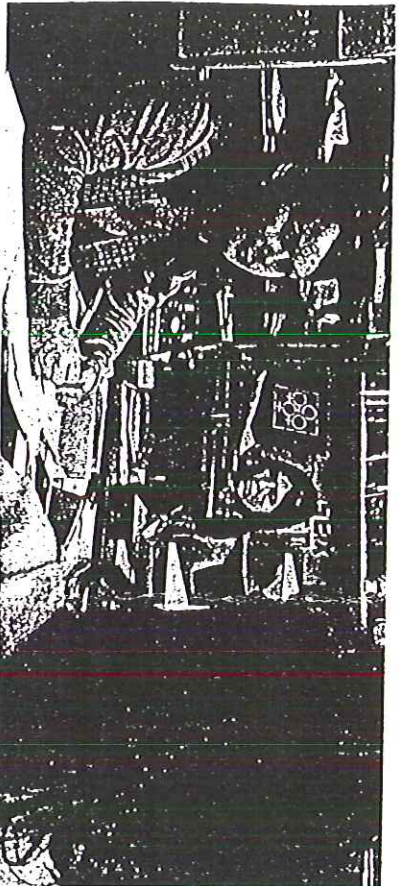




Some members of Health Care Team No. 1, on duty every second Monday evening at the Centre: seated in front are Miss Nancy Wardel and Miss Betty Hansford, both of Nursing. Behind them, from the left are *Dr. Frank Sommers, the Centre's co-founder; Paul Finnegan, Medicine, the team's co-ordinator; Blaire Pierce, Medicine, the team's lab technician; *Dr. Ewan Monkman, Medical Advisor; Miss Dagny Dwyer, Medicine; Miss Eva Kandoroffis, Nursing Supervisor, and Miss Louise Allen, Nursing. (*co-authors of the accompanying article.)



Miss Wardel conducts a simulated interview with a prospective patient. At the typewriter is Miss Marcia Silverman of Physical and Occupational Therapy.



A "well baby" is checked by Garnet Wolchuck, Medicine

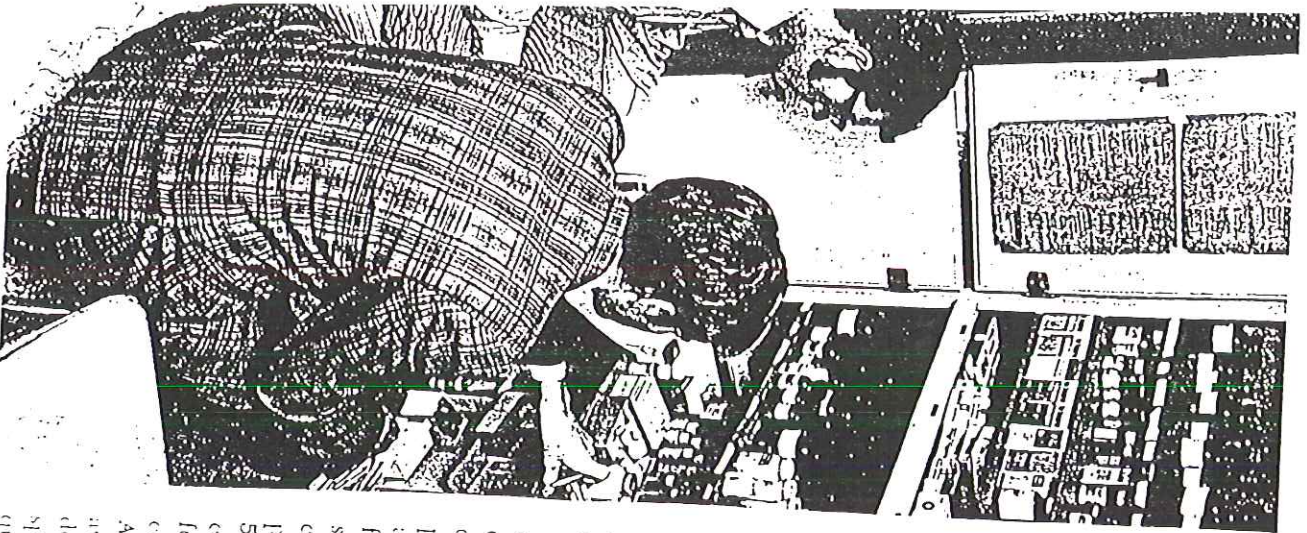
Health Science students move into the community

FRANK G. SOMMERS, M.D., AND E. J. MONKMAN, M.D.

