



PRE-REGISTRATION IS REQUIRED FOR MAINPRO-C COURSES.

LA PRÉINSCRIPTION EST OBLIGATOIRE POUR ASSISTER AU COURS MAINPRO-C.

W99547 MC **IUD Insertions and Endometrial Biopsies (Beginners)** **2.0 MC**
08:00–10:00 Ellen Wiebe, MD, CCFP, FCFP, Vancouver, BC; Konia Trouton, MD, CCFP, FCFP, Victoria, BC
ROOM / SALLE : 202 B - MTCC NORTH / NORD

Learning objectives:

1. use an intra-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, for emergency contraception, and for treating dysfunctional uterine bleeding in the perimenopause - 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, when to use misoprostol, and answering questions. We will have an hour of hands-on practice with plastic models so that you can feel confident to add IUD insertion to your practice. Any doctor who can insert an IUD can also do an endometrial biopsy. This will allow you to investigate your patients with suspicious perimenopausal or postmenopausal bleeding and quickly rule out endometrial cancer.

W96133 MC **Spirometry in Family Practice** **6.0 MC**
08:00–16:00 AlanKaplan, MD, CCFP(EM), FCFP, Richmond Hill, ON; Robert Hauptman, MD, MCFP, St. Albert, AB
ROOM / SALLE : 201 D - MTCC NORTH / NORD

Learning objectives:

1. know on whom spirometry should be performed
2. perform and interpret spirometry
3. incorporate spirometry into the management of respiratory disease in YOUR practice

Description:

Participants in this Mainpro-C accredited workshop will be educated on the benefits that 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 spirometers. The group will then learn how to interpret spirometers. There will be lots of opportunity to review multiple cases and spirometers, all designed to allow the facile interpretation of spirometers and to show how spirometry will affect clinical decision making. You will wonder how you managed your practice before you used spirometry!

W102859 MC **Dermatology Procedural Skills Workshop** **3.0 MC**
08:00–12:30 Darshini Persaude, MD, CCFP, FCFP, Pickering, ON; Mark Kirchhof, MD, Ph,D, FRCCPC, Kingston, ON;
 Jennifer Upitis, MD, CCFP, Toronto, ON; Henry Docherty, MD, CCFP, FCFP, Kelowna, BC;
 Hilario Lapena, MD, CCFP, Pickering, ON
ROOM / SALLE : 203 A - MTCC NORTH / NORD

Learning objectives:

1. describe the indications, contraindications, limitations, and potential complications for a punch, shave, and scoop skin biopsy
2. identify the equipment and supplies needed for performance of these various skin biopsy procedures and prepare an appropriate biopsy tray
3. review the technical steps involved in doing these procedures and demonstrate the ability to perform them in a simulated setting

Description:

The aim of the workshop is to ensure that common dermatological procedures are being performed in a safe and efficient manner using up-to-date, evidence-based practices wherever possible. The knowledge, skills, and equipment required to perform a variety of procedures in the office will be reviewed.

W95065 MC Optometry Workshop: The basics 6.5 MC
08:00–16:30 Vu Kiet Tran, MD, MHSc, MBA, CEUS, Richmond Hill, ON; Diana Zhang, Richmond Hill, ON
ROOM / SALLE : 202 A - MTCC NORTH / NORD

Learning objectives:

1. perform a basic eye exam efficiently
2. use the slit lamp and panoptic
3. elaborate differential diagnoses and management plans for most common eye conditions seen in primary care

Description:

As primary care providers, we see many patients with eye complaints, whether they are acute or chronic. It is crucial to perform a good history and physical exam (particularly a good eye exam). Many of us have not had proper training in performing an efficient eye exam. Most of the components of the eye exam can be performed in the primary care office setting and require minimal optometry equipment. Come and learn how to do this efficiently and confidently. Also, come to learn how to diagnose and manage the most common eye conditions seen in the primary care environment.

W101299 MC Collaborating to Manage Constipation in Long-Term/Palliative Care 6.0 MC
08:00–16:00 Arsalan Monavvari, MD, MHSc, CCFP, CHE, CPHQ, Markham, ON
ROOM / SALLE : 201 B - MTCC NORTH / NORD

Learning objectives:

1. build an interprofessional approach to improve and coordinate collaborative care for long-term/palliative patients
2. assess a patient's constipation through history, visual scaling, and physical examination;
3. manage patient's constipation using non-medical and medical treatment, collaborating with an interprofessional team

Description:

This workshop focuses on the management of patients with constipation—from identifying risk factors, causes, and clinical consequences, to developing effective medical and non-medical treatment strategies. Taking a patient-centred approach to care, the workshop elaborates on interprofessional collaboration: essential skills, overcoming barriers, and techniques for improvement, including a situation-briefing model. The workshop incorporates active learning exercises, including case studies, individual reflection, work with a partner, small group exercises, and large group discussion. Debriefs immediately following all exercises enable sharing of small group work. Outcome measures during the program objectively assess participation, as required for Mainpro credit. Mainpro credits are available only to those who complete the exercises during the program, the preparatory work, and the application-to-practice exercises assigned at the end of the session. This workshop is one in a series on best practices in the care of long-term/palliative patients. Each program in the series supports physicians and other health care professionals in developing medical expertise in a specific clinical condition while improving CanMEDS skills. Participants are welcome to attend selected workshops of particular interest or the entire series of four programs.

W101121 MC Cognitive Behaviour Therapy on-the-Fly 6.0 MC
08:00–16:30 Patricia Rockman, MD, CCFP, FCFP, Toronto, ON; TBD
ROOM / SALLE : 201 E - MTCC NORTH / NORD

Learning objectives:

1. describe the principles of CBT for their patients
2. formulate patient psychological difficulties using a cognitive model
3. implement basic cognitive and behavioural interventions for anxiety

Description:

Although family physicians rely primarily on pharmacotherapy to treat depression and anxiety, research and clinical experience suggest that many patients experience only partial relief and still remain vulnerable to relapse if they stop medication. Cognitive behaviour therapy (CBT) is the most empirically supported psychological treatment for anxiety and depression and has also been shown to prevent relapse. In this hands-on, skills-oriented interactive workshop, participants will acquire basic CBT tools that they can integrate into their own general clinical practice.

W101633 MC Pain and Addictions Primer for Family Physicians 6.5 MC
08:00–17:00 Sharon Cirone, MD, CCFP (EM), ASAM (Cert), FCFP, Toronto, ON; Jim Ducharme, MD, Toronto, ON
ROOM / SALLE : 201 A - MTCC NORTH / NORD

Learning objectives:

1. review the updated opioid guidelines
2. understand the treatment and diagnosis of patients with addictions and understand and apply the Canadian guidelines
3. understand the pitfalls associated with opioid treatment of patients with chronic pain

Description:

Patients presenting with the complications of opioid addiction and chronic pain are difficult to manage in the context of a family practice. This one-day course is offered to family physicians with a comprehensive family medicine practice who care for pain/addictions patients, or to those physicians with focused practices in pain and/or addictions care. Topics include introduction, before prescribing opioids, safe opioid prescriptions in the office, comprehensive care in pain patients, titration and monitoring of patients, opioid addiction approaches, urine drug testing, management of patients with high opioid doses, and the downside of opioids. This course was co-developed with Centres for Pain Management.

WT99988 MC Emergency Medicine Review (CAEP) 26.0 MC
08:00–19:00 Mark Mensour, MD, CCFP(EM), Huntsville, ON
ROOM / SALLE : 205AB - MTCC NORTH / NORD

Learning objectives:

1. incorporate up-to-date literature in the practice of emergency medicine and discuss controversies in emergency medicine
2. modify practice using evidence to update patient management strategies
3. improve patient safety by developing an evidence-based approach to patient care

Description:

The CAEP Emergency Medicine Review (EMR) course is an innovative two-day program that consists of a comprehensive review of emergency medicine hot topics and controversies. This program will serve as a review, an update, and a vehicle towards re-validation. EMR incorporates the “Flipped Classroom” strategy and includes online videos, which the participants must view in advance, reading of online text files, responding to questions, and identifying areas that require further clarification. The participants then attend a two-day case-based course where they have the opportunity to have their questions addressed. The cases are based on the topics and content of the videos. Topics covered: ACS emergencies, atrial fibrillation management update, EKG quiz and review, TIA identification and treatment, stroke management, practice-changing articles, trauma management review, sepsis: early identification and management, dermatology review, infectious disease emergencies, ophthalmology review, life-threatening toxicological emergencies, drugs of abuse, and novel anticoagulants. Topics may be subject to change.

