

**TWO-CREDIT-PER-HOUR CERTIFIED MAINPRO+ WORKSHOPS (FORMERLY MAINPRO-C)
ATELIERS CERTIFIÉS MAINPRO+ : DEUX CRÉDITS PAR HEURE (ANCIENNEMENT MAINPRO-C)****PRE-REGISTRATION REQUIRED / PRÉINSCRIPTION OBLIGATOIRE****W132835****IUD Insertions and Endometrial Biopsies****09:00–11:30**

Ellen Wiebe, MD, CCFP, FCFP, Vancouver, BC; Konia Trouton, MD; Renee Hall, MD

This Group Learning session has been certified by the College of Family Physicians of Canada for 4 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$200

Learning Objectives:

1. use an intra-cervical block
2. provide endometrial biopsies
3. troubleshoot difficult IUD insertions

Description:

Now that copper and levonorgestrel IUDs are recommended for a much wider variety of women—teens, emergency contraception, and treating dysfunctional uterine bleeding in the 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 gain skills in IUD insertion. The facilitators are family doctors who run IUD clinics, and who will share their experience with clinical equipment and techniques to simplify the challenging IUD insertion. All 14 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 practise with plastic models so that you can feel confident about adding IUD insertion to your practice. Any doctor who can insert an IUD can also conduct an endometrial biopsy. This will allow you to investigate your patients with suspicious peri- or post-menopausal bleeding and quickly rule out endometrial cancer.

W136561**Behavioural and Psychological Symptoms of Dementia (BPSD): Applying the P.I.E.C.E.S. framework for effective clinical management****09:00–12:30**

Kerstin Mossman, CCFP (COE), Barrie, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$362.50

Learning Objectives:

1. assess and interpret common behavioural and psychosocial problems in patients affected by dementia living at home or in long-term-care
2. present the risks, benefits, and appropriate dosages for patients that may respond to pharmacological treatment to obtain informed consent
3. support health care team members to monitor side effects, use the P.I.E.C.E.S. framework, and apply non-pharmaceutical approaches outlined in U-FIRST

Description:

Participants will access and interpret common behavioural and psychological symptoms of dementia (BPSD) problems seen in patients affected by dementia, whether the patients live at home in the community or in a long-term-care home. The presentation will focus on the risks, benefits, and appropriate dose range of medications that are currently recommended for BPSD. In addition, it will support health care team members in the monitoring of common side effects of drugs that may be used in the treatment of BPSD. Furthermore, health care team members will be knowledgeable about the use of the P.I.E.C.E.S. assessment framework and applying principles outlined in U-FIRST for implementing non-pharmaceutical approaches.

W136476**Difficult Patients: Techniques for managing the patients who drain you****09:00–12:30**

Greg Dubord, MD, CPD Director, CBT Canada, Toronto, ON; Rick Buck, MD, CCFP (EM), FCFP, Lethbridge, AB; Marc Clark, MD, CCFP, Edmonton, AB; Peter Duffy, MD, CCFP (EM), FCFP, Ottawa, ON; Angie Hong, MD, CCFP, North York, ON; Rosanna Lima, MD, PhD, CCFP, Vancouver, BC; Ainslie Mihalchuk, MD, CCFP, Winnipeg, MB; Paul Murphy, MD, CCFP, Sydney, NS; Hima Murty, MD, CCFP, Ottawa, ON; Joyce Tsang, MD, CCFP, Vancouver, BC; Catherine Yanchula, MD, FCFP, Windsor, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 9 Three-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$495

Learning Objectives:

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

Description:

When you review your appointment list for the day, do some names lead to a “heart sink” feeling? Odds are that some patients disproportionately drain you—that is, until you get the appropriate training in cognitive behavioural therapy’s (CBT’s) “psycho-judo.” In this

workshop, we review practical and powerful tools to supplement your existing approaches to three conditions that needlessly deplete the caring physician: borderline personality disorder, hypochondriasis (illness anxiety disorder in DSM-5; IAD), and suicidality. According to recent research, about 75% of patients with borderline personality disorder no longer meet diagnostic criteria after 2 years of CBT. There are many CBT tools you're likely not currently using that could measurably improve outcomes—both for your patients and therefore for you as their earnest treating physician. Even though all your hypochondriacs were “cured” with DSM-5, they remain in your practice as IAD sufferers. Unbeknownst to most primary care physicians, there are now over a dozen randomized control trials (RCTs) demonstrating the value of CBT in treating those with IAD. A 2014 British RCT involving 444 patients found a sustained symptomatic benefit a full 2 years into follow-up. Although all hypochondriacs eventually die of something (often something they'd worried about at some point in their hypochondriacal careers), CBT can help relieve their suffering along the way (and yours as well). Suicide is feared by all. But what exactly does the research say about our ability to screen for those at high risk? How well can we ever expect to be able to predict the future behaviour of other people? And what exactly do the latest RCTs say about how to best treat those at high risk? This module concludes with over 20 specific things you might say to reach the patient in front of you. Life is indeed very much worth living. The overall goal of CBT for difficult patients is to teach you many techniques that can significantly improve patient outcomes—while making your life a lot easier.

