# WASWANIPI ORIENTATION GUIDE

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Dear physicians and medical students and residents, Wachiya!

It is with great pleasure that we welcome you to Waswanipi. We hope you enjoy your time with us and that you find the experience rewarding and memorable.
We look forward to meeting you!

## 1. ORIENTATION TO THE CLINIC

To learn about the different programs/services:
https://www.creehealth.org/waswanipi

Cultural safety resource page:
Resources-28.8.2019

SCHEDULE

There is a daily MD schedule and an annual MD schedule. Permanent/regular doctors - create and check this schedule in advance (approx 1 month), communicate with other doctors if needed to ensure that arrival day start times/departure time/call schedules/pregnancy resource person is agreed upon. Add weekend fam med appointments when possible. Add "C" for calls to the annual MD schedule for billing verification purposes.
The MD Daily Schedule has numerous tabs related to checklists, billing guide, additional resources and contact numbers- please consult this schedule frequently

Daily Clinic Schedule:
https://docs.google.com/spreadsheets/d/1YxaLe5XyNTu7InPd3kO4xhc_mhvbZ48EtyhSBfwvagk/edit?usp=sharing

Yearly Calendar:
https://docs.google.com/spreadsheets/d/10uI1SWOgVEPoMDNB3IDjCcYfm5Jed1irHcSWdywcNGk/edit?usp=sharing

- Weekdays
    - Clinic hours 9 AM to 5 PM+
    - Lunch is 12-1PM (flexible if covering current services)
    - The doctor assigned to "current" in the PM covers the lunch hour - let the nursing team know how best to reach them and be available rapidly and in person during lunch hour PRN
- Weekends
    - Variable/depends on needs
    - If 3 MDs - patients usually booked 10 AM - 4 PM with 1 MD
    - On call MD: no booked patients (feel free to add yourself patients if you want, or follow ups);
    - 1 MD on pulls/myle summaries/recall waitlist (you can add yourself patients if needed/if no pulls left)

    - Lunch - flexible hours.
- Clinics
    - “Fam Med” (any patient)
    - “Awash” (pregnancy f/ups, WBC well baby clinics, peds 0-9 years old usually wednesday and thursday PM)
    - Ushchii (youth 10 - 29 years old - are usually seen either in Fam Med or Awash).
- Bella Maryann Blacksmith is the Awash/Ushchii medical secretary and we have temporary family medicine medical secretary.
- Please review your schedule with PRIOR to your clinic and ensure space is made for any semi-urgent appointments.
- If no patients are booked in Awash - please advise the fam med secretary so they can use the RVs for patients on waitlist, or review OBS cases with the Awash nurse
- Due to the lack of Awash program nurses (0-1 nurse at a time), 1 doctor per week should be responsible for all pregnancy labs and as a resource person for the awash nurse. Any doctor may see Ushcii or Well baby/peds, but for continuity of care it is best for the assigned doctor to identify themselves to the Awash nurse and try to support them as best they can, example: offering to do chart reviews for complex cases/reviewing select files on the weekend. The awash nurse would like us to be implicated so that there is a second set of eyes on the files, even if they are not booked with an MD that week.
- Proactive communication with the nurse is required for this support.
- While there is housekeeping, please try to keep the offices as clean as possible, stock up on medical supplies PRN (no housekeeping to do this)

CURRENT SERVICES

Current services are open to patients from 9-5pm. Usually 5+ nurses are available, with variable lunch times. The nurses have “rôle élargi”, which means that they see all of the walk-in patients and can manage most of the common problems using the Guide Thérapeutique/”ordonnances collectives”.

Current MD, check-in with the nurses/identify yourself. Let them know which office you are using, leave your office accessible (door open), and specify how to reach you (personal cell or call phone). It is good practice to discuss the case in person, in current, with the nurse, with the file.

Please note that our clinic generally does not allow for observation for more than 2-3 hours. This is particularly true close to the end of the day and weekends/when short staffed. Patient disposition needs to be clarified asap and discussed with the nursing team so that everyone is on the same page and can plan the next steps, to ensure smooth flow of patient care and nursing resources. Please seek guidance from a regular nurse or doctor as each community has their own nuances and they will be the best person to guide you.

Daytime and on-call Youth protection and social services are available, if you feel the patient may benefit from these services, please have them consulted early on in the process as this will help to get an idea of final disposition for the patient. (ie: safe discharge home or transfer to hospital).

If you do not have any cases in current, please work on lab results or 'pulls', Myle recall waitlist, Myle tasks, reviewing homecare files or any other complex files (often patients that come to current for prolonged wound care need a good chart review to ensure primary care/labs is all up to date as well). Any file "pulled" for a lab result can also be reviewed to ensure nothing has been lost over the visits (ie: screening, steatosis lost to lab follow up, poor DM2 control, etc) and update chart summaries on Myle.

If patients require blood work, the nurse that you are working with should be consulted to see what the best way for this would be (sometimes they can do it on the spot and any outstanding routine labs may be added, other times it's best the patient comes back on Tuesday and Thursday mornings 8-9h walk in - it all depends on transportation and nursing availability).

Time permitting, please review the file to ensure that any routine blood work that may be lost to follow up is also added to the req (ie: A1C screen, creat, anemia lost to follow up). Also please verify if a recall on this patient is pending if time.

