

Clinical Courage and Uncertainty

(or another thing to learn from our Canadian colleagues)



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Disclosure

None

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Objectives

1. Define comfort with clinical courage as a key competency unique to rural training and practice
2. Describe the scholarly effort that defines clinical courage as a competency in rural practice
3. List teaching and assessment methods for clinical courage



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Agenda

- Introductory Work
- Background Literature
- Begin with the End in Mind
- Ideas for Recruiting and Selecting
- Break
- Assessment tools
- Teaching methods
- Conclude



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Introductions



Write/ Pair/ Share

- What are key differentiators for rural practice?
- Write them down
- Share with your neighbor
- Share them with the larger group



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Two Stories

1. Kolbe B Workstyles Assessment
2. A Fortuitous Breakfast



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Follow-up from a Fortuitous Breakfast

College of Family Physicians [Rural Road Map for Action](#)¹ :

- Key differentiator competencies (Direction 1, Action 4)
 - Clinical courage
 - Comfort with uncertainty



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What does clinical courage look like? How do we know someone has it?

- Begin with the end in mind



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Wootton²

Clinical courage is that inner debate that we must all have with ourselves, in that space where the needs of our patients and the extent of our training and experience intersect.



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Maclellan³

One term missing from Dr. Wootton's president's message was always linked in my mind to "clinical courage." This is the concept, also from Australia, of "learned helplessness," referring to the manner in which students and residents in family medicine are taught in many direct and subtle ways to find ways to refer cases.

I was once challenged to come up with a Canadian analogy for "clinical courage." The best I could come up with was a hockey player tapping the ice with his stick to call for the puck. Canadians will know what I mean.



According to Konkin, et al⁴

1. Standing up to serve anybody and everybody in the community
2. Accepting uncertainty and persistently seeking to prepare
3. Deliberately understanding and marshalling resources in the context
4. Humbly seeking to know one's own limits
5. Clearing the cognitive hurdle when something needs to be done for your patient
6. Collegial support to stand up again



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How do we get to the “Outcome”?

- The Road Map’s Pathways to Achieve competency:
 - Recruitment and Selection
 - Teaching to Competencies
 - Assessing Competencies
- Learning from Others? (e.g. Military)



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Recruiting and Selecting for Clinical Courage



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Break



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Assessing Clinical Courage



Topic 16: Clinical Courage⁵

When Clinical Situation Surpasses Comfort:

- Doesn't minimize or overreact
- Assesses comprehensively (resources, presentation, indications, contraindications)
- Develops a plan

When a plan includes actions beyond comfort/skill level:

- Draws on parallel education
- Anticipates difficulty and seeks appropriate available support
- Utilizes patient centered communication and approach to treatment

Values repeated patient assessment over time

Demonstrates post encounter reflection and learning



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Teaching Clinical Courage

Any questions?

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4. Konkin J, Grave L, Cockburn E, *et al*. Exploration of rural physicians' lived experience of practising outside their usual scope of practice to provide access to essential medical care (clinical courage): an international phenomenological study *BMJ Open* 2020;10:e037705.
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Additional Materials

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2. <https://www.cfpc.ca/en/policy-innovation/innovation-in-family-medicine-and-primary-care/the-rural-roadmap-for-action>
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