W136519 Parenting and Attachment: Strategies for helping parents in your practice**09:00–15:00** William Watson, CCFP, FCFP, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 8 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$525

Learning Objectives:

1. apply the attachment theory and attachment disorders to the assessment of infants and toddlers
2. communicate to parents the impact of positive and negative parental behaviours on patterns of attachment and children's development
3. recommend some primary care interventions, including referral and community resources that can improve parenting and attachment

Description:

This workshop will help the practitioner develop a better understanding of attachment theory and disorders, and how they are manifested in infants, toddlers, and young children. Practical information will be provided for various parenting behaviours and their impact on patterns of attachment, and how practitioners can assess parenting and attachment during the “well family” office visit. Suggestions will be provided for some primary care interventions that can improve and promote secure attachment and referral resources within the community for families with attachment issues.

W136650 Psychosis in Primary Care: Core elements of management**09:00–17:00** Jose Silveira, FRCPC, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$725

Learning Objectives:

1. enhance assessment skills by learning and practising structured questions designed to reliably elicit relevant phenomena specifically in primary care
2. learn an efficient approach to considering potential risks associated with psychotic disorders
3. develop confidence in the long-term management of challenges such as community resources, treatment adherence, and medication use

Description:

This workshop provides family physicians with a practical approach to managing patients with psychotic disorders independent of diagnostic category, and guides decision making for managing patients over the long term. The workshop was designed to address the needs of primary care physicians that experience insufficient support from formal psychiatric services or where such services are in short supply. The content of the workshop includes recognition, increasing your comfort, improving patient outcomes, and long-term management.

W130630 Spirometry in Family Practice**09:00–17:00** Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON; Robert Hauptman

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$395; Residents = \$365; Other = \$395

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 practice

Description:

Participants in this workshop will be educated about the benefits of using spirometry 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 spirograms. There will be lots of opportunities 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!

W136474
13:30–17:00**Ten-Minute CBT: High-impact techniques for real doctors**

Greg Dubord, MD, Toronto, ON; Rick Buck, MD, CCFP (EM), FCFP; Marc Clark, MD, CCFP; Peter Duffy, MD, CCFP (EM), FCFP; Angie Hong, MD, CCFP; Rosanna Lima, MD, PhD, CCFP; Ainslie Mihalchuk, MD, CCFP; Paul Murphy, MD, CCFP; Hima Murty, MD, CCFP; Joyce Tsang, MD, CCFP; Catherine Yanchula, MD, FCFP

This Group Learning session has been certified by the College of Family Physicians of Canada for 9 Three-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$495

Learning Objectives:

1. break patients away from their empathy addictions
2. structure 10-minute appointments to maximize impact
3. learn the vital importance of not working harder than most patients

Description:

Yes, “good enough” cognitive behavioural therapy (CBT) can be integrated into 10-minute primary care appointments. In this 3-hour crash course, Dr Greg Dubord and senior CBT Canada faculty will teach you skills that may fundamentally change your management of many vexing behavioural problems. You’ll learn flexible medical CBT tools to enhance your existing approaches to the Trying Triad of common psychiatric disorders (addictions, anxiety, and depression), chronic medical conditions (eg, asthma, diabetes, chronic pain), and disease risk factors (eg, obesity, lack of exercise, poor stress management). We begin our journey by exploring the key concepts of empathy addiction, the medical consequences of free will, patient procrastination disorders, and the clinical implications of patient immaturity. We then practice goalification (the conversion of complaints into goals), and sanity-saving non-compliance retorts. In the second part of the session, we examine how to pinpoint the pathogenic beliefs (cognogens) at the root of common emotional and behavioural problems. We continue on to explore the missing piece in most practices: the core clinical skill of persuasion. All physicians will reply that they know persuasion is central in clinical medicine. However, few physicians can name and describe which specific tool(s) of persuasion they’re using at any given moment. The common consequences of not knowing what you are doing are patient stagnation and physician frustration. Tools of persuasion are vital for the full breadth and depth of the Trying Triad of psychiatric disorders, chronic medical conditions, and disease risk factors. We discuss, demonstrate, and practise over a dozen flexible and effective tools. And because life is terrifyingly short, we make the learning fun. After completing their medical CBT training, many physicians express significant regret that they’d not taken it earlier. Why? They report that medical CBT prevents burnout and brings joy back to the practice of medicine. FMF began in 2000, and it has hosted this workshop every year since. Thanks to the kind and constructive feedback of over 5,000 family physician attendees, it is now a mature offering. Note: Workshop sponsor CBT Canada received the CFPC’s national CPD Program Award for providing exceptional learning experiences in its series of medical CBT workshops.

TF131166
08:00–19:00**Emergency Medicine Review: Act II (2-day Course – Thursday/Friday)**

Mark Mensour, MD, CCFP (EM), Ottawa, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 52 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: CAEP Member Physicians = \$1,300; CAEP Member Residents = \$1,000; Non-CAEP Member Physicians = \$1,600; Non-CAEP Member Residents = \$1,300

Learning Objectives:

1. incorporate up-to-date literature in the practice of 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:

Emergency medicine review (EMR) is a robust program made up of concise, focused chapters with key concepts and core information served up in small bites so they are easy to digest! It provides a modern approach to CPD using the flipped classroom technique. You receive 10 hours of EMR video to watch at your leisure, prior to attending the course. While attending the 2-day course, you have an opportunity to discuss your clinical experiences in a small group. You can have your questions addressed by the presenters and your peers.

