Priority Topics and Key Features for Rural and Remote Family Medicine[20]

Priority Topics

1. Trauma
2. Patient transfer
3. Septicemia
4. Pediatric emergencies
5. Acute cardiac presentations
6. Psychiatric emergencies
7. Diabetic emergencies
8. Active airway management
9. Urgent respiratory presentation
10. Fracture and dislocation management
11. Intrapartum care
12. Altered level of consciousness
13. Procedural sedation
14. Chronic pain
15. Indigenous health
16. Clinical courage
17. Adapting to rural life
18. Cultural safety and sensitivity

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Trauma

	Key Feature	*Skill*	*Phase*
1	When a patient presents with trauma: a) Assess and stabilize life-threatening conditions using a standardized approach before addressing non-life-threatening distracting injuries.	*Clinical Reasoning* *Selectivity*	*Diagnosis* *Treatment*
	b) Reassess thoroughly while considering mechanisms of injury, possible underlying causes (e.g., intoxication, seizure, physical abuse), and patient as a whole.	*Clinical Reasoning* *Selectivity*	*Diagnosis* *Follow-up*
	c) Have a high index of suspicion for significant injuries, and differentiate between multi-organ and single-system trauma	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Diagnosis*
2	When a need for transfer is suspected, initiate transfer process early. (*see also* Patient transfer)	*Selectivity* *Communication*	*Treatment* *Referral*
3	In a complex trauma situation (e.g., multi-patient), assume the leadership role by: • Communicating clearly • Multitasking and triaging appropriately • Assigning roles to your team members • Mobilizing your community's resources (e.g., off-service doctors, firefighters, police, clergy) early	*Professionalism*	*Treatment*
4	When treating patients with trauma, a) Reassess regularly for change in patient condition	*Clinical Reasoning*	*Hypothesis generation* *Follow-up*
	b) Maintain communication with the team, as well as the family, and inform them of any changes	*Communication*	*Treatment* *Follow-up*

See also: Trauma and Loss of Consciousness

Patient transfer

	Key Feature	*Skill*	*Phase*
1	With any patient potentially requiring transfer, consider the following factors: • Patient stability • Own and resources' limitations • Weather conditions and geographic factors • Prolonged transfer delays • Socio-cultural aspects, and patient's and family wishes	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Treatment*
2	For all patients, assess and recognize those needing immediate transfer and do not delay the transfer for paperwork or further investigation unless it will change immediate management.	*Clinical Reasoning* *Selectivity*	*Treatment* *Referral*
3	When a transfer has been decided: a) Stabilize the patient and continue to reassess the conditions for transfer (e.g., weather) and patient's status	*Clinical Reasoning* *Selectivity*	*Treatment* *Follow-up*
	b) Initiate communication with the receiving team, clearly and assertively articulating needs and reasons for transfer	*Clinical Reasoning* *Communication*	*Treatment* *Referral*
	c) Assess for the best method(s) of transportation based on the patient's condition, and weather and geographic factors	*Selectivity*	*Hypothesis generation* *Referral*
	d) Anticipate possible transfer complications (e.g., barometric trauma, pressure sores) and prepare the patient accordingly (e.g., ensure IV lines and airway are secured, ensure adequate warming)	*Clinical Reasoning* *Procedure*	*Hypothesis generation* *Treatment*
	e) Identify the need for accompanying health professionals and consider the implications on the remaining health team and community	*Professionalism* *Selectivity*	*Hypothesis generation* *Treatment*
	f) Ensure ongoing communication with the family, the receiving hospital, and the team	*Communication*	*Referral* *Follow-up*
	g) Ensure adequate documentation	*Communication*	*Referral* *Follow-up*
4	1. During the transfer: a) Ensure regular reassessment of the patient's status, including body temperature and pressure points	*Clinical Reasoning*	*Treatment* *Follow-up*
	b) Maintain communication with the receiving hospital	*Communication*	*Referral* *Follow-up*
	a) Remain engaged and intervene as necessary until the safe handover to the receiving physician	*Communication* *Professionalism*	*Referral* *Follow-up*

