

SickKids Foundation **ROBERT SALTER HUMANITARIAN AWARDS**

Name of Person Being Nominated: Nimrita Aujla, RSW

Program/Department/Division: Social Work/Paediatric Medicine/Dermatology
Mailing Address: 555 University Ave
Postal Code: M5G 1X8
Telephone No: 416-813-5842
Email: nimrita.aujla@sickkids.ca

Nominated by:

1. Name: Dr. Elena Pope

SickKids Staff Member Patient Family Member
Program/Department/Division: Pediatric Medicine/ Dermatology
Mailing Address: : 555 University Ave
Postal Code: M5G 1X8
Telephone No: 416 813 6883
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2. Name: Miriam Weinstein

SickKids Staff Member Patient Family Member
Program/Department/Division: Pediatric Medicine/ Dermatology
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Name of Program Director or Department/Division Head that supports this nomination:

Name: Dr. Jeremy Friedman
Position at SickKids: Division Head, Paediatric Medicine

1. How long and in what capacity have you known the Nominee?

Nimrita joined Dermatology/Paediatric Consultation Clinic at the end of 2005, initially in a contract position and as of 2006 in a permanent position. Her job profile covers a large range of psychosocial problems, from acute, crisis management and intervention, child protection issues (as it relates to the Specialized Failure to Thrive Clinic) to long-term management and support of patients and families afflicted by chronic, often incurable conditions. Nimrita has provided outstanding social work coverage for these wide range psychosocial problems

2. Please give some examples of how the Nominee provided exceptional care and attention to families while working at SickKids? (These values include the ability to understand, respect and support the pivotal role parents play in the lives of their children.)

As the director of Pediatric Dermatology and Epidermolysis Bullosa (EB) Clinic, I interact with Nimrita on a daily basis and I rely on her to help the medical team deal with very complex psychosocial issues faced by children with challenging medical conditions. Her innate ability to interact with and understand the needs of others have benefited us greatly. She is able to extract needed information from caregivers and patients who tend to be reserved about their conditions. This helps us to make even better assessments and impacts on the treatment options for the patients.

Nimrita makes worthwhile recommendations and contributions to the improvement of clinical services. One such contribution was developing the “Welcome to EB Clinic” package that provides an overview of the clinic and helps the families navigate the medical system.

3. Demonstrate how the nominee understands the social, emotional and developmental impact of illness and hospitalization on the child and family. (These values include providing care that is developmentally appropriate, psychosocially sound, culturally sensitive and family-centered.)

Nimrita’s most impressive contribution has been with very complex patients, such as those with EB (a chronic, incurable, long-life blistering condition with decreased survival and increased morbidity). This population had been orphaned by a strong social work presence before Nimrita’s arrival. Most of the patients and their families lost hope that any help could be derived for their needs. Nimrita was able to quickly win their trust, being a great resource for mourning families who lost their children to EB, for families receiving a new diagnosis of EB and for children and teenagers struggling with EB on a daily basis.

She was also able, in a short period of time, to initiate a qualitative research study looking into the psychosocial aspects of children suffering with EB, the first international attempt in this area. She presented her research findings in 2008 at the Debra International Congress in Belgium. Recently she developed a “Pre-Clinic EB Survey” that optimizes the clinical visit interaction by asking the patients to list all the issues that they would like to have addressed during their clinical encounters. This will be piloted in the EB Clinic, but will likely be modified for use in other specialized clinics within Pediatric Dermatology.

4. How does the individual collaborate and communicate meaningfully with patients and families? (These values include the ability to recognize and respect the individuality of each patient and his/her unique and changing needs and to support the autonomy of patients and families, as well as respect and support the unique coping methods of each child and family.)

As a social worker, Nimrita approaches each case with an open mind. Our Research Coordinator, who collaborates with her on various studies, states that Nimrita “is never judgmental and always tries to find out in a very professional way what social support the patient needs as part of their medical care. She gives enough time during the interviews with patients to establish a rapport and make the patient /families feel they can discuss with confidence the social aspects of their medical care. In addition to the

medical care, one of the main reasons these patients keep coming back to SickKids is also the excellent social support which Nimrita tries to organize.”

A significant number of the families that visit the clinic are not able to financially meet the costs of medication. Nimrita has been instrumental in helping them to find funding sources. She has also assisted families in being a part of support groups that have helped them to better cope outside of the hospital.

5. What differentiates this individual apart from other staff in terms of acting above and beyond what is expected of them?

Often, Nimrita can be found in late evening or early morning meetings trying to resolve issues relating to patient care or general clinic activities. She has often coordinated her schedule to accommodate patients and caregivers who are only available to meet at the hospital outside of normal working hours.