(2 day course – Wednesday and Thursday)

W101126 MC Healthy Child Development: Fetal alcohol spectrum disorder and substance use in pregnancy 3.0 MC
08:30–12:00 Pat Mousmanis, MD, CCFP, FCFP, Richmond Hill, ON
ROOM / SALLE : 201 C - MTCC NORTH / NORD

Learning objectives:

1. describe a woman-centred harm reduction approach to problematic substance use in pregnancy
2. describe how various substances (alcohol, nicotine, cannabis, cocaine, opiates) affect the approach to medical care during the prenatal, peripartum, and postpartum periods
3. describe the impact of substances on breastfeeding and newborn care, including how alcohol can lead to fetal alcohol spectrum disorder

Description:

This workshop will provide primary care practitioners with an approach to problematic substance use in pregnancy. A national team of obstetrics and addictions experts developed resources for point-of-care use in the prenatal management of pregnancy complicated by use of common substances such as alcohol, nicotine, cannabis, cocaine, and opiates. A woman-centred harm reduction approach will be showcased with cases to illustrate key management issues, which will include methadone maintenance therapy. Specific management issues for labour and delivery, the postpartum period, newborn care, and breastfeeding will be reviewed. This workshop will also explore strategies for early identification of women at risk for substance use during pregnancy. It will also cover areas relevant to child development and approaches for linkage to community resources to optimize management of common behavioural issues that develop in children affected by this condition.

W99987 MC Difficult IUD Insertions and Endometrial Biopsies (Advanced) 2.0 MC
10:30–12:30 Ellen Wiebe, MD, CCFP, FCFP, Vancouver, BC; Konia Trouton, MD, CCFP, FCFP, Victoria, BC
ROOM / SALLE : 202 B - MTCC NORTH / NORD

Learning objectives:

1. use an intra-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, for emergency contraception, and for treating dysfunctional uterine bleeding in the perimenopause - 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 you to investigate your patients with suspicious perimenopausal or postmenopausal bleeding and quickly rule out endometrial cancer.

WT99988 MC Emergency Medicine Review (CAEP)**26.0 MC****08:00–19:00** Mark Mensour, MD, CCFP(EM), Huntsville, ON**ROOM / SALLE : 205 AB - MTCC NORTH / NORD****Learning objectives:**

1. incorporate up-to-date literature in the practice of emergency medicine and discuss controversies in emergency medicine
2. modify practice using evidence to update patient management strategies
3. improve patient safety by developing an evidence-based approach to patient care

Description:

The CAEP Emergency Medicine Review (EMR) course is an innovative two-day program that consists of a comprehensive review of emergency medicine hot topics and controversies. This program will serve as a review, an update, and a vehicle towards re-validation. EMR incorporates the “Flipped Classroom” strategy and includes online videos, which the participants must view in advance, reading of online text files, responding to questions, and identifying areas that require further clarification. The participants then attend a two-day case-based course where they have the opportunity to have their questions addressed. The cases are based on the topics and content of the videos. Topics covered: ACS emergencies, atrial fibrillation management update, EKG quiz and review, TIA identification and treatment, stroke management, practice-changing articles, trauma management review, sepsis: early identification and management, dermatology review, infectious disease emergencies, ophthalmology review, life-threatening toxicological emergencies, drugs of abuse, and novel anticoagulants. Topics may be subject to change.

(2 day course – Wednesday and Thursday)

T99946 MC **CASTED: Emergency - the hands-on ED orthopedics course (1)** **9.0 MC**
08:00–19:00 Arun Sayal, MD, CCFP(EM), Toronto, ON; Roger Mantero, R. T. (Orthopaed), Toronto, ON
ROOM / SALLE : 206 CD - MTCC NORTH / NORD

Learning objectives:

1. describe key principles of emergency department assessment and management as they apply to patients with acute MSK injuries
2. recognize “red flag” patients based on important findings on the history, physical, and/or x-rays
3. reduce and immobilize (with proper moulding) various 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, order and interpret x-rays better, 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”. Why does a particular injury occur? Why is it often missed? Why can an x-ray miss it? Why do we need to mould some fractures? Focus is on cases that are common, commonly missed, and commonly mismanaged. Four hours of hands-on practice and demos cover the “how”. you will better understand how to reduce, how to immobilize, and how to properly mould. You will have a much better appreciation for the significance of that particular injury - and have more confidence in determining when it needs to be seen in follow-up. Do you call ortho now? In the morning? Have them seen in a day or two? Have them seen next week? By the end of the day, you will have the confidence that you are doing it right! Since 2008, over 160 CASTED courses have been presented across Canada. CASTED has won numerous CME/CPD Awards including the CFPC’s Continuing Professional Development Award. The courses are practical, high-yield, hands-on, and immediately applicable. CASTED promises you an enjoyable day full of numerous clinical pearls you will use on your next shift!

T100242 MC **Airway Intervention and Management in Emergencies (Course 1)** **9.0 MC**
08:00–19:00 Sam Campbell, MD, CCFP(EM), Halifax, NS
ROOM / SALLE : 206 AB - MTCC NORTH / NORD

Learning objectives:

1. be more confident and comfortable in making acute care airway management decisions and will have acquired a practical staged approach to airway management
2. be able to 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 15 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. AIME program includes case-based clinical decision making; new practical algorithms; when, why, and how to perform awake or rapid sequence intubation; unique, customized clinical videos; reinforcement of core skills; introduction to newer alternative devices (optical stylets, video laryngoscopes, and others); exposure to rescue devices (King laryngeal tubes, LMA Supreme, and others). Limited registration to ensure clinician to instructor ratio of 5:1 or 6:1 and clinician to simulator ratios of 2:1.

T95014 MC **ECG Workshop: The basics** **3.0 MC**
08:30–12:00 Vu Kiet Tran, MD, MHSc, MBA, CEUS, Richmond Hill, ON; Boon Chang, MD, CCFP(EM), Toronto, ON
ROOM / SALLE : 203 B - MTCC NORTH / NORD

Learning objectives:

1. determine the rate on an ECG
2. recognize most common arrhythmias pertinent to family medicine practice
3. use ECGs to enhance clinical practice

Description:

This is a small, interactive workshop where the learners will get reacquainted with the skills of ECG interpretation. The workshop is focused on providing the learner practical tips of ECG interpretation with the goal of enhancing clinical practice. It is not just how to interpret ECGs; it is about using ECGs as a tool to help make real-life clinical decisions in family medicine!

T101106 MC Don't Just Do Something – Stand There! Best practices in reducing, unnecessary tests treatments, and care (1) 5.0 MC
10:00–17:00 Jennifer Young, MD, CCFP (EM), Collingwood, ON
ROOM / SALLE : 203 A - MTCC NORTH / NORD

Learning objectives:

1. consider whether it is time to stop prescribing certain classes of drugs
2. understand when it is appropriate to order x-rays
3. determine whether to order blood panels at annual health examinations and feel confident about the appropriate screening for breast, cervical, and colon cancer

Description:

In an interactive workshop setting, participants will explore best practice guidelines and evidence that either supports or refutes many common practices that are part of our workday. Through case-based examples we will review the evidence that might or might not support the use of various tests, screening tools, and treatments, helping the clinician to utilize resources appropriately. Attend and discover what you might be ordering or prescribing that might have no support in the scientific literature. In the words of Spike Lee, "Time to do the right thing."

