MUN MED GATEWAY ANNUAL REPORT

September 2012 - August 2013
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About MUN MED Gateway

“It is a real privilege to work with refugees. Our medical students learn a lot about what they have endured in their lives and how very strong they are to be able to survive and begin new lives here.”
- Dr. Pauline Duke, MUN MED Gateway faculty advisor

MUN MED Gateway (Gateway) is a volunteer program for first- and second-year medical students in the Faculty of Medicine at Memorial University that increases access to health care for refugees who arrive in St. John’s. Gateway began in 2005 as a student-initiated project and has grown into an established program in the Faculty of Medicine. It is supported through a partnership with the Association for New Canadians (ANC) and Eastern Health.

Gateway serves two main purposes: 1) to provide medical students with experience serving people from other countries and cultures and 2) to assist newly-arrived refugees in St. John’s with integration into the Newfoundland and Labrador health care system. Under the supervision of Dr. Pauline Duke, student volunteers at Gateway sessions conduct interviews and physical screenings with refugee participants to develop written medical histories. Gateway then matches participants with a family doctor, shares the history with the doctor and makes referrals to specialists for any needs identified through the screening. Gateway also conducts research about the health needs and issues of refugees in St. John’s and undertakes other initiatives to benefit refugees as needs are identified.

As a service-learning program that addresses community needs through public partnership, Gateway furthers the Faculty of Medicine’s commitment to social accountability and public engagement. In addition, Gateway provides leadership opportunities for students who develop, fund and deliver additional initiatives that further promote health and well-being for refugees in St. John’s.
The Year in Review

The academic year of 2012-2013 has built on the success of previous years and expanded project participation. There was increase in student interest in volunteering, with 75 students signing up for MUN MED Gateway. The students also continued and expanded a number of satellite initiatives, including purchasing car seats and vitamin D drops for refugee families, hosting a holiday party for refugees, and assisting at the health fair held at the ANC public health clinic. (Section 6)

In September, Adriana Castano-Kutty left her position as co-ordinator after four years of dedicated service. Our sincerest thanks to Adriana, who came to Newfoundland as a refugee herself – she was instrumental in Gateway’s evolution from a student-led grassroots initiative to an established program in the Faculty of Medicine.

Gateway held 17 sessions in this academic year and saw 79 newcomer refugee participants. The number of participants was down from 98 in the previous year, because sessions were put on hold during the fall of 2012 in the transition to a new co-ordinator. Sessions resumed in late January 2013, with Kate Duff as the new co-ordinator, and though all newcomer refugees in the city who arrived during the hiatus were seen, a number may have left for other provinces during that period. (Section 4 and 5)

We launched Gateway Rounds this year, a presentation and discussion event series that will be held several times a year on topics related to refugee health. (Section 8)

Gateway’s champions attended and presented at a number of academic conferences and public events, raising the program’s profile, and the program was highlighted in two articles. (Sections 9, 10 and 11)
MUN MED Gateway is made possible through the leadership of faculty, staff and students in the Faculty of Medicine, ANC and Eastern Health. Together, they form an advisory board that collaboratively guides the implementation and evolution of Gateway’s activities. This year, the advisory board consisted of:

**Faculty advisors**
Our faculty advisors provide supervision, inspiration and guidance for the program. They have been dedicated to Gateway since its early days. Dr. Pauline Duke (Discipline of Family Medicine) is at the heart of Gateway – she worked with the students who originated the project, has been pivotal in seeing the project evolve into an established and thriving program, and supervises the students each week at Gateway sessions. Dr. Gerard Farrell (director of the eHealth Research Unit) ensures the security of the database that houses refugee participant information. Dr. Shree Mulay (associate dean of Community Health and Humanities) provides administrative supervision and shares her expertise on refugee health issues.

**Co-ordinator**
Our project co-ordinator oversees the administrative aspects of the project and ensures the continuity of the partnership. For the 2012-2013 year, the position was held by Adriana Castano-Kutty (until September 2012) and Kate Duff (January – September 2013).

**Student co-ordinators**
Our medical student co-ordinators organize the involvement of medical students and lead fundraising and additional initiatives that respond to the needs of refugees. Each year, two first-year student volunteers are elected by their class to be student co-ordinators during their second year of medical school. For the 2012-2013 school year, Joy Crocker and Felicia Pickard served as student co-ordinators, then in June of 2013, Daniel Albrechtsen and Ray Li took up the positions.

