W144881 🎧 **Keynote Address – Great Traits, Winning Ways: Coaching and mentoring others for success**
08:00–09:15 **Discours d'ouverture – Les méthodes gagnantes Great Traits : L'entraînement et le mentorat en vue de la réussite**

Mark Tewksbury, Calgary, AB; Debbie Muir, Calgary, AB

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. discover how limiting and empowering thoughts or beliefs affect leadership performance
2. experience the power of the mind-body connection
3. identify strategies to improve coaching and mentoring capacity

Description:
In this inspiring and insightful presentation, Mark Tewksbury and Debbie Muir share their experiences as an Olympic gold medallist and an Olympic champion coach, leaving you with practical tools to improve your performance as a coach and mentor in your own workplace or practice. The Great Traits session begins by focussing on internal awareness, challenging participants to become more aware of what they are thinking. The first step in being a great coach is to check in with yourself and make sure your own thinking is where you want it to be. Participants will experience the mind-body connection, seeing first-hand how their thoughts drive their actions and ultimately their results. They will also discover the Thought Cycle, and learn how limiting and empowering thoughts and beliefs ultimately impact their leadership performance. How are you showing up as a coach? Are you creating positive or negative Thought Cycles for yourself? What is the impact on those you coach? The session continues by increasing your ability as a coach to help others tap into their own potential. How can you use your heightened awareness to help others become more aware of their own thinking? Your job as the coach is to find the most effective way to positively affect others to help them access their full potential. Debbie and Mark will share three critical coaching actions that will help participants identify strategies to improve their own capacity. The Great Traits, Winning Ways were born from real-life experiences. Debbie Muir has coached numerous athletes to Olympic gold medals, and has mentored many of Canada's national team coaches. Mark Tewksbury is a three-time Olympic medallist and was the Chef de mission for the 2012 Canadian Olympic Team.

Objectifs d'apprentissage :
1. découvrir comment la limitation et la valorisation des pensées ou des croyances influencent le rendement en tant que coach et mentor
2. vivre et mieux comprendre la relation entre le corps et l'esprit
3. apprendre à développer des stratégies dans le but d'améliorer leur rôle de coach et mentor et leurs techniques en coaching et mentorat

Description :
Cette présentation inspirante et enrichissante vous fournira des outils pratiques pour améliorer votre rendement en tant que coach et mentor dans votre milieu de travail ou votre pratique. Cette séance axée sur les Great Traits se concentre d'abord sur la sensibilisation de soi, en mettant les participants au défi de mieux prendre conscience de leurs pensées. La première étape à franchir pour devenir un excellent coach et mentor est de se centrer sur soi-même et d'assurer que ses pensées sont le reflet de ses aspirations. Les participants vivront et comprendront mieux la relation entre le corps et l'esprit, constateront de quelle façon leurs pensées dirigent leurs actions et apportent des résultats. Ils découvriront le cycle de la pensée et la façon dont la limitation et la valorisation des pensées ou des croyances influencent leur rendement en matière de leadership. Vous percevez-vous comme étant un coach et mentor? Est-ce que votre cycle de pensée est positif ou négatif? Quelles sont les répercussions sur votre rôle de mentor? La séance passera ensuite à votre capacité d'animer et d'encourager les autres à se surpasser. De quelle façon pouvez-vous aider les autres à devenir pleinement conscient de leur mode de pensée. Votre rôle consiste à trouver le moyen le plus efficace d'entraîner les autres pour qu'ils pensent de façon positive pour mieux les pousser à atteindre leur plein potentiel. Mme Debbie Muir et M. Mark Tewksbury vous feront part de trois méthodes fondamentales en coaching et en mentorat qui permettront aux participants d'adopter des stratégies qui amélioreront leurs habiletés. Les méthodes gagnantes Great Traits ont été créées à partir d'expériences vécues. Debbie Muir a entraîné un grand nombre d'athlètes qui ont obtenu une médaille d'or aux olympiques en plus d'avoir agi en tant que mentor au sein de plusieurs équipes de coachs du Canada. Mark Tewksbury est trois fois médaillé d'or aux Jeux olympiques et il a été le Chef de mission de l'équipe olympique canadienne de 2012.

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🎧 Simultaneous interpretation / *Interprétation simultanée*

W132924 **Addressing Unprofessional Learner Behaviour: Moving from preceptor angst to collegial conversations**
10:30–12:00 James Goertzen, MD, MClSc, CCFP, FCFP, Thunder Bay, ON

All teachers welcome.
Highlights novice concepts for clinical preceptors and educational leaders.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. describe contextual nature of professionalism
2. describe critical role of preceptors in the development of professionalism by their learners
3. acquire effective strategies for addressing unprofessional learner behaviour

Description:
Unprofessional learner behaviour may result in preceptor angst. Although professionalism is a core competency for medical students, residents, and practising physicians, teaching professionalism is often haphazard. Professionalism is best understood as a series of behaviours within a clinical setting rather than personal traits or attributes. Preceptors have a critical role in assisting learners with their professional development. Lapses in professional behaviour by students and residents are common and to be expected as they integrate the principles of professionalism within the clinical setting. A lapse provides an opportunity to have a collegial conversation to better understand the learner's context and rational for the behaviour. Collegial conversations encourage learner reflection and assimilation of new professional behaviours.

W136571 **Competency Assessment in Residency Training: Innovative milestones-based tool for in-training**
10:30–12:00 **evaluation reports and progress reports**
Miriam Lacasse, MD, MSc, CCFP, Quebec, QC; Christian Rheault, MD, CCFP

All teachers welcome.
Highlights novice concepts for preceptors.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. define the principles of competency-based assessment
2. examine an innovative milestones-based online tool for in-training evaluation reports and progress reports
3. assess a learner and propose an educational diagnosis and remediation plan (if applicable) with the help of an online assistant

Description:
Competency assessment should be criterion-referenced and involve multiple objective measures concomitant with periodic progress reviews of summative nature. An innovative milestones-based tool was developed by the family medicine residency program at Université Laval for in-training evaluation and progress reports. Clinical teachers are asked to assess the level of self-direction (close supervision, distant supervision, or independent) for a list of competencies using a criterion-referenced form. The system then automatically identifies whether each competency is reached before or at the expected timing, or if there is a "developmental delay" of some competencies, based on a validated developmental milestones scale. This online tool also comes with an assistant helping clinical teachers with educational diagnosis and treatment of challenging learning situations. After a brief presentation of the principles of competency-based assessment and the online assessment tool, participants will work in teams to analyse a teaching scenario and try the online assessment tool. A group discussion will follow to discuss the educational diagnosis and treatment function of the tool. Residents and medical students are welcome, as this tool is also used for self-assessment. (Note: The presentation will be in English, but participants are invited to ask questions and work on the scenario in French or English.)

W137084 **CanMEDS-FM 2017: What does it mean to be a family physician? A consultation (1)**
10:30–12:00 Elizabeth Shaw, MD, CCFP, FCFP, Hamilton, ON; CanMEDS-FM Review Working Group

All teachers welcome.
Highlights advanced concepts for educational leaders and clinical preceptors.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. understand, and provide feedback on, the proposed changes to the revised 2017 CanMEDS-FM Competency Framework
2. discuss strategies for implementing the revised CanMEDS-FM Competency Framework and the potential impact on teachers, learners, and practitioners
3. understand how this updated framework may be used in one's own context

Description:
The Royal College of Physicians and Surgeons of Canada (RCPSC) recognizes the desire for CanMEDS to be a dynamic framework that meets society's needs and a demanding health care environment. The RCPSC launched the revised CanMEDS 2015 Competency Framework, which has been endorsed for use by medical education and practice organizations across Canada including the CFPC. The CanMEDS Roles were written so that they could be applied to all physicians in Canada, regardless of specialty. The revisions were made with full consultation from the CFPC; each Role had several CFPC representatives who provided meaningful input. A working group was struck to review the CanMEDS 2015 framework with the intent to define ways to highlight specificity for family physicians. By doing so, the CFPC created its 2017 revised CanMEDS-FM competency framework, which can be used to inform undergraduate FM training, post-graduate FM residency,

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Simultaneous interpretation / *Interprétation simultanée*

and continuing professional development. During this workshop, participants will have an opportunity to examine the proposed changes and provide feedback. Small group discussion will help develop a foundational introduction that describes what is unique to the family medicine discipline, and differentiates the specialty from others that use the framework to inform their teaching and learning. There will be some didactic presentations of the proposed Role changes, highlighting where they differ from the current CanMEDS-FM framework. The bulk of the workshop will be small group discussion for consultation and feedback about the Roles, emphasizing the FM Medical Expert and how the other Roles collectively describe the current and future family physician. All ideas will be summarized at the conclusion, to be used by the Working Group to further its work.

W137091 **Selling Family Medicine: Changing our message to medical students**
10:30–12:00 Kathleen Horrey, MD, CCFP, FCFP, Halifax, NS; Amy Tan, MSc, MD, CCFP

All teachers welcome.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. describe the myths about family medicine within the medical student population regarding comprehensive practice, practices of special interest, and focused practices
2. develop a message to medical students about our changing discipline
3. reflect on personal bias about these changes in our discipline

Description:
At a time when the number of medical students selecting the family medicine specialty was at its lowest, one of the strategies used to increase the number was to reach out to try to dispel the myths about our profession. Undergraduate educators highlighted family medicine as a highly flexible career option, offering many different areas of subspecialty in addition to comprehensive practice. Along with many other strategies, attitudes towards family medicine began to shift. As our discipline changes, there are new myths to overcome. With the diversity of "plus one" options and the creation of certificates of added competence, medical students are now assuming a requirement of added training beyond the comprehensive family medicine residency training, even when this might not be correct. Do we need to adjust our messaging to students about our changing discipline?

W137094 **Growing as Teachers: Putting the FTA framework into action! (1)**
10:30–12:00 Allyn Walsh, MD, CCFP, FCFP, Hamilton, ON; Viola Antao, MD, CCFP; Cheri Bethune, MD, CCFP, FCFP; Marion Dove, MD, CCFP; Sudha Koppula, MD, CCFP; Stewart Cameron, MD, CCFP

All teachers welcome.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. recognize the multiple teaching tasks in which teachers are presently engaged and/or would like to engage
2. apply the CFPC Fundamental Teaching Activities framework to the personal professional development as teachers, when developing goals and plans
3. provide and receive peer consultation about their personal professional development plans

Description:
Teachers need a clear understanding of the expectations and opportunities within their roles, as well as faculty development to guide their professional growth. The CFPC developed a framework articulating the Fundamental Teaching Activities (FTAs) of Teachers. The CFPC FTA Framework should lead teachers to a better understanding of their teaching roles and serve as a guide to professional development. A brief interactive presentation will provide the background concepts of the FTA Framework. A panel of teachers will discuss (in English) their experiences using the FTA Framework first with each other, and then with session participants; a Q&A format will be used. Working in pairs (in either French or English) participants will use the FTA Framework to create a personal faculty development plan, incorporating a peer consultation process. In a large group, participants will share the results of their planning activities, and discuss how the FTA Framework could be useful for themselves or for others in their setting.

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W137095 **CRAFTing the FTA: Enhancing teaching in a program of assessment**
10:30–12:00 Cheri Bethune, MD, CCFP, FCFP, St. John's, NL; Sudha Koppula, MD, CCFP, FCFP; Mike Donoff, MD, CCFP, FCFP; Allyn Walsh, MD, CCFP, FCFP

All teachers welcome.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. define the crucial role of the clinical preceptor as the assessment tool in competency-based education in family medicine
2. develop familiarity with CRAFT as an educational construct and strategy to achieve training for competence
3. use the Fundamental Teaching Activities (FTA) Framework to explore the skills required of the clinical preceptor when integrating CRAFT into their program of assessment

Description:
This workshop has been developed as a collaboration of the CFPC's Working Group on Faculty Development (WGFD) and Working Group on the Certification Process (WGCP) to help integrate the concepts of competency-based assessment, and the skills or activities of our teachers. In order to achieve an excellent program of assessment, it is necessary to achieve the highest quality teaching around assessment for learning. CRAFT (Continuous Reflective Assessment For Training) has been articulated by the WGCP as a theoretical educational approach to assessment for learning conducted predominantly by our clinical teachers in relation to their learners. The FTA Framework describes those skills our teachers need to achieve quality assessment for and of learning. One emerges from and complements the other. Through an interactive presentation, participants will become familiar with the CRAFT concepts. Working in small groups, the skills required of clinical preceptors will be explored, and mapped to the FTA Framework. By the end of the workshop, each participant will have created an action plan for teacher development.

W132269 **Adopting a Learning Stance: An essential tool for competency development**
10:30–12:15 Cynthia Cameron, MD, CCFP, Lévis, QC; Marie Giroux, MD, CCMF, FCMF

All teachers welcome.
Highlights advanced concepts for educational leaders and clinical preceptors.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. distinguish between a learning stance (LS) and an evaluation-focused stance (ES)
2. explore strategies to promote the LS from both learners' and preceptors' perspectives
3. discuss impacts of the LS on teaching, learning, and the learner-preceptor relationship

Description:
The Triple C Competency-Based Curriculum challenges our teaching strategies, as we wish to better support learners in getting the most out of clinical opportunities to further develop their competencies. This workshop is aimed at intermediate and senior faculty. We will explore the concept of the LS and related teaching or learning strategies. Giroux et al. (2009) described the LS as ideas, emotions, attitudes, and behaviour adopted by learners to become competent, as opposed to an evaluation-focused stance (ES), mostly driven by the goal of getting good grades. After a brief didactic presentation, participants will explore some useful strategies to engage learners in adopting the LS, through counselling of a preceptor and a resident via role playing. Facilitators and barriers to its adoption will be discussed. We will share findings from four years of experimentation with Laval University's family medicine program, using a workshop on LS that brings together preceptors and residents. Finally, participants will share their own perspectives on strategies to promote the LS, affects of its adoption by learners, and congruent attitudes of the precepting team leading to a favourable learning environment. The workshop will be led in English but questions in French will be welcomed by facilitators.

W135635 **Medical Students' Experiences With Medical Errors: Helping them learn and cope**
10:30–12:15 Miriam Boillat, CCFP, FCFP, Montreal, QC; Terry Sigman; Barry Slapcoff; Yvonne Steinert; Donald Boudreau

All teachers welcome.
Highlights advanced concepts for preceptors.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. reflect on personal experiences with medical errors and the impact of these experiences
2. describe the effects on medical students of witnessing or committing medical errors
3. discuss practical strategies to assist teachers and mentors in helping students learn from and cope with medical errors

Description:
Rationale/background: Medical students may witness or cause medical errors and frequently experience distress as a result. This distress may be severe and persistent, and may result in decreased empathy and burnout. Exposure to medical errors may also have a significant impact on medical students' professional identity formation. Experience with medical errors provides an opportunity for learning, growth and change. Mentors have a unique role in helping students discuss the emotional impact of medical errors, in sharing their own experiences with errors, and in guiding students to learn from, and cope with errors. Instructional methods: A short plenary will provide participants with an overview of the current literature on students' experiences with medical errors. Small group exercises will provide an opportunity for self and shared

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Simultaneous interpretation / *Interprétation simultanée*

reflection on personal experiences with medical errors. Case-based discussions will allow participants to consider the impact of medical errors, and to identify strategies that mentors and teachers can utilize to help students. Important concepts such as second victim, witnessing, and the myth of infallibility will be discussed. Target audience: Clinical teachers interested in understanding medical students' experiences with medical errors and in helping them to learn and cope from these experiences; faculty developers who want to help teachers become more effective in understanding and helping medical students who have experienced medical errors; undergraduate medical education curriculum planners.

10:30–12:15 **Presentation by the recipient of the CFPC Outstanding Family Medicine Research Article**
Présentation par le récipiendaire du Prix du CMFC pour un article exceptionnel de recherche en médecine familiale

Presentation by the recipient of the CFP Best Original Research Article
Présentation par le récipiendaire du Prix du MFC pour le meilleur article de recherche originale

Presentation by the recipients of the Research Awards for Family Medicine Residents
Présentation par le récipiendaire du Prix de recherche pour les résidents en médecine familiale

12:30–13:30 **Section of Teachers Lunch and Knowledge Café**
Café du savoir de la Section des enseignants
This session is not certified by the CFPC.

Description:
Enjoy lunch with your teaching colleagues at a variety of facilitated discussion tables, on topics geared towards both new and experienced teachers, as well as leaders and health professional educators. Topics will span undergrad and postgrad, faculty development, scholarship, evaluation, and much more. We hope that all those who see teaching as an important and exciting part of their practice, or are in a teaching leadership role, will join us as we work to build a community of teaching practice at the FMF.

12:30–13:30 **Section of Researchers Lunch and Business Meeting**
Dîner et réunion de la Section des chercheurs
This session is not certified by the CFPC.

Description:
Network with your research colleagues and listen to the Section of Researchers Chair's report over lunch.

13:30–14:00 **Presentation by the 2016 Family Medicine Researcher of the Year**
Présentation par le récipiendaire du Prix du Chercheur de l'année en médecine pour 2016

W128449
13:45–14:45 **Scholar Role in Family Medicine: Thinking beyond research for opportunities to disseminate important work**

Morgan Slater, PhD, Toronto, ON; Charlie Guiang, MD, CCFP

All teachers welcome.
Highlights novice concepts for teachers.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the importance of the CanMEDS-FM Scholar role in clinical practice
2. explore different types of scholarly work outside of traditional research
3. identify possible venues of dissemination for scholarly work, including a brief discussion about effective abstracts

Description:
The CanMEDS-Family Medicine (CanMEDS-FM) roles were initially published in 2009 to anchor training in primary care. A recent pan-Canadian survey of family medicine residents found that the role of Scholar was least likely to be selected as important. Regardless of career trajectory, scholarly work is still important for those focused solely on clinical family practice or who identify as a clinician-educator. For example, presentations of abstracts or posters at conferences can develop your reputation and allow you to network and collaborate with other primary care clinicians, which may lead to promotion, new job opportunities, or focus on other clinically relevant work in family medicine. Anecdotally, we believe that family physicians can find scholarly work overwhelming, especially for those who do not have protected time to conduct research. During this workshop, we will share our experiences (especially in our roles as Residency Program Director and Senior Research Associate heavily involved in Resident Academic Projects) disseminating a number of different projects, ranging from personal narratives, educational workshops, and resident/learner related projects, to quality improvement work. We hope to engage the participants in sharing their own experiences and identify reasons for success and challenges disseminating scholarly work. Family physicians are involved in important, relevant, and innovative work on a daily basis and need to share their experiences with other colleagues. We hope this will allow

LEGEND / *LÉGENDE*

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clinicians at all levels, from medical students to residents to practicing family physicians, as well as program directors and administrators, to look at some of their daily work and think of scholarly dissemination in a less esoteric way.

