

SOCIAL PEDIATRICS RESIDENT HANDBOOK

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Introduction

Welcome to your Social Pediatrics rotation! We hope that this will be an interesting and fruitful addition to your learning during your PGY2 year, and a unique opportunity to get to know the Hamilton community where you have/will be practicing for the next few years.

We are enthusiastic about this new initiative – it was designed by one of our McMaster pediatric residency graduates, Dr. Kristy Parker, and has been in development for over a year. We hope that you will continue to be involved in your community as well as pursue advocacy opportunities at the patient and family, community, and possibly policy/government levels throughout your residency and career.

We welcome your feedback on this new rotation throughout your experience – please discuss your suggestions with your rotation supervisor, with your Educational Resource Persons (Drs. Andrea Hunter, Stephanie Kay) and in your end-of-rotation evaluation form.

Enjoy your rotation!

Andrea Hunter, Social Pediatrics faculty ERP

Stephanie Kay, Resident ERP

Heather Bhan, Social pediatrics faculty/rotation supervisor

Elisabeth Cansius, Social pediatrics faculty/rotation supervisor

Anne Niec, Social pediatrics faculty/rotation supervisor

Sandi Seigel, Social pediatrics faculty/rotation supervisor

Gita Wahi, Social pediatrics faculty/rotation supervisor

Social Pediatrics Rotation

Learning Objectives and Course Syllabus May 2013

Education Resources

Faculty Coordinator:	Dr. Andrea Hunter (hunteaj@mcmaster.ca)
Other supervising faculty:	Dr. Elisabeth Canisius (elisapie@yahoo.com) Dr. Sandi Seigel (seigels@mcmaster.ca) Dr. Anne Niec (nieca@mcmaster.ca) Dr. Heather Bhan (heather.bhan@medportal.ca)
Resident Resources:	Dr. Stephanie Kay (Stephanie.kay@medportal.ca)
Designed/initiated by:	Dr. Kristy Parker (kristyaparker@gmail.com)
Administrative Assistant:	Sandy Murray (samurra@mcmaster.ca) (905)521-2100 ext. 21882

Description:

The Royal College of Canada outlines that physicians should function as Health Advocates, and should “responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations” (CanMeds Framework 2005). The focus of this rotation is the integration of the pediatric resident into the Hamilton community in order to gain a better appreciation of the environment in which their patients live, learn and grow. Understanding the social determinants of health in the community (poverty, unemployment, food insecurity, early child development, health services, etc.) underscore the ability of residents to effectively provide recommendations and treatment to patients.

This four-week rotation will provide practical exposure to some of Hamilton’s population at risk and we encourage residents to focus their clinical encounters on experiences that reflect their unique interests. This may include time spent with child protective agencies, the juvenile detention system, refugee and immigrant health clinics, homeless shelters, youth resource groups, food banks, public health clinics, mental health services, and more. The main evaluation requirements include keeping a journal of community encounters & contacts, maintenance of the list of community resources, two short pieces of scholarly writing, and an advocacy project.

Rotation schedule:

This is a mandatory rotation for all residents, to take place for a 4-week block during your PGY2 year.

Intended Learning Outcomes:

- a. Develop a richer understanding of social determinants of health, which affect children through clinical and community encounters, required readings, and scholarly writing assignments.

- b. Learn about formal routes for child advocacy and develop the written and oral communication skills necessary to advocate for individual patients as well as the rights of children in their community, province, country, and worldwide.
- c. Enhance the resident's awareness of services and programs provided by community organizations and develop a clearer understanding of which patients would benefit from each service.
- d. Critically examine literature by exploring links between poverty and poor health in children and relate this to their own experiences working with populations at risk (immigrant, aboriginal, low-income, developing world, etc).
- e. Examine how one's own cultural & ethical biases affect patient care by reading either "The Spirit Catches You and You Fall Down" or "The House of God" and consider how these biases affect their clinical practice.

Rotation Format

Residents will be provided orientation to this rotation as a group during AHD at the beginning of the academic year. They will meet with their assigned faculty supervisor on the first day of their rotation (or a mutually agreed upon alternate date/time). At this time, the resident's assigned schedule and interests will be reviewed, along with their expectations and anticipated challenges. Residents should be in communication with their faculty resource midway through the rotation, and meet face-to-face at the end of rotation to review their journal of community placements, the updated resource list, and to submit required assignments. Residents must complete a **minimum of 15 half-day community placement sessions** throughout the rotation, but are encouraged to include as many as possible to enrich their experience. Residents will complete a pre-rotation and end-of-rotation quiz to assess their learning around a number of aspects of the community experiences and their readings.

Expectations

Residents are encouraged to use their time during their Social Pediatrics rotation to further develop their Health Advocacy skills, and should take every opportunity to arrange any additional community placements that align with their specific interests. Residents are expected to behave in a professional manner in all clinical placements and to stay in regular contact with their supervisor throughout the rotation.

Assessment/ Evaluation

To successfully complete this rotation, residents will need to complete the following:

- A 2-3 page reflection on cultural and ethical biases, relating personal experiences to one of the required texts (*The Spirit Catches You and You Fall Down* (Anne Fadiman) or *House of God* (Samuel Shem)).
- A 2-3 page reflection on the question: 'Why or how does poverty make people sick?', incorporating practical experiences and material from sources on the required reading list and other references (minimum 2).
- The completion of an advocacy project which addresses the needs of a population at risk. This project may take multiple forms, including a letter to the editor or article for a local newspaper, a public education campaign, or a letter to a government agency.
- Keep a short journal chronicling community placements, including contact names and phone numbers and at least 3 insights/learning points for each rotation.
- Update the community resource listing with hours of operation, contact names and numbers, and appropriate referrals such that it can be used as a resource by pediatricians and family physicians in Hamilton and surrounding areas.
- Complete at least one mini CEX during rotation (can be conducted by any clinician/community program supervisor)
- Attend all McMaster Pediatric Grand Rounds (Thursdays 8-9am), Tuesday Resident Teaching (Tuesdays 8-9am), and Psychiatry Rounds (Thursday 9-10am) either live or in archived format online – may choose topics that are most relevant to social peds from online archive, if not attending in person
- Highly encouraged to attend Division of General Pediatrics Rounds (Mondays 8-9am) and Development Rounds (Tuesdays 3-4pm), if these do not conflict with assigned community placements
- Complete pre-rotation written test, and obtain satisfactory result on post-rotation written test (MCQ/SAQ)

Assignment Descriptions

1. Reflection on cultural and ethical biases

In this assignment, residents are challenged to re-examine some of the biases that play a role in their clinical practice. Often, healthcare providers enter medicine with a set of strong idealistic values and morals, however these become less prominent as they progress through their medical training. In order to question and re-evaluate how these biases affect our clinical practice, providers first must be able to identify which values affect their daily work. The two texts provide examples of how vulnerable patients are easily marginalized in the hospital setting. Ideally, the resident will give some insight into their personal biases and be able to reflect on whether these affect their ability to advocate for specific groups of patients.