T101300 MC Conducting Family Meetings for Patients With Delirium in Long-Term/Palliative Care 6.0 MC
10:00–17:30 Arsalan Monavvari, MD, MHSc, CCFP, CHE, CPHQ, Markham, ON
ROOM / SALLE : 201 C - MTCC NORTH / NORD

Learning objectives:

1. discuss end-of-life care philosophies with families and recommend a customized care plan based on personal, cultural, and spiritual preferences
2. differentiate reversible and irreversible causes of delirium, and manage patients' delirium using non-medical and medical treatment, collaborating with an interprofessional team
3. develop medical and ethical competencies to initiate and monitor palliative sedation

Description:

This workshop focuses on the management of patients with delirium, including the various types of delirium, its impact and consequences, etiology, assessment, and effective medical and non-medical treatment strategies. Delirium has significant impact on the patient's family. The workshop presents a step-by-step clinical practice protocol for structuring and managing family meetings, a crucial communication approach for long-term and palliative care patients and their families. The program incorporates active learning exercises, including case studies, individual reflection, small group exercises, and large group discussion. Debriefs immediately following all exercises enable sharing of small-group work. Outcome measures during the program objectively assess participation, as required for Mainpro credit. Mainpro credits are available only to those who complete the exercises during the program, the preparatory work, and the application-to-practice exercises assigned at the end of the session. This workshop is one in a series on best practices in the care of long-term/palliative patients. Each program in the series supports physicians and other health care professionals in developing medical expertise in a specific clinical condition while improving CanMEDS skills. Participants are welcome to attend selected workshops of particular interest or the entire series of four programs.

T101805 MC Managing Chronic Non-Cancer Pain: Assessment, treatment, and responsible prescribing 6.0 MC
10:00–17:30 Robert Hauptman, BMSc, MD, St. Albert, AB; Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON
ROOM / SALLE : 201 B - MTCC NORTH / NORD

Learning objectives:

1. describe the assessment of chronic pain
2. describe ways to do a proper addiction assessment and to employ strategies to mitigate risks in the management of high-risk patients
3. apply appropriate non-pharmacological and pharmacological strategies in treating chronic pain, including in high-risk patients

Description:

Chronic pain affects thousands of Canadians. Currently, epidemiological studies estimate the incidence of chronic pain in Canada to be 20 per cent. Despite the prevalence of chronic pain, undergraduate training in the assessment and management of chronic pain is generally poor. This program is designed to fill in the blanks. Through an interactive program, participants can expect to improve their abilities to assess chronic pain, with particular attention being placed on high-risk patients. Addiction assessment strategies will be discussed, as well as ways of implementing risk mitigation in high-risk populations of patients with chronic pain. Non-pharmacological and pharmacological strategies to manage chronic non-cancer pain will be discussed in this program.

T95028 MC ECG Workshop: Advanced 3.0 MC
14:00–17:30 Vu Kiet Tran, MD, MHSc, MBA, CEUS, Richmond Hill, ON; Boon Chang, MD, CCFP(EM), Toronto, ON
ROOM / SALLE : 203 B - MTCC NORTH / NORD

Learning objectives:

1. recognize Brugada syndrome
2. recognize Wellens' syndrome
3. recognize subtle ECG changes for fatal conditions

Description:

This ECG workshop is targeted to those who already possess basic ECG interpretation skills. Now, let's bring it up a notch! Learn about fatal cardiac conditions that are easily recognized and picked up on an ECG. Did you know about them? How many have you missed in the past? You will miss no more! Come and have fun with us and save a few more lives and feel good about it!

T101133 MC Insomnia: Beyond the basics 3.0 MC
14:00–17:30 José Silveira, MD, FRCPC, Dip ABAm, Toronto, ON
ROOM / SALLE : 201 D - MTCC NORTH / NORD

Learning objectives:

1. learn about setting the "internal clock" and other advanced but easy-to-use behavioural techniques to manage insomnia
2. increase their knowledge and confidence regarding the strategic and safe use of available sedative-hypnotics across the life cycle

Description:

Insomnia is a common complaint in all areas of medicine but patients rely primarily on family physicians for treatment of insomnia. In many cases insomnia is either a transient disruption of an otherwise normal sleep pattern or a symptom of another medical problem and is resolved with relative ease. The latter cases come and go without challenging family physicians. Challenges arise when the usual counseling on basic sleep hygiene and standard hypnotics do not seem to resolve the patient's complaints or when the problem becomes chronic, recurrent, and the primary focus for the patient. This workshop is intended to provide family physicians with the knowledge, skills, and tools required for the management of difficult-to-treat insomnia and will make the management of uncomplicated insomnia feel very easy. Participants will learn about setting the "internal clock" and other advanced but easy-to-use behavioural techniques to manage insomnia. Strategic and safe use of available sedative-hypnotics across the life cycle will be clearly delineated, with the objective of improving participants' confidence in using or not using available medication. Elderly populations are a particular challenge and thus will be a special focus of the workshop. Finally, while the intent of the workshop is to improve your ability to help your patients improve restful sleep, the workshop is designed to be highly interactive and stimulating.

T102469 MC Best Practices for ADHD Across the Lifespan 3.0 MC
14:00–17:30 Ainslie Gray, MD, Toronto, ON
ROOM / SALLE : 201 A - MTCC NORTH / NORD

Learning objectives:

1. outline key components of a holistic medical / educational assessment for ADHD (including available assessment and evaluation tools for both children and adults with ADHD symptoms)
2. explore questions to raise with individuals and families in order to determine and to evaluate co-morbid disorders.
3. discuss the current pharmaceutical options to support identified patients, and offer strategies to complement the best choice of medication / dosages for each patient type.

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 co-morbid diagnoses. For children / adolescents, treatment includes evaluating well-being 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.

T102906 MC This patient drives me crazy! Understanding the doctor-patient relationship using Balint groups

3.0 MC

14:00–17:30 Alan Ng, MBChB, MRCGP, CCFP, FCFP, Ottawa, ON; Dahna Berkson
ROOM / SALLE : 202B - MTCC NORTH / NORD

Learning objectives:

1. describe the methodologies behind Balint groups in order to teach and reflect on the complexities of the doctor-patient relationship
2. experience first hand, under the guidance of trained facilitators, a Balint Group in action
3. understand the value of Balint Groups as a tool for professional development, physician wellness and reflective practice

Description:

Although the doctor-patient relationship is central to family medicine, dysfunctional doctor-patient relationships can lead to tension, resentment, poor outcomes, and burnout in the physician. Balint work is an experiential method that uses small group processes to better understand the dynamics of the doctor-patient relationship. Balint groups are used both as an educational tool in family medicine residencies worldwide as well as amongst groups of experienced family physicians. Balint work facilitates understanding of the complexity and therapeutic potential of the doctor-patient relationship, as well as encouraging and developing empathy even in the face of the most challenging patients. As an educational tool, Balint work can help residents to develop patient-centeredness, empathy and an increased tolerance for uncertainty, complexity and ambiguity, all of which are hallmarks of the specialty of family medicine as well as key competencies of the 'Triple-C curriculum'. Other benefits of Balint work include exploring and discovering the therapeutic possibilities of communicating skillfully with patients, examining one's individual approaches to patients by exploring alternate ways of responding to difficult situations, and providing mutual support to colleagues through small group processes.

THURSDAY • JEUDI

F101620 MC Leadership Development Program: Informal leadership – Oh dear, what can the matter be? 3.0 MC
 08:00–12:30 Anne DuVall, MD, CCFP, FCFP, Barrie, ON
ROOM / SALLE : 201 B - MTCC NORTH / NORD

Learning objectives:

1. explore individual leadership style and personal skill in dealing with challenge
2. apply the LEADS Framework to the case scenario and assess personal learning from the discussion
3. compare various strategies and approaches based on LEADS to resolve the case scenario challenge

Description:

Many family physicians realize that there is more to a family practice than seeing patients. A positive and supportive work environment is what they expect, for themselves, and for their colleagues, staff, and patients. It can be challenging entering a new practice. Even established physicians might realize one day that their work environment has deteriorated over time. Often the first sign of this, and the wake-up call, is patient complaints, or the observations of a new physician joining the practice. This scenario is created to engage the participants in a real-life situation in a family practice where dissatisfaction in the office environment has been identified. The discussion plan is designed to provoke conversation related to common challenges working in a family practice. The Leaders for Life Framework has been utilized to structure the case discussion with an intention to focus learning on skill development at the level of self-management and the skill of being able to engage others in creating change within the workplace.

