### WEDNESDAY NOVEMBER 12 / MERCREDI 12 NOVEMBRE

<table>
<thead>
<tr>
<th>W5531 MC</th>
<th>Best Practices for ADHD Across the Lifespan</th>
<th>3.0 MC</th>
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<tbody>
<tr>
<td>08:00–11:30</td>
<td>Ainslie Gray, MD</td>
<td>SALLE : MONTMORENCY – HÔTEL HILTON QUÉBEC HOTEL</td>
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**Learning objectives:**

1. understand key components when assessing for ADHD, including available tools
2. learn the questions to raise with patients in order to evaluate possible comorbid disorders
3. know the current pharmaceutical options for ADHD and related comorbidities

**Description:**
ADHD is a complex disorder with varying type and severity of symptoms. Choosing the appropriate medical treatment should not be a “one size fits all” process. In order to properly manage ADHD holistically, clinical tools should be used to assess the type and severity of symptoms, review specific areas of impairment in the patient’s life across multiple settings, and identify and explore any potential comorbid diagnoses. For children/adolescents, treatment includes evaluating wellbeing in the home, school, and community environments. For adults, treatment requires exploring symptoms within the context of family, social life, and work environments. This session will outline tools and recommendations for identifying an individual’s symptoms and levels of impairment in a clinical setting. A comprehensive evaluation process allows the clinician to choose an appropriate medication/dosage depending on the specific needs of the patient. Recommendations for ongoing treatment monitoring will be discussed.

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<tr>
<th>W57758 MC</th>
<th>The Current Status of the 18 Month Check for Child Development</th>
<th>3.0 MC</th>
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<tr>
<td>08:00–11:30</td>
<td>Elizabeth Grier, MD, CCFP, FCFP, Kingston, ON; Brian Hennen, MD, CCFP, FCFP, FCPS, Halifax, NS; Patricia Mousmanis, MD, CCFP, FCFP, Richmond Hill, ON</td>
<td>SALLE DE BAL / BALLROOM : SAINT-LOUIS – HÔTEL HILTON QUÉBEC HOTEL</td>
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**Learning objectives:**

1. determine which evidence-based tools to choose and employ to assess development of the 18 month child: the Nippissing, the Rourke, the mCHAT, or “Ages and Stages”
2. review which systematic practice protocols best ensure that all children in a family health team’s practice are able to access a proven developmental assessment visit
3. develop a preferred action plan for children who are found to be at risk of developmental, learning, or behavioural issues

**Description:**
This session will look at the new “18 Month Call for Action” from the Canadian Paediatric Society and review how various provinces are interpreting the new guidelines. Ontario’s 15 year experience with a provincial fee code and roll-out led by the Ontario College of Family Physicians and the Offord Center for Child Studies at McMaster University will be reviewed. Research on the use of the Nippissing and Rourke Baby Record tools by family physicians, including fee code data, will be discussed. A tool kit developed by Queen’s Family Health Team in Kingston, Ontario will be presented to show how group practices can provide the infrastructure to systematize such a visit assessment. Practical suggestions from various urban and rural communities will illustrate key concepts. The Nova Scotia College of Family Physicians’ statement on the 18 month check will be reviewed.

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<tr>
<th>W53711 MC</th>
<th>CASTED: Emergency – The hands-on ED orthopedics (Course 1)</th>
<th>9.0 MC</th>
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<tr>
<td>08:00–18:30</td>
<td>Arun Sayal, MD, CCFP(EM), Toronto, ON</td>
<td>SALLE : FRONTENAC – HÔTEL CHÂTEAU FRONTENAC HOTEL</td>
</tr>
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</table>

**Learning objectives:**

1. describe the principles of proper ED assessment and management as they pertain to patients with acute orthopedic injuries, and apply these to numerous common injuries
2. describe “red flag” patients based on subtle clues in the history, physical, or x-ray
3. perform various reductions of fractures and dislocations and apply casts and splints (with an emphasis on proper moulding) for a variety of ED orthopedic injuries

**Description:**
CASTED: Emergency is the “hands-on” ED orthopedics course designed specifically for emergency physicians. It is a fun and full day focused on clinical relevance and hands-on practice. CASTED: Emergency offers numerous clinical pearls on history, physical, x-rays, and making accurate diagnoses. You will recognize “red flag” patients, know who needs a reduction, and appreciate who needs to see ortho and when. We want you to understand ED orthopedics – not just memorize it! Case-based lectures review ED orthopedic principles and explain the “why.” Focus is on cases that are common, commonly missed, and commonly mishandled. Four hours of hands-on practice and demos cover the “how.” Understand how to reduce, how to immobilize, and how to mould. By the end of the day, you will have the confidence that you are doing it right! CASTED promises you an enjoyable day full of numerous clinical pearls you will use on your next shift!
**W56691 MC**
**Airway Intervention and Management in Emergencies - AIME (Course 1)**
08:00–18:30
*FURTHER INFORMATION TO FOLLOW*
ROOM / SALLE : JACQUES CARTIER – HOTEL CHÂTEAU FRONTENAC HOTEL

**Learning objectives:**
1. be more confident and comfortable in making acute care airway management decisions and acquire a practical staged approach to airway management
2. choose the most appropriate method of airway management
3. know when and how to use various tools and adjuncts for managing the difficult airway

**Description:**
The AIME program has been providing valued and practical hands-on airway management learning experiences for clinicians around the world for over 14 years. AIME educators are experienced clinical instructors who understand the varied work environments of practising clinicians. Whether you work in a large, high volume centre or a small remote setting, AIME will provide a practical approach for airway management in emergencies. The AIME program includes case-based clinical decision making; new practical algorithms; when, why and how to perform awake or rapid-sequence intubation; a new textbook/manual based on the AIME program; unique, customized clinical videos; limited registration to ensure clinician to instructor ratio of 5 or 6:1; clinician to simulator ratios of 2:1; reinforcement of core skills; introduction to newer alternative devices (optical stylets, video laryngoscopes and others); and exposure to rescue devices.

**WS2359 MC**
**Assessment and Management of Chronic Non Cancer Pain**
09:00–17:00
Robert Hauptman, BMSc, MD, MCFP, Edmonton, AB; Alan Kaplan, MD, CCFP(EM), Richmond Hill, ON
ROOM / SALLE : BEAUPORT – HÔTEL HILTON QUÉBEC HOTEL

**Learning objectives:**
1. discuss the problem of chronic pain in Canada, including epidemiology
2. review the proper assessment of chronic non cancer pain, including addiction assessment
3. discuss treatment options in the management of chronic non cancer pain, with special attention to responsible prescribing of opioids

**Description:**
Chronic non cancer pain is a common problem many clinicians face. It has been estimated that 20% of Canadians suffer from chronic non cancer pain with an annual cost to Canadians in direct and in-direct costs of over 50 billion dollars. Unfortunately, despite how common this condition is, little is taught in medical school on the proper assessment and management of chronic pain. This Mainpro C program will outline the proper assessment of chronic non cancer pain for participants and will give practical guidelines on the management of this common condition. Special attention will be given to responsible opioid prescribing and addiction assessment. Participants can expect lively interaction and discussion around the issues of chronic pain.