W131950 **Teaching and Assessing Critical Thinking Skills: Decreasing diagnostic error and improving patient care**
13:45–14:45 David Ross, MD, CCFP, Edmonton, AB; Shirley Schipper, MD

All teachers welcome.
Highlights advanced concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe the concepts and key features of critical thinking (CT) in family medicine
2. integrate practical CT tools into teaching and assessment to improve problem solving and diagnostic skills
3. use these tools in case scenarios to highlight effective CT teaching

Description:
In this interactive workshop, participants will be introduced to current elements in critical thinking (CT) and its role in working with learners. CT is the skill of collecting and evaluating appropriate information, and then using that information to reach a reasonable decision or conclusion. There are multiple skills that are integral to CT: analysis, interpretation, inference, explanation, evaluation, and self-regulation. Not surprisingly, given that CT is about finding, accurately interpreting, and using information, research shows that CT is important in clinical decision making. When CT skills are lacking, evidence may be misinterpreted or missed altogether, resulting in misdiagnosis and even patient harm. A systematic review of CT skills testing shows positive correlation between academic and clinical performance in various health fields. Recent data show correlation between measures of CT and other outcomes in a family medicine residency program. Given the essential role of CT skills in the practice of medicine, the teaching and assessment of CT skills should be a part of medical education programs and faculty development to improve patient safety. This workshop will present participants with a brief overview of the current evidence around CT skills in medical education. The majority of the workshop will be spent in interactive group work, where participants will be presented with different ways to incorporate CT tools into teaching and assessment using real patient case scenarios in the workplace.

W133726 **Making Your Teaching More Interactive: The better way!**
13:45–14:45 Jon Davine, MD, CCFP, FRCP (C), Hamilton, ON

All teachers welcome.
Highlights novice concepts for teachers outside the clinical setting.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the superiority of interactive group teaching versus the traditional didactic model in changing physician behaviour
2. describe and participate in different activities that enhance interactive group teaching
3. describe the use of commercial film clips and audiovisual patient encounters to enhance group teaching

Description:
Educational literature has shown us that traditional didactic presentations usually are not effective in ultimately changing physician performance. Conversely, interactive learning techniques, particularly in smaller group settings, have been shown to be much more effective. In this workshop, we look at methods to facilitate interactive discussions. The group will have an interactive component, which will involve participating in different group activities (eg, Buzz Groups, Think-Pair-Share, Stand Up and Be Counted) that enhance small group interaction. The use of commercial film to enhance educational presentations has been called “cinemeducation.” We will discuss techniques that use film as teaching tools. We will also comment on how to maximize the use of audiovisual tapes of patient encounters as a teaching tool.

W134176 **Tales from the Program Director’s Office: The problem learner**
13:45–14:45 Daniel Grushka, MSc, MD, CCFP (EM), London, ON; Jamie Wickett, MD, CCFP; Nelson Chan, LLB, MD, CCFP

All teachers welcome.
Highlights novice concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe how to identify a problem learner and the range of problems this term encompasses
2. describe how to deal with these resident learning issues, including the institution of learning, remediation, and probation plans
3. understand the processes involved from remediation to appeal, and recognize the inherent challenges in finding solutions that work

Description:
As program directors, we are sometimes faced with supporting residents having difficulty. Having a robust tracking system to identify residents in trouble early is key. Following identification, proper procedures should take place to assist the resident and protect the program’s interests as well. Designing an adequate learning program, as well as remediation and probation plans, is often challenging but should be done following an evidence-based rubric with input from multiple sources including the learner. Understanding the resident’s and program’s rights and responsibilities is of prime importance when navigating these murky waters. We will discuss the definition of a problem learner, the confounding issues in making this definition, and potential strategies that can be used to assist these learners in need. We will present

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

a tracking system and administrative structure that helps identify residents in distress, as well as discuss how to design adequate learning, remediation, and probation plans. Strong ties with one's PGME office helps in these situations and having a working knowledge of the appeal process can help you design these plans. We will then present case scenarios that will be discussed in a workshop-based format.

W134240 **Supporting a Learner in Difficulty (1)**
13:45–14:45 Brenda Hardie, MD, CCFP, FCFP, Vancouver, BC; Bill Upward, MA (Ed)

All teachers welcome.
Highlights advanced concepts for clinical preceptors and educational leaders.
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list typical strategies to prevent and address learner difficulties
2. create a learning plan based on a clinical scenario

Description:
This highly interactive workshop focuses on concrete interventions that can be used to support learners in difficulty. Participants will be introduced to a simple learning plan framework and will practice applying it to typical case studies of learners in difficulty. Enjoy an opportunity to learn and practise applying solutions in a supportive and collaborative environment. Participants should come prepared to spend 90% of the time in interactive learning (interactive lecture, Q&A, small group activity). They will leave this session with a number of tools and strategies for managing challenging learning situations and a structured framework to help get these learners back on track. The emphasis is on working with the learner as a team in order to increase the effectiveness of the interventions, leading to learner success. This workshop applies to both novice and experienced teachers. This workshop is an excellent follow-up to another workshop: Diagnosing the Learner in Difficulty. Upon successful completion, participants can apply this session toward earning a University of British Columbia Family Practice Clinical Teaching Certificate. If you are interested, consider signing up early—in previous years these workshops have filled up quickly!

W136756 **Acknowledge the Elephant in the Room: Necessary steps for effective competency-based assessment**
13:45–14:45 Paul Humphries, MD, CCFP, FCFP, Edmonton, AB; Shelley Ross; Shirley Schipper; Mike Donoff

All teachers welcome.
Highlights concepts for experienced preceptors and educational leaders.
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify challenges to implenting competency-based assessment
2. evaluate the obstacles and opportunities for competency-based assessment in individuals' programs
3. generate a list of tools and processes for competency-based assessment that would work in individuals' context

Description:
While family medicine in Canada is an acknowledged leader in competency-based medical education, many programs still face challenges as they work to implement effective competency-based assessment tools and processes. Excellent work has been done determining the competencies to be measured, and family medicine residency programs across Canada show strengths in different aspects of competency-based assessment. However, there remain serious challenges at the system level, in faculty development, and even in the ingrained thinking of preceptors as programs work to bring in new processes for assessing residents' progress towards competence. These challenges are even greater at the medical student level. Another layer of complexity is added by trends in assessment literature, where some tools gain great favour and are seen as the only solutions to all competency-based assessment challenges (until they are succeeded). In this workshop, we will discuss key concepts in assessment such as rater cognition, workplace-based assessment, direct observation, concepts of validity and reliability in CBA, and the influence of language on rater judgements. The challenges to competency-based assessment will be discussed, sometimes with proposed answers from the presenters, sometimes as thought exercises for group discussion. Trends in the literature will be discussed from both a theoretical and a practical point of view, with case examples used to highlight the importance of context when considering tools for competency-based assessment tools and processes. This highly interactive workshop is designed to encourage discussion and debate amongst attendees. We will use group discussion and table work, and attendees will have the opportunity to apply and critique tools for assessment via case examples. This workshop is intended for anyone who is seeking ideas for designing, implementing, or refining effective competency-based assessment that aligns with good theory and practical considerations of context.

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W136768 **Field Notes: Assessing postgraduate trainees and bringing faculty to speed: Transition to competency**
13:45–14:45 Perle Feldman, MDCM, CCFP, FCFP, MHPE, Toronto, ON; Yves Talbot; Peter Tsakas; Barbara Stubbs; Viola Antao; Zerah Lurie

All teachers welcome.
Highlights concepts for clinical preceptors and leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. provide practise assessing residents via field notes using video of simulated cases
2. demonstrate a framework using the revised CanMEDS-FM roles and CFPC's Six Skill Dimensions of Competence
3. discuss the challenges of training faculty to use field notes in a competency context

Description:
Assessing postgrad trainees using the CanMEDS-FM framework continues to pose challenges for teachers, particularly in the less intuitive roles (non-expert, non-communicator) and with outlier residents (either remedial or excellent). This workshop uses a Field Note tool for teachers, developed at the University of Toronto, for formative feedback about clinical interactions. We will also address the difficulties and challenges of helping clinical preceptors work with field notes in a competency context. In this workshop, we will focus on evaluating candidates at different levels of skill and training with respect to an office-based clinical encounter. We will explore translating these evaluation criteria to competencies established within a Triple C curriculum. Attention will be given to faculty development and challenges that arise with faculty when moving to a competency curriculum. During the workshop, teachers will practise assessments using the tool, using case-based videos. We will show results of our research on improving quality and comprehensiveness of field note evaluation. Our aim is to provide a better understanding of the assessment process in a competency curriculum, and improving the skills of faculty in assessing competency.

W137079 **The 2017 Red Book Draft: New standards for family medicine residency training (1)**
13:45–14:45 Keith Wycliffe-Jones, MBChB, FRCGP, CCFP, Calgary, AB; Richard Almond, MD, CCFP; Judith Scott

All teachers welcome.
Highlights advanced concepts for teachers.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. compare the new standards for family medicine residency training with the current standards
2. list new requirements, indicators, evidence, and outcomes related to the new accreditation standards
3. determine how the new conjoint accreditation standards will be integrated into the new Red Book

Description:
This open and informal dialogue, involving large and small group activities, is aimed at helping leaders in family medicine residency programs understand and navigate the new conjoint accreditation standards for post-graduate training in Canada. This includes sharing the new standards, associated requirements, and indicators, as well as identifying potential sources of evidence and outcomes. In addition, initial family medicine-specific accreditation content from the new 2017 Red Book, along with further information about new accreditation processes and timelines will be presented for feedback from participants.

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14:00–15:00 **Distinguished Papers**

W141374
14:00–14:15 **Do Urine Cultures in the Emergency Department Change Management of Young Women With Symptoms of Uncomplicated Urinary Tract Infection?**

Shelley McLeod, PhD(c); Elizabeth Poon, MD, CCFP (EM); Lauren Self, MD, CCFP (EM); Sean Caine, MD, CCFP (EM), Bjug Borgundvaag*, MD, CCFP (EM), PhD, Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Description:

Context: Current guidelines do not recommend the routine use of urinary cultures for managing uncomplicated urinary tract infections (UTIs) in premenopausal, non-pregnant women. Complicating factors include atypical presentation, structural abnormalities, or recent recurrent infection/antibiotic use. **Objective:** The objective of this study was to determine the number of urine cultures ordered for women who presented to the emergency department (ED) with symptoms of uncomplicated UTI, and whether a culture result impacted subsequent management. **Design:** Retrospective medical record review. **Participants:** Women ages 18–39 presenting to one of two academic EDs with a discharge diagnosis of uncomplicated UTI from January to December 2014. Patients were excluded if any of the following were documented: pregnancy, fever, immunocompromised state, diabetes mellitus, absence of lower urinary tract symptoms, ED administration of intravenous antibiotics, a previous UTI treated with antibiotics in the past 90 days, 2 weeks post-partum or post-instrumentation. **Outcome measures:** Proportion of patients who had urinalysis, urine cultures, and the results of these investigations. **Results:** Of the 512 charts included in the analysis, 494 (96.5%) patients had a urinalysis, of which 463 (93.7%) had positive leukocyte esterase and 90 (18.2%) had positive nitrites. Of the 370 patients (72.3%) who had urine cultures performed, 236 (63.8%) results were positive. More than 500 patients (505; 98.6%) received antibiotics (53.9% nitrofurantoin; 22.6% ciprofloxacin; 15.0% sulfamethoxazole and trimethoprim; 6.7% other; 1.8% not documented). Fewer than 10 (7; 1.9%) cultures grew organisms resistant to the prescribed antibiotic; 2 (0.5%) patients received new prescriptions. **Conclusions:** For most young female patients with uncomplicated UTI, urine cultures did not change management. Almost all of these patients had a positive leukocyte esterase and were treated with antibiotics, yet approximately 40% of the patients tested did not return positive urine cultures, suggesting that better algorithms for the diagnosis of UTI in the ED are required. Unnecessary treatment with antibiotics is expensive, contributes to the development of multidrug resistant organisms, and exposes the patient to the unnecessary risks of possible allergic reactions, drug interactions and side effects.

W141717
14:15–14:30 **Ontario Data Support Starfield's Theory on Practice Quality and Cost**

Carol Mulder*, DVM, Toronto, ON; Rick Glazier, MD, CCFP, FCFP, Toronto, ON; Frank Sullivan, PhD, Toronto, ON; George Southey, MD, CCFP, FCFP, Oakville, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:

1. compare the list of indicators included in the composite quality measure with what they currently collect and report

Description:

Context: The relationship between patients and primary care providers is the foundation of a sustainable health care system (Starfield, 2009) and therefore should be the focus of primary care measurement. We hypothesized that quality measured this way should be associated with lower costs. **Objective:** To measure primary care quality in a way that reflects the patient-provider relationship and test its relationship to per capita health care costs. **Design:** Observational study of patient experience survey, EMR, and administrative data contributed to Data to Decisions (D2D), a summary of primary care data currently available, comparable, and meaningful to practices working to improve the quality of care for their patients. We generated a composite quality measure according to importance of each component to patients in their relationship with their provider. We analyzed reliability and conducted multivariate regression of relationship between the composite quality measure and per capita cost. **Participants:** More than 100 teams (137; 74% of all Association of Family Health Teams of Ontario (AFHTO) members invited to participate) voluntarily contributed practice characteristics and performance data, describing care for approximately 2 million patients (15% of Ontario's population). **Outcome measures:** Relationship between primary care quality and per capita health care cost. **Results:** The measure incorporated 14 indicators balancing patient priorities (eg, patient involvement in decisions) with system priorities (eg, emergency department visits, access to same/next day appointment; Cronbach alpha = 0.516). Higher quality was associated with lower per capita health care costs, explaining approximately 50% of variation in costs, taking patient complexity and rural locale into account. Patients in the study were less likely to be immigrants and have a large number of comorbidities, and more likely to be older and live in rural, higher-income settings compared to provincial means. **Conclusions:** It is possible for front-line providers to measure quality in a way that reflects providers' priorities, what matters to patients regarding the patient-doctor relationship, and contributes to health care system sustainability. The composite quality measure represents a feasible alternative for front-line providers disenchanted with body part measures. For policy-makers, it also represents a promising option for measurement and support of primary care performance that can lead to increased health care system sustainability.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W141736 **Home-based Primary Care for Frail Elders: Does it reduce acute health services use?**
14:30–15:00
Margaret McGregor*, MD, CCFP, MHSc; Jay Slater, MD, CCFP; John Sloan, BA, BSc, MSc, MD, FCFP; Lisa Ronald, MSc, PhD; Jeff Poss, PhD; Michelle Cox, MSc; Kim McGrail, PhD, Vancouver, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. understand the outcomes of a multidisciplinary, home-based primary care program for frail elders in Vancouver, British Columbia

Description:
Context: Frail older people are among those most likely to use acute care, yet they are the least likely to benefit from it; most are likely to experience harm from such services. A number of home-based primary care programs have been developed to address this. However, there are relatively few evaluative studies on such programs. **Objective:** To assess a home-based primary care program (Home Visits for Vancouver's Elderly; Home ViVE) in Vancouver, British Columbia, by examining rates of emergency department (ED) visits and hospital admissions. **Design:** This study was a before/after time series study with matched controls. **Participants:** Cases comprised all individuals in Home ViVE, between April 2010 and June 2013. Controls selected were individuals older than 55 years of age receiving long-term home support, over the same period, and who were not clients of Home ViVE. We matched cases to controls (1:2 ratio) on functional and medical complexity variables. There were 246 cases and 492 controls. **Intervention:** We assessed the Home ViVE effect by linking cases and controls to their hospital ED visit and discharge abstract records. **Outcome measures:** Primary outcome measures were the number of ED visits and number of hospital admissions. **Results:** The control group was similar to cases on all matched characteristics except age, where a higher proportion of cases versus controls were older than 90 years of age (33.3% vs 25.4%, P = 0.02). Cases demonstrated a decrease from the before to after period in both crude ED visit rates and crude hospital admission rates, 4.12 to 3.66 visits/1,000 patient days and 2.29 to 2.19 hospital admissions/1,000 patient days respectively. Controls showed an increase in both ED visit and hospital admission rates, 3.00 to 3.99 visits/1,000 patient days and 1.31 to 1.87 hospital admissions/1,000 patient days, respectively. We used multivariate Poisson regression to further assess the impact of Home ViVE on our outcome measures and the results of this will be forthcoming. **Conclusions:** The Home ViVE program had a protective effect on cases compared with controls for both ED visits and hospital admissions.

W141757 **Measuring the Social Determinants of Health With Linked Administrative Data**
14:45–15:00
Alan Katz*, MBChB, MSc, CCFP, FCFP; Dan Chateau, PhD; Jeff Valdivia, MSc; Carole Taylor, MSc; Scott McCollough, MA; Randy Walld, MSc, Winnipeg, MB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. describe the use of administrative data as a source of measures of the social dterminants of health

Description:
Context: The importance of the social determinants of health is well established. Administrative data, while providing valuable information on population-based health service use, have traditionally not included the social determinants other than ecological measures of income. This study provides a new perspective for family doctors to understand their patient populations. **Objectives:** To develop measures of the social determinants of health using the data available in the 70 linkable data bases in the Population Health Research Data Repository held at the Manitoba Centre for Health Policy (MCHP). **Design:** Retrospective analyses of administrative data. **Participants:** 1,159,761 unique residents of Manitoba between 2010 and 2013; 53.1% are female. **Intervention:** We linked social data in the Population Health Research Data Repository at the MCHP to health system data. **Results:** We developed 11 new indicators to describe social determinants of health: children in care, teen mom, child of a teen mom, social housing resident, low income quintile, income assistance, special needs education funding, newcomer, child of a newcomer, high residential mobility, and involvement with the justice system. More than half of the population (52.4%) has at least one social determinant. The lowest income quintile group includes approximately one-fifth of the population by definition (19.7%). The next most prevalent determinant, high residential mobility (three or more moves in a year), includes 17% of the population. Less than 15% of the population has more than two determinants and 3.3% have five or more. **Conclusion:** The availability of social data in population health repositories provides new opportunities to understand the distribution of social determinants of health factors among care providers and the impact of each on the health of populations. This can support focused interventions to address specific social risk factors.

W141799 **Using Big Data to Understand Medication Adherence in Manitoba**
15:15–15:30
Alexander Singer*, MB BAO BCh, CCFP; Alan Katz, MBChB, MSc, CCFP, FCFP; Lisa Lix, BSHEc, MSc, PhD, PStat, Winnipeg, MB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. describe trends in medication adherence in medications used to prevent and treat cardiovascular disease.