2. Poverty and Health

Poverty is widespread in Canada, and will be encountered by every pediatrician. Poverty affects every component of a child's life, from whether they experience food insecurity, have less developmental stimulation because of long parental work hours, and are at increased risk of exposure to child abuse, and are more likely to develop mental health concerns. It is important that we recognize the patients and families who live in poverty and advocate for early appropriate resources for these patients. It is hoped that in researching and writing this reflection, residents will re-evaluate which patients should be considered to be at-risk in their practice and will be able to relate this theoretical knowledge to patients they meet during the rotation.

3. Advocacy Project

The advocacy project may take a variety of forms and is intended to help the senior resident extend and enrich their advocacy skills. Instead of focusing their advocacy efforts to benefit single patients, residents will develop practical skills they can utilize in their future career to advocate for pediatric patients at the municipal, provincial, national and/or international level.

4. Journal

The resident's journal will be used to track their clinical experiences, which they will share with their faculty advisor each time they meet to discuss their progress. Contact numbers and clinical placements will be added onto a resource list to assist future residents scheduling their rotation.

5. Community Resource List

Part of the resident's role during this rotation will be to update and maintain a list of programs and services for marginalized populations in Hamilton and surrounding regions. This list will be distributed to pediatricians in the tertiary and community settings as well as to pediatric residents to ensure awareness of new programs and changes to available services.

EXPECTATION OF RESIDENTS

The pediatric resident, during their social pediatrics rotation, is expected to:

- contact their rotation supervisor (schedule available on MacPeds.com) at least 1 week prior to rotation start to arrange mutually convenient time, ideally on first day of rotation, to meet and discuss objectives/expectations, sign learning contract, **complete pre-rotation test**
- confirm each community placement with contact person by phone or email 1-2 days ahead of each individual placement
- should any scheduled placements be cancelled by the community agency/supervisor, resident should:
 - attempt to reschedule this themselves within their rotation block,
 - seek out alternative experiences to supplement this missed experience (see list of supplemental opportunities)
 - if neither of the above are possible, contact Sandy Murray and/or rotation supervisor for suggestions/assistance
- attend all assigned community placements and mandatory teaching rounds and keep a journal of these including learning insights and evaluation component
- be punctual and prepared for all community placements, including completed pre-reading, and remain engaged throughout experience
- be professional, and culturally sensitive throughout all of the community placements/experiences
- be in contact with their rotation supervisor at mid-rotation (by phone or in person) to discuss their progress to date on reflections/advocacy project, learning insights, any issues that have arisen with community placements, or perceived challenges
- meet with their rotation supervisor on the final day of rotation (or other mutually agreed upon time within 1 week) to discuss their experiences, hand in their two reflections, evidence of their advocacy project, mini CEX and community placement journal. The resident will also complete their end-of-rotation written test at this time.

EXPECTATIONS OF FACULTY/SUPERVISORS

The faculty member supervising a pediatric resident during their social pediatrics rotation is expected to:

- arrange a mutually convenient time, ideally on first day of rotation, to meet with resident to:
 - orient resident to principles of social pediatrics, goals of rotation
 - discuss objectives/expectations, sign learning contract
 - review expectations of advocacy project/reflections
 - complete pre-rotation written test (do not review answers at this time!)
 - review schedule for upcoming 4 weeks of rotation
 - encourage completion of online survey (for research purposes)
 - set date/time of mid-rotation check in (phone or in person)
 - set date/time for end-of-rotation meeting
- be available to assist resident in challenges that arise throughout rotation, or suggest alternative experiences should cancellations occur, and resident is unable to find alternatives through initial steps.
- meet (by phone or in person) with the resident at mid-rotation to review progress to date on reflections/advocacy project, readings, mini CEX, overall learning experience, any issues that have arisen with community placements, or perceived challenges
- meet with their resident on the final day of rotation (or other mutually agreed upon time within 1 week) to discuss their experiences, collect their two reflections, evidence of their advocacy project, mini CEX and community placement journal. The resident will also complete their end-of-rotation written test at this time.
- review resident reflections and advocacy project, as well as community placement journal. Complete ITER on WebEval with input from all available sources – this should be completed within 2 weeks of final meeting with resident.
- submit all paperwork once reviewed and completed to Sandy Murray for the resident file.

Required Texts:

For their reflection on cultural and ethical biases, residents must read ONE of:

- Shem, Samuel. *The House of God- The Classic Novel of Life and Death in an American Hospital*. 2003.

OR

- Anne Fadiman. *The Spirit Catches You and You Fall Down - A Hmong Child, her American Doctors, and the Collision of the Two Cultures*. 1997.