HOSPITAL TRANSFERS

- If a patient needs to be transferred to Chibougamau, the ER physician in Chibougamau needs to be notified and a consultation form filled (on Myle and printed under 'Consultation Request'). The ER physician's name needs to be communicated with the CMC nurse/added to the consult for CPS purposes.
- The patients can either be transferred by personal vehicle, taxi or ambulance (with or without a nurse, with or without a doctor) depending on their medical condition.
- Taxis leave from Chapais or Chibougamau therefore take about 1.5 hours to get to the clinic. The nurses have phone numbers for the taxi companies and will arrange the transport but it helps to ask the patient to get a sense of how they may be able to get to the hospital when an ambulance is not required.
- The following documents must be brought with/by the patient:
    - A copy of the physician's note regarding the current episode, including the history, physical exam and results of investigations if applicable
    - A copy of an updated medication list from Myle (or DSQ if DSQ more reliable)
    - The patient's past medical history (Myle or other)
    - Pertinent specialist consultations if applicable
    - Level of care if applicable, <u>if level of care has not yet been discussed but the reason for transfer may suggest it should be, this is best done by you at the CMC level where the patient and their family are most comfortable.</u>

- These notes can also be faxed to Chibugamau Hospital via Myle

MEDICAL FOLLOW-UP/Continuity of care

- Patients are asked to book their own appointments by calling the medical secretary. Paper slips with the clinic phone number can be given to the patient as a reminder to book a follow up doctor's appointment. Document in your note that they are aware.

- If you require labs, please inform the patient when to come and document this.
- You may also keep your own list of patients that you would like to see upon your next visit, that have barriers to booking their own appointment and may be lost to follow up. You can then remind the medical secretary to book these patients if the patients have not called themselves.
- Please email or verbally sign-out any urgent cases to the next doctor at the end of your trip.
- If someone doesn't come to an appt, please try to phone them to ensure that some parts of the file can be advanced, it may be a while before someone has the chance to review the file again
- If the patient is not already known to you: Please review the last 2-3 regular medical appts visits when seeing a patient in clinic (many current visits may mask important follow up details that can be lost to follow up). If some action items cannot be completed, simply indicate it in your plan so that it is not lost to follow up (ie: discuss vaccines/BMD/contraception at next visit, or simply: wellcare not reviewed). Consider following the same patient for chronic care (q3-6months) once a good file review has been done.

FORMS

- A few common forms to be completed include 1) salary insurance forms 2) disability forms 3) Bush forms
- Of note for all salary insurance forms, to include the progressive return to work
- We are trying to set up a "Forms Clinic" on Saturdays for form completed, so ask the medical secretary to book patients on weekends for this
- If a patient comes through current, try to have the form completed on the weekend, otherwise you may complete it on the spot if the current is not busy and you have a second doctor available

PROGRAM NURSES

- Due to the ongoing nursing shortage, many program nursing positions are not filled.
- The clinic structure was based on having several chayo nurses, 2 awash nurses, a school/uschii nurse, a homecare nurse, a renal care nurse.

- Check-in with the team on your arrival to see if any of the program nurses are available. Chayo nurses may come on agency replacements, so a discussion with them will need to be had on who does what re: lab results/diabetes follow up, as this will change according to availability.

PCCR

- Patients can be seen collaboratively with the PCCRs (Primary Care Community Representatives (PCCRs) formerly CHRs). They have the support of a regional diabetes educator (tel: 514-770-3419) PRN. Please make a request sheet and give it to a PCCR (or keep it in the file for liaison) indicating exactly when/what frequency and what you would like them to follow up. A discussion with them when possible about the case is also appreciated. Example: patient education/monitoring q1week x 4 months for insulin titration while adding ozempic, until your next visit.
- Or truBP in 2 weeks and d/w current MD if target not reached (with a clear note so the next doctor can easily titrate the meds). The more specific the better.

- Patients can also be introduced to a PCCR either prior to your appt by seeing if they are available to do a TruBP/weight, or after your appt by seeing if they are available to do diabetes teaching/diabetes sensor teaching. It is best to touch base with the PCCRs to see how you can best work together.

CALL

- After 5pm a doctor is on call on a rotation depending on how many doctors are present, it will be every night, 1 in 2 or 1 in 3 or 1 in 4.
- All the patients that require medical attention after hours may call either 811 or the nurse on call. The nurse on call assesses the patient and calls a doctor PRN. The nurse on call is also at home and can either give advice over the phone or ask the patient to come to the clinic to be assessed by the nurse +/- doctor.
- Students and residents establish a call schedule with the attending physician(s) at the beginning of their rotation. This schedule can be modified with the staff's approval. Students and residents are expected to do 1 weekend of work and call (can be broken up into 1 day per weekend for 2 weekends) and 1-2 calls/week for a total of about **6 call nights for a 3-week rotation or 8 call nights for a 4-week rotation.**
- Call is until midnight for students and overnight for residents
- <u>You must touch base with the nurse on call with you to ensure they know the best way to reach you</u>

COVID Info

- There is a folder in each office with protocols/memos. Please also touch base with the regular doctor for more updated info

- Take a tour of the masks/filters/high flow nasal cannula/intubation boxes, and ensure everything is up to date and easily accessible to you
- For updated covid testing schedules refer to a regular nurse or see the CMC schedule taped on the door
- For updated covid vaccine scheduling refer to the posters on the wall
- Also see:
- Waswa Stepwise Approach to Hypoxia Jan 2022
- Region 18 Acute Care COVID-19 Working Group: Summary of Recommendations
- https://www.creehealth.org/covid
- CNG public updates: https://www.cngov.ca/resources/covid-public-updates/

BLOOD TESTS

- All blood tests are sent to Chibougamau for analysis by the clinic van that leaves the clinic every weekday morning from Waswanipi to Chibougamau.
- HbA1c tests should be ordered on a second requisition and are sent to Mistissini (result will be made available via Myle in 1-2 days)
- Regular bloods are drawn on Tuesdays and Thursdays morning at 8 AM in a "walk-in" fashion. A new blood test time on Wednesdays 5 PM is now available.
- Patients are not called to come for their blood work and must be counselled during MD visits or reminded during current visits if you notice that lab work is not up to date. This has changed in the past years so extra care must be taken to ensure lab work is not lost to follow up.
- All blood test requests should be written in the plan section of your note and a req needs to be completed via Forms on Myle or via 'Exam Requests' On myle
- If there are any "special tests" please speak to the Liaison nurse as they may need to prepare the reqs in advance (example: haptoglobin, hepatitis serologies). Some blood tests are sent to Chicoutimi. Simply speak to the liaison nurse if you're not sure.
- If you ask for labs "stat", you will most likely get the results faxed in the early afternoon of the day they arrive to Chibougamau, if requesting a d-dimer ensure the tube is well prepared as the procedure is very specific otherwise it's declined by the lab. If requesting a troponin, patient should be transferred to Chibougmau.
- If you need results quicker, you need to send the patient directly to Chibougamau
- In general, labs are not sent beginning Thursday evening until Monday morning