**W52499 MC**
**ECG Workshop: From basics to advanced to really advanced**
09:00–17:00
Vu Kiet Tran, MD, CCFP(EM), FCFP, MHSc, MBA, Richmond Hill, ON
ROOM / SALLE : LAUZON – HÔTEL HILTON QUÉBEC HOTEL

**Learning objectives:**
1. incorporate ECGs to make important clinical decisions
2. recognize subtle ECG findings
3. improve ECG interpretation skills

**Description:**
Please come and join me for a full day of fun (and maybe some ECG interpretation!). The workshop is aimed at elevating your knowledge on ECG to help guide clinical decisions with your patients complaining of chest pain, shortness of breath, palpitation, or syncope. The goal is to create comfort around ECG interpretation so that you can easily help guide your patient through the cardiac investigations. By the end of the session, one will feel comfortable with ordering and interpreting ECGs and with elaborating a strategy for the work-up of chest pain and syncope. Finally, one will feel really comfortable with managing dysrhythmias and arrhythmias in the office, the walk-in clinic, the urgent care clinic, the emergency department, and the medical ward.

**W51688 MC**
**Insertion de stérilet (participants débutants et expérimentés)**
10:00–12:00
Konia Trouton, MD, CCFP, FCFP, Victoria, BC; Marie-Thérèse Gagnon, MD, Québec, QC
ROOM / SALLE : PORTNEUF / SAINTE-FOY – HÔTEL HILTON QUÉBEC HOTEL

**Objectifs d’apprentissage :**
1. faire un bloc para-cervical
2. décider de l’utilisation du misoprostol avant une insertion
3. de faire face aux insertions difficiles

**Description :**
Maintenant que l’on recommande les stérilets en cuivre et au levonorgestrel à une diversité de femmes, il devient important que les médecins de famille sachent insérer des stérilets même si cela peut représenter un défi chez certaines clientèles, comme chez les nullipares dont le col de l’utérus est parfois étroit. Durant cet atelier pratique, les participants pourront acquérir les habiletés nécessaires à l’insertion du stérilet, grâce à la pratique sur des modèles en plastique, la présentation de diapositives et la discussion avec les animatrices. Lorsqu’un médecin sait insérer un stérilet, il peut aussi faire des biopsies de l’endomètre. Cela lui permet d’investiguer les femmes qui présentent des saignements anormaux en péri-ménopause et à la ménopause et ainsi d’éliminer les risques de cancer de l’endomètre.
W51269 MC  IUD Insertions and Endometrial Biopsies (Beginners)  2.0 MC
13:00–16:00  Ellen Wiebe, MD, CCFP, FCFP, Vancouver, BC; Konia Trouton, MD, CCFP, FCFP, Victoria, BC
ROOM / SALLE : PORTNEUF / SAINTE-FOY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. use a para-cervical block
2. troubleshoot difficult insertions
3. provide endometrial biopsies

Description:
Now that copper and levonorgestrel IUDs are recommended for a much wider variety of women-for teens and for treating dysfunctional uterine bleeding in peri-menopause—it is important that more family doctors insert IUDS. This hands-on workshop will take advantage of plastic models, slides and discussion to allow participants to gain skills in IUD insertion. The facilitators are family doctors who run IUD clinics and will share their experience with clinical equipment and techniques to simplify the challenging IUD insertion. All 13 IUDs currently available in Canada will be at the workshop. We will spend an hour discussing indications, contraindications, equipment, techniques, managing side effects and answering questions. We will have an hour of hands-on practice with plastic models so that participants can feel confident to add IUD insertion to their practice. Any doctor who can insert an IUD can also do an endometrial biopsy. This will allow you to investigate your patients with suspicious peri-menopausal or post-menopausal bleeding and quickly rule out endometrial cancer. This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 2 Mainpro-C credits.

W56167 MC  The Hidden Cost of Immunization and Recognizing Negative Affect Regulation  3.0 MC
13:00–16:30  Patricia Mousmanis, MD, CCFP, FCFP, Richmond Hill, ON; Rebecca Pillai-Riddell, PhD, Toronto, ON; Anna Taddio, PhD, Toronto, ON
ROOM / SALLE : MONTMORENCY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. describe the research evidence relating to management of immunization pain and distress in children
2. utilize psychological interventions, needle technique interventions and analgesic options
3. describe how to integrate this new knowledge about impact of negative affect and distress after immunizations as a screening tool for mental illness into clinical practice in family health teams

Description:
This presentation will include a review of the research literature around immunization pain and distress and will go over new research since the publication of the Canadian Clinical Practice Guidelines in 2010. There will be video clips of psychological interventions and needle administration techniques to show how a health care professional can work with families to reduce immunization pain. A thorough review of medical options for preventing immunization pain (acetaminophen, ibuprofen, analgesic patches/creams, sugar solutions etc.) will be presented along with psychological techniques (distraction, deep breathing etc.) and physical strategies (holding upright in parents’ arms, rubbing adjacent). Finally, this program will look at interdisciplinary practice management systems so that this new information can be incorporated into family practice health teams for use by all professionals (nurse practitioners, family practice nurses, registered practical nurses, social workers, etc.). New evidence is emerging that negative affect following immunizations can be a predictor of future mental illness and needle phobia. Strategies that can be shared with parents to help them comfort their children after immunization will be integrated into this presentation.