Description:
Context: While administrative health records provide a unique population-based perspective, electronic medical records (EMRs) can address many of the limitations of administrative data by providing clinical information. Linking EMR prescribing data to pharmacy dispensing data

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

can improve the accuracy and completeness of available information. The Manitoba Primary Care Research Network (MaPCReN) extracts clinical information and prescription data from primary care EMRs. MaPCReN data can be anonymously linked to the Population Health Research Data Repository held at the Manitoba Centre for Health Policy, which includes the Drug Program Information Network database containing information on prescriptions filled by community pharmacies as well as patient and provider characteristics. The subsequent comparison and analysis can provide a fundamental understanding of drug initiation and adherence behavior on a population scale. Cardiovascular disease remains a leading cause of death in Canada despite many medications that can reduce the risk of mortality and morbidity. An essential component to achieving improvements in prevention and treatment is addressing medication adherence. **Objective:** To compare prescribing patterns in EMRs to pharmacy dispensation data. **Study design:** A retrospective comparison between linked EMR and population-based drug dispensing data—prescriptions for cardiovascular disease (anti-hypertensives, diuretics, antiarrhythmics, and statins) written between April 1, 2012, and Dec 31, 2013, were included. Multivariate logistic regression models were used to determine the influence of patient and practitioner factors on the proportion of prescriptions being filled at pharmacies. **Results:** From our sample of 117,600 prescriptions, 69,302 prescriptions (58%) were eventually filled. A total of 25,252 (21%) prescriptions were delayed (filled 30–90 days after prescription was obtained). Analysis is ongoing to describe the patient and provider features that are associated with the likelihood that a prescription will be filled. **Conclusion:** Less than 60% of prescriptions were filled within 90 days. Future investigations will primarily focus on further understanding the patient and clinician factors that affect adherence as well as how to inform interventions to support quality improvement.

W141537
15:15–15:30

Understanding Patient Referral Wait Times in Ontario: A retrospective chart audit

Clare Liddy*, MD, MSc, CCFP, FCFP, Ottawa, ON; Lois Crowe, BA, Ottawa, ON; Shelagh McRae, MD, FCFP, Gore Bay, ON; Nikhat Nawar, MD(c), Ottawa, ON; Christopher Russell, MD(c), Ottawa, ON; Derek McLellan, MD, Ottawa, ON; Erin Keely, FRCPC, Ottawa, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. examine the length of wait times for initial referral consultations

Description:
Context: Previous examinations of wait times have focused on the time between seeing the referred specialist and starting treatment. Less is known about patients' waits from referral to initial visit. **Objective:** To assess the feasibility of collecting wait time data through a chart audit study in order to understand wait times between patients' referrals and visits. **Design:** Retrospective chart audit conducted at three primary care clinics in Ontario, selected using purposive sampling. Extracted data elements included: dates the patient was referred to and seen by the specialist; specialty type; whether or not the referral was urgent; whether the referral was for a procedure; whether the primary care provider received any follow-up either after the referral was sent or after the patient saw the specialist. **Target population:** We systematically sampled 100 specialist referrals per clinic between October 2014 and January 2015. **Outcome measure:** The primary outcome was wait time 1, defined as the time between the patient's referral to a specialist and their specialist visit. **Results:** A total of 275 referrals (91.3% of total) were included in the analysis. In 13.4% of referrals, there was no indication the patient had seen the specialist after one year. The median wait time for all non-urgent and urgent referrals was 86.5 (IQR: 45–184) and 57 (IQR: 28.5–91) days, respectively. The most popular referral specialties were gastroenterology (12%), general surgery (11%), ENT (9%), and orthopedics (8%). Dermatology and orthopedics had the longest median wait times for all non-urgent referrals (152 and 98 days, respectively) while general surgery had the shortest median wait time (36 days). Procedure referrals equalled 27.6%. After the patient was initially referred to the specialist, there was evidence of communication back from the specialist's office in 17.8% of referrals. After the patient saw the specialist, there was evidence of follow-up from the specialist in 90.7% of cases. **Conclusions:** Findings from this pilot study suggest that wait times are excessive and longer than previously reported. Wait times vary substantially by referral urgency and specialty type, and will be relevant to policymakers interested in reducing wait times.

W141818
15:15–15:30

Development of a Pharmacist REferral Program in a PrimAry CaRE Clinic (PREPARE)

Arden Barry, PharmD, Chilliwack, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. identify the viable sources and common reasons for pharmacist referrals in a primary care clinic (PCC).
2. examine the characteristics of the patients referred to a pharmacist in a PCC
3. measure the number and category of drug therapy concerns identified for patients referred to a pharmacist in a PCC

Description:
Context: Increasing demand for primary health care services has led to the development of clinic-based multidisciplinary teams that include pharmacists. **Objective:** To characterize/evaluate referrals to a pharmacist in a primary care clinic (PCC) based in Chilliwack, British Columbia. **Design:** Prospective cross-sectional study. **Participants:** Included were all patients (N=122) referred to a PCC pharmacist over a 12-month period (May 2015–April 2016). Median age was 64 years (range 21–92) and 59% were female. Nineteen patients (16%) cancelled their appointment without rescheduling or were no-shows. **Intervention/instrument:** Data were collected from the PCC electronic medical record. **Outcome measures:** Source/reason for referral, patient characteristics, and number/category of identified drug therapy concerns (DTCs) were examined using descriptive statistics. **Results/findings:** Fifty-eight per cent of patients were referred via new patient intake using a Medication Risk Assessment Questionnaire (MRAQ), 29% from other PCC providers, and 13% from community family physicians. The most common reason for referral was a medication review (84%). Median number of medical problems per patient was 7 (range 1–18) including chronic pain (61%), hypertension (53%), and dyslipidemia (49%). Median number of medications per patient was 11 (range 1–33). Common

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

medication classes included antihypertensives (64%), gastric acid suppressants (50%), and benzodiazepines/hypnotics (49%). Relatively few patients (≤20%) were receiving high-alert medications such as anticoagulants, antihyperglycemics, and immunosuppressants. In total, 412 DTCs were identified (median K318 per patient, range 0–12), of which 33% were a medication without an indication and 29% an untreated indication. **Discussion:** The most reliable source of referrals to a PCC pharmacist was for medication reviews of new patients. Most referred patients had multiple medical problems and polypharmacy, and few were referred for disease-specific management. A limited number were receiving high-alert medications; therefore, these patients should be proactively targeted by the PCC pharmacist. The number of DTCs per patient was variable, and most related to either initiating or discontinuing a medication. Despite polypharmacy being commonplace, almost one-third of patients had an untreated indication. **Conclusion:** The MRAQ was the most effective method for identifying pharmacist referrals in a PCC. Generally, patients referred to a pharmacist had multiple comorbidities and medications; however, many still had indications for additional therapy.

W141733 **Who is Providing What Care: Delivery of mental health services for the opioid-dependent patient population**
15:15–15:30 Joseph Eibl, PhD; Katie Anderson, MD PGY 4 Psych; Victoria Nguyen, MD PGY 3 Psych; David Marsh, MD

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. understand the complexity of mental health needs for the opioid-dependent patient population
2. understand how these patients receive mental health care

Description:
Background: In Ontario, approximately 50% of the opioid-dependent population in treatment has co-occurring mental health issues. In an ideal setting, mental health and addiction treatment services can be delivered in a coordinated fashion. However, it is far more common that addiction medicine and mental health services are provided discordantly. A factor contributing to the separation of services is the challenge of providing coordinated care across a large geographic area. Understanding the unique needs of the opioid-dependent population, and how these patients access mental health services is an important step towards developing a coordinated model of care. This study evaluates how opioid-dependent patients are accessing mental health care and for which purposes. **Methods:** We conducted a retrospective cohort study using an administrative database for patients who commenced opioid agonist thereapy (OAT) between 2008 and 2014 who also interacted with the mental health system in Ontario. Patients were stratified by primary mental health treatment model. Treatment models were defined as mental health treatment by; family physician or paediatrician; psychiatrist; coordinated care (primary care provider supported by a psychiatrist); or telemedicine. **Results:** Mental health provided by primary care accounted for 19,458 patients (0.81% of all mental health delivered by primary care), psychiatrist provided care to 11,455 patients (1.10% of mental health delivered by psychiatry), shared care provided mental health services to 7,682 patients (7.92% of appointment by shared care), and telemedicine was used to deliver services to 9,077 patients (17.61% of all telemedicine-delivered mental health appointments). **Interpretation:** Shared care and telemedicine models are being used disproportionately to care for opioid-dependent patients with co-occurring mental health conditions.

W140956 **Results of a Team-based Lifestyle Intervention in Primary Care to Reduce Metabolic Syndrome**
15:15–15:30 Doug Klein*, MD, CCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. identify the impact of the CHANGE lifestyle intervention program on reversing metabolic syndrome and reducing the long-term risk of myocardial infarction or acute coronary death

Description:
Metabolic syndrome (MetS) is a cluster of risk factors related to increased insulin resistance, which increases the risk of developing cardiovascular disease, stroke, diabetes, and cancer. Controlled studies have shown that diet and exercise can reverse MetS and improve outcomes related to these diseases. We designed an evidence-based diet and exercise program aimed at reducing the components of MetS in primary care—The Canadian Health Advanced by Nutrition and Graded Exercise (CHANGE). The objective of this study was to determine if the team-based CHANGE program was feasible in a primary care setting, resulted in a reversal of MetS at 12 months, and a reduction in long-term risk of myocardial infarction. In a prospective study, a cohort of 305 patients with MetS were enrolled from three large Canadian primary care clinics over 2 years. Eligibility criteria were designed to enroll adult patients that met the criteria for MetS according to the unified criteria. Patients incapable of participating for safety or medical reasons were excluded. Eligible patients were screened, educated about the nature and risks of MetS. They had follow-up visits with the family physician every 3 months over the year, and weekly with the dietitian and kinesiologist for the first 3 months and monthly thereafter. Of the 305 patients enrolled, 293 met the inclusion criteria at baseline and 228 had 12-month blood work done. Median compliance with dietitian and kinesiologists visits over the 12 months was 86% and 76% respectively. At 12 months, at least 16% to 20% of eligible patients had MetS reversal. The average expected PROCAM 10-year risk of a cardiovascular event decreased at 12 months by 1.5% ($p < 0.0001$) from a baseline of 8.5%, a relative risk reduction of 18%, with patients at the highest risk at baseline showing the most improvement. The CHANGE lifestyle intervention program is feasible in a Canadian primary care setting and compliance with this program is associated with a significant reduction in MetS reversal and in the 10-year risk of a cardiovascular event. Efforts are in place for the widespread dissemination and adoption of the program across Canada.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W141664 **A Qualitative Study Examining the Experiences of Patients Requesting Physician Assisted Dying in Canada**
15:15–15:30
Sheila Holmes*, MD, BSCH; Ellen Wiebe*, MD, CCFP, FCFP; Amelia Nuhn*, MD, MSc; Judy Illes, PhD; Alanna Just, BSc, Vancouver, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. appreciate perspectives of patients who request physician assisted dying

Description:
Context: Government legislation allowing medical assistance in dying received royal assent in June 2016. For the first time, patients in Canada have the right to be granted an assisted death within their own country. **Objective:** To explore the experiences of patients who asked for an assisted death after February 6, 2016, the initial deadline set by the Supreme Court of Canada to have federal legislation in place. **Design:** Qualitative design, using semi-structured interviews and thematic analysis. **Participants:** Patients who had a consult regarding assisted death through the HemlockAID clinic in Vancouver or through other physicians in British Columbia. **Instrument:** Semi-structured interviews by two family practice residents exploring the decisions the patient had made, the discussions the patient had with physicians and family members, barriers they faced, support they had received, how their feelings had changed over time, and what they wanted from health care providers. They also discussed basic demographics for context. **Findings:** The subjects had a variety of medical and psychiatric conditions that they all found intolerable, ranging from imminently life-limiting to chronic illnesses. Major themes for requesting assisted death included unacceptable quality of life, most commonly due to loss of autonomy, physical functioning, and the ability to communicate. Some expressed fear of future suffering and future disability. They talked about the barriers they encountered, including accessing assisted death and paternalism. **Discussion:** The patients in our study were confident in their decisions, but this may be because they had barriers to overcome and might have been one of the more persistent ones requesting assisted death. This may change as our society gains experience with assisted death and it becomes widely accessible. **Conclusion:** We are learning more about the experience patients have when requesting an assisted death. We also learned more about our own reactions and biases.

W136549 **Results of Benchmarking of More Than Two Years in a Family Medicine Residency Program**
15:15–15:30
Gary Viner*, MD, MEd, CCFP, FCFP; Douglas Archibald*, PhD; Eric Wooltorton, MD, MSc, CCFP, FCFP; Alison Eyre, MDCM, CCFP

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. recognize a novel approach to developing longitudinal benchmarks and examine its value

Description:
Context: Our department developed a series of explicit benchmarks in family medicine (FM); 29 for PGY1 and 32 for PGY2. These benchmarks became stems for core FM in-training evaluation reports (ITERs) implemented in July 2013. The action-based ITER evaluation scale had four parameters: 1. Not Observed/Not Applicable; 2. Off trajectory for this benchmark (action required); 3. On trajectory for this benchmark (minimal or no action required); 4. Attained this benchmark (no action required). Such an assessment system permitted an appreciation of just when, in residency, each of these benchmarks was attained. **Design:** We retrospectively analyzed the aggregated ITER data contained in our online assessment system (1 WebEval) over the academic years 2013–2014 and 2014–2015. **Participants:** 85 preceptors completed ITERS for 149 PGY1s and PGY2s in 2014, and 102 in 2015. **Intervention/instrument:** Using the data in one sorted by resident with sequenced FM rotations, we were able to determine the timing and consistency of competency attainment for each of the 61 predetermined benchmarks. **Outcome measures:** We grouped the competencies into six educational categories for simplicity, and determined the point in core FM blocks when each competency and each group of educational categories was attained by 50% of residents. **Results/findings:** We examined results from trainees' assessments, which showed an expected consistent increasing trend towards benchmark attainment over the sequence of ITERs. The 2014–2015 results ranged from 25% of PGY1s who attained the benchmarks after one FM block, to 71% after five blocks. Increases in PGY2s were similar, ranging from 55% to 87%. More importantly, we demonstrated stability of when this occurred from year-to-year for each item and there weren't statistically significant differences in percentage of residents that attained benchmarks between cohorts. **Discussion:** Though addition of a third year of data by the time of presentation will provide more reliability, we believe that the use of action-based resident assessment and big data approaches have provided a tool to determine expectations about attaining competency. **Conclusions:** Having developed an indirect approach to longitudinal benchmarks, we now can more readily recognize which residents need early attention because their educational progress is off the expected trajectory.

W141635 **Exploring the Benefits of a Mandatory Mindfulness Workshop for Third-Year Medical Students in Family Medicine**
15:15–15:30
Millaray Sanchez Campos*, MD, CCFP, FCFP; Doug Archibald, PhD; Joseph Burns, MSc; Diana Koszycki, PhD psych; Heather MacLean, MD, FRCPC; Veronique Duchesne, MD Class 2016; Carol Gonsalves, MD, FRCPC, Ottawa, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. learn about the mindfulness intervention in the FM rotation for third-year medical students
2. explore students' ideas and barriers for such an intervention
3. evaluate the study findings and the next steps

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

Description:
A 3-hour mandatory workshop (Mindfulness in clinical practice) was developed and piloted for the 2012–2013 academic year at the University of Ottawa, and has since remained as part of the curriculum. This workshop was incorporated into the existing third-year family medicine rotation of the clerkship curriculum, for both the Anglophone and Francophone streams. The main objective of this teaching innovation is to improve the MD program by introducing a mindfulness-based practice that students may use to enhance both their personal and professional lives, by increasing self-awareness, compassion, empathy, and resilience, and thus the quality of medical care. A qualitative research project was designed to explore the students' ideas of this teaching innovation, as well as the barriers encountered when trying to incorporate a curriculum in mindfulness. The students consenting to the research study were invited to participate in an interview during the week following the workshop and subsequently 12 weeks later. Data were analyzed using thematic content analysis. The raw transcribed data were coded for recurrent and emergent themes within the predetermined areas of inquiry. Preliminary findings of 6 out of the total 14 participants revealed that students preferred informal mindfulness practices (breathing, walking, eating, and listening awareness) over formal practice (sitting or lying), likely due to time mentioned as the main barrier. Stress was the most important motivation to engage in mindfulness practice, and they reported reduced stress as the main benefit. Students expressed their desire to have more resources and experiential sessions and both a mandatory and an elective mindfulness curriculum during their undergraduate training. The final study findings will be presented at FMF.

W131703 **Practice Simulated Office Orals as a Predictor of Certification Exam Performance in Family Medicine**
15:15-15:30 Kendall Noel, MD CM, CCFP, FCFP, MEd, Ottawa, ON; Douglas Archibald*, PhD, Ottawa, ON; Carlos Brailovsky, MSc, MD, Quebec, QC

Description:
Context: Simulated Office Orals (SOOs) are used by the College of Family Physicians of Canada (CFPC) to evaluate family medicine resident readiness for clinical practice. The ability to use a resident's performance on the practice exams conducted during their training to predict their final Certification Exam Score would be useful for residency programs. **Objective:** To determine if performance on practice SOO sessions conducted during residency training could be used to help predict performance on the SOO component of the final certification Exam. **Design:** Prospective cohort study **Participants:** Family medicine residents enrolled at the University of Ottawa (UofO) between July 1, 2012 and June 30, 2014, who were eligible to write the CFPC certification exam in the Spring of 2014 and who had participated in all four practice SOO exam sessions. There were 23 residents who met this criteria. **Intervention:** Practice SOO sessions at the UofO were standardized using a modification of the CFPC's SOO exam standardization process. The scores generated on four practice SOO exam sessions conducted during the 2 year the residency training program were used to generate the data presented in this study. **Outcome measures:** Scores on practice SOO sessions during the Fall of 2012, Spring of 2013, Fall of 2013 and Spring of 2014. The SOO component score on the Spring administration of the CFPC Certification Exam. **Results:** Weighted least square regression analysis using the four practice SOO session scores significantly predicted final certification exam SOO score, with an adjusted R squared value of 0.29, $p<0.05$. Additional analysis suggested that the mean scores for the cohort generated at each time point were statistically different from each other and that the relationship over time could either be represented by either a linear relationship or a quadratic relationship, with a plateauing effect at 16 months. A generalizability study generated a relative G-coefficient = 0.63. **Conclusions:** Our results confirm the utility of practice SOOs as a progress test and demonstrate their feasibility to predict final scores on the SOO component of the CFPC's certification exam.