Nimrita is also a very punctual and organized person. When meeting with patients, she arrives before the scheduled time to review necessary information and also to get the paperwork that she will need in place.

6. How does this individual work with other members of the team? (These values include collaborating and communicating meaningfully with all members of the interdisciplinary team.)

In addition to her vast knowledge and expertise in her area, I am impressed by her qualities as a “team player”. Nimrita has a very quiet and pleasant demeanor which allows her to work well with others. Over the years, she became an intricate and indispensable member of our team.

Nimrita has been very active in clinical and research studies conducted. She coordinates her schedule so that the most effective outcome is attained for a patient or for a particular study.

I think we finally are in a unique situation of matching the interests of Dermatology patients with the personal interest of an individual with high professional standards and scholastic enterprise.

7. Has the nominee used his or her professional experience in the Hospital to help the community? i.e. – is there anything that would be relevant to humanitarianism – for example volunteer work?

Nimrita is a strong advocate for other children suffering from skin conditions that although not life threatening, can be life altering due to their psychosocial impact. For example, she organized the first Alopecia Family Day which provided an opportunity for individuals with alopecia and their families to get together, learn about alopecia and meet others who are going through the same experiences. The event was extremely successful and as a result, the National Alopecia Support Group was formed that continues the work initiated during the family day.

As a proof of the high esteem in which the EB community holds her, Nimrita was nominated to be on the Board of Director on DEBRA Canada, the national non-profit organization that represents the interests of the Canadian EB patients and their families.

Nimrita also advocates for homeless and orphaned children. She creatively initiates ways to encourage others to give thereby improving the welfare of the less fortunate. Her project last December was to encourage people to subscribe to an organization which benefitted children who are less fortunate

8. Has the nominee taught others these values in a meaningful way? If yes, please give examples.

Nimrita has influenced the Dermatology staff to take a more holistic approach to the patients. The psychosocial influences on a patient's behavior as well as that of his/her caregiver(s) are now more readily included when evaluating a patient. This improved outlook by clinic staff has shown remarkable effects on the patient(s).

January 25, 2010

To Whom It May Concern:

Re: Robert Salter Humanitarian Award – Nimrita Aujla

Nimrita Aujla became a part of our Dermatology group in 2005. Over the time that I have known and worked with her in the Dermatology Clinic, she has proven herself to be a hard worker and a valuable team player. Her dedication to the pediatric community and her selfless contribution to the patients' causes are highly commendable.

Nimrita has developed expertise in many of our dermatological conditions so that she better understands the psychosocial challenges brought about by various diseases. This has enabled her, as a social worker, to proficiently evaluate patients' needs and develop effective response plans tailored to each patient and caregiver(s). She has been effective in finding community supports in the areas of finance, medication, transportation and home support care for many of the patients in the Dermatology Clinic.

Nimrita is an active advocate for patients with *Epidermolysis Bullosa* (EB). She was a key participant in the "Tomorrow Think of Me" EB event held in Toronto in December 2009. Her contributions to the EB community have resulted in her recently being nominated to the board of directors for dEBra Canada, a non-profit organization which strives to support families with EB patients and also increase awareness of the condition among Canadians. She has also been instrumental in developing the "Welcome to EB Clinic" package for Dermatology at the Hospital for Sick Children. This package allows families to better understand and optimize on the services offered by the Dermatology Clinic.

Nimrita has also developed some formal groups for *Alopecia Areata* patients. Additionally, she has successfully lobbied for and implemented counseling for patients with *Atopic Dermatitis*.

Nimrita's tireless efforts have resulted in staff members being more aware of support groups and local events for patients with different pediatric dermatology conditions. She works with and is consulted on a regular basis by clinic staff to develop the most effective means of treating and supporting patients. Her work has greatly contributed to the excellent care that staff strives to give to patients in the Dermatology Clinic.

It is my pleasure to nominate her for the HSC Humanitarian Award.

Sincerely,



Miriam Weinstein, BSc, MD, FRCPC
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University of Toronto.
Fellowship Director – Section of Dermatology
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Tel: 416-813-8185
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January 29, 2010

To Whom It May Concern:

Re: Nimrita Aujla – Recommendation for Robert Salter Humanitarian Award

The dermatology nurses would like to nominate Nimrita Aujla, social worker for The Hospital for Sick Children's Dermatology and Paediatric Consultation clinics, for the Humanitarian award. Nimrita is instrumental in engaging patients, families, and staff with difficult and chronic psychosocial issues. She is resourceful when ensuring these families' needs are met. She provides parents with services, often scarce and challenging to attain, that allow them to function most optimally for their children. She also works collaboratively with the staff team members; ensuring staff has the adequate insight to help families in need. The following examples provide a closer look at her unique work and service.

