mainly spend my days at home, where I engage in sport to clear my mind. Additionally, I work at my part-time job three times a week. I also like to watch TV to relax and recharge before starting work.

Daily routine:

When reflecting on my daily routine, I must admit that I do not currently enjoy waking up early. I often spend my evenings watching TV until late at night, which results in me falling asleep around half past two and waking up around eleven in the morning. This habit is not just a result of being on holiday, but has also manifested itself during other phases of my life. However, once I start working, I will need to adjust my rhythm.

Leisure activities:

In my free time, I am passionate about sport. I regularly go to the gym and play football, occasionally serving as a coach for youth teams. One of my favourite things to do at home is cooking; I enjoy trying new dishes as well as connecting with my culture through traditional food.

In the context of clinical reasoning, it is essential for healthcare professionals who aim to treat individuals with refugee experience to understand these preferences and their importance in a person's life. It is equally important to discuss their significance with the client, including within the interprofessional team. This can only be achieved by creating spaces for conversations in a relaxed and trusting atmosphere, allowing stories to be shared. These narratives not only help in understanding the person and discovering their cultural needs but also in considering their preferences in therapeutic planning and medical care (narrative reasoning) (Mattingly 1991: 1000). Knowledge of relevant and important activities, such as cooking and football, can provide important clues for therapy planning and intensive dialogue (Hart 2023: 29).

Ousman also provides insight into how he manages his illness and assesses the services provided by the medical system. His narrative illustrates the reality of his life, his coping mechanisms for illness, and the burden of stress.

Health:

When asked about my health, I disclose that I have lived with a serious illness all my life. However, thanks to the medical care in Germany, I have the disease well under control. Despite occasional impairments due to changes in climate and the associated discomfort, I never give up. With perseverance and a willingness to face challenges, I manage to lead a largely normal life. Although hospitalization is sometimes necessary, I strive to live in harmony with my illness and build a kind of relationship with it that enables me to remain healthy and strong despite everything.

Medical care:

I have been living with a particular illness since childhood, and it will probably accompany me for the rest of my life. Nevertheless, thanks to the medical care available here in Germany, it is possible to alleviate the symptoms and manage

the disease better than would ever have been possible in my home country. Taking medication regularly and having regular check-ups with doctors approximately every six weeks are essential for keeping the illness under control. Checking my blood and liver values is particularly important, as it allows me to ensure that everything is going well. Compared to my home country, where medical appointments were infrequent and usually not attended for financial reasons, this represents a significant improvement.

It reassures me to know that, in the event of illness, quick and straightforward assistance is available without the need for immediate financial resources—a stark contrast to my experiences in my home country. This healthcare system has a stabilizing influence on my life and ensures that I feel free from unnecessary stress despite my illness.

To underscore the importance of communication in the healthcare system, I would like to stress the importance of encouraging staff who work directly with people who have experienced displacement to familiarize themselves with their culture and traditions. This can help to create a deeper connection and a better understanding of each person's unique needs. One of my own experiences highlights the importance of this aspect: a friend of mine from Guinea would never agree to have his blood drawn for fear that it could be sold. Such misunderstandings and fears can only be overcome through effective communication and an understanding of cultural differences.

During my time in the hospital, I frequently noticed that communication problems exist not only between patients and medical staff but also within the medical team itself. It is therefore essential that everyone involved, from doctors to therapists, communicates regularly and works together to ensure holistic care. My experience shows that when such team agreements take place, patient care can be significantly improved.

Furthermore, the healthcare system should be open to persons with a migrant background, both in patient care and in employment opportunities within the system. This could pave the way for a more inclusive and diverse healthcare environment that benefits everyone. I have often discussed with friends who, out of insecurity, take on physically demanding jobs rather than explore opportunities in the healthcare sector. Such an opening could encourage many to broaden their professional horizons.

Finally, research is another critical area that needs to be improved in order to sustainably strengthen and expand the healthcare system. Self-help groups in particular offer a valuable resource for individuals facing similar challenges.

They provide not only knowledge and support, but also a sense of community and understanding that is difficult to find outside of the clinical setting.

To summarize, I would say that effective communication, cross-cultural understanding, teamwork, and ongoing research are the pillars on which a robust and inclusive healthcare system should rest. It is my hope that by promoting these aspects, everyone, regardless of their background or experience, will be able to access quality healthcare and feel at home within the German healthcare system.

While I have no immediate family in Germany, I am surrounded by friends from my home country who also feel well cared for here. Most of them have not experienced any major problems with the healthcare system, apart from one friend who tragically died because his illness was recognized too late—a fate he might also have suffered in our home country. These experiences illustrate that, overall, the German healthcare system provides reliable support for individuals like me who have come to this country for various reasons.

Although my friend's issue was recognized, it was unfortunately too late to do much about it. A few months later, my friend passed away, which is a tragic reminder of the importance of timely medical intervention. That said, I have observed that many of my acquaintances have fewer health problems, apart from the stress caused by the system itself. In fact, I myself sometimes feel the pressures and stresses of the system. Nevertheless, I strive to come to terms with it and live with it; adaptation is a part of life here in Germany.

