MacPeds Social Pediatrics Rotation

RESIDENT HANDBOOK
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Updated 25 September 2017
Introduction

Welcome to your Social Pediatrics rotation! We hope that this will be a unique opportunity and interesting learning experience during your PGY1 & PGY2 years.

We are enthusiastic about this elective – it was designed by one of our former McMaster pediatric residency graduates, Dr. Kristy Parker, and was in development for over a year before its official launch in July 2013.

We hope that this rotation will inspire you to 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.

This rotation will likely differ substantially from your other rotations in its diversity of experiences but also in its self-guided nature of learning. Organization and planning ahead (starting with contacting your supervisor at least 1 week before you start!) will help you optimize your learning and opportunities!

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. Gita Wahi, Ania Van Meer) and in your end-of-rotation evaluation form.

Enjoy your rotation!

Gita Wahi, Social Pediatrics faculty ERP
Meredith Austin-Appleton, Resident ERP
& Social pediatrics faculty/rotation supervisors:
Teresa Carter
Julia Frei
Andrea Hunter
Olaf Kraus de Camargo
Anne Niec
Sandi Seigel
Social Pediatrics Rotation

Education Resources
Faculty Coordinator: Dr. Gita Wahi (wahig@mcmaster.ca)
Supervising faculty: Dr. Sandi Seigel (seigels@mcmaster.ca)
Dr. Anne Niec (nieca@mcmaster.ca)
Dr. Andrea Hunter (hunteaj@mcmaster.ca)
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Dr. Olaf Kraus de Camargo (krausdc@mcmaster.ca)
Dr. Julia Frei (julia.frei@medportal.ca)

Resident Resources: Dr. Meredith Austin-Appleton (meredith.austin-appleton@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 “contribute their knowledge of the determinants of health to positively influence the health of the patients, communities, or populations they serve.” (CanMeds Framework 2015).

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.) underscores the ability of residents to effectively provide recommendations and treatment to patients.

This four-week rotation will be combined with Developmental Pediatrics and will provide practical exposure to some of Hamilton’s population at risk. Residents are encouraged 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.
**Intended Learning Outcomes**

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

- 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.

- 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.

- 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).

- Examine how one’s own cultural & ethical biases affect patient care by reading one of the selected books (ie. *The Spirit Catches You and You Fall Down*, *The Glass Castle*, *Lullabies for Little Criminals*, *In the Realm of Hungry Ghosts*, *Kiss of the Fur Queen*, *The Inconvenient Indian* or approved equivalent) and consider how these biases affect their clinical practice.

**Rotation Format**

- Orientation will take place for all PGY1 & PGY2s during AHD at the beginning of the academic year.

- Individual orientation with assigned faculty supervisor within 2 days of starting rotation for reviewing their schedule, assignments, pre-rotation quiz and survey, learning contract, and discuss expectations and anticipated challenges. Residents are responsible for arranging this time/location with their supervisor at least 1 week ahead.

- Minimum of 10 half-day community/clinical placement sessions for a 4 week rotation or 8 half-day community/clinical placements for 3 week rotation, with completion of required readings. To enrich their experience, residents are encouraged to attend more than the required minimum number of placements during this rotation.

- Residents are to be in touch with their supervisor half-way through the rotation and then face to face at the end of the rotation.

- At the final meeting residents will review their community placements, readings, assignments, and complete a post-rotation quiz and survey.
**Assessment/ Evaluation**

To successfully complete this rotation, residents will need to complete the following. There is a component of reflection that is different for learners in PGY 1 and 2. The rest of the components of assessment/evaluation are the same.

**For PGY-1 residents:**

1. **2-3 page reflection** on the question: ‘Why or how does poverty make people sick?’ (see detailed description), incorporating practical experiences and material from sources on the required reading list and other references (minimum 2 references).

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 or have less developmental stimulation because of long parental work hours. 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.

**For PGY-2 residents**

1. **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)
     - This book explores the dynamic between a small Californian hospital and a refugee family from Laos over the care of a child diagnosed with severe epilepsy
   - *The Glass Castle* (Jeannette Walls)
     - This book is the author’s memoir of growing up in poverty with a “deeply dysfunctional and uniquely vibrant” family in America
   - *Lullabies for Little Criminals* (Heather O’Neill)
     - This book describes the struggles for survival of a street-involved youth, which includes a dysfunctional family, prostitution and addiction.
   - *In the Realm of Hungry Ghosts: Close Encounters with Addiction* (Gabor Mate)
     - This book combines first-person accounts, case studies, and research to discuss the impact of all kinds of addiction in human society
   - *Go Ask Alice* (Beatrice Sparks as ‘Anonymous’)
     - This book is the compiled journal entries of a 15 year old from a ‘comfortable home’ through her encounters with substance abuse and homelessness
   - *A Child called It* (Dave Pelzer)
A harrowing account of growing up with physical and emotional abuse throughout childhood, and his eventual transition to foster care as a teen

- **Kiss of the Fur Queen** by Tomson Highway
  - This book follows the journey of two Cree brothers taken from their families to a residential school

- **The Inconvenient Indian** by Thomas Kind
  - This book explores the relationship between Natives and non-Natives since the fifteenth century and examines the way that popular culture has shaped our notion of indigenous identity and his relationship with activism.

- **The Education of Augie Merasty: A Residential School Memoir** by Joseph Auguste (Augie) Merasty, David Carpenter
  - This book focuses on years that Augie spent in residential school, but describes his life course through letters, including homelessness, substance use and challenges of life in northern prairies.

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. These 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.

**For BOTH PGY 1 & 2:**

2. **The completion of an advocacy project**, which addresses the needs of a population at risk.

