



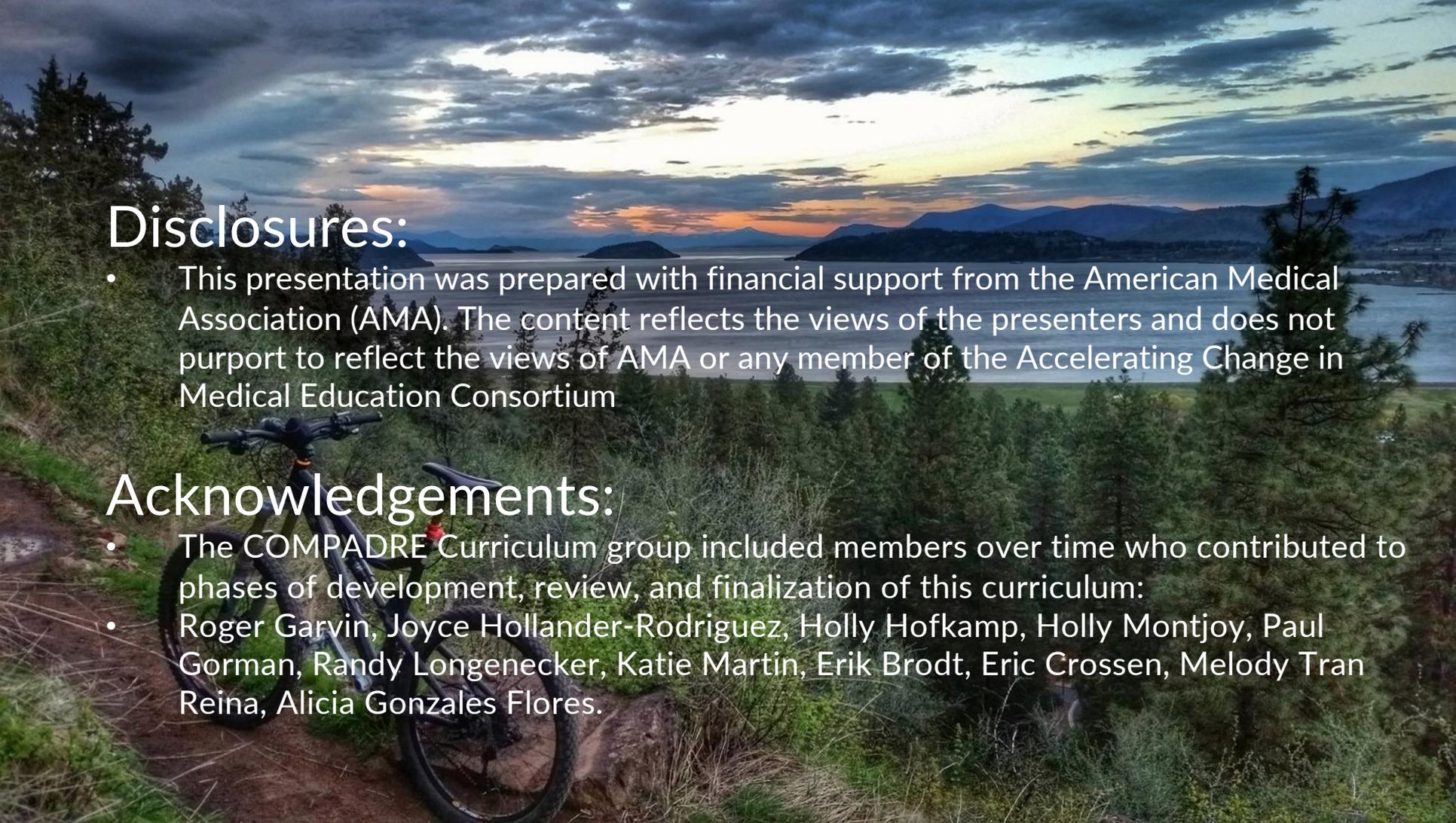
**COMPADRE**  
Oregon Health & Science University  
UC Davis School of Medicine

