### Care of the Vulnerable and Underserviced

#### Curriculum Objectives

#### Family Medicine Expert

1. **The family medicine resident will acquire medical knowledge around basic travel medicine:**
   - 1.1.1. To advise a patient on appropriate immunizations prior to overseas travel.
   - 1.1.2. To make recommendations concerning malaria prophylaxis, and other health precautions including those around potable water and traveler’s diarrhea.
   - 1.1.3. To demonstrate an approach to the management of fever in the returning traveler.

2. **The family medicine resident will acquire key medical knowledge around the health of immigrants to Canada:**
   - 1.2.1. To demonstrate awareness of overseas screening for immigrants and refugees to Canada.
   - 1.2.2. To apply appropriate screening recommendations, including assessment of vaccination status and updates as appropriate, for newly arrived landed immigrants.
   - 1.2.3. To demonstrate a knowledge of the demographics of new immigrants to Canada.
   - 1.2.4. To inquire and maintain openness to the use of alternative healers, practices and medications.
   - 1.2.5. To demonstrate an approach to finding information on diseases less commonly seen in Canada.

3. **The family medicine resident will acquire knowledge of the epidemiology of different underserviced groups in Canada, including aboriginal populations and inner-city/street health populations:**
   - 1.3.1. To demonstrate knowledge of the epidemiology of aboriginal health issues, including diabetes mellitus, metabolic syndrome, substance abuse and domestic violence.
   - 1.3.2. To describe key differences between aboriginal communities on and off reserves, including issues of inadequate housing and unclean water supply.
   - 1.3.3. To demonstrate knowledge of the epidemiology of inner-city populations, including mental health concerns, substance abuse, impact of homelessness, lack of preventative medical care.

4. **The family medicine resident will be familiar with basic global burden of disease, including the concept of epidemiologic transition and the major causes of mortality worldwide:**
   - 1.4.1. To demonstrate an understanding of global burden of disease, the concept of epidemiologic transition and its impact for health of populations in Canada and abroad.
   - 1.4.2. To demonstrate a basic clinical and epidemiological knowledge of diarrheal disease, HIV, malaria and tuberculosis.
   - 1.4.3. To demonstrate a basic understanding of the impact on health of individuals of migration, forced displacement, war and armed conflict.

#### Manager

2.1. **The family medicine resident will develop a basic literacy in different healthcare systems and the international approach to primary healthcare:**
   - 2.1.1. To discuss the structure and outcome differences between different levels of public and private healthcare systems in high- and low-income countries.

2.2. **The family medicine resident will integrate into their practice an awareness of appropriate resource utilization and priority setting:**
   - 2.2.1. To balance the individual patient’s concerns against the responsible use of public resources.
   - 2.2.2 To discuss the impact of high-resource vs low-resource public health interventions on population health.
### Communicator

3.1. The family medicine resident will be skilled in the proper use of interpreters:

- 3.1.1. To demonstrate the appropriate use of a medical interpreter in patient encounters.
- 3.1.2. To demonstrate a working knowledge of the translation resources in the community.

3.2. The family medicine resident will recognize the communication needs, both verbal and written, of patients who are illiterate, semi-literate or who are literate in a language other than English:

- 3.1. To constantly maintain awareness that a patient may not be able to read distributed materials, prescription information, etc and to avoid putting the patient into an uncomfortable position with respect to his/her literacy.
- 3.2. To provide materials appropriate to patient’s literacy level and linguistic ability, when possible.

### Collaborator

4.1. The family medicine resident will develop their ability to work effectively with other members of the healthcare and social services team in the service of their patients:

- 4.1.1. To demonstrate an openness to and respect for appropriate communication with other professionals, including cultural interpreters and translators, legal aid workers, CAS workers, social workers, and members of other community support groups with regards to their patients.
- 4.1.2. To organize and participate in team meetings as appropriate.
- 4.1.3. To demonstrate appropriate and thorough documentation of any conversations or meetings held about a particular patient.