Instead of focusing advocacy efforts to benefit single patients, residents will develop practical skills to advocate for pediatric patients at the municipal, provincial, national and/or international level. At minimum, this may include a letter to the editor or article for a local newspaper, a public education campaign, or a letter to a government agency. Many residents are interested in initiating a much more complex/in-depth advocacy project during this rotation – this is encouraged, and certainly completion would not be necessary within 4 weeks but evidence of substantive initiation steps and a commitment/plan for continued involvement.
3. **Complete 10 Social Pediatric half-day community or clinical placements during** your 4 week rotation (8 if doing a 3 week rotation due to vacation/PL time).
   - **Keep a short journal** chronicling community placements, including feedback and at least 3 insights/learning points for each
   - **Ensure clinical/community supervisors complete an evaluation form** for each placement (see placement descriptions for forms)
   - **Senior Resident clinic** will not count as one of these half-day placements but is expected to continue as scheduled

4. **Complete at least one miniMAS** during rotation (can be conducted by any relevant clinician/community program supervisor)

5. Complete **pre-rotation written test**, and obtain satisfactory result on **post-rotation written test** (to be done with faculty supervisor)

6. Complete **pre-rotation and post-rotation written survey** on advocacy experience.

7. Participate in one developmental/social pediatrics combined **tutorial**.
   - Typically held Fridays 10:30am (you are encouraged to attend Brain Hour 9:30-10:30am on the same day!)
   - Contact person for confirmation: Louise Chalupka
   - lchalup@mcmaster.ca, (905) 521-2100 x73508

8. Complete at least **ONE** of these three online modules – all will require you to ‘register’ with the associated website and click through a number of screens to find the actual eCME module:
   - **Canadian Medical Association** mini module on ‘Introduction to Effective Advocacy’ found at: [https://www.cma.ca/En/Pages/cma-mini-modules.aspx](https://www.cma.ca/En/Pages/cma-mini-modules.aspx) *You will need your CMA membership number to complete this.*
   - **Caring for Kids New to Canada eCME module** through either Advancing In [http://www.advancingin.com/p-caring-for-kids.aspx](http://www.advancingin.com/p-caring-for-kids.aspx) or via [http://www.kidsnewtocanada.ca/beyond](http://www.kidsnewtocanada.ca/beyond) (click on eCME link)
   - **Indigenous Child & Youth Health in Canada** e-module (by Canadian Pediatric Society, in association with Memorial University) [https://www.mdcme.ca/courseinfo.asp?id=146](https://www.mdcme.ca/courseinfo.asp?id=146)

9. **Attend all McMaster Pediatric Grand Rounds AND Tuesday Resident Teaching** either live or in archived format online – may choose topics that are most relevant to social pediatrics from online archive, if not attending in person. Ensure evaluation submitted online for attendance purposes and feedback.

10. Residents are highly encouraged to attend the following rounds (only if they do not conflict with assigned community placements):
   - **Division of General Pediatrics Rounds** (Mondays 8-9am, 4E20)
- **Chedoke Rounds** (Mondays 12-1pm, Chedoke Ewart Auditorium) -
  http://fhs.mcmaster.ca/pediatrics/chedoke_grand_rounds_objectives.html

- **Developmental Pediatrics Learner Session**
  (Tuesday 2:45-3:30pm, 1st Tues of month 3A2, other Tues 3A14 – Patti Bochek-Peters x77212)

- **Developmental Pediatrics Academic Hour**
  (Tuesday 3:30-4:30, 1st Tues of month 3A2, other Tues 3A14 – Patti Bochek-Peters x77212)
  http://fhs.mcmaster.ca/pediatrics/dev_peds_rounds.html

- **Brain Hour** (Fridays 9:30-10:30am, 3A14 – Katherine Floresco x75393)
  http://fhs.mcmaster.ca/pediatrics/neurology_rounds.html

- **Psychiatry Rounds** (Wednesdays 9-10am, Amphitheatre, SJH, T2203 St Joseph’s)
  http://fhs.mcmaster.ca/psychiatryneuroscience/education_grand_rounds.html

11. **Provide feedback and any changes necessary to handbook** including suggested changes/additions to rotation, placement contact names and numbers, and appropriate referral information.

**Expectation of Residents**

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

- Read the entire social pediatrics rotation handbook ahead of their rotation

- Contact their rotation supervisor (schedule available on macpeds.com/SocialPediatrics.html or via introductory email from Sandy Murray) **at least 1 week prior to rotation start** to arrange initial orientation meeting (for completion of pre-rotation test and survey, and learning contract/objectives discussion)

- Confirm any community placement with contact person by phone or email 1-2 days ahead of each individual placement, if not already done by Sandy Murray. **Note:** If you have a Resident Continuity Clinic (RCC), which interferes with a scheduled placement (this is may occur on Thursday afternoon RCC clinics and YOW, as YOW sessions begin promptly at 4PM and cannot be attended after an afternoon RCC). It will be the resident’s responsibility to reschedule the placements if a scheduling conflict arises.

- Complete minimum of 10 Social Pediatric half-day community placements for a 4 week rotation or 8 placements for a 3 week rotation, required readings (**http://www.macpeds.com/SocialPediatrics.html**), and assignments outlined in evaluation section (page 6-7).

- The resident must complete a minimum of 75% (3 weeks) of the rotation. Vacation, PL day, lieu days will be granted via Medportal by the faculty ERP (Dr. Wahi). The resident must notify Sandy Murray and the faculty ERP (Dr. Wahi) for any time away prior to the start of the rotation.
• 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

• Most residents found that they had much more optimal experience from many community placements on their second or third visit. If you are taking any time away from this 4 week rotation, we suggest that you attempt to reschedule alternative experiences with this in mind.