See also: Trauma

Septicemia

	Key Feature	*Skill*	*Phase*
1	For a patient presenting with an infection: a) Recognize early symptoms and signs of sepsis, based on currently accepted guidelines	*Clinical Reasoning*	*Hypothesis generation* *Diagnosis*
	b) Be alert to presentations that can be subtle and atypical (e.g., in newborns, children, the elderly)	*Clinical Reasoning* *Selectivity*	*Hypothesis generation*
	c) Consider patients at risk (e.g., patients on biologic agents, patients with addiction)	*Clinical Reasoning*	*Hypothesis generation* *Diagnosis*
2	For a patient presenting with signs and symptoms of sepsis: a) Manage with antibiotics immediately; do not delay treatment if there is difficulty in obtaining investigations (e.g., collecting culture, imaging)	*Clinical Reasoning* *Selectivity*	*Treatment*
	b) Be aware of the local antibiotic resistance patterns and institute therapy as indicated	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Treatment*
	c) Consider antiviral and/or antifungal therapy	*Clinical Reasoning*	*Diagnosis* *Treatment*
3	Monitor septic patients closely and manage without delay as these patients decompensate quickly: • Recognize septic shock • Recognize the need for vasopressors • Proactively consider patient transfer, based on local treatment norms and capacity	*Selectivity*	*Treatment* *Follow-up*
4	When treating a septic patient, contact Public Health where applicable to ensure contacts are treated appropriately.	*Communication* *Professionalism*	*Treatment* *Follow-up*

See also: Infection

Pediatric emergencies

	Key Feature	*Skill*	*Phase*
1	When a child presents in distress: a) Anticipate rapid deterioration regardless of the setting, and identify life-threatening situations; do not underestimate the seriousness of symptoms if the child presents at the office and not the emergency department	*Clinical Reasoning* *Selectivity*	*History* *Hypothesis generation*
	b) Do not delay treatment and/or transfer when appropriate	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Treatment*
	c) Mobilize appropriate resources	*Clinical Reasoning* *Communication*	*Treatment*
2	When assessing a child in distress: a) Check vital signs and measure height, weight, and glucose	*Clinical Reasoning* *Procedures Skills*	*Physical*
	b) Perform a comprehensive physical examination, recognizing that the history might be incomplete and considering that certain illnesses may present differently in children	*Clinical Reasoning* *Procedures Skills*	*Physical*
	c) Consider child abuse as an etiology and take appropriate action	*Clinical Reasoning*	*Hypothesis generation*
3	When developing a management plan for a child in distress: a) Prepare available pediatric equipment and supplies (e.g., intraosseous access, Broselow-pediatric emergency tape)	*Procedures Skills*	*Hypothesis generation* *Treatment*
	b) Base dosage on estimated weight, not age	*Clinical Reasoning* *Procedures Skills*	*Treatment*
4	When managing a child in distress: a) Be prepared for rapid decompensation	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Treatment*
	b) Monitor constantly following a systematic approach, and be prepared to resuscitate	*Clinical Reasoning* *Selectivity*	*Treatment* *Follow-up*
5	After managing a pediatric emergency and especially after a negative outcome: a) Recognize the emotional impact on family, staff, the community, and yourself,	*Patient-centred Approach* *Professionalism*	*Follow-up*
	b) Debrief and address consequences appropriately	*Communication* *Professionalism*	*Follow-up*