W57843 MC  Breastfeeding Basics for the Practising Physician  3.0 MC
13:00–16:30  Anjana Srinivasan, MDCM, CCFP, IBCLC, Mont-Royal, QC; Carole Dobrich, RN, IBCLC, Montréal, QC; Meira Stern, MDCM, CCFP, IBCLC, Montréal, QC; Howard Mitnick, MDCM, CCFP, Montréal, QC; Lisa Graves, MD, CCFP, FCFP, Toronto, ON
SALLE DE BAL / BALLROOM : SAINT-LOUIS – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. support breastfeeding families during the prenatal and postpartum periods
2. recognize and treat the most common problems that occur among breastfeeding mother-infant dyads
3. promote breastfeeding in participants’ practices and within a global context

Description:
How does one best support breastfeeding in an evidence-based manner? Learn about how you can help improve the health of mothers and babies by promoting and protecting breastfeeding. This three-hour course serves as a basic overview of the main issues seen in breastfeeding mother-infant dyads. Most of the course will be taught within small groups, and will include didactic teaching, case studies, group discussions, photos and videos. The course may be modified based on participants’ interest and experience.
W51273 MC  Difficult IUD Insertions and Endometrial Biopsies (Advanced) 2.0 MC
15:30–17:30  Ellen Wiebe, MD, CCFP, FCFP, Vancouver, BC; Konia Trouton, MD, CCFP, FCFP, Victoria, BC
ROOM / SALLE : PORTNEUF / SAINTE-FOY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. use a para-cervical block
2. troubleshoot difficult insertions
3. provide endometrial biopsies

Description:
Now that copper and levonorgestrel IUDs are recommended for a much wider variety of women—for teens and for treating dysfunctional uterine bleeding in peri-menopause—we can expect more challenges in inserting IUDs, especially into tight nulliparous uteri. There are a number of new IUDs with which you may not be familiar. This hands-on workshop will take advantage of plastic models, slides and discussion and is most suitable for clinicians who have already been inserting IUDs. Participants are encouraged to bring clinical scenarios that have been challenging. The facilitators are family doctors who run IUD clinics and will share their experience with a range of clinical equipment and techniques to simplify the challenging IUD insertion. All 13 IUDs currently available in Canada will be at the workshop. Any doctor who can insert an IUD can also do an endometrial biopsy. This will allow participants to investigate their patients with suspicious peri-menopausal or post-menopausal bleeding and quickly rule out endometrial cancer.

THURSDAY NOVEMBER 13 / JEUDI 13 NOVEMBRE

T57521 MC  CASTED: Primary Care – The hands-on orthopedics course for family physicians (Course 1) 9.0 MC
08:00–18:00  Nick Christidis, MD, Toronto, ON
ROOM / SALLE : BELLEVUE – HÔTEL CHÂTEAU FRONTENAC HOTEL

Learning objectives:
1. describe orthopedic principles as they apply to a family medicine practice
2. practice joint injection techniques and the physical examination for a variety of joints

Description:
CASTED: Primary Care is the “hands-on” orthopedics course designed specifically for family physicians. During this full-day course, you will learn keys to an efficient orthopedic history and a “high yield” physical exam. Musculoskeletal (MSK) management principles will be highlighted to help identify “red flag” patients, understand indications for further investigations, and guide management decisions. CASTED: Primary Care combines practical, case-based lectures with hands-on stations to review orthopedic principles and management in the context of a family doctor’s office. In addition to the hands-on examination review, you will learn the ins and outs of joint injections in an office—which drug(s), how much, how often, proper technique, etc. Joint injections models will be used to simulate office-like conditions. CASTED: Primary Care limits the number of registrants to ensure close supervision and interaction. At the end of the day, you will have a better understanding of primary care MSK assessment, investigation, diagnosis, treatment, and referral.

T68726 MC  Airway Intervention and Management in Emergencies - AIME (Course 2) 9.0 MC
08:00–18:30  FURTHER INFORMATION TO FOLLOW
ROOM / SALLE : JACQUES CARTIER – HÔTEL CHÂTEAU FRONTENAC HOTEL

Learning objectives:
1. be more confident and comfortable in making acute care airway management decisions and acquire a practical staged approach to airway management
2. choose the most appropriate method of airway management
3. know when and how to use various tools and adjuncts for managing the difficult airway

Description:
The AIME program has been providing valued and practical hands-on airway management learning experiences for clinicians around the world for over 14 years. AIME educators are experienced clinical instructors who understand the varied work environments of practising clinicians. Whether you work in a large, high volume centre or a small remote setting, AIME will provide a practical approach for airway management in emergencies. The AIME program includes case-based clinical decision making; new practical algorithms; when, why and how to perform awake or rapid-sequence intubation, anew textbook/manual based on the AIME program; unique, customized clinical videos; limited registration to ensure clinician to instructor ratio of 5 or 6:1; clinician to simulator ratios of 2:1; reinforcement of core skills; introduction to newer alternative devices (optical stylets, video laryngoscopes and others); and exposure to rescue devices.
### T68771 MC
**CASTED: Emergency – The hands-on ED orthopedics course (Course 2)**

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<tr>
<td>08:00–18:30</td>
<td>Arun Sayal, MD, CCFP(EM), Toronto, ON</td>
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**Learning objectives:**
1. describe the principles of proper ED assessment and management as they pertain to patients with acute orthopaedic injuries, and apply these to numerous common injuries
2. describe “red flag” patients based on subtle clues in the history, physical, or x-ray
3. perform various reductions of fractures and dislocations and apply casts and splints (with an emphasis on proper moulding) for a variety of ED orthopedic injuries

**Description:**
CASTED: Emergency is the “hands-on” ED orthopedics course designed specifically for emergency physicians. It is a fun and full day focused on clinical relevance and hands-on practice. CASTED: Emergency offers numerous clinical pearls on history, physical, x-rays, and making accurate diagnoses. Participants will recognize “red flag” patients, know who needs a reduction, and appreciate who needs to see ortho and when. We want you to understand ED orthopedics – not just memorize it! Case-based lectures review ED orthopedic principles and explain the “why.” Focus is on cases that are common, commonly missed, and commonly mismanaged. Four hours of hands-on practice and demos cover the “how.” Understand how to reduce, how to immobilize, and how to mould. By the end of the day, participants will have the confidence that they are doing it right! CASTED promises you an enjoyable day full of numerous clinical pearls participants will use on their next shift!

### T56144 MC
**Preventive Care Visits for School Age Children and Teens: Where is the evidence?**

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<td>10:00–15:30</td>
<td>Anita Greig, MD, CCFP, FCFP, Toronto, ON; Patricia Mousmanis, MD, CCFP, FCFP, Richmond Hill, ON; Alain Pavilanis, MD, CCFP, FCFP, Montréal, QC</td>
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**Learning objectives:**
1. review the evidence for periodic health visits in school age children and teens
2. review the use of and explore resources available and that are included in the Greig Health Record
3. review common presentations and issues in this age group

**Description:**
This workshop explores evidence and tools for periodic health visits for school age children and teens. The Greig Health Record is an evidence-based health promotion guide for clinicians caring for children and adolescents aged six to seventeen years. It is meant to provide a template for periodic health visits that is easy to use and is easily adaptable for electronic medical records. On the Greig Health Record, where possible, evidence-based information is displayed, and levels of evidence are indicated in boldface type for good evidence and italics for fair evidence. Included in the record are pages of guidelines and resources for reference.