# EPAs for Thriving in Rural, Underserved, and Indigenous Health Settings

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## Disclosures:

- This presentation was prepared with financial support from the American Medical Association (AMA). The content reflects the views of the presenters and does not purport to reflect the views of AMA or any member of the Accelerating Change in Medical Education Consortium

## Acknowledgements:

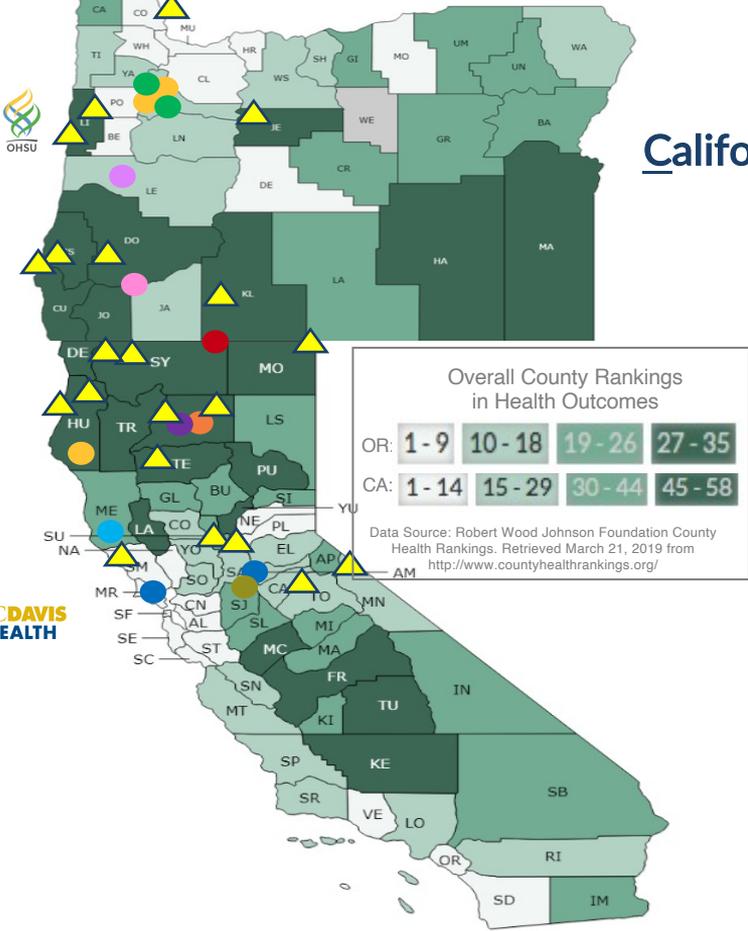
- The COMPADRE Curriculum group included members over time who contributed to phases of development, review, and finalization of this curriculum:
- Roger Garvin, Joyce Hollander-Rodriguez, Holly Hofkamp, Holly Montjoy, Paul Gorman, Randy Longenecker, Katie Martin, Erik Brodt, Eric Crossen, Melody Tran Reina, Alicia Gonzales Flores.

# Learning Objectives

- Understand how the EPAs for rural, underserved, and indigenous settings create a useful framework for curriculum and learner development.
- Explore the application of this framework to community-engaged residency didactics, orientation, and workshop curricula.
- Identify EPAs and tools that could be applied to your student or resident curriculum.