TF137537**08:00–17:30****Learning Essential Approaches to Palliative (LEAP) and End-of-Life Care (2-day course – Thursday/Friday)**

Lori Teeple, MD, CCFP, FCFP, Arkona, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 26.6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$895; Residents \$400

Learning Objectives:

1. understand the terms “palliative approach to care” and “end-of-life care” and acquire knowledge of 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 help care 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 (LEAP) and End-of-life Care 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 was updated in 2014 to reflect newer clinical information and best evidence practices. This courseware has been supported and extensively used throughout the country. The courseware and 2-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; Decision-making; Hydration, Nutrition and GI symptoms; Pain; Delirium at end-of-life; Useful tools and resources; Essential conversations; Advance care planning; Psychosocial and spiritual care; Last days and hours. 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 using standardized surveys and quizzes as part of the continuing learning process.

T128435**08:00–19:00****CASTED: Emergency: The hands-on ED orthopedics course – Course 1**

Arun Sayal, MD, CCFP (EM), Toronto, ON; Roger Mantero

This Group Learning session has been certified by the College of Family Physicians of Canada for 18 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$995; Residents = \$795

Learning Objectives:

1. describe the principles of proper ED assessment and management as they pertain to patients with acute orthopaedic injuries
2. describe “red flag” patients based on subtle clues in the history, physical, or X-ray
3. demonstrate how to reduce and immobilize various fractures, with emphasis on proper moulding and positioning

Description:

CASTED: Emergency is the hands-on emergency department (ED) orthopedics course designed specifically for emergency physicians. It is a fun and full day focused on clinical relevance and hands-on practice. The course is high-yield and immediately practice-changing. CASTED: Emergency offers numerous clinical pearls on history, physicals, 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 mismanaged. Four hours of hands-on practise and demos cover the “how.” Understand how to reduce, immobilize, and mould. By the end of the day, you will have the confidence that you are doing it right! CASTED: Emergency promises you an enjoyable day full of numerous clinical pearls you will use on your next shift!

T130596 Assessment of Decision-Making capacity**08:30–12:00** Lesley Charles, MBChB, CCFP, CAC COE, Edmonton, AB; Karenn Chan, MD, MSc, CCFP

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$425

Learning Objectives:

1. acquire knowledge of the guiding principles in assessment of capacity
2. appraise a capacity assessment process
3. apply capacity assessment worksheets used in this process for assessing capacity through case examples

Description:

As the life expectancy of Canadians continues to rise, an issue of increasing importance for older adults is assessing their decision making capacity. Many physicians do not feel prepared to assess capacity based on 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 member roles. A care map and documentation were 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, and so on. This 3-hour session is now being offered to physicians given their pivotal role in capacity assessment.

T136543 PAACT Anti-infective: A 2016 update**08:30–12:00** Frank Martino, MD, CCFP, MClSc, FCFP, Toronto, ON; John Jordan, MD

This Group Learning session has been certified by the College of Family Physicians of Canada for 10 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$395

Learning Objectives:

1. review the principles of antibiotic resistance, what's new, and how this affects antibiotic prescribing
2. feel more comfortable investigating and managing common infectious diseases, including upper and lower respiratory tract infections and UTIs
3. acquire clinical practice guidelines and patient management tools to help with antibiotic stewardship in your 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, and urinary tract infections. Materials included in the session are the anti-infective guidelines (“orange book”), participant manual, and viral prescription pads. The teaching method is interactive, case-based, small group.

T133472 Pets Affect Your Patients' Health**08:30–12:00** Arsalan Monavvari, MD, MHS, CCFP, CHE, CPHQ, Toronto, ON; Susan Deering, MD, MS, CCFP

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$250

Learning Objectives:

1. ask about pets when exploring the patient's environmental history to assess the patient's home life and establish rapport
2. leverage the health benefits that pets provide to their human companions—zooeyia
3. prepare to use an interprofessional approach to mitigate zoonotic risks

Description:

Pets can improve human health and quality of life across the life span, from child development to healthy aging. Health care providers (HCPs), including family physicians, nurse practitioners, nurses, psychologists, and social workers, can better determine their patients' environmental history and social context by strategically asking about pets. Considering patients' environmental history and social context positively impacts HCPs' approach to diagnose, treat, and manage their patients. Pets can then be used as motivators and catalysts for patients' healthy choices and behaviours. Initiating interprofessional collaboration with veterinarians is an important first step to recalibrate and mitigate zoonotic risks. This workshop supports family physicians to: describe the role pets play in many of their patients' lives; leverage the health benefits that pets provide to their human companions (zooeyia); prepare an interprofessional approach to mitigate zoonotic risks; and ask about pets when collecting a patient history. Family physicians can learn clinically relevant information about their patients' daily lives and routines (eg, physical activity), and non-medical determinants of health (eg, social capital and housing). Asking about pets improves rapport with the patient. Active learning includes case-based discussion.

T136565 Cognitive Behavioural Therapy On-The-Fly**08:30–17:30** Ari Zaretsky, MD, FRCPC, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$725

Learning Objectives:

1. apply the principles of cognitive behavioural therapy as part of treatment for your patients with depression and anxiety
2. use the case conceptualization approach to cognitive behavioural therapy
3. implement basic cognitive and behavioural interventions for patients with depression and anxiety, and apply cognitive behavioural therapy techniques to personal stressors

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 behavioural 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.