IN FEBRUARY, 1969, a new sort of community health centre opened its doors in the Alexandra Park area. The idea of the centre was conceived by students belonging to the Student Health Organization of the University of Toronto (SHOUT), which itself was established in the fall of 1967 by a group of interested health science students.

The centre arose out of dissatisfaction with established methods of health science education and health care delivery. Students in the various health professions had no opportunity for interaction in an educational setting yet were expected to fit smoothly into a team in the hospitals and the community upon graduation. Furthermore, there was little or no contact

Dr. Sommers is one of seven student co-founders of SHOUT Community Health Centre. Dr. Monkman is medical adviser to the Centre.



Don McDermott, Pharmacist, and Dr. Monkman look for a prescribed drug.

with sick people as human beings in an environment removed from the starched, antiseptic artificiality of the big city hospital.

With donated funds and equipment and a devoted group of volunteers, the centre began operating in the evenings. Initially, medical services and a children's program were offered. After six months the latter was a pronounced success, but patients were not coming in expected numbers. Accordingly, a move closer to the heart of the community followed. Soon the number of patients rose, and the team approach became more than a concept. Changing the attitudes of some initially suspicious and wary educators and officials took considerable effort. However, in time, consent was obtained.

Currently, the centre is open four week nights offering medical and dental services. Each evening a team consisting of medical, dental, nursing, physiotherapy and pharmacy students, along with a volunteer receptionist from the community, is on duty. The students do the work in the two medical and three dental offices and licensed practitioners supervise. So far, over 500 people have been patients at the centre. There is only a nominal charge for dental services, while insurance covers the medical work in most cases. An attempt is made to supply drugs as needed. Some laboratory tests are done on the premises with more specialized ones sent out, as are requests for X-ray investigations.

The place is also a community centre and encourages people to drop



SHOUT students join with Dr. Monkman for an impromptu tang conference

in for coffee and a chat even if services aren't required. Follow-up visits in patients' homes are done to check progress, and to gain understanding of the patients' environment. Moreover, students in non-clinical years are involved in recreation and study hall supervision projects aimed at children in the community. The research and study group has recently completed a project in the area and

the results of this are eagerly awaited. Plans are now afoot to expand into daytime operation. This will be done with the help of a salaried nurse, secretary, physician, and neighbourhood health worker. In addition, we hope to have students participate in the daytime program through credited elective opportunities in the various curricula.

(Continued on page 145)

The centre is governed by the general membership of active volunteers, with a steering council, partly composed from members of the community, responsible for day-to-day operation. We hope community participation will increase in time.

The SHOOT community health project has provided an opportunity for Health Science students to apply their skills in the provision of comprehensive health care. The students have been most encouraged by the community's enthusiastic acceptance of their efforts. While the project is of considerable value to the community, experience gained by the students is of equal or greater value.

in the current Health Science environment it is difficult to present a suitable model of primary comprehensive health care. Most of the educational experience occurs in large teaching hospitals and not in the community. It is difficult to provide ideal community health care from large teaching hospitals as their size makes it comparatively difficult to avoid and alter complex organization promotes fragmentation of care. Most observers of the health care system agree that there is a need for physicians to provide comprehensive care in the community, but in many ways our medical schools have actually discouraged students from entering this area. The Mills Commission on Graduate Medical Education (1955-1967) explains one aspect: "At present medical schools provide excellent models of

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the scientist research scholar and the hospital based specialist, but rarely if ever do they provide models of comprehensive health care or of physicians who are highly successful and highly regarded for providing that kind of service."

The Toronto Health Science students recognized this gap in the curriculum and have established their

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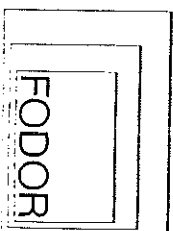
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own workshop to study and gain experience in community health care. In this setting, students can experience some valuable educational features which are difficult to include in the conventional curriculum. The Health Centre permits the students of the various health professions to better understand the abilities of the different disciplines comprising the health care team. It permits some experimentation in the alteration of some of these roles which will hopefully produce a more effective team for the future. The optimal time for such experimentation to occur is at the undergraduate level.