In the Dermatology Clinic, we service a group of patients with rare skin disorders collectively known as Epidermolysis Bullosa (EB). The disorder is a genetic disease characterized by excessive risks of skin and mucosa separating from underlying tissues in the event of trauma, sometimes as mild as a diaper change or digesting "hard" solid foods. This trauma causes blisters, wounds, and scar tissues that induce chronic pain and significant disability. The family dynamics and regimen are almost always affected: the extensive care of this child (at least one parent stays at home); needs for special medical equipment or clothes; daily dressing changes (which can take hours to do and incurs with pain due to fragility of the

skin), and the limitations for spontaneous activities due to dressing or pain control needs.

HUM10-005 Aujla

Nimrita has consistently advocated for these patients with great compassion.

One of our EB patients and his family were recent immigrants with English as their second language. While the dermatology team organized immediate needs during the consultation of this patient, it was apparent that a home visit was warranted. Different services, including Homecare, expressed concerns about family's ability to care for the child due to the limited ability of immigrants to access services in a new country. Admission to the hospital was recommended. After discussing these concerns with the team, Nimrita coordinated a meeting with the homecare manager, Interim Federal Health caseworker, interpreter, nursing and herself at the family's home. It was imperative to show the family the support and respect from their healthcare providers. We were able to address all concerns during that home meeting and the community stakeholders were very grateful. Nimrita was the primary link between the community and various consulting teams at Sick Kids. She not only cared for this patient, she also provided the same care for the entire family. She set up links for the patient's siblings with schooling; applied for Wheel Trans for patient's basic transportation needs; and she also accompanied patient to his first dental appointment. Her effort enabled the family to function optimally in a new and unfamiliar country by utilizing appropriate community social supports; thus created a positive first time health care experiences for the patient and family.

A second example is that she was able to provide support for a teenager who was in need. The teenager had many family and social crises that put her in a vulnerable state with suicidal risk. Even though this teenager was not part of her social work program, Nimrita tackled the challenge. After establishing trust with the patient, via her easygoing demeanor, Nimrita immediately set up counseling near the patient's hometown, established an emergency contingency plan with the patient, and communicated with the medical team. With great insight, Nimrita provided details of the plan to the patient, family, and hospital staff in order for everyone to understand what to do if a crisis should arise.

Our clinic also services a great number of patients with eczema, alopecia, and psoriasis.

HUM10-005 Aujla

Nimrita supports these patients with various needs by listening to their challenges and providing them with resources that will help them to better cope with living with their disease. For example, she spends a great amount of time listening to the daily difficulties faced by a mom whose kid has severe eczema. This mom lost her job and faces psychological and financial challenges due to her son's intense eczema care needs. Nimrita advocated for this mom's challenge thereby transforming the medical team's view towards this patient's chronic conditions.

Nimrita is also an active member of the Alopecia support group that takes place at the hospital. As a volunteer of the group, she relays the acquired knowledge from the meetings to our team.

Nimrita's positive impact extends to a regular eight-year-old female patient with severe psoriasis, who, unfortunately, lives with a dysfunctional family. Nimrita was in constant contact with this girl's grandparents, aunts/uncles, and now the CAS case manager. She knows everything that has happened to the girl and makes an effort to see her every time she comes to clinic. On one occasion, the patient refused to receive an injection, was crying and hiding away from everybody. Nimrita saw what was going on, came to comfort the girl, and the girl just threw herself into Nimrita's arms. This incident may seem insignificant at first; nevertheless, such event evidently illustrated the bond and trust between Nimrita and her patients.

Nimrita is a vital part of our team and we all look to her to learn about empathy and how to become a better health care professional. Without her kindness and compassion towards our patients, many of them would be unsupported and lost. It is therefore our honour to support Nimrita being nominated for the Humanitarian Award.

Sincerely

Michelle V. Lee & Jackie Chia-Ti Su
Dermatology Nurses, Hospital for Sick Children

January 29th 2010

To Whom It May Concern,

Nimrita Aujla and I have worked together in the Pediatric Consultation Clinic since I joined the clinic, 20 months ago. Nimrita met with me during my first week in the clinic and explained to me what she did as the clinic's social worker. From that very first day I was impressed with all of the knowledge that Nimrita had and her willingness and ability to help the patients and families of the clinic. My admiration and respect has only grown over the last 20 months and I truly appreciate how lucky our clinic is to have Nimrita as one of its team members.