See also: Advanced Cardiac Life Support and Trauma

Acute cardiac presentations

	Key Feature	*Skill*	*Phase*
1	For a patient with an acute cardiac presentation: a) Recognize the potentially unstable patient and the need for immediate intervention, consultation, and/ or transfer	*Clinical Reasoning*	*Diagnosis* *Treatment*
	b) Maintain a high index of suspicion and recognize variable presentations according to gender, age, and lifestyle	*Clinical Reasoning*	*Hypothesis generation*
2	For a patient presenting with symptoms indicative of a myocardial infarction: a) Order and interpret the ECG and available laboratory results in a timely fashion	*Clinical Reasoning* *Selectivity*	*Diagnosis* *Investigation*
	b) Initiate treatment based on patient presentation and ECG findings, in an environment where cardiac serology is not available	*Clinical Reasoning*	*Diagnosis* *Treatment*
	c) Identify patients requiring thrombolysis, considering absolute and relative contraindications, and manage any complications that arise	*Clinical Reasoning*	*Diagnosis* *Treatment*
	d) Assess the need for telephone consultation versus immediate or delayed transfer	*Clinical Reasoning* *Selectivity*	*Treatment* *Referral*

See also: Ischemic Heart Disease and Chest Pain

Psychiatric emergencies

	Key Feature	*Skill*	*Phase*
1	When developing a differential diagnosis for a patient presenting in a psychiatric crisis, consider cultural differences and potential underlying causes.	*Clinical Reasoning*	*Hypothesis generation* *Diagnosis*
2	For a patient with a diagnosed psychiatric crisis, identify safe disposition, taking into account: • Cultural and geographic setting • Local resources • Caregiver fatigue	*Clinical Reasoning*	*Treatment*
3	When considering admitting or transferring a patient in psychiatric crisis: a) Follow the provincial or territorial Mental Health Act, and be aware of the limitations of your local facility to admit and care for psychiatric emergencies	*Clinical Reasoning* *Professionalism*	*Treatment*
	b) Ensure safety for the patient, family, and staff	*Professionalism*	*Treatment*
	c) Advocate strongly for the patient's admission to the appropriate level of care	*Communication* *Professionalism*	*Treatment* *Referral*
4	When transferring a patient in psychiatric crisis, consider their need for sedation.	*Clinical Reasoning*	*Hypothesis generation* *Treatment*
5	If faced with a co-worker, friend, or family member in a psychiatric crisis, recognize the possibility of your own discomfort, consult early, and hand over care as soon as possible.	*Professionalism*	*Treatment* *Referral*

See also: Schizophrenia, Depression and Suicide

Diabetic emergencies

	Key Feature	*Skill*	*Phase*
1	For a patient presenting with symptoms indicative of a blood sugar related emergency: a) Consider and identify hypo- and hyperglycemia even with atypical presentations (e.g., young patients with other symptoms, patients on newer classes of diabetic medications)	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Diagnosis*
	b) Assess for underlying causes (e.g., infection, acute coronary syndrome)	*Clinical Reasoning*	*History* *Diagnosis*
	c) Evaluate the need for transfer	*Clinical Reasoning* *Selectivity*	*Treatment* *Referral*
2	For a patient presenting with a hyperglycemic emergency; a) Differentiate diabetic ketoacidosis (DKA) from hyperosmolar hyperglycemic state (HHS)	*Clinical Reasoning*	*Treatment*
	b) Assess the severity of the metabolic derangement	*Clinical Reasoning*	*Investigation* *Diagnosis*
3	For a patient with diagnosed DKA or HHS, follow a systematic approach to management, including using: • Point of care tools • Laboratory resources • Local, tertiary, and online resources • Currently accepted guidelines	*Clinical Reasoning*	*Treatment*
4	Following an acute diabetic emergency, educate the patient and the family about the prevention (including use of local resources) and early recognition of future, similar episodes.	*Clinical Reasoning* *Communication*	*Treatment* *Follow-up*

