



Conseil Cri de la santé et des services sociaux de la Baie James
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Cree Board of Health and Social Services of James Bay



Mistissini Department of Medicine local guide

A survival guide and overview of local medical policies & procedures for students and residents

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Introduction

Welcome to the Mistissini *Community Miyupimaatisiin Centre*. We hope you enjoy your time working with us!

The purpose of this document is to ease trainees into life as a physician here in Mistissini. Enclosed, you will find an overview of the family medicine practice here in Mistissini, in addition to an outline of the various local, regional and provincial medical resources we have at our disposal. If at any time you have additional questions or concerns please direct all questions towards **Dr. Justin Ross** or **Dr. Garud Iyengar** during your stay.

The community of Mistissini

Mistissini is a Cree community with a population of approximately 4500. It is located on Mistassini Lake, which is one of the largest lakes in the province of Quebec, and is about an hour north of the town of Chibougamau.

If you enjoy spending time doing outdoor activities, we suggest you try your best to bring your own equipment as rentals are rarely available. During the winter, the climate is usually very dry and cold and a few layers are advisable. The temperature in these instances can get as low as -55 degrees celsius - so bring a warm coat! You can expect to encounter snow anytime between October and early June. During the summer, temperature typically hovers around the low 20s, however recent wildfire season has been much more aggressive than usual. We have seen temperatures sadly begin to get as high as the low 30s as of 2023. The summer is also mosquito and black-fly season so be sure to bring bug repellent. For some reason, bugs typically are not as bad here in Mistissini as compared to other communities in the Eeyou Istchee.

Within Mistissini, all major facilities are located within walking distance. There are also bicycles available to borrow in the transit.

The staff from the clinic often organize various get-togethers including potlucks, hikes, snowshoeing etc. so keep your ears open and be sure to ask around!

Within Mistissini you will find a soccer field, baseball diamond, outdoor running track (gravel), basketball court, skating rink/hockey arena & a fitness centre. There are also group classes at the recreation centre, and a possibility to borrow canoes during the summer from the arena. To get the schedule of classes or to get more information regarding recreational activities in Mistissini call the recreation department at (418) 923-3248.

There is also a beach about an 8 minute drive outside of town. In nearby Chibougamau, you will find a small hill for downhill skiing and snowboarding. There are also several cross-country skiing & biking trails in the area.

Occasionally, there will be traditional cultural activities organized by the community's Culture Department (feasts, workshops for moosehide moccasin & mitten making, walks, pow wows, etc.). Ask any Primary Care Community Representative or any other local member of the clinic staff for an update on current and upcoming events.

General functioning of the CMC (Mistissini Clinic)

The Mistissini clinic is also known as a CMC (Community *Miyupimaatisiin* Center), which roughly translates to "center for health and well-being." The clinic is designated a CMC in order to better respect and empathize with the local population's culture and traditions. Provincially, the MSSS officially recognizes our CMC to be a CLSC. Our establishment is also held under the administrative umbrella of the Cree Health Board, which oversees Quebec's Region 18 in its entirety.

Opening hours are from 8am to 8pm during weekdays AND weekends. Non-urgent outpatient labs are usually performed between 8am and 9am during the week, other clinical services start at 9am. Outside of opening hours (9am-8pm), there are 3-4 nurses, 2 physicians, one laboratory technician, one radiology technician and one hemodialysis nurse on call for emergencies.

There are typically 4 to 6 physicians present at the clinic during opening hours.

There is no formal dress code, you may bring comfortable neat clothes, or alternatively scrubs. We highly recommend AGAINST white coats, ties, suits and short dresses and skirts.

COVID-19 Pandemic

The ability to describe the impact of the pandemic on the Cree Nation and the community of Mistissini goes beyond the scope of this document. However, there are a few important pieces of information that may help you adjust to moving from an urban or tertiary-care center approach to pandemic management, to that of a resource-limited Indigenous community. Below you will find a few definitions of terms that you should familiarize yourself with; these will help give you a point of reference in terms of the clinical infrastructure currently in place in Region 18 that handles our pandemic response.

Cree Nation Government - the government that oversees the entirety of the James Bay Cree population. They are elected officials, set policy, budgets and also are able to enforce and enact laws which can be applied on territory within Region 18.

Local Band Councils - the government that oversees and represents a community locally. Each community has a local band council and that council is similarly made up of elected officials that are responsible for its constituents. This council is able to set policy, budgets and also able to

enforce, enact and amend laws and bills passed by the Cree Nation Government to suit their community's needs.

Public Health - the public health department is composed of BOTH specialists in public health and family physicians who work on territory. The public health department liaises with virtually all levels of the Cree Nation Government and its branches. Unlike public health departments for other regions (ex. Abitibi-Temiscamingue) who follow provincial and federal recommendations - our public health department ALSO needs to navigate the complex landscape of a third governmental body in the Cree Nation Government.

The cultural safety and self-determination of the indigenous population of the Eeyou Istchee is of the highest priority in each recommendation the public health department recommends. As such, you will see some differences between approaches to pandemic management in Region 18 as compared to the rest of the province. Some examples are as follows:

- i) Aggressive contact tracing during outbreak management
- ii) Significant restrictions on travel outside of the region may be enforced (see *Mandatory Self Isolation Law* below)
- iii) Less restrictions within the communities during times of outbreaks (ie. large gatherings permitted indoors and outdoors)
- iv) Earlier distribution of vaccines/boosters

Public Safety: the public safety department exists both at a regional and local level. They work closely with the public health department to ensure measures and restrictions are enforced appropriately.