W141765 **Does Quality of Care Differ in Different Models of Primary Care?**
15:30–15:45 Alan Katz*, MBChB, MSc, CCFP, FCFP; Dan Chateau, PhD; Jeff Valdivia, MSc; Carole Taylor, MSc; Scott McCollough, MA; Randy Walld, MSc, Winnipeg, MB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. describe the role of the service provision model on the quality of patient care

Description:
Context: Primary care reform has introduced different models of service provision and provider remuneration. Very little evaluation of the quality care provided by clinicians in different models of care has been published. **Objectives:** To determine the relationships between the model of primary care service delivery and quality of care indicators in an urban population. Two fee-for-service (FFS) and three alternative-funded models of primary care service delivery were studied. **Design:** Retrospective administrative data analysis. We created general linear mixed models to describe the relationship between each model of primary care and the dominant, traditional fee-for-service model for health services use, while controlling for a variety of primary care provider (PCP) and patient factors, including patient social complexity. **Participants:** We allocated all Winnipeg residents who had at least three visits to any PCP at any Winnipeg clinic between 2010–2013 to the most responsible PCP (N = 626,264). We then allocated each PCP to a model of primary care service delivery. **Results:** Patient social complexity was associated with poorer crude rates for many of the indicators. There were no differences among the models for hospital readmission within 30 days or specialist referral by the assigned PCP. Hospitalizations for ACSC were higher for one alternative funded model (1.98 OR, 1.38-2.83 95% CI), while non-indicated low back X-rays were lower for a different alternative funded model (0.14 OR, 0.03-0.59 95% CI). Ambulatory care visits to any PCP were lower for all three alternative funded models than the two FFS models. The family medicine academic teaching sites had lower rates of continuity of care ($P < 0.01$) conclusion overall, and no model of primary care consistently outperformed the others. FFS models had higher rates of visits, but appeared to satisfy patient needs better (less frequent use of telehealth services following visits). Teaching sites appeared to sacrifice continuity of care potentially to support other academic activities. Controlling for social complexity was associated with a reduction in the differences between models in indicator outcomes.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W141369 **Prospective Validation of an iOS app to Evaluate Tremor in Patients with Alcohol Withdrawal Syndrome**
15:30–15:45
Bjug Borgundvaag*, MD, CCFP(EM), PhD; Shelley McLeod, PhD(c); Taylor Dear, BSc; Sally Carver, BSc; Narges Norouzi, PhD(c); Simon Bromberg, BSc; Meldon Kahan, MD, CCFP, FRCPC; Sara Gray, MD, FRCPC, MPH; Parham Aarabi, PhD, Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Description:
Context: Ideal management of alcohol withdrawal syndrome incorporates a symptom-driven approach, whereby patients are regularly assessed using a standardized scoring system (Clinical Institute Withdrawal Assessment for Alcohol-Revised; CIWA-Ar) and treated according to severity. Among the domains assessed by the CIWA-Ar, tremor is the most objective indicator of withdrawal severity. However, the ability of clinicians to reliably quantify tremor is highly dependent on experience. **Objective:** The objective of this study was to prospectively validate an objective, reliable tool to standardize and quantify the severity of alcohol withdrawal tremor using the built-in accelerometer of an iOS application. **Design:** Prospective, observational cohort study. **Participants:** Patients ≥ 18 years old presenting to an academic emergency department in alcohol withdrawal from October 2014 to August 2015. **Intervention:** An objective, reliable tool to standardize and quantify the severity of alcohol withdrawal tremor using the built-in accelerometer of an iOS application. **Outcome measures:** Assessments were videotaped by a research assistant and subsequently reviewed by three clinical experts, blinded to the primary clinical assessment. Tremor severity was scored using the 8-point CIWA scale (0=no tremor, 7=severe tremor). Accelerometer derived results were compared to expert assessments of each video. Inter-rater agreement was estimated using Cohen's kappa (k) statistic. **Results:** 76 patients with 78 tremor recordings were included. Accelerometer derived tremor scores matched exactly with expert assessor scores in 36 (46.2%) cases, within 1 point for 73 (93.6%) cases and differed by ≥ 2 points in five (6.4%) cases. The overall kappa for agreement within 1 point for tremor severity was very good: 0.92 (95% CI: 0.86, 0.99). **Conclusions:** iOS accelerometer-based assessment of the tremor component of the CIWA-Ar score is reliable and has potential to more accurately assess the severity of patients in alcohol withdrawal. We anticipate this resource will be easily disseminated, and will affect and improve the care of patients with alcohol withdrawal.

W141636 **Improving Team-based Care for Children: Collaborative well-child care involving family practice nurses**
15:30–15:45
Jolanda Turley*, MDCM, CCFP; Grace Warmels*, medical student; Sharon Johnston, MD, CCFP, Ottawa, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. learn about an innovative approach to sharing well-child care between family physicians and family practice nurses.

Description:
Context: Well-child care (WCC) includes preventive care, anticipatory and health education, and vaccinations to infants and children in primary care. In Canada, family physicians and pediatricians perform most WCC, but in many developed countries, registered nurses (RNs) provide WCC. As team-based primary care expands across Canada, family physicians need new approaches to collaborate and share responsibility for the growing demands of practice. Shared WCC could be an effective and efficient way to maximize nursing scope of practice while maintaining the patient-physician relationship with families. **Objective:** To develop and pilot a collaborative, shared-care approach to WCC by nurses and family physicians in a Family Health Team (FHT) in Ottawa, Ontario. **Design:** Feasibility study to test implementation and data collection, and acceptability to providers and families. **Participants:** Two registered nurses and five family physicians of a multi-disciplinary FHT, and 20–30 healthy children ages 2 months to 2 years. **Intervention:** A shared care approach to WCC, with visits alternating between the child's family physician and the RN, was developed based on the following steps: 1) searching international literature examples; 2) establishing standard of care for WCC; 3) matching the scope of practice of an Ontario primary care RN to the activities of routine WCC; and 4) consultation with FHT physicians and RNs to identify an approach that optimized the nursing scope of practice, maintained continuity of care with patients and families, and promoted collaboration and communication between the nurse and physician caring for a child. **Outcome measures:** Acceptability of shared-care model by FHT physicians and RNs. **Results:** Family physicians and RNs found the proposed shared care model acceptable and the Rourke Baby Record was chosen as the standard of care for providing WCC by all providers. **Conclusion:** This project developed and implemented a novel shared-care approach to WCC with good buy-in from providers. Ongoing data collection will assess WCC outcomes and parental and longitudinal provider satisfaction with this approach.

W141747 **Mental Health Plus: A qualitative study of family physician use of quetiapine**
15:30–15:45
Martina Kelly*, MA, MbBCh, MICGP, FRCGP, CCFP; Tamara Pringsheim, MSc, MD, FRCPC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. review use of quetiapine, indications, side-effects and monitoring

Description:
Context: Between 2005 and 2012, there was a 300% increase in quetiapine prescriptions in Canada, most of which were written by family physicians. Prescribing data indicated high off-label use; for example, in sleep or anxiety disorder. Factors informing family physicians' prescribing decisions, and practises relative to quetiapine safety, are unknown. **Objective:** To explore quetiapine prescribing practices from the perspective of the family physician, with a view to designing an educational intervention. **Design:** Qualitative study, informed by a constructivist understanding of prescribing. By this we see prescribing as a complex, socially situated process—physician knowledge and use of medication is affected by a range of factors, such as health care organization and systems, personal experience, and patient factors. **Participants:** To solicit a range of physician experiences (male, female, suburban, vulnerable populations, old, young), participants were

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

selected purposively. Following consent, 18 family physicians were interviewed using semi-structured interviews, which were recorded and transcribed. **Analysis:** Data were analyzed using template analysis, a flexible form of thematic analysis. By reading and re-reading the transcripts, a hierarchical template consisting of vertical and horizontal codes and themes was constructed, which was refined repeatedly, as data collection was iterative with analysis. An external critical friend with expertise in qualitative research in prescribing helped critically interrogate the data and enhance template development. **Findings:** Four themes were identified: decision making in patients with mental health problems; use of quetiapine; prescribing practices; and influences. Two integrative themes crossed the data set and related to patient complexity, and use of quetiapine as an alternative to benzodiazepines. Family physicians were holistic in their approach to mental health issues. Off-label use of quetiapine tended to be for patients with more than one mental health problem, often complicated by social factors—mental health plus. An important factor favouring quetiapine use was to avoid risk of addiction, tolerance or abuse, associated with benzodiazepines. Few physicians monitored patients for movement disorder or weight gain, nor did they perform lab work. **Conclusions:** This qualitative study highlights the complexity of prescribing. We have identified a number of teaching points that can be used to inform high-quality safe prescribing of quetiapine.

W141590 **Evaluating Behavioural Health Consultation in an Integrated Family Practice Setting**
15:30–15:45 Joachim Sehrbrock*, PhD, RPsych; Angela Nguan*, MD, CCFP, Vancouver, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. define behavioural health consultation
2. explain the utility and rationale for behavioural health consultation in family practice settings
3. identify preliminary quantitative results about the use of behavioural health consultation in an integrated medical setting

Description:
Context: A majority of Canadians with mental health problems seek care for these issues first from their family physicians. Specialty mental health care is often not readily available to patients due to long wait times, finances, stigma, and lack of access to services. Integrated primary care models like the Behavioural Health Consultation program (BHC) are designed to overcome some of these obstacles by providing brief, evidence-based behavioural and mental health interventions to patients directly in family practice settings. **Objective:** To assess the effectiveness of BHC intervention by comparing symptom severity, mental health functional changes, patient and physician satisfaction, and number of physician visits pre- and post-BHC intervention. **Design:** Data were collected in the context of a program evaluation prior to intervention at 4-month follow-up within a 22 month period, and analyzed comparing means pre- and post-intervention using a paired sample t-test. **Participants:** Data from 186 patients in an urban family practice setting with five physicians and one psychologist were analyzed (102 women, 84 men, mean age of 42, and a range 12–96 years of age). Patients identifying as Caucasian equalled 101, 35 did not disclose their ethnicity, 25 identified as Asian, eight as South Asian, and the remaining patients identified as Aboriginal (three), mixed (two), and Middle Eastern (two). **Intervention:** The intervention consisted of four 15–25 minute behavioural health consultation visits with a psychologist BHC in an integrated primary care family practice setting. **Outcome measures:** A variety of measures were used, including the Patient Health Questionnaire (PHQ9), Generalized Anxiety Disorder 7-items (GAD7), Health-Related Quality of Life (HRQOL), patient and physician satisfaction ratings, as well as evaluation of physician visits 16 weeks prior and 16 weeks after the start of the BHC intervention. **Results:** The data suggest that brief BHC interventions decreased mental health symptoms such as depression (PHQ9: $P = 0.0002$; GAD7: $P < 0.0001$), decreased physician visits from 3.54 visits in the timespan of 16 weeks before and 2.73 visits in the timespan of 16 weeks after the start of the BHC intervention ($P < 0.0001$), and increased mental health-related quality of life (HRQOL-MH: $P = 0.0087$). **Conclusions:** Integrated BHC intervention showed promising results for providing effective, accessible, and timely behavioural and mental health care with low barriers for patients in family practice settings.

W141694 **The Patient-Physician Relationship in Adults with Severe and Profound Developmental Disabilities: Phase 1**
15:30–15:45 Katherine Stringer, MBChB, CCFP; Bridget L. Ryan, PhD; Amanda L. Terry, PhD

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. appreciate the importance of the patient-caregiver bond in this relationship
2. describe different models of the patient-physician relationship in this context

Description:
Context: People with developmental disabilities are living longer and are more likely to have multiple and complex medical problems. Lack of appropriate transition of care from a well coordinated pediatric service to more fragmented adult services renders this group vulnerable to health care disparities. Family physicians provide ongoing primary care to people with severe and profound developmental disabilities but this can be challenging, especially as the family physician is rarely involved in their care as children. The development of the patient-physician relationship may be different in this population and could influence the provision of appropriate ongoing care. Further research about this relationship could help inform and support family physicians as they embark on these relationships. **Objectives:** The primary objective of phase 1 of this study is to explore how the patient-physician relationship develops between adult patients with severe or profound development disabilities and their family physicians as perceived by their caregivers. **Design:** Qualitative-grounded theory. **Participants:** Primary caregivers of patients with severe and profound developmental disabilities. **Instrument:** Using semi-structured interviews developed from the research questions, participants were asked about their experience with the development of this relationship. **Findings:** The patient-physician relationship in this context is complex and the importance, intensity, and role of the close bond between the caregiver and the patient with severe and profound developmental disabilities was realized. Various steps in the process of relationship development are

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Simultaneous interpretation / *Interprétation simultanée*

described. These steps result in the creation of the patient-caregiver-physician dynamic triangular relationship. Four models of this relationship are then described: the upfront knowledge acquisition, familiarization over time, stable and functional resource and physician-centred models. The model of relationship affects the delivery of true patient-centered care. **Conclusions:** The impact of the different types of relationships in each of these models on the well-being of the paitient, caregiver, and family physician is significant. Appropriate transfer of this knowledge to family physicians to help develop positive, enduring relationships with these patients is essential to ensure the ongoing provision of appropriate primary care.

W135615
15:30–15:45

Family Medicine Residents On-Call: Perceived learning value and the Canadian Triage and Acuity Scale (CTAS)

Adam Jones-Delcorde*, MD, MSc, CCFP, Ottawa, ON; Ekaterina Slivko, MD, CCFP, New Westminster, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. discuss the number, urgency, and learning value of pages received by family medicine residents on call overnight

Description:
Context: Many family medicine (FM) residency programs have eliminated overnight on-call shifts due to concerns about patient care and resident fatigue. However, some argue that this reduces exposure to acute patients and eliminates a valuable educational experience. **Objective:** To assess the number, urgency, and perceived learning value of pages received by FM residents on call overnight. **Design:** Prospective observational study. **Participants:** FM residents in their first (n = 9) and second (n = 4) years at the Chilliwack General Hospital, a 140-bed community hospital in British Columbia. **Main outcome measures:** First, residents were asked to score the learning value of each page on a scale of 0 (not at all valuable) to 10 (extremely valuable). Second, residents were asked to record the patient's complaint and key physical exam features, which was then coded using the Canadian Triage and Acuity Scale (CTAS). **Results:** Residents recorded 544 pages (505 after exclusions) from October 16 to December 17, 2014. We observed a mean of 12.32 pages/shift (range = 4–26) or 0.95 pages/hour. The most common pages were for general and minor issues (53.7%), which includes medication requests (28.9%). The next most common complaints were cardiovascular (14.1%), gastrointestinal (7.1%), and respiratory (6.5%). Pages were categorized (with mean learning scores) as nonurgent (44.6%, M = 1.41), less urgent (19.2%, M = 3.37), urgent (22.8%, M = 4.17), emergent (11.7%, M = 6.44), and resuscitation (1.8%, M = 7.78) according to the CTAS. Mean learning scores significantly increased as the CTAS urgency increased (linear trend, $p < .0001$). Fewer pages occurred after midnight (30.5%), but the proportion of pages categorized as less urgent or nonurgent did not change significantly ($p = .53$ and $p = .09$, respectively). **Conclusion:** Urgent pages have more perceived learning value; however, a large portion of the pages received by residents were not urgent. Residents were paged less frequently after midnight, but the likelihood that they would be paged for nonurgent issues did not change. Further research should investigate perceived learning value in other settings, including daytime clinics that residents may miss due to call.

W141100
15:30–15:45

How Does Family Medicine Identity of Residents Develop in a Longitudinal Curriculum?

Natasha Aziz*, MD, Clarington, ON; Karen Schultz, CCFP, FCFP, Kingston, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. identify curriculum factors impacting the professional identity development of family medicine residents.

Description:
Context: Family medicine (FM) identity development is an important goal of residency training programs with implications for education, practice patterns, and colleague interactions. Research in undergraduate medical education settings suggests that longitudinal curriculum structures have impacts on professional identity formation; however, these innovations have not been studied in postgraduate settings. **Objective:** To explore how the FM identity of residents develops in a longitudinal curriculum and explore factors that affect this process. **Design:** This was a qualitative, phenomenological study that employed thematic analysis. **Participants:** Six final-year FM residents in a distributed community training site with a longitudinal curriculum structure. **Instrument/intervention:** Semi-structured individual interviews. **Findings:** Participants described key experiences that supported their developing identity as family doctors: clinical activities typical of FM; independence and ownership for patient care; and meaningful patient relationships. Curriculum factors supporting these key experiences included having a FM home base, curriculum flexibility, and breadth of experience over time. Non-curriculum factors such as community training setting, preceptor teaching style, and preceptor scope also affected participants' identity development. **Conclusions:** Based on the personal accounts of residents, these findings identify features of the longitudinal curriculum that influence the developing identity of FM residents. This adds to our understanding of how curriculum innovations in FM affect resident experiences and support identity development.

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Simultaneous interpretation / *Interprétation simultanée*

W141831
15:30–15:45

An Examination of Changes in Assessment Information Pre- and Post-implementation of a Competency-Based Achievement System (CBAS)

Shelley Ross*, PhD; Shirley Schipper, MD, CCFP; Pawandeep Kaur; Jamie Stobart;
Paul Humphries, BSc, BEd, MD, CCFP, FCFP; Mike Donoff, MD, CCFP, FCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. evaluate whether a CBAS results in improved assessment information

Description:
Context: Traditional medical education assessment approaches tended to focus on measuring medical knowledge and procedural skills. Competency-based assessment approaches carry with them an underlying assumption that while static knowledge and procedural skills are important, the ability to apply knowledge, communicate effectively, practice patient-centred care, and conduct oneself in a professional manner are also essential elements that must be assessed. In 2010, we implemented the Competency-Based Achievement System (CBAS). Our goal in switching to the CBAS was to broaden the assessment of our residents to capture all competencies of an effective physician. In this study, we compared assessment data before and after implementation of the CBAS. **Objective:** To evaluate whether assessment information post-CBAS is more detailed and informative, addresses multiple competencies beyond medical knowledge and procedural skills, and shows evidence that residents had an opportunity to self-assess; as compared to pre-CBAS assessment information. **Design:** Secondary data analysis intervention (data sources): in-training evaluation reports (ITERs) and summative progress reports (PRs) from de-identified resident assessment files for 4 years pre-CBAS and 5 years post-CBAS. Random sample of 25% of files for each cohort (total N=164). **Outcome measures:** Content, length, and quality of comments, as well opportunities for residents to self-assess, on ITERs and PRs. **Results:** PRs results confirmed our hypothesis: post-CBAS, comments were detailed and specific, resident self-assessment was more evident, and learning plans were found more consistently. For ITERs, comment length did not change post-CBAS, but accuracy in identifying concerns about resident progress increased. Additionally, post-CBAS ITERs showed more alignment between comments and the score given to the resident. **Discussion:** The CBAS facilitated the collection of better assessment information about residents than was found before implementation. The emphasis shifted from medical knowledge to a broad assessment of all competencies identified by our program as essential. The CBAS also shifted the focus from rankings to narrative about resident competence, which provided greater information about resident strengths and weaknesses. Finally, an emphasis on guided self-assessment encouraged residents to self-assess, based on the assessment evidence in the CBAS. **Conclusions:** Adopting a system (CBAS) that emphasizes workplace assessment and formative feedback resulted in better assessment information.