Required Articles:

- Buist, Steve. Hamilton's Code Red Series. Hamilton Spectator. www.thespec.com/news/article/8827--code-red-links-to-the-original-2010-series
- Mikkonen, J. and D. Raphael. Social Determinants of Health: The Canadian Facts. A public health primer. 2010.
- Morinis J, Levin L, Bloch G, Ford-Jones L and the Social Pediatrics Working Group. Child Poverty: Practical Tool for Primary Care. <http://www.healthprovidersagainstopoverty.ca/node/300> or direct link http://www.healthprovidersagainstopoverty.ca/system/files/Child%20Poverty%20-%20Clinical%20Tool%20-%20Aug%202012_0.pdf
- The Ontario Physicians Poverty Work Group (Bloch G, Etches V, Gardner C, Pellizzari R, Rachlis M, Scott F, Tamari I): Poverty: Clinical tool for primary care in Ontario – Feb 2013. <http://www.healthprovidersagainstopoverty.ca/node/301>
- Why poverty makes us sick. Ontario Medical Review 2008;May:32-38. www.stonagatechc.org/assets/files/Povertyandhealth1.pdf
- Identifying poverty in your practice and community. Ontario Medical Review 2008;May:39-44. www.stonagatechc.org/tempindex/Identifying%20Poverty.pdf
- Strategies for physicians to mitigate the health effects of poverty. Ontario Medical Review 2008;May:45-49.
- The many faces of poverty in Ontario. Ontario Medical Review 2008 June:31-34.
- Poverty reduction: policy options and perspectives. Ontario Medical Review 2008; June:42-48.
- Ford-Jones EL, Williams R, Bertrand J: Social paediatrics and early child development: Part I. Paediatr Child Health 2008;13:755-758.
- Ford-Jones EL, Williams R, Bertrand J: Social paediatrics and early child development: Part 2. Paediatr Child Health 2008;13:857-861.

Supplemental Resources

Adversity in Childhood

- Garner, A.S., Shonkoff, J.P., Siegel, B.S., Dobbins, M.I., Earls, M.F., Garner, A.S., McGuinn, L., Pascoe, J. and D.L. Wood. Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science Into Lifelong Health. Pediatrics. 2012. 129: e224.

Global Health

- CCIRHken - Global Health/Refugee health e-modules
<http://ccirhken.ca/eLearning/home.html>
- Convention on the Rights of the Child. Bennett S, Davis MA, Grenier D, Moreau E, Williams R, Ford-Jones L, Lynk A, Steinmetz N, , Steinmetz N. Children's Right to Healthy Conditions and Health Care When Needed: Monitoring Page of the Canadian Coalition on the Rights of the Child (CCRC) website. CPS. Dec. 8, 2010 (Posted on line Feb. 3, 2011) <http://rightsofchildren.ca/wp-content/uploads/working-document-right-to-health.pdf>

Homelessness & Poverty

- Health Providers Against Poverty
<http://www.healthprovidersagainstopoverty.ca/>
- Gupta R P-S, de Wit ML, McKeown D: The impact of poverty on the current and future health status of children. Paediatr Child Health 2007, 12:667-72. (Winner, 2008 CPS Noni MacDonald Advocacy Paper.)
- Raphael D Poverty in childhood and adverse health outcomes in adulthood. Maturitas 2011; 69:22-26.

Domestic Violence & Abuse

- Domestic Violence interactive modules: www.dveducation.ca
- Berger, R.P. Fromkin, J.B., Stutz, Haley, Makoroff, K. and P.V. Scribano. Abusive Head Trauma During a Time of Increased Unemployment: A Multicenter Analysis. Pediatrics.
<http://pediatrics.aappublications.org/content/early/2011/09/15/peds.2010-2185>

Social Determinants of Health

- SickKids elearning modules on cultural competency -
<http://www.sickkids.ca/culturalcompetence/elearning-modules/eLearning-modules.html>

How to Write Advocacy Letters and Editorial Pieces

- MD-MP Contact Program. Section 5.3 - Writing Letters
http://www.cma.ca/multimedia/CMA/Content Images/Inside cma/MD MP/MD-MP-mini2005_e.pdf

Medical Expert

1. Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Pediatrics

ADOLESCENT

2. Understand the role of adolescent in society: the influencing factors, heterogeneity, and subcultures

3. Understand the laws and resources relevant to adolescence

4. Understand common adolescent behavioural problems: risk taking, delinquency, alcohol, drug, tobacco and other substance use and abuse

5. Be familiar with teenage pregnancy issues, contraception, sexually transmitted infections

6. Understand the role sexuality plays in adolescent development: male / female issues, sexual orientation

DEVELOPMENTAL

7. Understand the biological and psychosocial factors affecting development and behavior

INFECTIOUS DISEASE

8. Learn about risk factors, treatment and surveillance for HIV Infection

9. Understand the infectious issues relating to travel and immigration

NEONATAL – PERINATAL MEDICINE

10. Learn about monitoring and management of neonatal drug withdrawal

11. Be familiar with the environmental factors involved in fetal development

NUTRITION

12. Understand the health implications of restricted diets, fad diets, diets determined by custom or socioeconomic situation

OTOLARYNGOLOGY

13. Learn about dental caries and dental trauma

MENTAL HEALTH

14. Learn about the availability of and access to community-based mental health resources

15. Understand the biological, psychosocial and socioeconomic factors affecting mental health

16. Understand the impact on child well-being of having a parent with mental illness or substance abuse

17. Learn about risk factors for violence and the impact of violence on health

CHILD MALTREATMENT AND NEGLECT

18. Know the social factors placing children at risk of maltreatment

19. Understand the health problems consequent to maltreatment/neglect

20. Be familiar with the laws relating to child protection

21. Know the professional requirements in managing victims of maltreatment/neglect including mandatory reporting

22. Be familiar with children in care (eg. Foster care, group homes,

incarceration) and their specific health concerns

23. Demonstrating appropriate and timely application of relevant preventive and therapeutic interventions

SKILLS – ADOLESCENT

1. Be confident in the gynecological, genitourinary and pelvic examination and specimen procurement

2. Be able to assess adolescents using HEEADSS format (Home, Education, Eating, Activity, Drugs, Sexuality, Suicide)

NUTRITION

3. Counseling for healthy active living (healthy eating and physical activity)

Communicator

1. Develop rapport, trust, and ethical therapeutic relationships

2. Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy for patients and their families

3. Be aware and responsive to nonverbal cues

4. Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals

5. Give close attention to the impact of such factors as age, gender, disability, ethnocultural background, social support, and emotional influences on a patient's illness

6. Demonstrate open-mindedness to the consideration of alternative health care practices

7. Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care

8. Respect diversity and difference, including but not limited to the impact of age, gender, abilities, religion, language and cultural beliefs on decision-making and effective communication (e.g. aboriginal children, immigrant children)