T136548 But I Don't Have Any Gay Patients: Improving care for gay, bisexual, MSM patients**13:45–17:30** Fraser Norrie, MD, CCFP, FCFP, Vancouver, BC; Reka Gustafson, MD; Todd Sakakibara, MD; Sarah Stone, MD; Glenn Doupe

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$155

Learning Objectives:

1. recognize the impact of social context on MSM patients' health
2. identify common health issues experienced by MSM patients and the implications for care
3. learn skills to improve communication with MSM patients

Description:

Vancouver Coastal Health (VCH), the University of British Columbia Division of Continuing Professional Development (CPD), and the Health Initiative for Men (HIM) are excited to present this workshop on the health of gay, bisexual, and other men who have sex with men (MSM). Family physicians have few opportunities to enhance their provision of care for patients who are gay, bisexual, or MSM. These patients are less likely to access primary care and when they do there is a greater likelihood that it does not meet all of their health needs. Recognizing this gap, a CPD session was created. The goal of this session is for family physicians to develop and build the confidence and the skills to provide primary care for MSM patients. This workshop is designed for physicians who are inexperienced working with MSM patients and want to improve their care of this population. Topics covered include: epidemiology and common health issues experienced by MSM patients; communication skills (eg, talking about sex, sexual identity, taking a sexual history); how to make the clinic a welcoming and inclusive environment; and MSM-specific aspects of STI screening requirements, mental health, substance use, aging, and HIV prevention. This interactive, workshop will be facilitated by a dynamic group of physicians and experts in MSM health. The first portion of the workshop will provide a presentation on theme-specific content, with many opportunities for questions and discussion. The second portion of the workshop will take place within small, interactive groups, maximizing opportunities for discussion, questions, and networking. Participants will plan for integrating new skills into their practices. Then, after 6 weeks, they will complete an exercise reflecting on how their practice has changed, and discuss barriers and facilitators to their changes.

T136428 PAACT: Men's health update 2016**13:45–17:30** David Greenberg, MD, MCFP, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 10 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$395

Learning Objectives:

1. participate in small group case discussion pertaining to the prevention and treatment of conditions specific to men
2. become familiar with practice pearls related to diagnosis of urological and sexual health conditions
3. review the 2016 Men's Health Guideline for Family Practice ("orange book") and other practice tools

Description:

An independent educational program developed by family physicians about managing men's health issues in primary care. Cases include: urological health, symptomatic late-onset hypogonadism, sexual health, and mental health. The teaching method used will be small group, case-based, interactive. Materials provided in the session are the new 2016 Men's Health Guidelines for Family Practice ("orange book"), a participant workbook with cases, and practice management tools.

F131201 Airway Intervention and Management in Emergencies (AIME) – Course 1**08:00–19:00** George Kovacs, MD, FRCPC, Ottawa, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 18 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: CAEP Member Physicians = \$1,195; CAEP Member Residents = \$1,095; Non-CAEP Member Physicians and Residents = \$1,550

Learning Objectives:

1. be more confident in making acute care airway management decisions
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 Airway Intervention and Management in Emergencies (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 provides a practical approach for airway management in emergencies. The AIME program includes: case-based clinical decision making; new practical algorithms; the when, why and how to perform awake or rapid sequence intubation; the new manual based on the AIME program, Unique; customized clinical videos; reinforcement of core skills; introduction to newer alternative devices (optical stylets, video laryngoscopes, etc.); exposure to rescue devices (King laryngeal tubes, LMA Supreme, etc.).

F136459 CASTED: Emergency: The hands-on ED orthopedics course – Course 2**08:00–19:00** Arun Sayal, MD, CCFP (EM), Toronto, ON; Roger Mantero

This Group Learning session has been certified by the College of Family Physicians of Canada for 18 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$995; Residents = \$795

Learning Objectives:

1. describe the principles of proper ED assessment and management as they pertain to patients with acute orthopedic injuries
2. describe “red flag” patients based on subtle clues in the history, physical, or X-ray
3. demonstrate how to reduce and immobilize various fractures, with emphasis on proper moulding and positioning

Description:

CASTED: Emergency is the hands-on emergency department (ED) orthopedics course designed specifically for emergency physicians. It is a fun and full day focused on clinical relevance and hands-on practice. The course is high-yield and immediately practice-changing. 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 mismanaged. Four hours of hands-on practice and demos cover the “how.” Understand how to reduce, immobilize, and mould. By the end of the day, you will have the confidence that you are doing it right! CASTED: Emergency promises you an enjoyable day full of numerous clinical pearls you will use on your next shift!

F134516 CASTED: Primary Care: The hands-on orthopedics course for family doctors – Course 1**08:00–19:00** Arun Sayal, MD, CCFP (EM), Toronto, ON; Nick Chrisitidis, MD

This Group Learning session has been certified by the College of Family Physicians of Canada for 18 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$835; Residents = \$730

Learning Objectives:

1. describe keys to proper office assessment of patients with musculoskeletal complaints
2. describe management strategies for a number of common office musculoskeletal complaints
3. demonstrate proper technique for common office based injections

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; high-yield physical exam tips, including hands-on practice; clinical pearls on X-ray ordering and interpreting; musculoskeletal (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; practical, office-based immobilization options. CASTED: Primary Care combines practical case-based lectures, with various hands-on stations to review office orthopedics. The number of registrants is limited 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: Primary Care promises you a day full of humour and numerous clinical pearls that you will use the next day in your office! The session faculty include MSK-focused family physicians and physiotherapists selected for their clinical and teaching excellence.

F133465 Conducting Family Meetings for Patients with Delirium in Long-Term or Palliative Care**08:30–17:30** Arsalan Monavvari, MD, MHS, CCFP, CHE, CPHQ, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$500

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 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 managing patients with delirium—the various types, their impact and consequences, etiology, assessment, and effective medical and non-medical treatment strategies. Delirium has a 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 the 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 or palliative patients. Each program in the series supports physicians and other health care professionals for 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.