# COMPADRE:

## California Oregon Medical Partnership to Address Disparities in Rural Education and Health



Tribal Communities
Confederated Tribes of Coos, Umpqua and Siuslaw
Confederated Tribes of Grand Ronde Community
The Klamath Tribes
Confederated Tribes of Siletz Indians
Cow Creek Band of Umpqua Tribe of Indians
Confederated Tribes of Warm Springs Reservation
Cowlitz Indian Tribe
Fort Bidwell Paiute Reservation
Redding Rancheria
Toiyabe
Greenville Rancheria
Karuk Tribe
Sonoma County Indian Health Project
Mathiesen Memorial Health Clinic
Pit River
United Indian Health Services, Inc.
Chapa-De Indian Health
Feather River Tribal Health
Hoop Valley Tribe
Quartz Valley Indian Reservation
Coquille Indian Tribe

Health Centers and Hospitals	
<b>University of California, Davis</b> UC Davis Health Hospitals	<b>Samaritan Health</b> Good Samaritan Regional Medical Center
<b>Adventist Health</b> Ukiah Valley Medical Center	<b>Sky Lakes</b> Sky Lakes Medical Center
<b>Kaiser Permanente Northern California</b> Sacramento Santa Rosa	<b>Catholic Health Initiatives Mercy Health</b> Mercy Medical Center Roseburg
<b>Oregon Health &amp; Science University</b> Tuquity Community Hospital OHSU Hospitals	<b>Health Alliance of Northern California</b> Teaching Health Center
<b>Providence Health &amp; Services</b> Providence Portland St. Vincent's St. Joseph's of Eureka	<b>Dignity Health</b> Mercy Medical Center Redding



# COMPADRE Objectives:

Objectives	
1	Redesign the UME to GME transition so learners focus on skills development rather than GME selection
2	Design and deploy a curriculum for practice in under-resourced communities
3	Establish a thriving learning community to enhance wellness and joy in practice
4	Innovate admissions practices to transform the composition and distribution of the physician workforce
5	Measure long-term impact on workforce needs, e.g., practice location, specialty & community health outcomes



**What makes for a successful provider in rural, underserved, and indigenous health settings?**



## Adapts

- Expands or adapts skills to meet community health and health care needs

## Partners with community

- Partners with the community to address challenges and barriers to health

## Collaborates in health care

- Collaborates across the health care system to improve health for all

## Mentors

- Mentor and invest in future rural/underserved health care professionals

## Accountability & Transparency

- Balances needs in a defined community context that demands accountability

## Dual relationships

- Negotiates dual relationships with integrity and role fidelity

## Resilience

- Demonstrates the ability to face adversity and use difficult situations to grow personally and professionally

## Decolonizing Practices

- Recognizes knowledge, power, and wisdom from people in the community.

## Respect for Place

- Incorporates ways of inhabiting a place into identity and health of self, patients, and communities.

## Addressing Structural Inequities

- Engages with community in anti-racist ways



# Entrustable Professional Activities

- EPAs describe tasks a provider must master to thrive in a rural, underserved, indigenous health setting.
  - Tasks that are **particularly challenged** in rural and underserved settings (RUS) and **particularly necessary for success**.
  - These are tasks that a master clinician would be able to make decisions about how entrustable a resident or provider was to accomplish these tasks.
- Each EPA has skills that are required to achieve entrustability. These skills are outlined in the curriculum documents.

## EPA 9: Incorporates ways of inhabiting a place into identity and health of self, patients, and communities.

### Brief explanation:

- Relationship to place and ways of inhabiting a place play a role in the health and identity of oneself, patients, and communities. Inhabiting refers to a way of being or relating with a place that may or may not include purpose, intentionality, and meaning. These ways of inhabiting can be helpful or harmful to both the health of self, community and place. This may be particularly noticeable in indigenous cultures and rural cultures while also applicable to urban settings.
- Key concepts in this EPA include stewardship, interconnectedness of ecosystems, place identity (where one's identity is most fully experienced when situated in a particular place), place attachment (where one experiences a strong emotional bond to a location), and place dependence (where one views a particular location as the best place in which to be fully actualized).

## Skills Progression

### Key Functions

**Incorporates concepts of place identity, place attachment, and place dependence into experiences of one's own professional identity.**

Recognizes how providers experience practice in a particular place, their emotions around it, and their thoughts on training for future practice.