Mandatory Self Isolation Law: Perhaps the most significant difference between Mistissini and the Cree Nation as compared to the rest of the province during the pandemic. This law was enacted by the Cree Nation Government in the Spring of 2020 and exists to this day, though has been significantly modified and is essentially not being enforced since 2022. For your own knowledge, and should this ever be re-enforced, we'll give you a brief overview of this law as follows:

All individuals, entering Mistissini from an "area of risk" as defined by the Cree Health Board public health department, are required to submit to mandatory self isolation. The extent of isolation depends on whether they have received three, two or one/no doses of Covid vaccine. There are exemptions in place for essential workers (ex. health care workers, construction and infrastructure workers, front-line workers and deliveries of supplies etc.). *****NB this is not being enforced presently!**

This law created a significant reduction in Covid-19 on territory, however it also caused a great deal of controversy (ex. patients refusing transfer out of the community for medical reasons, both elective and urgent due to their hesitancy to isolate on return)

Please check out: <https://www.cngov.ca/covid-19/> as a reference for all updates pertaining to the Covid-19 pandemic by the Cree Nation Government. Recently these laws are subject to change with respect to the current epidemiological situation Quebec is facing with Covid-19.

Pre-Departure Risk Assessment and Screening Tests

Prior to your arrival you will receive an email from McGill University with 18tcr.employees.covid@ssss.gouv.qc.ca in CC. This email belongs to the Cree Health Board Pre-Departure Assessment Team. They will contact you prior to your departure to Mistissini. Whereas previously, this team of nurses would ask you questions pertaining to Covid-19 symptoms and risk, now it serves primarily as a way to source information on your Covid-19 vaccination status (you will be required to demonstrate proof of vaccination —> one full series and a booster at a minimum). Additionally, we will be requesting your information on your emergency contacts, should at any time during your rotation you need medical attention, we want to ensure those closest to you are made aware.

Arrival & lodging

You will be arriving by the *charter* Air Creebec flight, which departs from the Air Creebec hangar outside of Trudeau Airport YUL at approximately 7:30am on Mondays with a variable schedule occurring on weekends. It will land in Chibougamau/Chapais at approximately 9:00am. This will all have been organized by the McGill rural family medicine offices well prior to your rotation.

You will be picked up at the Chibougamau airport by a taxi driver from *Taxi Diamond*. If for any reason they are not present, please call them at **418-748-7725** or the Cree Health Board's admin tech Christina Spencer at **819-955-2744 (ext. 22139)**. The taxi driver will first bring you for a stop at the local grocery store in Chibougamau prior to coming to the Mistissini Clinic (see *Groceries* below).

When you arrive at the clinic in Mistissini you will need to find the administration/housing office on the second floor to get the keys for your apartment. If you arrive between noon and 1pm there is a possibility the office members may be away on their lunch break. In instances such as this, your keys will be left with one of the staff MDs or at reception. You are then dropped off at the "Transit Building", the apartment building where visiting health professionals stay.

The apartments in the transit are about 10-15 minutes walk to the clinic and have a full kitchen including a microwave, dishwasher, toaster and oven. Bedding & towels are also provided (**soap and shampoo are not**). There are also onsite washers and dryers for your laundry; again detergent is not provided.

You will have access to satellite TV, WIFI internet (netgear= no password / SAGEMCOM = MUC8NDNR) & a phone line. To make a long distance call, dial 9-1-(phone number, ex.: 514-000-0000)-59790#.

At this point you have some time to unpack your belongings and settle in your apartment. You will then be expected to be at the clinic for 1pm for orientation. Present yourself to the medical secretary upon arrival, they will introduce you to Dr. Justin Ross who will provide you with your orientation. In the instance Dr. Ross is not present during your arrival, another staff will be designated for your orientation.

Groceries & shopping

You will be able to stop for groceries in Chibougamau before arriving in Mistissini - you can pre-order your groceries via IGA online and pick them up curbside to save time. There is also an SAQ and a small mall. There are a few banks in Chibougamau (CIBC, National bank & Desjardins).

Alcohol cannot be purchased in Mistissini, as it's a dry community. We do have a grocery store, a hardware store, a sports/outdoor shop, a post office, a Desjardins Caisse Populaire & a hairdresser.

Prices for groceries here are about on par with those of Chibougamau and significantly cheaper than other northern communities. The grocery store has recently been renovated and has quite a nice selection if ever you need additional supplies!

I would also recommend purchasing any meat or fish here in Mistissini at our local grocery store. Prices are actually better than those in Chibougamau and the meat and fish are of terrific quality. The local butcher/fishmonger will also source any cut you wish, so long as you place your order a few days before. They are located in the back of the grocery store. Be sure to go during your lunch break or if you're post-call! They usually aren't there after 4pm.

There are also a few restaurants: Mistissini Lodge, Adel's (pizza, pasta, wings, etc.), an ice cream parlour during summer and a small "casse-croute" located inside the Ace Hardware Store. Sadly, our Tim Horton's has recently closed.

Scheduling

You will receive a copy of your schedule approximately 1-2 weeks prior to your rotation. Please consult it while reading the next section. During your first week you will be mostly working in Current Services (ie. walk-in/emergency; see below for more info), a good place to be introduced to the functioning of the clinic. Current Services makes up a significant portion of our practice and, for this reason, your rotation in Mistissini will be rich in Emergency Medicine.

The schedule consists of a spreadsheet in which every sheet is a calendar month. On the left side are listed all the permanent physicians, followed by the visitors, who can be trainees, depanneurs or specialists. The categories of visitors are identified by a color code : orange for depanneurs, blue for specialists and pink for trainees.

In turquoise, you can see the glossary of departments where every doctor is assigned. Physicians who are first and second on call are posted at the very top of the document. Residents on call are also indicated at the top of the document. The upper section is for the AM schedule, and the lower section is the PM schedule.

The holidays are also identified by color code : Green for Cree & RAMQ holidays, Yellow for Cree-only holidays, and Blue for RAMQ-only holidays. The CMC is usually opened for RAMQ-only holidays and closed for Cree-only holidays.

