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Dear New Physicians, Medical Students and Residents,

Wachiya!

It is with great pleasure that we welcome you to Chisasibi. We hope you enjoy your time with us and that you find the experience rewarding and memorable.

In this package you will find some general information on Chisasibi, the hospital, your accommodations and your rotation with us. You will also find a more detailed explanation of how the hospital runs and the clinics you will be doing. We encourage you to read this package as it will prepare you for your visit and will complement your orientation upon arrival.

We look forward to meeting you,
Chisasibi Physicians

1. General Information

HISTORY OF CHISASIBI

For thousands of years, the Cree of the Chisasibi area had lived off the land. Each family had its trapline that was used to hunt, fish and raise their families in the traditional way. In the 1800's, the fur trade was established by the Hudson's Bay Company. Ships would come down the James Bay coast and trade furs for groceries, firearms and other goods with the Cree. A trading post was built on Fort George Island at the mouth of the Chisasibi River (which means "big river" in Cree or La Grande River as it is known today). As this northern economy developed, Cree families came to Fort George more often, especially in the summer to unite with friends and family (a tradition that lives on in the annual summer gathering 'Mamoweedow' on Fort George Island in July).

In the late 1800's, the Anglican and Roman Catholic churches were established and two residential schools were built. Federal legislation mandated that the Cree children attend these schools. Many children witnessed or suffered physical, emotional and sexual abuse in these institutions, the sequelae of which still affect the Cree to this day.

As the demand for furs declined, Cree families came to live permanently in Fort George, in cabins and later band housing. Families continue to maintain their traplines to this day, hunting and fishing to support their families. In the 1970's, Hydro Quebec built the hydroelectric dams on the La Grande River. This resulted in the relocation of many of the houses and the Roman Catholic church to their current location in 1980-81. The community was renamed by its traditional name, Chisasibi.

CREE PEOPLE

The families are large; it is not unusual to have ten or more people living in the same house. When meeting someone, shake hands and smile. You may say "Wachiya", which means 'Hello' in Cree, and it also means goodbye. Some Cree people are shy and may not approach you. You may need to approach them and encourage them to talk.

CREE LANGUAGE

You can read Cree just like you would read English. Remember that the faster you pronounce words, the closer you get to the real pronunciation. The Cree language is written in words or in syllabics, which was created in the 19th century by a Scottish discoverer. Inuit people write their language using similar syllabics.

TEMPERATURE

Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Average high °C	-17.5	-15.6	-9.1	-0.1	7.1	14.1	17.4	15.9	11.7	5.5	-1.8	-10.8
Daily mean °C	-23.3	-22.0	-15.8	-5.7	2.3	8.8	12.3	11.5	7.9	2.5	-4.8	-15.2
Average low °C	-29.0	-28.2	-22.4	-11.0	-2.6	3.3	7.1	7.1	4.2	-0.3	-7.7	-19.6
Precipitation mm	25.1	21.4	26.0	20.7	32.7	45.7	77.3	66.2	64.9	66.4	63.1	46.2

SUMMER (June – August): Beware of mosquitoes and black flies, bring bug repellent.

FALL (September-November): Often rainy and chilly so dress warmly and bring a raincoat.

WINTER (November – March): Bring a warm coat, boots, mitts, and hat as it gets very cold.

UPON ARRIVAL IN CHISASIBI

AIR CREEBEC FLIGHT FROM MONTREAL TO CHISASIBI

The Cree Board of Health and Social Services of James Bay (CBHSSJB) will organize your flight from Montreal to Chisasibi. There are 2 flight options. Either you will be booked on the regular Air Creebec Flight or on the charter flight.

Regarding the regular Air Creebec flight: This flight departs from the regular terminal at Montreal-Trudeau International airport. The flight stops in Val D'or (or Chibougamou), Waskaganish and sometimes other Cree villages depending on your flight. When the plane refuels, the passengers may be asked to leave the plane and wait in the airport. **It is important to keep track of your flight as there can be more than one plane and they do not always clearly announce when you are re-boarding. Students have been inadvertently left in other villages.** The weight limit for luggage on Air Creebec flights is 20Kg. The extra baggage rate is currently 4.37\$/pound.

Regarding the charter flight: This flight departs from the Air Creebec terminal on Ryan Avenue (9475 Ryan Avenue, Dorval, QC H9P 1A1). This flight may also make one or more stops en route. The weight limit for luggage is the same than for the regular flight.

ARRIVAL AT THE CHISASIBI AIRPORT

After picking up your luggage, the hospital driver should be there waiting for you. **MAKE YOUR PRESENCE KNOWN** either by asking at the Air Creebec counter to point out the driver or by going outside and looking for the van with the Cree Board of Health and Social Services of James Bay logo (as seen on the right).



ARRIVAL AT THE HOSPITAL

Ask to be shown to the doctors' office and deposit your luggage there temporarily. A doctor will bring you to the cafeteria for lunch and then proceed to your orientation of the hospital.

GETTING YOUR TRANSIT/APARTMENT KEY

The doctor giving the orientation will give you your apartment key. If it is missing, call Material Resources at 819-855-2744, ext 22057. Please return the keys to the permanent MDs or in the key box in the Doctors' Office before leaving (or to the driver).

LODGING (TRANSIT/APARTMENT)

The Cree Health Board has several transits (temporary apartments) for health workers. In general, they are well equipped with all the appliances and dishes you may need. Some of the transits are single apartments while others are shared dwellings with 2-3 rooms. Because you may be sharing your transit with other hospital staff, please keep it clean and tidy up before you leave as a courtesy to the next visitors.

Some important information:

- They are equipped with oven, microwave, washer, dryer and dishwasher (no food nor spices)
- Towels, sheets, toilet paper, dish soap are provided
- Every transit has a TV with cable, DVD player and WIFI internet

- All the transits are within walking distance from the hospital
- Smoking is not permitted in the transits

MEAL TICKETS

The hospital has a cafeteria that serves lunch and supper. Unfortunately, breakfast is not available, therefore you will have to make your own. Tickets (pink) for cafeteria meals can be purchased in office near the MD office (\$4.60/ticket) – see the times the office is open, posted near the door. . The MD giving the orientation will show you where this office is located. Trainees: you will receive one meal ticket per weekday call and 2 meal tickets (lunch and supper) per weekend call. Dep/perm MDs: purchase your own.

GENERAL INFORMATION

DIETARY RESTRICTIONS & PLANNING AHEAD

Being a remote northern community, it is important to know that there is sometimes a lack of fresh foods. There is also much less variety compared to grocery stores down south and prices are more expensive. **If you have any special dietary restrictions, want to save money, or just need to have certain products/ingredients for cooking, please consider purchasing them before your rotation and bringing them with you.** Remember baggage allowance is only 20kg, pack wisely!!!

LIFE IN CHISASIBI

The relaxed environment makes life less stressful than it is down South. Therefore, people are less concerned with time. Hence, consider that events may take place 30-60 minutes later than planned or expected. Sometimes patients arrive late for their appointments.