• 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 MAS and community placement journal. The resident will also complete their end-of-rotation written test and survey at this time.
**Expectations of Faculty/Staff**

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!)
  - complete pre-rotation survey on advocacy and use as guide for discussion for advocacy project, experiences for the rotation
  - review schedule for upcoming 4 weeks of rotation
    - resident must complete 10 Social Pediatric half-days for 4 week rotation or 8 half-days for 3 week rotation (ie vacation, PL day, lieu day)
    - all vacation etc. requests must be granted through medportal
  - 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 and collect the following: 2 reflections; evidence of their advocacy project; mini CEX; community placement journal and evaluations
  - The resident will also complete their end-of-rotation written test and survey at this time. Please review answers with the resident and use their post-rotation survey to guide discussions on further advocacy involvement.
  - 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

**Full In-Training Evaluation Report (ITER):**

Available on WebEval which will include:

• Professionalism including attendance at all placements
• Completion/submission of reflections, advocacy project and tutorial attendance
• Completion of pre/post test with supervisor
• Appropriate meetings with faculty supervisor
• Selected CanMEDS objectives throughout entire rotation/placements
• Transcription of specific placement ‘encounter card’ content (ie. number of intake assessments, clinics attended as completed by each placement supervisor)
Royal College Objectives Applicable to this Rotation

**Medical Expert**
Apply knowledge of the clinical, socio-behavioural, and fundamental biomedical sciences relevant to Pediatrics

**ADOLESCENT**
- Understand the role of adolescent in society: the influencing factors, heterogeneity, and subcultures
- Understand the laws and resources relevant to adolescence
- Understand common adolescent behavioural problems: risk taking, delinquency, alcohol, drug, tobacco and other substance use and abuse
- Be familiar with teenage pregnancy issues, contraception, sexually transmitted infections
- Understand the role sexuality plays in adolescent development: male / female issues, sexual orientation

**DEVELOPMENTAL**
- Understand the biological and psychosocial factors affecting development and behavior

**INFECTION DISEASE**
- Learn about risk factors, treatment and surveillance for HIV Infection
- Understand the infectious issues relating to travel and immigration

**NEONATAL – PERINATAL MEDICINE**
- Learn about monitoring and management of neonatal drug withdrawal
- Be familiar with the environmental factors involved in fetal development

**NUTRITION**
- Understand the health implications of restricted diets, fad diets, diets determined by custom or socioeconomic situation

**OTOLARYNGOLOGY**
- Learn about dental caries and dental trauma

**MENTAL HEALTH**
- Learn about the availability of and access to community-based mental health resources
- Understand the biological, psychosocial and socioeconomic factors affecting mental health
- Understand the impact on child well-being of having a parent with mental illness or substance abuse
- Learn about risk factors for violence and the impact of violence on health

*Updated 25 September 2017*
CHILD MALTREATMENT AND NEGLECT

- Know the social factors placing children at risk of maltreatment
- Understand the health problems consequent to maltreatment/neglect
- Be familiar with the laws relating to child protection
- Know the professional requirements in managing victims of maltreatment/neglect including mandatory reporting
- Be familiar with children in care (eg. Foster care, group homes, incarceration) and their specific health concerns
- Demonstrating appropriate and timely application of relevant preventive and therapeutic interventions

SKILLS – ADOLESCENT

- Be confident in the gynecological, genitourinary and pelvic examination and specimen procurement
- Be able to assess adolescents using HEEADSS format (Home, Education, Eating, Activity, Drugs, Sexuality, Suicide)

SKILLS - NUTRITION

- Counseling for healthy active living (healthy eating and physical activity)

Communicator

- Develop rapport, trust, and ethical therapeutic relationships
- Establish positive therapeutic relationships with patients and their families that are characterized by understanding, trust, respect, honesty and empathy for patients and their families
- Be aware and responsive to nonverbal cues
- Accurately elicit and synthesize relevant information and perspectives of patients and families, colleagues, and other professionals
- 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
- Demonstrate open-mindedness to the consideration of alternative health care practices
- 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)
- Encourage discussion, questions, and interaction in the encounter
Collaborator

- Participate effectively and appropriately in an inter-professional team
- Recognize and respect the diversity of roles, responsibilities and competences of other professionals in relation to their own
- Work with others to assess, plan, provide and integrate care for individual patients (or groups of patients)
- Collaborate with teachers, social workers, community leaders, child protection workers and other non-health professionals to assess, plan, provide and review health interventions

Manager

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

Health Advocate

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

**Scholar**

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

**Professional**

• Demonstrate a commitment to their patients, profession, and society through ethical practice through reliability, responsibility and contentiousness
• Exhibit appropriate professional behaviors in practice, including honesty, integrity, commitment, compassion, respect and altruism
• Demonstrate self awareness and pursuit of self-improvement
General Monthly Calendar (combined PGY 1 and 2)

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<td>N/A</td>
<td>8-9 AM Tues AM teaching</td>
<td>8-9 AM Grand Rounds</td>
<td>9:30-10:30am Brain Hour</td>
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<td></td>
<td>N/A</td>
<td>Meet with faculty supervisor (resident to arrange at least 1 wk ahead)</td>
<td>CCAS assessment</td>
<td>9-10AM Psychiatry Rounds</td>
<td>Refuge clinic</td>
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<td>N/A</td>
<td>Rainbow Health Clinic</td>
<td>PM: AHD</td>
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<td>12-1pm Chedoke Grand Rounds</td>
<td>SIS clinic</td>
<td>PM: AHD</td>
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<td>1-4 pm – Public Health Sexual Health East End clinic</td>
<td>YOW 4-8pm</td>
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<td>8-9 AM DGP Grand Rounds</td>
<td>8-9 AM Tues AM teaching</td>
<td>9-10AM Psychiatry Rounds</td>
<td>10:30am: Dev/Social combined</td>
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<td>1-4 pm – Public Health Sexual Health East End clinic</td>
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To be added on ‘month-to-month’ basis
- Resident will be informed by administrative staff (S. Murray):
  - Oral health/dentistry clinics and screening programs (1-2 half days per month to be arranged depending on schedule)
  - CAS/CCAS developmental pediatrics consultative visits with Dr. Benjamin Klein (variable timing, approx. 1-2 half-days/month)
- **Resident to contact** Dr. Hunter/Dr. Canisius at start of rotation to inquire if either of the following will be scheduled during their block:
  - Refuge: Hamilton Centre for Newcomer Health clinics with Dr. Canisius/Dr. Hunter (most often Mon/Thurs am)
- Resident to contact David DiSilva, Good Shepherd Mental Health if vacation or time off results in only one experience, to schedule a second half-day (or further experiences, if interested)
- **St. Martin’s Manor** (site visit/tour facilities) – **RESIDENT TO ARRANGE**

