

ST2-AP-EPA9 – Assessment of Pacific people

Area of practice	Adult psychiatry (Pacific peoples' mental health)	EPA identification	ST2-AP-EPA9	
Stage of training	Stage 2 – Proficient	Version	v0.2 (EC-approved 06/11/15)	
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	Assessment of people of Pacific Island descent.			
Description Maximum 150 words	The trainee can engage Pacific people (in the context of their family, as appropriate) so as to conduct a holistic 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. family. The trainee can adapt their communication style to meet the needs of the person and family and promote engagement.			
Fellowship competencies	ME	1, 2, 3	HA	
	COM	1, 2	SCH	
	COL	1, 2, 3, 4	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"> • Understanding how immigration and urbanisation have impacted on Pacific peoples' cultural identity including the fragmentation of traditional customs, language and disconnection with origins; and the effects this may have on presentation. • Recognition that Pacific people are a heterogeneous group from different nations and island groups with different languages and customs. • Understanding that the specific Pacific culture of a patient and their family is an important tool in engagement and forming a therapeutic alliance and the importance of working alongside cultural workers and community leaders. • Understanding the historical context linking New Zealand or Australia with Pacific nations and island groups. • Understanding the different Pacific cultural nuances of interaction in the doctor–patient relationship, eg. issues about eye contact as a sign of respect. 			

	<ul style="list-style-type: none"> • Knowledge about the differing presentation of symptoms by Pacific people, eg. that these may represent culturally defined phenomena rather than psychopathology (although both can co-exist) and the somatic presentation of psychological symptoms such as in depression. • Knowledge about the epidemiology of Pacific peoples' mental health and health outcomes in the modern New Zealand or Australian context, especially metabolic risk factors in relation to physical health issues. • Understanding of the relevant cultural beliefs and explanatory models of illness. • Knowledge of the importance of spirituality and of the extended family to Pacific people and of the need for a holistic biopsychosociocultural approach. • Understanding that difficulties in engagement and therapeutic alliance may reflect issues around stigma, or a lack of trust of the dominant culture and health models which do not embrace traditional cultural ideologies and practices. <p>Skills</p> <ul style="list-style-type: none"> • Engagement and collaboration with cultural workers when assessing Pacific people and their family. • If the cultural worker cannot act as an interpreter, skills in carrying out assessments of Pacific people using an appropriate interpreter, where necessary. • Utilisation of culturally appropriate assessment tools to identify important cultural dimensions, where relevant. • Ability to integrate appropriate cultural models of health with modern psychiatric practice during assessments. • Ability to communicate cultural dimensions both verbally and in writing. <p>Attitude</p> <ul style="list-style-type: none"> • An ethical, professional and collaborative approach to Pacific people and their families. • Openness to learning from cultural advisors, community leaders, patients and families. • Awareness and self-reflection on own cultural biases and how these may impact on understanding Pacific people.
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>Le Va. Manukau City: Le Va, 2015. Viewed 13 August 2015, <www.leva.co.nz>. [Attending a <i>Engaging Pasifika cultural competency workshop</i>, run by Le Va is recommended.]</p>	

LUI D. *Family – a Samoan perspective*. Keynote presentation to the SF National Conference. Christchurch, September 2003. Wellington: Mental Health Commission, 2003.
<<http://www.hdc.org.nz/media/199714/family.%20a%20samoan%20perspective.doc>>

PULOTU-ENDEMANN FK. *Fanofale model of health*. Auckland: Health Promotion Forum of New Zealand, 2010. Viewed 13 August 2015,
<www.hauora.co.nz/resources/Fonofalemodelexplanation.pdf>.

SAMU KS & SUAALII-SAUNI T. Exploring the 'cultural' in cultural competencies in Pacific mental health. *Pac Health Dialog* 2009; 15: 120–30.

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