F136420 I Need a Note for Work, Doc: Supporting your patient's safe return to the workplace**10:00–12:30** Celina Dunn, MD, CCFP, Vancouver, BC

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$125

Learning Objectives:

1. better manage patients who are on medical leave from work due to various factors
2. prevent or mitigate needless or prolonged disability by helping physicians work more effectively with their patients
3. work with other stakeholders in a patient's recovery to streamline administrative processes and improve patient outcomes

Description:

In 2013, the University of British Columbia Division of Continuing Professional Development piloted the Physician Education Program on Managing Workplace Disability (PEP-MD), in collaboration with BC Collaborative for Disability Prevention (BCCDP) and WorkSafeBC, across multiple communities. The program involved a multi-modal education strategy to help primary care physicians work with their patients: to set reasonable expectations about staying at work or returning to work; to prevent or mitigate unnecessarily prolonged work absences; and about the consequent effects on health and well-being. Five small-group, case-based workshops were successfully delivered across the communities, along with a webinar series that was offered between January and May 2013 that reached more than 250 participants. Based on the success of the pilot program, the program has been scaled up to offer this educational opportunity to 10 communities across British Columbia in early 2016. The second offering of the program will include an online module component in place of the previous webinar series to provide primary care practitioners some basic principles of work disability prevention including the rationale and evidence, roles of the health provider, appropriate use of terminology and communication tools for counseling patients prior to attending the workshop. The program's primary learning objectives will be delivered through an in-person workshop led by an expert facilitator that encourages participants to work through a physical injury case with multiple visits that includes an element of depression. Participants' learning outcomes are further enriched through exploration of additional shorter vignettes that capture other situations encountered in work disability cases, including substance abuse, employer/employee scenarios, and stress leave.

F136528 Preventive Care Visits for Children and Adolescents: What is new? Where is the evidence?**10:00–16:15** Anita Greig, MD, CCFP, FCFP, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 8 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$525

Learning Objectives:

1. interpret current evidence-based preventive care recommendations for school-age children and adolescents
2. use the Greig Health Record checklist, associated preventive care resources, screening tools, and patient information for this population
3. approach difficult issues including confidentiality, consent, and the reticent adolescent in practice

Description:

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

F134385 Managing Chronic Non-Cancer Pain: Assessment, treatment, and responsible prescribing**10:00–16:15**

Robert Hauptman, MD, MCFP, St. Albert, AB; Alan Kaplan, MD, CCFP (EM) FCFP

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$395; Residents = \$365; Other = \$395

Learning Objectives:

1. choose the most appropriate medical treatment to achieve an optimal balance between pain relief and secondary effects
2. collaborate with patients to establish realistic therapeutic objectives according to the patient's needs and clinical condition
3. apply a universal precautions approach with the prescription of opioids including addiction assessment and boundary setting

Description:

One of the greatest challenges facing primary care providers is the responsible management of patients living with chronic pain. Finding a balance between pain control and side effects while being aware of the potential for addiction and diversion is further complicated by a general lack of education in the management of chronic pain in medical schools. This program is intended to give participants the fundamentals of chronic pain assessment and management. At the end of this program, participants should expect to be more confident in managing patients with chronic pain and prescribing more responsibly.

F136729 Nutritional Counselling in Practice: Using the healthy plate**13:45–17:00**

Reka Gustafson, Medical Health Officer, Vancouver, BC; Bruce Hobson, MD; Gerry Kasten

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$125

Learning Objectives:

1. promote healthy eating to patients
2. describe the evidence and therapeutic goals of the healthy plate, and the evidence against weight loss as a patient goal
3. collaboratively set goals for healthy eating with patients using the healthy plate and a motivational interviewing technique

Description:

You and your patients live in a nutritional cacophony, and are constantly bombarded with the latest diets and emerging nutrition evidence. This course aims to improve the patient health outcomes by providing a nutritional tool that has a level of evidence that you can stand behind. The Healthy Plate is a simple tool that evidence shows is successful in meal planning and increasing vegetable intake. Workshop participants will have an opportunity to practise how to collaboratively set healthy eating goals with patients using the Brief Action Planning motivational interviewing technique, as well as explore the harms associated with weight loss as a patient goal.

F136522 Improving Quality and Safety in Family Practice: Learning and teaching from significant event analysis**13:45–17:00**

David Moores, MD, MSc, CCFP, FCFP, Edmonton, AB; Mirella Chiodo

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$125

Learning Objectives:

1. identify common characteristics and examples of significant events in family practice/primary care
2. identify and use four core components of significant event analysis
3. determine and examine the family practice/primary care implications of the death of a young Albertan, Greg Price

Description:

In 2016, more than 34,000 Canadians will die at the hands of the health system. It is estimated that one Canadian dies of a preventable error every 17 minutes. Unfortunately, little will be learned or acted on because of bureaucracies, a "name, blame, and shame" culture, and inappropriate attention to confidentiality. Learning from each other's mistakes and errors requires a willingness to discuss what happened—why it happened; what can be learned; and what to do to prevent this from happening again. Learning from each other's mistakes and errors is essential to improving the quality and safety of Canada's health care systems. Since most health services error data are derived from the hospital sector, Canada is blind to the realities of non-hospital error and poor performance. Dr Kerr White's seminal paper on the ecology of medical care, printed in the *New England Journal of Medicine* in 1961, suggests that for every hospital admission, approximately 28 interactions occur in the community (250:9). More than 85% of Canadians are thought to have a family physician. Family physicians have direct or indirect knowledge or responsibility concerning the errors or mistakes contributing to an individual's death, adverse experience, or poor outcome no matter where it occurs within the system. While some countries mandate and support family practice/primary care documenting and analyzing these significant events through a national database, Canada has yet to consider and establish a family practice-led initiative. This workshop introduces participants to: the essentials of the University of Alberta Department of Family Medicine's Quality and Safety in Family Practice/Primary Care Program; the definition and documentation of significant events; the fundamentals of significant event analysis; and a family practice/primary care analysis of Greg Price's death. Greg Price, a young Albertan, died as a result of poor follow-up and a consultation/referral system that is a shambles. This was in spite of Alberta spending the most per capita on health services of all jurisdictions in Canada. Canadian family physicians can no longer turn a blind eye to their own, their colleagues', and the system's poor performance. It's time to talk and share—it's time to make a difference.

F136472
13:45–17:00**I Don't Do Maternity Care: Perinatal mental health for family physicians who don't do deliveries**

Ashnoor Nagji, MD, CCFP, Vancouver, BC; Vancouver Division of Family Practice Committee Member(s)

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$300 Residents = \$225

Learning Objectives:

1. identify risk factors and explore the impact of depression in the perinatal period
2. use the Edinburgh Postnatal Depression Scale screening tool to develop a strategy for screening and diagnosing depression in pregnancy
3. use the relevant best practice guidelines to review psychotropic medications and their effects on mother/fetus/breastfeeding baby

Description:

Family physicians remain the interface for initial mental health assessments and referrals. Given the rising focus on mental health and the significant prevalence and impact of depression in the perinatal period, family physicians need to feel comfortable dealing with depression during the perinatal period. This highly interactive workshop helps family physicians improve their comfort and confidence levels when dealing with depression during the prenatal period, using key recommendations that include best practice guidelines, a review of common psychotropic agents, case discussions, and practical resources. The Perinatal Mental Health workshop is a part of Vancouver Division of Family Practice's workshop series (But I don't do maternity care! Workshops for family physicians who don't do deliveries). This workshop series has been running in Vancouver since 2014 in partnership with the University of British Columbia Division of Continuing Professional Development. It also won the 2015 CFPC Continuing Professional Development Program Award. The first portion of the workshop covers an overview of risk factors, the impact of perinatal depression, physician experiences in screening with the Edinburgh Perinatal Depression Scale, and the DSM-5 criteria for diagnosis. This section is delivered by a family physician who is currently providing full spectrum maternity care in Vancouver. The second portion takes place within small, interactive breakout groups, maximizing opportunities for discussion, questions, and networking. A detailed case study is used as a platform to guide deeper discussions focusing on key learning points, outstanding questions, and practice implementations. Facilitators and participants will be able to share questions and pearls. Following the case discussion is a short presentation on common psychotropic medications used for depression during the perinatal period. The end of the workshop is dedicated to planning for practice change, either with a partner or in small groups. During this time, participants are given the opportunity to complete the Commitment to Change form.

F136656
13:45–17:00**Insomnia: Beyond the basics**

Jose Silveira, FRCPC, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$362.50

Learning Objectives:

1. explore easy-to-use behavioural techniques to manage insomnia for application in your practice
2. apply strategic and safe use of available sedative-hypnotics across the life cycle
3. review medications for insomnia and alternative treatments to increase confidence in prescribing or not prescribing and communicating with patients

Description:

Insomnia is a common complaint in all areas of medicine but patients rely primarily on family physicians for treatment. 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 counselling for basic sleep hygiene and standard hypnotics do not seem to resolve the patient's complaints or 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 managing difficult-to-treat insomnia, and will make managing uncomplicated insomnia feel 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 for using and not using available medication. Elderly populations are a particular challenge and will be a special focus of the workshop.

S132055

07:30–16:00

Lots of Practical Pearls for Managing Asthma and COPD in Family Medicine

Tony D'Urzo, Toronto, ON; Katrina D'Urzo, MSc candidate

This Group Learning session has been certified by the College of Family Physicians of Canada for 12 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$705

Learning Objectives:

1. become familiar with practical pearls to manage asthma and COPD, using cases and content from the latest Canadian guidelines
2. understand the spirometric overlap between asthma and COPD, and learn to interpret a spirometry test in 90 seconds or less
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 underused in the primary care setting. Challenges of interpreting spirometric data have been cited as a barrier to implementing spirometry in clinical practice. Given the spirometric overlap between COPD and asthma, the risk of disease misclassification must be recognized and minimized by using a systematic approach to spirometry interpretation (SI). This workshop will provide a pragmatic, evidence-based, user-friendly approach to SI in primary care. Research by 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 interventions. 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, using long-acting 2-agonists as monotherapy for asthma is contraindicated, due to reports of increased mortality. In some patients, adding inhaled corticosteroids to long-acting β₂-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.