MYLE

We are currently in the process of transitioning from our paper charts to our electronic medical record MYLE. Though you will have the paper chart with each patient encounter, most new patient information is being entered into MYLE to facilitate the transition to all medical information being stored electronically.

Though you may have previously worked with MYLE - we have developed many standard operating procedures and protocols to better adapt MYLE to our rural practice environment. Below you will find some key pearls that you should familiarize yourself with prior to your arrival in Mistissini:

Log in Info:

- Default username: lasfir01 (ex. rosjus01)
- Default password: aaa
- You will fill out your Myle request forms with your staff providing your orientation on the day you arrive!

Outpatient Clinics and Booked Appointments:

- Pts will be booked under your supervising staff
- Access the list of patients in your staff's clinic via the **Calendar** button on the main screen
- Use the settings wheel to select for your staff's name
- For AWASH and IUD clinics select "Awash MD" or "IUD MD"

Navigating Your List of Patients in a Scheduled Clinic:

- When attempting to access details about an appointment in your booked clinic, click on the **RV BOX** and not the patient name (this will just bring you to their chart!)

- The status of the patient in your clinic should be changed by our secretary/receptionist, though this is not always the case. So be aware that they may be in the waiting room and their status may not reflect that!
- Your staff will change the status of the patient appointments at the end of their clinic (ie. Completed, No Show, Cancelled by Patient etc.)

Searching for a Patient Chart in MYLE:

- If you are seeing a patient in Current Services search via the **Calendar** button for the patient's name, date of birth or F+Chart Number (ex. F24706).
- Be aware that sometimes spacing, or even placing first or last names in reverse order may lead to a chart not coming up in your search. Try all three options before assuming a MYLE chart doesn't exist (which is exceedingly rare).

Writing a Note:

- Open your patient's chart by clicking on their name
- Click on "New Note" on the far left
- Ensure that the **Context** (ie. Clinic Visit, Over the Phone etc.) and **Department** (ie. Current Services, Chayo etc.) match the circumstances of your patient encounter
- Reason for Consultation - try to use the clickable text from the select from list
- Perhaps the biggest difference in the way we approach MYLE is the way we input problems to populate the summary. Only generate a new problem/diagnosis for issues that are chronic or will need prolonged follow-up. This will be reviewed with you during in-person orientation. If ever unsure - just ask your staff!
- For all other issues, the impression and plan and RTC guidelines can either be done in the follow-up plan section, or in the HPI section

Prescriptions, Labs, X-rays etc.:

- These will be reviewed with your staff during in-person orientation as they are somewhat nuanced to explain via text here.

Tasks, Recalls, Messages:

- For the time being - as a trainee, do not worry about these features. Your staff will handle them for your patient encounters.

CPS, Transfers & corridors of service

In order for Cree patients medical fees to be covered, the CPS (Cree Patient Services) must organize all medical care Cree patients require outside of Mistissini. In this way, the CPS is our liaison system, responsible for sending consultations and receiving reports from other centres. The CPS is also responsible for reimbursing patients for their lodging, food and transportation whenever they have to travel to another centre.

Please see the list of corridors of service in Appendix 1 that outlines where patients should be sent depending on the nature of the referral (eg. specialist referral vs imaging). In general our corridors of service are as follows : Mistissini -> Chibougamau -> Val D'Or/Amos -> Montreal.

It is important to follow these corridors of service. Doing so will allow the CPS to process the requests and ensure patients get reimbursed for their travel costs. If a patient wishes to see another physician outside of the corridor, you can provide a consultation/request and the patient is responsible for booking the appointment and returning a consultation to Mistissini. Please advise the patient that traveling expenses will not be covered by the CPS automatically. Patients would have to request and wait for the transportation & lodging fees to be reimbursed.

Any questions regarding optimal referral of patients outside of the community can be directed to the **liaison nurse** during your stay. She will be able to clarify any confusion regarding where a patient should be sent!

Care4

Care4 is a software that has been used in the CHB since several years to monitor movement of patients off-territory for referral. Some clinical information is available regarding the visits of the patients outside of the territory. This software will indicate whether a patient's specialist request is pending or completed.

Care4 is installed on most of the computers available in Mistissini. If you wish to have an account, dial **819-825-5818** and ask for to speak with the individual responsible for Care4 access.

Specialists Visits

Recently, we have had the pleasure of having many specialists offer their services in Mistissini. Specialist visits will be found highlighted on the monthly MD schedule. Specialists will typically occupy the doctor's office on the 1st floor adjacent to walk-in and the medical secretary.

Currently we have the following specialities regularly visiting Mistissini:

- Internal Medicine - Dr. Romina Pace, Dr. Aly Kanji
- General Pediatrics - Dr. Chip Phi
- Nephrology - Dr. Laura Horowitz
- Dermatology - Dr. Sonia Caridad Le Gal
- Adult Psychiatry - Dr. Melissa Pickles
- Child Psychiatry - Dr. Sabrina Provost

To refer any patient to a visiting specialist you may fill out a regular physician consultation/CRDS form and place it in the "Specialist Visits" folder next to the photocopier in Current Services/Walk-

In. Our “Specialist Services Nurse” Stephanie Grenier is located within the clinic, and available to answer any questions pertaining to referrals for our visiting specialists.

Additionally, if ever there is an emergency consultation for any of the above specialists when they happen to be present in our community most will be glad to be consulted in an emergent fashion.

Laboratory

Our laboratory has been open since September 2014. It performs basic biochemistry and hematology tests. For pathology, microbiology, serologies & all other investigations, our samples will be sent to Chibougamau, where they will then be dispatched as necessary through their own corridors of service (Chicoutimi, Québec City etc.).