OTHER

- Urea breath test is now available at the clinic, you must note it in the plan section of your note and inform the patient that they will have to stop their PPIs prior to the test and ensure they agree.
    - Urea breath tests are sent to mistisinni lab and will be made available in 'labs' in Myle or faxed to the clinic via paper
- FIT testing is available by requesting it on the lab sheet after appropriate counselling (note: please complete a separate requisition)

IMAGING

- Obvious fractures should be sent directly to Amos with a consultation for the ortho clinic. There is no need to inform the hospital/doctors of the patient's arrival. There is an ortho clinic every morning at 8am including weekends.
- Routine, non-acute x-rays and CT scans are done in Chibougamau
- All imaging requests must be written in the plan of your note and a requisition form filled and given to the liaison nurse
- For semi-urgent imaging, you need to call the radiology department and speak to the radiologist to authorize a sooner date than would have been assigned.
- For urgent x-rays and urgent scans/other imaging, the patient needs to be sent to Chibougamau after talking to the ER doctor with a filled consultation form for the ER physician
- Routine breast cancer screening is offered via the mobile Clara Bus that comes to the community every 2 years. No requisition form is needed from us. https://www.creehealth.org/services/breast-cancer-screening

- For a diagnostic mammography or if you want a screening mammography before the next Clara bus, fill out the appropriate requisition forms for Chibougamau hospital. Breast ultrasounds are done in Val d'Or.
- Please ensure creat and all other sections of the CT imaging form are well filled otherwise this will cause delays and reqs will be declined

MEDICATION PRESCRIPTION

- All regular medications are written on the long term medication sheet and need to be rewritten on renewal with a licence number as you would an external Rx
- There is separate sheet to see how many times the meds were dispensed (in patient's physical chart)
- There is a plastified sign in the file for patients who get their regular medications at the Uniprix, the Chibougamau community pharmacy. Dialysis, homecare, and complex patients usually all have their meds dispensed in Chibougamau for easier follow up looking at the list in DSQ PRN. Any changes need to be faxed to Uniprix.
- Please ensure that the patient's regular medication list is kept up to date on Myle
- Please renew regular prescriptions for one year. If the patient misses many medical appointments in a row but comes and gets his medication regularly, leave a post-it on the medication dispensing sheet to ask the person giving out meds to tell patient to book an appointment with an MD ASAP to get their meds renewed
- If you make a change to a patient's medication list, clearly indicate if the patient is aware to pick it up at the pharmacy or not. This will help liaison
- There is no regular pharmacist in the community. We have 2 technicians who fill prescriptions- these are then verified by nurses before being dispensed to the patient. The Mistissini pharmacist may be reached for any questions.

- If you dispense medication yourself, please write “dispensed” next to the prescription (for example: naproxen 375mg BID x 7 days, 14 tabs dispensed)

MENTAL HEALTH

- Sylvain Provencher (1-819-753-7547) is the regional liaison nurse for mental health
- For a non-urgent psychiatry consultations, fill out the medical consultation form APSS
- A psychiatrist and a peds-psychiatrist occasionally visits Waswanipi and can also do telemedicine consults for more urgent cases. Trevor is currently the Specialized Services medical secretary and would be most aware of next in-person visits.
- For non-urgent psychology assessments, fill out the “professional services” consultation sheet. A psychologist visits the community on a regular basis (1 week/month).
- For urgent or intensive psychotherapy in Montreal, fill out the “Authorization for psychological services outside the community” form (see next page) and give it to the liaison nurse. Liaison nurse will then fax it to Chisasibi (819-855-9069) and when authorization is given by them, to CPS Montreal. Authorization takes 1-2 days and patients can begin psychotherapy within 1-2 weeks
- We have a mental health nurse, Samantha Pressault who is doing tertiary mental health care- she works in conjunction with Dr. Pickles and Dr. Cloutier. She is available to answer any questions, but please discuss a case with her prior to consulting her

SPECIALIST CONSULTATIONS

- Please review all Care4 pending appointments at medical visits and discuss them with the patient/make sure they are still needed or if they need to be prioritized you can email clinicwaswanipi@ssss.gouv.qc.ca asking liaison to forward it to the appropriate CPS nurse, or make a note in the plan section of your note.
- To consult a specialist, please write your request in the plan section of your note and fill out a CRDS request form and ensure the pre-reqs are met. The liaison nurse will send it to the CRDS team in the appropriate region.
- APSS forms may be found on Myle
- For “A” or “B” priority on the form, a physician needs to call the specialist on-call and make an urgent appointment for the patient. You still need to fill out the consultation form making sure you include the name of the specialist you spoke to and the time, date and location (hospital) of the appointment.
- For “B” priority, a physician needs to discuss the case with the on-call specialist and put his/her name in the “reference nominative” box of the consultation form.
- For all other priorities, the patient will have a target date in Care4 according to the priority. It is important to let the patient know what that target month is so that

they can check-in with patient services if they don't get an appointment within an appropriate delay.
- For ophthalmology consultations for screening of diabetes retinopathy, check if they are already pending a screening test in Care4, if not write "please put on telemedicine list" in the "plan" section of your note

Here are some of the common specialists we refer to to:

- Internal Medicine Dr Raymond in Chibougamau, also does cardiology, respirology, rheumatology. Any CRDS form (not just internal medicine) will be automatically directed to general internal medicine if it falls within his scope. He is available M-F 9-5, via the téléphoniste(1-418-748-2676) to give his advice/take a look at an ECG etc.
- You can also reach internal medicine via: eeyouistchee.gim@mcgill.ca for non-urgent consultations/advice
- Obgyn Dr Sabrina Maltais also available for case discussion PRN during the week via Chibougamau téléphoniste

  MUHC Cardio Spectra via locating for thrombolysis advice (ask specifically for senior resident/fellow to avoid a junior/off service team member).