See also: Diabetes

Active airway management

	Key Feature	*Skill*	*Phase*
1	When considering active airway management, use a systematic approach to assessment and identify: • Urgency of the situation • Indications and contraindications to the interventions being considered • Available resources (human, equipment, and medications) Possibility of prolonged ventilation support requirements	*Clinical Reasoning*	*Hypothesis generation* *Treatment*
2	Before securing the airway: a) Prepare all necessary equipment	*Procedures Skills*	*Hypothesis generation* *Treatment*
	b) Always anticipate a difficult airway and be prepared to use alternative strategies (e.g., laryngeal mask, surgical airways)	*Clinical Reasoning*	*Hypothesis generation* *Treatment*
3	After securing the airway: a) Clinically confirm airway placement	*Clinical Reasoning*	*Physical*
	b) Continue to reassess and be prepared for rapid changes in the patient's status	*Selectivity*	*Follow-up*
	c) Ensure eye care, naso-gastric drainage, and urinary catheter	*Procedures Skills*	*Treatment*
	d) Consider capnography and chest X-ray to confirm placement	*Clinical Reasoning*	*Investigation*
4	When transferring an intubated patient: a) Confirm the correct placement of endotracheal tube at each patient transfer point	*Clinical Reasoning*	*Physical* *Follow-up*
	b) Consider specialized transfer requirements (e.g., saline in the cuff, pressure point padding)	*Clinical Reasoning*	*Treatment*

See also: Advanced Cardiac Life Support and Trauma

Urgent respiratory presentations

	Key Feature	*Skill*	*Phase*
1	When a patient presents in respiratory distress: a) Manage the distress immediately	*Selectivity*	*Treatment*
	b) Develop a differential diagnosis relying on clinical skills, augmenting with imaging when available	*Clinical Reasoning*	*Hypothesis generation* *Diagnosis*
	c) Differentiate between upper and lower airway etiologies	*Clinical Reasoning*	*Diagnosis*
2	When managing a patient in respiratory distress: a) Consider early active airway management (e.g., inhalation injury, pulmonary contusion), based on the patient's condition and the available resources	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Diagnosis*
	b) Re-evaluate regularly as symptoms evolve and as more information becomes available, bearing in mind that decompensation can occur quickly	*Clinical Reasoning*	*Follow-up*
	c) Consider transfer before the patient's needs exceed local capabilities	*Clinical Reasoning* *Professionalism*	*Referral*
3	For a patient with upper airway compromise, act promptly to relieve the obstruction (e.g., peritonsillar abscess, epistaxis, foreign object, epiglottitis).	*Procedures Skills* *Selectivity*	*Treatment*

See also: Active airway management, Upper Respiratory Tract Infection, Pneumonia and Chest Pain

Fracture and dislocation management

	Key Feature	*Skill*	*Phase*
1	For a patient presenting with a fracture or dislocation, assess for vascular compromise and neurologic deficit and document.	*Clinical Reasoning* *Communication*	*Physical Diagnosis*
2	For a patient with vascular compromise, promptly reduce the fracture and/or dislocation without waiting for imaging.	*Procedures Skills* *Selectivity*	*Treatment*
3	For a patient presenting with a suspected fracture: a) Splint and immobilize as appropriate and consider analgesia	*Clinical Reasoning* *Procedures Skills*	*Treatment*
	b) Order appropriate imaging (e.g., specific view, joint above and below), based on the urgency of the situation and the available resources	*Clinical Reasoning* *Selectivity*	*Investigation*
	c) Maintain a high index of suspicion for an undisplaced fracture even if the initial X-ray is negative	*Clinical Reasoning*	*Hypothesis generation* *Investigation*
4	For patients with significant fractures, anticipate complications (e.g., thrombo-embolism, compartment syndrome, occult hemorrhage) and manage accordingly.	*Clinical Reasoning* *Selectivity*	*Hypothesis generation* *Treatment*
5	Consider appropriate consultation for certain cases, such as: • An intra-articular fracture • A fracture involving the growth plate • An open fracture	*Clinical Reasoning* *Selectivity*	*Referral*
6	When managing a patient with a fracture or dislocation, communicate clearly with the patient and the family (especially when the patient is a child) regarding the procedure, possible complications, and recovery timelines.	*Communication*	*Treatment*
7	When preparing a patient with a fracture for transfer: a) Adequately immobilize the fracture and regularly reassess neurovascular status, including at transfer points	*Clinical Reasoning* *Procedures Skills*	*Treatment*
	b) Provide adequate analgesia	*Clinical Reasoning*	*Treatment*
	c) Minimize the risk of pressure sores	*Clinical Reasoning*	*Treatment*