Explores the strengths of having a professional identity situated in a particular place, begins to form bonds to a community or place of training or practice and begins to view that location as an ideal place to train and practice.

Integrates place-based identity and attachment on personal and professional levels and uses this to improve understanding of people in the community;  
Is able to transfer this to other places/contexts when necessary

# Instructional Strategies

## Didactics

The pedagogy of place-based medical education using [The Emergence of Place in Medical Education](#)

## Workshops

NCES curriculum resource: [Social and Structural determinants of urban American Indian and Alaska native health a case study in Los Angeles](#)

## Community Projects

Outdoor/community/cultural immersion retreats:

- Identify/visit a significant place in the community and reflect on who has been in that place over time.
- Invite speakers from the community to discuss places in the community and what it means to them
- Listen to stories of people who lived somewhere a really long time; what are the strengths of this approach to a place, what are the alternatives

## Reflection and Coaching

Book club and reflective writing using [Braiding Sweet Grass](#) by Robin Wall Kimmerer

- Discussion prompt: how has place influenced your sense of professional and personal identity?

# Canvas Site

<https://canvas.ucdavis.edu/courses/625738>

UC DAVIS  
CANVAS

- Login
- Dashboard
- Calendar
- Inbox
- UCD Library
- History
- Help

←

COMPADRE Curriculum

- Home
- Pages
- Modules
- Files
- Suggestion Box
- Reading List



To transform the workforce to be better prepared, more equitably distributed, and more deeply connected to rural, underserved, and tribal communities, the **COMPADRE Curriculum team** aimed to answer the question:

**"How do we best train providers to thrive in rural, indigenous, and underserved settings?"**

The COMPADRE EPAs were created as a response to the above question using a modified Delphi method and building on existing rural competency domains. The EPAs describe tasks that a provider must master to thrive in a rural, underserved, indigenous health setting. While many of these tasks are not unique to these settings, they are **particularly challenged** in rural, underserved, and indigenous health settings, and **particularly necessary for success**. These are tasks for which a master clinician could make decisions about how entrustable a learner was to accomplish these tasks.

EPAs are tasks or responsibilities that can be entrusted to a trainee to perform unsupervised once they have obtained sufficient skills. They are intended to be representative of the real world work that doctors do. Rather than breaking down a task to multiple sub-components or competencies a learner is assessed by how well an experienced teacher or mentor would trust them to complete the entire task. EPAs are affected by several factors: attributes of trainee, attributes of supervisor, context, the nature of the EPA (complex or simple).

Each EPA below has an explanatory paragraph to expand on the intentions and challenges addressed, key functions that are required to achieve entrustability, and the progression of skills around which programs should build curricular activities. The learning strategies include a single exemplary tool for each instructional method, but are intended to be accompanied by the longer [Learning Strategies Toolkit](#) ↓, a repository of many different tools that can be used and modified for the programmatic context.

Have a recommendation for a tool to share or content we can add to the site? Please

View Course Stream

Coming Up

View Calendar

Nothing for the next week

Modules

Files

Suggestion Box

Reading List

# EPA 1-10: Learning Strategies

1. Expands or adapts skills and methods to meet community health and health care needs

## Didactics and Modules

Online modules on community assessment:

- [The EveryONE Project: Assessment and Action](#) <sup>↗</sup>
- [Certificates and Continuing Education: Basic Certificate in Quality & Safety](#) <sup>↗</sup>
- [The Family Medicine Population Health Milestone-Based Curriculum](#) <sup>↓</sup>

[Population Health Assessment Engine \(PHATE\) Curriculum](#) <sup>↗</sup>

ECHO/CME on various topics (procedures, family centered maternity care, MAT, Hep C, Behavioral Health, Hospital Med, Peds, etc.)