  Generally for any MUHC phone call during daytime current services, it is advised to specifically ask for a staff doctor to avoid delays.

  For Peds pathway please refer to : Physicians' Pathways for Phone and Email access to Pediatricians, CBHSSJB

  Region 8 (Abitibi) specialists are either based in Val d'Or, Rouyn, or Amos: ORL, ophtalmo, plastics, neurology, vascular surgery, ortho, nuclear medicine, general radiology (when not available in Chibougamau), pain clinic, gastro, uro, pneumo

  Optometry consultations are also available by calling Iris in Chibougamau. This may be done after discussion with the ophthalmologist in which case the optometrist tries to accommodate an urgent appointment. There is an ophthalmologist who comes to Waswanipi 3-4 times a year (this is new since 2021)

  Nephro
  Dr Vasilevsky should be phoned or emailed for any urgent labs. He does not get labs that are under his name during the "routine CKD labs" as he no longer has the regional pivot nurse who would manage them. He will not make any adjustments based on routine labs unless it is during an appointment, therefore anything concerning or quick progression of CKD should be d/w him.

DERMATOLOGY CONSULTATIONS

- For urgent consultations, contact the dermatologist on-call for the RUIS at 514-934-7847. The cases that are considered urgent are:

    - A blistering or ulcerative rash
    - A rapid-onset generalized rash
    - A rash with fever or decompensation
    - Skin infections like zoster/shingles
    - Purpura or vasculitis
- For non-urgent consultations please use CRDS (patient's seen in Mistissini or Val D'or)
- For telephone consultations, call the MUHC outpatient clinic on Wednesdays afternoon between 3 PM and 5 PM
- A non-urgent consult may be initiated by contacting Dr. Elizabeth O'Brien by phone/voicemail, to advise her of the consult request, at 514-378-5592, in addition to sending an email to elizabeth.obrien@muhc.mcgill.ca Please try and take good quality photos to send to her
- You can also access teledermatology via SAFIR link for Family doctors

TELEMEDICINE

- Several specialties offer telemedicine consultations. If you feel that your patient could benefit from a telemedicine consult, ask the liaison nurse how to organize it and they will liaise with the Specialized Services team.

ALLIED HEALTH

- Social services, audiology, nutrition, physiotherapy, occupational therapy and NNADAP consultations should be written on the "professional services" consultation sheets and the appropriate service ticked off at the bottom of the sheet.
- There is 1 full time nutritionist available at the clinic. Diabetes management can be coordinated in conjunction with a nutritionist/PCCR in between your MD visits. It is best to email/speak to a nutritionist to start the collaborative care plan.
- A full time physiotherapist is available at the MSDC, she can be reached by calling the MSDC or (as of the last update of this document), emailed gabriella.roux@ssss.gouv.qc.ca

For more information on NNADAP visit:
https://www.creehealth.org/services/national-native-alcohol-drug-addiction-program-nnadap

MEDICAL CHARTS

- All charts that you still need (except for pregnancy files) that are not given to liaison, need to be in the archives in a cart with your name before you leave the clinic, so that the on call team is not looking for files in our offices.
- Phone numbers are usually written on the inside left part of the file, please update numbers if a patient is in current or during an appt so that lab follow up is easier or send a task via myle to 'Regional Archives' to update
- Allergies are usually written on a red sticker on the OUTSIDE front of the chart.
- The INSIDE front left cover of the chart will have a yellow chart summary sheet, future lab requests, nephro lab schedule and pending special tests or consults with specialists and a plastified level of care sheet if done.

- If there is no chart summary sheet, please complete one at the time of the visit
- On the right side are the prescription sheets followed by the “externe” section where nurses write their notes, the “dentist”, the “medical notes”, “obs/gyn”, “santé communautaire”, “hospital consultation”, “lab” and the “imaging” section
- Notes are filled from most recent to oldest. Start writing your note under the last medical note and continue on the sheet on top of the one used.
- Pap test results should be found in the “obs/gyn” section but might be under the lab section. Previous pregnancies are also found in the OB/GYN section. Current pregnancies have a separate binder-chart in the Awash section of the clinic
- ECGs are at the end of the chart in the imaging section
- Vaccinations can be found in the “santé communautaire” section, but most updated on SIPMI
- Specialist consultations and hospital admissions are found in the “hospital consultation” section and can also be found in care4 under “discharge” where a pdf can be uploaded.
- RAMQ information and phone numbers can also often be found in Care4

GENERAL GUIDELINES FOR MANAGING RESULTS “Pulls”

**Results that should be pulled + managed (notify patient + make sure F/U imaging/referral/test arranged, discuss with a patient the implications of not doing the requisition, make a note in the file PRN)**

**Note:** Many numbers are in Care4 or on the inside left part of the file. If they do not work, please speak to the medical secretaries for an up to date method to reach the patient.

- Abnormal mammogram
- Abnormal stress test, MIBI or “no show” (it should be d/w the pt and documented they understand the implications of not re-doing the req).
- Normal stress test/MIBI: the file must be pulled to ensure that ASA was not started prophylactically ad result
- Abnormal TSH
- Abnormal PAP
- Anemia-if new or NYD, for dialysis patients colon ca screening needs to be up to date, even if anemia is known the file should be pulled to ensure next req is made/iron prescription reassessed , please document the investigations on the left PMHx sheet to avoid duplication of tests
- Microhematuria (patients generally know not to come during their menses)
- Grossly abnormal imaging (can exclude degenerative OA changes for example)
- INR (only 1 pt currently managed by Waswanipi MD)
- Other grossly abnormal result that could be dangerous/life threatening (for eg. high K)
- Positive FIT
- Positive cultures (urine/wounds to be discussed with current, strep throat is taken care of by liaison).