The students have discovered the importance of understanding the cultural factors in their community and how these factors should influence the delivery of health care. Students have also observed the benefits of community participation in the health care system. This is difficult to achieve in large institutions.

One difficulty with the existing medical curriculum is that teaching occurs in blocks of a few weeks at a time. This prevents the student from establishing a longer term relationship with his patients. With the SHOUT



clinic, many students have maintained a continuing relationship with families for more than one year. This permits them to observe the progress of the patient's physical and emotional illness. One of the greatest challenges in medical care is the management of the patient for whom you have tried everything the textbooks recommend yet the patient is little improved. Many graduates of our current cur-

riculum are baffled by this situation since they have never faced it before.

Since the students organize and administer the health centre themselves they feel responsible for its successful operation. They feel more directly responsible for the welfare of their patients than they would in the hospital setting where they are usually the lowest members of an elaborate hierarchy. Experience gained in organizing health facilities and in understanding the economics of health care delivery is difficult to learn from books.

We feel that the SHOUT program provides a worthwhile addition to the undergraduate curriculum. It should not compete with the current curriculum but should complement it. Nevertheless it does pose some disturbing questions about the orientation of the present curriculum and its lack of emphasis on what happens outside of hospitals. The cooperation the students have received from the University, the hospitals and the various other agencies concerned with health care has been most encouraging.

The goals of the founders have been realized to an extent over the past two years, and the future looks promising. We hope to be part of it.



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Store front' health centre aids Alexandra Park

TORONTO DAILY STAR
THURS., Oct. 22, 1970 *66

In a "store front" medical-dental centre on Augusta Ave., University of Toronto students and the people of Alexandra Park community have found they have a lot to give each other.

The people get health care and the students—who come from medical, dental, nursing, physiotherapy, pharmacy and other courses—learn to work together and to broaden their views of life.

This year they found the Atkinson Charitable Foundation has something to offer too: a grant for \$5,840 to pay for equipment and supplies the centre needs.

It is one of six grants, totaling \$52,496, the foundation, which was established in 1942 by the late Joseph E. Atkinson, founder and publisher of The Star, donated this year to University of Toronto medical projects.

The medical centre is run by S.H.O.U.T., which stands for Student Health Organization, University of Toronto. It started last year with the blessing of federal Health Minister John Munro, who said at that time he wished every medical student in Canada could be involved in such a project.

Located in a semi-detached house, the centre is open four nights a week and staffed entirely by volunteers who include the students, supervising doctors and dentists and people from the community.

NEEDS FILLED

Dr. Frank Sommers, who as a medical student headed the information and fund raising committee, says the centre involves more than just medical care. "Our concern is for the person as a whole," he said.

"Accordingly, programs are planned that will fill the need of children for tutors of mothers for help with homemaking and meal planning and everybody's need, on occasion, for sympathetic listeners and counsel."

The community was told about it by pamphlets and personal visits and invited to drop in for counselling and companionship, medical and dental services or for help in finding who could help them if the centre couldn't.

The students, who had previously felt they had no opportunity for meaningful involvement with the people they were being trained to serve, discovered the centre was a classroom in the community that rounded out their education.

FURNISHED CENTRE

The students furnished the centre with second-hand equipment and furniture, making the rounds of hospitals in a rented truck and triumphantly taking back such donated prizes as two ancient examining tables, baby scale, desks, chairs, three dental chairs and an x-ray unit.

The centre tries to provide drugs free, charges a flat fee for dental care no matter how many visits are needed and asks payment for medical care only when it is covered by insurance.

In the largest of the six grants, the foundation awarded \$14,206 to a continuing "gender identity" project headed by Dr. Betty Steiner of the Clarke Institute of Psychiatry, College St.

The project, begun in 1968, is studying and trying to help people called "transsexuals"—people who are convinced they have bodies of the wrong sex. So far 51 men who believe they should be women and eight women who are convinced they should be men have been referred to the team of investigators. Thirty-six of the patients are from Toronto and the others come from across Canada.

FINAL STAGE

One patient has reached the final stage of treatment and has undergone surgery

to be changed from a man to a woman.