S134513

08:00–18:30

CASTED: Fracture Clinic: The follow-up orthopedics course

Arun Sayal, MD, CCFP (EM), Toronto, ON; Roger Mantero

This Group Learning session has been certified by the College of Family Physicians of Canada for 17 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$995; Residents = \$795

Learning Objectives:

1. describe which fractures are safe for a family physician to manage
2. describe keys to assessment of fracture healing and recent soft tissue injuries
3. demonstrate application of fiberglass casts for minor fractures

Description:

CASTED: Fracture Clinic is the hands-on, follow-up orthopedics course. This course is intended for family doctors in smaller centres who follow up with patients who have fractures and acute musculoskeletal (MSK) injuries. The case-based lectures highlight practical and important management principles physicians need to know in order to properly manage these patients. Numerous cases will be reviewed to show how these principles inform our approach. Participants will learn: which patients are safe to treat; which need closer attention; which are red flags that warrant early specialist referral; when to follow up; when to X-ray; and when to discontinue immobilization. Understand when a fracture has healed, when patients can 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 need further imaging (U/S, MRI, CT, or bone scan), referral (to ortho and/or physio), or simply more time to heal. The hands-on sessions focus on tips and tricks to properly apply and mould fibreglass casts. Cast removal is also practised. The indications for removable splints are reviewed. Additionally, a detailed review of the MSK physical exam is invaluable for understanding how to put it all together. By managing safe fractures and injuries locally, physicians will significantly reduce both health care costs and patient inconvenience, while still ensuring the patient heals well. CASTED: Fracture Clinic covers: adults and peds; upper and lower extremity; and fractures and soft-tissue injuries. Numerous clinical pearls are offered—the results are increased understanding of MSK injuries and improved clinical confidence for managing these patients. The course will help physicians find the balance between over-casting and under-protecting!

S131219
08:00–19:00**Airway Intervention and Management in Emergencies (AIME) – Course 2**

George Kovacs, MD, FRCPC, Ottawa, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 18 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: CAEP Member Physicians = \$1195; CAEP Member Residents = \$1095; Non CAEP Member Physicians & Residents = \$1550

Learning Objectives:

1. be more confident in making acute care airway management decisions
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 Airway Intervention and Management in Emergencies (AIME) program has been providing valued and practical hands-on airway management learning experiences for clinicians around the world for more than 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 provides a practical approach for airway management in emergencies. The AIME program includes: case-based clinical decision making; new practical algorithms; the when, why, and how to perform awake or rapid sequence intubation; the new manual based on the AIME program, Unique; customized clinical videos; reinforcement of core skills; introduction to newer alternative devices (optical stylets, video laryngoscopes, etc.); and exposure to rescue devices (King laryngeal tubes, LMA Supreme, etc.).

S136461**08:00–19:00****CASTED: Primary Care: The hands-on orthopedics course for family doctors – Course 2**

Arun Sayal, MD, CCFP (EM), Toronto, ON; Nick Christidis, MD

This Group Learning session has been certified by the College of Family Physicians of Canada for 18 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$835; Residents = \$730

Learning Objectives:

1. describe keys to proper office assessment of patients with musculoskeletal complaints
2. describe management strategies for a number of common office musculoskeletal complaints
3. demonstrate proper technique for common office based injections

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; high-yield physical exam tips, including hands-on practice; clinical pearls on X-ray ordering and interpreting; musculoskeletal (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. The session combines practical case-based lectures, with various hands-on stations to review office orthopedics. The number of registrants is limited 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: Primary Care promises you a day full of humour and numerous clinical pearls that you will use the next day in your office! Session faculty include MSK-focused family physicians and physiotherapists selected for their clinical and teaching excellence.

S133451**08:30–12:15****Best Practices for ADHD Across the Lifespan**

P. Ainslie Gray, MD, Toronto, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$425

Learning Objectives:

1. outline key components of a holistic assessment for ADHD, reviewing assessment and evaluation tools for individuals with ADHD symptoms
2. determine and evaluate comorbid disorders by exploring questions to raise with individuals and families
3. discuss current pharmaceutical options to support identified patients, and offer strategies to complement the best choice of medication and dosages

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: 1) Assess the type and severity of symptoms; 2) Review specific areas of impairment in the patient's life across multiple settings; and 3) Identify and explore any potential comorbid diagnoses. For children and adolescents, treatment includes evaluating well-being in the home, school, and community. For adults, treatment requires exploring symptoms within the context of family, social life, and work. 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 and dosage, depending on the specific needs of the patient. Recommendations for ongoing treatment monitoring will be discussed.

S136706 Insulin Preceptorship: Initiating type 2 diabetes patients on insulin**08:30–12:15** John MacFadyen, MD, FRCPC, Orillia, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: \$362.50

Learning Objectives:

1. initiate appropriate insulinization treatment to promote optimal glycemic control in type 2 diabetes patients, according to the Canadian Diabetes Association guidelines
2. assess supplementation of oral anti-diabetic agents with insulin or to switch from neutral protamine hagedorn (NPH) to basal insulin analogues
3. apply strategies to overcome treatment and liaise with colleagues to develop an optimal treatment plan to assist in insulin implementation

Description:

According to the 2013 Clinical Practice Guidelines from the Canadian Diabetes Association, diabetes is the leading cause of blindness, end stage renal disease, and non-traumatic amputation in Canadian adults. In addition to these risks, cardiovascular disease is two to four times more prevalent in people with diabetes. Effective management of uncontrolled glycaemia in patients with type 2 diabetes mellitus by family physicians in collaboration with diabetes education teams is essential in improving quality of life and reducing adverse outcomes in patients living with type 2 diabetes mellitus.