- HbA1C, we do not have a full time chayo nurse thus all HbA1C including normal (unless we specifically know the person or know they have follow up soon) need to be pulled. The patient needs to be phoned to let them know of their result and to make the next lab req/titrate medication up or down PRN. Longer intervals between HbA1C can be assessed with the patient. We are trying to have the same doctor manage diabetic patients to ease this workload and allow for better continuity of care.
- Abnormal nephro labs: **Dr Vasilevsky does not see the lab results** until he has an appointment. Since we do not have a chayo nurse all abnormal creats need to be pulled, liaison needs to be asked to put the nephro flowsheet up to date if not done, nephro consults needs to be made per CRDS stage 3a, more urgent follow ups may be needed if the there is progression of the kidney disease and the priority for nephro appt has changed. Patients should also be counselled on their lab frequency to avoid missed labs
- Complex discharge summaries - please update summary on Myle

**Results that can be filed/documented**

- Normal imaging/PAP with the mention “please document/discuss at next RV” which will then be done at next RV or current visit time permitting
- Note that if the file is not pulled then the person will unlikely know about their result, so if you feel like it warrants a phone call, the file will have to be pulled to document that the result was discussed by phone. Please check with the doctor who has been in the community before you in case they recognize some of the results
- Normal labs (patients are counselled to make an MD appt if they wish to discuss their lab work)
- Specialist consult/ER visit with no specific F/U with Waswanipi MD or F/U already arranged by liaison and new meds already prescribed

WHEN A PULL IS COMPLETED, CROSS OUT ‘PULL’ AND WRITE ‘FILE’ AND INITIAL (CAN BE FILED LOOSLEY IN ARCHIVES BIN IN CURRENT)

## Liason Nurse DO’s and DONT’s

This has been reviewed with Isabelle Primeau our full time liaison nurse, if a replacement liaison nurse is there, it is best to speak to them the first few times to ensure good workflow

DO:

- Fill all reqs appropriately including your licence number, height/weight, pts phone number/ double identification. Every piece of information that you omit will cause delays and frustrations.
- Ask if you are not sure which req to use
- Let the patient know that you have ordered the test
- Either document what labs you have ordered or make a copy of the req for the file (unless you are keeping the original on the left)
- Via Tasks, indicate what you would like liaison to do by either making a list or putting a star next to the action item

- Ask that special complex lab reqs be done (hepatitis antibodies, haptoglobin, if unsure ask a nurse. The reasoning is that the morning walk-in labs do not have the resources to make complex lab reqs).

Please DONT:

- Don't ask liaison to reach patients that you couldn't reach to give them medical info or inform them that tests need to be done. You can either keep the files and d/w a secretary or sign out to another doctor PRN. If you have a special case, discuss it with them to see if other alternatives can be found.
- Don't ask liaison to adjust medications based on A1C/other metrics. This can be done via PCCR if discussed beforehand, or done with the mental health nurse (Example increase SSRI in 2 weeks if well tolerated).
- Don't ask liaison to "book patient after labs/results", please task or speak to the medical secretary
- Don't leave the file with liaison if there is not action for liaison to take

## 2. GENERAL INFORMATION

### HISTORY OF WASWANIPI

Waswanipi is a Cree community of about 2000 people (to be updated with recent stats). It is located in central Quebec, near the confluence of the Opawica, Chibougamau and Waswanipi rivers. The word "Waswanipi" means "light on the water" and refers to a traditional night-time fishing method in which fish were lured to light using torches.

Please visit the Cree Nation Government website:
Regional: https://www.cngov.ca/
Local: https://www.waswanipi.com/en/

### CREE PEOPLE

Please visit the Cree Health Board website on Cree Values to have a deeper understanding of the population you will be working with.

https://www.creehealth.org/cree-family-values

### CREE LANGUAGE

Please visit:

https://www.eastcree.org/cree/en/about/

### TEMPERATURE

See the link below for average annual temperatures and rainfall

http://www.worldweatheronline.com/Waswanipi-weather-averages/Quebec/CA.aspx

SUMMER (June – August): Beware of mosquitoes and black flies (mainly in the bush).

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

WINTER (Nov – March): Bring a warm coat, boots, mitts, and hat as it gets cold. It is usually only 5-10 C different from Montreal and it is a dry cold but it can be very cold - it is not unusual to be colder than - 40 C with the wind chill but thankfully, that happens rarely.

## 3. ARRIVAL IN WASWANIPI

BY PLANE

AIRCREEBEC FLIGHT FROM MONTREAL TO CHIBOUGAMAU

Permanent doctors who wish to use the charter should email DMAS for travel Authorization

For students and residents, the Cree Board of Health will organize your flight from Montreal to Chibougamau. You will probably be booked on the charter flight which departs Montreal at 7:30 AM from the Air Creebec charter terminal at 9475 Avenue Ryan, Dorval **(not the airport)**. You need to be at the terminal an hour before the flight. You might also be booked on the regular flight leaving at 8:15 AM from the airport. You will receive an email with your flight information before the start of your rotation.

For dépanneur physicians, you will need to book your flight from Montreal to Chibougamau with Air Creebec/DMAS. The flight departs Montreal at 8:15 AM and you need to be at the AirCreebec counter before 7:30 AM. A light breakfast is served on the flight, which takes about 1h15min.

Waswanipi is 75 minutes from the Chibougamau airport. Many taxis only take cash. Please call in advance to reserve your taxi if you are a physician (students and residents' travel is booked for them).