9. Encourage discussion, questions, and interaction in the encounter

Collaborator

1. Participate effectively and appropriately in an interprofessional team

2. Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own

3. Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)

4. Collaborate with teachers, social workers, community leaders, child protection workers and other non-health professionals to assess, plan, provide and review health interventions

Manager

1. Recognize the importance of just and ethical allocation of health care resources, balancing effectiveness, efficiency and access with optimal patient care

Health Advocate

1. Identify and respond to individual patient health needs and issues as part of patient care
2. Identify opportunities for advocacy, health promotion and disease prevention
3. Respond to the health needs of the communities that they serve
4. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
5. Appreciate the possibility of competing interests between the communities served and other populations
6. Identify the determinants of health for the populations that they serve
7. Identify the determinants of health of children; including barriers to access to care and resources
8. Identify vulnerable or marginalized populations within those served and respond appropriately (e.g. homeless, and children living in poverty)
9. Demonstrate an appreciation that the health care needs of children are distinct from those of adults
10. Promote the health of individual patients, families, communities, and populations
11. Describe an approach to implementing a change in a determinant of health of children
12. Describe how public policy impacts on child health
13. Identify points of influence in the health care system and its structure
14. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
15. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
16. Describe the role of the medical profession in advocating collectively for health and patient safety

Scholar

1. Evaluate medical information and its sources critically, and apply this appropriately to practice decisions
2. Apply the principles of critical appraisal to address a clinical question

Professional

1. Demonstrate a commitment to their patients, profession, and society through ethical practice through reliability, responsibility and contentionsness
2. Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
3. Demonstrate self awareness and pursuit of self-improvement

Overall Intended Learning Outcomes

1. **Medical Expert:** Develop a richer understanding of social determinants of health which affect children through clinical and community encounters, required readings, and scholarly writing assignments.
2. **Health Advocate/Communicator:** Learn about formal routes for child advocacy and develop the written and oral communication skills necessary to advocate for individual patients as well as the rights of children in their community, province, country, and worldwide.
3. **Health Advocate:** Enhance the resident’s awareness of services and programs provided by community organizations and develop a clearer understanding of which patients would benefit from each service.
4. **Scholar:** Critically examine literature exploring links between poverty and poor health in children and relate this to their own experiences working with populations at risk (immigrant, aboriginal, low-income, developing world, etc).
5. **Professional:** Examine how one’s own cultural & ethical biases affect patient care by reading either “The Spirit Catches You and You Fall Down” or “The House of God” and consider how these biases affect their clinical practice.

Interim Training Evaluation Report (ITER) – available on WebEval

Medical Expert:

Syl Apps Youth Detention Center:

Number of Patient Charts Reviewed				
# of discharge planning meetings observed				
# of discharge planning meetings participated in				
Below Expectations	Borderline Meets Expectation	Meets Expectations		
Took a patient history			Y	N
Below Expectations	Borderline Meets Expectation	Meets Expectations		

OASIS Child Abuse Council:

# of half-days attended				
# of youth engaged				
# of youth resident spoke with:				
Below Expectations	Borderline Meets Expectation	Meets Expectations		

Youth Outreach Worker Program:

# of community agencies visited				
# of youth engaged				
# of youth resident spoke with:				
Below Expectations	Borderline Meets Expectation	Meets Expectations		

Good Shepherd Mental Health Clinic:

# of intake assessments observed:				
# of assessments done by resident:				
Below Expectations	Borderline Meets Expectation	Meets Expectations		
Did the resident identify the barriers to accessing care for the youth seen			Y	N
Did the resident identify the health concerns present with the youth seen			Y	N

Public Health Sexual Health Clinic:

# of assessments observed:				
Type:				
# of assessments done by resident:	With assistance:	Independent:		
Below Expectations	Borderline Meets Expectation	Meets Expectations		
# physical exams done by resident:	With assistance:	Independent:		
Below Expectations	Borderline Meets Expectations	Meets Expectations		
Knowledge of STI, pregnancy, contraception management:				
Below Expectations	Borderline Meets Expectations	Meets Expectations		
Did the resident identify the barriers to accessing care for the youth seen			Y	N
Did the resident identify the health concerns present with the youth seen			Y	N

Special Immunology Services (Pediatric HIV clinic):

# of patients seen:		
# of histories done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of HIV diagnosis and management		
Below Expectations	Borderline Meets Expectation	Meets Expectations

General Comments:

Communicator:

	Not evaluated	Below expectations	Borderline Meeting expectations	Meets expectations
Develop rapport and trust with patient and families to create a positive, therapeutic relationship	N/A	1	2	3
Demonstrates respect, trust, honesty and empathy	N/A	1	2	3
Demonstrate open-mindedness, respect diversity	N/A	1	2	3
Appropriately ask questions and participate in discussions	N/A	1	2	3
Clearly convey thoughts, experiences and perspectives in written reflection	N/A	1	2	3
Clearly write a persuasive piece to a newspaper/ governing body	N/A	1	2	3

Collaborator:

	Not evaluated	Below expectations	Borderline Meeting expectations	Meets expectations
Participates in interprofessional teams	N/A	1	2	3
Collaborates with teachers, SW, community leaders, CAS to provide and review health interventions	N/A	1	2	3

Manager: (from discussion/reflections)

	Not evaluated	Below expectations	Borderline Meeting expectations	Meets expectations
Recognizes the importance of just and ethical allocation of health care resources, balance effectiveness and	N/A	1	2	3

access with optimal patient care				
Appreciates the issues around informed consent and refusal of treatment in children and adolescents and the right of adolescents for confidentiality	N/A	1	2	3

Health Advocate

	Not evaluated	Below expectations	Borderline Meeting expectations	Meets expectations
Identify and respond to individual patient health needs and issues	N/A	1	2	3
Identify opportunities for advocacy, health promotion and disease prevention	N/A	1	2	3
Identify the determinants of health for the populations that they serve	N/A	1	2	3
Identify the determinants of health of children; including barriers to access to care and resources	N/A	1	2	3
Identify vulnerable or marginalized populations and respond appropriately given context (e.g. homeless, and children living in poverty)	N/A	1	2	3
Describe an approach to implementing a change in a determinant of health of children (advocacy project requirement)	N/A	1	2	3
Describe how public policy impacts on child health (reflection)	N/A	1	2	3
Identify points of influence in the health care system and its structure (reflection)	N/A	1	2	3
Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism (book and other reflection)	N/A	1	2	3
Describe the role of the medical profession in advocating collectively for health and patient safety (reflection)	N/A	1	2	3