COMMUNICATION

- **Telephone:** The telephone system in the hospital makes each transit phone number an extension. If you call within the hospital or to a transit, you need only to dial the 4 digit extension. To call a local external number, dial 9 first. By far, the **easiest and least costly way** to make long distance calls is **with a calling card**. In the transit you can use the internet to make calls via Skype, Facetime, etc.
- **Cell phones:** All cell phones should work and have good reception, regardless of provider.
- **Internet:** Internet is available in the doctors' office, the clinic (only via hospital or clinic computers) and generally in all the transits/apartments. However, at times the connection is poor, slow, or down altogether. This is especially true in the evenings after work when online traffic is high. Your phone's 3G/LTE internet is also an option (personal wifi hotspot).

TRANSPORTATION

- **Walking:** Most places, including the transits, are a short walk from the hospital. However, late at night it is safer to get a lift home if possible. Occasionally, there are packs of stray dogs or groups of sometimes intoxicated individuals that you want to avoid. If you do walk home at night, avoid taking shortcuts and stick to the main roads as there are usually many cars and it is much safer. Ask the hospital Security Guard/Driver for a ride home after finishing your evening on-call.
- **Taxis:** There are three taxi companies in Chisasibi: 1) *Martinhunter Taxis* (819-855-7051), 2) *Rupert's Taxi* (819-855-5820/7030) and 3) *Picard Taxi* (819-855-7800). All three companies finish their services at 11pm.

LOCAL RADIO (FM 101.1)

The **community radio** remains the best way to keep informed about what is happening in the community. Although most of the broadcast is in Cree, certain announcements are in English as well. Occasionally, our physicians are on the radio discussing health topics and you may be invited to come on the radio.

2. ORIENTATION TO THE HOSPITAL

DAILY ROUTINE (WEEKDAYS)

- **Morning rounds:** Work starts at 9:00 am. Every morning from 9:00 to 9:30, all physicians meet in the doctors' office to discuss admissions from the day before, interesting cases, transfers, and come-backs.
 - *Trainees:* If you have admitted a patient to Medicine the day before, you must arrive a bit before 9:00 am in order to reassess your patient and write a SOAP note prior to rounds. (See the "Trainee Responsibility" section below.)
- **Lunch:** Lunch begins at 12:00 and ends at 1pm. The hospital remains open during this time for emergencies. For locum and permanent MD: the doctor circled on the ED schedule will see patients with emergencies during lunch and take village calls as needed (the MD circled in the morning covers 12:00-12:30 and the MD circled in the afternoon covers 12:30-1:00, unless discussed and arranged otherwise by the MDs involved).
- **End of the day:** Appointments end at 5:00 pm. The workday usually ends around 6:00 pm. At the end of the day from 5-6pm, **everyone gets together in the clinic and finishes doing the lab work/charts and seeing most of the patients if there are many left to be seen (trainees don't need to do labs/charts)**. Locum and permanent MD staff go over the lab results and review charts with abnormal results until all are dealt with. If you have patients in medicine or any new admission, this is the time to sign out to the MD on-call. The doctor in Medicine will sign-out to the MD on-call and on-call medical trainee.

WEEKENDS

- **Morning handover:** Change of shift and sign-out from the on-call MD occurs at 9:00 am in the doctors' office. The Medicine MD and medical trainee on-call will round on the Medicine ward in the morning. When finished rounding on the medicine ward, the trainee will work in the ED with the on-call MD (or earlier if there are interesting cases).

CLINICS (see schedule posted in clinic or doctor's office):

- For residents and medical students, **all patients** must be **reviewed** and **all notes countersigned**. All medical student **prescriptions** (medications and orders) must be **countersigned**. TO TRAINEES: AFTER SIGNING YOUR NOTE, PLEASE REMEMBER TO WRITE THE NAME OF THE STAFF YOU DISCUSSED WITH (ex. in the format "D/W Dr. X")

1) Emergency Department (emergencies and walk-ins)

The ED is staffed by 2-3 doctors during the weekdays from 9am to 6 pm and by the MD on-call during the evenings and weekends. There is an additional MD on evening shift during weekdays. This is a walk-in clinic/emergency room. An average of 50-60 patients are seen per day. This is where you will spend most of your time.

The nurses will place charts in the "To Be Seen" wooden rack near the secretary in order of priority with a clipboard indicating in which room the patient can be found. When finished with the clipboard, please replace it on the wall so that the nurses know the room is available and can prepare a new patient to be seen.

Exam Rooms: Rooms 3, 4 and 5: For ED/walk-in patients.

Rooms 7 and 10: For ED/walk-in or *ED f/up-RV* patients. (occasionally Room 7 is reserved for visiting specialists)

Room 9: table for gynecological exam (ok to use it for other quick cases if ED full)

Room 11: Casting room (sometimes nebulizers are given here, or patients with migraines etc.) **Translating**

Most of the Cree speak English. However, the young and elderly sometimes do not. Usually these individuals will be brought in by family members who can translate for you. If there is no one available, please ask a Cree secretary or PAB to assist you.

Doctors' Orders/Treatments to be done IN THE ED

- I. If the patient needs blood tests, cultures, IV fluids, etc., write the orders on a medical order sheet and place the chart in the "For Treatment" slots near the receptionist's desk. Tell the nurse directly if anything is urgent.

- II. Medication prescriptions are written on the carbon copy white/yellow prescription forms found in the chart. Please notify the nurse, especially in the evening when she/he must give some of the prescribed meds to the patient/family (you can put the chart in the treatment rack if they are busy).
- III. X-rays and EKGs require a separate requisition to be filled. Once x-rays are done, write your interpretation of your findings on the green x-ray request (right lower corner).
- IV. **Medical students must have all their orders and progress notes countersigned by a staff physician.** (Residents: all notes).
- V. **At the end of a visit, after completing your progress notes, orders, consults and diagnostic test requisitions, all medical trainees should put the chart into the box of the attending staff that they discussed the case with, who will co-sign it (or give it directly to the MD staff to co-sign it right away).** TO TRAINEES: AFTER SIGNING YOUR NOTE, PLEASE REMEMBER TO WRITE THE NAME OF THE STAFF YOU DISCUSSED WITH (ex. in the format "D/W Dr. X")

Orders/appointments to be done AS AN OUTPATIENT

- I. If the patient must be seen within 1 week for an emergency follow-up (i.e., wound follow-up, x-ray follow up, etc.) the patient may need to come back to the ED for follow-up as it is maybe too short a time to get an appointment (ask medical secretary).
- II. To book a **RDV** (*rendez-vous*) ED follow-up which can wait more than 1 week: **CLEARLY** write follow-up in your plan using the following formula: **RDV with MD in X days/weeks/months for X reason.** Place chart in the "Book by Secretary" box for the appointment to be booked.
- III. If patient can be followed up in one of the CMC clinics:
 - a. **Awash/Uschi:** As for RDV, write **"Please book with MD in [Awash/Uschi] in X days/weeks/months for X reason"** in your plan and place the chart in the Awash or Uschi box for the appropriate secretary to book.
 - b. **Tchayo:** Ask patient to phone the Tchayo secretary to book his/her own follow-up appointment with the doctor in the desired time frame. Provide patient with slip with Tchayo secretary phone number.
- IV. For blood tests to be booked, **CLEARLY** write all the specific tests as such: **Please book for blood tests "x, y, z" in X weeks/months** and fill an outpatient blood test requisition (sign and date on the back of the requisition) and leave the requisition in the chart. Then place chart in the "Book by Secretary" box for the appointment to be booked.
- V. For X-rays and EKGs, fill in the respective requisition and give it to the patient. Inform the patient when and where to come back to get the x-rays or EKG done.