See also: Procedural sedation, Fractures

Intrapartum care

	Key Feature	*Skill*	*Phase*
1	During prenatal care, communicate early the benefits and risks of delivering locally versus at a distance.	*Clinical Reasoning* *Patient-centred Approach*	*Treatment*
2	When deciding on the location for delivery before or during labour, review important existing and evolving factors, such as: • Cultural preferences regarding birthing • Local resources • Weather • Patient's condition	*Patient-centred Approach* *Selectivity*	*Treatment*
3	For any woman in late pregnancy or in labour, have a high index of suspicion for non-cephalic presentations and manage appropriately.	*Clinical Reasoning*	*Hypothesis generation* *Treatment*
4	When a fetus is in distress: a) Perform intrapartum resuscitative interventions	*Clinical Reasoning*	*Treatment*
	b) Anticipate assisted vaginal delivery or surgical delivery	*Clinical Reasoning*	*Treatment*
5	For a pregnant or postpartum woman, assess for and manage eclampsia if present.	*Clinical Reasoning*	*Diagnosis* *Treatment*
6	After every delivery: a) Be prepared to manage postpartum hemorrhage	*Clinical Reasoning*	*Treatment*
	b) Assess for the presence of lacerations, including a rectal exam when indicated	*Clinical Reasoning*	*Diagnosis* *Treatment*
	c) Manage appropriately and identify those lacerations that require consultation	*Clinical Reasoning* *Procedures Skills*	*Treatment* *Referral*
7	For all stable women and neonates, encourage and support breastfeeding, especially in regions with poor water quality.	*Clinical Reasoning* *Patient-centred Approach*	*Treatment*

See also: Pregnancy and Priority Topics and Key Features for the Assessment of Competence in Intrapartum and Perinatal Care

Altered level of consciousness

	Key Feature	*Skill*	*Phase*
1	For a patient presenting with an altered level of consciousness: a) Obtain a comprehensive history and perform a detailed clinical assessment	*Clinical Reasoning*	*History* *Physical*
	b) Quickly identify and manage common reversible causes (e.g., hypoglycemia, opioid overdose, sepsis, hypothermia)	*Clinical Reasoning* *Selectivity*	*Diagnosis* *Treatment*
	c) Identify the need for additional tests that may require patient transfer to another facility	*Clinical Reasoning* *Selectivity*	*Investigation* *Referral*
	d) Reassess frequently for any change in status	*Clinical Reasoning* *Selectivity*	*Treatment* *Follow-up*
2	When a patient with an altered level of consciousness presents in an agitated or aggressive state, optimize the safety of the patient and the staff.	*Professionalism*	*Treatment*

See also: Loss of Consciousness and Dementia

Procedural sedation

	Key Feature	*Skill*	*Phase*
1	When considering procedural sedation, recognize the difference between elective and emergent situations and obtain consent accordingly.	*Clinical Reasoning* *Selectivity*	*Diagnosis* *Treatment*
2	When preparing for procedural sedation: a) Ensure adequate support and equipment, including a rapid sequence intubation protocol	*Clinical Reasoning*	*Treatment*
	b) Select medications and equipment appropriate to the clinical presentation, considering personal knowledge and skill	*Clinical Reasoning* *Selectivity*	*Treatment*
	c) Always check the doses according to patient's weight, especially for children	*Clinical Reasoning*	*Treatment*
	d) Consider airway protection for compromised patients	*Clinical Reasoning*	*Hypothesis generation* *Treatment*
3	When performing procedural sedation, anticipate, monitor for, and respond to potential complications (e.g., laryngospasm, hypoventilation, hypotension).	*Clinical Reasoning*	*Treatment*
4	For a patient who has undergone procedural sedation, a) Ensure an adequate recovery observation period	*Clinical Reasoning*	*Treatment*
	b) Ensure the patient is accompanied by a responsible person if they are being discharged	*Clinical Reasoning* *Professionalism*	*Treatment*