W133505
15:45–16:00

Seasonality of Ankle Swelling: Population symptom reporting using Google Trends

Fangwei Liu*, MD; G. Michael Allan, MD, CCFP, FCFP; Christina Korownyk, MD, CCFP;
Michael Kolber, BSc, MD, CCFP, MSc; Nigel Flook, MD, CCFP, FCFP; Harvey Sternberg, MD, CCFP, FCFP;
Scott Garrison, MD, PhD, CCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. recognize that the general public's interest in ankle swelling is seasonally modulated

Description:
Context: In our experience, complaints of ankle swelling are more common in the summer, often from patients with no obvious cardiovascular, venous, or lymphatic disease. Surprisingly, this observation has never been reported in literature. **Objective:** To determine any seasonal pattern in the general public's interest in ankle swelling. **Design:** Our data were obtained from Google Trends, and consisted of the frequency of all Google searches related to ankle swelling in the United States from January 4, 2004, to January 26, 2016, and in Australia from August 29, 2010, to January 26, 2016. **Results:** Consistent with our expectations, Internet searches for information about ankle swelling are highly seasonal ($P < 0.0001$), with peaks of search volume occurring in the summer. Seasonality explained 86% of the search volume variability in the United States and 73% of the variability in Australia. **Conclusions:** The public's interest in ankle swelling is highly seasonal and may reflect underlying physiological trends in body fluid volume.

W141326
15:45–16:00

An eGFR Obtained by MDRD Equation can Potentially Compromise Anticoagulant Dosing Safety in Elderly Atrial-Fibrillation Patients

Anwar Parbtani*, PhD, MD, CCFP; Gaurav Dhindsa, BSc (Hons), MD, CCFP

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. assess discrepancy of eGFR between MDRD and Cockroft-Gault formulae; potential impact on anticoagulant dosing safety in atrial fibrillation patients

Description:
Context: Atrial fibrillation (AF) contributes to approximately 25% of ischemic strokes in the elderly, underscoring the importance of oral anticoagulation for stroke prevention. Inconsistent therapeutic effectiveness of warfarin and the burden of frequent INR testing have resulted in a surge in the use of the novel oral anticoagulants (NOACs). However, these medications require dose adjustments for renal insufficiency/failure, which is prevalent in the elderly. Primary care providers rely on community laboratory reported estimated GFR (eGFR) based on the MDRD formula, which does not use the actual patient's weight and has been shown to overestimate GFR in the elderly. This provided rationale to assess discrepancy of GFR between the MDRD and the Cockroft-Gault (CG) formula (which uses actual body weight), and its

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Simultaneous interpretation / *Interprétation simultanée*

potential impact on NOAC dosing. **Methods:** A retroactive chart review was undertaken in 10 primary care practices. Inclusion criteria: Patients 75 years of age and older, with a confirmed diagnosis of AF and on NOAC therapy. Availability of NOAC dosing details, and at least one serum creatinine (Scr) and one body weight measure during the study year. **Exclusion criteria:** Patients younger than 75 years old, unavailable Scr and/or body weight data, lack of NOAC dosing details, long-term care residents (lack of data in EMR). We calculated GFR by CG and compared this with the laboratory reported MDRD-eGFR. We assessed potential and real dosing discrepancy of NOAC in these patients relative to estimated GFR. **Results:** Charts for 210 patients ≥75 years of age were identified; 32 confirmed AF diagnosis; 12 on warfarin (excluded); 20 on NOAC, meeting the study criteria. Age: 82±5; renal function: Scr: 90±23; MDRD-eGFR: 67±19 vs CG-GFR: 60±20 ($P = 0.09$ (NS) on Kruskal Wallis). MDRD overestimated GFR in 16 cases, but NOAC dose discrepancy was noted in only eight patients—six underdosed, two overdosed (χ^2: $P < 0.05$ for all differences). **Conclusions:** MDRD formula overestimated eGFR compared with CG formula. Unexpectedly, we noted that underdosing exceeded overdosing, which could undermine stroke prevention. Drug monographs for NOAC suggest using eGFR based on CG, which should be followed for appropriate dosing and safety in clinical practice.

W133419 **Is There a Role for a Formalized Referral Network for Office Procedures in Family Practice?**
15:45–16:00
Annabeth Loveys, MD, MClSc, CCFP, St. John's, NL

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. recognize the potential roles for a formalized referral network

Description:
Context: Office procedures are an important part of the comprehensive care package provided by family physicians. Every family physician cannot feasibly perform every office procedure. A cadre of family physicians drawing upon each other's procedural skills has the potential to improve patient care and enhance physician satisfaction. **Objective:** A mixed methods approach was used to explore potential clinical and educational roles of a formalized referral network for office procedures in Newfoundland and Labrador. **Participants:** Family physicians practising in Newfoundland and Labrador. Quantitative sampling frame was 597, with an eligible survey response rate of 22.11%. Qualitative study participants (20) were divided into four focus groups composed using a purposeful sampling strategy. **Instruments:** A descriptive quantitative study using a self-administered survey. A subsequent descriptive qualitative study using focus groups of family physicians. **Results/findings:** In the quantitative study, family physicians identified that while there are procedures being performed in family practice, there is a discrepancy between the demand for, and performance of, office procedures. Respondents also identified interest in colleague referral for office procedures. In the subsequent descriptive qualitative study, participants suggested that colleague referral would be beneficial if supported by the entire medical community, accepted by patients, and implemented effectively. **Conclusions:** Family physicians recognized that there is both a need and desire for a formalized referral network which incorporates the following roles: 1) Encourage office procedures in family practice; 2) Connect colleagues to address discrepancies between the demand for and performance of office procedures; 3) Improve physician, patient, and health authority's satisfaction with colleague referral; and 4) Address family physician concerns through effective implementation.

W141695 **Effectiveness of Case Management Interventions for Frequent Users of Health Care Services: A scoping review**
15:45–16:00
Catherine Hudon, MD, PhD, CMFC, Sherbrooke, QC; Maud-Christine Chouinard, RN, PhD, Saguenay, QC; Mireille Lambert, MA, Saguenay, QC; Isabelle Dufour, RN, MSc(c), Saguenay, QC; Cynthia Kreig, BSc, Sherbrooke, QC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. learn about characteristics of case management interventions linked to positive outcomes and elements relevant for primary care

Description:
Context: Frequent users of health care services represent a vulnerable population. They are often socio-economically disadvantaged and present multiple chronic conditions as well as mental health problems. Case management (CM) is the most frequently performed intervention to improve care for this clientele and reduce services use and cost. **Objective:** This study aimed to examine the evidence of the effectiveness of CM interventions for frequent users of health care services. **Design and data sources:** A scoping review was conducted using the MEDLINE, Scopus, and CINAHL databases, from January 2004 to December 2015. A specific search strategy was developed for each database using the keywords "case management" and "frequent use." **Methods:** To be included in the review, studies had to report effects of a CM intervention on health care use and cost or patient outcomes. Eligible designs included randomized and non-randomized controlled trials, and controlled and non-controlled before-and-after studies. Studies limited to specific groups of patients or targeting a single disease were excluded. Three reviewers screened abstracts, screened each full-text article, and extracted data. Discrepancies were resolved by consensus. **Results:** The final review included 11 articles evaluating the effectiveness of CM interventions among frequent users of health care services. Two case control studies and four pre-post design studies reported positive outcomes on health care use or cost. Two randomized controlled trials, two pre-post studies, and one case-control study presented mitigated results. Patient outcomes such as drug and alcohol use, health locus of control, patient satisfaction, and psychological functioning were evaluated in three studies, but no change was reported. Key elements associated with successful CM intervention were observed such as coordination of care, patient education, and self-management support as well as assistance with care navigation. Selection of care manager was also an important aspect of CM, as well as collaboration with primary health care providers and community resources. **Conclusions:** Many studies suggest that CM could reduce emergency department visits and hospitalizations, as well as cost. This presentation will outline characteristics of CM interventions linked to positive outcomes and elements that are relevant for primary care providers.

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Simultaneous interpretation / *Interprétation simultanée*

W141744 **HealtheSteps Improves Physical Activity and Healthy Eating in Adults at Risk for Chronic Disease**
15:45–16:00
Cassandra L. Bartol, MBBCh, BAO, MHK; Dawn P. Gill, PhD; Roseanne Pulford, BA; Parinha K. Simmavong, MA; Wendy M. Blunt, MPH; Robert J. Petrella*, MD, PhD, London, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. recognize the role of HealtheSteps in preventing chronic disease

Description:
Context: Chronic disease accounts for a significant proportion of morbidity and mortality worldwide. Four out of five Canadians are at risk for chronic disease, and the burden of these conditions will only increase unless strategies are implemented to mitigate these risks. HealtheSteps (HeS) is a healthy lifestyle program targeted at improving risk factors (physical inactivity and unhealthy diet) known to contribute to chronic disease. **Objective:** To explore the potential effectiveness of the HeS program at improving physical activity and unhealthy diet in individuals at risk for chronic disease. **Design:** This study was a pilot pragmatic randomized controlled trial. **Participants:** Individuals 18–85 years of age, with ≥ one self-reported or measured risk factors for chronic disease (BMI ≥ 24.9 kg/m2, exercise ≤ 150 minutes/week, sitting ≥ 3 hours/day, consuming ≤ eight fruit and vegetable (F&V) servings per day, diagnosis of metabolic syndrome or type 2 diabetes) were eligible to participate in the study. **Intervention:** Over the 6-month program (four, 45-minute sessions), participants worked with a HeS coach to develop healthy lifestyle prescriptions for physical activity and healthy eating. **Outcome measures:** Physical activity (average steps per day), healthy eating (Starting the Conversation [STC]: scored 0–16 [0 = most healthful eating]); Modified DINE (higher number indicates greater consumption) and weight were assessed at baseline and 6 months. **Results:** Participants were randomly assigned to either the HeS intervention group (N = 59) or wait-list control group (N = 59). Baseline characteristics were similar between groups: mean ± SD; median (interquartile range); (Age [years]: 57.7 ± 13.5; weight [kg]: 85.6 ± 22.5; steps/day: 5,608 [4,057]; STC: 6.0 [3.0]; Modified DINE F&V Score: 2.8 [2.5]). At 6 months, the HeS group increased their physical activity more than the control group [difference between groups in mean steps/day (control is reference): 3,057 (95% confidence interval: 1,924 to 4,189 steps/day, P < 0.001). Healthy eating improved more in the HeS group compared with the control group (STC -1.50 [-2.40 to -0.59], P = 0.001; Modified DINE F&V Food Score 0.67 [0.06–1.28], P = 0.03). There were no differences between groups in mean weight change. **Conclusion:** HeS has the potential to improve physical activity and healthy eating in individuals at risk for chronic disease. More research is warranted.

W140958 **Web Communication Learning: Does it make a difference?**
15:45–16:00
Emma Glaser*, MD-MSc(c); Claude Richard*, PhD; Marie-Thérèse Lussier*, MD, BSc, MSc, FCMF

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. evaluate the impact of a patient communication Web intervention on patient-oriented outcomes
2. determine the usefulness of recommending this type of website to patients in their practice

Description:
Context: Effective communication between health care providers and patients is thought to be an important factor for improving various outcomes, such as patient understanding, adherence, and health outcomes. Interventions seeking to promote patient participation can improve communication, yet most study interventions are resource intensive and few studies have rigorously evaluated these interventions' effects. **Objective:** To assess the impact of a Web intervention promoting patient participation in 1) communication, 2) recall of medical information, and 3) health outcomes in patients suffering from chronic diseases as compared with usual care. **Design:** This study used a three-arm randomized control trial, randomizing participants into a) usual care, b) Web intervention (e-Learning), and c) combined Web intervention and workshop (e-Learning + workshop). Physicians, coders, and research assistants assessing charts were blinded to patient allocation. **Participants:** Participating in the study were 322 adults selected from primary care clinics in Ontario, who had at least one disease among hypertension, type 2 diabetes, and dyslipidemia not meeting target goals according to Canadian guidelines. Participants spoke English and could access the Web. The e-Learning group completed a website that focused on four modules, based on the PACE approach of Cegala: Prepare for the medical interview, Ask questions, Check understanding, Express concerns. Participants in the combined group benefited from an additional workshop that involved role-playing the previously-mentioned skills. Communication was assessed objectively using two validated communication coding schemes, MEDICDODE and RIAS. Recall was assessed through questionnaire answers compared with audio recordings and health outcomes, such as meeting target goals for recommended blood pressure, glycated haemoglobin, and lipid profiles were assessed through analysis of medical records. **Results:** Two-hundred and twenty-one participants came to their follow-up appointments, which were audiotaped. Participants who used the website had richer information exchanges with their physicians, recalled more information about their medications (OR e-Learning versus usual care=1.564; 90% CI 1.058, 2.312), and had a greater likelihood of meeting their treatment goals (RR e-Learning versus usual care=1.52, 95% CI (1.008-2.30). **Conclusion:** Although results must be evaluated with caution due to attrition, this trial provides evidence that accessible websites such as discutonssante.ca are important tools that may have direct positive impacts on clinically relevant outcomes.

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Simultaneous interpretation / *Interprétation simultanée*

M141466 **Les relations juridiques entre le médecin-patron et le résident: au-delà de l'enseignement!**
15:45–16:00 Gabrielle Trepanier, CMFCF-MU, Sherbrooke, QC

Crédits certifiés Mainpro+ d'apprentissage en groupe = 0.25

Objectifs d'apprentissage :
1. détecter les situations juridiquement à risque dans le cadre de la supervision au résident
2. utiliser les critères de délégations d'actes médicaux au résident
3. exploration du contexte juridique de la supervision clinique

Description :
Contexte : Dans nos milieux universitaires, les médecins-patrons travaillent de manière quotidienne avec les résidents en formation. Ces interactions complexes soulèvent d'importants questionnements juridiques sur le plan de la responsabilité médicale. **Objectifs :** Exploration des aspects juridiques de la relation entre le médecin-patron et le résident dans le système de justice québécois. **Type d'étude :** Essai juridique rédigé dans le cadre d'une Maitrise en Droit de la Santé. **Instrument :** La jurisprudence de 1980 à aujourd'hui a été relevée. C'est 23 causes pertinentes qui ont été entendues devant nos tribunaux québécois. La doctrine a aussi été relevée de 1980 à aujourd'hui. Enfin, 11 articles d'auteurs renommés ont été étudiés. **Paramètre à l'étude :** En premier lieu, les lois ont été étudiées afin de déterminer les obligations du résident, du médecin-patron et de l'établissement. Par la suite, la jurisprudence a été explorée sur l'interprétation des lois par les tribunaux. Finalement, la doctrine a été analysée; les grands auteurs québécois ont été lus et critiqués. **Constat :** La faute du médecin patron a été entrainée dans de multiples circonstances; notamment pour son devoir d'enseignement, son devoir d'obtenir un consentement, sa délégation d'actes médicaux et son rôle au sein d'un hôpital universitaire. Le résident fautif va entrainer la faute de son médecin-patron pour le fait d'autrui s'il prodiguait des soins médicaux et la faute de l'établissement s'il prodiguait des soins hospitaliers. Le résident peut aussi entrainer sa faute propre déontologique. **Discussion :** Le débat juridique sur le commettant principal du résident a été exploré. Il nous semble que l'acte en lui-même n'oriente pas sur le commettant, mais bien le contexte dans lequel il est posé. Lorsque les juristes explorent la faute d'un résident, ils doivent départager si l'acte médical a été posé en contexte de soins hospitalier ou de soins médicaux. **Conclusion :** Les relations entre le médecin-patron et le résident sont complexes. Il s'agit de trouver un équilibre entre l'apprentissage des résidents et la sécurité du patient.

W141005 **Informing a New Curriculum: A generalist lens**
15:45–16:00 Melissa Nutik*, MD, CCFP, FCFP, MEd, Toronto, ON; Azadeh Moaveni, MD, CCFP, Toronto, ON; Ruby Alvi, MD, CCFP, MHSc, Toronto, ON; James Owen, MD, CCFP, Toronto, ON; Risa Freeman, MD, MEd, CCFP, FCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. systematically review all aspects of the mid-level design of a new proposed undergraduate curriculum for evidence of generalist principles
2. recommend modifications to the undergraduate curriculum based on a generalist lens

Description:
Context: Generalism is believed to be a widely held fundamental value in medical education. The Faculty of Medicine at the University of Toronto is currently engaged in preclerkship curriculum renewal. The new curriculum is purported to be based on generalist principles. However, in the course of curriculum review, it became apparent that perspectives on generalism held by faculty and other stakeholders were varied and unclear. **Objective:** To systematically review all aspects of the mid-level design of the new proposed undergraduate curriculum for evidence of generalist principles and to recommend modifications. **Design:** In response to the apparent discord amongst faculty and stakeholders, an environmental scan of the literature and accreditation documents relevant to generalism in undergraduate medical education was undertaken. An evidence-informed tool, incorporating the key elements of generalism, was developed and applied in a systematic review process to all aspects of the mid-level design of the new proposed curriculum. **Participants:** The environmental scan, literature review, tool development, and curriculum review were conducted by the authors. **Intervention/instrument:** The generalism tool was systematically applied to all aspects of the mid-level design of the new curriculum. Each section was reviewed by a minimum of two faculty members and consensus was achieved. **Findings:** Application of the tool revealed a conspicuous lack of evidence for the inclusion of generalist principles in the new curricular documents. Detailed feedback and suggestions for change were provided to course and curriculum developers reflecting on the presence or absence of these principles. **Discussion:** The results of the review process were highly valued and are being used to inform the evolving high-level curriculum design. The continued application of the tool will allow for ongoing assessment of the lived curriculum through a generalist lens. **Conclusion:** Development of an evidence-informed tool supported a generalist lens through which we were able to provide institutional guidance in the implementation of a new undergraduate curriculum. This process can be applied by other institutions wishing to review their curriculum regarding generalist principles.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W141832 **Detection of Residents in Difficulty is Enhanced When Assessors Write More and Better Comments**
15:45–16:00
Shelley Ross, PhD; Orysya Svystun, BSc; Mike Donoff, MD, CCFP, FCFP; Shirley Schipper, MD, CCFP; Paul Humphries*, BSc, BEd, MD, CCFP, FCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. explain the importance of more and detailed comments for identifying residents in difficulty

Description:
Context: The issue of residents in difficulty is cause for concern for all residency programs. In any program, there is a 6%–10% rate of occurrence of residents encountering difficulty at any time. In addition to causing stress for the resident, programs encounter significant costs in time and resources. Often, residents in difficulty are not identified until late in their programs, and efforts to address gaps meet with minimal success. Early interventions are often more successful, as poor attitudes or dysfunctional behaviours have not yet become ingrained habits. Improving identification of residents in difficulty benefits both the programs and residents. **Objective:** In this study, we examined the extent to which an intervention to increase comments on assessments led to earlier detection of residents in difficulty. **Design:** Secondary data analysis. Intervention (data sources): Archived de-identified resident assessment data were mined; 3 years pre-intervention and 3 years post-intervention (total N = 393). **Outcome measures:** Rotation and progress report flags were used to identify residents in difficulty. Total numbers of comments were counted, as were words within comments. Content analysis of the comments was conducted to determine the degree to which comments gave residents specific information about where and how they could improve. **Results:** Significantly more comments were present on assessment forms post-intervention compared with pre-intervention as determined by an ANOVA ($F_{5,384} = 8.8$, $P < 0.005$). Content analysis revealed that the comments were more informative. Comments specified areas where residents were encountering difficulty, and how they could improve their performance. Numbers of flags increased post-intervention, but residents were flagged earlier in their program, and fewer residents required formal remediation. **Discussion:** Creating a residency program assessment culture that emphasizes informative comments on assessment forms facilitates earlier identification of residents encountering difficulty. There is more information contained in comments than can be determined from rankings or ratings of residents. Residents encountering struggles were more likely to have more frequent, longer, and detailed comments on assessment forms. This information meant that targeted interventions could be designed for these residents to help them address gaps and gain knowledge and skills needed to successfully complete residency. **Conclusions:** Comments on assessment forms are crucial to identifying and helping residents in difficulty.