F101639 MC Healthy Child Development: Preventative care visits for children and adolescents 3.0 MC
 08:00–12:30 Anita Greig, MD, CCFP, FCFP, Toronto, ON
ROOM / SALLE : 202 D - MTCC NORTH / NORD

Learning objectives:

1. describe up-to-date evidence-based preventive care recommendations for school-aged children and adolescents
2. easily use the Greig Health Record checklist for this unique age group
3. easily access and use preventive care resources and patient information handouts in clinical practice

Description:

The Greig Health Record is an evidence-based preventive care tool that has been in use by primary care providers in preventive care visits for school-aged children since 2010. It contains a checklist tool, pages of supplementary resources, and a patient information handout. The Greig Health Record has been updated with current recommendations and evidence for children and adolescents aged 6 to 17. This workshop will review current evidence and provide the participant with an easy approach to preventive care.

F102422 MC PAACT: Men’s Health Update 2015 5.0 MC
 08:00–12:30 David Greenberg, MD, CCFP, Toronto, ON
ROOM / SALLE : 203 B - MTCC NORTH / NORD

Learning objectives:

1. participate in small group case discussion pertaining to prevention and treatment of conditions specific to men
2. be introduced to and review the 2015 Men’s Health Guidelines for Family Practice (“orange book”) and other practice tools
3. review practice pearls related to the importance of early diagnosis and treatment of urological and sexual health conditions

Description:

PAACT: Men’s Health Update 2015 is an independent educational program developed by family physicians about the management of men’s health issues in primary care. Cases include: Urological Health Symptomatic Late-onset Hypogonadism Sexual Health Teaching method: small group, case-based, interactive Materials: New 2015 Men’s Health Guidelines for Family Practice (“orange book”) participant workbook with cases and practice management tools

F101094 MC Emergency Department Procedures Made Easy! 3.0 MC
 08:00–17:00 Vu Kiet Tran, MD, MHSC, MBA, Richmond Hill, ON; Shirley Lee
ROOM / SALLE : 202 A - MTCC NORTH / NORD

Learning objectives:

1. perform a lumbar puncture safely and with confidence
2. perform a paracentesis safely and with confidence
3. perform a thoracocentesis safely and with confidence

Description:

This is a workshop (yes! hands-on practice) for the family doctor who practises emergency medicine and who feels more hands-on experience is needed for some of the most common procedures performed in the emergency department. Such procedures are lumbar puncture, paracentesis, thoracocentesis, knee and shoulder reductions, joint aspirations and injections, and central line insertions. With the advent of bedside ultrasound, some of these procedures can be made safer for the patient and easier to perform for the practitioner. The aim of the workshop is to provide learners with simple-to-use landmarks for these procedures, safety protocols, and knowledge to use ultrasound as an adjunct. The most important component of the workshop is the hands-on practice with mannequins and simulation material.

F99903 MC CASTED: Emergency - the hands-on ED orthopedics course (2) 9.0 MC
08:00–19:00 Arun Sayal, MD, CCFP(EM), Toronto, ON; Roger Mantero, R. T. (Orthopaed), Toronto, ON
ROOM / SALLE : 206 CD - MTCC NORTH / NORD

Learning objectives:

1. describe key principles of emergency department assessment and management as they apply to patients with acute MSK injuries
2. recognize “red flag” patients based on important findings on the history, physical, and/or x-rays
3. reduce and immobilize (with proper molding) various 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, order and interpret x-rays better, 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”. Why does a particular injury occur? Why is it often missed? Why can an x-ray miss it? Why do we need to mold some fractures? Focus is on cases that are common, commonly missed, and commonly mismanaged. Four hours of hands-on practice and demos cover the “how”. You will better understand how to reduce, how to immobilize, and how to properly mold. You will have a much better appreciation for the significance of that particular injury - and have more confidence in determining when it needs to be seen in follow-up. Do you call ortho now? In the morning? Have them seen in a day or two? Have them seen next week? By the end of the day, you will have the confidence that you are doing it right! Since 2008, over 160 CASTED courses have been presented across Canada. CASTED has won numerous CME/CPD Awards including the CFPC’s Continuing Professional Development Award. The courses are practical, high-yield, hands-on, and immediately applicable. CASTED promises you an enjoyable day full of numerous clinical pearls you will use on your next shift!

F101005 MC CASTED: Primary care - the hands-on orthopedics course for family physicians (1) 9.0 MC
08:00–19:00 Nick Christidis, MD, Toronto, ON; Wesley Wong, BSc, PT, Toronto, ON
ROOM / SALLE : 206 EF - MTCC NORTH / NORD

Learning objectives:

1. discuss orthopedic principles as they apply to the assessment, diagnosis, and management of family medicine patients with MSK complaints
2. describe and practise joint injection techniques as they apply to family medicine
3. describe and practise an efficient physical exam of various joints in a family medicine setting

Description:

CASTED: Primary care is the hands-on orthopedics course designed specifically for family physicians. (Please note: this is NOT our CASTED: Emergency course.) During this full-day course, you will learn keys to an efficient orthopedic history; “high yield” physical exam tips, including hands-on practice; clinical pearls on x-ray ordering and interpreting; MSK management principles; tips to identify the “red flag” patients; who needs an MRI, who needs physio, and who needs to see a surgeon; how to perform various joint injections, including hands-on practice; and practical, office-based immobilization options. CASTED: Primary care combines practical case-based lectures with six hands-on stations to review office orthopedics. 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, referral, and treatment. CASTED promises you a day full of numerous clinical pearls that you will use the next day in your office. CASTED faculty include MSK-focused family physicians and physiotherapists selected for their clinical and teaching excellence. CASTED was created and developed by Dr Arun Sayal, MD, CCFP(EM), an emergency physician who also runs a weekly Minor Fracture Clinic at North York General Hospital in Toronto.

F108488 MC Airway Intervention and Management in Emergencies (Course 2) 9.0 MC
08:00–19:00 Sam Campbell, MD, CCFP(EM), Halifax, NS
ROOM / SALLE : 206 AB - MTCC NORTH / NORD

Learning objectives:

1. be more confident and comfortable in making acute care airway management decisions and will have acquired a practical staged approach to airway management
2. be able to 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 15 years. AIME educators are experienced clinical instructors who understand the varied work environments of practicing 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. AIME program includes: Case-based clinical decision making new practical algorithms When, why and how to perform awake or rapid sequence intubation Unique, customized clinical videos Reinforcement of core skills Introduction to newer alternative devices (optical stylets, video laryngoscopes & others) Exposure to rescue devices (King laryngeal tubes, LMA Supreme and others) Limited registration to ensure clinician to instructor ratio of 5 or 6:1 and clinician to simulator ratios of 2:1.

FS101138 MC Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Core 13.25 MC
08:30–16:00 José Pereira, MB ChB, DA, CCFP, MSc, Ottawa, ON; Lori Teeple, MD, CCFP(EM), FCFP, Arkona, ON
ROOM / SALLE : 203C - MTCC NORTH / NORD

Learning objectives:

1. understand the terms “palliative approach to care” and “end-of-life care” and acquire knowledge on pain and symptom management (including psychosocial symptoms) to care for individuals with life-threatening illnesses
2. increase the level of comfort and confidence of primary care health professionals in caring for individuals with life-threatening illnesses
3. promote genuine interprofessional collaboration and acquire knowledge of local interprofessional resources to assist in caring for individuals with life-threatening illnesses

Description:

Since 2001 Pallium Canada has nurtured a pan-Canadian network of academic health leaders and skilled community-practitioner champions with enhanced skills in palliative care services. Together these champions have collaborated in developing, testing, and refining an evidence- and normative-based modular courseware package. The Learning Essential Approaches to Palliative and end-of-life care (LEAP) courseware is an educational program designed for physicians, nurses, pharmacists, and social workers to enhance skills in palliative care respecting the unique challenges and pressures of effectively practising in contemporary primary care environments. It supports a holistic and interdisciplinary approach to care for those experiencing a life-limiting illness, their families, and the informal caregivers who support them. This courseware is informed by Canadian realities and was developed through collaboration with health care professionals and community-practice leaders. Since its inception in 2002, hundreds of professionals (physicians, nurses, pharmacists, and social workers) across Canada have attended this highly rated program. Studies have shown significant improvement in knowledge, comfort levels, and attitudes for those working with palliative patients and their families, post-training. This courseware has been updated in 2014 to reflect updated clinical information and best evidence practices. This courseware has been supported and extensively used throughout the country. LEAP is offered currently as a two-day workshop. The courseware and two-day session provide an opportunity for active learning and interprofessional collaboration. The LEAP courseware consists of 14 modules that integrate current practices in Canadian community settings. LEAP Core covers: Being Aware Taking Ownership Pain Management Essential Conversations Delirium Respiratory Symptoms Decision Making in Palliative Care Advanced Care Planning GI Symptoms, Hydration, and Nutrition Psychosocial and Spiritual Care Last Days and Hours Palliative Sedation Grief Useful Tools and Resources Each module contains overview “learning essentials”, 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 quizzes as part of the continuing learning process.