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 – ideally for group programming on Thursdays
- CCAS intake services (Wednesdays)
- Dental health services (variable)
- Good Shepherd mental health services (Tuesdays/Thursdays)
Developmental/Social Pediatrics Combined Tutorial Discussion

Faculty coordinators: Drs. Teresa Carter, Olaf Kraus de Camargo, Peter Rosenbaum

On a Friday morning towards the end of the block rotation (typically the last Friday of the block), the resident will participate in a combined 2-3 hour tutorial session discussing a number of cases relevant to the significant overlap between developmental and social pediatrics.

Background:

Early childhood experiences influence children's health and development as a result of biological (i.e. nutrition in pregnancy), psychological (i.e. self regulation and emotional development) and cognitive processes (i.e. children's readiness to learn, language skills), which in turn may lead to low educational attainment and risk taking behaviours. The longer children live in adverse social situations the more likely they are to experience these negative impacts on health and development. The rotations of social paediatrics and developmental paediatrics do not stand alone within a curriculum, rather they are better thought of as factors that underpin the presentation of any child seen by a paediatrician.

Objective of the session:

We wanted to have the opportunity to combine learners in these two areas to provide you with an opportunity to discuss and reflect on cases you have seen in all of your rotations to date. We encourage you to think about cases that you have seen in earlier rotations where you were not primed to think about social determinants of health or development necessarily. These might be simple, straight forward or 'uninteresting cases' that we can start to explore from a social perspective. Please feel free to also bring cases that present with challenging social issues, particularly if they impact development or school functioning. We encourage you to include cases across the paediatric age range.
Aboriginal Health Centre – Community Asthma Clinic

**Resident Contact:** Dr. Doug Mack ([dougpmbck@gmail.com](mailto:dougpmbck@gmail.com))

**Clinic times:** Variable – ½ every 6 weeks

**Address:** 678 Main St E, Hamilton, ON L8M 1K2
905-379-4320

**Website:** [http://aboriginalhealthcentre.com](http://aboriginalhealthcentre.com)

**Description:** Residents have the opportunity to attend an Asthma clinic at the Aboriginal Health Centre

**Dress Code:** Wear appropriate clinic wear (no scrubs, no street clothes).

**Experience Objectives:**
- Identify common issues affecting children with asthma including those social determinants affecting health.
- Learn common presentations and treatment options for children with asthma
- Familiarize yourself with the resources and supports available to Indigenous families in Hamilton

**Resources (to read in advance):** See Mac Peds website

**Checklist:**
- Identify key barriers to children getting access to best care
- Ask what steps they can do to help get children optimal care
- Ask what resources are available to children with asthma

**Journal entry:**
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<td>other program staff in an appropriate and culturally sensitive manner)</td>
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<tr>
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Name of supervisor: _____________________________  Signature: ____________________________
CCAS Community Visits

**Administrative Contact:** Sabrina Palumbo  
(Sabrina.Palumbo@hamiltonccas.on.ca)  
(905) 525-2012

**Resident Contact:** Sandy Alexandra Mlekuz  
(Alexandra.Mlekuz@hamiltonccas.on.ca)

**Clinic times:** Alternating Wednesday mornings

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

**Dress Code:**  
Wear appropriate clinic clothes (no scrubs)

**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):** see MacPeds website

**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?  
- Ask about CCAS workers previous experiences with what leads to apprehensions  
- Ask about CCAS services available to families requiring additional support
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Name of supervisor: _____________________________  Signature: ____________________________
CAS Developmental Pediatrics Consultative Visits

Administrative/Resident Contact:  Dr. Benjamin Klein
(benjamin.klein@medportal.ca)

Clinic times:  Variable - Contact Dr. Klein (or Sandy) for confirmation of when these will occur.

Description:  Residents have the opportunity to observe developmental assessments of children in CAS care or observe developmental case conferences of difficult behavioral/developmental cases. These will be variable based on the current cases but residents can expect to discuss the impact of child abuse/neglect on behavior and development.

Experience Objectives:
1. Develop a better understanding of the impact of environment on childhood development
2. Understand the impact of child abuse on children’s physical and emotional development
3. Learn and practice a full developmental assessment
4. Familiarize yourself with the resources and support CAS can provide for families

Resources (to read in advance): see MacPeds website

Checklist:
 o Identify key barriers to children getting access to best care
 o Learn what questions they ask to assess the risk of different scenarios
 o Ask what steps they can do to help keep children with their families
 o Learn different activities to do to get a better assessment of children’s developmental status
 o Ask what resources are available to children with difficult behaviours

Background:
Children exposed to maltreatment (e.g. abuse, neglect, exposure to violence), particularly during the early years are at risk of neurologic changes as a result. This is in fact brain damage - think of "toxic stress" from the environment as an insult to the developing brain much like alcohol or poor nutrition in utero. This insult permanently changes brain structure and function. Kids present with a wide range of problems, such as delays, ADHD-like symptoms and behaviour. The most common threads are "emotional stress regulation" and social skills deficits; which may be related to damage to prefrontal cortex and limbic systems (i.e. executive function control over "fight and flight" responses) caused by the toxic neuroendocrine milieu response to emotional stress during critical periods of development.
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Name of supervisor: _____________________________  Signature: ____________________________
Good Shepherd Mental Health Clinic