The foundation awarded \$13,296 to Dr. Henry Moyal, professor of pathology, for a study which may explain more about rheumatoid arthritis and could lead to a new kind of treatment.

Moyal is studying a substance called kinin, pronounced "kinnin" which is formed in the body when there is a demand for a larger blood supply to any part.

Normally people have a balanced supply.

"But excess kinin," he says, "is produced in such conditions as arthritis, gout and various allergies."

NOW TRIGGERED

The researchers had earlier conducted studies into how the formation of kinin is triggered. Now he's trying to find out what spurs off its manufacture.

If it can be determined how to prevent too much of the substance from being formed it might help people suffering diseases in which there is an excess.

Dr. Katsumi Miyai, assistant professor of pathology, has been given \$10,000 by the foundation to further investigation of changes in cells when they are subjected for long periods to a chemical irritant.

Miyai says it would help determine how cells are altered to become cancer cells.

LIVER CELLS

He's studying rat liver cells in a two-pronged attack on the problem with Dr. M. M. Fisher, also assistant professor of pathology. Miyai is investigating the structure of the liver and Fisher the biochemical aspects in rats fed a diet containing a tumor-causing chemical.

Two researchers were provided with funds to help further brain research. Dr. John T. Murphy, associate professor of physiology was

awarded \$5,505 to find out how certain cells in the brain process information from skin, muscle and joints to enable the motor system to respond appropriately. The grant will supply special equipment needed for the research.

Dr. D. W. Clarke, professor of physiology, was awarded \$3,600 to help pay the costs of research into fatty acids in brain tissue. In earlier studies in his department it has been found that when blood serum from persons with multiple sclerosis was added to rat brain tissue, the amount of free fatty acid in the tissue increased.

Clarke wants to find out where this extra fatty acid comes from and how the serum acts on the tissue.

Students learn others' roles

Residents get faster care

Team approach at community clinic

By MARY KATE ROWAN

At 2 o'clock one recent afternoon a group of students raced into the building at 64 Augusta Ave. Moments later dental drills whirled and classes began.

The building, a converted row house in the middle of Alexandra Park, a low-income area of Toronto, is an unusual site for a class. But, these University of Toronto classes are far from usual.

As part of their curriculum, health science students, with the help of professionals and area residents, run a medical-dental clinic. It's open every day and four evenings a week. It houses a dispensary, a laboratory, and medical and dental offices. The medical and nursing students operate a general practice; the dental students provide basic dental services.

Area residents receive most prescription drugs free of cost and pay a basic \$2 registration fee a person to cover dental services.

To the organizers it is a community clinic. Three residents sit on the clinic's nine-member steering body. A little boy in the neighborhood keeps the grass cut. Neighborhood women act as receptionists. During recent renovations in the building, residents helped with the painting.

The clinic's roots go back to 1967 when a group of health science students founded the Student Health Organization at the University of Toronto (SHOUT).

Integrated training

Dissatisfied with traditional health science education which keeps students in separate courses separated, the students decided to try to integrate their training.

They decided to try to do so in a way that would provide health services where they were badly needed and involve community members in the operation.

Their first attempt, a store-front clinic on Bathurst Street, failed when the neighborhood children decided the offices made a great community centre. Adults stayed away, and the students became merely babysitters.

They moved to Augusta Avenue two years ago and now the clinic has grown to the stage where students, with the help of professional supervisors, can see up to 20 medical and 20 dental patients a day.

Students feel they have accomplished their first objective of integrating health science education. Nursing, dental and medical students work in teams—some as volunteers and others as part of their courses.

"As training it can't be beat," says third year medical student Harvey Pasternak. "You can't get it anywhere else as an undergraduate."

"In my medical education," says second year student Blair Pierce, "aside from what I learn working here, there is no place where I will learn what nurses or pharmacists do or what they are capable of doing."

"Once I graduate I'm supposed to know."