W145049 **Fireside Chat with Dr Ian Scott, Section of Teachers Council Chair, and Dr Ivy Oandasan,**
16:00–17:00 **Director of Education**
Ian Scott, MD, CCFP, FCFP, Vancouver, BC; Ivy Oandasan, MD, CCFP, FCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1.0

Learning Objectives:
1. review changes made to the FMF program based on feedback received from previous years
2. share strategies on how to better support family medicine teachers and leaders of teachers
3. provide suggestions to the CFPC regarding future activities to support teachers and leaders of teachers during the FMF and in general

Description:
Join us to wrap up the Family Medicine Innovations in Research & Education Day with an opportunity to share your reflections about the day and provide suggestions for future directions. This year, we are expecially seeking feedback from new teachers and community teachers so please come and share your thoughts about the day and how we can maximize engagement and impact.

W141764 **Understanding Antimicrobial Prescribing in Primary Care**
16:00–16:15
Alexander Singer*, MB BAO BCh, CCFP; Sergio Fanella, MD, FRCPC, DTM&H; Kevin Hamilton, BScPharm, MSc; Ashley Walus, BScPharm; Leanne Kosowan, MSc

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. describe antibiotic prescribing patterns in common clinical conditions managed by family physicians

Description:
Context: Several organizations, including Choosing Wisely Canada and the Public Health Agency of Canada, have identified antimicrobial stewardship as a priority for optimizing antimicrobial prescribing in the outpatient setting. Nonetheless, large gaps remain in understanding how antibiotics are prescribed in primary care settings for various infectious syndromes, including urinary tract infections, pneumonia, pharyngitis, cellulitis, acute sinusitis, otitis media, bronchitis, and upper respiratory tract infection. In order to design interventions to improve antibiotic prescribing trends, more information is needed to assess how these medications are being used in primary care settings. **Objective:** This research establishes a baseline frequency of antibiotic prescribing for common primary care diagnoses in Manitoba. In addition, we attempted to identify patient and prescriber factors that are associated with potentially inappropriate antibiotic prescribing in order to design interventions to address improvements in care. **Design:** A retrospective database review was conducted using the Manitoba Primary Care Research Network Repository, which contains electronic medical record data from 35 clinics, more than 200 primary care providers, and nearly 200,000 patients. **Intervention:** A definition of potentially inappropriate antibiotic prescriptions was created for targeted diagnoses. Diagnosis/prescription pairings over a 2-year period, from 2013–2015 were reviewed for appropriateness. Prescriber and patient factors were

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

assessed using a multivariate logistic regression. **Results:** Of the 1,293 unique antibiotic prescriptions reviewed for likely bacterial diagnoses, 30% were not prescribed in an ideal manner, with 52% due to incorrect length of therapy as defined by evidence-based recommendations. There were 55,004 occurrences of likely viral diagnosis, of which 5.5% had an associated antibiotic prescription. This represented 3,014 potentially inappropriate courses of antimicrobial therapy. Patient age, sex, and number of visits all had statistically significant correlations to potentially inappropriate prescribing. There were no prescriber factors in our model that led to greater likelihood of appropriate prescribing. **Conclusion:** Current antimicrobial prescribing patterns in Manitoba primary care practices appear to be less than ideal. This study lays the groundwork for further antimicrobial stewardship programs in primary care, which are urgently needed to curtail the overuse of antibiotics in the setting where most are dispensed.

W141334
16:00–16:15

The Influence of Cognitive Rest and Graduated Return to Usual Activities: Emergency department discharge instructions on symptoms of minor traumatic brain injury

Catherine Varner*, MD, MSc, CCFP (EM), Toronto, ON; Shelley McLeod, BSc, MSc, Toronto, ON; Negine Nahiddi, MD, Toronto, ON; Rosamond Lougheed, MD, MSc, Toronto, ON; Bjug Borgundvaag, MD, PhD, CCFP (EM), Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. review the outcomes of a randomized controlled trial addressing the acute management of patients following minor traumatic brain injury

Description:
Context: It is estimated 15%–50% of patients with a mild traumatic brain injury (mTBI) diagnosed in the emergency department (ED) will develop post-concussive syndrome (PCS). Although expert consensus recommends cognitive rest and graduated return to usual activities, these interventions are not based on prospective clinical evidence. **Objective:** The objective of this study was to determine if patients randomized to graduated return to usual activity discharge instructions have larger decreases in their Post-Concussion Symptom Score (PCSS) 2 weeks after mTBI compared to patients who received usual care mTBI discharge instructions. **Design:** Pragmatic, randomized controlled trial. **Participants:** Adult (18–64 years) patients presenting to an academic ED (annual census 65,000) with chief complaint "head injury" occurring within 24 hours of ED visit. **Intervention:** Graduated return to usual activity and cognitive rest discharge instructions. **Outcome measures:** Primary outcome was change in PCSS 2 weeks following ED discharge. Secondary outcomes were change in PCSS at 4 weeks, time off work/school, and number of physician follow-up visits. **Results:** 118 patients were enrolled in the study (58 in the control group and 60 in the intervention). Mean age was 35.2 (13.7) years and 43 (36.4%) were male. There was no difference with respect to change in PCSS at 2 weeks (10.5 vs 12.8; Δ 2.3, 95% CI: 7.0, 11.7) and 4 weeks post-ED discharge (21.1 vs 18.3; Δ 2.8, 95% CI: 6.9, 12.7) for the intervention and control groups, respectively. The number follow-up physician visits and time off work/school were similar when the groups were compared. At 2 weeks and 4 weeks, 64.4% and 41.2% of patients, respectively, continued to experience symptoms (PCSS > 8). **Discussion:** Results from this study suggest graduated return to usual activity discharge instructions do not impact rate of resolution of mTBI symptoms 2 weeks after ED discharge, yet a majority of patients continue to experience symptoms. These findings are consistent with studies evaluating the impact of strict rest on symptoms following mTBI. **Conclusion:** Given patients continue to experience low to moderate symptoms 2 weeks after mTBI, more investigation is needed to determine how best to counsel patients with post-concussive symptoms.

W141725
16:00–16:15

A Fresh Set of Eyes: Interprofessional teamwork and the implementation of health TAPESTRY

Ruta Valaitis*, RN, PhD; Lisa Dolovich, PharmD, MSc; Doug Oliver, MSc, MD, CCFP, FCFP; Jenny Ploeg, RN, PhD; Cathy Risdon, MD, CCFP, FCFP; Gina Agarwal, MD, CCFP, FCFP; Dee Mangin, MBChB (Otago), DPH (Otago), FRNZCGP (NZ); Laura Cleghorn, MA, Hamilton, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. apply principles of implementation theory to enhance interprofessional team practice

Description:
Context: Whole scale health care system change is needed in order to dismantle care silos and become more proactive to the health needs. The Health TAPESTRY (Teams Advancing Patient Experience: Strengthening Quality) program integrates trained community volunteers, e-health technologies, interprofessional primary health care teams/system navigation, and community engagement to foster optimal aging for older adults living at home. **Objective:** To discuss the normalization of new team processes of care as a result of the Health TAPESTRY intervention in two sites of a family health team in Hamilton, Ontario. **Design:** A qualitative descriptive design involving in-person, semi-structured interviews and focus groups, audio-recorded and transcribed, and field notes collected during weekly team meetings. Normalisation process theory provided a sensitizing framework for interview and focus group questions as well as analysis. All data were analyzed for emerging themes using the constant comparative method. **Participants:** We sampled from all primary care providers in two sites at 3 to 4 months after the initiation of a randomized controlled trial. Five focus groups (N = 20) and five in-person interviews were conducted. **Intervention:** Trained volunteer pairs go into patients' homes to gather, via a tablet, information and health goals using structured screening tools. Information generated is summarized in a report and sent to the clinics through e-health tools (OSCAR, kindredPHR, Health TAPESTRY-Application) for review and follow up by interprofessional huddle teams (eg, clinic visits, referrals, links to community resources). **Findings:** Interprofessional teams leveraged existing processes and practises while grappling with conceptualizing and developing team processes to address new information presented through Health TAPESTRY reports. **Discussion:** Normalization of new structures (team membership, roles, time, space) and processes (procedures, practises) to enhance interdisciplinary practice depend on individual and collective sense-making to rationalize the innovation, as well as the legitimation and activation of new practices to support it (cognitive participation). **Conclusion:** The Health TAPESTRY

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

intervention permitted interprofessional teams to explore changes and modifications to teamwork and collaboration in two family health teams.

W141605 **A Qualitative Evaluation of an Academic Family Practice and Psychiatry Shared-Care Program**
16:00–16:15 Eva Knifed*, HonBSc, MD, MHSc, CCFP; Nicholas Howell*, MSc; Purti Papneja*, MD, CCFP; Nathaniel Charach, MD; Amy Cheung, MD, MSc, FRCPC; Nikola Grujich, MD, FRCPC, Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. evaluate the benefits of a shared-care psychiatry program in family practice
2. assess the utility of such a program
3. examine potential enhancements to such a program

Description:
Context: Collaborative care integrating primary and specialist mental health care have been increasingly highlighted as a way to improve psychiatric services in Canada and internationally. The family practice unit at Sunnybrook Health Sciences Centre, in collaboration with the department of psychiatry, has operated a Shared Care program since 2008, providing joint family medicine-psychiatry consultations for patients within the family medicine clinic. The program has also aimed to provide teaching for residents and family medicine staff to build capacity to manage psychiatric illnesses in a primary care setting. However, the program has not undergone formal evaluation since its inception. **Objective:** To evaluate whether the Shared Care program was meeting the needs of health care team members and look for opportunities for improvement. **Design:** A qualitative study design using a combination of in-depth interviews and focus groups to understand the views of family practice and psychiatry team members on the Shared Care program. **Participants:** Family medicine and psychiatry residents and staff, registered nurses, social workers, office coordinators, and program coordinators were sampled to elicit a wide range of perspectives on facilitators and barriers to the goals of the program. **Instruments:** Qualitative interviews and focus groups. **Outcome measures:** A qualitative content analysis approach was used to iteratively code the interview and focus group transcripts and derive themes. **Findings:** Themes included continuity of care, formalization, educational goals, attitudinal shifts, communication issues, and program strengths. The participants indicated that the value added by family medicine's longitudinal relationships with patients was lost when Shared Care appointments were scheduled with physicians who had not previously met the patient. Trainees also noted that a more structured approach to the program would help clarify roles of the learners and other health care team members. Many participants felt that the program was succeeding for patients and clinicians by offering timely access to psychiatric care and helpful feedback, respectively. **Conclusions:** Alterations to the structure of the Shared Care program could help improve the educational experience of the trainees. Formalization might lead to less uncertainty regarding responsibility for follow-up, clearer expectations, and better longitudinal care.

W136437 **What to Say if Your Patients Ask About Tai Chi: An evidence-based response**
16:00–16:15 Patricia Huston*, MD, CCFP, MPH, Ottawa, ON; Bruce McFarlane, MD, CCFP, FCFP, Cambridge Bay, NU

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. identify different levels of evidence and benefit for tai chi for more than 20 different conditions

Description:
Context: Tai chi is an ancient Chinese exercise that has been described as moving meditation. A surprising amount of research has now been done on tai chi that could inform physicians' assessment of it. **Objective:** To summarize the evidence on tai chi as a form of physical fitness and as a therapeutic intervention. **Design:** A review of systematic reviews and recent clinical trials. **Information sources:** PubMed and the Cochrane Collaboration Database on Systematic Reviews were searched for systematic reviews and randomized controlled trials (RCTs) of tai chi. Evidence for its fitness benefits as well as its therapeutic benefits for more than 20 conditions were then assessed and summarized into three categories: consistent evidence of benefit, preliminary or equivocal evidence of benefit, or little to no evidence of direct benefit. **Results:** More than 100 systematic reviews on tai chi were identified. Tai chi is a gentle exercise that can improve balance, aerobic capacity and strength, especially in middle-aged and elderly adults who have become deconditioned. There is consistent evidence that tai chi has a therapeutic effect on osteoarthritis, cognitive capacity, chronic lung disease, Parkinson's disease, and preventing falls in community-based older persons. There is preliminary or equivocal evidence that tai chi has a therapeutic effect on anxiety, quality of life in cancer patients, coronary artery disease, depression, fibromyalgia, hypertension, stroke, osteoporosis, and sleep disorders. There is some evidence that tai chi has no direct therapeutic effect on type 2 diabetes, rheumatoid arthritis, chronic heart failure, and preventing falls in frail institutionalized older persons. There were no studies that found that tai chi worsened a condition. A recent systematic review on the safety of tai chi found adverse events were typically minor and primarily musculoskeletal; no intervention-related serious adverse events have been reported. **Conclusions:** Physicians can now offer evidence-based recommendations on tai chi noting the various levels of evidence and benefit. Tai chi is still an area of active research, and patients should continue to receive medical follow-up for any clinical condition.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W141078 **The Utility of a Mobile Application Using an Algorithmic Approach to Clinical Reasoning Difficulties**
16:00–16:15 Elisabeth Boileau*, MD, CCMF, Sherbrooke, QC; Christina St-Onge, PhD, Sherbrooke, QC; Marie-Claude Audétat, PhD, Genève

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. identify what specific features may contribute to the utility, acceptability, and feasibility of a mobile tool in medical education

Description:
Context: Clinical teachers generally identify problem learners readily, but they are often reluctant to act upon their impressions in the absence of clear or familiar subsequent steps. In particular, a need has been identified to support clinical teachers for the identification and remediation of clinical reasoning difficulties, as these difficulties are prevalent and have significant implications for patient care. We hypothesized that an algorithmic application could be helpful to guide clinical teachers through the diagnosis and remediation of clinical reasoning difficulties. **Objective:** We aimed to evaluate the perceived utility, acceptability, and feasibility of this mobile tool. **Design:** The research design was an interpretive description. **Participants:** Twelve emergency physicians in two academic hospitals were recruited through volunteer sampling. **Intervention:** Semi-structured interviews were conducted before and after a 3-month trial with the application. **Outcome measures:** Interviews were analysed deductively using pre-determined categories, and inductively using emerging categories. **Findings:** The application was seen by participants as particularly useful to put the right words on learners' clinical reasoning difficulties. Overall, using this application was considered helpful and feasible during shifts in the emergency department. The mobile format was considered instrumental in allowing participants to use this tool in the field. **Discussion:** These findings suggest that the tool could be of interest as a faculty development resource, requiring little time or few resources, while allowing experiential and cumulative learning to take place. It is hypothesized that the mobile and algorithmic format of this tool promoted access to educational information by allowing information to be accessed just-in-time, in a format that mirrors the habitual clinical problem solving practises of clinical teachers. **Conclusions:** This mobile application could be especially useful to better identify the -clinical reasoning difficulties of learners, in a format that is both acceptable to clinical teachers and feasible in a context known for its high clinical pressure. These observations suggest that just-in-time access to information in an algorithmic mobile format could be of interest for knowledge transfer in medical education.

W141589 **The Association Between Primary Care Attachment and Poor Glycemic Control in Diabetes**
16:15–16:30 Kerry McBrien*, MD, MPH, CCFP; Marcello Tonelli, MD, SM, FRCPC; Robert Weaver, MSc; Brenda Hemmelgarn, MD, PhD, FRCPC; Alun Edwards, MD, FRCPC; Braden Manns, MD, MSc, FRCPC, Calgary, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. explore how primary care attachment may influence outcomes in patients with diabetes

Description:
Context: Patients with diabetes and poor glycemic control are at higher risk for complications. Provider continuity is often cited as an important factor for improving outcomes for people with chronic disease, though evidence in diabetes populations is conflicting. **Objective:** We determined the association between sociodemographic and clinical characteristics, and time-varying primary care attachment and poor glycemic control. **Design:** Longitudinal cohort study. **Participants:** We created a provincial cohort of adults with prevalent diabetes, and a measure of HbA1c that occurred at least one year following the date of diagnosis. We used the Usual Provider of Care (UPC) index to define attachment to both primary care physician and practice. Over two years, we categorized patients: no visits, never; one or two visits, infrequent; ≥ three visits, three levels of attachment (high [> 75%], medium [50%–75%], and low [< 50% of visits to one primary care physician/practice]). **Intervention/instrument:** We used linked administrative and laboratory data from Alberta Health and the Alberta Kidney Disease Network. **Outcome measures:** The primary outcome was poor glycemic control, defined as at least two consecutive HbA1c measurements ≥ 10%, spanning a minimum of 90 days. We used multivariable Cox proportional hazards models to evaluate the association between patient factors and time-varying primary care attachment and poor glycemic control. **Results:** In this cohort of 169,890 patients, younger age was significantly associated with poor glycemic control—HR 3.08, 95% CI (2.79-3.39) for patients ages 18–39 years, compared with those ≥ 75 of age. Longer duration of diabetes, First Nations status, lower neighbourhood income quintile, history of substance abuse, mood disorder, cardiovascular disease, albuminuria and high LDL-c were also associated with poor glycemic control. The HR for primary care physician attachment was 1.15, 95% CI (1.10-1.21) for low, and 1.10, 95% CI (1.04-1.14), for medium, compared to high attachment. Physician attachment dominated practice attachment. **Conclusions:** These findings demonstrate the complexity associated with poor glycemic control and indicate a need for tailored interventions. Physician attachment as opposed to practice attachment was an important predictor of glycemic control, which speaks to the importance of the provider-patient relationship in achieving good health outcomes.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W141678 **Gaps in Evidence: A novel generalist-driven approach to setting the research agenda**
16:15–16:30
Lee Green*, MD MPH; Nicole Olivier, RAHT, MLAT, Edmonton, AB; Michael Kolber, BSc, MD, CCFP, MSc, Edmonton, AB; Christina Korownyk, MD, CCFP, Edmonton, AB; G. Michael Allan, BSc, MD, CCFP, Edmonton, AB; Sandee Foss, RN, Edmonton, AB; Michele Hannay, BSc, Calgary, AB; Mark A. Watt, RN BN, Lethbridge, AB; Laurie Deboer, RN, BN, Calgary, AB; Kylie Kidd Wagner, MSc, Edmonton, AB; Barbra McCaffrey, BSc, Edmonton, AB; Eileen Patterson, MCE, PMP, Calgary, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. advocate for setting the research agenda based on gaps in evidence of importance to practising family physicians

Description:
Context: Funding agencies' research agendas are typically set in meetings with senior researchers and agency leaders, sometimes with representation from junior researchers and sometimes from members of the public. This approach has left large gaps in the evidence base that practitioners need. **Objective:** Derive research agenda priorities from gaps in evidence that practitioners identify in real time, rather than from researchers' preferences or abstract surveys of practitioners. **Design:** Prospective observational study, collecting questions asked by practitioners. Questions were compiled and grouped thematically. **Participants:** Family physicians and other professionals attending evidence based medicine (EBM)-oriented continuing professional development meetings. **Outcome measures:** Two lists of questions: 1) those for which no or inadequate evidence exists (ie, gaps in evidence); 2) those that come up often despite the existence of evidence (ie, gaps in knowledge translation [KT]). **Findings:** Fifteen evidence gaps were identified on topics practitioners face regularly, where either no studies exist or only weak studies that do not provide sufficient guidance to practice are available; 131 KT gaps were also identified. A full table will be presented. Three illustrative examples are: 1) What is the effect of FODMAP-restricted diets for irritable bowel syndrome? (Existing studies are too small and not well done; a high-quality RCT is needed.); 2) How long after injury can minor wounds requiring suturing be closed? (Many rules of thumb but few data exist.); 3) Honey for cough is known to benefit children at night, but does it help during the day, and does it help adults? Two typical KT gaps were: 1) For whom (high-risk patients, women, elderly) is ASA for primary prevention useful?; 2) Is there any value in home glucose monitoring for patients on oral hypoglycemics? **Discussion:** Practitioners' questions readily identify gaps in evidence and KT of direct, practical importance that would have significant impact on large numbers of patients. Research that addresses these gaps may be more readily taken up by practitioners as they already perceive a need for the information. These gaps are often not identified by expert committees. **Conclusion:** Funders should prioritize support for research that addresses demonstrated gaps in evidence in community practice.

