

**ST2-EXP-EPA5 – Cultural awareness**

<b>Area of practice</b>	General psychiatry	<b>EPA identification</b>	ST2-EXP-EPA5
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.7 (BOE-approved 15/10/12)
<p>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.</p>			
<b>Title</b>	<b>Assess and manage adults with cultural and linguistic diversity.</b>		
<b>Description</b> Maximum 150 words	<p>The trainee can appropriately assess and manage patients from culturally and linguistically diverse (CALD) backgrounds, including demonstrating respect for cultural issues in the conduct of the interview. The trainee can engage families, carers and others as appropriate in assessment and management. They are able to work properly and effectively with interpreters and/or cultural advisors/member of the person’s cultural group including family. The trainee can develop a cultural formulation and integrate understanding of culture into the psychiatric formulation and diagnosis. They implement a culturally sensitive management plan that demonstrates understanding of the specific cultural needs of the patient. The trainee can reflect upon their own cultural and linguistic background and reach an understanding of its contribution to their engagement with, and understanding of, CALD patients and their families.</p>		
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4, 5, 6	<b>HA</b>
	<b>COM</b>	1	<b>SCH</b>
	<b>COL</b>	1, 2, 3	<b>PROF</b> 1, 2
	<b>MAN</b>		
<b>Knowledge, skills and attitude required</b> 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><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands the principles of cultural responsiveness.</li> <li>• Understands the impact of culture on verbal and non-verbal communication.</li> <li>• Aware of the barriers and facilitators to the use of interpreters.</li> <li>• Understands the domains of a cultural formulation including an understanding of: <ul style="list-style-type: none"> <li>– the impact of cultural beliefs on identity</li> <li>– explanatory models of illness</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>- cultural factors related to psychosocial environment and the impact of cultural factors and expectations on functioning</li> <li>- the relationship between the clinician and the patient.</li> <li>• Understands the distinction between culturally sanctioned beliefs and psychopathology.</li> <li>• Understands the impact of cultural values on recovery-oriented mental healthcare including biological interventions and psychosocial rehabilitation.</li> </ul> <p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Able to effectively utilise interpreters in psychiatric interviews.</li> <li>• Adapts approach to psychiatric interview and intervention in a culturally sensitive manner.</li> <li>• Interacts with patients and their families and carers in a manner that is respectful of their cultural values.</li> <li>• Acknowledges the impact of bilateral cultural factors in the interaction between the patient and clinician.</li> <li>• Able to incorporate identified cultural beliefs, values and formulation into management.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Motivated to remain culturally sensitive in approach and interaction with patients, families and carers.</li> <li>• Willingness to be respectful of cultural diversity.</li> <li>• Willingness to learn from cultural advisors and patients from CALD backgrounds about their worldview and health beliefs.</li> </ul>
<b>Assessment method</b>	Progressively assessed during individual and clinical supervision, including three appropriate WBAs.
<p><b>Suggested assessment method details</b> (these include, but are not limited to, WBAs)</p>	<ul style="list-style-type: none"> <li>• Case-based discussion.</li> <li>• Observed clinical activity (OCA) – where a cultural advisor or language interpreter is present.</li> <li>• Review of a brief written cultural formulation.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<p><b>References</b></p> <p>MEZZICH J, CARACCI G, FABREGA H &amp; KIRMAYER L. Cultural formulation guidelines. <i>Transcult psychiatry</i> 2009; 46: 383–405.</p> <p>KLEINMAN A, EISENBERG L &amp; GOOD B. Clinical lessons from anthropologic and cross-cultural research. <i>Ann Intern Med</i> 1978; 88: 251–8.</p>	

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