If you wish to send a patient for laboratory investigations within 1-2 weeks, you must give them their requisition and instruct them to present to the upstairs blood-draw clinic between 8am and 9am during week. If the investigations are to be performed later, or with the usual labs, you must place the requisition in the appropriate clinic/age group folder in Current Services/Walk-in & specify on the request if the patient has been told to come back for blood tests. If the patient is with you, remind him/her that he/she will **not be called to come for a blood test**.

Omnilab

Laboratory results are stored in *Omnilab*, which is installed on most Mistissini computers. To have an account, dial #42255 and ask for Émilie.

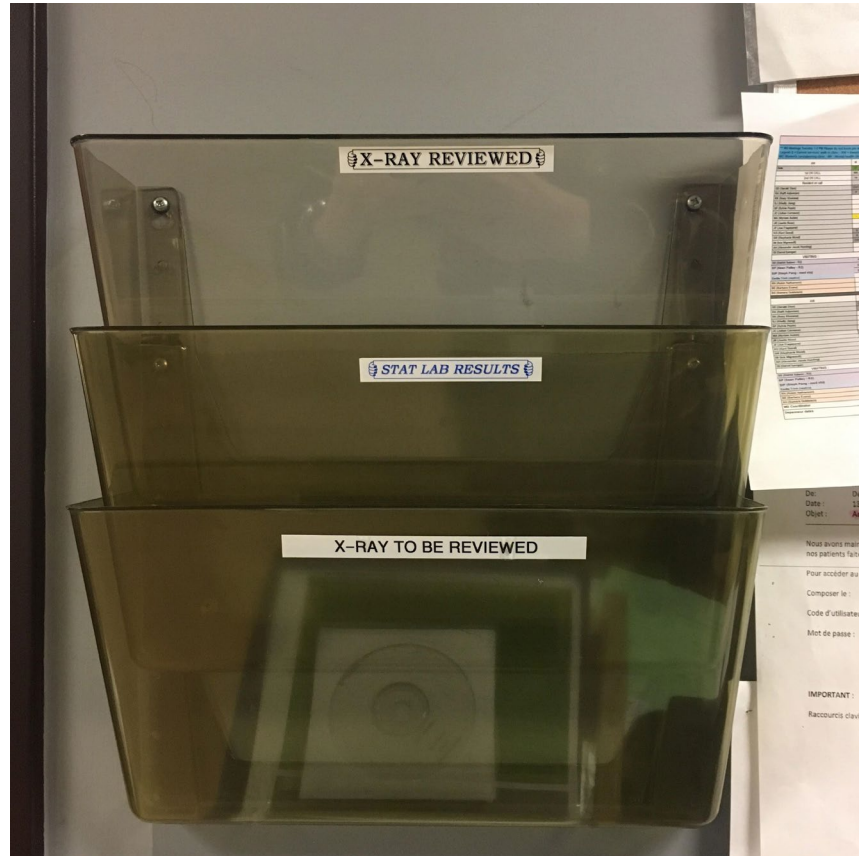
Radiology

Our radiology department opened June 2015. Our department performs all varieties of plain films. The images are then read at a distance by a radiologist in Amos, Dr Lucie Daoust. The films are usually dictated within a few hours, and transcribed within a few days to weeks. If the radiologist is on vacation, she reads the films when she returns. For any serious radiological emergency, you can call the radiology team in Amos.

If you wish to send a patient for an X-ray, simply fill out a requisition, give it to the patient and tell them to go to the radiology department. Once the film is read, the radiology tech indicates that it's completed by placing the requisition in the “**To be reviewed**” transparent folder above the X-ray computer station in Current Services. You will then be able to view the images in the PACs system. Please be sure to review **every film with your staff**. Write your impression of the film on the requisition and have it co-signed with your staff, then return it to the transparent folder for “**reviewed**” X-rays just above the “To be read” folder.

Chibougamau Hospital has plain films, CT-scans and formal ultrasound. Their visiting radiologist is present approximately once per month for formal ultrasound, all other films are read at a distance. We recently have been able to listen to their dictations - check with our radiology department and they'll show you how to do this if needed!

Val D'Or Hospital has CT scans, formal ultrasound and MRI. Unlike Chibougamau, there is **always** a radiologist here.



Pharmacy

Mistissini & Chisasibi are the only communities of the Cree Health Board to have local pharmacists and fully functioning pharmacies. The pharmacy will deliver every medication covered by the NIHB or the RAMQ. The pharmacists are available for consultation and questions during opening hours as well as on-call hours if need be, their extensions are 42 286 & 42 287.

Current Services (also known as fly/ER/walk-in)

*****PATIENTS MAY STAY IN CURRENT SERVICES FOR A MAXIMUM OF 2 HOURS. WE DO NOT HAVE THE FACILITIES TO SAFELY OBSERVE PATIENTS. DECISIONS REGARDING PATIENT DISPOSITION MUST BE CLEAR BY THIS TIME - I.e. WHETHER THEY WILL BE TRANSFERRED TO A REGIONAL HOSPITAL OR DISCHARGED HOME*****

2 physicians and 4-7 nurses staff this department that comprises a mix of walk-in and emergency medicine. Nurses see the patients first and assess their complaints. Most cases are managed by the nurses alone as per their collective order agreement. We call them 'infirmières à rôle élargi' as they often work independently in a similar manner to nurse practitioners. They are able to take a history, perform a physical exam, diagnose and treat patients based on their fixed clinical practice guidelines.

If a case falls outside of their clinical practice guidelines (either it being more complicated or urgent), nurses will consult one of the 2 doctors available. During after hours and weekends this will be the physician on call.

Unlike cases managed by nurses, **all cases** seen by residents and students must be reviewed and signed off by one of the staff physicians.

You will have access to two fully functional crash rooms for pediatric and adult patient populations in addition to Glidescope and McGrath video laryngoscopes, and bedside ultrasound when working in Current Services. We intubate about once a month (usually at night when on call). Many of our MDs are **CPoCUS** IP certified and are happy to teach!