Taxi Henri-Paul: 1-418-770-7830 (takes credit cards)
Taxi Chapais: 1-418-745-3600 (prefers cash)

ARRIVAL AT THE CHIBOUGAMAU AIRPORT

After picking up your luggage, the taxi driver should be there waiting for you. The taxi will be reserved in advance if you are a student/resident but if you are a physician, you need to reserve the taxi on your own.

For students and residents, the taxi driver will bring you to a grocery store in Chapais before continuing on to the clinic. You should buy most of the food for your stay in Chapais as there only are convenience stores in Waswanipi. Nurses and other clinic staff often go to Chibougamau during the weekend so you can ask them to get you some fresh fruits and vegetables or other food items later on during your stay.

For physicians, you can also choose to go grocery shopping in Chibougamau (additional fee), (you will need to pay the taxi cash or by credit card, reimbursed by the RAMQ after you complete the appropriate paperwork). Chibougamau has 2 big grocery stores, Maxi and IGA, whereas Chapais only has one smaller store - Marche Tradition (similar to a small IGA).

Physicians may also rent a car from Chibougamau and can be dropped off to the airport for doctors. If you're considering this option, please enquire as soon as your trip is booked.
https://www.nationalcar.ca/en/car-rental/locations/ca/qc/chibougamau-airport-offsite-y949.html?mcid=yext:245709

BY CAR

- It is possible to drive to Waswanipi. The drive takes 7.5 to 8 hours from Montreal. Parking spaces are available in front of the transit accommodation or the clinic. Please note there is no cellular service during different parts of the drive. Please plan ahead of time your gas stops as the Waswanipi gas station frequently runs out of gas.

ARRIVAL AT THE CLINIC

- The taxi driver will bring you to the clinic. Upon arrival, the administration will give you your transit key as well as your access card to the clinic. The taxi driver will then bring you to your transit. You will have some time to unpack and eat lunch before returning to clinic for 1 PM. A doctor will then orient you to the clinic so you have an idea of how the clinic works.

## 4. 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. In Waswanipi, you will most likely not be sharing your transit, although it could be possible. Please return the keys and access card to the front desk of the clinic before leaving.

Some information about transits:

- They are equipped with a fridge, an oven, a microwave, a washer and a dryer.
- Towels, sheets, toilet paper, dish soap are provided.
- Feel free to ask the housekeeping staff for more toilet paper, dish soap or facial tissues if needed. (maintenance on call schedule can be found in the current)
- Detergent is not always provided (although it usually is) so you can bring your own in case or it can be purchased at the convenience store.
- Every transit has a TV with cable, a DVD player and Wi-fi internet. The Wi-fi password is written on a sheet of paper on the fridge. Please note that Wi-Fi may be spotty depending on the connection.
- Smoking is not permitted in the transits.
- Pets are not allowed in the transits.

COMMUNICATIONS

- Telephone: The telephone system in the clinic makes each transit phone number an extension. If you call within the clinic or to a transit, you only need to dial the

extension. To call a local external number, dial 9 first. Long-distance calls are not allowed.
- Cellphones: All companies have reception in the area.
- Internet: Internet is available at the clinic and in all the transits (only Wi-fi in the transits and no Wi-fi in the clinic).

LOCAL RADIO (FM 93.9)

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

WELCOMING AGENT

We also have a welcoming agent Jeffrey Blacksmith jeffrey.blacksmith@ssss.gouv.qc.ca who you can contact to arrange a tour of Waswanipi or if you are interested in social/cultural events. For residents and students, a tour of Waswanipi is usually organized the second afternoon of arrival.

## 5. WASWANIPI COMMERCIAL BUILDINGS AND THINGS TO DO

GROCERY STORE- WASWANIPI GROCERY

Opened daily 8 AM to 11 PM
Accepts cash, credit cards and debit cards
You can mostly find non-perishable items, little fruits and vegetables. They also sell some toiletry items. Some frozen food (pizza, chicken wings) available
https://maps.app.goo.gl/WGhkcL3ToHEyzb7g6

GAZ STATION- BEDARIN GAS

Opened daily 8 AM to 11 PM
Accepts cash, credit cards and debit cards
Issues of gas shortages in the past so please gas up prior to coming to the community

RESTAURANT- CAFETERIA MBR

Serves mostly fast-food
Opened daily 8 AM to 7 PM

CAISSE POPULAIRE DESJARDINS

ATM available 24/7

Teller available 10 AM to 3 PM Monday to Friday, closed on weekends

POST OFFICE- Opened weekdays, closed on weekends

COMMUNITY HEALTH AND FITNESS CENTER

Waswanipi has a new sports center opened in 2015 with a gym (with a weight room as well as a cardio room) and an ice rink. The monthly membership rate is 40$ per month. It is open from 7AM to 11 PM on weekdays and from 10 AM to 11 PM on weekends.

YOUTH CENTER

There is a small fitness room for weight lifting at the youth center. Also, Elijah Mianscum runs a circuit training class each weekday from 5:30PM to 6:30PM. You can join the Facebook Group "Waswanipi Eeyou Warrior Club" to make sure the class is not cancelled https://www.facebook.com/groups/227545304497402/.

DOWN THE RIVER
You can find cultural activities and 'cafeteria' style food over lunch from 12-1pm
Cash only, please ask a permanent doctor about this

FACEBOOK GROUPS
Pertinent Facebook groups for community activities

- Cree First Nation of Waswanipi
- Waswanipi Leisure and Sports Services
- Waswanipi Social Development
- Waswanipi Community Miyupimatisiun Centre
- Waswanipi Youth Center

OUTDOOR ACTIVITIES

Depending on the season, you may want to bring your X-country skis, snowshoes, skates, fishing rod, etc.

The nurses occasionally go fishing or trekking during the weekend- enquire about their plans, they are usually happy to bring you along!