S136596 I Don't Do Maternity Care: Early prenatal care for family physicians who don't do deliveries**08:30–12:15** Ashnoor Nagji, MD, CCFP, Vancouver, BC; Vancouver Division of Family Practice Committee Member(s)

This Group Learning session has been certified by the College of Family Physicians of Canada for 6 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$300 Residents = \$225

Learning Objectives:

1. develop a strategy for the first and second prenatal visits: What care is urgent and time-sensitive?
2. use the relevant perinatal guidelines for early prenatal care to identify what tests should be ordered before referring
3. review workflow efficiencies and structural supports for prenatal care

Description:

In general, the role of family physicians for providing maternity care has reduced due to the increasing complexity of obstetrical care, difficulty balancing office/hospital practice, and insufficient case load to maintain competency. As a result, most family physicians do not provide full spectrum maternity care. However, nearly all see pregnant women, if only for a few visits, and therefore provide some degree of prenatal care during the early stages of pregnancy. This highly-interactive workshop helps family physicians improve their early prenatal care practises by using recommendations that include an overview of prenatal genetic screening counselling, case discussions, practical resources, and tips on workflow efficiencies. The Early Prenatal Care workshop is a component of the Vancouver Division of Family Practice's workshop series (But I don't do maternity care! Workshops for family physicians who don't do deliveries). This workshop series has been running in Vancouver since 2014 in partnership with the University of British Columbia Division of Continuing Professional Development; it also won the 2015 CFPC Continuing Professional Development Program Award. The first portion of the workshop is delivered by a family physician who is currently providing full spectrum maternity care in Vancouver, and covers an overview of the evidence and rationale for early prenatal care practices. The second portion takes place within small, interactive breakout groups, maximizing opportunities for discussion, questions, and networking. Two case discussions are used as a tool to guide discussion focusing on key learning points, outstanding questions, and practice implementations. Facilitators and participants are able to share questions and pearls. Following the case discussions is a short presentation on structural supports and workflow efficiencies. The end of the workshop is dedicated to planning for practice change, either in pairs or small groups. During this time, participants are given the opportunity to complete the Commitment to Change form.

S136563 Diagnosis and Management of Patients With Mild Cognitive Impairment and Dementia: Tips for the physician**08:30–14:35** Linda Lee, CCFP, FCFP, Kitchener, ON

This Group Learning session has been certified by the College of Family Physicians of Canada for 8 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant = \$525

Learning Objectives:

1. list features that allow for the clinical differentiation of normal aging, mild cognitive impairment, and the various types of dementia
2. identify the appropriate use of medications commonly used for managing patients with dementia
3. review considerations for fitness to drive when assessing patients who are cognitively impaired

Description:

It is estimated that two-thirds of persons in the community with dementia are undiagnosed and untreated, a fact that has significant implications for future health resource use, in view of our aging population. Better identification and management at a primary care level is essential. This case-based interactive session provides the busy family physician with pearls for diagnosing and managing patients with mild cognitive impairment and dementia in ambulatory care.

S136399

13:45–16:15

A Simulation-Based Workshop in Use of Pessaries in Primary Care

Parisa Rezaiefar, MD, CFPC, Assistant Professor, Department of Family Medicine, University of Ottawa, Ottawa, ON; Kelly Forse, MD

This Group Learning session has been certified by the College of Family Physicians of Canada for 4 Two-Credit-per-Hour Certified Mainpro+ credits

Fee per registrant: Physicians = \$200; Residents = \$175; Nurse/Nurse Practitioner = \$200

Learning Objectives:

1. identify patients with pelvic organ prolapse or stress urinary incontinence, and who can best benefit from pessary in primary care
2. prescribe common types of pessaries for managing pelvic organ prolapse and stress urinary incontinence, and determine risk versus benefit
3. fit, remove, clean, and re-insert common pessaries, as well as assess and manage patients for complications associated with pessary use

Description:

Pelvic organ prolapse (POP) affects up to 50% of parous women causing significant morbidity, such as stress urinary incontinence (SUI). The Society of Gynecologist and Obstetrics of Canada recommends pessaries as first line management for patients with symptomatic POP and SUI. Given our aging population and rising rates of obesity, POP and SUI are increasingly prevalent. Pessary fitting and care is within the scope of practice of family physicians though training opportunities are limited, in part due to few family physician teachers. Family physicians should be encouraged to acquire pessary fitting and follow-up care skills for patients who are candidates for conservative management, reserving referral to urogynecologist for more complex cases of POP and SUI. A 2010 study by Dr S. Phillips demonstrated that attending a workshop (FMF, 2005–2007) led to a two-fold increase in participants who inserted IUDs and a four-fold increase in those providing endometrial sampling. However, there was no significant increase in pessary fitting procedures, perhaps due to the perceived infrequent need a decade ago for such procedures. Our simulation-based workshop addresses better recognition of eligible patients for conservative management of POP and SUI, and hands-on skill-building to compensate for infrequent past exposure to pessary care procedures. This interactive workshop starts by reviewing patients with POP and SUI who are appropriate for non-surgical management. We discuss patient and pelvic factors affecting patient selection and patient exclusion. We then present common pessaries for use in primary care and discuss risk versus benefit. The session covers patient education, follow up, identification of common complications, as well as prevention and management of complications. Participants then practise 3 simulation scenarios with 3D pelvic models and pessaries: 1) pre-menopausal woman with SUI and no POP; 2) post-menopausal woman with moderate POP and SUI; and 3) post-menopausal woman with severe POP. Each scenario allows learners to practise the process of patient and pessary selection, fit and removal/reinsertion of pessaries, and review follow up and management of complications.