Please highlight or put a star next to tests or appointments to make it clearly visible.

Medical Consultations

- I. Consults for specialists: if consult is for any of the specialties covered by the CRDS-APSS consult forms, use the appropriate form (see consult binder in ED, or on MSSS website); for any other specialty, use orange consult form. Fill out the form completely, sign it (assure Chisasibi MD staff name on it), and give it to CPS liaison nurse (directly if urgent, or leave in patient's chart and place chart in CPS box if non-urgent).
- II. Specialists that periodically come to Chisasibi: Internal Medicine, Optometry, Psychiatry and Peds Psych, Gyne (for non-surgical consults), General Pediatrics, and Pediatric Cardiology (check with CPS): fill out a consult and leave it and the patient's chart in the CPS (Cree Patients Services) Liaison nurses' box and specify that it is to be done in Chisasibi.
- III. Consults for specialists in Val d'Or/Amos/Montreal: fill out a medical consult (APSS or orange form, as above) and leave it and the patient's chart in the CPS box. The Liaison nurse will arrange for this appointment, travel and accommodation. If it is URGENT (within 4 weeks; or within 10 days - to be rediscussed), the medical trainee/attending staff must call the consultant to discuss the case and request urgent appointment. Then write on the URGENT consult "discussed with Dr. ABC", specify the date/place/time of the appt given by the specialist, and give the chart directly to the CPS nurse.

Special Tests

For special tests to be done in Val d'Or/Amos/Montreal (i.e., cardiac stress test, CT scans, ultrasounds other than Obs, etc), fill out the appropriate form (ask a colleague or Cree Patient Services), then place it in the CPS box with the patient's chart. If test is to be done urgently, speak with CPS directly; you may need to call to arrange it, CPS or a colleague can help guide you.

When you and the Attending MD are finished with the chart from an ED visit, put the chart in one of the following boxes (ask a permanent MD if you aren't sure):

- I. **"To be filed by the Secretary" Box** - for any future emergency room f/up, ED f/up blood tests, medical forms completed and need to be returned to the patient, or to call patient back for whatever reason.
- II. **"Return to Archives" Box** - if the patient does not need any follow-up or tests.
- III. **"CPS Liaison Nurse" Box** - for consultations or special tests (see following text) or if patient is originally from another village (ED note gets faxed to village)
- IV. **"Tchayo" Box** – for patients followed in Tchayo family medicine CMC clinic (ie. anyone over 30yo, with or without HTN, DM, PAP, etc.), the box is above the photocopy machine. Urgent cases needing follow-up within 1 week should be discussed directly with that team.
- V. **"Awash" Box** – for patients followed in Awash (i.e., prenatal visits, postpartum; well-baby and children 0-9), the box is above the photocopy machine. Urgent cases needing follow-up within 1 week should be discussed directly with the team.
- VI. **Uschi box**) – for patients followed in Uschi (10-29 y.o. patients) requiring follow-up with the nurse or MD.
- VII. **Mental Health Nurse Box:** for patients needing mental health nurse f/up or psychiatry f/up
- VIII. **Physio/Occupational Therapy, Nutrition slots:** Use the allied services PT/OT/Nutritionist consult. Can give to secretary (put in relevant box for age) or CPS if other consults or appts need to be taken first; otherwise, place in appropriate slot behind nurses' desk/next to white board in ED nursing station.
- IX. **Psychosocial consults** (social worker, community workers, addictions program (under Uschi but open to all ages), psychoeducator or psychologist): use the red Requête de services professionnels form, write a brief Hx, and put the request in the appropriate psychosocial slot behind nurses' desk/next to white board in ED nursing station.

Medical Admissions

Patients who are hospitalized need a full admission note. Please write your note on the blue-bordered sheets included in the **Admission Package** and complete the **"Demande d'admission"** form (include dates). Also included in the admission package are the admission orders, admission prescription, DVT prophylaxis sheet, and level of care form. There is also a pre-written insulin sliding scale sheet, if needed. Please ensure that all documents are completed correctly and that the patient's regular meds have been clearly documented in the admission note and represcribed on the prescription sheet. If the patient did not bring them, the best way to get these is to ask a family member to pick them up. If pharmacy is open: obtain a medication profile.

You can also start filling out the discharge summary with the known past medical history, date and admission dx, if you have time. If the patient is admitted for palliative services, please write this in the dx list or as main dx.

Patients who are admitted during the day are followed by the admitting physician/trainee until handing over to the on-call MD in the evening. The Medicine team takes over care after rounds the following morning. At morning rounds, admissions are presented to the team by the admitting trainee or physician. Trainees who admit patients are expected to check in on their patients the day following admission to review the chart and reassess the patient's clinical status in order to provide an up-to-date handover at morning rounds. This should be done and a progress (SOAP) note should be written prior to rounds at 9:00 am.

Urgent Telephone Consultations/Transfers (Medevacs)

If you need to speak to a specialist regarding a patient or if you need to transfer a patient, the hospital you call depends on the specialty you need. Most patients are sent to Val d'Or, Montreal or Amos. See the **"Corridors of Care"** list posted in the clinic for the list of specialties and the appropriate hospital. (In general: most go to Val-

d'Or (ED or imaging); if neuro/trauma/bleed: MGH; if ortho (peds and adult): Amos; urology: Rouyn; Gyne-obs-resp-GI-surgery-etc: Val D'Or; Peds is usually via MCH; Dialysis pts: MGH.)

For urgent transfers, the Medevac transfer forms must be filled out and given to the Liaison Nurse (during regular hours) or the Coordinator on-call (overnight/weekends), who will make the arrangements. If the Challenger medevac service is required, the patient will be transferred via land ambulance to La Grande Airport, about 1 hour drive from the hospital. You may be able to accompany the patient and see the Challenger jet, which flies to various communities in the far north of Quebec to pick up critically or severely ill patients. Other Medevac planes can also offer the service of an MD-nurse-RT on board – ask nurse coordinator to help you. Ask nurse coordinator/CPS re: if escort is allowed.

For non-urgent transfers, patients are booked on the regularly scheduled flights to Val D'Or, Montreal, Amos, etc. (charter or Air Creebec regular flight). Medevac forms are not required; consult forms only (ask CPS if ever in doubt).