Scholar:

	Not evaluated	Below expectations	Borderline Meeting expectations	Meets expectations
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Critically evaluate medical information and applied to reflections	N/A	1	2	3
Recognizes the importance of self assessment, self directed learning and personal continuing education combined with intergrated patient care	N/A	1	2	3

Professional:

	Not evaluated	Below expectations	Borderline Meeting expectations	Meets expectations
Demonstrate a commitment to their patients, profession, and society through ethical practice through reliability, responsibility and contentionsness	N/A	1	2	3
Punctual/prepared for all community encounters/experiences	N/A	1	2	3
Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism	N/A	1	2	3
Demonstrate self awareness and pursuit of self-improvement	N/A	1	2	3
Demonstrates appropriate attitudes with respect to gender, culture and ethnicity	N/A	1	2	3
Balancing inquiry & advocacy	N/A	1	2	3
Accountability	N/A	1	2	3
Taking experiential learning seriously	N/A	1	2	3

OVERALL – Summary of Evaluation

Minimum 15 participatory half-day activities (12 if 1 week of vacation was taken)	Y	N
Clinics Attended:		
Was the mini CEX completed:	Y	N
Journal of placements complete and accurate	Y	N
Cultural/ethical bias personal reflection based on text reading completed	Y	N
Taking Experiential/Reflective Learning Seriously:		
Below Expectations	Standard	Exemplary
Reflection on why or how does poverty make people sick with two resources used	Y	N
Taking Experiential/Reflective Learning Seriously:		
Below Expectations	Standard	Exemplary
Advocacy project completed:		
	Y	N
Taking Experiential/Reflective Learning Seriously:		
Below Expectations	Standard	Exemplary
Balancing Inquiry and Advocacy:		
Below Expectations	Standard	Exemplary
Accountability:		
Below Expectations	Standard	Exemplary
Community Resource List updated, if needed:	Y	N N/A
Were all components of the rotation completed successfully?	Y	N

General Comments:

General Monthly Calendar

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	N/A	8-9 Tues AM teaching		8-9AM Grand Rounds	
	N/A	Meet with faculty supervisor (resident to arrange at least 1 wk ahead) Syl Apps	CCAS assessment	9-10AM Psychiatry Rounds	
	N/A	Syl Apps <i>3-4pm Development Grand Rounds</i>	PM: AHD	Good shepherd intake assessment	
Week 2	<i>8-9AM DGP Grand Rounds</i>	8-9 Tues AM teaching		8-9AM Grand Rounds	
		SIS clinic		9-10AM Psychiatry Rounds	
	1-4 pm – Public Health Sexual Health East End clinic	<i>3-4pm Development Grand Rounds</i>	PM: AHD	YOW 12-8pm	
Week 3	<i>8-9AM DGP Grand Rounds</i>	8-9 Tues AM teaching		8-9AM Grand Rounds	
		Syl Apps	CCAS assessment	9-10AM Psychiatry Rounds	
	1-4 pm – Public Health Sexual Health East End clinic	Syl Apps <i>3-4pm Development Grand Rounds</i>	PM: AHD	Good shepherd intake assessment	
Week 4	<i>8-9AM DGP Grand Rounds</i>	8-9 Tues AM teaching		8-9AM Grand Rounds	
		SIS clinic		9-10AM Psychiatry Rounds	AM: Dev/Sc combined t
	1-4 pm – Public Health Sexual Health East End clinic	<i>3-4pm Development Grand Rounds</i>	PM: AHD		
Week 5	<i>8-9AM DGP Grand Rounds</i>	N/A	N/A	N/A	N/A
	Meet with faculty supervisor (resident to arrange on first day)	N/A	N/A	N/A	N/A
	1-4 pm – Public Health Sexual Health East End clinic	N/A	N/A	N/A	N/A

To be added on ‘month-to-month’ basis – resident will be informed by administrative staff (S. Murray)

- Shelter Health pediatric clinic with Dr. Hunter/primary care providers (variable)
- Refuge: Hamilton Centre for Newcomer Health clinics with Dr. Canisius/Dr. Hunter (most often Mon/Thurs am)
- Oral health/dentistry clinics and screening programs (1-2 half days per month to be arranged depending on schedule)
- St. Martin’s Manor (site visit/tour facilities)

Supplemental Experiences

- In the event of a cancellation by the community program or supervisor, the resident is encouraged to contact the following programs/agencies to spend extra time within their program, on a self-scheduled basis (ideally be in contact 1-2 weeks ahead). For contact information, see community profiles below.
 - Youth Outreach Workers
 - St. Martin's Manor
 - CCAS intake services (Tuesdays/Wednesdays/Thursdays)??
 - Dental health services (variable)
 - Good Shepherd intake services (Tuesdays/Wednesdays/Thursdays)??
 - Syl Apps (Tuesdays only)
 - Contact Dr. Canisius regarding 'extra' clinics at Refuge (Mondays/Thursdays)

Kinark – Syl Apps

Administrative Contact: Lu-Ann Middleton
(Lu-Ann.Middleton@kinark.on.ca)
(905) 844-4110 x 2202

Resident Contact: Catherine Krasnik
(Catherine.Krasnik@kinark.on.ca)
(905) 844-4110 x2459

Rod Evans
(Rod.Evans@kinark.on.ca)

Clinic times: Every other Tuesday full day

Address: 475 Iroquois Shore Road
Oakville, ON

Description:

Syl Apps Youth and Secure Treatment Centre (SAYC) is the only facility for adolescents in Canada comprised of the three secure programs: Detention, Custody and Treatment. The center was accredited as a Children’s Mental Health Centre in 2003.