(2 day course – Friday and Saturday)

F101124 MC Don't Just Do Something – Stand There! Best practices in reducing unnecessary tests, treatments, and care (2) 5.0 MC
10:00–17:00 Frank Martino, MD, CCFP (EM), FCFP, Brampton, ON
ROOM / SALLE : 203 A - MTCC NORTH / NORD

Learning objectives:

1. consider whether it is time to stop prescribing certain classes of drugs
2. understand when it is appropriate to order x-rays
3. determine whether to order blood panels at annual health examinations and feel confident about the appropriate screening for breast, cervical, and colon cancer

Description:

In an interactive workshop setting, participants will explore best practice guidelines and evidence that either supports or refutes many common practices that are part of our workday. Through case-based examples we will review the evidence that might or might not support the use of various tests, screening tools, and treatments, helping the clinician to utilize resources appropriately. Attend and discover what you might be ordering or prescribing that might have no support in the scientific literature. In the words of Spike Lee, “Time to do the right thing.”

F101302 MC Ethical Decision Making and Dyspnea in Long-Term/Palliative Care**6.0 MC****10:00–17:30** Arsalan Monavvari, MD, MHSc, CCFP, CHE, CPHQ, Markham, ON**ROOM / SALLE : 201 C - MTCC NORTH / NORD****Learning objectives:**

1. assess and manage patients' dyspnea and cough using non-medical and medical treatment, collaborating with an interprofessional team
2. recognize palliative sedation as a last resort for refractory dyspnea and cough
3. describe a shared decision-making framework for patients and their families, addressing the ethical dimensions of end-of-life care

Description:

This workshop focuses on the management of patients with dyspnea: the etiology of dyspnea, contributing factors, differential diagnosis, assessment, and effective medical and non-medical treatment strategies. Dyspnea is one of the most common symptoms at end of life. The workshop presents a shared model for professional, ethical decision making, involving the patient and family as well as other health care providers. The program incorporates active learning exercises, including case studies, small group exercises, and large group discussion. Debriefs immediately following all exercises enable sharing of small group work. Outcome measures during the program objectively assess participation, as required for Mainpro credit. Mainpro credits are available only to those who complete the exercises during the program, the preparatory work, and the application-to-practice exercises assigned at the end of the session. This workshop is one in a series on best practices in the care of long-term/palliative patients. Each program in the series supports physicians and other health care professionals in developing medical expertise in a specific clinical condition while improving their CanMEDS skills. Participants are welcome to attend selected workshops of particular interest or the entire series of four programs.

F101926 MC Lots of Practical Pearls for Managing Asthma and COPD in Family Medicine**6.0 MC****10:00–17:30** Tony D'Urzo, MD, BPHE, MSc, CCFP, FCFP, Toronto, ON; Katrina D'Urzo, BKin, Toronto, ON**ROOM / SALLE : 202 B - MTCC NORTH / NORD****Learning objectives:**

1. understand important strategies relating to asthma and COPD management using practical pearls, cases, and content from the Canadian asthma and COPD guidelines
2. review simple spirometry interpretation strategies using lots of real-world cases that highlight the spirometric overlap between asthma and COPD
3. develop strategies to minimize the risk of disease misclassification and to select appropriate therapies among an explosion of new medications

Description:

An important challenge faced by family physicians is distinguishing between asthma and chronic obstructive pulmonary disease (COPD), given the clinical and spirometric overlap between these conditions. In some instances, simple spirometry can quickly exclude a diagnosis of COPD at point of testing. Although a number of affordable, portable hand-held spirometers are available, spirometry continues to be underutilized in the primary care setting. Challenges related to interpretation of spirometric data have been cited as a barrier to implementation of spirometry in clinical practice. Given the spirometric overlap between COPD and asthma, the risk of disease misclassification must be recognized and minimized with the utilization of a systematic approach to spirometry interpretation (SI). This workshop will provide a very pragmatic, evidence-based, and user-friendly approach to SI in primary care. A recently published paper (He X-O, D'Urzo A, Jugovic P, Jhirad R, Sehgal P, Lilly E. Differences in spirometry interpretation algorithms: Influence on decision making among primary care physicians. *NPJ Prim Care Respir Med* 2015;25:15008.) by some members of the Primary Care Respiratory Alliance of Canada will be used, along with many cases, to describe an approach to SI that can be easily adopted in primary care. Spirometric confirmation of COPD and asthma facilitates selection of appropriate therapeutic intervention. Long-acting bronchodilator monotherapy in COPD is linked to improvements in a number of clinically relevant endpoints and is considered first-line therapy for patients with persistent symptoms. By contrast, in asthma the use of long-acting 2-agonists as monotherapy is contraindicated, due to reports of increased mortality. In some patients, the addition of inhaled corticosteroids (ICS) to long-acting 2-agonists provides additional benefit in COPD control. Given the pharmacotherapeutic, spirometric, and clinical overlap between asthma and COPD, differentiation of these common chronic conditions is essential for appropriate management, particularly since therapies such as long-acting muscarinic receptor antagonists, traditionally reserved for COPD therapy, are now showing considerable promise in asthma care as well. This workshop will also provide a pragmatic state-of-the-art review of all the new therapies approved for asthma and COPD management.

F102498 MC Scholarship and Innovation in Medical Education (SIME) 6.0 MC
10:00–17:30 Patti McCarthy, BSC, MSC, PHD, St. John's, NL
ROOM / SALLE : 201 D - MTCC NORTH / NORD

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

Description:

This workshop, offered by the Canadian Association for Medical Education (CAME), is designed for medical educators interested in undertaking educational research. Described as the systematic study of activities related to teaching, participants will consider their own teaching practice in order to plan a scholarly project. Participants will develop a research/work plan and consider strategies required to implement and disseminate the resulting products. 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. This session will offer a mix of large- and small-group interaction with an expert facilitator.

F101134 MC Leadership Development Program: Informal leadership – 3.0 MC
14:00–17:30 **Being a change champion is hard work**
 Anne DuVall, MD, CCFP, FCFP, Barrie, ON
ROOM / SALLE : 201 B - MTCC NORTH / NORD

Learning objectives:

1. explore their individual leadership style and skills in dealing with a challenge
2. apply the LEADS Framework to the case scenario
3. compare various strategies and approaches based on the LEADS Framework to resolve the case scenario challenge

Description:

Family physicians often work in team-based settings. While collaborative teams can enhance patient care and professional satisfaction, collaborative teams can be challenging to build, especially if you are not in a formal leadership position with authority. This case scenario is designed to stimulate a discussion of how a “change champion” is created and how a change champion, without the benefit of formal leadership, title, or authority, can exert informal leadership to achieve change. The Leaders for Life Framework has been utilized to structure and to facilitate the case discussion, with a focus on leadership skill development in self-management, engaging others, and developing coalitions.