As previously mentioned, Current Services makes up a significant portion of our practice and, for this reason, your rotation will be rich in Emergency Medicine. Many of our physicians are CCFP-EMs (and one FRCP!). You can expect to get lots of teaching in ER related topics such as casting, mock code scenarios and trauma simulations, approach to EKGs, approach to RSI/DSI/awake intubation, ventilators, ultrasound teaching and OSCE/SOO preparation in this setting.

Paperwork: consults, procedures, discharge summaries, etc.

Organizing outpatient care

Below are some common questions encountered by trainees rotating through our clinic:

1. What form or consult do I need?

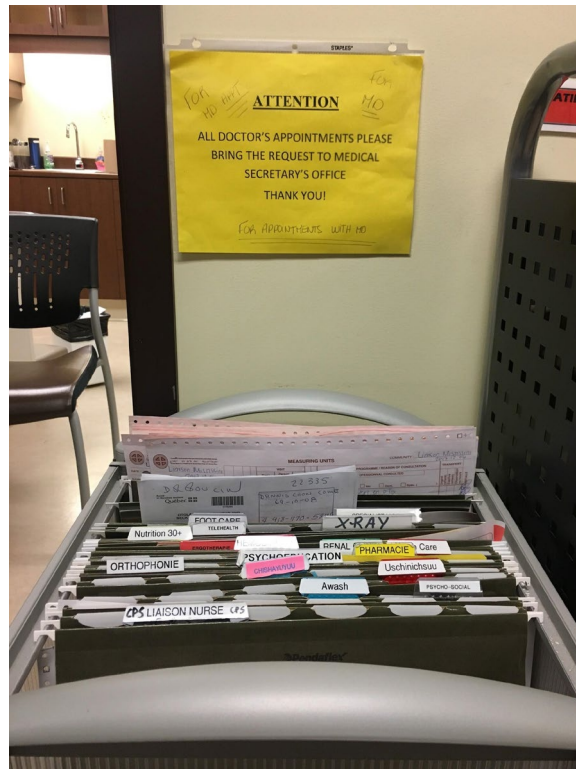
The liaison nurse, regular nurses in general and your fellow physicians in current services will help you identify which form you need to fill. We have binders filled with the CRDS/APSS consult forms in each department.

2. Does the patient *need to leave Mistissini*?

Every time a patient must leave Mistissini, you must fill out a CPS (Cree Patient Services) form in addition to the appropriate consult. **Make sure the patient has an up to date medicare card!** This ensures the patient's travel and test are cost covered and can be done at all.

3. Make a photocopy/print a second copy of your completed form for the chart

4. Place the form(s) in the appropriate folder next to the photocopier and the corresponding photocopy in the chart as described:



→ If the patient **does not have to leave Mistissini**, then:

- Forms for pediatric patients (up to 9 years of age), pregnant and postpartum patients get placed in the AWASH folder.
- Forms for patients aged 10-30 get placed in the USCHIINICHSUU folder.
- Forms for patients aged >30 get placed in the CHISHAAYIYU folder.
- Referrals to visiting specialists (who come to Mistissini on a regular basis) go in the VISITING SPECIALIST folder
- Scheduled outpatient follow-up visits with Mistissini family physicians must be given to the medical secretary.

→ If the patient **must leave Mistissini**, then:

- Forms should be placed in the LIAISON NURSE folder (don't forget the CPS form!)

Arranging urgent transfers

Although current services may look like a full fledged ER, it is not. We cannot keep patients for observation (patients can stay in our department for two hours at the very most). We cannot admit patients. If a patient cannot be safely discharged home, they will require transfer to Chibougamau ER for assessment. This applies to patients who require urgent investigations or specialist interventions not available in Mistissini as well as to patients that require hospital admission or observation.

When arranging a transfer:

1. Does the patient need an ambulance? Usually the answer is yes. Ensure that the nurse on call notifies the ambulance drivers that a transfer is occurring.
2. Does the patient need a nurse to accompany them in the ambulance? If they require medications or PRNs during transfer then the answer is YES.
3. Does the patient need a physician to accompany them in the ambulance? If the patient is unstable enough to warrant major interventions not already done at the clinic (ie. intubation, ventilation, impending delivery, hemodynamic instability management etc.) then the answer is YES. If such a transfer occurs when you are first on call, be sure to notify your second on call physician that you will be leaving the community to go on an urgent transfers. The second on call physician will then become the first on call MD until you return.
4. Call the ER physician in Chibougamau to inform them of your patient's assessment & reason for transfer.
5. Fill out the transfer order form.
6. Fill out a CPS form & ensure that it is faxed to CPS in Chibougamau
7. Fill out an MD Consultation form for the ER physician in Chibougamau
8. Make photocopies of your note, results, summary, medication list and pertinent information to be sent with the ambulance

*If you have any questions do not hesitate to ask one of the nurses working with you! They will be happy to help!

Dr. Alexander Hunting, Dr. Garud Iyengar, Dr. Kavi Gosal and Dr. Raffi Adjemian are in charge of the CURRENT SERVICES department.

Calls

There are always two physicians on call: a 'first on call' and a 'second on call' doctor. The first on call physician will field calls from nurses in Mistissini and surrounding villages (Ouje-bougoumou or Waswanipi) from 12PM to 9AM on the following day. You will have a formal pre-call morning and post-call morning off.

The second on call will typically only be called by the first physician on call if he/she is in need of back-up or extra hands running a case. This will typically only occur in acute cases such as a major trauma, impending delivery, code blue etc. Additionally, the second on call will be notified by the first on call physician if they are required to accompany a patient in ambulance for an urgent transfer. At that point the second on call will become the first on call physician until the return of their colleague from the transfer.