Navigating a foreign healthcare system can be a significant challenge for ill people who have experienced displacement. Making themselves understood, explaining their needs, building trust in unfamiliar procedures, but also being surprised about the 'free' access to medication and therapies can be overwhelming and stressful. From the perspective of clinical reasoning, the aim for healthcare professionals is to enquire about a person's life and illness conditions and strive to understand them (conditional reasoning) (Crabtree 2012: 122). "It involves imagination on the part of the therapist to see the client across time, in the past, present and future and refers to the way a therapist engages the client in a shared vision of his or her future" (Fleming 1991). Given the backdrop of completely different socialization, achieving this understanding requires a high level of reflection and empathy. As Sodemann (2022: 17) notes, "It is hard to understand the extreme stress of having experienced severe trauma and at the same time having

to live alone with this trauma in a country where you neither speak nor understand the language". Interprofessional dialogue about the conditions of a person's life and illness can lead to a more comprehensive understanding. Contributions from colleagues in the healthcare system who have personally experienced displacement and understand life in a foreign country are particularly valuable. Building interprofessional teams with a high degree of diversity is a crucial task for the future.

Ousman D.'s educational path highlights aspects of his personality characterized by strength, determination, and self-confidence despite facing significant resistance, misunderstandings, and illness. From the perspective of clinical reasoning, it is evident that these personal values can be revealed through trusting interactions (interactive reasoning) (Crabtree 2010: 119). Discussing the client's personality within the interprofessional team and with the client themselves enhances the likelihood of providing individualized and maximally supportive therapy and consultation.

Professional career:

Regarding my professional career, I am about to embark on my new role as an occupational therapist. After arriving in Germany, I faced numerous challenges to discover and pursue this career path. Training to become an occupational therapist was demanding, but also very fulfilling. I successfully graduated and received numerous job offers. I have chosen a position that is close to my heart and am excited to start in November.

School education:

My early education in the Gambia and later in Senegal was complicated due to my health problems. However, these challenges did not deter me. I was not fortunate enough to have access to adequate education or medical care in my home country, which motivated me to change my life and come to Germany.

Key moment:

A key moment in my journey was discovering the profession of occupational therapy at a job fair. This encounter influenced my career direction and motivated me to pursue this path. My search for an internship eventually led me to a private practice that was willing to provide me with an opportunity to familiarize myself with the profession and gain practical experience.

The healthcare system in Germany has opened up new perspectives for me, not only in terms of my own healthcare, but also in terms of my professional development. It has demonstrated to me the value of access to quality healthcare and the importance of contributing as part of this system.

The insight into Amira's and Ousman's life has been profoundly impressive and enlightening for me (Kathrin) as a teacher, therapist, and researcher. These insights are incredibly valuable. They inspire me to facilitate narratives, practice deep and repeated listening, trust in the power of the confidence and hope of people with displacement experiences, and support them in their aspirations.

The value of interprofessional exchange in advanced clinical reasoning and the sharing of responsibility within the healthcare system enables a new perspective on clients. As Adamapoulou et al. (2022: 74) suggest,

to be able to address the multiple needs of refugees' health through multiple coordinate professional competencies [...] [c]ollaboration enables health professionals to achieve better health outcomes as it allows them to exercise their expertise in their specific area of practice while communicating their different perspectives with other professionals working with the same service user (Zwarenstein et al. 2009).

This creates a more adaptive and stable starting point for clients in the healthcare system on their path to better health.

Further reading:

The textbook *What You Don't Know Will Hurt the Patient: Cross-cultural Clinical Medicine and Communication with Ethnic Minority Patients* by Danish author Morten Sodemann is, as he himself writes, "not a substitute for medical or surgical textbooks. The book deals with everything that we don't know about patients from a different background compared to patients we are familiar with. As the Danish poet, Piet Hein put it: 'Knowing what you do not know—is, however, a kind of omniscience'. This book is intended to highlight the known unknowns about migrant health and hopefully through that insight to awaken a professional curiosity among health professionals in their encounter with refugees, migrants and ethnic minority patients. It is about everything that we forget, overlook, ignore, misinterpret, minimize, or simply give up on. And then there are the small things that are rare, strange, and which we are not used to". The book is a compendium of experience, knowledge, and empathy.

Morten Sodemann is a Danish physician and professor renowned for his work in global health and migration. He is a specialist in infectious diseases and has extensive experience in migrant health, including social determinants of health and improving access to health services for marginalized groups. He works at the University of Southern Denmark and heads the migrant clinic programme at Odense University Hospital.

The book is available as a free download (www.ouh.dk/textbook).

Conclusion

This chapter highlights the importance of advanced clinical reasoning, which involves critical and creative thinking, especially when working with individuals from refugee backgrounds who face unique challenges like language barriers and cultural differences. The chapter emphasizes using the International Classification of Functioning, Disability and Health (ICF) to provide a comprehensive assessment of patients' health beyond immediate medical conditions. The ICF framework facilitates interprofessional communication and allows healthcare professionals to consider contextual factors like social, cultural, and economic issues impacting the patient's wellbeing.

The chapter includes narratives and case studies, such as Amira's struggle to rebuild her life in Germany and Ousman's journey to becoming an occupational therapist, showcasing how personal stories can enrich clinical reasoning. By understanding personal and cultural contexts, healthcare professionals can offer more empathetic and effective care. The chapter also advocates for interprofessional collaboration, emphasizing that diverse disciplinary perspectives enhance the understanding and treatment of complex health needs, fostering better patient outcomes. The narratives from the refugees underscore the need for health professionals to engage with the patient's past and personal circumstances, promoting a holistic approach to patient care.

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