[Presenting Your Case: Making Use of Telehealth in Rural Practice](#) <sup>↗</sup> – a teaching kit on using telehealth and ECHO via RuralPREP

Ethics and scope of practice: [Rural Primary Care: Working Outside the Comfort Zone](#) <sup>↗</sup>

## Workshops

Procedural workshops

Enhanced skills training – RuralPREP teaching toolkits

- [Surgical Skills Training](#) <sup>↗</sup>
- [Rural Newborn Care](#) <sup>↗</sup>
- [Mental Health in Rural Communities](#) <sup>↗</sup>
- [Local Access to Labor and Obstetrical Delivery and Prenatal Care](#) <sup>↗</sup>
- [Addressing Maternity Deserts: A Role for Operative Obstetrics in Family Medicine](#) <sup>↗</sup>

## Community Projects and Clinic/Health Systems Projects

Completion of a community and population needs and capabilities assessment (this could be reading an already available CHNA rather than completing their own)

[The Community Tool Box: Assessing Community Needs and Resources](#) <sup>↗</sup>

Analyze referral patterns and access needs

Practice and panel review

## Reflection and Coaching

# Examples and Implementation





## What prompted us to use EPAs to inform our curriculum?

- Learned about EPAs from Joyce. This language was unfamiliar to both of us at first.
- Didactic/workshop tracking and quality improvement project already in process
- Functioning team with “explore/examine” tendencies
- COVID times provided space to shake things up
- Strong clinical foundation already in place for learners
- Resident ACGME survey and PEC prompted us to think about more opportunities for reflection in practice



# How did we get started?

- Wednesday afternoon half-days
- We read the EPAs and discussed them, particularly thought about the intent behind the language
- Started with an inventory of our residency program
  - How does what we're doing currently align with EPAs?
  - What are areas we are missing? Low hanging fruit vs real areas of struggle or deficiency

A woman with her back to the camera, wearing a pink t-shirt and a bright green skirt, stands on a grassy hillside. She is looking out over a vast, panoramic view of a valley. The valley is filled with a mix of green fields, brown patches, and a dense cluster of buildings. A winding river flows through the valley, and in the distance, there are rolling hills and mountains under a clear blue sky. The sun is visible in the upper right corner, creating a lens flare effect. The overall scene is bright and clear, suggesting a sunny day.

Evaluating through a  
broad lens



## Perspective: Faculty strengths and passions

Joyce - Rural

Carrie - Abortion access and DEI

Dwight - Procedural competence

Katie - Indigenous health

Wendy - Adaptability and presence

Holly - Justice and LGBTQ

Anne Marie - Communication,  
community

Dallas - Patienthood

Paul - System quality

Connor - Informatics for population  
health

Maggie - Language and culture, equity

Nellie - Class Equity

Hannah - Teamwork and  
responsibility

Radu - Fairness and justice

Bob - Compassion and wellness

Chris - Peace and Non-judgment

Brandon - Creativity, ultrasound

Kelly - Precision and courtesy



# Perspective: Ways to be in community together

Clinical experiences

Workshops

Trips

Activities

Didactics

Meals

Stories

Lectures/Didactics

Conversations

Advocacy/Policy

Research

Teaching

Collaboration

Reflection and

Coaching

Community Projects

Outreach



# Perspective: Curricular Content Areas

Academic Medicine  
Allergy/Immunology  
Anesthesiology  
Audiology  
Behavioral Health  
Cardiology  
Cardiothoracic Surgery  
Critical Care  
Dermatology  
Emergency medicine

Plastic Surgery  
Podiatry  
Preventive Medicine  
Psychiatry  
Public Health & Community Oriented  
Primary Care  
Pulmonology/Sleep Medicine  
Radiology  
Rheumatology  
Mindfulness and Affective Reflection

Infectious Disease  
Integrative Medicine  
Internal Medicine  
Neonatology  
Nephrology  
Neurology  
Neurosurgery  
Obstetrics  
Oncology