Patients may also be transferred from other villages to Chisasibi Hospital. This too may be on a scheduled flight or by Medevac. These are arranged by the nurse/MD in the village after obtaining authorization from a doctor in Chisasibi. Patients from coastal villages can also be transferred to Val d'Or, Amos or Montreal, while the inland villages (Oujebougoumou, Mistissini, and Waswanipi) usually go to Chibougamou ED and call Mistissini MDs for assistance.

2) ED follow-up/Rendez-Vous Clinic (RVC) (ED follow-ups, pre-ops, wounds, forms, etc.)

Patients are booked every 30-60 minutes for students/residents; every 30 minutes for MD staff. You can pick up your charts from the secretary in the ED and use room 7 or 10. When you are ready to start, you must call your patient from the waiting room. If the patient is not there, ask the secretary if the patient has arrived. If you need blood work to be done immediately, ask a nurse in the clinic. For non-urgent orders and appointments, follow the same instructions in the "Walk-In Clinic/ED" section.

Medical students and residents review their cases with one of the MDs working in the ED.

3) Awash Clinic (0-9 y.o. and prenatal/postpartum)

The Awash clinic is in the building on the left behind the hospital. Patients are booked every 45-60 minutes for students/residents; every 30min for MD staff. There are 3 clinic themes:

- I. **Prenatal:** Pregnant patients should be weighed before you see them. You need to do their urine dip for protein/glucose (do only if clinically relevant). The prenatal sheets are found on the inside left cover of the chart. Prenatal ultrasound reports are usually in the Consults or MP/SC section of the chart. When ordering a prenatal ultrasound, please review the requisition with MD staff (need to include weight and tel number). For patients leaving for their deliveries (team leader will let you know), please fill out the **Air Creebec authorization form** if they are not in labor/fit to fly (make a copy to keep a copy in the chart; give original to the pt).
- II. **Well-baby** (usually on Tuesdays): Babies will be weighed and measured before you see them. A nurse will give the vaccinations after you see the patient. Trainees: you are welcome to do the vaccination with the nurse if you have time. After the vaccines, a CHR (community health representative) will give a 15-minute discussion with the parents on preventative topics. Dental hygienist is often available as well. Please **fill out the standardized well-baby clinic sheets** in "SC" section at the end of the chart and plot the growth parameters on the growth curves. Write only a brief summary/"See WBC sheets" note in the Ext section.
- III. **Everything else:** Other possible visits include pediatric chronic conditions (eczema, asthma, kidney disease, liver disease, etc.), contraception counseling, STI counseling, mental health issues, etc..

4) Uschi Clinic (10-29 y.o.)

The Uschi clinic is the middle building behind the hospital. There is a full-time Uschi RN, as well as community workers and addictions services. Currently, Uschi MD clinics are limited to permanent MDs (no trainees) due to space constraints.

5) Tchayo Clinic (30 y.o. and up)

The Tchayo clinic is located in the building on the right behind the hospital. Adult patients are primarily followed for their chronic medical conditions, including HTN, DM2 and other chronic diseases, and other well-care/preventative medicine (pap, DM screening, nutritionist, etc.) Patients may also book their own appointments in the Tchayo clinic for any reason, as in any family medicine clinic in the south.

6) Inpatient Medicine Ward (locum MDs usually do not work on the ward; permanent MDs and trainees only)

During the rotation, trainees will spend a week working on the Medicine ward. The week will typically begin on a Thursday and end on a Wednesday, coinciding with the permanent doctors' schedule (i.e., to work with the same staff MD for the week). Approximately 12 beds on the inpatient ward are dedicated to "chronic"/longterm care patients (as in a CHSLD down south); the remaining patients are "acute" and may be admitted for a wide variety of reasons.

On the first day of your Medicine week, you and the attending MD will meet with the previous week's team at 9:30am (after the morning meeting) to receive handover of the admitted patients. Your attending MD will explain to you how patients will be divided and how the days will be structured. Trainees will typically be scheduled for call one weekend day during their Medicine week – this day starts with handover/rounds at 9:00 am in the doctors' office, as usual. Trainees are not expected to come in to round if they are not on call.

Trainee responsibilities may include:

- Following a certain number of admitted patients (to be determined with your attending MD) – performing daily chart review, lab review, patient assessment (history and physical) for these patients and reassessing them as needed
- Writing daily progress (SOAP) notes
- Completing discharge summaries and discharge prescriptions
- Contacting specialists or other allied health professionals (i.e., social services, PT, OT, etc.)
- Helping to arrange patient transfers
- Attending family meetings and/or level of care discussions

Charts

The charts in medicine are similar to those down south. There are separate sheets for medication prescriptions and general orders. To flag your orders, turn the dial on the spine of the chart to red. If you notice a yellow flag, it means the nurse wants you to review something non-urgent – please see the first sheet of the chart to read their comments/questions (and sign once dealt with). Green and blue flags are not used.

Discharge

When a patient is admitted to the hospital, their current prescription is deemed void. When a patient is discharged from the Medicine ward (or transferred to another hospital), please write the discharge prescription, which is the yellow carbon-copy sheet of the admission prescription. Be sure to compare this list to the medications the patient is actually taking at the time of discharge, and be sure that all of the patient's admission medications have been appropriately carbon-copied. Be aware that patients who are taking many medications may have more than one sheet. For all medications that are being continued, be sure to indicate the length of time the prescription covers (i.e., x1 month, Rx11).

Write the discharge summary on the appropriate form (pink border), briefly describing the reason for admission, treatments, outcomes, transfer if applicable, discharge prescription (complete list) and follow-ups (also write appropriate follow-ups, consults, and fill lab sheet requests if patient lives in Chisasibi). The attending physician will read this and co-sign it. Do not use any acronyms on the front sheet of the discharge summary. Be as complete as possible. If a patient is palliative at any point during their stay, include this on the problem list.

MEDICAL TRAINEE ON-CALL HOURS

On weekdays, the call is from 6 pm-midnight; 9am-midnight on weekends. On weekday evenings, trainee can review with evening MD or on-call MD (2 MDs cover evening ED). If it is quiet and with a resident on a weekend evening, the MD on call may go home for a short time in the evening and ask you to call him/her after seeing a patient. They may then review the case over the phone or come in to see the patient with you. The on-call doctor sleeps in the hospital overnight. The physician on-call always carries the 1st call cell phone (819 855 7622). There is also a 2nd call doctor available for major emergencies, patient evacuations requiring an MD escort, second opinions, and deliveries. They carry the 2nd call cell phone (819 855 7623). **All trainees, at all levels of training, are expected to review every case with the doctor on-call or evening MD.**

For weekend calls, you are expected to round on Medicine with the medicine staff in the morning. When finished rounding on the medicine ward, the trainee will work in the ED with the on-call MD (or earlier if there are interesting cases).

After each call, ask on-call MD with whom you worked to fill out your on-call evaluation form.