Syl Apps houses youth between the ages of 12-18 years with mental health illness and have committed a criminal offense. In one area of Syl Apps are youth who were deemed not criminally responsible because of underlying mental health illness (this tends to be as a result of schizophrenia or bipolar disorder).

Dress Code:

Wear appropriate clinic wear (no scrubs, no street clothes).

Experience Objectives:

1. Understand the factors that influence youth criminality
2. Become familiar with the community resources available for youth in the justice system
3. Understand the impact of mental health illness on young offenders

Resources (to read in advance):

Checklist: (meaning a framework or prompts to help optimize your experience)

- Type of physical security present
- What health care providers are involved
- Review 2-3 patient charts/ stories to get an understanding of why they are there (try not to focus only on their mental health illness, but also focus on what other factors have contributed to their health and well being)

Supervisor Evaluation:

Week 1

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

Number of Patient Charts Reviewed		
# of discharge planning meetings observed		
# of discharge planning meetings participated in		
Below Expectations	Borderline Meets Expectation	Meets Expectations
		Y N
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Week 2

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

Number of Patient Charts Reviewed		
# of discharge planning meetings observed		
# of discharge planning meetings participated in		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Took a patient history		Y N
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

OASIS – Child Abuse Council

Administrative Contact: Nancy Falls
(nancy.falls@childabusecouncil.on.ca)

Resident Contact: Mary-Jo Land
(homeland@sympatico.ca)
(905) 523-1020 x215
(289) 237-7056

Clinic times:

Description:

Dress Code:
Clinic wear (no scrubs)

- Experience Objectives:
1. Understand the prevalence and impact of PTSD in new refugees
 2. Learn the resources available to new immigrants suffering with mental health concerns
 3. Learn how to communicate across language barriers in a culturally sensitive manner

Resources (to read in advance):

Checklist:

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Journal entry:

Youth Outreach Worker Program

Administrative Contact: Amy Watson
(amy.watson@wesleyurbanministries.ca)
(905) 527-4430 x 26

Resident Contact: Amy Watson
(amy.watson@wesleyurbanministries.ca)
(905) 527-4430 x 26

Clinic times:
2nd Thursday afternoon of your block (12pm – 8pm)

Description:
The Youth Outreach Team walks around various regions of downtown Hamilton engaging youth in the community. The team consists of 5 individuals representing community agencies: Living Rock, Wesley Urban Ministries, the Good Shepherd, the Hamilton Regional Indian Centre. They help youth with obtaining health cards, SIN numbers, other documentation, joining recreational facilities at reduced rates, job finding programs and services (resume writing) and pair with the YMCA for the Summer Jobs for Youth program, finding shelter and food, linking to health services, linking to addiction and mental health services and more. Residents will rotate between the 4 areas serviced (Center Hamilton, North Hamilton, East Hamilton and Riverdale).

Dress Code:
Time spent outdoors so dress for the weather (casual clothes, comfortable shoes, sunscreen, water), YOW workers will be wearing a bright red shirt (you don't need to, but they will be identifiable). Bring water, your lunch and a backpack of some sort to put any community resources you acquire. You may be taken on a “tour of the universe” to be exposed to all the different agencies and resources available in Hamilton.

Experience Objectives:

- Develop an understanding of how many youth are street involved and the factors that contributed
- Learn about the resources available in Hamilton
- Learn how to engage and build trust with marginalized youth

Resources (to read in advance):

- Handout Helping At-Risk youth succeed
- City of Hamilton Addressing the Needs of Street Involved and Homeless Youth - 2005
- Evaluating Assessing the Need for Street Involved and Homeless Youth – 2009

# of youth engaged		
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Good Shepherd Mental Health Clinic

Administrative Contact: Christine Evans (ChristineE@goodshepherdcentres.ca)
(905)308-8090

Resident Contact: Christine Evans (ChristineE@goodshepherdcentres.ca)
(905)308-8090

Clinic times: Alternating Thursday afternoons

Location: 10 Delaware Avenue, PO Box 1003
Hamilton, Ontario? ASK CHRIS

Description:

At the Good Shepherd they accept referrals from any and all agencies involved with Street involved youth or the youth themselves. The assess with the youth and their support worker to give them strategies to use to help with mental health concerns, triage the severity of mental health illness and provide follow up support and social work. Child psychiatrist come by 5 times per month to provide full psychiatric consults.

Dress Code:

Wear appropriate clinic clothes (no scrubs)

Experience Objectives:

1. Learn the resources available to street youth
2. Appreciate the factors that contribute to the severity of mental health illness
3. Develop skills to interview high risk youth

Resources (to read in advance):

Checklist:

- Observe how the social workers interact with the street youth
- Take note of the terminology they use, and the way they phrase questions
- Look at how the youth was referred to the service
- How long of a wait is it for a youth to be assessed for intake? By psychiatry?
- What are the barriers that come up in terms of youth accessing health resources

Journal entry:

Week 1:

Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters

# of intake assessments observed:		
# of assessments done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

CCAS Community Visits

Administrative Contact: Daniel Kikulwe (Daniel.Kikulwe@hamiltonccas.on.ca)
(905) 525-2012

Resident Contact: Daniel Kikulwe (Daniel.Kikulwe@hamiltonccas.on.ca)

Clinic times: Alternating Wednesday mornings

Description:

Residents have the opportunity to shadow a CCAS intake assessment or home visit. These will be variable based on the current cases but residents can expect to observe an initial intake assessment and triaging of the risk of the child involved.

Dress Code:

Wear appropriate clinic clothes (no scurbs)

Experience Objectives:

1. Learn what factors impact child protective service to apprehend a child
2. Understand the reasons to contact child protective services
3. Observe the questions asked, the language intake workers use to talk with families about the concerns raised
4. Familiarize yourself with the resources and support CCAS can provide for families

Resources (to read in advance):

Checklist:

- Listen to the questions the CCAS workers use to communicate concern to families
- Learn what questions they ask to assess the risk of different scenarios
- Ask what steps they can do to help keep children with their families
- Ask what happens after a child goes to foster care – what is the process of adoption? Re-uniting with family?
- Watch how the workers approach home visits. What do they prepare in advance? Who goes to a visit? What do they say to the families?