Orientation  
Ophthalmology  
Orthopedic Surgery  
Pathology/Laboratory Studies  
Patient Safety  
Pediatrics  
Pharmacy  
Physical Medicine & Rehabilitation

Endocrinology  
ENT  
Family Medicine  
Gastroenterology  
General Surgery  
Genetics  
Geriatric Medicine  
Gynecology  
Health Systems  
Hematology

Sports Medicine  
SLP, OT & PT  
Toxicology  
Urology  
Vascular Surgery  
Wilderness  
Wound Care  
Palliative Medicine



# Existing Didactic and Workshop Curriculum

	Year 1	Year 2	Year 3	Year 4
Workshops	Carrie - Abortion* EPA 10	Maggie - Physician Rights/Responsibilities* EPA 5, 6, 7	Dallas and Jenny - Bystander training* EPA 5, 6, 7	Katie - Colonialism in medicine* EPA 8, 10
Stories	Monica Yellow Owl - Klamath* EPA 3, 8, 9	Katie Martin - Origin story* EPA 8, 9, 10		
Trips	Karl - Birds* EPA 7, 9			
Meals	Recruitment Dinners*			
Activities				
Lectures/Didactics	Maggie and Jordan - Spanish curriculum* EPA 10	Karl - Sense of Place* EPA 9		
Advocacy				
Reflection and Coaching				
Community Projects				



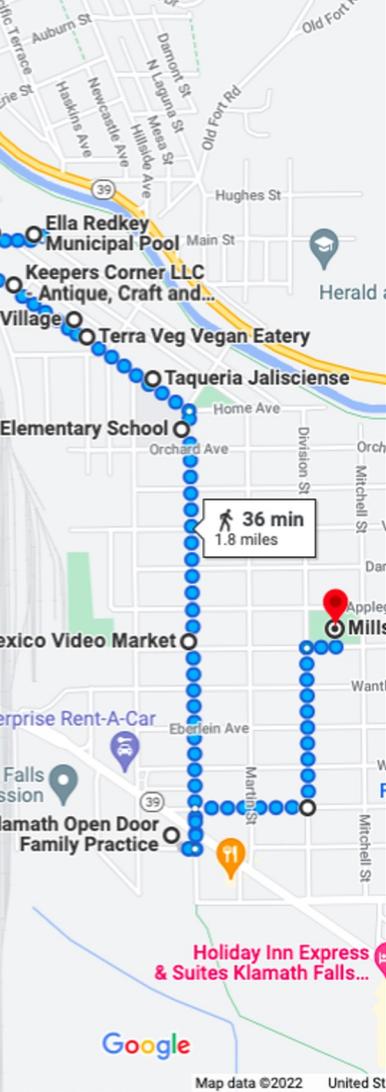


Putting these all  
together

	Year 1	Year 2	Year 3	Year 4	Year 5
Workshops	<b>Carrie - Abortion*</b> EPA 10	<b>Maggie - Physician Rights/Responsibilities*</b> EPA 5, 6, 7	<b>Dallas and Jenny - Bystander training*</b> EPA 5, 6, 7	<b>Katie - Colonialism in medicine* EPA 8, 10</b>	Anne Marie - Vital talk training EPA 6
Stories	<b>Monica Yellow Owl - Klamath*</b> EPA 3, 8, 9	<b>Katie Martin - Origin story*</b> EPA 8, 9, 10	Tule Lake Internment camp oral history	Gerald Hill - Klamath and MD	
Trips	<b>Karl - Birds*</b> EPA 7, 9	<b>Anne Marie- Windshield Tour</b> EPA 8, 9	Ranch EPA 9	KU, Brixner, Mills, Stewart Lennox EPA 3, 9, 10	<b>Anne Marie-Western Native Plants EPA 8, 9, 10</b>
Meals	Dallas - Regionally appropriate EPA 9	<b>Dallas - Seasonal Meal</b> EPA 9	Native EPA 8, 9		
Activities	Potato festival EPA 6, 9	Pow wow EPA 8, 9	Fish return ceremony EPA 8, 9	Bull Sale or Auction EPA 6, 9	<b>OHSU OnTrack! Outreach EPA 4</b>
Lectures/Didactics	Anne Marie - Anti-fat bias EPA 10	<b>Maggie and Jordan - Spanish curriculum*</b> EPA 10	<b>Karl - Sense of Place* EPA 9</b>	Joyce - Respect for Place EPA 9	<b>Joyce - Dual Relationships EPA 6</b>
Advocacy	Salem - OAFP EPA 2, 10	<b>County level- EPA 2, 3, 10 COVID advocacy</b>	City level EPA 2, 3, 10	Sky Lakes level EPA 2, 10	<b>Cascades East level EPA 2, 10</b>
Reflection and Coaching	Dallas - Thank You Run/Walk - Nike Run Club				
Community Projects	Patient life story/memoir - give back to patient EPA 3, 6, 9, 10	Living in a Glass House	Adaptability		