Monthly Presentation by Trainees

Each Trainee must prepare a short presentation during the rotation: about 5-10 mins, not formal, no PowerPoint necessary, no handout necessary, subject left to the choice of the trainee. It will be usually done during the 3rd week (but may vary), during lunchtime or at morning rounds if time allows, in doctor's office. The date should be set at the start of the rotation.

INVESTIGATIONS

Laboratory and Radiology

The lab is open from 8:00 am-10:00 pm during weekdays and 8:00 am-4:00 pm on the weekends. Radiology is open from 9:00 am-5:00 pm every day of the week (and until 6:00 pm on Mondays, Tuesdays and Thursdays). After hours there is a lab and x-ray technician on-call who will do urgent tests. If you feel that the tests can wait until regular hours, please do so (call backs are costly and can be exhausting for the technicians).

Accessing Lab Results

Paper copies of results are printed from the ED printer, though sometimes there is a delay getting results back. To access results directly in the computer (in clinic or on the ward), use your log in and password (or ask for help if you don't have one) for Omnilab (desktop icon).

Blood Tests

Most basic blood tests and cultures are done here. Other tests must be sent out and may take days to weeks before the results are received (ex.: gono & chlamydia, hepatitis serology, HIV, etc.). Ask a permanent physician, nurse, or laboratory technician for more information. For cultures, please tell the nurse whether patient was **treated or NOT with antibiotics and which antibiotic was used so that this information will appear on the culture result**. Therefore, if the culture comes back positive, we will know whether the infection was susceptible to the selected antibiotic. Also, provide the nurse with the patient's telephone number so that it will appear on the culture result (useful if we need to call the patient).

Blood Products

The lab has a limited supply of blood and blood products (FFP, Albumin, IVIG, beriplex, etc).

Gonorrhea and Chlamydia

'Chlagon' testing is done by PCR of a urine sample or urethral/endocervical swabs. The swab is stirred in the test tube provided and the end broken off into and left in the tube. Equipment for wet mounts of vaginal discharge can be found in the gyne room, slides can be taken to the lab to be read on the microscope.

Pap tests: cytology request; slide with double ID; valid RAMQ; HPV available (ask lab for conditions – i.e., 30 y.o. and up, with abnormal previous Pap)

Radiology

X-ray requisitions are filled out and given to the patient who is directed to radiology. When the films are done, the green requisitions will be returned to the clinic. Please write your interpretation on the requisition, so that positive findings in the official report can be verified without pulling the patient's chart (**trainees: have the staff you are working with sign these impressions**).

Pulmonary Function tests

Some PFTs can be done locally; otherwise, patients are sent to Val-d'Or. Ask a permanent MD for clarification about which requisition to use.

H. Pylori Urea breath tests

Available - ask the lab for a test pack; either nurses can do in the ED (if time available) or via an appointment (nurse in ED or CMC nurse). Optimal: via nurse.

Electrocardiograms

ECGs are done in Radiology from 9:00 am-5:00 pm 7d/week. Done by the nurses overnight from 6:00 pm-9:00 am if an emergency. A requisition should be made for every ECG done. MD needs to sign the ECG (and comment on findings).

Ultrasounds

A portable ultrasound machine is available in the Clinic/Emergency for those physicians who have experience using it. Obstetrical ultrasounds are done by Dr. Michael Lefson, who is a family physician with training in obstetrical ultrasounds. He does dating ultrasounds, and routine OB ultrasounds at 18-20 weeks, and sometimes later as follow-up ultrasound to check growth/placenta. Some of the radiology technicians also have ultrasound skills (ask them if they can help).

OTHER SERVICES:

Mental Health:

For Mental Health issues, there is a Mental Health Nurse who arranges visiting therapists and visioconferences as needed. There is a **psychiatrist and a pediatric psychiatrist who come to Chisasibi** (approx every 3 months) and who can see patients on an urgent/semi-urgent basis by visioconference. To request these services, use the orange Medical Consultation form and give the chart in the Mental Health nurse box (or CPS box). For urgent/semi-urgent consults, call the regional mental health liaison nurse (Sylvain Provencher, see corridors of care sheet for number) and give the consult to Leona Shem (responsible for Telehealth).

Psycho-social:

Social workers, community workers, psychologist and psychoeducator; addictions NADDAP program: can be requested using the red-border *Requête de services professionnels* red form. Put the request in the appropriate age-group psychosocial folder in the emergency room (or give the chart to the medical secretary if in the CMC building).

Physiotherapist, occupational therapist, nutritionist: services can be requested using the Allied Services form (ask a permanent MD as this form might change). There is a nutritionist for the hospital, one for Awash, and one for Tchayo.

Home Care

There are about 50-60 patients using Home Care services. Patient care is delivered by 2 clinical nurses and a team of workers who provide the basic care and supervision of clients. Trainees will have the opportunity to do home visits with one of the Home Care physicians.

Pharmacy

The pharmacy is open 9:00 am-8:00 pm Monday-Thursday, and 9:00 am-5:00 pm Friday and Sunday (closed Saturdays). Afterwards, there is a limited selection of medications available in the clinic and on the wards. If necessary, the pharmacist is available on call after hours. **If you are discontinuing a medication**, write a prescription to "**d/c drug x**" and send it to the pharmacy (give it to patient to bring to pharmacy or put it in the prescription box near pharmacy). This keeps the patient's computer file up to date and prevents errors with patients refilling medications that should have been stopped. You may request a "medication profile" at the pharmacy if you are unsure about the patient's current medications. Patients' medication profiles should now also be up-to-date on DSQ.

Village Calls and "Bush" Calls

Not all Cree villages in the James Bay territory have a full-time physician. Many have nursing stations and are visited periodically by a doctor. Villages frequently call the Chisasibi ED for advice or transfers. **These calls are not the responsibility of the trainees and will be handled by the attending staff. Locum/permanent doctors: the MD who is circled on the schedule is the one who carries the call phone - AM MD until 12:30 pm; PM MD as of 12:30 pm.** When receiving a call, write the information of the patient and your note in the Village Calls

black binder in the ED. If a transfer is accepted (discuss with permanent MD if needed), advise the ED nurse who will write the details on the whiteboard.

Medical Charts/Archives

During your orientation, all MDs must stop by archives to give their license number and signature.