### T57797 MC
**Pregnancy and Early Childhood Environmental Exposures: Impacts, prevention, diagnosis and management**

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<td>10:00–15:30</td>
<td>Further information to follow</td>
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**Learning objectives:**
1. recognize significant preconception and prenatal exposures and practice strategies for counseling in exposure reduction
2. identify four serious health effects in children up to age 4 that are linked to prenatal environmental exposures, and what to do about them
3. practise use of office-based tools to identify and reduce clinically important prenatal and childhood exposures

Environmental exposures in preconception and during pregnancy are associated with many serious childhood conditions. In addition, fetal exposures are now recognized to contribute to the development of adult diseases. The combined cost of environmentally attributable disease is billions for Canada, and includes common conditions such as reduced IQ, behavioural disorders, obesity and diabetes. This module will focus on abnormal birth outcomes such as low birth weight, neurodevelopmental problems in the early years, and conditions of immune dysfunction, such as allergies and asthma. The evidence for associations between environmental exposures and poor health outcomes in early childhood will be reviewed. Effective tools for reducing prenatal and early childhood exposures will be identified and used in small groups with clinical cases. Participants will be able to assess and modify their current office tools for preventing and diagnosing environment-related illness in preconception, pregnancy and childhood up to age 4.
### T49280 MC
**Assessment of Decision-Making Capacity**
14:00–17:30
Lesley Charles, MBChB, CCFP, Dip. COE, Edmonton, AB; Jasneet Parmar, MBBS, Dip. COE, Edmonton, AB
ROOM / SALLE : BRÉBÉUF / KENT – HÔTEL DELTA QUÉBEC HOTEL

**Learning objectives:**
1. acquire knowledge of the guiding principles in assessment of capacity
2. explore an interdisciplinary approach to capacity assessment
3. review capacity assessment worksheets used in this process and apply the above information in assessment of capacity through case examples

**Description:**
As the life expectancy of Canadians continues to rise, an issue of increasing importance for older adults is the assessment of decision-making capacity. Many physicians do not feel prepared to assess capacity from their training. Physicians play a key role in capacity assessment as they are able to declare persons incapable. This was also an area that was identified as requiring interdisciplinary staff training. A process was proposed with front-end screening/problem-solving, a well-defined standardized assessment, and definition of team members’ roles. A care map and documentation was developed consisting of a capacity assessment database and patient interview for formal capacity assessment. Interactive workshops were administered to familiarize staff with the process. A feasibility study confirmed that this process addressed the issues of lack of knowledge, skill set, etc. This 3 hour session is now being offered to physicians given their pivotal role in capacity assessment.

### T55283 MC
**Managing Uncertainty: A novel approach to undifferentiated mental disorders**
14:00–17:30
ROOM / SALLE : MONTMORENCY – HÔTEL HILTON QUÉBEC HOTEL

**Learning objectives:**
1. to learn a novel approach to the management of mental disorders organized around the risk, function and symptoms (RFS)
2. to apply the RFS model to clinical cases
3. to be able to apply the RFS model in clinical practice

**Description:**
Family physicians are often the first and only point of contact for patients with mental disorders that often present in an undifferentiated manner. This lack of differentiation and the frequently serious nature of these conditions often evokes anxiety in the treating physician. Traditional diagnostic psychiatric models used in teaching medical students and residents may not be congruent with actual practice. This seminar will introduce participants to a non-diagnostic model of assessing and managing mental disorders in primary care focusing on risk, functional impairment and critical symptoms. This session will be highly interactive and will use clinical cases to both explore and apply the model.

### T55455 MC
**Treating Poverty: A skills-based approach to addressing poverty for family physicians**
14:00–17:30
ROOM / SALLE : LAUZON – HÔTEL HILTON QUÉBEC HOTEL

**Learning objectives:**
1. explore a simple, three-step approach to intervening into individual patients’ poverty in a primary care setting
2. develop an understanding of the Ontario and Canadian income security systems, including benefits for children, working age adults, people with disabilities, and seniors
3. introduce participants to three accessible, user-friendly Web-based resources that can be used to navigate income support systems in clinical practice and familiarize them with one such resource: Canada Benefits

**Description:**
Poverty represents a significant and reversible risk factor for poor health. This half-day workshop is offered to family physicians practising in Ontario, with the goal of learning a simple three-step approach to intervening in patients’ poverty through the development of relevant clinical skills, and a deeper understanding of the federal and provincial income security systems and related resources. In this interactive workshop, participants will develop, analyze, and put into practice an approach to income security benefits-based interventions into poverty as a risk to the health of individual family practice patients.

### T57395 MC
**Ten-Minute CBT: High-impact techniques for real doctors**
14:00–17:30
Greg Dubord, MD, Toronto, ON; Peter Duffy, MD, CCFP(EM), Kingston, ON; Clement Sun, MD, Toronto, ON
ROOM / SALLE : CRÉMAZIE / GARNEAU – HÔTEL DELTA QUÉBEC HOTEL

**Learning objectives:**
1. learn to break patients away from their “empathy addictions”
2. learn to structure ten-minute appointments to maximize impact
3. learn the vital importance of not working harder than most patients

Yes, “good enough” cognitive behaviour therapy (CBT) can be integrated into ten-minute primary care appointments. In this three-hour session, Dr Greg Dubord and CBT Canada faculty teach you the essentials of a skill that may fundamentally change how you deal with mental health issues. The flexible medical CBT tools you’ll learn can be very helpful in dealing with major depression, persistent depressive disorder (“dysthymia” until DSM-5), OCD, PTSD, ADD, non-compliance, and much more. This session is sponsored by CBT Canada, 2013 recipient of the CFPC “CPD Award.” Lead instructor Greg Dubord, MD is Assistant Professor of Psychiatry at the University of Toronto, and the leading advocate of medical CBT, the integration of CBT’s tested techniques into normal family practice appointments. He has led over 300 CBT workshops (including 40 Mainpro-Cs for Family Medicine Forum), and is a recent recipient of the University of Toronto’s “CME Teacher of the Year” award. See www.cbt.ca for details.
### T57799 MC
**PAACT: Men's Health Update - 2014**

*David Greenberg, MD, CCFP, Toronto, ON*

**ROOM / SALLE : LAUZON – HÔTEL DELTA QUÉBEC HOTEL**

**Learning objectives:**
1. incorporate evidence-based information from the Men's Health Guidelines into practice
2. recognize the importance of prevention and early diagnosis of conditions specific to men
3. develop an effective strategy for both prevention and treatment of these conditions

**Description:**
This is an independent educational program about the management of men's health issues in a community setting, with a focus on urological health, sexual health, and symptomatic late-onset hypogonadism. Teaching method: small group, case-based, interactive. Materials: *NEW* 2014 Men's Health Guidelines for Family Practice ("orange book"); participant work book with cases, practice management tools.