F101622 MC Managing Uncertainty: A novel approach to undifferentiated mental disorders 3.0 MC
14:00–17:30 José Silveira, MD, FRCPC, Dip ABAM, Toronto, ON
ROOM / SALLE : 201 A - MTCC NORTH / NORD

Learning objectives:

1. learn a novel approach to the management of mental disorders that is organized around risk, function, and symptoms (RFS)
2. apply the RFS model to clinical cases and be able to apply the RFS model to clinical practice
3. learn the critical risks, functional impairments, and symptoms of distress that might go undetected in the undifferentiated presentation of mental disorders

Description:

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 highly organized approach to assessment and management will target the physician's attention on the following questions in order of priority: What do I need to do today? What should I address soon? What do I need to think about over the longer term? The premise of this model is that the diagnosis of mental disorders often declares itself over time but that patients often require treatment before there is diagnostic clarification. Concentrating on diagnostically focused assessment might result in a delay between when practitioners identify problems and when they actually feel able to intervene. Such delays can result in the missing of key opportunities to provide treatment when critical treatment decisions need to be made. Lack of diagnostic certainty and the idea that treatment is dependent on it likely increase physician anxiety and discomfort in treating these conditions. We will organize our thinking around assessment and management to quickly and clearly identify potential risks to patients and others, delineate the patient's functional impairments that might require clinical attention, and identify critical symptoms. These finite categories will guide information gathering and behaviour. This session will be highly interactive and will use clinical cases to both explore and apply the model.

F101638 MC Women's Hands-On Gynecological Procedures: Benign uterine conditions 3.0 MC
14:00–17:30 Christiane Kuntz, MD, CCFP, FCFP, Gloucester, ON; Cathy Caron, MD, CCFP, FCFP, Ottawa, ON
ROOM / SALLE : 202 C - MTCC NORTH / NORD

Learning objectives:

1. diagnose and manage five benign uterine conditions: fibroids, abnormal uterine bleeding, endometriosis, chronic pain, and pelvic organ prolapse
2. learn techniques of performing endometrial biopsies and fitting, inserting, and caring for pessaries
3. learn techniques of inserting intrauterine contraceptive devices (levonorgestrel-IUS)

Description:

This workshop will briefly review an updated approach to the diagnosis and management of five benign uterine conditions (fibroids, abnormal uterine bleeding, endometriosis, chronic pelvic pain, and pelvic organ prolapse). Using state-of-the-art models, participants will learn techniques for performing endometrial biopsies; inserting the levonorgestrel-releasing intrauterine system (levonorgestrel-IUS); and fitting, inserting, and caring for pessaries. This is a hands-on, interactive workshop.

F101636 MC Treating Poverty: An approach to office-based poverty interventions and income replacement programs for family physicians 3.5 MC
14:00–18:00 Larisa Eibisch, MD, CCFP, Toronto, ON; Gary Bloch, MD, CCFP, Toronto, ON
ROOM / SALLE : 202 D - MTCC NORTH / NORD

Learning objectives:

1. explore a simple three-step approach to intervening into individual patients' poverty in a primary care setting and examine ethical challenges that arise in helping patients navigate the income security system
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. learn about three accessible, user-friendly Web-based resources that can be used to navigate income-support systems in clinical practice and become familiar 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 teaching 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.

F102447 MC PAACT Anti-infective – 2015 Update 5.0 MC
14:00–18:00 John Jordan, MD, CCFP, MCIsc, FCFP, London, ON; Frank Martino, MD, CCFP (EM), FCFP, Brampton, ON; Peter Kuling, MD, CCFP, FCFP, Ottawa, ON
ROOM / SALLE : 203 B - MTCC NORTH / NORD

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 the practice

Description:

PAACT Anti-infective – 2015 Update 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 for Community-Acquired Infections ("orange book"); participant manual; viral prescription pads Teaching method: interactive, case-based, small group.

S95069 MC Decision-Making Capacity Assessment 3.0 MC
08:00–12:00 Lesley Charles, MBChB, CCFP, Dip COE, Edmonton, AB; Karenn Chan, MD, CCFP, Edmonton, AB
ROOM / SALLE : 202A - MTCC NORTH / NORD

Learning objectives:

1. acquire knowledge of the guiding principles in assessment of capacity
2. appraise a Capacity Assessment process reviewing Capacity Assessment worksheets used in this process
3. explore an interdisciplinary approach to Capacity Assessment and apply the above information in assessment of capacity through case examples

Description:

As the life expectancy of Canadians and prevalence of complex chronic health conditions continue to rise, assessment of independent decision-making capacity emerges as an issue of increasing importance. Toward this end, the Decision-Making Capacity Assessment (DMCA) Model was developed to facilitate a process by which the least restrictive and intrusive means of support can be determined and offered to persons whose decision making has come into question. Many physicians do not feel prepared to assess capacity from their residency training. Physicians play a key role in capacity assessment as they are able to declare persons incapable. They thus often require additional training once in practice. An educational workshop has been developed on the DMCA process. This was based on an initial Capacity Assessment Professional Opinion Survey by Covenant Health (formerly Caritas) in Edmonton, which identified this as an area that required interdisciplinary staff training in 2006. There were increased costs of poorly conducted capacity assessments. The study identified a lack of knowledge, skill set, standardized method/tools/guidelines, coordination, and role definition, plus the issue of resource allocation. A process was proposed with front-end screening/problem solving, a well-defined standardized assessment, and definition of team members' roles. A care map was developed based on this process. Documentation was developed consisting of a capacity assessment database and patient interview for formal capacity assessment. Interactive workshops, administered to familiarize staff with the model, include concepts of capacity, the protocol, documents, and case studies. A feasibility study looking at three acute-care sites in Edmonton confirmed that this process addressed the issues of lack of knowledge, skill set, etc. This three-hour workshop is now being offered to physicians given their pivotal role in capacity assessment. This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 3 Mainpro-C credits and 0 Mainpro-M1 credits.

S99296 MC Medical Record Keeping 6.5 MC
08:00–16:30 Susan Deering, MD, MS, CCFP, Toronto, ON
ROOM / SALLE : 201 F - MTCC NORTH / NORD

Learning objectives:

1. identify the benefits of keeping good medical records for patients, their families, other medical providers, and themselves
2. define the requirements of complete medical records and evaluate the relevance and impact of electronic medical records to their own practice
3. assess and improve their medical records in practice by revising and applying record-keeping tools

Description:

The medical record-keeping workshop supports physicians and other licensed health care providers to improve their medical record-keeping to ensure quality of care, continuity of care, assessment of care, and evidence of care. Participants will assess their medical records using criteria defined in the CPSO Medical Records Policy and, using practice tools that facilitate compliance, improve their medical records. The workshop offers several active learning exercises. These include individual reflection, work with a partner, small group exercises, and large group discussion. All exercises are debriefed immediately afterwards, enabling sharing of fruitful small group work. Outcome measures during the program enable objective assessment of participation in the program, an essential measure for Mainpro credit. Mainpro credits are available only to those who complete the exercises during the program, the preparatory work, and the application to practice exercises assigned at the end of the program.

S101007 MC CASTED: Fracture clinic - the hands-on follow-up orthopedics course 8.5 MC
08:00–18:30 Arun Sayal, MD, CCFP (EM), Toronto, ON; Roger Mantero, R. T. (Orthopaed), Toronto, ON
ROOM / SALLE : 206 CD - MTCC NORTH / NORD

Learning objectives:

1. describe orthopedic principles as they apply to the assessment, diagnosis, and management of patients with minor fracture and acute MSK injuries
2. describe and practise the physical exam for patients with acute extremity injuries
3. demonstrate proper casting techniques for minor fractures, proper cast removal, and indications for removable splints

Description:

CASTED: Fracture clinic is the hands-on follow-up orthopedics course. This course helps family doctors who follow up patients with fractures and acute MSK injuries. (Please note: this course is NOT our CASTED: Emergency course.) The case-based lectures highlight practical and important management principles one needs to know to properly manage these patients. Numerous cases will be reviewed to show how these principles inform our approach. For follow-up of patients with minor fractures: Which fractures are "safe" to treat? Which are "red flags" and need referral? When to x-ray? When is it healed? When to return to sports? Hands-on application of fiberglass casts; how to manage complications of healing. For follow-up of patients with acute soft-tissue injuries: Clinical pearls when examining the acute shoulder, elbow, knee, and ankle; hands-on physical exam review; how to manage injuries to various joints; who needs further imaging? When to bone scan, U/S, CT, or MRI? When to refer to physio? to ortho? Understand when a fracture/injury has healed, when to return to sports, and which complications to watch out for along with strategies to manage them. For soft tissue injuries, the lectures review which patients warrant further imaging (U/S, MRI, CT, or bone scan) and which need referral to our specialist colleagues. The hands-on sessions focus on tips and tricks to properly apply and mold fibreglass casts and indications for removable splints. Additionally, a detailed review of the MSK physical exam is valuable in understanding how to 'put it all together'. CASTED: Fracture clinic covers adults and peds; upper extremity and lower; fractures and soft-tissue injuries. Numerous clinical pearls are offered; the results are increased understanding of MSK injuries and improved clinical confidence in managing these patients. Over 150 CASTED courses have been presented across Canada since 2008. The courses are high-yield, hands-on, clinically relevant, and practice-changing.