The hospital charts can be confusing and take some getting used to (they can also be very thick!). Here are some of the basics to help guide you:

1. The INSIDE front left cover of the chart will have, if applicable, a **diabetes** flow sheet, active **prenatal** sheets, and pending special tests or consults with specialists.
2. The top sheet on the right side in the chart is a **problem list** (not always complete). Please update it as problems arise. (Replace with a new sheet if needed).
3. After the Problem list are Outpatient Prescription Orders and carbon copies of past written prescriptions. Please keep in chronological order, most recent on top, start writing script at TOP of page. If the patient was recently admitted or transferred, verify if the most updated medication list is elsewhere (i.e., discharge prescription filed with admission).
4. The next section ("Ext") contains the outpatient clinic notes. These include Walk-in/ED triage sheets and MD notes, RV and CMC (Awash-Uschi-Tchayo) clinics in reverse chronological order (most recent on top). When writing a note in the ED and you need more space, use a "Consultations et traitements" (white with lines) page as a second page. Use these pages to mark down important results that need follow up at the next visit (give back to appropriate medical secretary if f/up is needed).
5. The next section contains investigations with **ECGs** on top (this is where you find old ECG's for comparison), followed by **X-rays**, then labs and microbiology in reverse chronological order (most recent on top). Pap results are also found here.
6. The following section is **Dental Clinic** notes.
7. Then "**C**" Section for specialist consults (done in Chisasibi or elsewhere) and anything done in the south (imaging, surgery, admissions, etc.)
8. "**MP**" (médecine préventive) or "**SC**" (CMC santé communautaire/community health) — containing past prenatal sheets, vaccination records, well-baby sheets and growth curves. (Note that PAP tests used to be in this section prior to approx. 2010—so check here if none found in lab section)
9. The last section contains hospital admissions in reverse chronological order (with the discharge summary on the top of each admission). Each admission is separated by a dated tab. When looking for the medical history of a patient, check this too as it may be relevant to their current presentation to the ED or follow-up.

3. CHISASIBI COMMERCIAL AND ADMINISTRATIVE BUILDINGS

COMMERCIAL CENTRE

Older men and elders used to play on a checkerboard made of stone on Fort George Island. This tradition continues at the commercial centre on the picnic tables.

Ground floor:

The Northern (855-2710)

Northern is the biggest grocery and general store in Chisasibi. It was bought from the original fur-trading Hudson Bay Company around 1990. Delivery trucks with produce arrive generally on Tuesdays, which is the best time to go shopping. During the weekend, the shelves can get pretty empty. There is a surprising amount of food variety, however, fruit and vegetable variety can be minimal. You can buy groceries, clothes, fishing rods, shoes, toys, household goods, etc. You can pay by cash, credit, or *Interac* card. There is also an ATM at the entrance.

Opening hours: Monday to Friday 9AM - 9PM

Saturday 9AM - 6PM

Sunday 1PM - 6PM

The CO-OP (855-2828)

This newly renovated grocery store is affiliated with Provigo. Prices vary from the Northern, so feel free to compare. The store is smaller than the Northern but has a good variety of fruits and vegetables. There is also a bakery in the back. Shipments arrive Tuesdays, so the best time to go is Wednesday and Thursday. You can use cash, *Interac* or credit card.

Opening hours: Monday to Friday 9AM - 8:30PM

Saturday 10AM - 5PM

Sunday 1PM to 5PM

First Nations Bank

The First Nations Bank of Canada is primarily focused on providing financial services to the Aboriginal marketplace in Canada. First Nations Bank of Canada is over 80% Aboriginal owned and controlled.

There is a 24-hour ATM.

Opening hours: Monday to Friday 10AM -5PM

Saturday and Sunday Closed

Canada Post Office (855-2890)

You can buy stamps for standard mail or send by *XpressPost*. There is a mailbox outside the office, open 24 hours.

Opening hours: Monday to Friday 9AM to 5PM

Statutory holidays, Saturday and Sunday Closed

Second floor:

Motel Chisasibi (855-2838) (2-star)

If you want to get some tourist information, you can ask the receptionist who might give you interesting advice.

OLD ADMINISTRATIVE BUILDING

The First Nations Bank Branch

Opening hours: Monday to Friday 10AM to 5PM

Niskafe (Goose Café)

Niskafe is a small coffee shop. You can get in using the main entrance beside the First Nations Bank. They sell sandwiches, soups, juices, and deserts at lunchtime. They sell fresh ground coffee by the weight.

MITCHUAP BUILDING (with teepee roof)

Ground floor:

Fitness Centre

It is a fully equipped gym (treadmills, stationary bikes, weights, etc.) and is usually not busy except for in the early evening after work. Recently, there has been the addition of several fitness classes for an extra cost (you may enquire at the desk). There are three free memberships available for depanneurs, residents and students to share. Please ask the permanent staff how to use them.

Opening hours: Monday, Wednesday & Friday 6:30AM to 10 PM

Tuesday & Thursday 9AM to 10PM

Saturday and Sunday NOON to 9PM

First floor:

Community Radio (855-2527)

The local Cree radio station is 101,1 FM (affiliated with CBC North). There is Bingo on the radio on Tuesdays, Thursdays at 7:30PM, and Saturdays (aft/evg, time varies). CBC Radio Nord Quebec plays on 103,5 and CBC North plays on 105,1.

ARENA: JOBS MEMORIAL GARDENS (855-2918)

This full-size arena is great for skating, hockey and broomball in winter. In the summer, young hockey fans play roller hockey. Various summer events include: kung fu show, Cree Chisasibi Dance Invitational (fiddlers and square dancing), music concerts, weddings, etc. You can check the Calendar posted in the main building. Community activities are also posted at the hospital main entrance doors.

CHISASIBI BAND OFFICE

Cree Trappers Association (CTA)

If you would like to buy a permit to hunt or fish in category I and II lands, you would visit the Cree Trappers Association.

Opening hours: Monday to Friday 9AM to 5PM

FORT GEORGE ROAD

Chisasibi Heritage & Cultural Centre (855-3311)

The Cultural Centre will provide a place where the elders can meet and pass on their knowledge to the younger generations. The centre was designed by local youth trained in architecture and is both culturally appropriate and meets museum standards. There is a small gift shop open to the public that sometimes sells local crafts including art, mittens and moccasins.

Opening hours: Monday to Friday 9AM to 5PM

Ace Hardware Store (855-2078)

You will find everything you need for your car, house, boat, and dog... Some winter and hunting clothing are also available.

Opening hours: Monday to Friday 10AM to 6:30PM

Saturday 10AM to 5PM

Churches

There is a Catholic Church (white/blue) and an Anglican Church (brown) in Chisasibi, both located at the corner of Fort George and Maamuu Road. Most families are Anglican.

Services: Catholic service Sunday 10:30AM (if the Priest is in town)

Anglican service Sunday 10:30 and 3PM in Cree and 7PM in English.

Pash-Moar Pizza (855-2080)

A small pizzeria located at the corner of Fort-George and Chisasibi Road. They serve a variety of fast foods but are best known for their pizza. Prices are reasonable, no delivery available.

Opening hours: Monday to Friday 8am-11pm

Saturday and Sunday 9:30am-1pm

Fritou

A new fried chicken fast food chain restaurant adjacent to Cody's Convenience store, next to Pash-Moar.

CreeMart

A large depanneur near the Inuit Center and Cultural Center that has a good variety of food, including groceries, fruits & vegetables, milk products, etc. They carry a decent variety of gluten free products. They even sell soft ice cream!

Opening hours: Monday to Saturday 9am-11pm

Sunday 5pm-11pm

Retro Daze Café

Near the cultural center and Hardware store on Fort George Road. Chicken wings, television with sporting events, spaghetti nights, karaoke nights.