# Walking Tour or Windshield Tour



- Interns were given a half day during orientation
- Paired up and invited to choose from five different routes that explore important neighborhoods or towns around the Klamath Basin
- Given a map, \$ for lunch, prompts and questions
- Regroup for reflection, sharing

EPA 9 - Incorporates inhabiting a place into one's own identity and the health of one's self, patients, and community





# Water rights, habitat and native fish protection

- Field trip to Western Native Plants in Chiloquin
- Presentation about the Klamath Sucker fish (c'waam) by Christie Nichols, biologist with U.S. Fish and Wildlife
- Mussel survey on the Williamson River
- Wocus transplanting

**EPA 9: Incorporates inhabiting a place into one's own identity and the health of one's self, patients, and community**



# Lessons learned

- Challenges: real-life demands and conflicts
- Rewards: resident buy-in, fun and interesting work
- Prerequisite: flexible program director who allows trial and permits error



# Parting reflections

- Tracking didactics and the curriculum gave us a strong foundation for this work
- Blocking time allowed us to be more creative and frequently touch back for planning and reflection
- This is a tool to promote aspects of our development as physicians that are important but may need justification:
  - Meals
  - Community building
  - Field-trips
  - Stories
  - Sense of place



# OHSU Hillsboro Residency

- Community Engagement and a new residency
- Designing symposia that highlight community resources & resident education
- 2 hour sessions during didactic afternoon
- Helps develop potential future elective opportunities

# Diversity in Hillsboro



*Salud outreach van to care for vineyard workers*



*Community Events like Pasifika Unity Festival August 2021*

- Washington County is most diverse in Oregon
- 23.8% of the people in Hillsboro identify as Latinx
- Spanish Language course paid for by residency
- Hillsboro Medical Center & OHSU have DEI Committees
- Didactics/Retreats on Health Equity & Social Determinants



# Advisor-Advisee Community Retreat

- Maternal-Child Resources in Washington County
  - WIC
  - Nurse Family Partnership, Babies First
  - Family Connects
  - Healthy Families
  - Community Action Organization - Help Me Grow
  - Providence Swindells - Help Me Grow (Regional)
  - Adelante Mujeres



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FORMERLY TUALITY HEALTHCARE





# Substance Use Disorder Symposium

- Medical Director Fora Health & PSS
- OHSU HMC IMPACT Physician & PSS
- Behavioral Health from outpatient clinic
- OHSU Addiction Med Program/HRBR Clinic
- CODA
- 4d Recovery
- Oregon Recovery Network



**OHSU**Health  
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OHSU



- Which of these EPAs could you integrate into your setting?
- Reflect and share



# Discussion and Questions?

Contact us for any follow-up:  
[hollajoy@ohsu.edu](mailto:hollajoy@ohsu.edu) and [garvinr@ohsu.edu](mailto:garvinr@ohsu.edu)



Thank You