4.2. The family medicine resident will engage patients and families as active participants in their care:

- 4.2.1. To enlist patients and their families as participants in their healthcare while identifying tensions and role differences in the process, and while maintaining confidentiality.

### Health Advocate

5.1. The family medicine resident will acquire familiarity with the social services sector as a resource to patients:

- 5.1.1. To demonstrate appropriate use of OW, ODSP and CAS resources, including letters advocating for clients, appropriate completion of ODSP forms, access to dental care coverage, drug coverage, and various forms allowing patients to access special coverage.

5.2. The family medicine resident will acquire basic familiarity with the interim federal health program as a resource to refugee claimants and with local settlement services:

- 5.2.1. To demonstrate awareness of the IFH plan including who and what is covered.
- 5.2.2. To demonstrate ability to access and to refer patients to local settlement services and their resources.

5.3. The family medicine resident will acquire familiarity with local resources available to patients who have no healthcare coverage:

- 5.3.1. To demonstrate an awareness of the mandate of CHCs, PHUs and midwifery clinics, for example, to provide healthcare services for patients with no AHC coverage.

5.4. The family medicine resident will recognize shortcomings in the existing Canadian system that increase and maintain inequities in health within Canada:

- 5.4.1. To critically discuss the redistribution of wealth within Canadian society including barriers to accessing social security, income levels associated with social security, barriers to employment of new Canadians, tax structures, etc.
5.5. The family medicine resident will understand the role of physicians as players with considerable lobbying power to influence the above inequities:

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<tr>
<th>5.5.1. To discuss the role of lobbying organizations such as Canadian Doctors for Medicare, Physicians for Human Rights, Canadian Association of Physicians for the Environment, Physicians for Global Survival, People’s Health Movement, and other physician-lead lobby groups.</th>
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<td>5.5.2. To demonstrate knowledge of the main components of developing a successfully lobby around a particular issue, and to demonstrate awareness of lobbying resources within Canada. **</td>
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<td>5.5.3. To be familiar with organizations that strive to decrease inequities in Canada and around the world including the WHO, the Global Fund, CIDA, the UN and its branches including the Millennium Project, UNFPA, major national and international NGOs.</td>
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**Professional**

6.1. The family medicine resident will develop a sense of cultural humility which enables constructive, helpful and professional provision of medical care to members of different cultural and socioeconomic groups:

| 6.1.1. To demonstrate an awareness and sensitivity to the patient’s culture, beliefs, values, gender and age. |
| 6.1.2. To demonstrate empathy in interactions with underserved patients to foster a sense of partnership. |
| 6.1.3. To define her or his own background, culture, beliefs, values and biases and the impact these may have on interactions with patients [i] |

6.2. The family medicine resident will develop an awareness of professional opportunities available to physicians interested in a career in Global Health:

| 6.2.1. To demonstrate an awareness of opportunities for Global Health work in Canada (including in aboriginal populations, inner cities, and with immigrant and refugee populations). |
| 6.2.2. To demonstrate an awareness of opportunities for Global Health work overseas. |

**Scholar**

7.1. The family medicine resident will develop an awareness of important geopolitical trends which will affect their patients’ health as well as the types of patients they see:

- Climate change
- Global food crisis
- Global patterns of migration
- Economic globalization
- Global patterns of conflict
- Patterns of income redistribution within Canada
- Gender and its impact on health worldwide
- etc.

| 7. 1.1. To demonstrate an overall awareness of the broader determinants of health including an in-depth understanding of at least one of the following (or a replacement, depending on resident interest): climate change, migration, access to food, economic globalization, social security net. |
| 7.2. The family medicine resident will develop an awareness of the concept of health as a human right: |
| 7. 2.1. To demonstrate knowledge of the Canadian Charter of Rights and Freedoms and the Universal Declaration of Human Rights as they pertain to health. |