W141041 **Toward Understanding Chaperone Use During Intimate Clinical Examinations: A scoping review of the literature**
16:15–16:30
Sonya Lee*, BSc, MD, CCFP, MHSc, FCFP; Salim Ahmed, MSc; Tanvir Chowdhury Turin, PhD, Calgary AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. identify and explain key research themes in the published literature regarding chaperone use during intimate examinations.

Description:
Context: Physicians' practises for using chaperones vary, and professional recommendations for their use differ between Canadian provinces and territories, and between countries. However, chaperone use is important for patient-centred care, and for the protection of both patients and physicians. **Objective:** To perform a scoping review of the published literature and identify major themes regarding chaperone use during intimate examinations. **Design:** Arksey and O'Malley's (2005) five-stage scoping review methodology was used. Relevant electronic databases of peer-reviewed literature and grey literature were systematically searched using keywords and/or MeSH terms. Articles were also identified by snowball sampling. Key information collected included study design, date, country, and physician or patient perspective. Major themes were identified and narratively described. **Results:** The peer-reviewed literature yielded 549 articles after duplicate removal; 81 were selected based on title and abstract screening. The 81 articles underwent full text review and 62 were included for data extraction, with a further 4 articles identified through snowball sampling. The grey literature search yielded 2 articles and 1 article through snowball sampling. In total, 69 articles were used used for data extraction. Publication dates ranged from 1981 to 2015; 83% were solely questionnaire-based. Most articles were from the UK (52%) or the US (23%); only 4% were from Canada. Only 7% focused exclusively on family practice patients and 13% on family practice physicians. Physicians believe that chaperones should be offered and used for intimate examinations, but this does not routinely occur. Documentation of chaperone use is poor. Male physicians are more likely to offer and use chaperones than female physicians. Female patients are more likely to want a chaperone, particularly with male physicians. Physicians and patients have a different understanding of the use and impact of chaperones. Patients would like the offer of a chaperone and value the conversation with their physician. **Conclusion:** There is paucity of Canadian literature, and chaperone research in family practice is limited. Both patient and physician gender may influence chaperone use. Discussion with patients is important to ensure a common understanding and shared decision making. Physician documentation can be improved.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

W140929
16:15–16:30

Mental Health E-Screening During Pregnancy: Women's perceptions of risks and benefits

Anne Biringer, MD, CCFP, FCFP, Toronto, ON; Sheila McDonald, PhD, Calgary, AB; Marie-Paule Austin, MD, FRCP, Victoria, AU; Paula Harvalik, RN; Sander Veldhuyzen van Zanten, MD, FRCPC, Edmonton, AB; Rebecca Giallo, PhD, Victoria, AU; Gerri Lasiuk, RN, PhD, Edmonton, AB; Glenda McQueen, MD, PhD, Calgary, AB; Wendy Sword, RN, PhD, Hamilton, ON; Lydia Vermeyden, MSc; Dawn Kingston, RN, PhD, Calgary, AB

Mainpro+ Group Learning certified credits = 0.25

Description:

Context: International guidelines recommend routine mental health screening in prenatal care. However, fewer than 20% of North American prenatal care providers conduct routine mental health screening in pregnant women due to a number of barriers. E-screening, if acceptable to women, may address some of these provider barriers. **Objective:** One objective was to determine whether women's perceptions of the benefits and risks of disclosure of mental health concerns differ between those that receive paper-based and e-screening of psychosocial health. **Design:** RCT with computer-generated randomization (1:1) to allocate pregnant women to e-screening or paper-based screening using the Antenatal Psychosocial Health Assessment (ALPHA) and Edinburgh Postnatal Depression Scale (EPDS). **Participants:** English-speaking pregnant women from three family medicine clinics, one obstetrics clinic, and prenatal classes at two community hospitals in Alberta were recruited consecutively. **Intervention/instrument:** Following randomization, women completed the screening tools and a baseline questionnaire, including the Disclosure Expectations Scale (DES). Blinded research assistants conducted a Mini-International Neuropsychiatric Interview (MINI) one week after recruitment. **Results:** Among the 636 participants, 23.3% indicated they would feel moderately/very vulnerable disclosing mental health information to their prenatal doctor/nurse, and 63.3% indicated it would be moderately/very beneficial to talk to them about personal or mental health concerns. Nulliparous women were more likely to see both the risks (AOR 1.75 [1.19–2.58]) and the benefits (less likely to have a low benefit score; AOR 0.59 [0.37–0.94]) of disclosure. No significant differences between screening groups were found in the mean levels of perceived risk (t [629] =.22; P = 0.82) or perceived benefit (t [629] = 0.19; P = 0.85) of disclosure of mental health information to the provider. **Conclusion:** Women find the risks and benefits of mental health screening similar, using either traditional paper-based or e-screening. Therefore, clinicians can use the method that fits within their practice and enables implementing international guidelines to conduct routine mental health screening in pregnancy.

W141567
16:15–16:30

Family Physicians' Roles in Caring for Patients with End Stage Heart Failure

Kori LaDonna, PhD, London, ON; Laura Nimmon*, PhD,Vancouver, BC; Joshua Shad, MD, CCFP, Hamilton, ON; Gil Kimel, MD, RCPSC, Vancouver, BC; Joanna Bates, MDCM, CCFP, Vancouver, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:

1. understand factors for the concept of variability in family physician roles

Description:

Context and objective: While heart failure (HF) is a leading cause of death worldwide, there is little information about how community-based patients living with end-stage HF are cared for by family physicians. This study sought to understand the family physician's role and contribution to the HF care team surrounding the care of a HF patient. **Methods:** Using a constructivist grounded theory approach, 50 patients with NYHA Class III or IV HF were interviewed at five study sites in three Canadian provinces, and asked to identify key members of their care team. Twenty-nine family physicians identified by their patients were interviewed. Analysis within and across these patient/family physician dyads was conducted using a constant comparative approach to identify key themes. **Results:** The overall description of family physicians' activities in their role was vast, but each family physician made choices about which activities to engage in. We characterized this variability of purposeful activity as arising from complex factors such as expertise and interest; from professional and personal philosophy; from system pressures and affordances; and from their relationship with the patient and/or patient wishes and needs. Patients were rarely aware of the scope of activities family physicians engaged in on their behalf beyond the in-person consultation with their family physician, but still described their family physician as their pivot. Regardless of their activities of care, the family physicians consistently brought an understanding of the patient as a person, of their family and their community, of their past and of their likely future to the larger health care team. **Conclusions:** The family physician role in the care of patients with complex chronic conditions such as HF is not characterized by uniform activity but rather develops as an outcome of multiple interactions and complex factors. Viewed through the lens of any single disease, this variability threatens our notions of standardized team care. A deeper understanding of the nature of and influences on variable practice activities among family physicians may have important implications for health system planning and health care team functioning.

W141815
16:15–16:30

Rapid Realist Reviews for Interventions to Improve Access to Primary Health Care for Vulnerable Populations

Kevin Pottie*, MD, MClSc, CCFP, FCFP, Ottawa, ON; Vivian Welch, PhD, Ottawa, ON; Caroline Gaudet, MSc, Ottawa, ON; Micere Thuku, BA, Ottawa, ON; Simone Dahrouge, PhD, Ottawa, ON; Danielle Rolfe, PhD, Ottawa, ON; Mélanie Ann Smithman, MSc, Montreal, QC; Shannon Spenceley, RN, BN, MN, PhD, Lethbridge, AB; Ryan Mallard, MA, Lethbridge, AB

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:

1. identify interventions for vulnerable populations
2. search and synthesize for rapid reviews
3. engage communities

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

Description:
Context: The Innovative Models Promoting Access-to-Care Transformation (IMPACT) research program is a Canadian-Australian collaboration aiming to improve access to primary health care (PHC) for vulnerable populations in three Canadian and three Australian communities. Regional partnerships between stakeholders (consumers, policy-makers, academics, and providers) in each of the communities guided the realist reviews. **Objective:** To inform the design and implementation of locally-relevant interventions to improve access to PHC for vulnerable populations in the Canadian communities: Ottawa (Ontario), Montérégie (Québec), and North Lethbridge (Alberta). **Design:** Rapid realist reviews conducted via a collaborative and iterative process involving stakeholders in each community who provided local context and guided the researchers who conducted the reviews. Analysis was based on the RE-AIM Framework. **Target population:** Locally defined vulnerable populations (eg, unattached patients, patients living in high deprivation neighbourhoods, or patients with mental illness). **Intervention:** 1) Alberta: Community coalition and mobile (pop-up) services for underserved residents; 2) Ontario: Organizational/individual behaviour change among PHC practice staff to accurately assess the needs of its vulnerable patients and refer them to community resources; 3) Quebec: Community health worker (CHW) attached to PHC practices to help vulnerable patients navigate health, social, and community services and support physicians agreeing to enrol a predetermined number of new vulnerable patients. **Results:** Process and contextual factors affecting the interventions. Emerging themes: 1) Ontario: how to train providers about available community resources, how a local innovator within a practice can enhance referrals, how electronic health records can enhance referrals, and specific processes that impact referral; 2) Alberta: tailoring services to decrease barriers to primary health care; offering services at events or locations where community members are already gathered increases the reach of the interventions; partnerships or collaborations between key stakeholders lead to positive health outcomes and implementation; design and reporting elements impacting effectiveness; 3) Quebec: how training impacts effectiveness; the importance of building trusting relationships; the influence of patients and CHW sharing similar characteristics; potential methods to reach out to patients; considerations for CHW activities in the intervention design. **Conclusion:** Rapid and collaborative realist reviews can help guide the development of targeted PHC interventions.

W140375 **Erectile Dysfunction Medications, a Gateway Drug for Men: A pharmacoepidemiologic study**
16:30–16:45 Sean Skeldon*, MD, MSc, Toronto, ON; Lucy Cheng, MSc, Vancouver, BC; Steven Morgan, PhD, Vancouver, BC; Allan Detsky, MD, PhD, Toronto, ON; Larry Goldenberg, MD, Vancouver, BC; Michael Law, PhD, Vancouver, BC

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. recognize the screening opportunity for cardiovascular risk factors in middle-aged men newly presenting with erectile dysfunction

Description:
Context: Erectile dysfunction (ED) can be a sentinel marker for future cardiovascular disease and has been described as providing a window of curability for men to receive targeted cardiovascular risk assessment. **Objective:** To determine whether the prescription of phosphodiesterase-type-5-inhibitors (PDE5i) for ED leads to the detection and treatment of previously undiagnosed cardiometabolic risk factors. **Design and participants:** We performed a retrospective, population-based cohort study of residents of British Columbia, using linked health care databases from 2004 to 2011. An individual-level time series analysis with switching replications was used to determine changes in drug use for hypertension, hypercholesterolemia, and diabetes in men 40–59 years old. The observation window for each patient was 720 days prior to and 360 days following the index date. **Intervention:** First prescription of a PDE5i. Outcomes measures: The primary outcome was changes in prescriptions for antihypertensives, statins, and oral antidiabetic drugs, with secondary outcomes being laboratory tests for plasma cholesterol and glucose. **Results:** We included 6,702 men aged 40-59 years newly prescribed a PDE5i in the analysis. We found a sudden increase in prescriptions for antihypertensives (28 per 1,000, $P = 0.03$), statins (15 per 1,000, $P < 0.001$), and antidiabetics (18 per 1,000, $P = 0.002$) in the 90 days following a new prescription for a PDE5i. Relevant screening tests for both hypercholesterolemia and diabetes performed in the 30 days following PDE5i prescription were responsible for this change. Only 11% and 13% of men who did not have a screening test for cholesterol or glucose, respectively, in the year prior to their PDE5i prescription went on to have one in the following 30 days. **Conclusions:** Treatment for ED with PDE5is can be a trigger, or gateway drug, for the early detection and treatment of cardiometabolic risk factors provided physicians perform the requisite screening investigations. The paucity of screening tests observed in our study suggests that physicians should be educated on the recommended screening guidelines for men newly diagnosed with ED.

W141562 **Alcohol Consumption Data in Manitoba Primary Care Practices**
16:30–16:45 Alexander Singer*, MB BAO BCh, CCFP, Winnipeg, MB; Leanne Kosowan, MSc, Winnipeg, MB; Rasheda Rabanni, PhD, Winnipeg, MB; Michelle Greiver, MD, CCFP, Toronto, ON; Sheryl Spithoff, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. describe the trends alcohol use documentation in EMRs and assess the implications for primary care practices and patient care

Description:
Context: Excessive alcohol use is a significant cause of preventable morbidity, mortality, and injury. In 2005, 7.7% of all deaths among those aged 0–64 years old in Canada were attributed to alcohol consumption. Leading causes of alcohol-related deaths were cancer, degeneration of the nervous system, digestive diseases, and injury. Only 20% of electronic medical record (EMR) systems in Alberta had documentation pertaining to alcohol use. Standard data entry related to alcohol consumption will improve understanding of alcohol risks, prognoses, and potential for comorbidities. Many patients that may positively respond to practice management and prevention strategies likely go unnoticed by primary care providers. **Objective:** This research aims to identify the proportion of EMR documented alcohol use in Manitoba, and describe patient and prescriber associated factors. In particular, patient co-morbidities, age, gender, and frequency of visits as well as practitioner

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

type, practice size, age, location, funding model, and EMR familiarity are predicted to be associated with EMR documented alcohol use. **Study design:** A retrospective database review was conducted using the Manitoba Primary Care Research Network Repository. EMR data was assessed using a multivariate logistic regression to determine the relationship between alcohol consumption recordings, and patient and practitioner factors. **Results:** Both patient and practitioner factors appear to be associated with documented alcohol use in Manitoba EMRs. Practitioner factors played a large part in Manitoba EMR documented alcohol use with higher rates of documentation associated with practice size (7.3x higher in small practices), location (substantially less in small towns), and years of EMR use (10.3x). Patients between the ages of 30 and 49, and 50 and 69, had higher rates of documentation compared to those between the ages of 15 and 29 (1.8x and 2.4x, respectively). Patients who regularly visit the practitioner's office are 1.2 times more likely to have documentation of their alcohol use. **Conclusion:** EMR records of alcohol use can enable primary care providers and primary health care stakeholders to consistently target and offer programs to patients with excessive alcohol use and who could benefit from a more organized approach to alcohol use, ultimately reducing related mortality, morbidity, and injury.

W141801
16:30–16:45

Effectiveness of Primary Care Volunteers for Improving Health and Health Service use for Older Adults Living in the Community: A systematic review and meta-analysis

Ainsley Moore*, MD, MSc, MSc(c)(HRM), CCFP; Mehreen Bhamani*, MBBS, MSc, MA; Jessica Peter, MSW, RSW; Jennifer Longaphy, BSc, MSc; Doug Oliver, MSc, MD, CCFP; John Riva, DC, MSc; Andrew Moore, HBSc; Lisa Dolovich, BScPhm, PharmD, MSc

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. evaluate effectiveness and harms of volunteer-delivered primary care to support community-dwelling older adults

Description:
Context: Jurisdictions increasingly face dual challenges of population ageing and health professional resource shortages. Emphasis on volunteers to improve health outcomes for older adults through primary care continues without robust evidence of effectiveness and safety. **Objective:** To determine the effect of volunteer-delivered primary care on mental and physical health for older adults living in the community, and to summarize risks. **Design:** Systematic review and meta-analysis comparing mean differences for primary outcomes of mental and physical health, and narrative description for harms. **Data sources:** Trials to May 2015 were identified from Medline, Embase, PsycINFO, Cochrane, HEED, CINAHL, AgeLine, and health technology assessment databases (INHATA) without language or date limitations. Randomized controlled trials within primary care settings, involving any intervention delivered by a volunteer, intended to promote health, manage illness, or support older adults residing in the community were included. Studies involving paid workers, or populations not based in primary care (hospitals, long-term care, prisons, workplaces) were excluded. **Study appraisal:** Risk of bias of individual studies was assessed using the Cochrane Risk of Bias Tool. Quality of evidence for primary outcomes was evaluated using the Grades of Recommendation, Assessment, Development and Evaluation (GRADE) approach. **Results:** Low-quality evidence from 5 RCTs (n = 572) found improvement in physical health as measured by the SF-36 physical component subscale (4.31 units ± 3.1, P = 0.03, I2 = 62%) and a small, non-significant improvement in mental health as measured by the SF-36 mental health subscale (0.54 units ± 2.14, P = 0.34, I2 = 12%). Neither subgroup differences due to age (older versus younger than 75 years old) nor sensitivity analysis for variation due to risk of bias was significant for physical or mental health subscales. Harms to care recipients and volunteers were not apparent but also reported infrequently and inconsistently. **Conclusion:** Physical health subscales for older adults improved after receiving volunteer delivered primary care. Although seniors living with severe physical disabilities may experience the greatest benefit, high-quality RCTs that include consistent measures of effectiveness and harms are required to better understand the balance of consequences of volunteer-delivered primary care for older adults.