Journal entry:

Week 1:

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members	Y	N

Comments:

Public Health Sexual Health Clinic

Administrative Contact: Jennifer Cozzitorto (Jennifer.Cozzitorto@hamilton.ca),

Resident Contact: Jennifer Cozzitorto (Jennifer.Cozzitorto@hamilton.ca),

Clinic times: Monday afternoons 12:30-4pm or
Monday afternoons 3-6pm or
Tuesday afternoons 11:30-3pm

Description:

This is a sexual health clinic for youth and young adults. Learners are involved in contraceptive counselling, pregnancy testing and work-up and treatment of sexually transmitted infections.)

Dress Code:

Wear appropriate clinic clothes. No scrubs.

Experience Objectives:

4. Learn sensitive ways to discuss contraception, HIV and STI testing
5. Know the treatment options for STI and PID
6. Know the different options for contraception counseling and the contraindications
7. Learn how to confirm pregnancy and the resources available for teens

Resources (to read in advance):

- Public Health Sexual Health Clinic Handbook
- SOGC Contraceptive Guidelines (Part 1, 2, 3)
 - <http://www.sogc.org/guidelines/public/143E-CPG1-February2004.pdf>
 - <http://www.sogc.org/guidelines/public/143E-CPG2-March2004.pdf>
 - <http://www.sogc.org/guidelines/public/143E-CPG3-April2004.pdf>
- Public Health Agency of Canada (PHAC) STI Guidelines
 - <http://www.phac-aspc.gc.ca/std-mts/sti-its/pdf/sti-its-eng.pdf>
- Sexual history taking – TBD

Checklist:

- Notice how the staff counsel around STI, HIV, contraception and the language they use
- Take note of how the NP and PH nurses build rapport with patients
- Watch the biases and stigma patients feel associated with teen pregnancy/ STI
- Observe and participate in pelvic exams
- Learn which infections are reportable
- Ask how partners are tested/ treated
- Observe the presenting concerns that bring teens into clinic

# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of STI, pregnancy, contraception management:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Week 2:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:		
# of assessments done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of STI, pregnancy, contraception management:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Week 3:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:		
# of assessments done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of STI, pregnancy, contraception management:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Week 4:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of assessments observed:		
# of assessments done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of STI, pregnancy, contraception management:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Did the resident identify the barriers to accessing care for the youth seen	Y	N
Did the resident identify the health concerns present with the youth seen	Y	N

Comments:

Special Immunology Services – Pediatric HIV clinic

Administrative Contact: Debbie (905) 521-2100 x 75075

Resident Contact: Sandi Seigel (seigels@mcmaster.ca)

Clinic times: Tuesday AM +/- PM every other week

Location: McMaster Children's Hospital – 1S1 clinic area

Description:

This clinic follows children and youth who have been exposed or infected with HIV/AIDS, or born to mothers with HIV infection. The clinic is responsible for managing medications, monitoring viral load and CD4 count, and following up with serology to confirm diagnosis.

Dress Code:

Professional dress. No scrubs. No jeans.

Experience Objectives:

1. Learn about the management of infants born to a mother with HIV
2. Learn the factors associated with stigma
3. Understand what labs/ serology is required to diagnose HIV in children

Resources (to read in advance):

1. HIV. Pediatrics in Review. 2009.
2. Infant Feeding and HIV Transmission. Pediatrics. 2013.
3. Pediatric HIV Resources – www.aidsinfo.org

Checklist:

- Take note of your own thoughts/ biases prior to meeting patients and families
- Watch for signs of FTT, infection, wellness, development
- Take note of any stigma parents or children comment on
- Ask questions about when to do serology, treat
- Ask about any specific requirements for immunizations or antibiotic prophylaxis
- Ask if there are any limitations in terms of the activities the children can do
- Learn what, if any, precautions patients need to take to be sexually active
- Learn about/discuss disclose issues in children/teens/families
- Practice your history and physical exam, keeping in mind cultural sensitivity
- Learn about community resources/research around social issues in HIV, specifically available to these families

Journal entry:

Evaluation by supervisor:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of patients seen:		
# of histories done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of HIV diagnosis and management		
Below Expectations	Borderline Meets Expectation	Meets Expectations

Comments:

Administrative Contact: Paula Forbes (pforbes@cfshw.com)
(905)527-3823 x 225

Kathy Holmes (Team Leader)

Resident Contact: Paula Forbes (pforbes@cfshw.com)
(905)527-3823 x 225

Clinic times: Variable, open at all times, resident should visit for one half-day at minimum during their rotation.

Description:

This is a home for pregnant and parenting young moms. A high school is present on site so teens can work on obtaining their high school diploma. They also offer sessions on parenting, early childhood development, feeding etc. They offer a daycare centre and round the clock staff to provide parenting support to teens. Public Health is very involved in this initiative, and they provide ongoing parenting support in the community through Health Babies, Healthy Children.

Dress Code:

Wear appropriate clinic clothing. No scrubs.

Experience Objectives:

1. Learn the barriers pregnant/ teen mom's face in terms of accessing health care resources
2. What are the barriers to young mom's finishing high school
3. What resources are out there for young mothers
4. What are infants of young mom's at increased risk of

Resources (to read in advance):

Checklist:

- Ask about who is able to live at St. Martin's Manor? For how long?
- What supports are in place for mom's who have not finished high school?
- What are the barriers to pre-natal care? Postnatal care?
- What support is in place in terms of future prevention of pregnancy?
- What role does stigma play for young mothers?
- Is there financial support for prenatal vitamins for moms?
- Can they get financial support from the government to help with life and health costs?

Shelter Health Network Clinic – Good Shepherd Family Centre

Administrative Contact: Julie Whalen – jwhalen@stjosham.on.ca
(905) 522-1155 x32739

Resident Contact:

- Dr. Andrea Hunter (hunteaj@mcmaster.ca), pager 7561
- Dr. Archana Gupta (archna.gupta@medportal.ca) – education coordinator for Shelter Health Network

Location: 143 Wentworth Street South, Hamilton (Good Shepherd Family Centre), parking in rear, enter through main door on side of building and indicate you are here for ‘medical clinic’ – one room clinic off main lobby area

Clinic times: Variable – with Dr. Hunter for peds clinic, when available

Description: The Shelter Health Network (SHN) is a collaboration of health professionals and social service organizations established in 2005 to reach a high risk population of people who do not have stable housing and have complex health problems.

