

Indigenous Health CanMEDS–Family Medicine Roles

Family Medicine Expert



We learn about and understand history and impacts of colonialism

- Commit to learning about residential school experiences, missing and murdered Indigenous women and girls, tuberculosis hospitals, 2SLGBTQ+
- Understand effects of environmental events and current situations impacting community health

We accept our career as a lifelong learning journey

- Practise with clinical courage and compassion
- **Embrace humility**
- Expand knowledge and skills in response to needs of Indigenous peoples
- Adopt patient-centred, collaborative practices



Build on CanMEDS-FM competencies and align them with **needs/context** of Indigenous patients.

Serve with humility and a trauma-informed lens.

Understand the social determinants of health.

Culture can be a strong and powerful factor in **fostering resilience** and positive health outcomes.

Recognize the important roles of **trust and relationality**:

- We build relationships with individuals and communities over time

Commit to **learning from Indigenous patients**, participating in community life and reflecting deeply on our own values and biases.

Recognize and **eliminate power differentials** between provider and patient.

We are each expected to do our part to create an anti-racist environment in the health care settings where we serve.

Key and enabling competencies

- 1** **We practise high-quality medicine embedded in the context of the Indigenous people we serve**
 - Practise with awareness of the Indigenous patient’s cultural health practices and values, recognizing diversity of Indigenous peoples across Canada

We act as bridges between conventional Western medicine and Indigenous patients’ traditional beliefs and practices
- 2** **Patient-centred practice for Indigenous patients may involve their family, community, and/or Nation**
 - Use a narrative approach instead of a checklist when eliciting a patient’s history
 - Establish goals of care **within community and cultural context**
 - Engage intellectually, physically, emotionally, and spiritually
- 3** **We develop clinical plans transparently, in collaboration with Indigenous patients, aiming to flatten power differentials, informed by the patient’s context and wishes**
 - Explain your rationale and obtain consent in a culturally appropriate and informative manner, outline the risks and benefits, and check respectfully for patient comprehension
- 4** **Continuity of care is particularly important for Indigenous patients**
 - Think outside the box to facilitate care access—advocate for patients to make sure they receive the care that fits their needs
- 5** **We facilitate continuous quality improvement including awareness, knowledge, and implementing current clinical standards**
 - Involve Indigenous patients, families, and communities in evaluation processes
 - Cultural safety is determined by the patient
- 6** **We are called on to practise respectful, patient-centred, inclusive, and culturally safe care**
We engage with humility and openness toward Indigenous patients and their culture
 - Seek out the patient’s ideas about their health and, if they practise traditional medicine, receive ideas openly and without judgment
 - Seek to learn about Indigenous concepts of health and well-being
- 7** **We practise with consideration of ongoing effects of colonization, a trauma-informed lens, and an openness to feedback on our work and behaviours**