What stands out most about Nimrita is her consistency in going above and beyond all expectations to meet the needs of patients and their families. Even more impressive is that she does this with the greatest of respect, cultural sensitivity and graciousness.

I will outline several examples below: however, these examples simply demonstrate how Nimrita practices every day and with every patient/family who needs her assistance.

Nimrita became involved with a family, who had recently had a child born with a genetic condition, resulting in significant developmental delay and feeding difficulties. She started out by meeting with the family to discuss their concerns with caring for this child. Financial and transportation difficulties were observed so Nimrita worked to find funding and support to get the child and his family to the hospital for his many medical appointments. She made many phone calls and worked with all of the health care team members to try and coordinate appointments in an attempt to reduce the number of trips to the hospital. Over a period of time, it became very obvious that the family was having significant difficulty in caring for this child, despite all of the resources that had been put in place. CAS became involved and Nimrita remained a huge support to the family. While the child was admitted to hospital, Nimrita visited with his mother every day to provide support, resources and a listening ear. Over time the child was placed in foster care, Nimrita's support was offered to both 'family units' – biological and foster. She met with the biological mother numerous times to provide support and counseling surrounding the loss of her child to foster care. She also worked to ensure that the foster family and child were receiving all of the possible financial and community resources available. At present, all parties involved are doing well and contact Nimrita as needed. I think this example demonstrates Nimrita's tireless effort to help not only the biological family of a child, but also the foster family, to access all of the resources that they need and it also speaks to Nimrita's ability to act in a sensitive and compassionate way while dealing with such a difficult situation.

A 16 year old boy with a very late diagnosis of cerebral palsy and multiple school difficulties was referred to Nimrita for help with several issues. Over the course of several months, Nimrita met with the child and his mother to provide support and counseling about how to manage this 'new' diagnosis. The child had been doing very poorly at school and it was discussed that perhaps he would be able to better master his schooling if he was provided with some modifications to his

programming. Nimrita strongly advocated for the child to have a psychoeducational assessment completed at his school very quickly and then Nimrita and the school social worker discussed what program modifications his particular school could accommodate. It became quickly obvious that the child's current school would not be able to support the child's learning needs. Nimrita searched for a nearby school that could. She made numerous phone calls and then met with the family and child to discuss this significant change. While everyone was quite resistant to the change at first, Nimrita was able to demonstrate to the family that she had the child's education at heart and within a few short weeks of changing schools, the mother contacted Nimrita to report that everything was going extremely well and that they were all happy with the change. Throughout the course of all this, Nimrita frequently discussed the case with the members of the health care team and updated them on everything that was happening. Even when praised for her hard work and dedication, Nimrita was quick to point out how brave the child had been to start at a new school and to praise his mother for her on-going support and commitment to his education.

Frequently Nimrita is asked to help families who do not have enough financial resources. She is always happy to meet with the families to see if there is any way she can help. She has brought in extra clothing to give to families in desperate need. After being contacted by a newly single-parent because he could not afford winter boots for his children Nimrita purchased new boots for both children. She has also been able to get sponsorship through The Hospital for Sick Children for some of the neediest families in our clinic for the holidays. She goes to great lengths to ensure she remembers all of the children in clinic who are in need of toys and resources during the holidays and makes bags up for children through the annual Social Work Bags Program. She agonizes over getting as many of the children something that they really want for the holidays and frequently stays late or comes in early to meet parents who are coming in to pick the bags up. If a family is unable to come to the hospital to pick up their resources, Nimrita finds a way of getting it to the family, even if that means delivering it herself. She commonly will take a family's phone number home with her to be able to speak with a parent who is not available by phone during her working hours. She demonstrates exemplary cultural competency when working with families and is diligent about ensuring that interpreters are booked for appointments or accessing language line if they are not. She is a strong patient advocate for the use of interpretive services/language line and has even booked interpreters for other clinic appointments to ensure that the family will be able to understand everything that is happening with their child's health care.

Nimrita is truly an inspiring, compassionate, and family-centered professional. What might be considered 'above-and-beyond' for someone else is just another day's work for Nimrita. Social work can be a very emotionally taxing and sometimes frustrating profession. Nimrita takes it all in stride and acts with incredible humbleness and grace. I cannot recall a single interaction that I have had with Nimrita, via phone, face-to-face discussion or email, where she did not end the dialogue with "Let me know if I can do anything to help".

I whole-heartedly support Dr. Elena Pope's nomination for Nimrita to be considered for the Robert Salter Humanitarian Award.

Sincerely,

Julie Gardner, RN
Clinic Nurse
Pediatric Consultation Clinic
Division of Pediatric Medicine