**Administrative Contact:** David DaSilva ([DDaSilva@gsch.ca](mailto:DDaSilva@gsch.ca))  
(905)308-8090

**Resident Contact:** David DaSilva ([DDaSilva@gsch.ca](mailto:DDaSilva@gsch.ca))  
(905)308-8090

**Clinic times:** Alternating Tuesday afternoons

**Location:**  
10 Delaware Avenue, PO Box 1003  
Hamilton, Ontario

**Clinics often held at Notre Dame House**  
14 Cannon Street West, Hamilton

**Description:**  
At the Good Shepherd they accept referrals from any and all agencies involved with street involved youth or the youth themselves. They assess the youth alongside 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 psychiatrists 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 with mental health concerns  
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):** see Mac Peds website

**Checklist:**

- Observe how the workers interact with the 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
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<td># of assessments done by resident:</td>
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*Updated 25 September 2017*
Infant-Parent Program – Parenting Workshops

Administrative Contact: Julie Ellis – ellisjul@hhsc.ca, (905) 521-2100 x 77406

Resident Contact: Julie Ellis – ellisjul@hhsc.ca, (905) 521-2100 x 77406

Clinical Director: Dr. Alison Niccols
Psychologist/Clinical Director, Infant Parent Program
Ron Joyce Children’s Health Centre, Room 3-048
T: (905) 521-2100 x77408
niccols@hhsc.ca

Workshop times: Variable

Website for Infant-Parent Program and parenting workshop schedule: http://www.mcmasterchildrenshospital.ca/ipp

Website for Parenting Workshops: http://www.rfts.ca
http://circleofsecurity.net

Description:
Residents have the opportunity to participate in up to 3 sessions of any of the 8-session parenting workshops offered by the Infant-Parent Program

- Right from the Start (In this 8-session workshop for moms and dads of infants under 24 months, you will have an opportunity to watch video clips, learn about reading and responding to your baby's cues in order to foster infant attachment security, and discuss these issues with the leaders and other parents.)

- COPEing with Toddler Behaviour (In this 8-session workshop for moms and dads of toddlers 12-36 months old, you will have an opportunity to watch video clips, learn about parenting approaches and strategies, and discuss these issues with the leaders and other parents.)

- Circle of Security Parent Group (In this 8-session workshop for moms and dads of children 1-6 years, you will have an opportunity to watch video clips, learn strategies to enhance the parent-child attachment relationship and improve child behaviour, and discuss these issues with the leaders and other parents.)

These workshops take place 3 times per year (fall, winter, and spring). With advance permission from the workshop facilitator, you may attend the 5th, 6th and/or 7th sessions of any of these workshops. In the 4th session, once the parent group has become a “working group”, the facilitator will ask them for permission for a learner to attend a future session or sessions. The expectation is that you will actively participate as a group member in the session(s) you attend.

Julie Ellis, the Infant-Parent Program administrative assistant, will be able to put you in touch with the appropriate workshop facilitator once you identify the workshop/schedule at http://www.mcmasterchildrenshospital.ca/ipp
Dress Code: Wear appropriate professional clothing (no scrubs)

Experience Objectives:
1. Develop an understanding of factors that place children/families at risk of developmental/behavioural challenges
2. Learn about the resources available in Hamilton for prevention and intervention in children/families at developmental risk
3. Identify key strategies used by facilitators in managing common issues that arise in group dynamics while advancing knowledge transfer and problem-solving.

Resources (to read in advance):

Checklist:
- Listen to the questions and comments that the facilitator uses to advance the discussion
- Take note of the various challenges that families identify in managing behavior and optimizing developmental stimulation of their children
- Identify the various specific risk factors that families/parents/caregivers allude to in their group discussions (biopsychosocial, medical, etc)
- Identify at least 2 new community programs that you were not previously aware of, their mandate/services offered and how referrals are made.
- Visit the childcare arrangements that are available during these sessions (often held at an Ontario Early Years Centre) and take note of the facilities available, the ages of children present and the program leadership.
- Observe how the facilitator recognizes and navigates group dynamics issues
Specific facilitator techniques that you might observe:

- Cues parents to be specific regarding errors
- Cues parents to be specific regarding advice
- Uses neutral facial expression, tone of voice and body language
- Elicits content from participants, asks leading questions
- Asks others for agreement/consensus on the idea presented
- Explores and highlights common issues and concerns (e.g., “Do others in the group have similar issues?”)
- Asks a general question of the group (e.g., “What does the group think about that?”)
- Explores social learning (e.g., “What are children learning when we ...?”)
- Explores communicative attribution (e.g., “What message are we giving children when we...?”)
- Explores long-term outcome (e.g., “If this is the way a parent responded all the time, what impact would it have over time?”)
- Accepts differences of opinion among participants
- Remains calm when presented with opposing ideas
Resident Notes

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**Facilitator Evaluation:**

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Name of facilitator: _____________________________    Signature: __________________________
REFUGE: Hamilton Centre for Newcomer Health

**Administrative Contact:** Terri Bedminster or Aida ElNagar – (905) 526-0000

**Resident Contact:** Andrea Hunter ([hunteaj@mcmaster.ca](mailto:hunteaj@mcmaster.ca))
Elisabeth Canisius ([elisapie@yahoo.com](mailto:elisapie@yahoo.com))

**Clinic times:**
Dr. Canisius every Friday morning.
Dr. Hunter varies from month to month
Contact Dr. Canisius/Hunter in the first week of your rotation to confirm if clinic is available to you.