See also: Fractures and Lacerations

Chronic pain in rural and remote settings

	Key Feature	*Skill*	*Phase*
1	For a patient presenting with chronic pain, recognize that social determinants of health and previous conditions (e.g., trauma, abuse, addiction) may contribute to the pain syndrome.	*Clinical Reasoning*	*History* *Hypothesis generation*
2	When treating patients with chronic pain, optimize non-opioid medications and strive to provide non- pharmacological management (e.g., trauma-informed counselling, physiotherapy, splinting/bracing, joint and trigger point injections).	*Clinical Reasoning* *Selectivity*	*Treatment*
3	When caring for a patient who has been prescribed opioids for chronic pain, use all resources available in the community (including the local pharmacy) to develop an effective local approach to prescribing that minimizes addiction potential, enhances treatment, and promotes safety.	*Clinical Reasoning* *Patient-centred Approach*	*Treatment*
4	When caring for patients with chronic pain in a rural or remote environment with difficult access to other resources, actively advocate for patients' access to services.	*Patient-centred Approach* *Professionalism*	*Treatment*

See also: Pain and Chronic Pain

Indigenous health

These key features may apply equally to other underserved rural and remote populations.

	Key Feature	*Skill*	*Phase*
1	When caring for Indigenous populations: a) Recognize personal prejudice, assumptions, and generalizations	*Professionalism*	*Hypothesis generation*
	b) Consider local cultural norms of different population groups	*Patient-centred Approach*	*Hypothesis generation* *Treatment*
	c) Recognize the systemic and individual effects of historical and ongoing government policies toward Indigenous populations and the impact these have on their health status	*Patient-centred Approach*	*History* *Treatment*
	d) Take the necessary time to establish trust and find common ground	*Patient-centred Approach* *Communication*	*History* *Treatment*
	e) Recognize the connection between poor health and social determinants of health, and actively advocate for patients' access to services	*Clinical Reasoning* *Professionalism*	*Hypothesis generation* *Treatment*
2	When assessing Indigenous patients, consider diseases that are prevalent in the local area (e.g., tuberculosis, water-related/environmental diseases, diseases related to traditional food sources).	*Clinical Reasoning*	*Hypothesis generation*
3	When caring for Indigenous populations, consider the impact of dental health, and educate patients and families about dental care.	*Clinical Reasoning* *Patient-centred Approach*	*Hypothesis generation* *Treatment*
4	When caring for Indigenous populations, consider the effect of the geographical location (e.g., amount of daylight, isolation, food access) on mental and physical health.	*Clinical Reasoning* *Patient-centred Approach*	*Hypothesis generation*
5	For Indigenous patients with suicidality, identify safe places and involve available supports.	*Clinical Reasoning* *Selectivity*	*Treatment*
6	When considering transfer for Indigenous patients, recognize the potential trauma related to leaving their community and treat locally when possible.	*Clinical Reasoning* *Patient-centred Approach*	*Treatment*

See also: Professionalism themes 3,6, and 9, Patient Centred Approach, Suicide and Periodic Health Assessment/Screening

