

Rural Rotation Competencies

Residents completing the rotation or experience will consistently and correctly demonstrate competence in rural medicine at the appropriate level expected of a family medicine resident, in the following areas:

1. Interviewing & communication skills (including patient education, supportive counselling, psychotherapy) (CanMEDS-FM Communicator, Health Advocate)

- Communicate effectively with patients and families:** Use a patient-centred approach (text box 1) to obtain and provide information, and effectively manage encounters with patients and families.
- Demonstrate adaptable & flexible communication style** to meet the needs of a wide variety of patients (e.g. different ages & cultures, vulnerable or special needs patients involving cognitive deficits, developmental or other disabilities).
- Provide effective education counselling & guidance routinely for common conditions:** Promote patient health behaviour change opportunistically (e.g. smoking cessation counselling, cardiovascular risk factor modification).
- Document clearly, completely, and efficiently.**
- Demonstrate cultural competence** when communicating with people from specific cultural backgrounds in the rural setting including those from military and agricultural communities, and special populations (including aboriginal/indigenous groups, migrant/immigrant groups, homeless/underhoused/people living in poverty, disabled/developmentally delayed or other vulnerable groups).

2. Clinical and Technical skills (Can-MEDS-FM: FM Expert)

- Demonstrate specific clinical and technical skills common** in rural family medicine including efficient routine history taking and physical examination in ambulatory settings, in the emergency room, and during hospital admissions.
- Demonstrate procedures** commonly required in a rural clinical setting including
 - in the emergency room (suturing, casting, starting intravenous access/fluids, drawing blood, assisting in resuscitation, intubation);
 - the operating room (including surgical assisting);
 - in the delivery room; and
 - in the family medicine environment (eg Pap tests, immunizations, allergy shots, skin biopsies, joint injections).

*NOTE: Procedural skills eField Notes are required to document procedural skill competence

- Manage acute situations:** Recognize patients with unstable clinical status and those at risk of becoming unstable. Order and interpret ECGs correctly. Identify patients that exceed local capacity for care and list criteria for transferring patient from the rural settings to other centres (and coordinate transfers when appropriate).

3. Problem formation & synthesis, knowledge-base & prescribing skills (including use of Evidence-Based approach to manage clinical problems) (CanMEDS-FM: FM Medical Expert, Scholar)

- Medical knowledge-base:** Demonstrate overall medical knowledge, diagnostic and management skills (e.g. epidemiology, pathophysiology) appropriate for level of training.
- Broad spectrum of patients:** Demonstrate management of patients from across the age spectrum in at least two different clinical settings (outpatient office, emergency room, long term care home, patient home/house calls, hospital in-patient, other clinic settings). *List examples in comment section of evaluation of how this occurred.*
- Self-directedness:** In a self-directed manner, seek and demonstrate application of medical knowledge, from evidence-based sources.

4. Team Participant (CanMEDS-FM: Collaborator, Scholar, Professional)

- Active team participant:** Collaborate and communicate effectively with preceptors, colleagues, consultants and allied health professionals. Actively participate in multidisciplinary rounds.
- Engage in community life:** Engage in “extracurricular” community life as much as possible, while discussing how to manage boundary issues common in small communities.

List examples in comment section of evaluation of how this occurred.

5. Organizational Abilities (CanMEDS-FM: Manager, Collaborator, Health Advocate, Professional)

- Manage tasks and resources:** Multi-task and make decisions safely and efficiently. Care for assigned and expected patient volume and complexity.
- Limited resources:** Demonstrate reflection on how to manage patients in often resource-limited environments.

6. Professionalism, Self-Direction, Motivation, Responsibility, Self-Care (CanMEDS-FM: Professional, Health Advocate)

- Advocate for individuals:** Demonstrate empathy while addressing patient needs, and sensitivity to social determinants of health. Advocate for individual patients to access appropriate care. While respecting patient confidentiality, effectively and appropriately engage family and/or close friends or other supports.
- Demonstrate professionalism:** Arrive on time, respond to pages and calls in a timely way, actively seek opportunities to be present and attain competence as often as possible. Demonstrate dedication to patient care and learning.
- Recognize limitations but functions independently:** While acknowledging personal limitations and gaps, seek help actively and appropriately. Demonstrate ability to provide safe patient care with minimal supervision.
- Self care, professional resilience:** Demonstrate self-care (including balance of clinical –personal responsibilities) and reflect on stressful/challenging or difficult clinical or other situations in order to develop professional resilience.
- Feedback receptiveness:** Demonstrate willingness to receive feedback and to learn by seeking verbal and written feedback (including initiating Field Notes).
- Time and Practice Management:** Acquire skills in time and practice-management (including billing, and office management) relevant to the rural environment.

Textbox 1: Patient-centered interviewing principles include (but are not limited to) the following:

- Establish and maintain rapport.
- Use active listening skills to obtain the patient's story (i.e. do not interrupt, use reflective statements, maintain eye contact, follow verbal and non-verbal cues.)
- Set an agenda for the visit
- Identify and explore the patient's illness experience i.e. “FIFE” (Feelings/concerns, Ideas, effect on Function, Expectations)
- Identify the clinical problem(s) and weave this into the narrative of the patient's illness experience.
- Identify and explore the relevant psychosocial context (e.g. family, supports, finances, job, culture).
- Integrate the relevant context with the illness experience and reflect this back to the patient in a clear and empathic way (context integration)
- Discuss a diagnosis or differential diagnosis with the patient using appropriate language.
- Explain the management plan to the patient using appropriate language.
- Collaborate and negotiate with the patient regarding the management plan (shared decision making, finding common ground)
- Specify the interval and conditions for follow up (safety-netting).
- Reflect on the visit and need for further support/discussion/exploration.

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