**Location:** 183 Hughson Street South, Hamilton, **lower level**
*Corner of Hughson St S and Forest (near St. Joseph’s Hospital)*
Phone: 905-526-0000
Fax: 905-526-0001

**NOTE:** Limited parking nearby – use alternative transportation or park at St. Joseph’s hospital

**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.

**www.newcomerhealth.ca**

**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/ including resources portal
- Caring for Kids New to Canada (CPS resource): www.kidsnewtocanada.ca

Optional addition resources:


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

Checklist:

- What differences are there during your family encounters when translation/interpreter support is used?
- What is the difference between interpretation and translation?
- What health conditions are common in newcomer children? Are these different between refugee and immigrants? Are these significantly different than those encountered in other general pediatrics settings? Is there any difference in your approach in this context?
- What are the practices in targeted screening relevant to newcomer children, including the difference for refugee vs immigrant children and their prior living situation/context?
- Explore, with cultural sensitivity, the past social history of newcomer families including housing situation, availability of food/safe water/medical attention/schooling in a refugee camp, migration history, exposure to violence, security issues for family members
- 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)?

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Name of supervisor: _____________________________  Signature: ____________________________
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: West End Clinic, 690 Main Street West, Hamilton

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): see Mac Peds website

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

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Updated 25 September 2017
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Updated 25 September 2017
Youth Outreach Worker (YOW) Program

Administrative Contact: Team Lead position open

Resident Contact: as above
YOW Manager: Kyle McKay: kyle.mckay@wesley.ca

Placement times: Two Thursday afternoons (typically) – 4-8pm

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

Dress Code:
Please wear a red shirt to identify yourself with the workers who are also in red. Time is spent outdoors so dress for the weather (casual clothes, comfortable shoes, sun screen). Bring water, snacks and a bag 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:
1. Develop an understanding of how many youth are street involved and the factors that contributed
2. Learn about the resources available in Hamilton
3. Learn how to engage and build trust with marginalized youth

Resources (to read in advance): see Mac Peds website

Checklist:
- Watch how the YOW engage street involved youth
- Ask about how many contacts it has taken them to build relationships they have with the youth that you meet (sometimes it takes them weeks to build rapport)
- Take note of the language they use, their mannerisms
- Ask questions about the Hamilton statistics for street youth, factors that led to them living on the streets and barriers to them getting medical care
- Ask about what shelters and soup kitchens are available
- If slow, ask to go on a “Tour of the Universe”
- Ask for pamphlets, cards, resources to different community agencies
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Name of supervisor: _____________________________ Signature: ____________________________

Updated 25 September 2017
City of Hamilton Community Dental Team

**Administrative Contact:** Kim Stowe (kim.stowe@hamilton.ca)

**Resident Contact:** Kim Stowe (kim.stowe@hamilton.ca)
905 546 2424 ext 3793 for Kim
or ext 2974 for Cindy (backup)

**Clinic times:** Friday mornings often or variable for school clinics

**Description:**
Residents have the opportunity to observe dental hygienists in pediatric screening clinics or school clinics and learn about dental resources for Hamilton children and families.

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

**Experience Objectives:**
1. Understand the importance of dentition on general health
2. Familiarize residents with dental services available to children
3. Identify the risk factors that can lead to poor dentition
4. Develop skills to educate families on the importance of good dentition and resources available to them

**Resources (to read in advance):** see Mac Peds website

**Checklist:**
- Ask about services available for children and families without dental coverage
- Identify need for emergency services versus prevention in children coming into clinic
- Observe the strategies the hygienists use to examine children
- Ask about public health dental education strategies
- Ask about oral health maintenance strategies and how to assess dentition and discuss dental health in the office

**Journal entry:**
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Name of supervisor: _____________________________ Signature: ____________________________

*Updated 25 September 2017*
John Howard Society of Hamilton, Burlington & Area

Administrative Contact: Kim Gibson-Chalmers
Manager, Youth Services
kchalmers@jhshamilton.on.ca
(905) 522-4446 ext. 230

Resident Contact: Kim Gibson-Chalmers
Manager, Youth Services
kchalmers@jhshamilton.on.ca
(905) 522-4446 ext. 230

**Specific program times/dates are available on a monthly calendar from Sandy Murray, please contact individual contacts below to arrange attendance at each specific program**

Program times: Variable - see monthly calendar via Sandy Murray

Description: Residents will have an opportunity to participate one or more of the selected programs offered by the John Howard Society of Hamilton, Burlington & Area, as their schedule allows.

Selected programs:

- **YARD (Youth at Risk Development)** is a voluntary, community based gang reduction program that supports youth who are in a gang or at risk of gang involvement and would like support while making positive changes.
  - Contact: *Program Coordinator Kelly Burke (905) 522-4446 ext. 301*

- **School-Based Youth Worker Services** (based at Sir John A MacDonald (SJAM) Secondary School) – a flexible service that is designed to meet the needs of youth and school as identified by educators, administrators and the youth themselves through the use of group interventions, individual interventions, the use of restorative practice or the provision of training to staff and/or youth.
  - Contact: *Manager Dave Stam at (905) 522-4446 ext. 292*

- **BEST for Girls program:**
  - Contact: *worker Lisa Gajewicz at (905) 522-4446 ext. 308*

Dress Code: Wear appropriate professional clothes (no scrubs)
Experience Objectives:

4. Develop an understanding of risk factors for youth to become involved with justice system or other high risk conduct issues
5. Learn about the resources available in Hamilton for prevention, intervention and diversion programs
6. Learn how to engage and build trust with high risk youth from observing/interacting with experienced youth workers

Resources (to read in advance):

- John Howard Society of Hamilton: http://www.johnhoward.on.ca/hamilton/
- YARD (Youth At Risk Development) program: http://yardhamilton.ca/
- YARD program factsheet and executive summary
- School-Based Youth Worker Services program factsheet
- BEST program brochure
- Canadian Pediatric Society position statement: Youth Justice & Health: An argument against proposed changes to the Youth Criminal Justice Act (2014)