### T57824 MC
**PAACT: Anemia – 2014 Update**

*Frank Martino, MD, CCFP, MCIsC, FCFP, Toronto, ON; John Jordan, CCFP, MCIsC, FCFP, London, ON*

**ROOM / SALLE : JONQUIÈRE – HÔTEL DELTA QUÉBEC HOTEL**

**Learning objectives:**
1. review and discuss diagnosis and treatment of anemia commonly seen in primary care
2. acquire relevant, evidence-based support in managing anemia, whether presenting by itself or as an adjunctive condition
3. take the opportunity to receive feedback on situations participants are unsure of how to resolve

**Description:**
An independent educational program developed by family physicians. Based on the new 2014 edition of the Canadian "Anemia Guidelines for Family Medicine," cases are designed to highlight clinical presentations of anemia that are common to family practice and include microcytic anemia, normocytic anemia, pediatric anemia, megaloblastic anemia, and cancer-related anemia (time permitting). Materials: *NEW* 2014 Anemia Guidelines ("orange book"), participant manual, patient education materials.

### TF57837 MC
**Learning Essential Approaches to Palliative and End-of-Life Care - LEAP (2 DAY Course)**

*Sandy Buchman, MD, CCFP, FCFP, Toronto, ON; Lori Teeple, MD, CCFP (EM), FCFP, Arkona, ON*

**ROOM / SALLE : BEAUPORT – HÔTEL HILTON QUÉBEC HOTEL**

**Learning objectives:**
1. identify patients who would benefit from a palliative approach earlier in their illness trajectory
2. engage these patients and their families in end-of-life discussions
3. assess and manage symptoms including pain, dyspnea, nausea, cachexia, delirium, anxiety and depression

**Description:**
Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) was developed in 2004 and completely updated in 2014 to support essential skill building for the primary-care professional (MD, RN, Pharmacy, social worker). Since inception, studies continue to demonstrate significant improvement in knowledge, skills and attitudes for those working with palliative patients and their families, post training. LEAP is offered in a two day classroom based format and covers eleven learning modules: newly developed Being Aware and Taking Ownership, Decision-Making, Essential Conversations, Useful Tools and Resources, Pain Management, Dyspnea and Respiratory Symptoms, Psychological and Spiritual Distress, Gastro-Intestinal Problems, Delirium, Palliative Sedation and Last Hours. Each module beings with a mindmap directed to “learning essentials,” followed by reflections and learning videos to prompt discussion. Following a constructive learning approach, LEAP-trained facilitators engage participants in experience based discussion and dialogue using small group, case based learning strategies. LEAP includes standardized courseware material, including facilitator and participant manuals and is book-ended by reflective exercises utilizing standardized surveys and knowledge, attitude and skill quizzes as part of the continuing learning process. Mainpro-C accreditation requires a four month follow-up response to a planned personal commitment to change statement.
1. describe follow-up, assessment, diagnosis, and management of common, relatively minor adult and pediatric acute extremity injuries
2. recognize injuries that are more likely to be operative and/or complicated and therefore require further investigations, physiotherapy, or orthopedic consultation
3. perform procedures relevant to the follow-up care of relatively minor fractures (e.g., applying/removing casts, applying removable splints, etc.)

Description:
CASTED: Fracture Clinic is the “hands-on” follow-up orthopedics course. Created for family physicians who follow up minor fractures and acute MSK injuries, CASTED: Fracture Clinic covers acute musculoskeletal (MSK) injury follow-up; an efficient, detailed physical exam; and practice of casting and cast removal. When following patients with fractures: which patients are “safe” to treat? Which are “red flags” and need referral? When to X-ray? When has the patient healed? When to “return to sports”? Understand how to recognize and manage complications of healing. Practise fiberglass cast applications and removals. For follow-up of patients with soft-tissue injuries: review clinical pearls on history and physical when examining a patient with an acute shoulder, elbow, knee, and ankle. Know who needs further imaging, when to bone scan, US, CT, or MRI, and when to refer. Practise important casts and be more confident in managing your patients with minor fractures and acute MSK injuries.

F68804 MC CASTED: Primary Care – The hands-on orthopedics course for family physicians (Course 2) 9.0 MC
08:00–18:00 FURTHER INFORMATION TO FOLLOW ROOM / SALLE : BELLEVUE – HÔTEL CHÂTEAU FRONTENAC HOTEL

Learning objectives:
1. describe orthopedic principles as they apply to a family medicine practice
2. describe key aspects of the history, physical exam, investigations, and management plans for a variety of musculoskeletal (MSK) conditions commonly seen in family practice
3. practise joint injection techniques and the physical examination for a variety of joints

Description:
CASTED: Primary Care is the “hands-on” orthopedics course designed specifically for family physicians. During this full-day course, you will learn keys to an efficient orthopedic history and a “high yield” physical exam. Musculoskeletal (MSK) management principles will be highlighted to help identify “red flag” patients, understand indications for further investigations, and guide management decisions. CASTED: Primary Care combines practical, case-based lectures with hands-on stations to review orthopedic principles and management in the context of a family doctor’s office. In addition to the hands-on examination review, you will learn the ins and outs of joint injections in an office-which drug(s), how much, how often, proper technique, etc. Joint injection models will be used to simulate office-like conditions. CASTED: Primary Care limits the number of registrants to ensure close supervision and interaction. At the end of the day, you will have a better understanding of primary care MSK assessment, investigation, diagnosis, treatment, and referral.