S99935 MC CASTED: Primary care - the hands-on orthopedics course for family physicians (2) 9.0 MC
08:00–19:00 Nick Christidis, MD, Toronto, ON; Wesley Wong, BNSc, PT, Toronto, ON
ROOM / SALLE : 206 EF - MTCC NORTH / NORD

Learning objectives:

1. discuss orthopedic principles as they apply to the assessment, diagnosis, and management of family medicine patients with MSK complaints
2. describe and practise joint injection techniques as they apply to family medicine
3. describe and practise an efficient physical exam of various joints in a family medicine setting

Description:

CASTED: Primary care is the hands-on orthopedics course designed specifically for family physicians.

(Please note: This is NOT our CASTED: Emergency course.)

During this full day course, you will learn keys to an efficient orthopedic history; "high yield" physical exam tips, including hands-on practice; clinical pearls on x-ray ordering and interpreting; MSK management principles; tips to identify the "red flag" patients; who needs an MRI, who needs physio, and who needs to see a surgeon; how to perform various joint injections, including hands-on practice; and practical, office-based immobilization options.

CASTED: Primary care combines practical case-based lectures, with six hands-on stations to review office orthopedics.

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, referral, and treatment. CASTED promises you a day full of numerous clinical pearls that you will use the next day in your office.

CASTED faculty include MSK-focused family physicians and physiotherapists selected for their clinical and teaching excellence.

CASTED was created and developed by Dr Arun Sayal, MD, CCFP(EM), an emergency physician who also runs a weekly Minor Fracture Clinic at North York General Hospital in Toronto.

S101108 MC Behavioural and Psychological Symptoms of Dementia (BPSD): 3.0 MC
08:00–12:00 Applying the P.I.E.C.E.S. framework for effective clinical management of BPSD
 Andrea Mozer, MD, Toronto, ON
ROOM / SALLE : 201 D - MTCC NORTH / NORD

Learning objectives:

1. assess and interpret common behavioural and psychosocial problems seen in patients affected by dementia, whether they live at home or in a long-term-care home.

Description:

Participants will assess and interpret common behavioural and psychosocial problems seen in patients affected by dementia, whether they live at home or in a long-term-care home; present the risks, benefits, and appropriate dose range of medications that are currently recommended for BPSD that may respond to pharmacological treatment for the purpose of obtaining informed consent; support health care team members in the monitoring of common side effects of drugs that may be used in the treatment of BPSD; and support health care team members in the utilization of the P.I.E.C.E.S. assessment framework and the application of principles outlined in U-FIRST for the implementation of non-pharmaceutical approaches.

S101303 MC Addressing Fatigue and End-of-Life Discussions With Long-Term/Palliative Care Patients 6.0 MC
08:00–16:00 Arsalan Monavvari, MD, MHSc, CCFP, CHE, CPHQ, Markham, ON
ROOM / SALLE : 201 A - MTCC NORTH / NORD

Learning objectives:

1. address questions from patients regarding treatment, prognosis, and end-of-life care
2. recognize the multidimensional factors of fatigue, including biological, psychological, social, and spiritual factors
3. manage patients' fatigue using non-medical and medical treatment, collaborating with an interprofessional team

Description:

This workshop focuses on the management of patients with the multidimensional condition of fatigue and considers its physiology, contributing factors, assessment, and effective medical and non-medical treatment strategies. Patients' fatigue has profound impact on the patients, their families, and their health care providers. The workshop presents a patient-centred communication framework for introducing and conducting end-of-life discussions with patients. The program incorporates active learning exercises, including case studies, work with a partner, small group exercises, and large group discussion. Debriefs immediately following all exercises enable sharing of small group work. Outcome measures during the program objectively assess participation, as required for Mainpro credit. Mainpro credits are available only to those who complete the exercises during the program, the preparatory work, and the application-to-practice exercises assigned at the end of the session. This workshop is one in a series on best practices in the care of long-term/palliative patients. Each program in the series supports physicians and other health care professionals in developing medical expertise in a specific clinical condition while improving their CanMEDS skills. Participants are welcome to attend selected workshops of particular interest or the entire series of four programs.

S101629 MC Joint Assessment Made Easy 6.0 MC
08:00–16:30 Janice Harvey, MD, CCFP, FCFP, DipSportMed, Hamilton, ON
ROOM / SALLE : 202 C - MTCC NORTH / NORD

Learning objectives:

1. learn the most current and advanced diagnostic techniques
2. bring diagnostic skills to the current state of practice
3. better assess ankle, back, shoulder, knee, and hip joint problems

Description:

Musculoskeletal joint assessment and musculoskeletal examination are critical components of correctly diagnosing joint injury and managing disease. Health practitioners can be faced with a variety of presentations each day in their practices. Keeping on top of the most current and advanced diagnostic techniques is critical to positive patient outcomes and timely recovery. Don't miss out on this comprehensive workshop, which will bring your diagnostic skills to the current state of practice. Assessments covered include ankle, back, shoulder, knee and hip.

5.0 MC
5.02436 MC PAACT Respiratory (COPD/Asthma) – 2015 Update **5.0 MC**
08:00–12:00 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON; John Jordan, MD, CCFP, MCISc, FCFP, London, ON
ROOM / SALLE : 203 B - MTCC NORTH / NORD

Learning objectives:

1. participate in small group case discussion pertaining to treatment of respiratory conditions commonly seen in family practice
2. be introduced to the new edition of the Respiratory (Asthma/COPD) Guidelines for Family Practice and review significant changes/additions from the previous edition
3. review practice pearls on a case-by-case basis

Description:

PAACT Respiratory (COPD/Asthma) – 2015 Update is an independent educational program developed by family physicians and based on the 2015 Respiratory (Asthma/COPD) Guidelines for Family Practice. Cases are designed to highlight respiratory ailments seen commonly in primary care and include: AECB/AECOPD COPD COPD/Asthma Differentiation Pediatric Asthma Adult Asthma Materials: New 2015 (3rd edition) Respiratory (Asthma/COPD) Guidelines for Family Practice (“orange book”); participant manual Teaching method: interactive, case-based, small group

5.0 MC
5.02445 MC PAACT (Partners for Appropriate Community Therapy): Anemia – 2015 Update **5.0 MC**
08:00–12:00 Frank Martino, MD, CCFP (EM), FCFP, Brampton, ON; John Jordan, MD, CCFP, MCISc, FCFP, London, ON; Peter Kuling, MD, CCFP, FCFP, Ottawa, ON
ROOM / SALLE : 203 B - MTCC NORTH / NORD

Learning objectives:

1. review and discuss diagnosis and treatment of common anemias
2. acquire relevant, evidence-based support in managing anemia, whether it presents by itself or as an adjunctive condition
3. take the opportunity to acquire feedback on situations participants are unsure of how to resolve

Description:

PAACT: Anemia – 2015 Update is an independent educational program developed by family physicians. Based on the latest 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 Cancer-related anemia (time-permitting) Materials: New 2014 Anemia Guidelines for Family Medicine (“orange book”); participant manual; patient education materials

13.25 MC
FS101138 MC Learning Essential Approaches to Palliative and End-of-Life Care (LEAP) Core **13.25 MC**
08:30–16:00 José Pereira, MB ChB, DA, CCFP, MSc, Ottawa, ON; Lori Teeple, MD, CCFP(EM), FCFP, Arkona, ON
ROOM / SALLE : 203 C - MTCC NORTH / NORD