Normally, the person 'on call' will be assigned to "current services" during the day to facilitate the call since they are responsible for covering the noon hour and the other village calls.

After clinic opening hours, the first on call physician **is not in house**. After hours, patients will call the nurse on call, the nurse will then deem it necessary if they need to assess the patient in person or handle it over the phone. The nurse will call the physician on call if they have any questions regarding a case. The physician may choose to handle the case over the phone or come into the clinic to assess the patient at their own discretion on a case by case basis. If you intend to transfer the patient, you must assess him/her in person.

Issues specifically for trainees:

A resident will be taking home call approximately twice per week. You will be fielding calls from the nurse on call via the **CONSULTANT MD call phone**. Prior to starting your call, please communicate directly with the first nurse on call that you are the resident working with them and how to best reach you to ensure there is no confusion.

You will be responding to calls from our first nurse on call at the clinic. Some simple calls may be able to be managed over the phone, others may require you to come to the clinic if the case is more urgent or falls outside of the nurse's clinical practice guidelines.

It is important to note that our nurses ARE NOT nurse practitioners. Where an NP goes through years of training and clinical supervision, to become an 'infirmière à rôle élargi' one goes through a 6 week training program. This is a tall order to expect someone to be able to complete all manners of physical exam, history taking and differential diagnosis synthesis in 6 weeks. As such, **there is a tremendous variability in skillset between the individual nurses.** Please take this into context when you are on call. If a nurse presents a case to you, be it over the phone or in-person, do not hesitate to double check portions of the history and physical exam just as we do with students and residents. **Examples of cases that you should always be seeing the patient and verifying history and physical exam findings include:**

- **ALL CASES THAT NEED TO BE TRANSFERRED MUST BE ASSESSED IN PERSON**
- All obstetrical cases (eg. rule out labor, third trimester bleed, decreased fetal movement, PROM etc.) must be assessed ASAP to avoid delays to definitive care (ie. labor and delivery)
- All neurological cases (eg. vertigo, stroke, paresthesias etc.)
- All ophthalmological cases (eg. foreign bodies, red eye, decreased vision etc.)

- All pediatric cases (eg. dehydration and assessment of fluid status, bronchiolitis/asthma etc)
- All abdominal pain cases (eg. biliary colic, appendicitis, diverticulitis etc.)
- All hand/wrist cases (eg. FOOSH injury, trauma 2/2 fighting etc.)
- All intoxication/toxicology cases (eg. ETOH, cocaine, polyintox etc.)
- All mental health emergencies (eg. suicidal ideation, psychosis, mania etc.)

There is some staff to staff variability in terms of how some want **simpler cases to be discussed**. Some may want to be notified at that moment, some may be fine with discussing it the next day. However, all cases that require you to go to the clinic after hours to assess the patient in person **must be discussed with the staff at that time**. You can reach the staff via the First MD on-call phone. **Please discuss with your staff prior to starting call to revise how they wish to proceed handling simple cases throughout the night.**

Occasionally, nurses may draw blood for laboratory investigations *prior to calling you to discuss a case*. However, **labs may not always be clinically indicated**. If this does happen, please determine *in the patient's clinical context*, whether it is appropriate to send the bloods drawn for labs STAT, the next day or not at all. You will be expected to justify and discuss this with your staff during your case presentation of said patient.

Please leave all charts aside for any cases that you reviewed with your staff over the phone overnight, or chose to review the next day. Your staff will review your Myle notes and sign them off the next morning.

If ever you are called by the nurse on call for a big emergency (ie. impending delivery, massive trauma, code blue etc.) **call your staff immediately**. They will go with you to the clinic right away.

If ever you are called by a nurse for a RED/Covid crash room case **call your staff immediately**. They will don PPE on arrival and immediately and be present in the crash room alongside you.

If ever you are uncomfortable or feel the case is beyond you, **call your staff**. You are here to learn. We are here to teach and guide you. If ever a nurse on call tells you to call your staff, **do it**. Our nurses here have ample experience dealing with complicated, urgent cases and may have noticed something outside of your knowledge base. **Please follow suit and call your staff**. Remember, you are here to learn and this will be part of that process!

You will not be responsible for covering village calls from Ouje-Bougamau or Waswanipi. That will be the attending staff's responsibility.

Though the community is largely quite safe, the transit is located on a very poorly lit street and is still a 10-15 minute walk from the clinic. Because of this, we do not recommend that you walk to the clinic after midnight alone if on call. The clinic does not have a vehicle designated for trainees. You will discuss with your attending staff prior to starting call how you will get to and from the

clinic for calls taken after midnight. The following are possible scenarios and there will be staff to staff variability:

- i) **Your staff or another staff allows you to use their personal vehicle for any calls occurring after midnight.** This is only allowed in the event that you have a valid driver's license and agree to the responsibility for any damage or accident involving said vehicle.
- ii) **You call your staff for any call received after midnight requiring you to assess the patient at the clinic.** Your staff will pick you up from the transit in their personal vehicle and you will both go to the clinic together.
- iii) **Your staff takes all calls after midnight.**

You will have a formal pre-call morning the day of your call AND post call morning off the day after your call. You will be expected to start work the day of your call at 1pm, which is the same for both **weekday and weekend calls**. You will be expected the day after your call to start at 1pm.

If there are any issues with call scheduling do not hesitate to contact Dr. Justin Ross. We pride ourselves in trying to be as flexible in our scheduling as we possibly can.

Medical students do not have call responsibility, but can ask attending physicians or nurses to call them if they have specific cases they have interest in (ie. trauma, obstetrics, optho etc.).

Awash

This department is located on the 2nd floor of the clinic and delivers outpatient care and follow-up to prenatal, postpartum and pediatric patients from 0-9 years old. They have a team comprised of 3 nurses, 6 PCCRs (**see appendix for description of allied health professionals**), one nutritionist, one occupational therapist and one social worker. The physician is usually present on Wednesdays for Well Baby Clinics & for an average of 5 half day clinics per week.