All of above resources available at www.macpeds.com/SocialPediatrics.html

Checklist:

- Watch how the youth workers and program managers engage high risk youth
- Ask about how many contacts it has taken them to build relationships they have with the youth that you meet (sometimes it takes them weeks to build rapport)
- Take note of the language they use, their mannerisms
- Ask questions about the Hamilton statistics for high risk youth, factors that led to them becoming involved with justice system/gangs etc and thinking through barriers to engaging with typical medical or mental health care
- Learn about how workers connect youth with different programs, services and other agencies.
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Name of facilitator: _____________________________  Signature: ____________________________
LARCH after school program

Administrative Contact: Don Mallette – 905-388-5212, lasp@rogers.com

Resident Contact: Don Mallette – 905-388-5212, lasp@rogers.com

Location: City of Hamilton Larch community housing development
Community House – 980 Upper Ottawa Street, Unit #23

Program times: Tuesdays and Thursdays - 3:00pm-5:30pm
After school programs run from mid-September to early June

If you choose to participate in this program, you will be required to attend your first session at least an hour early (or set up another appropriate time with Don/Rebecca) to receive appropriate volunteer orientation, AND attend at least two after school sessions as an active volunteer.

** If you are on rotation during July/August, please contact Don Mallette, as there may be other community-based programs available at other times **

Program Description:
The Larch After School program’s vision is that each child has the right to be ‘safe, strong and free.’ The program encourages and enhances the healthy development of children; academically by providing customized support and socially by helping children deal with everyday life issues. We offer children that are living in poverty some of the same opportunities to participate in school life and to excel in education as those who live in relative wealth with a view of breaking the cycle of poverty in the Larch community.

**Multiple opportunities for long-term volunteering, fundraising, or potential community-based research projects exist within this program – ask Don for details, and speak with your supervising faculty for support**

Dress Code: Wear appropriate casual clothing, please do not dress professionally. (Larch t-shirt is provided)

Experience Objectives:
1. Develop an understanding of the potential impacts of poverty on children from an academic and social wellbeing perspective.
2. Learn about the resources available in Hamilton for academic and social supports for children at risk
3. Participate actively as a volunteer with this unique after school program!
Resources (to read in advance):

- LARCH afterschool program website: [http://larchafterschoolprogram.com/about/](http://larchafterschoolprogram.com/about/)
- LARCH after school program video: [https://www.youtube.com/watch?v=FrMjLpv6p1o](https://www.youtube.com/watch?v=FrMjLpv6p1o)
- City of Hamilton housing website: [https://www.hamilton.ca/social-services/housing](https://www.hamilton.ca/social-services/housing)
- CRUNCH (Collaboratory for Research on Urban Neighbourhoods, Community Health & Housing): [https://crunch.mcmaster.ca/](https://crunch.mcmaster.ca/)
- Social Planning and Research Council, Hamilton – Housing and Homelessness resource page: [http://www.sprc.hamilton.on.ca/housing-homelessness/](http://www.sprc.hamilton.on.ca/housing-homelessness/)

Checklist:

- Watch how the volunteers and program managers engage children in social activities as well as in academic support activities
- Reflect on the Hamilton statistics children living in poverty, factors that contribute to academic and social wellbeing of children, and resources/barriers to supporting children/youth and their families living in poverty.
- Ask about how program staff and volunteers connect families with different programs, services and other agencies and how they collaborate directly with local schools.
- Explore the ‘community house’ used for this program – this is a former City of Hamilton housing 4 bedroom unit, and representative of some current accommodations across the city.
Resident Notes

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Public Health Sexual Health Clinic

Administrative Contact: PublicHealthClinics@hamilton.ca

Resident Contact: PublicHealthClinics@hamilton.ca

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

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

Expectations of Residents:
• You will be expected to effectively participate in seeing patients in a busy clinic environment (often 20-40 patients seen in a half-day!) along with family physicians/nurse practitioners.
• You will be expected to meet with Sharon Phillips (admin coordinator) ahead of your first clinic to be oriented to the specific EMR (OSCAR) modules used during this clinic.
• You will also need to ensure you are reasonably comfortable with pelvic examinations ahead of time – this should be from a pelvic examination workshop during clinical/procedure skills day during your PGY1 or PGY2 year. If you were not present for this workshop, please ensure that you have watched the NEJM video about pelvic examination, read the handout from this workshop (both available on www.macpeds.com/SocialPediatrics.html) and arrange to meet with Dr. Natasha Johnson (natjohn@mcmaster.ca) for up to 30 minutes to review technique on a mannequin.

Dress Code:
Wear appropriate clinic clothes. No scrubs.

Experience Objectives:
1. Learn sensitive ways to discuss contraception, HIV and STI testing
2. Know the treatment options for STI and PID
3. Know the different options for contraception counseling and the contraindications
4. Learn how to confirm pregnancy and the resources available for teens

Resources (to read in advance): see Mac Peds website
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
- Learn the options available to pregnant teens and the resources available to them
- Ask about the tests that can be done to confirm pregnancy

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Updated 25 September 2017
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Name of supervisor: _____________________________ Signature: ____________________________

**Updated 25 September 2017**
Rainbow Health clinic – Quest Community Health Centre

**Administrative Contact:** Dr. Carys Massarella - cmassarella1966@gmail.com

**Resident Contact:** Dr. Carys Massarella - cmassarella1966@gmail.com

**Clinic times:** Mondays and Tuesdays (full days)

**Clinic location:** Quest Community Health Centre
(http://www.questchc.ca/index.html)

145 Queenston St., Suite 100
St. Catharines, ON L2R 2Z9

**Phone:** 905.688.2558
**Fax:** 905.688.4678

**Description:**
Residents will have the opportunity to participate in a clinic specifically organized for LGBTTIQQ2S, (lesbian, gay, bisexual, transgender transsexual, intersex, queer, questioning, two spirited) focusing on transgender individuals with gender dysphoria.