F56179 MC Perinatal Depression and Decision Guide For Antidepressant Use in Pregnancy and Post Partum 10:00–12:30 3.0 MC
Perinatal Depression and Decision Guide for Antidepressant Use in Pregnancy and Post Partum Patricia Mousmanis, MD, CCFP; FCFP; Richmond Hill, ON; Sophie Grigoriadis, MD, RCPSC, Toronto, ON; Emily VonderPorten, MSc, Toronto, ON
ROOM / SALLE : SAINTE-FOY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. describe normal psychological development of women in pregnancy, diagnosis and treatment options for perinatal depression, anxiety and post partum psychosis
2. demonstrate the use of clinical tools to aid in clinical management of perinatal depression (ie, Edinburgh Postnatal Depression Scale)
3. outline a strategy for care of women with perinatal depression including antidepressants, community resources and non-pharmacological treatment options

Description:
This workshop will cover issues related to the normal psychological development of women in pregnancy and how it can affect their adjustment to their newborn and affect attachment in the parental/child relationship. The workshop will also look at the diagnosis and treatment options for women suffering from perinatal depression, anxiety and post partum psychosis. Strategies for using interpersonal psychotherapy as a treatment modality for those women who are suffering from post partum mood disorders will be reviewed. Practical tools such as the Edinburgh Postnatal Depression Scale, flowcharts and decision guides for clinical management of perinatal depression will be included. The Facing the Challenges: Healthy Child Development manual will be used as a resource. New research publications from meta-analysis of antidepressant use in pregnancy will be reviewed, as well as the impact of untreated depression on pregnancy outcomes. Research into the development of a clinical decision guide for family physicians, obstetricians and community psychiatrists will be reviewed and discussed during the presentation.
F51951 MC  Spiriometry in Family Practice  6.0 MC
10:00–16:30
Alan Kaplan, MD, CCFP(EM), FCFP, Richmond Hill, ON; Robert Hauptman, BMSc, MD, MCFP, Edmonton, AB
ROOM / SALLE : BREBFEUF / KENT – HÔTEL DELTA QUÉBEC HOTEL

Learning objectives:
1. learn on whom spirometry should be performed
2. learn how to perform and interpret spirometry
3. learn how to incorporate spirometry into the management of respiratory disease in the participant’s practice

Description:
Participants in this MAINPRO-C accredited workshop will be educated on the benefits utilizing spirometry will have in their day-to-day practice. We will review the guidelines for both COPD and asthma management. A review of the science of spirometry and its indications will be followed with hands-on experience with a number of different spiroimeters. The group will then learn how to interpret spirograms. There will be lots of opportunity to review multiple cases and spirograms, all designed to allow the facile interpretation of spirograms and to show how spirometry will affect clinical decision making. You will wonder how you managed your practice before you used spirometry!

F56992 MC  Scholarship in Medical Education (SIME)  6.0 MC
10:00–16:30
Danielle Saucier, MD, CCFP, FCFP, MA(Ed), Québec, QC; Lisa Freeman, MD, CCFP, FCFP, MEd, Toronto, ON; Brent Kvern, MD, CCFP, FCFP, Winnipeg, MB; Miriam Lacasse, MD, MSc, CCMF, Québec, QC; Patti McCarthy, MSc, PhD, St. John, NL; Christina St-Onge, PhD, Sherbrooke, QC
ROOM / SALLE : PORTNEUF / SAINTE-FOY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. outline the key principles of a scholarship project, including clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique
2. create a clear plan for initiating and implementing an educational research project
3. participants will have a plan for their personal project

Description:
This workshop, developed by the Canadian Association of Medical Education, is designed for medical educators interested in undertaking educational projects or research. The workshop will take a structured approach to helping participants develop a project including setting clear goals, preparing for the project, determining the optimal methods, ensuring meaningful results, identifying dissemination opportunities, and reflecting on the product and next steps. Emphasis will be placed on the role of theory, appropriate methodologies, types of products, venues for dissemination, the importance of peer review, and strategies for sustaining a program of research. By the end of the day-long program, participants will have a plan for their personal project.

F50140 MC  Office Gynecological Procedures in Family Medicine: A skills transfer workshop  3.0 MC
14:00–17:30
Christiane Kuntz, MD, CCFP, FCFP, NCMP, Ottawa, ON; Cathy Caron, MD, CCFP, FCFP, Ottawa, ON
ROOM / SALLE : SAINTE-FOY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. describe the indications/contraindications for the performance of a Pap smear, endometrial biopsy, Mirena/Jaydess IUS insertion, and pessary fitting
2. list the steps in preparing for, performing, and delivering after-care for the above-mentioned procedures, and follow them on a bench model
3. display sensitivity towards the patient in performing these procedures

Description:
Office Gynecological Procedures in Family Medicine - Skills Transfer Workshop. This Mainpro-C workshop will consist of the following components: 1) orientation to the workshop, 2) survey of participants pre-session, 3) hands-on workshop using bench models, and 4) wrap-up and evaluation.

F53321 MC  Finding a BETTER Way to Chronic Disease Prevention and Screening:  3.0 MC
14:00–17:30
Donna Manca, MD, CCFP, FCFP, Edmonton, AB; Carolina Aguilar, MA, MSc, Edmonton, AB; Eva Grunfeld, MD, CCFP, FCFP, Toronto, ON; Kris Aubrey-Bassler, MD, MSc, CCFP(EM), St. John’s, NL
ROOM / SALLE : D’AUTEUIL – HÔTEL DELTA QUÉBEC HOTEL

Learning objectives:
1. develop an understanding of the BETTER approach to chronic disease prevention and screening and how it can be adapted
2. decide how to approach and improve prevention and screening in your practice, including how you will target at-risk patients
3. learn about outcome measures that can be used to monitor and evaluate prevention and screening activities in your practice
### Description:
Primary care is the ideal setting for chronic disease prevention and screening (CDPS); however, evidence-based approaches are inconsistently applied and family physicians lack the time to adequately address CDPS. The original BETTER project demonstrated that training a clinician to become a prevention practitioner, an individual within the family practice setting who develops specialized skills in CDPS, significantly improved prevention and screening in patients aged 40-65 as measured by a summary quality index. The BETTER approach: 1) is personalized to the patient and the practice; 2) addresses multiple conditions (cancers, diabetes, cardiovascular disease and associated lifestyle factors); 3) is integrated with local, regional and national resources; and 4) is longitudinal assessing patients over time. Through group discussions, participants will explore how they can adapt this new and effective approach to their primary care settings and the resources and tools that have been developed to support this approach will be shared.