A PCCR is a **Primary Care Community Representative**: their role is to foster an appropriate cultural link between the medical care we deliver and the cultural values and beliefs of the population. These workers do not have any formal medical training but are key assets in community outreach between our clinic and the community. They provide counselling and dedicated social and cultural support to our patients, helping to facilitate understanding of their medical care.

Dr. Stephanie Morel and Dr. Sarah Nitoslawski are the physicians in charge of the AWASH department.

Uschiinichsuu/Uschi

This department is also located on the 2nd floor of the clinic and delivers outpatient care and follow-up to patients between the ages of 10 and 30 years old. Areas of particular focus include mental health & social issues, sexual health, contraception and chronic disease management.

The team is comprised of 3 nurses, 2 PCCRs, one nutritionist and a few community workers. Physicians will typically offer half-day clinics two or three times per week.

Dr. Clara Sellers, Dr. Wesley Cote and Dr. Justin Ross are the physicians in charge of the USCHI department.

Chishaayiyuu/Chayo

This department is also on the 2nd floor of the clinic and delivers outpatient care and follow-up to patients over 30 years old. Their area of focus is mainly comprised of chronic disease screening and management.

The team consists of 3 nurses, 4 PCCRs and one nutritionist, and is visited by physicians approximately 4-6 half days per week.

This service also comprises the subdivisions of Renal Care & Home Care. Our Renal Care department manages all of our hemodialysis and pre-dialysis patients. The Renal Care team consists of one pre-dialysis nurse & 4 hemodialysis nurses. Home Care patients are divided into 2 groups, each followed by a separate nurse. Home Care focuses mainly on patients with loss of autonomy and palliative care patients. They also deliver care to the elders home of Mistissini, which is a semi-autonomous private residence, owned by the band office. Twice a week, a physician is assigned to both services.

Dr. Myriam Aubin, Dr. Isis Migneault and Dr. Rosy Khurana are in charge of the RENAL department.

All physicians share management of the CHAYO department.

Cultural Sensitivity and your stay in the Eeyou Istchee:

NB - the topic of cultural sensitivity goes well beyond the scope of any orientation document. Consider the below as a few pearls and jumping off points. Bear in mind that every case you

see while in Mistissini will touch upon the issue of cultural sensitivity - and this will be a subject brought up repeatedly by your staff.

- Understand and acknowledge the psychological concept of **multi-generational trauma**. This is the notion that trauma is transferred from one generation to the next via various bio-psycho-social means. Many of your patients may be residential school survivors. Some patients may be the children or grandchildren of survivors. As such, be mindful of the trauma these individuals may have endured, either directly or indirectly from the horrifying residential school system. Respect and acknowledge this trauma, and take it into account during your patient interaction.
- Given the multi-generational trauma caused by the residential school system, our patients suffer from very high rates of mental illness (depression, anxiety, PTSD, etc.). For this reason, many of our patients exhibit flat affects and may avoid looking at you in the eye. While this isn't a "normal" part of Cree culture, it is very common.
- Understand the concept of **protective defiance**. Wherein an individual who is powerless or victimized, can only take control of a situation by saying "no" or refusing to comply. This defense mechanism was often employed by victims of the residential school system against their aggressors. It is important to understand this defense mechanism and how patients may apply it to health care. Eg. stopping medications because their reason for prescription were not properly explained to the patient; answering "I don't know" to most questions, etc..
- Avoid paternalistic phrasing, tone or posturing when interacting with your patient. You are not here to tell a patient what to do. Do not stand over and lecture a patient. You are here to **inform and teach** about their health and make choices **together** about their health and care. When caring for a patient in a stretcher, try to sit down if the situation allows it, ideally at a level below the patient!
- **Shared decision making** is an important way to approach medical management. It empowers your patients, and lets them know they play an active role in their care! Shared decision making involves each party recognizing the other's agenda and ideas regarding management and investigations. If your plan and the patient's differ, attempt to negotiate and compromise, with the goal of establishing a plan that both parties are happy with. Instances where shared-decision making becomes less appropriate includes cases where the patient's life or another's is in imminent danger, especially when minors are involved.
- Ensure that all aspects of the patient's care is **properly explained**. Encourage your patients to explain their understanding of their illness and treatment, and encourage them to ask questions! When you ask a patient whether they understand what you are telling them, do not assume s/he/they understands when s/he/they answers "yes". In this case, saying "yes" is actually a form of protective defiance; avoiding a potential discussion or conflict in the event that they did not understand everything discussed. Consider having the patient repeat back to you what they have understood from you!
- Lastly, you are a **visitor** here in the Eeyou Istchee. Your patient's are our hosts; we must treat this land and its people with the utmost respect.

RECOMMENDED READING PRIOR TO ARRIVAL:

- **“The Sweet Bloods of Eeyou Istchee”** - Ruth Anne DyckFehderau
A collection of first-person accounts of Cree patients from the Eeyou Istchee and their experience with diabetes; it’s diagnosis, it’s treatment and the individuals who they have met along the way in their journey of healing.
- **“UNeducation, Vol 1: A Residential School Graphic Novel”** - Jason Eaglespeaker
A graphic novel detailing a family’s struggle in face of the Canadian government’s sanctioned exploitation of its First Nations, Inuit and Métis people
- **“On the Truth and Reconciliation Commission”** - Dr. Suzy Goodleaf
Dr. Suzy Goodleaf of the Mohawk Nation of Kahnawake speaks about many of the concepts described above, but specifically, the Truth and Reconciliation Commission and its impact on Canada’s First Nations, Inuit and Métis people. Watch here: <https://www.youtube.com/watch?v=cBDQM0N1qXI>

Conclusion

We hope you enjoy your upcoming rotation here in Mistissini! We pride ourselves in being a safe and exciting place to learn and to grow as a physician. If you have any questions or concerns prior to your starting your rotation please do not hesitate to contact Dr. Justin Ross at justin.richard-ross@mcgill.ca or at 514-917-0375 in the event of an emergency. We look forward to meeting you!

