

ST2-INDNZ-EPA1 – Interviewing a Māori patient

Area of practice	Indigenous – New Zealand	EPA identification	ST2-INDNZ-EPA1	
Stage of training	Stage 2 – Proficient	Version	v0.6 (EC-approved 08/01/14)	
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	Interviewing a Māori patient.			
Description Maximum 150 words	The trainee can engage a tangata whaiora Māori (Māori consumer) to conduct a psychiatric assessment and build a therapeutic alliance. They are able to create a culturally safe context for the interview including an appropriate environment, approach, assessment framework and the presence of appropriate supports, eg. whānau (family). The trainee can adapt their communication style to meet the needs of the tangata whaiora and whānau and promote engagement.			
Fellowship competencies	ME	1, 2, 3	HA	
	COM	1, 2	SCH	
	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"> • Understand how colonisation processes have impacted on Māori cultural identity and the fragmentation of traditional customs, language and disconnection with lands and the implications this may have on presentation. • Recognise that Māori are a heterogeneous group from different areas with different dialects and customs. • Understand the role of the Treaty of Waitangi and the implications for Māori health and wellbeing, particularly with regard to Articles 2 and 3. • Understand that knowing where the tangata whaiora (consumer) is from (ie. tribal area) is an important tool in engagement and forming a therapeutic alliance. • Understand the different Māori cultural nuances of interaction in the doctor–patient relationship, eg. tāngata whaiora not making eye contact as a sign of respect or feelings of whakamā (shame)/feeling stink. • Understand the role of cultural advisors and the skills involved in working alongside Māori and whānau. 			

	<ul style="list-style-type: none"> • Understand that some symptoms may represent culturally defined phenomena and may not represent psychopathology although both can co-exist. • Up-to-date understanding of the epidemiology of Māori mental health and disproportionately poor health outcomes with knowledge of the causative factors. • Awareness of the cultural concepts of tapu (sacred) and noa (ordinary) and their application to the doctor–patient relationship. • Recognise that poor engagement and therapeutic alliance may reflect a lack of trust towards the dominant culture and models of health which do not embrace traditional cultural ideology and practice. <p>Skills</p> <ul style="list-style-type: none"> • Engage and collaborate with cultural support staff when interviewing a tangata whaiora and their whānau (family) for the first time. This may involve traditional rituals of encounter such as mihi (greeting), whakatau (welcome), karakia (ritual chants/prayers), etc. • Recognise that whānau speak for themselves offering their experiences and perspectives of the illness. • Encourage te reo Māori (Māori language) during the interview and consultation process. (Note, the trainee needs to be guided by the preference of the tangata whaiora for te reo Māori, English or both and adapt accordingly.) • Utilise culturally appropriate assessment tools to identify important cultural dimensions where relevant. • Apply Māori models of hauora (health), eg. Te Whare Tapa Whā, to the clinical situation. • Communicate cultural dimensions both verbally and in writing. <p>Attitude</p> <ul style="list-style-type: none"> • Aware and self-reflective of own cultural biases and how these may impact on understanding tāngata whaiora.
Assessment method	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
Suggested assessment method details	<ul style="list-style-type: none"> • Observed Clinical Activity (OCA). • Mini-Clinical Evaluation Exercise. • Case-based discussion. • Direct Observation of Procedural Skills (DOPS).
<p>References</p> <p>OAKLEY BROWNE MA, WELLS JE & SCOTT KM, eds. <i>Te Rau Hinengaro: the New Zealand mental health survey</i>. Wellington: Ministry of Health, 2006.</p> <p>Glossary</p> <p>hauora – health and wellbeing.</p> <p>karakia – often defined as ritual chants and prayers, karakia provide a mechanism to clear and mediate spiritual pathways.</p>	

mihi – speech of greeting, acknowledgement, tribute.

noa – to be made neutral, ordinary or unrestricted and made free from the extensions of tapu.

tangata whaiora (s)/tāngata whaiora (pl) – a term used to describe a person who uses services; it is literally translated to mean a person who is pursuing health, wellness and recovery.

tapu – a term used to describe something sacred, prohibited, restricted, forbidden.

te reo Māori – the Māori language.

whakamā – to be ashamed, shy, embarrassed. Whakamā can be experienced by an individual or a group (eg. whānau). It can also affect how a collective might relate to an individual.

whakatau – a welcome or welcome speeches.

whānau – extended family, family group. In the contemporary context, the term is also used to include friends who may not have any kinship ties to other members.

Glossary of Māori terms from:

TE POU O TE WHAKAARO NUI. *He rongoā kei te kōrero. Talking therapies for Māori: wise practice guide for mental health and addiction services.* Auckland: Te Pou o Te Whakaaro Nui, 2010.

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