4. Places to Visit and Things to do

OUTDOOR ACTIVITIES

Depending on the season, you may want to bring your cross-country skis, snowshoes, skates, fishing rod, etc. If you forget your equipment, there is some available for trainees at the hospital. This includes two bikes, snowshoes, fishing rods, some tackle, a tent, sleeping bags and foam sleeping pads. Ask one of the permanent doctors. Be sure to sign-out any borrowed equipment and return it before you leave.

JAMES BAY COAST

There are several locations with a beautiful view of the James Bay. The closest to Chisasibi is accessible off the James Bay Highway going towards Fort George Island. The 15 km route is not paved, but in pretty good condition. The best way to cover the distance is by car or bike. You can see jellyfish, seaweed, seagulls, and eider ducks and if you are lucky you might see seals, beluga whales and migrating Canada geese.

LONG POINT

Another location that gives you an impressive view of the James Bay is Long Point. Long Point is geographically 20 km north of Chisasibi (see regional map). The only road that takes you there crosses the LG1 dam. Once across the dam it is a 48 km drive northwest on gravel, making the trip far but well worth it. There are several trails in the area that bring you to ponds, lakes, and views of the rocky shoreline. It's a great place to picnic, hike, camp and pick wild cranberries in the fall. Ask if a doctor or other hospital staff are going there and tag along.

LA GRANDE RIVER

The Great River (La Grande) defines the northern edge of the community of Chisasibi. It is, as its name states, a very large river. You can access the river by several sites in Chisasibi or as you are going to the Bay (see maps in Appendix). The nicest beaches are near the D4 cluster and kilometer 0. There is a nice trail along the river for walking or mountain biking.

FORT GEORGE

Fort George is the island where the Chisasibi community was previously situated before the Hydro-Quebec dams were built. There is a ferry to get to the island that operates for limited hours during the summer (check at Band Office); otherwise access is only possible by boat (or snowmobile/walking/snowshoeing in winter). No one currently resides on the island; however, the Cree people from Chisasibi have cabins there and often visit during the summer months. If you are interested in visiting, you can ask around the hospital, you might find someone going for the weekend. In July, the Mamoweedow gathering is held on Fort George. It is a traditional gathering where Cree families come to the island and celebrate their culture and history. They honour relatives and elders that are buried there. Everyone is invited! During Mamoweedow, the ferry does operate every day.

HYDRO-QUEBEC'S LA GRANDE HYDROELECTRIC DAMS (1-800-291-8486)

You can visit LG1 and LG2. LG1 is fairly close to Chisasibi (35 km) and can be reached by bicycle on the paved highway. LG2 is located in the town of Radisson, approximately 60 minutes from Chisasibi by car. Hydro-Quebec organizes free visits from June to August. For more information please visit www.hydroquebec.com/visit/baie-james/grande-1.html.

CHISASIBI POOL

Chisasibi has an indoor pool open year-round. Bring your swimsuit and go to free swim after work or join a class for the duration of your stay. The schedule is usually posted in the hospital and there is also Facebook page that you can check for more information. Closes when there is a funeral (check Facebook site). Baby pool also available and free. (? approx 5\$/visit or ?40\$/year)

RADISSON

This village was created in 1974 by Quebec to house the workers in charge of construction of the hydroelectric dams in northern Quebec. Today the population is less than 300. There is a very nice gift shop that sells native and Inuit crafts called Arts et Trésors Inouïs. If you can find a lift, it is a beautiful drive and worth the visit.

ATTEND A WALKING-OUT CEREMONY

This is one of the most popular of the traditional ceremonies that the Cree still celebrate. In short, it celebrates the first time an infant touches the ground outside and takes his or her place in Cree society, boys for hunting and girls for cooking/tending the fire. For the occasion, the children are dressed in traditional clothes, boys as little hunters and girls as cooks. The ceremony takes place at sunrise and is followed by a big feast. Traditional foods such as goose, beaver, caribou, and bannock (native bread) are served.

CAMPING

Camping is one of the wildest activities you can practice in the north. The campsites are numerous since you can camp almost anywhere. Make sure you bring warm clothing and sleeping bags since the weather can change rapidly. Avoid swampy areas and do not forget to bring insect repellent!

AURORA BOREALIS

The James Bay is known for its spectacular views of the northern lights. Solar winds reach their peak every 11 years, the last one being in 2013. Although they may be seen all year round, the best time is in the winter when the nights are long and the skies usually clear.

FISHING

Fishing is probably one of the most popular activities among the Cree and visitors to Chisasibi. The Region is separated into 3 categories, which you have to locate before going on a fishing trip. Category III land is open for fishing to anyone with a provincial permit (available in Montreal and Radisson). You can fish in category II (and sometimes in I—check what your permit says!) with a special permit from the Band Council that is available at the Cree Trappers Association. Fines are expensive and Conservation Officers frequently check for permits, so please follow the rules.

BIKING

There are a number of gravel roads around Chisasibi as well as a few trails around town so you are better off with a mountain bike. Most of the main roads in town, as well as the highway, are paved. If you are interested in the trails, ask for more information upon arrival.