Contact info & phone numbers

Mistissini Medical deputy chief: Dr. Rosy Khurana

Mistissini Medical chief assistant: Dr. Garud Iyengar

Permanent doctors: Gerald Dion, Raffi Adjemian, Julian Carrasco, Sylvie Pepin, Joe Fragapane, Justin Ross, Alexander Hunting, Kavi Gosal, Stephanie Morel, Isis Migneault, Sarah Nitoslawski, Clara Sellers, Oggie Papic, Sean Pallay, David McCaughey, Upama Banik, Wesley Cote, Tedi Qendro, Roman Tarnavaskiy, Akina Fay

IMPORTANT PHONE NUMBERS:

Mistissini clinic: 418-923-3376 (medical secretaries: 42236/42237)

Nurse on call: 418-770-8703

MD on call: 418-770-8704 ***passcode for phone is **3376**

Police: 418-923-3278

Fire department: 418-923-3200

Poison center: 1-800-463-5060
Public Health MD on-call: 514-702-2940

APPENDIX 1 - CORRIDORS OF SERVICE AND REFERRALS

Chibougamau Hospital - 418-728-2676

Dial "0" for locating

Dial ext 22215 for ER

Val D'Or Hospital - 819-825-5858

Dial "0" for locating

Amos Hospital - 819-732-3341

CSSS Roberval - 418-275-0110
Dial "0" for locating

Rouyn Noranda - 819-764-5131

Glen Hospital Montreal (adult and Montreal Children's) - 514-934-9334
Dial "53333" for locating

MEDICAL SUBSPECIALTIES:

i) Internal Medicine:

- Visiting specialist Dr. Romina Pace at Glen/MUHC
Email = romina.pace@mail.mcgill.ca
Cell = 514-207-5833
- Chibougamau Hospital = Dr. Mathieu Raymond
Phone = 418-748-2676 ext. 0 for locating

ii) Cardiology:

- Cardiology/CCU Fellow at Glen/MUHC for advice needed in any urgent intervention (ie. thrombolysis)

iii) Neurology:

- Amos Hospital = Dr. Roux offering consults, EMG
- Neurology Fellow at Glen/MUHC for advice needed in any urgent intervention (ie. code stroke)

iv) Pediatrics:

- Visiting specialist Dr. Chip Phi at Glen/MCH
Email = chiphim@hotmail.com
Cell = 514-823-2401
Pager = 514-406-4564
- Montreal Children's Hospital = Peds consult team if Dr. Phi unavailable

v) Psychiatry: (also available via telemedicine/viseo)

- Visiting adult psychiatrist Dr. Melissa Pickles at Douglas Hospital
Email = melissa.pickles@mail.mcgill.ca
Cell = 438-998-3919
- Visiting child psychiatrist Dr. Sabrina Provost at Montreal Children's Hospital/Douglas Hospital
Email = sabrina.provost.med@ssss.gouv.qc.ca
Cell = 514-506-9549

- Psychiatric Liaison Nurse Sylvain Provencher with Cree Health Board
Email = sylvainprovencher@ssss.gouv.qc.ca
Cell =

819-753-7547

vi) **Nephrology:** (also available via telemedicine/viseo)
- Visiting nephrologist Dr. Laura Horowitz at Glen/MUHC
Email = laura.horowitz.med@ssss.gouv.qc.ca
Cell = 514-606-5497

SURGICAL SUBSPECIALTIES:

i) **General Surgery:**

- Chibougamau Hospital

ii) **Ophthalmology:**

- CSSS Roberval - only for patients previously known to them!
- Glen Hospital for adults
- Montreal Children's Hospital for peds

iii) **Oromaxillofacial:**

- Amos Hospital
- Val D'Or Hospital
- Glen Hospital

iv) **Orthopedics:**

- Amos Hospital

v) **ENT:**

- Val D'Or Hospital

vi) **Urology:**

- Rouyn Noranda Hospital

Allied Health Professionals in Clinic:

i) **Primary Care Community Representatives (PCCRs):**

- Able to perform BPTu tests, get glucose meter results
- Teaching on taking blood sugars and administering insulin

- Counselling on lifestyle changes related to diabetes, hypertension, dyslipidemia etc. -
Also available to translate when seeing a patient or aid in relaying information

ii) Community Workers:

- Akin to a Primary Care Community Representative, but dealing solely with cases relating to mental health, addictions, social issues etc.

iii) Dentistry:

- Available in the clinic from a dentist who is in at fairly regular intervals - A dental hygienist is also available for routine cleaning

iv) Psychologists and Psychotherapist:

- Julia Grunberg and Evelyn Andelfinger
- Coverage approximately 2-3 weeks per month in community
- Available for **emergency intensive** psychotherapy sessions in Montreal if needed
- David Theberge - psychology intern, working as a psychologist under supervision from Evelyn Andelfinger.

v) Nutrition:

- Available in both Chayo and Awash/Uschi for all manners of dietary advice

vi) Occupational Therapy:

- Currently their office is present in the Awash department, handling all issues pertaining to OT in the community

vii) Physiotherapy:

- A big issue in our clinic
- Currently one on-staff Physio available
- Post-op, pediatrics and pregnancy patients taking priority
- Otherwise may recommend attending private physio in Chibougamau at Clinic Pysis or offer home PT exercises via online resources

viii) Wound Care Nurse:

- Karine Lamothe - can be reached at: (819) 978-7757