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<tr>
<td>F57793 MC</td>
<td>PAACT Anti-infective – 2014 Update</td>
<td>5.0 MC</td>
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<tr>
<td>14:00–17:30</td>
<td>John Jordan, MD, CCFP, MCIsc, FCFP, London, ON; Frank Martino, MD, CCFP, MCIsc, FCFP, Toronto, ON</td>
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<td>ROOM / SALLE : LAUZON – HÔTEL DELTA QUÉBEC HOTEL</td>
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**Learning objectives:**
1. review the principles of antibiotic resistance, what’s new and how this impacts antibiotic prescribing
2. feel more comfortable investigating and managing common infectious diseases including upper and lower respiratory tract infections and urinary tract infections
3. acquire patient tools to help implement antibiotic stewardship in practice

### Description:
This is an independent educational program developed by family physicians and based on the latest edition of the Anti-infective Guidelines for Community-Acquired Infections. Cases are designed to highlight common infectious disease and include: • Upper and lower respiratory tract infections • Skin infections • Urinary tract infections (including LTC) Materials: Anti-infective Guidelines (“orange book”), participant manual, ritual prescription pads  
**Teaching method:** interactive, case-based, small group

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<td>F57399 MC</td>
<td>CBT Solutions to Problems of Living</td>
<td>3.0 MC</td>
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<tr>
<td>14:30–17:30</td>
<td>Greg Dubord, MD, Toronto, ON; Peter Duffy, MD, CCFP(EM), Kingston, ON; Clement Sun, MD, Toronto, ON; Pankaj Chand, MD, CCFP(EM), Waterloo, ON</td>
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**Learning objectives:**
1. learn to appreciate the role of daily challenges in psychopathology
2. acquire helpful clinical pearls for overcoming problems of living
3. decrease the odds of personal burnout

### Description:
It’s not easy doing life. Unfortunately, unskillful responses to common problems of living put our patients at risk for clinically significant anxiety and depression. In this refreshingly accessible workshop, we review case studies of marital discord, bereavement, poor time management, indecisiveness, insomnia and issues of forgiveness. The emphasis is on ultra-brief techniques for incorporation into routine primary care appointments. This session is sponsored by CBT Canada, 2013 recipient of the CFPC “CPD Award.” Lead instructor Greg Dubord, MD is Assistant Professor of Psychiatry at the University of Toronto, and the leading advocate of medical cognitive behaviour therapy (CBT), the integration of CBT’s tested techniques into normal family practice appointments. He has led over 300 CBT workshops (including 40 Mainpro-Cs for Family Medicine Forum), and is a recent recipient of the University of Toronto’s “CME Teacher of the Year” award. See www.cbt.ca for details.

### Description:
The Mainpro-C small-group learning program is presented in six modules over the course of one day. Topics addressed include defining and assessing good medical records, evaluating the transition to electronic medical records, and revising and adapting templates and tools relevant to family practice. Each module incorporates a PowerPoint presentation by the facilitator and several active learning exercises. Module sessions generally incorporate interactive presentations, work with a partner, small-group active learning activities, case-based exercises, individual professional reflection, large-group discussion, and a question and answer period at the end of each session. Small-group and large-group discussion is encouraged throughout. All exercises are debriefed immediately afterwards.

### F57716 MC
**Medical Record Keeping**

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<tr>
<td>08:00–16:00</td>
<td>Medical Record Keeping</td>
<td>6.0 MC</td>
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<td>Susan Deering, MD, CCFP, Toronto, ON</td>
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S49369 MC  Diagnosis and Management of Patients With MCI and Dementia: Tips for the family physician
08:30–12:00
Linda Lee, MD, CCFP; Toronto, ON
ROOM / SALLE: COURVILLE / MONTMORENCY – HÔTEL HILTON QUÉBEC HOTEL

Learning objectives:
1. review basic initiation and monitoring of medications used in the management of patients with dementia
2. differentiate patients who can safely be diagnosed and managed by the family physician from those requiring a referral to a specialist

Description:
It is estimated that two-thirds of persons in the community with dementia are undiagnosed and untreated, with significant implications for future health resource utilization in view of our aging population. Better identification and management at a primary care level is essential. Based on the successful accredited Memory Clinic Training Program developed by The Centre for Family Medicine and the Ontario College of Family Physicians, this case-based interactive session provides the busy family physician with pearls on the diagnosis and management of patients with mild cognitive impairment and dementia in ambulatory care.

S55459 MC  Don't Just Do Something, Stand There! Best practices in reducing unnecessary tests, treatments and care
08:30–15:00
Greg Dubord, MD; Toronto, ON; Peter Duffy, MD, CCFP(EM); Kingston, ON; Clement Sun, MD, Toronto, ON
ROOM / SALLE: CREMAZIE / GARNEAU – HÔTEL DELTA QUÉBEC HOTEL

Learning objectives:
1. acquire modular tools for helping your “difficult” patients
2. reduce your odds of personal burnout
3. discover key changes in DSM-5 criteria

Description:
Let’s be frank: if you’re not careful, some patients will put you at risk for “premature clinician aging disorder” (PCAD). Although the world of cognitive behaviour therapy (CBT) has no easy answers, there are many pearls that can significantly improve patient outcomes—and make your life a whole lot easier. In this 2014’s Challenging Patients workshop, we review a plethora of practical ten-minutes-or-less techniques to supplement your existing approaches to hypochondriasis (“illness anxiety disorder” in DSM-5), chronic pain, multiple addictions, borderline personality disorder, and suicidality. This session is sponsored by CBT Canada, 2013 recipient of the CFPC “CPD Award.” Lead instructor Greg Dubord, MD is Assistant Professor of Psychiatry at the University of Toronto, and the leading advocate of medical CBT, the integration of CBT’s tested techniques into normal family practice appointments. He has led over 300 CBT workshops (including 40 Mainpro-Cs for Family Medicine Forum), and is a recent recipient of the University of Toronto’s “CME Teacher of the Year” award. See www.cbt.ca for details.

S57401 MC  Challenging Patients: Pearls from the world of CBT
08:30–12:00
Greg Dubord, MD; Toronto, ON; Peter Duffy, MD, CCFP(EM); Kingston, ON; Clement Sun, MD, Toronto, ON
ROOM / SALLE: CRÉMAZIE / GARNEAU – HÔTEL DELTA QUÉBEC HOTEL