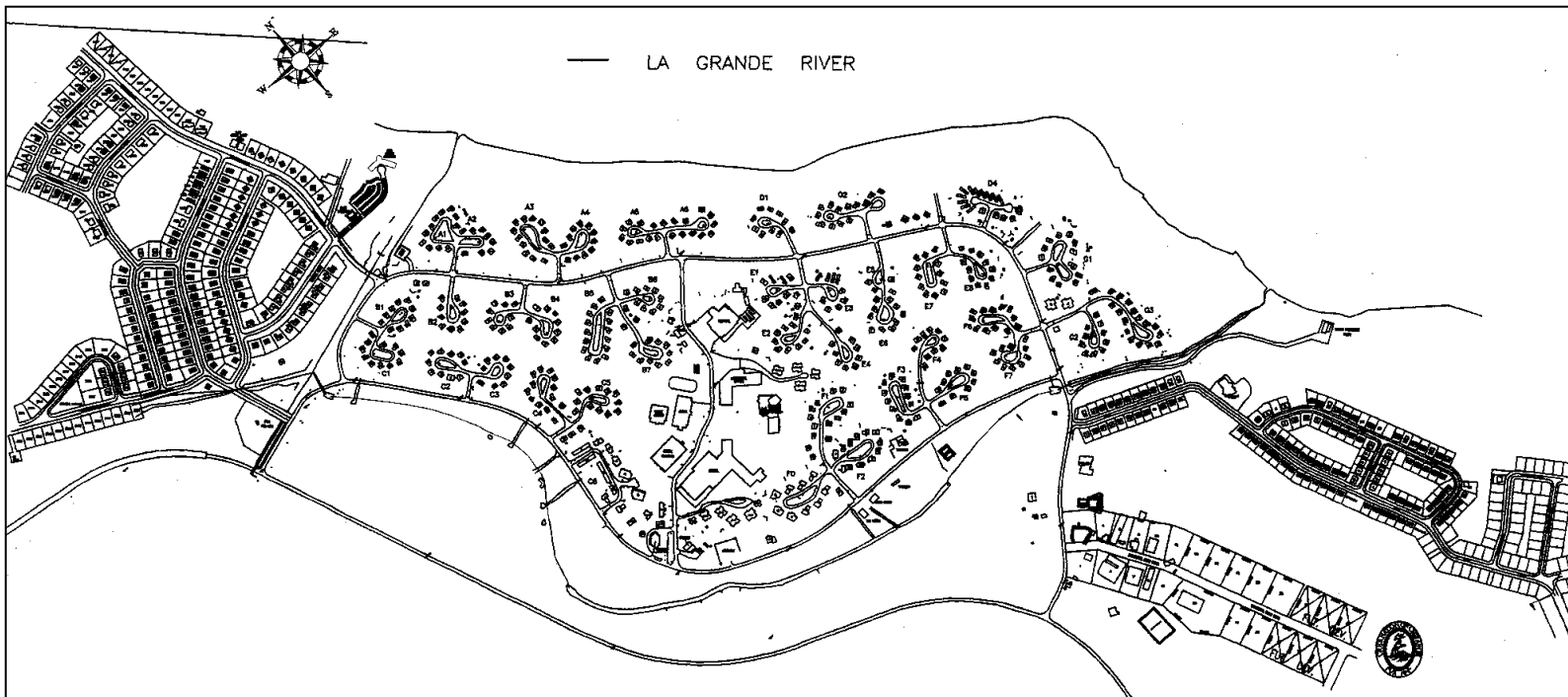
BERRY PICKING

If you have the luxury of coming to Chisasibi at the end of August or the beginning of September, be sure to go blueberry picking. Bushes of plentiful wild blueberries are all around the village. You can easily fill up your bins in less than an hour. A great spot to go is just outside of town at kilometer 10 along the dirt road to the river. Speak to the hospital staff when you are there and tag along with a group of people. Mid-September into October you can also go wild cranberry picking.

APPENDIX 1: Cree Medical Lexicon

Please note that this medical lexicon is a non-official document. It does not use syllabics. It is to be used for common pronunciation, mainly by an English speaking person. We suggest you ask a Cree person to help with the pronunciation or you can use a free App available in the App store called East Cree Conversation which is very good.

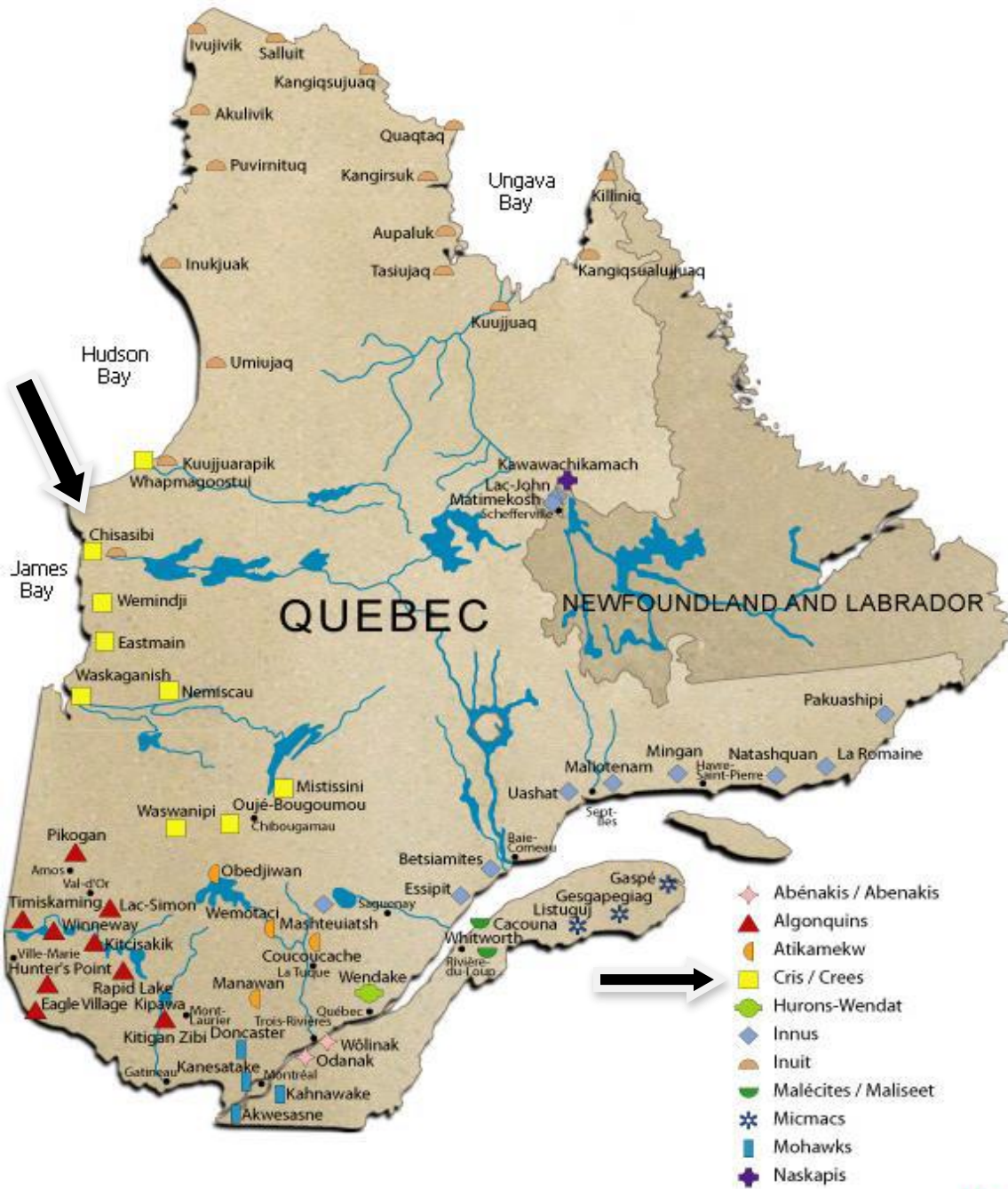
English	Cree
Hello	Wachiya
My name is X	X ni-sin-ka-sooin
What is your name?	Wun-jee
Yes	Kepa
No	Nemma
Take a deep breath	Iss-koo-dum
Stool	Meesee
Urine	Boobooshin
Do you have pain?	Shtaxinna
Are you sick?	
Here (use to point)	Oot mott
A little	Absheesh
A lot	Mishtee
Harder/wider (ie push harder or open wider)	Souk
Anything else?	Shesha Agoodaha
OK or like that	Agooda
Finished	Shash





APPENDIX 2: Map of Chisasibi

APPENDIX 3: Map of Quebec & Cree Villages



Affaires indiennes
et du Nord Canada

Indian and Northern
Affairs Canada

Canada