## 6. 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. It is not the correct cree phonetic spelling. We suggest you ask someone fluent in Cree to help with the pronunciation.

| English | Cree |
|---|---|
| Hello | Wachiya/Kwei |
| My name is X | X ni-sin-ka-soon or naxasoon |
| What is your name? | Wun-jee |
| Yes | Kepa or geen |
| No | Nemma or mwe |
| Take a deep breath | Iss-koo-dum |
| Stool | Meesee |
| Urine | Shee shee |
| Do you have pain? | |
| Small pain | Pshish |
| Big Pain | Pystiaktion |
| Are you sick? | Shtaxinna |
| Here (use to point) | Oot Mott |
| A little | Ipshish |
| A lot | Mishti |
| Harder/wider (ie push harder or open wider) | Souk |
| Anything else? | Shesha Agoodaha |
| OK (use for goodbye) | Wachiya |
| Finished | Shash |
| Where is your pain? | Dante-e-yacksin |

## 7. Online training material

For use by individuals

**Cultural safety online course from University of Victoria** **recommended*
**https://www.uvic.ca/hsd/nursing/undergraduate/transfer/resources/indigenous/index.php#:~:text=Cultural%20safety%20modules&text=The%20modules%20are%20designed%20for,it%20relates%20to%20nursing%20practice.**
http://web2.uvcs.uvic.ca/courses/csafety/mod1/
https://web2.uvcs.uvic.ca/courses/csafety/mod2/
https://web2.uvcs.uvic.ca/courses/csafety/mod3/
Consists of 3 modules

**Accredited modules from Ontario Cancer Care**, Aboriginal relationship and cultural competency courses.
https://elearning.cancercare.on.ca/
There are 13 modules. The first one (First Nations, Inuit and Metis culture, colonization and determinants of health) takes 60 minutes to complete and can give you 1 Mainpro credit. The second one (Aboriginal history and political governance) has two chapters –

one is First Nations, Inuit and Métis history in Canada, and the second is specific to Ontario.

**Indigenous health equity**
http://phesc.ca/indigenous
12 hour training from U of T

**National Collaborating Centre for Indigenous Health**
https://www.nccih.ca/495/Webinar__Cultural_safety_for_Indigenous_peoples__A_determinant_of_health.nccih?id=162

**Canadian Virtual Hospice, livingmyculture.ca**
Formation sur la sécurité culturelle autochtone : maladies à un stade avancé, soins palliatifs et deuil

For use in a group setting or by individuals

**National Indigenous Cultural Safety Learning Series**.
http://www.icscollaborative.com from BC and Ontario
11 previous webinars available on video

## Clinical tools

**Native American Motivational Interviewing Manual 75 pages**
https://www.integration.samhsa.gov/clinical-practice/Native_American_MI_Manual.pdf

> *"We have written this manual with the goal of making motivational interviewing easy to learn and use in practice with Native American clients suffering with alcohol abuse or dependence. Although MI has been used with many different disorders (diabetes, cardiovascular problems, gambling, etc) and many of the principles and techniques in this manual are applicable across disorders, this manual is specifically designed for use with substance abuse problems. In addition, this manual is for counselors of any ethnic background who are working with Native American clients. This manual may also be useful to anyone just beginning to learn MI." (page 8)*

**Guide to Indigenous Relations website:** by Bob Joseph, a member of BC's Gwawaenuk First Nation whose consulting company trains people on working effectively with indigenous peoples. Not specific to health care.
Free e-books, 23 tips on what not to say and do, 27 tips on what to say and do
https://www.ictinc.ca/free-ebooks

**Cultural humility – cute website**, not specific to indigenous cultures
http://culturallyconnected.ca/

***How the Patient's Voice Enhances Safe Care*** – article in a CMPA bulletin. The article highlights patient engagement, but it also speaks about how the health care system has to make room for patients' voices, opinions and experiences to inform the planning and delivery of care.
https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2017/how-the-patient-s-voice-advances-safe-care

***Equity-oriented health care - this changed my practice -*** article with useful links to tools and resources to help address issues of health equity and cultural safety. Words matter: find some ways to address your patients' concerns with greater respect and sensitivity.
https://tcmp.med.ubc.ca/equity-oriented-health-care

***Trauma as a determinant of health - this changed my practice***
https://tcmp.med.ubc.ca/trauma-as-a-determinant-of-health/

# Resources specific to the James Bay Cree of Eeyou Istchee

1. **Dr Darlene Kitty** - Cultural Safety and Cultural Humility, Definitions as foundation for human health (6 slides):
https://drive.google.com/open?id=14TR3Y8a0FZRsoxE_UUNem0Fnn2IcLwlV

2. **Films:**

***The Eeyouch of Eeyou Istchee*** – series of 4 documentary films, about 1.5 hours each. How the Cree stood up to the Quebec government's Hydro development project in the 1970's, the subsequent implementation of the JBNQA and further agreements in the 2000's. http://eeyouchofeeyouistchee.com/about.php
(These were on the Grand Council website but do no longer seem to be on the new Cree Nation Government website cngov.ca - ER, 19,09.2019).

**Documentary film about the Cree Way project in Waskaganish** (25 minutes)
https://m.youtube.com/watch?v=OHuqW8OjavM&sns=fb

3. **Books:**

Dyckfederau, Ruth. **Sweet Bloods of Eeyou Istchee**. Published by the Cree Board of Health in 2017. *Amazing true stories of Cree people living with diabetes.*

Marshall, Susan. **The Gift of Healing: Health Problems and Their Treatments.** Published by the Cree Board of Health, 2006. *Traditional Cree remedies from Chisasibi elders, for ailments listed in the bush kit program manual.*

Morantz, Toby. **White Man's Gonna Getcha**. 2002. History of interactions between Crees of Eeyou Istchee and Canadian institutions from the late 1800's to the 1970's.

Francis, Daniel and Morantz, Toby. **Partners in Furs**. 1983.
History of interactions between Europeans and Crees of Eeyou Istchee from the 1600's to about 1870.

