

<p>Name of Rotation:</p>	<p>London InterCommunity Health - Refugee and Complex Urban Health</p>
<p>Description of Rotation:</p>	<p>London Intercommunity Health strives to provide inclusive, equitable, trauma and violence informed health and social services to those in our city who experience barriers to care and we foster the active participation of individuals and the communities we serve. There are four primary care clinics operated by LIHC staffed with multi-disciplinary teams including a specialized mental health team, diabetes team, Hepatitis C team, HIV MyCare team as well as a robust team of community health workers and outreach workers. Residents will be exposed to primary care in a multicultural urban setting with introduction to issues of poverty, refugee resettlement, trans-health, complex social issues and street health, with a large focus on psychiatric illness, addictions and chronic illness. The Centre uses an interdisciplinary holistic approach to health care with an emphasis on health promotion, harm reduction and preventive care practices. The resident will practice problem-solving in primary care that takes into account the bio-psycho-social aspects of care and increase their comfort with patients facing multiple complex and chronic social and medical issues and those who struggle to stay on mainstream clinical pathways. The resident will be encouraged to consider how to provide ongoing long term care to under-resourced populations in a sustainable way that builds internal resilience as a provider. Residents will become familiar with using in-person and phone interpreters throughout the day as many patients experience language barriers. Clinic hours are 9-5/6:30pm depending on the day.</p>

	<p>Residents will be matched with a primary preceptor and participate in providing primary care to their rostered patients. The preceptor will be responsible for supervision and clinical teaching. Several preceptors also provide care to patients in specialty clinics such as the Refugee Resettlement Clinic and Gender Affirming Care clinic for one day a week outside of their primary care rosters and residents will participate in these clinics as per the preceptor’s schedule. Residents may be scheduled with alternative preceptors in case of sickness or holidays or if they have special interest in that preceptor’s patient population or specialty clinic.</p>
<p>Rotation Contact:</p>	<p>Dr. Allison Henderson</p>
<p>Description of Clinical Duties:</p>	<p>All work is done in collaboration with the interdisciplinary team: nurses, admin, social work, physio, dieticians, outreach workers, unregulated care providers such as community health workers and outreach workers, nurse practitioners, and physicians.</p> <p>Primary care clinics – booked and same day appointments to rostered patients, minimal phone appointments.</p> <p>Outreach opportunities available such as shelter visits, outreach bus, Hep C team, HIV team Refugee Resettlement Clinic- care provided for newly arrived refugees during their first 6 mos in London in clinic and at times are in refugee shelters.</p> <p>Opportunities to work with Cross-Cultural Learner’s Centre, Youth Opportunities Unlimited, Indwell, MLHU and other partner organizations with whom we work to increase access to equitable health care and improve the social determinants of health in our patient communities.</p>
<p>Sample Schedule:</p>	<p>Clinic hours are 9-5/6:30pm depending on the day. Monday-Friday 0900hrs-1700hrs Occasional evening shifts (1700-1830hrs)</p>

On-Call Requirements:	None
Description of Setting:	<p>Primary care clinic- computers and internet access provided, residents will have to be flexible and move between exam rooms as we do not have a dedicated learner exam room at this time due to general space constraints- this is one of our limiting factors as to how many learners we can take, office space will be shared with supervisor. There will be dedicated work place for residents- this does not mean private office but rather working space within teams.</p>
Supervision:	<p>Residents will be matched with a primary preceptor and participate in providing primary care to their rostered patients. The preceptor will be responsible for supervision and clinical teaching.</p> <p>Residents may be scheduled with alternative preceptors in case of sickness or holidays or if they have special interest in that preceptor's patient population or specialty clinic.</p> <p>There may be opportunities to work with allied health and/or NP led outreach clinics to meet specific learning goals. Residents will not attend outreach clinics without a supervisor.</p>
Clinical Content:	<p>The nature of our primary care practice is defined by the following parameters:</p> <ul style="list-style-type: none"> • Patient population- the Centre's client base of primary care rostered patients is approximately 50% refugees and immigrants from a number of countries. The remaining 50% are from across the City of London, but concentrated in the Old East Village area and the northeast corner of the city. All experience poverty and barriers to receiving mainstream health and social services. • 50% of clients have household incomes of less than \$20,000 per year. Approximately 1,000 of 6,000 registered clients are homeless or at risk of homelessness.
Objectives/Expectations:	<ul style="list-style-type: none"> • Communicate with marginalized populations and identify student inherent bias' and address relevant gaps such as language barriers, differing cultural perspectives, social stigma, and health literacy

	<ul style="list-style-type: none"> • Use a ‘trauma informed care’ approach when addressing disease screening and prevention strategies • Practice a collaborative team-based approach, including establishing positive working relationships with other health care professionals, community organizations, medical interpreters and community leaders, including legal, religious and cultural representatives • Describe various trauma informed approaches to improve cultural safety (choice, collaboration, trustworthiness and empowerment), evidence based clinical care and constant quality improvement for clinical care with various marginalized patient populations • Identify the social determinants of health and barriers to culturally appropriate care affecting marginalized populations • Describe the various resources in the community to support various marginalized populations with the aim to improve health outcomes • Gain an understanding of health equity and how system level changes led by socially accountable physicians can lead to improved health outcomes for marginalized • Show respect for, and knowledge of, the demographic and cultural and gender diversity of their patient population • Reflect on their own bias and knowledge gaps pertaining to the unique needs and barriers various marginalized patient populations face when accessing healthcare • Identify key patient-centered factors when reviewing the latest evidence-based clinical prevention guidelines for various marginalized populations
<p>Level of Residents Accepted:</p>	<p>PGY2</p>
<p>Teaching:</p>	<p>Resident will be required to present to the primary care team at our monthly meetings once per rotation on a topic relevant to our patient population i.e. updates to Hep C guidelines.</p>

	<p>Residents will be expected to attend our monthly Lunch and Learns.</p> <p>We will cover several medical topics including gender affirming care, HIV, Hep B , Hep C, PTSD and other population health topics including evidence based screening recommended for refugees.</p> <p>Teaching will also be provided in the clinical setting around specific cases by the preceptors.</p>
Description of Location:	https://lihc.on.ca/locations-and-hours/