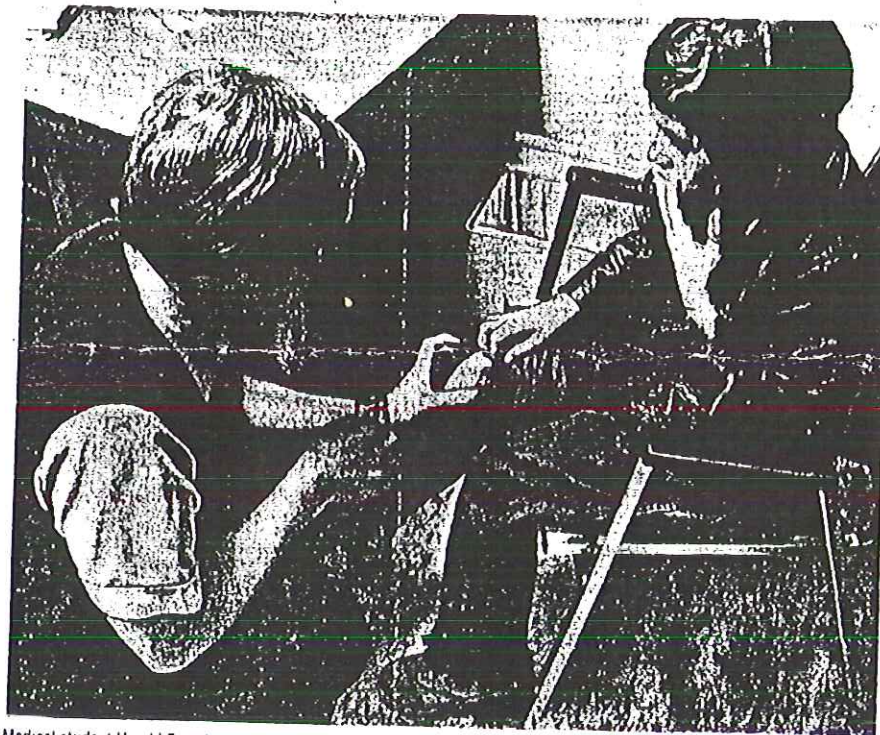
Everyone benefits

Dr. E. J. Monkman, a U of T faculty member and the SHOUT project director, says the team approach benefits all the students.

When students from different health science disciplines work together and share information it increases the capacity of all the students, he said.

Although the organizers see the clinic mainly as an attempt to improve training in the health sciences, they are concerned with the community aspect of the clinic.

Students have conducted several surveys within the Alexandra Park area (bounded by Dundas, Bathurst, and Queen Streets and Spadina Avenue).



Medical student Harold Epstein gives preliminary examination to Kathy Bond, who hurt her knee and cut her lip in a fall.

ue to determine whether the service is needed. The latest, conducted last summer, showed that 42 per cent of the families in the area did not have a family doctor.

As a result they relied on emergency and out patient clinics for health care

for even minor afflictions like sore throats.

But it was the dental statistics that startled the students. A survey of 145 adults showed that 58 per cent needed immediate dental care and another 30 per cent had some dental problems.

Of the 12 per cent who had no current dental problems, most had false teeth.

Researchers also found that one-third of the people who complained of dental problems did not go to a dentist because they said they couldn't afford the fee. Another 18 per cent said they were afraid of dentists.

"With our first 100 patients, every one should have been to a dentist earlier," fourth-year student Paul Lewkowicz said.

"We're interested in treating people so we don't press for the \$2 registration fee if a person can't afford it. We've found money isn't the only problem. Often people give dental care low priority so there's an educational problem too."

The dental clinic has been swamped since the day it opened.

'You feel at home'

Why would people go to student dentists or doctors for health care?

"You get looked after faster," says Paul Lane, Alexandra Park Residents Association president. "People can come here and you feel more at home. You go to a hospital and you are a number."

"It's handy," says Agnes Crossman, one of the community members on the steering body. "They seem to take an interest in people, especially children. There is almost always someone here to advise you on things. You just have to run over and ask."

With recent renovations and the purchase of dental equipment, the clinic is plagued with the common problem of pilot projects—not quite knowing where all the money is going to come from.

Michael O'Neil, second-year medical student and the project's treasurer, says that after a \$25,000 grant from the National Department of Health and Welfare, an expected \$14,000 in OHSIP-generated income and an additional \$10,000 from the U of T students' council, the project must find another \$10,000. But the project organizers are optimistic. They're not going to let \$10,000 stop them.



Maurcen Hynes is examined at the Alexandra Park health clinic by Erle Kirby.