Marshall, Susan and Masty, Emily (compiled and edited by). **Mind's Eye: Stories from Whapmagoostui.** 2013. 488 pages. Available from Amazon.

Walter, Emmanuelle. **Le Centre du Monde: Une viree en Eeyou Istchee Baie James avec Romeo Saganash.**

Jolly, Mathias. **Fragments.** Friesen Press, 2018. *About growing up two-spirited in Eeyou Istchee.*

Preston, Richard J. **Cree Narrative, Second Edition.** 2002**.** 350 pages. *Written by an anthropologist who spent time in Waskaganish in the 1960's.*
*http://www.mqup.ca/cree-narrative--second-edition-products-9780773523623.php*

MacGregor, Roy. **Chief: The Fearless Vision of Billy Diamond.** 1989. Biography of Dr. Billy Diamond.

Richardson, Boyce. **Strangers Devour the Land: the Cree hunters of James Bay vs Premier Bourassa and the James Bay Development Corporation** 1975.

Salisbury, Richard F. **A Homeland for the Cree: Regional Development in James Bay 1971-1981.** 1986.

Tanner, Adrian. **Bringing Home Animals: Religious Ideology and Mode of production of the Mistassini Cree Hunters.** 1979.

Tanner, Adrian. **Bringing Home Animals: Mistissini Hunters of Northern Quebec.** 2nd edition, 2014.

Anderson, William Ashley. **Angel of Hudson Bay - The True Story of Maud Watt.**

Cromarty, Margaret Sam.  Poetry

### 4. Articles

Radu I, House L, Pashagumskum E.  **Land, life and knowledge in Chisasibi: Intergenerational healing in the bush**.  Decolonization:  Indigeneity, Education, and Society 2014;3:80-105.  *Describes land-based healing program and concepts of cultural safety and healing (both community and individual).  Includes excellent downloadable references. Google the title to download the complete article. (ER)*

### 5. Websites and apps:

**Aanischaaukamikw – Cree Cultural Institute** – website  www.creeculture.ca

**East Cree Language Resources**  https://www.eastcree.org/cree/fr/  - “Ce site est conçu comme une ressource pour les enseignants et les enseignantes de langue crie, les professeurs de litéracie, les traducteurs et les traductrices, les linguistes et quiconque s’intéresse fonctionnement de la langue crie.”

**East Cree Medical** - Smartphone app developed by CBHSSJB

**Cree Nation Government**  cngov.ca - with links to websites of each community

**Chisasibiwellness.ca**

# Other resources - indigenous-related

**Articles:**

Macaulay, AC. (2009) **Improving Aboriginal Health: How can health professionals contribute?** Canadian Family Physician, 55 (April 2009): 334- 336. Retrieved July 13, 2018 from:https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2668990/

***La sécurité culturelle en tant que moteur de réussite postsecondaire.*** https://papyrus.bib.umontreal.ca/xmlui/bitstream/handle/1866/13638/Dufour_Emanuelle_2015_memoire.pdf?sequence=3 Mémoire de maîtrise, UdeM2015.

Brascoupé S, Waters C. ***Exploring the Applicability of the Concept of Cultural Safety to Aboriginal Health and Community Wellness***. Journal of Aboriginal Health 2009. 40 pages. http://www.naho.ca/journal/2009/11/08/cultural-safety-exploring-the-applicability-of-the-concept-of-cultural-safety-to-aboriginal-health-and-community-wellness/

Walker R, St.Pierre-Hansen N, Cromarty H, Kelly L, Minty B. ***Measuring Cross-Cultural Patient Safety: Identifying Barriers and Developing Performance Indicators***. Healthcare Quarterly 2010;13:64-71. https://www.ncbi.nlm.nih.gov/pubmed/20104040

**Videos:**

***Qallunaat! Why white people are funny***
An NFB movie made by Inuit in Nunavik. You can watch it for free on the NFB website and on Youtube...a must-watch for anyone who works outside their own culture.
https://www.nfb.ca/film/qallunaat_why_white_people_are_funny/

**Cree Health Board CPDP Cultural Safety Committee Education session 2019**
https://www.youtube.com/watch?v=Kq-SEVBJDc8&t=216s

***Dear Qallunaat***
Letter to non-natives by Sandra Unutiq
https://www.cbc.ca/news/canada/north/dear-qallunaat-white-people-inuit-sandra-inutiq-1.5020210

***First Contact*** is a three-part docuseries airing on Aboriginal Peoples Television Network (APTN) in the fall of 2018. With *First Contact*, APTN hopes to inspire greater awareness of the history and current lives of Indigenous Peoples across Canada, encouraging

dialogue and engagement around Indigenous issues.

**Suzy Goodleaf** - clinical psychologist from Kahnawake speaking in 2015 about her experience with the Truth and Reconciliation Commission (1hr10min) (easy to find by searching on youtube)

**Books:**

*The Outside Circle: A Graphic Novel* by Patti Laboucane-Benson

*Indian Horse* by Richard Wagamese

Legit Indigenous Lit – A list of texts written by Indigenous authors (fiction, biography, poetry, etc.) intended to serve as a resource for teaching at the post-secondary level.https://legitindigenouslit.com/

Parrainée par l'institut Tshakapesh et la Commission des Droits de la Personne et des Droits de la Jeunesse Québec.
Disponible gratuitement en ligne, 180 pages. 3ème édition révisée en 2019
https://www.tshakapesh.ca/CLIENTS/1-tshakapesh/docs/upload/sys_docs/Mythes_et_realites_sur_les_peuples_autochtones.pdf
https://www.tshakapesh.ca/CLIENTS/1-tshakapesh/docs/upload/sys_docs/Aboriginal_Peoples__Fact_and_Fiction.pdf

Geared towards children:
https://www.cbc.ca/books/48-books-by-indigenous-writers-to-read-to-understand-residential-schools-1.6056204?__vfz=medium%3Dsharebar