**Global health advisor**
The Faculty of Medicine's Global Health Office is co-ordinated by Dr. Jill Allison, who assists Gateway by serving as an advisor regarding global health issues and ethics. She has also participated in presentations concerning Gateway.
**Association for New Canadians**

The ANC works with refugees when they arrive in St. John’s to facilitate their settlement in St. John’s. The ANC connects medical students with the refugee population. In 2012-2013, Tina Power (settlement counsellor) co-ordinated the participation of refugees for Gateway sessions, as well as necessary translation and transportation services, and Erin Holland (social worker) provided guidance on approaches and ethics for working with refugees.

**Eastern Health**

Eastern Health operates a public health clinic dedicated to serving the clients of the ANC, and this is where Gateway sessions take place. The clinic’s public health nurse, Barbara Albrechtsons, is a strong advocate for refugees and their families. She attends all Gateway sessions and provides guidance and oversight to students in the physical screenings. This year she also organized the health fair that students volunteered at, distributed car seats and Vitamins D drops that students fund-raised for, and much more.
Gateway Sessions

MUN MED Gateway sessions take place on Tuesday afternoons at the ANC’s public health clinic. In sessions, medical student volunteers work (under the supervision of Dr. Pauline Duke) with newcomer refugees, along with interpreters, to develop a health history and conduct a physical screening. The screening includes:

- checking height, weight, blood pressure, and dental health,
- performing eye and ear exams,
- performing a TB skin test for at risk refugee participants,
- asking about vaccination history,
- attending to any immediate health needs as they present that day (such as dental infections, skin rashes, prenatal care, infectious disease, etc.).

Following the sessions, Gateway finds a family doctor for participants (if they do not already have one) and sends the health history to the doctor. Also, referrals to specialists such as dentists, optometrists, etc., are made for any health issues that were identified through the screening.

The table below provides an overview of session statistics by month. A closer look at refugee participant demographics follows in the next section.

### OVERVIEW OF SESSION STATISTICS, BY MONTH

<table>
<thead>
<tr>
<th>Number of:</th>
<th>Sessions</th>
<th>Student volunteers(^1)</th>
<th>Refugee Participants</th>
<th>Single refugee participants</th>
<th>Refugee participants in family groups</th>
<th>Family groups participants needing interpretation</th>
<th>Refugee</th>
<th>Interpreters(^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oct. 2012</td>
<td>2</td>
<td>8</td>
<td>14</td>
<td>4</td>
<td>10</td>
<td>3</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Jan. 2013</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Feb. 2013</td>
<td>3</td>
<td>13</td>
<td>12</td>
<td>4</td>
<td>8</td>
<td>3</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Mar. 2013</td>
<td>2</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>11</td>
<td>3</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Apr. 2013</td>
<td>3</td>
<td>11</td>
<td>11</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>May 2013</td>
<td>3</td>
<td>15</td>
<td>10</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>June 2013</td>
<td>3</td>
<td>16</td>
<td>12</td>
<td>0</td>
<td>12</td>
<td>3</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>July 2013</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>19</td>
<td>88</td>
<td>79</td>
<td>23</td>
<td>56</td>
<td>18</td>
<td>57</td>
<td>27</td>
</tr>
</tbody>
</table>

\(^1\) Figures show total number of students present at each session. Some students were present at more than one session per month or over the course of the year.

\(^2\) Figures show total number of interpreters present at each session. Some interpreters were present at more than one session per month or over the course of the year.
Refugee Participants

“Health is very important in Canada. It was very nice to meet with the peoples who like to help us find good health.”

– 39-year-old-male participant

“I like to have family doctor. It is good. I am happy for help to have doctor to see me and my family”

- 41-year-old male participant

“Nice people. Nice place. I like the Gateway too much.”

- 50-year-old female participant

“The students are good. Helping us to know about our doctor and asking many questions to know about us health. I am happy to be their guest.”

- 60-year-old male participant

In 2012-2013, seventeen MUN MED Gateway sessions were held. Seventy-nine refugee participants participated in the interviews and screenings. This was a decrease of nineteen from the year before, in-part explained by the hiatus of sessions in the fall of 2012 – all newcomer refugees who had arrived during that period were seen in Gateway sessions when it resumed in January, but a number may have already left the province in the meantime.
This year, Gateway saw newcomer refugees from 11 countries. The map below depicts the global representation of countries from which participants had to leave and the chart shows how many participants came from each country.

![Map showing countries of origin](http://bighugelabs.com/map.php#top)

**Countries of origin (and number of participants from each):**

<table>
<thead>
<tr>
<th>Country</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bhutan</td>
<td>21</td>
</tr>
<tr>
<td>Cuba</td>
<td>9</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>22</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>7</td>
</tr>
<tr>
<td>Eritrea</td>
<td>6</td>
</tr>
<tr>
<td>Iraq</td>
<td>6</td>
</tr>
<tr>
<td>Malawi</td>
<td>2</td>
</tr>
<tr>
<td>Sudan</td>
<td>4</td>
</tr>
<tr>
<td>Uganda</td>
<td>2</td>
</tr>
</tbody>
</table>

Nearly half the refugee participants we saw (approximately 35) had spent time in refugee camps before coming to Canada – some spent many years in camps and some participants were even born there.

Participants who attended sessions during the year spoke one of 13 first languages, eight secondary languages and 13 additional languages (see table, below). Interpretation services were provided by the ANC for 57 participants (72 per cent). Over the course of the year, 17 interpreters assisted in Gateway
Of the 79 refugee participants we saw, 56 (almost 71 per cent) arrived in St. John's as part of a family group and 23 (29 per cent) came on their own. In 2011-12, 86 per cent of participants arrived with family members.

Almost half the participants who attended Gateway this year were married (39) and almost half were single (38). One participant reported being divorced and another as co-habitating.

Fifty participants who attended Gateway this year were males (63 per cent), while 30 were female (37 per cent).

We saw one infant (under one year old) and 15 children (from ages 1 – 12) in Gateway sessions this year. The other 63 participants were aged 13 and over. Below is a further breakdown of the age groups of participants:

<table>
<thead>
<tr>
<th>Age range</th>
<th>Number of refugee participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 1 year</td>
<td>1</td>
</tr>
<tr>
<td>1 – 5</td>
<td>7</td>
</tr>
<tr>
<td>6 – 10</td>
<td>6</td>
</tr>
<tr>
<td>11 – 15</td>
<td>2</td>
</tr>
<tr>
<td>16 – 20</td>
<td>5</td>
</tr>
<tr>
<td>21 – 25</td>
<td>13</td>
</tr>
<tr>
<td>26 – 30</td>
<td>10</td>
</tr>
<tr>
<td>31 – 35</td>
<td>11</td>
</tr>
</tbody>
</table>

Languages Spoken

<table>
<thead>
<tr>
<th>Primary</th>
<th>Secondary</th>
<th>Other / additional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amharic</td>
<td>Amharic</td>
<td>Arabic</td>
</tr>
<tr>
<td>Arabic</td>
<td>Arabic</td>
<td>English</td>
</tr>
<tr>
<td>English</td>
<td>English</td>
<td>French</td>
</tr>
<tr>
<td>French</td>
<td>French</td>
<td>Hindi</td>
</tr>
<tr>
<td>Kimaasai</td>
<td>Hindi</td>
<td>Italian</td>
</tr>
<tr>
<td>Kinyamulenge</td>
<td>Indian</td>
<td>Kibembe</td>
</tr>
<tr>
<td>Nepali</td>
<td>Swahili</td>
<td>Kiganda</td>
</tr>
<tr>
<td>Oromo</td>
<td>Tigrinya</td>
<td>Kikongo</td>
</tr>
<tr>
<td>Soho</td>
<td></td>
<td>Lingala</td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td>Mashi</td>
</tr>
<tr>
<td>Sudanese</td>
<td></td>
<td>Nyamulenge</td>
</tr>
<tr>
<td>Swahili</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the 79 refugee participants we saw, 56 (almost 71 per cent) arrived in St. John's as part of a family group and 23 (29 per cent) came on their own. In 2011-12, 86 per cent of participants arrived with family members.
Student Involvement

“I truly enjoyed being one of the medical student coordinators for the Gateway program last year. Through the program I was able to meet and interact with refugees from many different countries. This was a learning experience like no other to learn about the health inequities experienced globally and the struggles that new Canadians and refugees encounter in our health system. It was also a wonderful and rewarding experience to work with the highly professional team making up the Gateway program and to interact with our enthusiastic student volunteers who were more than willingly to help out in any way. This experience has further solidified my interest in global health for my future practice.”

- Felicia Pickard, MUN MED Gateway Student Coordinator (2012-2013)

“I certainly enjoyed my Gateway experience during the first year of medical school! This incredible program does so much for the refugee population in Newfoundland & Labrador, and I am honoured to have been a part of it.”

- Bevan Sanderson, Gateway student volunteer

Joy Crocker and Felicia Pickard were elected by their classmates and served as the student co-ordinators for most of the 2012-2013 year. In their role they sat on the Advisory Committee, raised student interest in volunteering with MUN MED Gateway, organized the student orientation session, co-ordinated student scheduling for sessions, and led the fundraising and additional activities. In June, Daniel Albrechtsons and Raymond Li took the reins as incoming student co-ordinators.

This year, 75 medical students (45 from first year and 30 from second year) signed up to volunteer with Gateway. Of these, 60 students (33 first year and 27 second year) attended Gateway sessions. Gateway volunteers also led and participated in several other activities, including:

• **Car seat safety program** – Many refugee families are unable to afford car seats that meet current safety standards. For the second year in a row, student volunteers purchased car seats and booster seats to be distributed to refugee families. This year, eight car seats and two booster seats were purchased.

• **Vitamin D procurement** – Several years ago, after two refugee children presented with rickets, medical students involved with Gateway and the Public Health Interest Group approached a local Walmart branch and arranged for vitamin D drops to be supplied for free to all families with babies. The drops are given to the families by nurse Barbara Albrechtsons at ANC’s public health clinic, who explains to parents how to use them. Gateway’s student volunteers work with Barbara to obtain supplies as needed.
• **Oral health initiative** – Through an in-kind donation drive, student volunteers collected toothbrushes, toothpaste and floss to be distributed to refugee participants in Gateway sessions.

• **Well Woman clinics** – Female student volunteers with Gateway have also participated in a refugee well woman project initiated by family medicine residents and the family physician Gateway faculty advisor (Dr. P. Duke). These clinics are held in the evening with an all-women group of clinicians and interpreters. Gateway students helped in the flow of the clinic by assisting the women through the process, as this was often the women’s first experience with well woman care. Three sessions were held in 2012-2013, with 27 women participating in the education and clinic sessions.

• **Holiday festivity, 2012** – For the second year in a row, student volunteers hosted a holiday festivity for ANC clients. The students provided food, music and entertainment, and gave gifts to the children. Over 100 refugees attended the festivity. It was a wonderful experience enjoyed by the students, staff and refugees.

• **Prom equity initiative** – In the previous year, gently used prom dresses were collected to help facilitate prom attendance. However, students learned that further barriers stood between refugees and prom, and they continued work to increase access to prom for refugee high school graduates by assessing what barriers were in place and making initial contacts to be further followed up this year.

• **Health fairs** – Student volunteers assisted in health fairs at the ANC by talking with participants about a variety of health topics, checking blood pressure/height/weight of participants, etc.

Over the year, the student volunteers raised nearly $2,000 through bake sales and other fundraising activities. These funds supported the initiatives and activities above, as well as the purchase of 16 copies of the book *Why I love Canada: Celebrating Canada in children’s very own words* (illustrated by Daniel Howarth) to be given to children who attend Gateway sessions.
Physician Involvement

In creating MUN MED Gateway, the partners identified the need for newcomer refugees to be connected to a family physician – as they recover from any past traumas and illnesses and face the challenges of settling in St. John’s, they need and deserve the trusting relationship and consistency in care that only a family physician can provide. A primary function of the Gateway program, therefore, is to match participants with a family physician. This is an ongoing challenge, as many family practices across the city are filled to capacity. However, over the years many family physicians have made room in their practices for newcomer refugees. This year, we give sincerest thanks to the following ten family physicians and their support staff who accepted refugee patients through Gateway:

- Dr. Abdel-Kareem Chehadi, 250 LeMarchant Road Clinic
- Dr. Noreen Fardy, Eleven Elizabeth Family Practice
- Dr. Yasir Kahn, Major’s Path Family Practice
- Dr. Jennifer LeGrow, Family First Medical
- Dr. Karl Misik, Topsail Road Medical Clinic
- Dr. Peter Morry, Blackmarsh Family Care Centre
- Dr. Pinos Mpiana, The Good Shepherd Medical Center
- Dr. Rosann Seviour, Torbay Road Family Medicine Clinic
- Dr. Greg Sherman, Ross Family Medicine Clinic
- Dr. Gary Tarrant, Ross Family Medicine Clinic

Once participants are matched with a family doctor, we send the health history taken at session to their office. The Association for New Canadians follows up by booking the first appointment and making any necessary transportation and interpretation arrangements.

Dr. Russell Dawe, a former student volunteer in Gateway, produced a wonderful short documentary this year that highlights the difference family doctors make in the lives of refugees in St. John’s. This video was presented at the Family Medicine Resident’s research forum (November 19, 2012) and can be viewed at: www.youtube.com/watch?v=NCaqB-K4cRE.
Gateway Rounds

May of 2013 saw the beginning of Gateway Rounds – a new presentation series hosted by MUN MED Gateway for medical students, physicians and other providers of refugee services. The purpose of Gateway Rounds is to share information on topics around refugee health, including the Gateway program, issues and best practices in providing health care to refugees in NL and Canada, and global contexts that impact refugee health. The inaugural presentation was given by Dr. Pauline Duke on The MUN MED Gateway Project: Milestones and Opportunities and was well attended by over 40 medical students.

Dissemination and Communications

MUN MED Gateway's champions have increased awareness about both the program and refugee health care issues through a variety of mediums, including publications, presentations and poster presentations.

PUBLICATIONS

• P. Duke, F. Brunger, The MUN MED Gateway Project: Marrying Medical Education and Social Accountability Canadian Family Physician (in press)

PRESENTATIONS

• P. Duke, P. Crocker, C. Winsor, J. Allison, MUN MED Gateway: Continuity in leadership and social accountability, Medical Education Scholarship Forum (Faculty of Medicine, Memorial University, St. John's, NL), November 22/12.
• P. Duke, Canadian Refugee and Immigrant Health Guidelines, Family Medicine Grand Rounds (Faculty of Medicine, Memorial University) (St. John’s, NL), February 5/13.
• K. Duff, The MUN MEd Gateway Project, Words in Edgewise, St. John’s, NL, February 14/13.
• P. Duke, MUN MED Gateway Project: Medical education and social accountability, From Policy to Practice: Local solutions to ensuring a welcoming community (London & Middlesex Local Immigration Partnership) (London, ON), March 27/13. (invited guest speaker)
POSTER PRESENTATIONS

• A. Pieroway, H. O’Dea, P. Duke, Refugee Well Woman Health: A Clinical Program Evaluation in St. John’s, Newfoundland, PriFor 2012 Conference (St. John’s, NL), November 25/12.
• K. Duff, MUN MED Gateway Project, Community/University Expo, 2013 (Corner Brook, NL), June 13/13.

Awards

The dedication and excellence demonstrated by MUN MED Gateway’s champions has drawn much attention over the past year, including through the formal recognition of two awards:

• In November 2012, Dr. Duke received the Geeta Gupta Equity and Diversity Award from the College of Family Physicians and the Ben Topor Family Foundation. The award “recognizes the achievements of an outstanding family physician CFPC member in active practice (or a team) who has shown leadership and advanced awareness working in his or her practice and community to foster respect and understanding of a minority or under-serviced population”.
• Drs. Amy Pieroway and Heather O’Dea received the Thomas Gleason Award for Social Accountability in Research in Family Medicine, presented at the annual Family Medicine Resident Research Day, 2012.
Media Coverage

MUN MED Gateway has been featured in the media, including in the following two articles:

- Veilleux, MUN MED Gateway Project aids refugees, The Telegram, February 28/13. (See Appendix A for full article.)
APPENDIX A

Veilleux
MUN MED Gateway Project aids refugees
The Telegram
February 28/13
MEMORIAL University’s Public Engagement framework has been around in a more or less concrete form since September 2012, but MUN officially celebrated the framework with Engage Memorial Week earlier this month.

Many projects were featured during the week’s events, but one student-led initiative has quickly become one of MUN’s flagship projects.

The MUN Med Gateway Project was envisioned by students, as well as some faculty advisers and community partners.

Dr. Pauline Duke, one of the faculty advisers responsible for overseeing the creation of the project, says it was two students’ passion that ignited the initiative.

“In 2005, two students from the first-year class, Monica Kidd and Yoella Teplitski, approached (Dr. Fern Brunger and me) some days after class and said that they really wanted to, as a medical student group, do something for refugees in the city. That’s really how it got started, and they came to us as teachers of the course, and then asked if we’d be faculty advisers for the program.”

Duke says the students worked hard to figure out how they could help refugees, and sought assistance from the outside community. “The better part of that academic year was spent working around how to provide a service to refugees in St. John’s. So we partnered with the Association for New Canadians at that time, and brainstormed with them about what would be helpful.”

The project has been a success for refugees, students, and even Duke.

She said the experiences are invaluable for her and students, and the pre-medical care received by the refugees is a necessity. “For me, and for the medical students, it’s been a real privilege to work with refugees. Our medical students learn an awful lot about not just people from other cultures, but the bigger part is about learning where people come from and what they have had to go through in their lives as refugees to get here. And what they have endured, the kinds of difficulties and traumas they have endured, and how strong they are to be able to live through that and survive it to get here.”

Kate Duff, who serves as the project’s co-ordinator, said it is a perfect example of community engagement for the University.

“Public engagement is about partnerships that contribute to or advance the academic mandate of the university. The Gateway Project falls in between the teaching, public engagement and research frameworks. The project contributes to the students learning how to be great doctors, and also the research comes out of it as well about the health needs of refugees in St. John’s.”

The refugees have defined needs that Duff believes the project helps address. She said the language barrier is often a problem for refugees with medical care, but the project helps alleviate that.

“When they arrive here they have a limited period of coverage from the federal government, so getting them access to doctors quickly is a great thing. And, of course, while doctors are so busy in their practice, it’s hard to take on someone who doesn’t speak English and comes from a different culture. Providing doctors with a medical history already written up in English, gives them a great foundation for starting out with the patient.”

While Gateway brings refugees a step closer to the health care they need and gives students valuable cross-cultural experience, the health care system also benefits, according to Duff.

“It is great for our health care system too, as it alleviates some of the strain. ... With the recently arrived refugees, we can also give them referrals ... and they can get treated right away, and they can get the glasses that they need, or get their hearing addressed.”

Aside from the clinic for refugees every week, the Gateway Project also provides other services to the community.

These services include research about health issues and the needs of refugees in the St. John’s area, the Well Women clinic, Care Seat Safety initiative, Vitamin D Supplement initiative and the Prom Dresses and Support initiative, according to the MUN Med Gateway Project website.

telegram@thetelegram.com, andyleelex@gmail.com
APPENDIX B

Gateway Project engages medical students with refugee community
MUN MED News
vol. 25, no. 1
Winter/Spring 2013
Gateway Project engages medical students with refugee community

BY HELPING NEWLY-ARRIVED refugees access the Canadian health care system, the MUN Med Gateway Project allows medical students at Memorial to learn valuable clinical skills, gain exposure to cross-cultural health care, and practice leadership and community action.

“The project also benefits refugees by giving them increased access to health care and a foundation for their relationship with their family doctor,” said Kate Duff, the staff co-ordinator for Gateway. “By having an initial medical history done for each refugee, it also benefits society by decreasing the pressure on family doctors. The overall result is a healthier refugee population and future doctors with experience in cross-cultural practice.”

The volunteer project, started in 2005 by second-year medical students Monica Kidd and Yoella Teplitsky, is now an established program in the Faculty of Medicine, in partnership with the Association for New Canadians (ANC) and Eastern Health. On Tuesday afternoons, first- and second-year medical students volunteer at Gateway sessions where they develop medical histories for refugees, working hand-in-hand with Eastern Health public nurse Barbara Albrechtson and the ANC, a settlement agency in charge of welcoming newcomers to the province.

Dr. Pauline Duke is a family doctor who supervises the students onsite at the weekly sessions. She is one of the faculty advisors who has been involved with the program since its beginning. Other faculty advisors are Dr. Shree Mulay, associate dean of the Division of Community Health and Humanities, and Dr. Gerard Farrell, director of the eHealth Research Unit, who ensures the security of the database used for the project. Dr. Fern Brunger, associate professor of health care ethics, was one of the original faculty advisors and now leads the research component of Gateway.

Dr. Duke emphasized that Gateway is a program of partnerships. “Our medical students are learning to work with other health care professionals and community groups.”

The Gateway sessions involve developing medical histories through an interview to gather information from participants and a physical screening. The weekly sessions take place at the ANC’s public health clinic. Refugees are usually seen within two weeks of arriving in St. John’s, and the visit often involves the help of translators. The screening includes blood pressure, height, weight, hearing check, vision check and dental check. The Gateway Project also helps match patients with a family doctor, and, if necessary, referrals are made to other health care professions.

A new screening test introduced last year is for tuberculosis. “We were concerned TB testing wasn’t being done in an organized fashion, so we do the first test through Gateway,” explained Dr. Duke.

The student visits are co-ordinated by student volunteers, with the help of Ms. Duff. This year Felicia Pickard and Joy Crocker are the student co-ordinators. “We are their first connection,” said Ms. Pickard. “For us, it’s a great way to practice our clinical skills. The majority of first-year students sign up and about half the second-year students.”

The Gateway Project has grown beyond its original goals of developing medical histories, providing screenings and matching refugees to a family doctor. Following an occurrence four years ago where two refugee children were seen with rickets, medical students involved with the Public Health Interest Group and Gateway approached Walmart and arranged for vitamin D drops to be supplied for free to all families with babies. The drops are given to the families by Ms. Albrechtson, who explains to refugee parents how to use them.

Another initiative involves car seat safety. Noticing that many refugee families didn’t have car seats, the students fundraised and bought over 40 car seats last year, partnering with Brighter Futures and the Kids in Safe Seats Program to show families how to install them correctly.

“There is a huge, ongoing need for car seats for these families,” said Ms. Albrechtson. “Medical students in the Global Health Interest Group and the Gateway Project recently raised $400 for Gateway; we’ll use $100 of that for refreshments for our Youth Immunization Project and the rest for more new car seats.”

The medical students involved in Gateway are only too happy to help out in any way above and beyond their participation in the weekly clinics. They hosted a holiday.
party last year, which was a huge success. And in order to help high school students have a great time at their graduation, female medical students started donating prom dresses last year.

Catherine Winsor and Paul Crocker were the Gateway student co-ordinators last year. “We feel that the Gateway Project is essential in bridging the gap that exists between refugees and the health care system,” said Ms. Winsor. “It is not that the health care system is not available to this population but it is not easily accessible or navigated.”

Mr. Crocker said one of the greatest memories of participating in Gateway was the opportunity to engage the refugee population, as well as being privileged to hear some of their incredible life stories. “Many of the refugees that came through Gateway last year had lived in refugee camps for over 20 years and their children have only known life in the camps. To hear about their journey to Canada and a new life is humbling and eye opening. It makes us realize how lucky we are to be Canadian and how, as a country, we have a responsibility to help vulnerable populations.”

Dr. Duke said one of the main challenges with the Gateway Project is to find new doctors to take on refugee patients. “We have about six doctors willing to see refugees at the moment; it varies from year to year. Seeing a refugee patient takes longer and often a translator has to be involved. It’s a labour of love for physicians who take it on.”

One of the lasting effects of the Gateway Project has been an ongoing interest in the health problems of the refugee population. Two family medicine residents who participated in Gateway as medical students, Drs. Amy Pieroway and Heather O’Dea, designed a research project around women’s health and set up well-women clinics where refugee women could attend an evening clinic for Pap smears, breast examinations and contraception information.

“The Gateway Project has really affected the medical students who participate, and they have taken on the responsibility of providing health care to vulnerable populations,” said Dr. Duke. “It has also raised political awareness – some of our students participated in last June’s National Day of Action protesting the federal government’s plan to change health care coverage for refugees.”

A video on the Gateway Project has been produced by a former Gateway volunteer, Dr. Russell Dawe, in order to entice more family doctors to become involved. It can be viewed at bit.ly/12M9brb. For more information on the Gateway Project visit www.med.mun.ca/MunMedGateway/.
MUN Med Gateway (Gateway) is a volunteer program for first and second year medical students in the Faculty of Medicine at Memorial University that increases access to health care for refugees who arrive in St. John’s. Gateway began in 2005 as a student-initiated project and has grown into an established program in the Faculty of Medicine. It is supported through a partnership with the Association for New Canadians (ANC) and Eastern Health.

For more information about MUN MED Gateway visit www.med.mun.ca/munmedgateway or contact Kate Duff (Program Coordinator) at 709-777-7028 or kate.duff@med.mun.ca.