**Dress Code:** Wear appropriate professional clothing (no scrubs, no jeans)

**Experience Objectives:**

- Identify common issues affecting LGBTTIQQ2S population including those social determinants affecting health.
- Learn about the medical options available for supporting a transition in gender for children/youth/adults
- Observe the questions asked, and the language that clients and clinicians use in communicating around sexuality and gender dysphoria issues.
- Familiarize yourself with the resources and supports available to this population

**Resources (to read in advance):**

- Section VI: Assessment and Treatment of Children and Adolescents with Gender Dysphoria. In: World Professional Association for Transgender

- Healthy Debate blog: Health care system stigmatizes and discriminates against transgender people: http://healthydebate.ca/2015/07/topic/transgender-health-access

**Suggested books** (copy available to sign-out in Macpeds resident lounge):
- Diane Ehrensaft and Edgardo Menvielle. Gender Born, Gender Made. 2011.

**Checklist:**
- Listen to the questions and language that clinic staff and clinicians use with individuals with gender dysphoria
- Ask about mental health risks for individuals with gender dysphoria or gender nonconforming individuals
- Observe/ask about resources in Ontario/Canada for LGBTTIQQ2S population, and specifically transgender individuals.
  - How many of these would be appropriate to children/youth?
Resident Notes

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*Updated 25 September 2017*
Six Nations Family Health Team Clinic

Administrative Contact: Lois Bomberry, RN, Executive Director
loisbomberry@sixnations.ca, 519-445-4019

Resident Contact: Lois Bomberry, RN, Executive Director
loisbomberry@sixnations.ca, 519-445-4109

Placement times: 4th Thursday morning of your block (9am – 12pm)

Location: 1745 Chiefswood Rd, Oshweken

Description: The Six Nation clinic is a multidisciplinary primary health care clinic that provides care for the families of the Six Nations reserve. At this clinic, you will be exposed to the complex health, social and environmental stressors that the children and youth of the Six Nations. You will spend time with either a family physician, pediatrician, or allied health care team member and see children and youth who visit the clinic.

Dress Code: Clinic wear (no scrubs)

Experience Objectives:
1. Develop an understanding of the social stressors faced by children and youth living on reserve
2. Learn about the resources available on Six Nations
3. Learn the barriers to accessing health care

Resources (to read in advance): see Mac Peds website

Checklist:
- Look for the similarities and differences in the health care needs of the children living on the reserve
- Ask about traditional healers, their role, and what they offer to the families of their community
- Ask about the prevalence of issues such as substance use and mental health illnesses
- Ask what resources are available for developmental support
- Ask about nutritional concerns
- Ask about the equivalent of CAS and what resources they have to support young families
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Specific Encounters:

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<tr>
<td># of community agencies visited</td>
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<td># of youth engaged</td>
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<td>Below Expectations</td>
<td>Borderline Meets Expectation</td>
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Comments:

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Name of supervisor: _____________________________ Signature: ____________________________
St. Martin’s Manor – Home for pregnant and parenting young moms

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. Ideally, this would occur on a Thursday, in conjunction with group programming for residents.

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): See Mac Peds website

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

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**Evaluation by supervisor:**

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<td>Was the resident punctual?</td>
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<td>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)?</td>
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<td>Did you consider this resident appropriate and professional to your environment throughout this encounter?</td>
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<td>Did the resident seem interested and engaged throughout your encounter together?</td>
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<td>Did the resident appropriately interact and communicate with patients, clients, and team members (i.e. interacting with families/clients/other program staff in an appropriate and culturally sensitive manner)?</td>
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Comments:

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Name of supervisor: _____________________________  Signature: ____________________________
Teaching ‘Healthy Sexuality’ to high risk youth:

Facilitation of a Sexual Health Curriculum outside of the school board for high risk youth through the John Howard Society YARD (Youth at Risk Development) programming. Challenge Pediatric residents to develop skills in engaging and teaching teenagers about healthy sexuality including safe sex practices and pregnancy prevention.

Background: Through the ‘John Howard Society of Hamilton, Burlington & Area’ they offer the YARD (Youth at Risk Development) program. This is a community based, gang reduction strategy initiative that supports youth who are in a gang or at risk for gang involvement. The ‘Prevention’ programming consists of 12 weeks of program and 12 weeks of community support with a mentor. The ‘Intervention’ programming consists of 24 weeks of programming and 24 weeks of support with a mentor. They are voluntary programs that are free of charge for anyone 12-24 years of age. 1 week of the programming is dedicated to ‘Healthy Sexuality’ and we have coordinated the opportunity for pediatric residents to teach this session to the youth.

What does it entail:
- Teaching a group of 5-10 teenagers about Healthy Sexuality (male/female anatomy, puberty, STIs, Contraception)
- Review the prepared presentation and familiarize yourself with the topics
- Demonstrate proper condom application technique and bring models of different forms of contraception that are available
- Residents on their social pediatrics rotation are highly encouraged to participate as one of their activities
- Residents can choose to do this alone or with a resident buddy if they choose

Why should you get involved?
- This is an excellent opportunity to engage with youth and provide them with invaluable information about safe sex
- The youth really appreciate having this information being delivered by a physician and tend to be very attentive and interactive
- Challenge yourself to become comfortable with talking to youth about sensitive topics related to their sexual health

If you are interested in participating in this teaching while on your social pediatrics rotation – please contact Kelly Burke at kburke@jhshamilton.on.ca to see if the opportunity is available.

Once you have a session confirmed, e-mail Robin at robin.mackin@medportal.ca for the presentation and models!
Thank you in advance for your interest!