The SHN offers three *cross-cutting services* including 1) primary care services, 2) system co-ordination, protocol development, shared outcomes and communication, 3) education, training and research. Nurses, family physicians, psychiatrists, case managers and social workers work in collaboration to provide health and social services to clients.

Pediatric clinics are run, as necessary, in a consultative fashion – located at Good Shepherd Family Centre, but drawing from clients/families from surrounding other ‘shelters’ including Barrett Centre/Angela’s Place/Martha House (women/families encountering domestic violence) and Notre Dame House/Brennan House (teens).

Dress Code: Clinic dress (no scrubs)

Experience Objectives:

Resources (to read in advance):

- <http://www.shelterhealthnetwork.ca/>

Checklist

- What factors/life circumstances led families/teens to use emergency or longer term shelters? What effect does this have on other parts of their lives (school/family/employment/health)?
- What support services are available to families/teens within shelter network (go chat with front desk support workers!), and how these might be accessed by other community members including physicians, as needed.

- Explore, with cultural sensitivity, the past social history of families staying within shelter network including housing situation, food security, exposure to violence, school/employment security/transitions
- What are the potential challenges/barriers to optimal care provision of these families in other medical/social service encounters (including those throughout the remainder of your residency/career – subspecialty clinics, inpatient admissions, primary care provision)?

Journal entry:

Evaluation by supervisor:

Was the resident punctual?	Y	N
Was the resident adequately prepared for their encounter in your environment (i.e. appropriate dress, basic knowledge about service/program, pre-reading completed where applicable)?	Y	N
Did you consider this resident appropriate and professional to your environment throughout this encounter?	Y	N
Did the resident seem interested and engaged throughout your encounter together?	Y	N
Did the resident appropriately interact and communicate with patients, clients, and team members (ie. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?	Y	N

Specific Encounters:

# of patients seen:		
# of histories done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
# of physical exams done by resident, if applicable:		
Below Expectations	Borderline Meets Expectation	Meets Expectations
Knowledge of newcomer health from advance readings/experience:		
Below Expectations	Borderline Meets Expectation	Meets Expectations

REFUGE: Hamilton Centre for Newcomer Health

Administrative Contact: Vinos Haidary – (905) 526-0000

Resident Contact: Elisabeth Canisius (elisapie@yahoo.com)

Andrea Hunter (hunteaj@mcmaster.ca)

Clinic times: Varies from month to month – contact Dr. Canisius/Hunter in the first week of your rotation to confirm if clinic is available to you. Often Monday or Thursday mornings but not reliably every week.

Location: 183 Hughson Street South, Hamilton, **lower level**

- corner of Hughson St S and Forest, near St Joseph's Hospital
- parking very limited nearby, suggest residents park at St Joseph's or use alternative transportation
- Phone: (905) 526-0000, Fax: (905) 526-0001

Description:

- 'Refuge' is comprised of a group of diverse interdisciplinary healthcare professionals (family physicians, nurse practitioners, nurses, social workers, midwives, specialists including pediatrics, internal medicine/infectious diseases, psychiatry), who provide comprehensive healthcare services to Hamilton's new immigrant and refugee population. The Centre addresses the health disparities and the needs specific to newcomer populations. Our primary focus is to reduce barriers to healthcare access as identified by those client populations.
- The emphasis is on communication through appropriate interpretation, providing culturally appropriate care and advocacy through a diverse team of interdisciplinary professionals in a community-based setting.
- The Centre provides primary healthcare services that include initial multidisciplinary health assessments of families recently arrived in Hamilton; primary care and ongoing care. The Centre's team of specialists provide follow up to clients with complex medical issues, within a community setting, thereby reducing barriers to access.
- The Centre's long-term goal is to facilitate gradual transition of clients to community primary health care services through comprehensive orientation to the healthcare system, once they have gained a better understanding and level of comfort with their new environment. .

Dress Code: Wear appropriate clinic clothes, no scrubs, no jeans.

Experience Objectives:

- Understand the infectious issues relating to travel and immigration
- Develop skills in navigation of patient encounter using various translation/interpreter supports
- Understand the health implications of diets determined by custom or socioeconomic situation
- Give close attention to the impact of such factors as age, gender, disability, ethnocultural background, social support, and emotional influences on a patient's illness
- Develop a common understanding on issues, problems and plans with patients, families, and other professionals to develop a shared plan of care
- Respect diversity and difference, including but not limited to the impact of age, gender, abilities, religion, language and cultural beliefs on decision-making and effective communication (e.g. aboriginal children, immigrant children)
- Demonstrate open-mindedness to the consideration of alternative health care practices
- Identify opportunities for advocacy, health promotion and disease prevention
- Identify vulnerable or marginalized populations within those served and respond appropriately (e.g. homeless, and children living in poverty)
- Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect, cultural sensitivity and altruism

Resources (to read in advance):

- Refuge: Hamilton Centre for Newcomer Health website - <http://www.newcomerhealth.ca/>
- Caring for Kids New to Canada (CPS resource): www.kidsnewtocanada.ca
- Crockett, M. New faces from faraway places: immigrant child health in Canada. Paediatrics & Child Health. 10 (5): 277-281. May/June 2005.

Optional addition resources:

- Providing Care For Immigrant, Homeless, and Migrant Children. AAP policy statement. Pediatrics 115(4): 1095-1097. April 2005
- Jenista, J. The Immigrant, Refugee or Internationally Adopted Child. Pediatrics in Review. 22(12): 419-429. December 2001.

A few good examples (optional reading) of advocacy pieces:

- Sampson, L and C. Hui. Cuts to refugee health program put children and youth at risk. CPS position statement. June 6, 2012.
- Kronick, R et al. Mandatory detention of refugee children: A public health issue? Paediatrics & Child Health. 16(8): e65-e67. October 2011

Checklist:

What differences are there during your family encounters when translation/interpreter support is used?

Evaluation:

