

ST3-INDNZ-FELL-EPA1 – Formulation involving a Māori patient

Area of practice	Indigenous – New Zealand	EPA identification	ST3-INDNZ-FELL-EPA1	
Stage of training	Stage 3 – Advanced	Version	v0.3 (EC-approved 29/04/16)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
Title	Formulation of a case involving a Māori patient.			
Description Maximum 150 words	<p>The trainee can prepare a complex formulation incorporating, where appropriate, the impact of The Treaty Of Waitangi (Te Tiriti O Waitangi) and colonisation as well as the importance of family (whānau), genealogy (whakapapa) and cultural influence on mental health presentation and treatment.</p> <p>They take into account a holistic Māori worldview (te ao Māori) understanding of wellbeing including the importance of spiritual (wairua), psychological (hinengaro) and family (whānau) wellbeing as well as the importance of wider cultural connection including connection with language (reo), land (whenua), ancestors (tīpuna) and a person’s overall sense of identity. Māori may also be disconnected from te ao Māori and therefore the trainee would need to incorporate a deeper understanding of the patient’s historical, geographical, socioeconomic and cultural context relevant to the case or individual.</p>			
Fellowship competencies	ME	1, 2, 3, 4	HA	1
	COM	1	SCH	2
	COL	1, 2, 3	PROF	1, 2
	MAN			
Knowledge, skills and attitude required The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p>Ability to apply an adequate knowledge base</p> <ul style="list-style-type: none"> • Knowledge of the role and utility of a culturally informed psychiatric case formulation. • Knowledge and understanding of the geographical, sociocultural and economic environment of the Māori patient. • Knowledge and understanding of core Māori cultural beliefs, particularly around Maori worldview (te ao Maori) and the importance of spiritual aspects (wairua), Māori psychology (hinengaro), language (reo), customs (tikanga) and traditional beliefs. 			

	<ul style="list-style-type: none"> • Knowledge of alternative Māori models to explain the Western concept of ‘mental illness’ and the importance of considering these during assessment, formulation and diagnosis. • Demonstrates knowledge of specific Māori models of health such as Te Whare Tapa Wha or Te Wheke (and others) but shows awareness that different tribal regions (hapu/iwi) may have their own models of health and wellbeing. • Knowledge and understanding of the historical experiences of Māori people, the impact of The Treaty Of Waitangi, colonisation and the loss of land, language and identity. • Understands the impact of socioeconomic disadvantage and the link between social determinants and mental illness in the Māori population. • Understands appropriate differential diagnoses and the limitations of DSM, ICD classification systems. • Considers barriers to implementing a treatment plan with awareness of the unique strengths of Māori whānau and communities. <p>Skills</p> <ul style="list-style-type: none"> • Ability to prepare a culturally informed psychiatric case formulation. • Ability to extend the biopsychosocial model of formulation to include cultural and spiritual dimensions where appropriate. • Ability to include an understanding of the patient’s extended family structure and community into the formulation. • Ability to incorporate the social and emotional wellbeing framework into the case formulation. • Ability to integrate knowledge and information attained from the case history to form salient connections and hypotheses to deepen understanding of the case and inform the development of a tailored management plan. • Ability to be aware of one’s own cultural biases which may impact on the doctor–patient interaction and decision-making processes. <p>Attitude</p> <ul style="list-style-type: none"> • Non-judgmental in developing an in-depth understanding of factors relevant to the case. • Holistic approach to gathering and considering all of the information relevant to the case formulation. • Curious, whilst empathic and respectful, in gathering information. • Willing to hypothesise in a creative manner to generate a complex psychiatric case formulation.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Case-based discussion. • Observed Clinical Activity (OCA). • Professional presentation.

- Feedback from colleagues, Māori health staff and Māori participants.

References

DURIE M. *Whaiora: Māori health development*. 2nd edn. Melbourne: Oxford University Press, 1998.

DURIE M. *Cultural competence and medical practice in New Zealand*. Proceedings of the Australian and New Zealand Boards and Council Conference. Wellington, 22 November 2001.

DURIE M. *Ngā Kāhui Pou: Launching Māori futures*. Wellington: Huia Publishers, 2003.

DURIE M. *Ngā Tini Whetū: Navigating Māori futures*. Wellington: Huia Publishers, 2011.

MINISTRY OF HEALTH. *Rising to the challenge: The mental health and addiction service development plan 2012–2017*. Wellington: Ministry of Health, 2012.

TAYLOR K & GUERIN P. *Health care and Indigenous Australians: Cultural safety in practice*. 2nd edn. Melbourne: MacMillan Education Australia, 2014.

WEPA D, ed. *Cultural safety in Aotearoa New Zealand*. 2nd edn. Melbourne: Cambridge University Press, 2015.

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar