A. BACKGROUND
People come into prisons with numerous health issues. The incidence of diseases, such as HIV, hepatitis C, cervical dysplasia, tuberculosis, psychiatric illnesses, addiction and chronic diseases, are higher in Canadian prisoners than in the general population. The prison environment offers further health challenges in the form of transmission of respiratory infections, new chemical dependencies, transmission of blood borne infections, and violence.

Incarceration provides enormous opportunities to screen and treat a population at risk. Some people express relief when they are admitted to prison, because they see incarceration as an opportunity to "get clean" from street drugs, to have a roof over their head and to have regular meals. For some, incarceration provides an opportunity to focus on their health; for some, prison may be the only place in their lives where they receive health care.

By providing post-graduate medicine residents, and undergraduate medicine students [now referred to as 'learner'], with an opportunity to work in prison medical clinics in British Columbia, we make real the vision of social accountability; that is, we integrate teaching and scholarly enquiry with the medical service offered to a special population.

B. PRISON MEDICINE CURRICULUM OBJECTIVES
Overall Objectives
To provide an understanding of people in prison and their health challenges.
- To raise awareness of medical opportunities inside prison to access a high risk population
To train clinicians who will work with individuals and their current community inside prison and their future community upon release from prison, and will engage them in meeting these needs (community needs assessment, health status, long term planning etc).

To train clinicians who will develop an understanding of the health needs of people inside prison, and who will acquire the skills to address some of these health issues.

To provide learners with an opportunity to work as part of an inter-professional team in providing health care for a population.

To have access to a large Aboriginal population since it is an unfortunate fact that Aboriginal people are over-represented in the Canadian prison system.

**Personal objectives for this rotation**
The learner should discuss their personal prison medicine objectives with their prison medicine faculty supervisor at the beginning of their rotation.

**Rotation Objectives**

1. **The family physician is a skilled clinician**
   1.1. To demonstrate an understanding of health concerns of people in a prison environment, such as:
      1.1.1. Chemical dependence: tobacco, alcohol, & drugs (prescription and illicit drugs). Learners will become skilled with assessment and management of a patient with chronic chemical dependence, withdrawal and methadone prescribing.
      1.1.2. Violence and abuse (spousal and child abuse, and sexual assault, including related legal obligations). Both are prevalent in the lives of the prison inmates, both outside and inside of prisons. Learners will gain an understanding of the impact of violence and abuse in the lives of prisoners.
      1.1.3. Mental health: in particular depression, suicide attempts, management of overdoses, prevention, and the psychological effects of chemical dependence.
      1.1.4. Infectious diseases: Tuberculosis, HIV, Viral hepatitis, STDs.
   1.2. To understand prison life, the inter-play of addiction and crime, and the barriers and facilitators to the delivery of health care to prisoners.
   1.3. Consider the history of “non-compliance” with marginalized people in prison, and develop skills to invite their participation in their health care.
   1.4. Acquire an understanding of traditional perspectives of Aboriginal health and the role these may play in attaining health for those Aboriginal people in and out of prison.
   1.5. Acquire an understanding of the legal, professional and ethical implications for patients, self and prison staff of providing medical care in a correctional setting.

2. **The doctor–patient relationship is central to the role of the family physician**
2.1. Develop communication competencies involved in respectful dialogue with people in prison.
2.2. Recognize the influences of family, community (including prison contractors and volunteers, Aboriginal Elders), and environment on people in prison.
2.3. Recognize the disruptive impact of colonization on the health and well being of Aboriginal people in prison.
2.4. Recognize the importance of being culturally safe which involves the recognition that we are all bearers of culture and we need to be aware of and challenge unequal power relations at the individual, family, community and societal level.

3. The family physician is a resource to a defined practice population
3.1. Consider determinants of health such as education, unemployment, income, housing, social support, and its relationship to current health status.
3.2. Develop skill in working as a member of an inter-professional team in providing health care to prisoners.
3.3. Develop communication competencies involved in respectful dialogue regarding medical knowledge and preventative health care with the prison community (that is, with prison inmates, staff and management)

4. Family medicine is community based
4.1. Recognize the value in taking the time to develop meaningful and trusting relationships within the prison community and to become an advocate for the community.
4.2. Gain an appreciation of prison health care initiatives (including health screening programs, if available, harm reduction, mental health counseling, rehab services, etc)
4.3. Recognize the spectrum of care delivery and integrate other resources that provide continuity of care for the prison community, e.g. public health programs, education and employment retraining programs, healing circles, restorative justice, parole boards, etc.

C. LEARNING ACTIVITIES
The rotation may be structured as a four week block rotation, or as a horizontal rotation (such as, 1 morning/week). Facilities include:
- Allouette Correctional Centre for Women, ACCW (women)
- Surrey Pre-trial Centre, SPSC (men and women)
- Fraser Regional Correctional Centre, FRCC (men)
- North Fraser Regional Pre-trial, (men)
- Vancouver Jail (men and women)
- Burnaby Youth Secure Centre, BYSC (male and female)
- Correction Service Canada, CSC, in Sumas (Abbotsford) (men and women)
Learners will participate in all aspects of health care delivery for prisoners, from admission to discharge. Learning activities available to learners include, but are not limited to:

- nursing admission clinics
- routine physician clinics
- psychiatric, and psychologist clinics
- elder clinics
- street nurse clinics
- youth counselors
- healing circles
- job training clinics
- spiritual care of inmates, etc.

Currently there is no ‘on call’ work for this rotation. However, learners are expected to creatively find ways to be a resource to the prison community in which they are working. For example, the learner should:

- offer, design and implement, medical educational workshops for/with prison inmates and/or prison staff
- be available to prison nurses for consultation and triage regarding inmate medical conditions

Prior to the rotation, learners should contact their prison medicine rotation supervisor to discuss their rotation dates and their personal learning objectives and activities. Learners will then contact prison preceptors (See Preceptor Contact information, Appendix B) to organize an individualized timetable of clinics and educational opportunities. Learners should discuss their proposed timetable with their prison medicine rotation supervisor prior to the beginning of their prison medicine rotation.

D. SECURITY

1. Most prisons require learners to fill in a security application, to enable a prison police security check. For example, for BC Correctional Centre you will need to submit a completed CPIC form to each the centre at least one week before your rotation commences, as the security check may take several days. Please ask Dr Martin to email this form to you.

2. Most prisons provide a security awareness orientation for new staff and/or volunteers. Please ask the prison to provide this orientation for you.

E. EVALUATION
Learners in a prison medicine rotation will likely work with numerous different prison clinician preceptors. The learner is responsible for inviting every prison clinician preceptor, with whom they work, to complete a 'daily prison evaluation form' before they leave prison each day. (See 'Daily Prison Evaluation Form', Appendix C). The learner is responsible for ensuring the completion and collection of all their daily prison evaluation forms. During the initial meeting with the prison medicine rotation supervisor the learner should book two later appointments with their prison medicine rotation supervisor, one at the mid-point of the prison rotation and one at the end of the prison rotation. The learner should bring all their completed daily prison evaluation forms to these two appointments, at which time the resident and their prison medicine rotation supervisor will compile the on-line WebEval mid-point and final prison medicine evaluations (see 'Prison Elective Web-Eval', Appendix D)

**F. PRISON PRECEPTORS**

**Prison Clinician Preceptors**
- Caroline Hall, (Physician, Burnaby Youth Secure)
- Brendan Russell (Physician, Van jail and Surrey Pre-trial)
- Robert Schlagintweit (Physician, Fraser Regional Centre and North Fraser Pre-trial)
- Ruth Elwood Martin (Physician, ACCW)
- Ljiljana Kordic (Physician, ACCW)
- Paul Beckett (Physician, ACCW and Surrey Pre-trial)
- Larry Norfeld (Physician, Surrey-Pre-trial)
- Nader Sharifi (Physician, Forensic Psychiatric Hospital)
- Linda Healey (Psychiatrist, Regional Treatment Centre)
- Derek Eaves (Psychiatrist, ACCW and Surrey Pre-trial)
- Douglas Cave (Psychologist, CSC)
- Jette Gilbert (Mental Health Coordinator, ACCW)

**Prison Medicine Rotation Supervisors**
- Nadir Sharifi (rotation based at Forensic Psychiatric Hospital)
- Linda Healey (rotation based at Regional Treatment Centre)
- Ruth Elwood Martin (rotation based in the BC Correctional Centres)

**Prison Medicine Residency Coordinator**
- Ruth Elwood Martin; Tel: 604 822 1891; Email: ruth.martin@familymed.ubc.ca

Any questions? Please do not hesitate to contact Dr Martin.
6. APPENDIX 1:
RESOURCES, BOOKS, SERIALS, PUBLICATIONS:

Health in Prisons, a WHO guide to the essentials in prison health (2007)  
http://www.euro.who.int/document/e90174.pdf  

Health in Prisons Project, WHO European Office, Webpage resources at  

Aboriginal Peoples and the Criminal Justice System. Bulletin. Produced by the Canadian  

Locked in, Locked out: imprisoning women in the shrinking and punitive welfare state, by  
Shoshana Pollack, PhD, Wilfred Laurier University, 2008;  

The First Unitarian Congregation of Ottawa, Prison Support Group  
http://www.uuottawa.com/prison_group.htm  


The Canadian Association of Elizabeth Fry Societies  
http://www.elizabethfry.ca/caefs_e.htm  

The Journal of Prisoners on Prisons http://www.jpp.org/ Check out volume one with its  
theme: Prisons must be abolished.  

Human Rights Watch, prison project http://www.hrw.org/advocacy/prisons/monitors.htm  

DiCenso AM, Dias G, Gahagan J. Unlocking Our Futures: a National Study on Women,  
Prisons, HIV, and Hepatitis C. A report by the Prisoners' HIV/AIDS Support Action  
http://www.pasan.org/Publications/Unlocking_Our_Futures.pdf  

Infectious Diseases Prevention and Control in Canadian Federal Penitentiaries 2000-01,  
Correctional Service Canada. ISBN JS82-104/2001. Available at  http://www.csc- 
scc.gc.ca/text/pblct/infectiousdiseases/index_e.shtml  

Safer Tattooing in Canadian Prisons. A Report by the Prisoners' HIV/AIDS Support Action
Network (PASAN). Available at http://www.pasan.org/Publications/Driving_The_Point_Home.pdf


Doctors working in prison: human rights and ethical dilemmas, a free on-line course, produced by the Norwegian Medical Association, available on the World Medical Association Webpage. You can browse the course as a guest, or you may take if for credit. http://lupin-nma.net/

Joye Morris Health Inc, the health care contractor for BC Provincial Correctional Centres at www.jmhs.net
H. APPENDIX 2

CONTACT INFORMATION

1. Adult provincial correctional centres, locations and addresses at http://www.pssq.gov.bc.ca/corrections/contacts/adult_custody/index.htm

2. Youth custody information at: http://www.mcf.gov.bc.ca/youth_justice/custody.htm


4. The following clinicians have been, and/or are interested in becoming, prison preceptors

   • Dr Douglas Cave, (Psychologist with CSC), douglascave@shaw.ca
   • Dr. Derek Eaves, (Psychiatrist with ACCW & SPSC), Phone: 604-873-5620
   • Dr. Carolyn Hall, (Physician at Burnaby Youth Secure), Phone: 604-255-5714, carolynmariehall@yahoo.com
   • Dr. Linda Healy, (Psychiatrist with CSC), Phone:, 604-822-7066, HealeyLM@CSC-SCC.GC.CA
   • Dr. Ruth Elwood Martin, (Physician at ACCW), Phone: 604-822-1891, Fax:, 604-822-6950, ruth.martin@familymed.ubc.ca
   • Dr. Brendan Russell, (Physician at SPSC), Phone: 604-660-2344, Fax: 604-913-1074, erussell@shaw.ca
   • Dr. Robert Schlagintweit, (Physician at FRCC), Phone:, 604-463-4162, Fax: 604-463-3525, rschlagintweit@telus.net
   • Dr Ljiljana Kordic, (Physician at ACCW), Phone: 604 476 2681
   • Dr Paul Beckett, (Physician at ACCW & SPCC), Phone: 604 476 2681
   • Jette Gilbert (Mental Health Coordinator at ACCW), Phone 604 476 2681
   • Dr Nader Sharifi (Physician at Forensic Psychiatric Hospital) nsharifi@forensic.bc.ca

   • Tricia Paquette (MOA at ACCW), Phone: 604 476 2681
To the prison preceptor: Please rate the resident’s performance relative to yourself as a standard, i.e. would you have done any more or less in the context of the problems encountered during today. (S - satisfactory; NI - needs improvement; E - effective). Please fill in one form at the end of every day that the resident works with you.

<table>
<thead>
<tr>
<th>Subjective: History-taking, eliciting appropriate information. Awareness of important facts (cues). Problem solving abilities (making appropriate hypothesis).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective: Skills of physical exam; ability to detect obvious signs; appropriateness of exam.</td>
</tr>
<tr>
<td>Assessment: The interaction of history and physical findings and rating the urgency of the problem.</td>
</tr>
<tr>
<td>Planning: Appropriate use of lab for investigation; therapeutic skills. Use of other health personnel; pattern of referral.</td>
</tr>
<tr>
<td>Doctor/Patient Relationship: Empathy, attitude, ethics and interviewing skills.</td>
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<tr>
<td>Efficiency: Organization, termination, use of available time.</td>
</tr>
<tr>
<td>Professionalism: interactions with prison inmates, other clinicians &amp; staff; punctuality; demeanour; etc.</td>
</tr>
</tbody>
</table>

Nature of Patient Problem(s) encountered today:
1. 
2. 

Other Comments:
Recommendations for improving specific skills:

Above discussed with resident  Yes  No
J. APPENDIX 4: UBC Family Practice Residency Program
Resident WebEval Evaluation – Prison Medicine Elective
To be completed by supervisor for this elective

<table>
<thead>
<tr>
<th>Resident: ______________________</th>
<th>Faculty Supervisor for this elective ______________________</th>
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</thead>
<tbody>
<tr>
<td>Rotation: Prison medicine elective</td>
<td>Dates on Service: _______________________________</td>
</tr>
</tbody>
</table>

A. Discussion of Program Objectives (see: [http://www.familypractice.ubc.ca](http://www.familypractice.ubc.ca)) Date: ______

B. Resident’s personal objectives for this rotation:
   Were they met/completed?

1. ________________________________________
   ________________________________________

2. ________________________________________
   ________________________________________

3. ________________________________________
   ________________________________________

4. ________________________________________
   ________________________________________

C. Mid-Rotation Evaluation

Date: ______________________________

Comments: __________________________

D. General Evaluation:

<table>
<thead>
<tr>
<th>Category</th>
<th>Unable to Judge</th>
<th>Needs Improvement</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>A FAMILY PHYSICIAN IS A SKILLED CLINICIAN</td>
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<td>Knowledge</td>
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<td>• Has knowledge appropriate to level of training.</td>
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<td>• Uses knowledge effectively</td>
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<td>Assessment</td>
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<td>• Performs appropriate history/physician assessment</td>
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<td>• Plans appropriate investigations</td>
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<td>Problem Solving</td>
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<td>• Successfully integrates knowledge and assessment</td>
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<td>• Creates appropriate management plan</td>
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<td>Procedural Skills</td>
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<td>• Proficient in procedures appropriate to this elective</td>
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<tr>
<td>• Aware of indications and contraindications for procedures</td>
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## Category

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<th>Category</th>
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<th>Needs Improvement</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>THE DOCTOR-PATIENT RELATIONSHIP IS CENTRAL TO THE ROLE OF THE FAMILY PHYSICIAN</strong></td>
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<td>Professionalism</td>
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<td>• Demeanour, Timekeeping, etc.</td>
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<td>Motivation</td>
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<td>• Interest, initiative, attendance</td>
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<td>Self Awareness</td>
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<td>• Aware of limitations</td>
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<td>• Appropriate confidence</td>
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<td>• Functions independently</td>
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<td>• Patient Centred</td>
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<td>• Empathises with patient and family</td>
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<tr>
<td><strong>THE FAMILY PHYSICIAN IS COMMUNITY BASED</strong></td>
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<td>Interpersonal Skills</td>
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<td>• Works effectively with health care team</td>
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<td>• Interacts effectively with staff and ancillary workers</td>
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<td>• Aware of community resources specific to this elective</td>
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<tr>
<td><strong>THE FAMILY PHYSICIAN IS A RESOURCE TO A DEFINED PRACTICE POPULATION</strong></td>
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<td>Learning</td>
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<td>• Self directs learning based on patient encounters</td>
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<td>• Presents effective, well researched rounds/case presentations</td>
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### E. Rotation-Specific Learning Outcomes:

Has the Resident demonstrated a level of competence appropriate to level of training? (see program website for rotation –specific learning outcomes)

- □ Yes
- □ No
- □ Unable to Assess

**General Comments:**

**Overall Evaluation**

- □ Needs Improvement
- □ Meets Expectations
- □ Exceeds Expectations

*(Note: An unsatisfactory evaluation must be discussed with the Resident and the Site Director).*

- □ Pass
- □ Fail