

EPA 14: Incorporate relevant social determinants of health (SDoH) and cultural safety in relation to patient's illness and management planning<sup>1,2</sup>.

### **Pre-entrustable**

- Does not identify relevant SDoH.
- Does not identify structural barriers to health and wellness.
- Does not ask questions to explore the patient's lived experiences, and related structural barriers to health and wellness.
- Does not demonstrate awareness of evidence-based approaches to care for key populations such as refugees, homeless populations, Indigenous Peoples, etc.
- Makes judgments or assumptions or demonstrates bias regarding the patient's ability to follow advice or be part of the management plan.
- Does not demonstrate principals of culturally safe practice or trauma informed care.
- Does not use patient's preferred pronouns.
- Does not take a holistic or patient-centred approach to incorporating SDoH into the management plan.
- Fails to include the impact of rural residence in management planning, where applicable.
- Does not consider the role of traditional/cultural values, knowledge, and healing preferences, Indigenous knowledge, and principles of truth and reconciliation in encounters with patients where relevant.
- Does not demonstrate collaboration with allied health care professionals and other members of the health care team, social services, community agencies, or family members or caregivers in management planning.

### **Entrustable**

- Identifies relevant SDoH, including structural barriers to health and wellness. Asks questions to explore the patient's lived experiences. Makes patient care decisions based on evidence-based equity-oriented clinical practice guidelines (e.g. Canadian Guidelines for Refugee Health<sup>3</sup>, Indigenous Health Primer<sup>4</sup>, Clinical Guidelines for Homeless and Vulnerably Housed<sup>5</sup>, and others appropriate to key populations).
- Demonstrates a nonjudgmental and unbiased attitude towards patients, families, and colleagues.
- Demonstrates principals for culturally safe practice and trauma informed care in clinical care and decision-making.
- Uses patient's preferred pronouns.
- Demonstrates evidence of patient advocacy in the workplace.
- Takes a holistic and patient centred approach to developing a management plan that addresses SDoH, including rural residence where applicable.
- Considers traditional/cultural values, knowledge and healing preferences, Indigenous knowledge, and principles of truth & reconciliation in encounters with patients where relevant.
- Collaborates with allied health care professionals and other members of the health care team, social services, community agencies, and/or family members or caregivers in developing the management plan.

<sup>1</sup> SDoH include but are not limited to socio-economic status, gender, age, sexuality, race, ethnicity, language, religion, education, ability, literacy, employment, place of residence, access to health care, social supports, personal health practices, and childhood experiences.

<sup>2</sup> Structural barriers include racism, misogyny, homophobia or transphobia, religious discrimination, agism, ableism, weight bias, gender discrimination and discrimination based on mental health and addictions.

<sup>3</sup> Canadian Guidelines for Immigrant Health [https://www.cmaj.ca/canadian\\_guidelines\\_for\\_immigrant\\_health](https://www.cmaj.ca/canadian_guidelines_for_immigrant_health)

<sup>4</sup> Indigenous Health Primer. <file:///Users/jillallison/Downloads/indigenous-health-primer-e.pdf>

<sup>5</sup> Clinical guidelines for homeless and vulnerably housed people, and people with lived homelessness experience. <https://www.cmaj.ca/content/cmaj/192/10/E240.full.pdf>