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| S51001 MC  | **Using Critical Appraisal to Overcome the Challenges of Managing Asthma and** | 6.0  | **COPD in Primary Care**  
Anthony D’Urzo, MD, BPHE, MSc, CCFP, FCFP, Toronto, ON; Katrina D’Urzo, Toronto, ON  
**ROOM / SALLE : D’AUTEUIL – HÔTEL DELTA QUÉBEC HOTEL**  |
|            | Learning objectives:                                                         |      | 1. become familiar with guideline diagnostic criteria for asthma and COPD, and the spirometric overlap between asthma and COPD and how to minimize disease misclassification  
2. learn to apply pragmatic day-to-day management strategies that focus on achieving current control and minimizing future risk  
3. become familiar with the newest therapies for both asthma and COPD  |
|            | Description:                                                               |      | An important challenge faced by family physicians relates to the differentiation between asthma and COPD. Epidemiologic trends will dictate that prevalence peaks for asthma among older individuals will overlap with those patients who are diagnosed with COPD for the first time around the sixth decade of life. This may create confusion, particularly among asthmatics who have a history of smoking cigarettes. The distinction between asthma and COPD is further blurring with the significant spirometric overlap that exists between these common chronic conditions. A clear distinction between asthma and COPD is extremely important since first-line therapy in COPD is absolutely contraindicated in asthma management. This workshop will use critical appraisal strategies to engage participants in interactive dialog that promotes simple and pragmatic approaches to the diagnosis and management of asthma and COPD in day-to-day practice.  |
| S57013 MC  | **Train the Trainer Event: Infant and toddler nutrition**                    | 3.0  | **SALLE DE BAL / BALLROOM : SAINT-LOUIS – HÔTEL DELTA QUÉBEC HOTEL**  |
| 09:30–12:30 | Learning objectives:                                                         |      | 1. describe breastfeeding basics including latch, positioning, and assessing adequacy of intake feeding of the infant, when and how to introduce formula if required and introduction of solids  
2. describe maternal nutrition and dietary intake in the prenatal period, during breastfeeding and its impact on child health outcomes  
3. utilize tools such as NutriSTEP and Canada’s Food Guide to educate parents about infant and toddler nutrition and prevention of obesity  |
|            | Description:                                                               |      | Current evidence supports exclusive breastfeeding as the optimal method of early infant feeding, providing multiple health benefits and disease prevention for both infants and their mothers. Families receive much of their early care in the primary care family practice setting; therefore, knowledge and support from their care team is essential to help promote, protect and support successful and continued breastfeeding. The workshop will also look at maternal nutrition and dietary intake in the prenatal period and its impact on child health outcomes. Information regarding new Canadian Paediatric Society guidelines on the introduction of solids will be reviewed in detail. Iron deficiency, other nutritional deficiencies and health impact and use of fortified formulas for those children who are not breastfed will be discussed in detail. Role of screening tools (NutriSTEP), World Health Organization Growth Charts and Canada’s Food Guide will be reviewed. Some elements of how child developmental milestones impact nutrition will be integrated through case based discussion.  |
| S57896 MC  | **Primary Care of Adults With Developmental Disabilities**                  | 3.0  | **ROOM / SALLE : COURVILLE / MONTMORENCY – HÔTEL HILTON QUÉBEC HOTEL**  |
| 13:00–16:30 | Learning objectives:                                                         |      | 1. apply guidelines for preventative care for patients with developmental disabilities (DD) in your practice  
2. learn about special recommendations for screening unique patients with DD compared with the general population  
3. through case-based discussions, practise using clinical tools to ensure comprehensive, preventative care for this population  |
|            | Description:                                                               |      | This session provides interactive case-based learning to review guidelines for primary care of adults with developmental disabilities (DD). Topics covered will include breast, cervical and colorectal cancer screening; screening for thyroid disease; depression/anxiety; heart disease; osteoporosis; as well as hearing, vision, and dental checks. Levels of evidence for annual periodic health examinations for adults with DD will be reviewed and practical clinical tools to help manage common problems in your practice will be introduced. We will also review strategies for overcoming barriers to access preventative care (e.g. patient discomfort with physical examination or phlebotomy and need for education materials designed for individuals with developmental disability).  |
Objectifs d’apprentissage :
1. appliquer les lignes directrices pour les soins préventifs des patients atteints de déficiences développementales dans votre pratique
2. connaître les recommandations spéciales pour le dépistage chez les patients atteints de déficiences développementales comparativement à la population en générale
3. au moyen de discussions basées sur des cas, s’exercer à utiliser des outils cliniques pour fournir des soins préventifs complets et globaux à cette population

Description :
Cette séance présente une occasion d’apprentissage interactive, basée sur des cas pour revoir les lignes directrices de la prise en charge d’adultes atteints de déficiences développementales en soins primaires. Les sujets suivants seront couverts : dépistage du cancer du sein, du col de l’utérus et colorectal; dépistage de la maladie de la thyroïde, de la dépression/de l’anxiété; maladies du cœur; ostéoporose; ainsi que les examens auditif, de la vue et dentaire. Nous examinerons également les niveaux de preuves pour les bilans de santé annuels chez ces adultes, et présenterons des outils cliniques pratiques pour aider les médecins à prendre en charge les difficultés courantes dans leur pratique. Les stratégies pour surmonter les obstacles à l’accès aux soins préventifs (p.ex., inconfort du patient lors de l’examen physique ou la phlébotomie et la nécessité d’avoir du matériel éducatif conçu pour les personnes avec déficiences développementales) seront également revues.

S65629 MC  Formation des formateurs : Nutrition des nourrissons et des tout-petits  3.0 MC
13:30–16:30  Patricia Mousmanis, MD, CCFP, FCFP, Richmond Hill, ON; Lisa Graves, MD, CCFP, FCFP, Toronto, ON
SALLE DE BAL / BALLROOM : SAINT-LOUIS – HÔTEL HILTON QUÉBEC HOTEL

Objectifs d’apprentissage :
1. décrire les rudiments de l’allaitement, y compris la prise du sein et le positionnement, évaluer si la quantité de lait bue par le nourrisson est adéquate, et déterminer à quel moment et de quelle façon passer à une formule pour nourrissons, si nécessaire, puis aux aliments solides
2. décrire la nutrition maternelle et l’apport alimentaire pendant la période prénatale et l’allaitement, ainsi que leur impact sur la santé de l’enfant
3. utiliser des outils comme NutriSTEP et le Guide alimentaire canadien pour informer les parents sur la nutrition et la prévention de l’obésité chez les nourrissons et les tout-petits

Description :
Les données probantes actuelles confirment que l’allaitement exclusif est la méthode optimale pour alimenter un nourrisson, car il offre à l’enfant comme à la mère de nombreux avantages du point de vue de la santé et de la prévention des maladies. Les familles reçoivent la majeure partie de leurs premiers soins chez un médecin de famille : les connaissances et le soutien prodigués par l’équipe de soins sont donc essentiels pour promouvoir, défendre et aider à pratiquer un allaitement réussi et durable. L’atelier portera également sur la nutrition et l’alimentation maternelles pendant la période prénatale et leur impact sur la santé de l’enfant. Ce sera aussi l’occasion d’analyser en détail les nouvelles lignes directrices de la Société canadienne de pédiatrie sur l’introduction des aliments solides. On examinerà en profondeur les carences en fer, d’autres carences nutritionnelles et leur effet sur la santé, ainsi que l’utilisation de formules enrichies pour les enfants non allaités. Il sera aussi question des nouveaux outils de dépistage (NutriSTEP), des graphiques de croissance de l’Organisation mondiale de la santé et du Guide alimentaire canadien. Une étude de cas permettra aux participants d’analyser la manière dont la nutrition influe sur les jalons importants du développement de l’enfant.