Learning objectives:

1. understand the terms “palliative approach to care” and “end-of-life care” and acquire knowledge on pain and symptom management (including psychosocial symptoms) to care for individuals with life-threatening illnesses
2. increase the level of comfort and confidence of primary care health professionals in caring for individuals with life-threatening illnesses
3. promote genuine interprofessional collaboration and acquire knowledge of local interprofessional resources to assist in caring for individuals with life-threatening illnesses

Description:

Since 2001 Pallium Canada has nurtured a pan-Canadian network of academic health leaders and skilled community-practitioner champions with enhanced skills in palliative care services. Together these champions have collaborated in developing, testing, and refining an evidence- and normative-based modular courseware package. The Learning Essential Approaches to Palliative and end-of-life care (LEAP) courseware is an educational program designed for physicians, nurses, pharmacists, and social workers to enhance skills in palliative care respecting the unique challenges and pressures of effectively practising in contemporary primary care environments. It supports a holistic and interdisciplinary approach to care for those experiencing a life-limiting illness, their families, and the informal caregivers who support them. This courseware is informed by Canadian realities and was developed through collaboration with health care professionals and community-practice leaders. Since its inception in 2002, hundreds of professionals (physicians, nurses, pharmacists, and social workers) across Canada have attended this highly rated program. Studies have shown significant improvement in knowledge, comfort levels, and attitudes for those working with palliative patients and their families, post-training. This courseware has been updated in 2014 to reflect updated clinical information and best evidence practices. This courseware has been supported and extensively used throughout the country. LEAP is offered currently as a two-day workshop. The courseware and two-day session provide an opportunity for active learning and interprofessional collaboration. The LEAP courseware consists of 14 modules that integrate current practices in Canadian community settings. LEAP Core covers: Being Aware Taking Ownership Pain Management Essential Conversations Delirium Respiratory Symptoms Decision Making in Palliative Care Advanced Care Planning GI Symptoms, Hydration, and Nutrition Psychosocial and Spiritual Care Last Days and Hours Palliative Sedation Grief Useful Tools and Resources Each module contains overview “learning essentials”, 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 quizzes as part of the continuing learning process.

(2 day course – Friday and Saturday)

S99574 MC Social CBT: High-impact tools for improving social satisfaction 3.0 MC
08:30–12:00 Greg Dubord, MD, Toronto, ON; Ainslie Mihalchuk, MD, CCFP, Winnipeg, MB; Faith Paterson, MD, CCFP, Toronto, ON; Marc Clark, MD, CCFP, Edmonton, AB
ROOM / SALLE : 205 AB - MTCC NORTH / NORD

Learning objectives:

1. learn over 25 CBT tools useful for improving any relationship
2. learn tools to help patients overcome social anxiety, real and perceived transgressions, and bereavement (DSM-5)
3. learn the 10-minute couples counseling technique

Description:

Chronic loneliness corrodes both emotional and physical health. The “loneliness epidemic” leads many patients to (mis)use your office as their primary source of social support. The physician’s burden can be very heavy. State-of-the-art cognitive behaviour therapy (CBT) provides the family physician with much more than the typical advice of “join a club.” Upon completing the Social CBT workshop you’ll have dozens of practical tools to improve the relations between friends, colleagues, and couples. Special topics include 10-minute couples counseling, tips for overcoming social anxiety, scientific determinants of friendship, bereavement in DSM-5, and the science and art of forgiveness. Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and CPD Director for CBT Canada. He is the leading advocate of medical CBT—the integration of cognitive behaviour therapy’s tested techniques into normal family practice appointments. Greg has given over 300 CBT workshops (including nearly 50 for the CFPC’s Family Medicine Forum), and is a recipient of the University of Toronto’s CME Teacher of the Year award. The sponsor of this workshop (CBT Canada) is a winner of the CFPC’s national CPD Program Award for its Certificate in Medical CBT (CMCBT) workshops. See www.cbt.ca for details.

S100963 MC Environment-Linked Illnesses: Chronic pain, fatigue, and chemical intolerance 3.0 MC
08:30–12:00 linked to environment exposures; office assessment and management
 John Molot, MD, CCFP, FCFP, Toronto, ON; Alison Bested, MD, Toronto, ON
ROOM / SALLE : 201 B - MTCC NORTH / NORD

Learning objectives:

1. include exposure history and use appropriate ruling-out tests to evaluate the impact and treat environmental/dietary influences on health
2. diagnose and treat patients with ME-CFS, fibromyalgia, and ES-MCS using the current consensus criteria
3. assess the degree of patient disability and document findings on insurance forms

Description:

Pain, fatigue, rashes, and breathing and neuroendocrine problems are very common symptom presentations in the office. They pose challenges to rule out readily treatable medical and environmental determinants and to diagnose chronic complex, frequently disabling, and often invisible medical conditions such as myalgic encephalomyelitis-chronic fatigue syndrome (ME-CFS), fibromyalgia, and environmental sensitivities-multiple chemical sensitivities (ES-MCS). According to the Canadian Community Health Survey, these conditions are surprisingly prevalent, together rivaling the numbers for diabetes or heart disease. This session, through practice aids, case examples, and discussion, brings practical medical information and practice tools to diagnose and effectively manage this neglected patient population.

S101123 MC Practical Office Management of Comorbid Alcohol and Anxiety Disorders 3.0 MC
08:30–12:00 José Silveira, MD, FRCPC, Dip ABAM, Toronto, ON
ROOM / SALLE : 201 E - MTCC NORTH / NORD

Learning objectives:

1. understand the difference between symptoms of MDE caused by alcohol (alcohol-induced MDE) and symptoms of MDE that co-exist with alcohol misuse but are not exclusively caused by alcohol
2. identify alcohol misuse in patients presenting with symptoms of MDE
3. manage true comorbid alcohol misuse and MDE with the goal of achieving remission in both MDE and alcohol misuse and managing relapses over the lifetime course of the illnesses

Description:

What clinical challenges are presented by comorbid alcohol misuse and major depressive episodes (MDE)? This module provides primary-care providers with practical information to identify patients with MDE and alcohol misuse and to manage these patients over the course of their illness. The module is divided into the following sections: How do I identify comorbid alcohol misuse and MDE? How do I assess alcohol misuse and MDE? How do I manage alcohol misuse and MDE?

S99575 MC Enhancing Personal Effectiveness: Leveraging CBT tools to live a more successful life 3.0 MC
13:30–17:00 Greg Dubord, MD, Toronto, ON; Ainslie Mihalchuk, MD, CCFP, Winnipeg, MB;
Faith Paterson, MD, CCFP, Toronto, ON; Marc Clark, MD, CCFP, Edmonton, AB
ROOM / SALLE : 205 AB - MTCC NORTH / NORD

Learning objectives:

1. learn the common psychological barriers to optimizing personal performance
2. learn dozens of CBT tools for overcoming common psychological performance barriers
3. gain first hand experience with success enhancing techniques within the workshop

Description:

Today's cognitive behaviour therapy provides many scientifically tested tools to help growth oriented individuals "self actualize" (ie, optimize their personal potential). State of the art CBT includes a collection of powerful techniques for overcoming procrastination, optimizing time management, decreasing rumination, letting go of the past, silencing self criticism—and improving decision making. This module will equip you with versatile CBT tools to boost the functioning and improve the mental health of patients, dependants—and the ongoing project called "you". Greg Dubord, MD is an Assistant Professor of Psychiatry at the University of Toronto, and CPD Director for CBT Canada. He is the leading advocate of medical CBT—the integration of cognitive behaviour therapy's tested techniques into normal family practice appointments. Greg has given over 300 CBT workshops (including nearly 50 for the CFPC's Family Medicine Forum), and is a recipient of the University of Toronto's "CME Teacher of the Year" award. The sponsor of this workshop (CBT Canada) is a winner of the CFPC's national "CPD Program Award" for its Certificate in Medical CBT (CMCBT) workshops. See www.cbt.ca for details.