Clinical courage

	Key Feature	*Skill*	*Phase*
1	When dealing with a clinical situation that might surpass your level of comfort:		
	a) Do not minimize the situation (e.g., underestimate the necessary level of skill, ignore the complexity of the situation to avoid dealing with it) and do not overreact (e.g., over transferring, over consulting)	*Professionalism* *Clinical Reasoning*	*Treatment*
	b) Assess comprehensively, considering the resources, presentation, indications, and contraindications of proposed interventions	*Clinical Reasoning* *Selectivity*	*Diagnosis* *Treatment*
	c) Develop a management plan	*Clinical Reasoning* *Patient-centred Approach*	*Treatment*
2	When considering an intervention that surpasses your level of comfort, be prepared to take a risk by: • Drawing on your parallel education or knowledge • Anticipating difficulties and consulting when appropriate, seeking local and external support • Following a patient-centred approach and maintaining communication with the patient or advocate, in order to ensure that you are acting in their best interest	*Clinical Reasoning* *Professionalism*	*Treatment*
3	After an encounter that was beyond your level of comfort, reflect, debrief with colleagues, and identify learning opportunities.	*Professionalism* *Clinical Reasoning*	*Follow-up*
4	When caring for a patient with an uncertain diagnosis in a rural or remote area where resources may be limited, recognize that repeated assessment over time will help provide reassurance that appropriate care is being provided.	*Clinical Reasoning* *Patient-centred Approach*	*Follow-up*

See also: Professionalism, themes #2,3,6 and 7

Adapting to rural life

Developing a sensitivity to local culture and social norms provides a foundation for becoming familiar with your local community. Some individuals may adapt seamlessly, while others may have difficulty making the transition.

When working in a rural or remote environment:

	Key Feature	*Skill*	*Phase*
1	Recognize your own needs and the needs of your family in order to develop a sustainable and satisfying lifestyle.	*Professionalism*	
2	Remain aware of personal visibility in the community and the overlap between personal and professional life.	*Professionalism*	
3	Ensure patients' privacy, keeping in mind that the community is connected in ways of which you may not be aware.	*Professionalism* *Patient-centred Approach*	*Treatment*
4	Be aware that creating and maintaining appropriate boundaries may be more challenging in rural environments.	*Professionalism* *Patient-centred Approach*	*Treatment*
5	Actively participate in community life.	*Professionalism* *Communication*	
6	Consider maintaining academic connections with a medical school as a preceptor.	*Professionalism*	
7	Be prepared to share the administrative responsibilities of health care in your community (e.g., chief of staff, leadership roles, committee participation).	*Professionalism*	
8	Recognize a strong emotional response and possible post-traumatic stress in yourself and staff after treating a co-worker, friend, or family member, or after a traumatic medical or community event, and address it appropriately.	*Professionalism* *Communication*	
9	Establish safe supportive relationships with other health care professionals (including those from other communities) where difficult medical and social issues may be discussed in an informal manner (e.g., Balint group, problem-based small group learning, Society of Rural Physicians of Canada).	*Professionalism* *Communication*	
10	Have your own family physician	*Professionalism*	

See also: Professionalism themes 8, 10 and 11

Cultural safety and sensitivity

	Key Feature	*Skill*	*Phase*
1	When providing health care in a rural or remote community, familiarize yourself with local traditions, beliefs, and habits, and recognize cultural differences in order to anticipate and prevent potential conflicts.	*Professionalism* *Patient-centred Approach*	*Treatment*
2	When caring for patients in a rural or remote setting, remain aware of the already limited choices and resources available to the patients and that your values may further affect health care services provided in your community (e.g., opioid prescribing, birth control).	*Professionalism* *Patient-centred Approach*	*Treatment*
3	When caring for patients in a rural or remote community: a) Identify their priorities, expectations, and preferences (e.g., patient transfer, birth, palliative care and dying)	*Patient-centred Approach* *Communication*	*Treatment*
	b) Demonstrate respect for important local practices (e.g., sweat lodge, smudge ceremony, cupping)	*Patient-centred Approach* *Professionalism*	*Treatment*
	c) Consider enlisting the assistance of people who are fluent in the patient's culture (e.g., minister, elder)	*Patient-centred Approach* *Professionalism*	*Treatment*
4	When working in a community with a predominant ethnic or religious group, avoid generalizing and assuming that all community members share the same beliefs and create a safe place for all individuals.	*Patient-centred Approach* *Professionalism*	*Treatment*

See also: Professionalism themes 3, 5, 6 and 10