W138240
16:30–16:45

Women's Experience of Trauma-Informed Care in the Context of Family Medicine Chronic Disease Management

Eva Purkey*, MD, MPH, CCFP; Tracey Beckett, MSW, RSW; Francoise Mathieu, MEd, CCC, RP; Rupa Patel*, MD, FCFP, Kingston, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objective:
1. explore the importance of adverse childhood experiences to the health and health care experience of patients

Description:
Context: Adverse childhood experiences (ACE)—including physical, sexual, or emotional abuse; neglect; or household dysfunction—are prevalent. The ACE study estimated that 75% of people have experienced at least one event and 17% have experienced four. ACE have a life-long impact on many aspects of physical and mental health; however, little examination of the family physician (FP) role in providing trauma-informed care has been undertaken. **Objective:** To explore patient experience of health care and ideas around ideal health care delivery in the context of chronic disease and history of ACE. **Design:** Qualitative phenomenological study. In-depth interviews administered and thematic analysis carried out on transcripts using NVivo(10). **Participants:** Purposive sampling through chart review at an academic family health team in Kingston, Ontario. Telephone interviews confirmed 26 eligible female patients at least 21 years old with two or more non-psychiatric conditions and an ACE score of four or more. **Instrument:** In-depth interview tool looking at the experience of primary health care, including FP care, allied health care, structure and layout of care, administrative interactions, triggering experiences, and perceived ideal care. **Findings:** Participants were frequent users of health care services and denied being asked about ACE by their FP. They felt ACE were important for their health and that providers should be aware. Participants were generally happy with their primary health care, despite this gap. Triggers related to past experiences included certain interventions (Pap smears, dental work), patronizing or authoritative FP behaviours, and inadequate

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

explanations about procedures and recommendations. **Conclusions:** A positive and consistent relationship between patient and FP is fundamental to ensuring safety among women with a history of ACE. FPs should learn to ask about patients' experiences, as patients consider these to be important to their health and health care.

W138777 **Routine Tumour Testing for Lynch Syndrome: Exploring the role for primary care in precision medicine**
16:30–16:45 June C. Carroll*, MD, CCFP; Natalie Baker, BA, MSc; Corinne Daly, MSc; Erin D. Kennedy, MD, PhD, FRCSC; Steven Gallinger, MSc, MD, FRCSC; Linda Rabeneck, MD, MPH, FRCPC; Jill Tinmouth, MD, PhD; Nancy N. Baxter, MD, PhD, FRCSC, Toronto, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. identify patients at risk for Lynch syndrome
2. identify possible roles for primary care providers in routine tumour testing for Lynch syndrome
3. identify educational resources on genomic medicine for primary care providers

Description:
Context: Lynch syndrome (LS) is a hereditary cancer syndrome estimated to cause 1%–4% of colorectal cancers (CRC). LS gene mutation carriers have a markedly elevated lifetime risk of cancers including CRC (50%–80%) and endometrial carcinoma (25%–60%). Average age of CRC onset in LS carriers is 45; therefore, population-based screening guidelines won't impact disease burden. Appropriate screening reduces cancer mortality. Individuals with LS are often missed due to incomplete family histories (FH), provider lack of awareness, or FHs not meeting stringent genetic testing criteria. Identification of characteristic tumour LS markers enables genetic testing for those with high probability of LS. LS carriers can then have enhanced screening for LS-associated cancers and family members can be tested. Routine tumour testing (reflex testing), is cost-effective; however, it occurs in few jurisdictions. **Objective:** To explore experiences with existing reflex LS testing programs focusing on the role of primary care providers (PCP), to inform future programs **Design:** Semi-structured interviews were conducted. Thematic and content analyses were used to analyze program features, best practices, and role of primary care. A stakeholder meeting was held to confirm and triangulate findings. **Participants:** Program leaders, pathologists, technical staff, and family physicians involved in existing reflex LS testing programs internationally. **Findings:** Twenty-six participants across seven programs completed interviews. Participants expressed some tension about involving PCPs in LS reflex testing programs. Ideally, they wanted PCPs involved, but were concerned about their lack of knowledge, awareness, time pressures, and interest. Important PCP roles included supporting patient decision making about genetic testing, discussing genetic test results, enabling cascade genetic testing of family members, and ensuring appropriate screening of those with LS. The long-term patient/PCP relationship was described as important to success of LS testing. Education, practice resources, and connection to genetics clinics were identified as essential. **Conclusion:** LS reflex testing programs are an opportunity to explore how precision medicine could be integrated into primary care in the future and the role PCPs could play. PCPs need to be involved in the planning and delivery of genomic medicine programs in order to address the practice and educational challenges unique to primary care.

W141656 **End-of-Career Practice Patterns of Primary Care Physicians in Ontario**
16:30–16:45 Sarah Simkin*, MD, CCFP; Simone Dahrouge, PhD; Ivy Bourgeault, PhD, Ottawa, ON

Mainpro+ Group Learning certified credits = 0.25

Learning Objectives:
1. explain how primary care physicians change their practice patterns as they age
2. assess the workforce implications of changing practice patterns, for physicians and their patients, clinics, and communities

Description:
Context: Inputs to the physician workforce are well characterized but attrition has been less well studied. A broad perspective on physician retirement—one that considers changing medical practice patterns—is necessary in order to better understand physician retirement behaviours. **Objective:** To characterize the process of attrition from the primary care workforce. **Design:** Longitudinal study. **Participants:** All physicians belonging to the Ontario primary care workforce between 1992 and 2012. Once included in the sample, physicians are followed through time until they are no longer practising or until the end of the study period. **Intervention/instrument:** Linked demographic and practice-related data from the Institute for Clinical and Evaluative Sciences. **Outcome measures:** Practice patterns are characterized in terms of workload and scope of practice. Changes in these variables over time, and the influence of various factors—gender, age, generation, location of training, location and model of practice—on these are examined. **Results:** A sample of 21,240 primary care physicians has been identified and data analysis is in progress. Workload indices and participation in comprehensive primary care are examined longitudinally. Key career milestones are identified, including the age range through which physicians demonstrate peak workload, the average age at which physicians begin to decrease workload, the length of the period of phased retirement, and the average ages at which physicians stop providing comprehensive care and stop practising. Antecedents to retirement and the influence of various factors on physician practice patterns are also examined. **Discussion:** Implications of the findings for workforce planning at the level of individual physicians, groups of physicians, communities, and the primary care workforce as a whole are discussed. **Conclusion:** This study generates a dynamic picture of how primary care physicians practise as they age. By characterizing the process of physician attrition from the workforce, this study will facilitate prediction of physician workforce trends and enhance physician workforce planning, in turn helping to align the supply of primary care physicians with the needs of the population.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T131710 **Maternity and Newborn Care Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. identify current issues in maternity care and newborns for family physicians
2. share successes and challenges of maternity and newborn care
3. network with colleagues who share similar interests

Description:
This networking breakfast is hosted by members of the Maternity and Newborn Care committee, a Community of Practice in Family Medicine committee. Participants will have an opportunity to network with colleagues who have an interest in maternity and newborn care. Participants at all career stages are welcome to join.

T136752 **General/Family Practice Anesthesia Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. foster a community of family physician anesthetists
2. stimulate a discussion of the challenges and opportunities for family physician anesthetists
3. discuss the impact of the new CAC in family practice anesthesia for practitioners

Description:
The Collaborative Advisory Group on General Practice Anesthesia (CAGA), a tri-partite committee composed of the College of Family Physicians of Canada, the Society of Rural Physicians of Canada, and the Canadian Anesthesiologists Society, would like to host a breakfast as a yearly touchpoint for the practitioners we represent.

T140910 **Researchers in Education Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. learn about research being undertaken by colleagues
2. generate opportunities for collaboration and ideas for future research in education

Description:
This event is an informal networking opportunity to connect colleagues considering and/or conducting like-minded research and to provide a forum for discussing and sharing current and prospective research ideas.

T142258 **Respiratory Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

T144294 **Family Physician Psychotherapy Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

T144880 🎧 **Keynote Address: Health Care Priorities and the Social Justice Lens**
08:00–09:30 **Discours d'ouverture : Les priorités en soins de santé et l'optique de la justice sociale**
The Honourable Jane Philpott, PC, MP, Minister of Health, Government of Canada
L'honorable Jane Philpott, PC, députée, Ministre de la Santé, Gouvernement du Canada

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Description:
Minister Philpott will discuss current and future priorities for health care in Canada. She will address the challenges and opportunities family physicians face and the important role they have in enhancing family medicine in the years ahead.

Description :
Cette présentation traitera des priorités actuelles et futures pour les soins de santé au Canada. Nous discuterons des défis et des occasions auxquels font face les médecins de famille et l'important rôle qu'ils peuvent jouer afin d'améliorer la médecine familiale dans les années à venir.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

T130602 **Extension For Community Outcomes (ECHO): Delivering best-practice pain management in your**
10:00–10:30 **Patients' Medical Home**

Ruth Dubin, MD, PhD, CCFP, FCFP, DAAPM, DCAPM, Kingston, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:

1. recognize the basic principles of the ECHO Model
2. gain awareness of the expanding worldwide Meta-ECHO community of practice
3. understand how demonopolizing specialist skills enhances the care providers' skills and self-efficacy, and reduces professional isolation

Description:

Access to specialists in Canada is extremely limited in both rural and urban settings, especially for complex chronic conditions. In 2003, a University of New Mexico hepatologist created Extension For Community Outcomes (ECHO) to address a hepatitis C epidemic. He used videoconferencing and a HUB-to-SPOKES model to present brief didactic topics, followed by SPOKES presentations of complex cases. The virtual community had access to an interprofessional specialist HUB (hepatology, psychiatry, social work, pharmacy, and other relevant HCPs). Learning By Doing and monitoring outcomes demonstrated that primary care providers (PCPs) could supersede both lengthy travel times to appointments and the hepatologist's 8-month wait times. Cure rates by primary care nurses, MDs, and PAs were as effective as the referred specialists, in the days when Interferon was the only drug available. ECHO communities have formed worldwide to manage over 30 complex conditions in both developed and developing countries. In 2014, the Ontario Ministry of Health funded ECHO chronic pain/opioid stewardship, as part of the pain management strategy. More than 175 Ontario PCPs have attended ECHO to hear complex case presentations by ECHO colleagues and an expert interprofessional HUB. To date, participants have received more than 2,300 hours of no-cost continuing professional development credits and had access to three in-person, hands-on skills workshops. A second ECHO Ontario—mental health and addictions—launched in late 2015, and others are in development. Anyone with Internet access can join ECHO sessions in Ontario. Other provinces have expressed interest in developing ECHOs for complex chronic conditions. The University of New Mexico sessions are also open to anyone to join. This session will review the basic ECHO principles and the value of the virtual community that improves patients' outcomes, providers' skill sets and practice satisfaction, and reduces professional isolation. The University of New Mexico provides no-cost support for ECHOs in development following their mission "to demonopolize knowledge and amplify the capacity to provide best practice care for underserved people all over the world."

T136745 **MedEd Research 101 (An Introduction to Medical Education Research): Turn your passion into scholarship**
10:00–11:00 Shelley Ross, PhD, Edmonton, AB; Doug Archibald, PhD; Oksana Babenko, PhD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. explain how to turn curiosity into a research question
2. identify the factors that need to be considered in setting up a medical education scholarship project
3. plan for a medical education scholarship project in your home program or clinic

Description:

Many clinical educators who teach students and residents, or who are involved in continuing professional development, develop a curiosity about some aspect of learning or assessment. It could be about what is the best way to deliver material, or about whether their learners have really mastered the material, or perhaps whether a change in the way they teach has resulted in an improvement in learning. Whatever makes a clinical educator go "Hmmmm," there is a way to turn that curiosity into medical education scholarship. In this interactive workshop, participants will have the opportunity to talk about what has roused their curiosity in the context of teaching or assessment. Working in small groups and with the presenters, participants will leave the workshop with a clear research question to begin planning a medical education scholarly project. Through case examples and a review of resources, the presenters will walk participants through things to consider in medical education scholarship projects. Such issues as ethics, funding, and identifying resources will be presented and discussed. This workshop is intended for those who are just beginning their journey in medical education scholarship.

T128414 **Dangerous Ideas Soapbox**
10:00–11:00 Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. acquire new perspectives on the scope and approach to primary care practice, innovation, and research
2. understand new, leading edge and unusual issues in family practice
3. engage in discussion and generate ideas with national and international colleagues on the breadth and scope of family practice and primary care

Description:

The Dangerous Ideas Soapbox, has hosted enthusiastic audience debates about how to best improve our health care/system since the Canadian debut event at FMF 2013. This session offers a platform for four finalist FP innovators to share an important idea that isn't being heard, but needs to be heard in the family medicine community. A dangerous idea could be controversial, completely novel blue sky thinking, or something that challenges current thinking. But it must also demonstrate a commitment to moving the idea forward… to making a difference. Each speaker will have 3 minutes to explain the idea, then audience members have 8 minutes to challenge and critique the presenters. The audience will vote to decide the most potent dangerous idea. All finalist ideas will be published in Canadian Family Physician.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T131533 **When Should Dyspnea in Your Pregnant Patient Scare You?**
10:00–10:30 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON; Lisa Graves, MD, CCFP, FCFP, Ancaster, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand the relevance of changes in respiratory physiology in pregnancy
2. review the respiratory complictions of and in pregnancy
3. review the safety of investigations and treatments in pregnancy

Description:
Your pregnant patient presenting to you is actually two patients. She can get respiratory illness like anyone else, and there are specific respiratory complications that occur due to the pregnancy. This session will review the changes in the respiratory system that occur because of pregnancy and how they present clinically. Respiratory illnesses can present differently in pregnancy, and of course their treatments and investigations may need to be modified due to concerns regarding fetal safety. Similarly, there are specific respiratory risks for the woman, due to being pregnant, that need to be evaluated and treated.

T131592 **Melanoma in Family Medicine: How to not miss it in the office**
10:00–10:30 Christine Rivet, MD, Ottawa, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. describe common melanoma types and characteristics
2. compare melanoma with look-alike pigmented lesions
3. explain the initial management of a suspected melanoma

Description:
The incidence of melanoma has increased dramatically in North America from about 1/1,500 in the 1930s to about 1/60 in 2010. This means that, as family physicians, we can expect to see patients with melanoma present to our office. We can make a real difference in a patient's survival by suspecting melanoma early in its course. This is a very interactive session with a quiz at the beginning using clickers, followed by case presentations of real patients coming to a family medicine office with melanoma, and common melanoma look-alikes. We will discuss the initial management in the family physician's office, and we will explore the prognosis based on the patient's pathology report. We will integrate pearls such as why it is important to not use liquid nitrogen in suspected melanoma and what to do if the patient's history is suspicious but the pathology report appears benign.

T136500 **HIV Pre-Exposure Prophylaxis (PrEP): Practice pearls for the family physician**
10:00–10:30 Caroline Jeon, MD, Toronto, ON; Kyle Lee (Resident); Charlie Guiang

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. define HIV PrEP and implement it in clinical practice
2. identify opportunities for use of PrEP, including those at risk for HIV
3. understand important factors when prescribing PrEP including evidence, counselling, and monitoring

Description:
New HIV diagnoses remain an ongoing issue among at-risk populations in Canada, especially in large urban centres such as Toronto. Pre-exposure prophylaxis (PrEP) is a relatively new means of reducing HIV transmission with a daily dose of oral tenofovir/emtricitabine (TDF/FTC, Truvada®). However, despite evidence of its safety and efficacy, there are multiple barriers to implementing and prescribing HIV PrEP by primary care providers. Previous studies have found that perceived barriers by prescribers include efficacy, costs, side effects, risk of resistance, and increased risky behaviours. As many patient's first point of contact, primary care providers, such as family physicians, are often the first to promote public health screening and initiate those same diagnostic tests. As such, it is important to understand the scope of HIV PrEP and the various indications to prescribing it, especially for providers who work with populations with a high prevalence of at-risk patients. In this session, we will discuss the current evidence regarding the use of TDF/FTC as PrEP, including indications and contraindications. We will also provide practical tips for counselling and monitoring patients and review the current guidelines for prescribing HIV PrEP. Through these practice pearls, we aim to improve physician understanding of HIV PrEP efficacy and increase their comfort level with prescribing PrEP. First, this can improve HIV care, and second, it can encourage evidence-based practises to prevent new HIV diagnoses in future.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T130552 **Transgender Health From Theory to Practice in Primary Care**
10:00–11:00 Nili Kaplan-Myrth, MD, CCFP, Ottawa, ON; Beth Tyler

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define gender identity, barriers to accessing health care, and build trans health primary care capacity in your community
2. define the requirements for hormone assessments and become familiar with the framework needed to provide assessments
3. demonstrate an understanding of hormone maintenance and transgender primary care protocols

Description:
In this session, Dr Kaplan-Myrth and Ms Beth Tyler will describe the process of assessing transgender clients for hormone therapy, initiating/maintaining therapy, and collaborating in care and other transgender health issues in a family practice setting. They will encourage family physicians to move from theory to practice by stimulating discussion of physicians' knowledge of transgender health issues, their fears, and their goals.

T132389 **Teaching Behavioural Medicine – The current state of the art: Ideas from the field**
10:00–11:00 William Watson, MD, CCFP, FCFP, Toronto, ON; Douglas Cave, MD; Todd Hill; Joyce Zazulak; Doug Oliver

All teachers welcome.
Highlights advanced concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe at least one new approach to teaching behavioural medicine that participants can take back to their home program
2. value the experience of collaborating across programs to improve the teaching of behavioural medicine with a new list of resources
3. employ one new technique, or a collection of techniques, in participants' practice of teaching of behavioural medicine

Description:
A significant proportion of daily family practice includes a variety of psychosocial and mental health problems mixed with medical issues. Family physicians need the skills and competency to effectively help their patients through their problems, throughout the life cycle. Family medicine training programs must provide a competency-based curriculum and quality training to their residents, but often struggle with providing useful educational experiences in the context of an already busy 2-year training program. This workshop will provide an opportunity to discuss and share innovative strategies for teaching behavioural medicine in the context of training in family medicine. It will include a collaborative discussion of teaching experiences with national perspective by seasoned teachers from across Canada with a specific interest in teaching behavioural medicine, covering programs that have a proven track record including communication skills training, enrichment and humanities, counselling skills, and how to do shared care with psychiatrists. This workshop will be of interest to teachers, both physician and non-physician, of students and residents.

T132422 **Upper Airway Emergencies in Pediatric Patients**
10:00–11:00 Carolyn Rosenczweig, MD, CCFP, FCFP, FRCPC, FELLOWSHIP EMS & PREHOSPITAL CARE, Surrey, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify key differences in the pediatric and adult airway
2. review diseases and disorders that can compromise a pediatric airway
3. learn how to effectively manage diseases and disorders of the pediatric airway

Description:
The pediatric airway has critical differences that make it more susceptible to certain disorders, such as tracheomalacia. After reviewing these anatomical differences, there will be a discussion of the several important disorders and diseases that can quickly put a pediatric patient into peril. Attendees will leave this lecture with a solid differential diagnosis of upper airway disorders and the key points for managing each of them. The presenter aims for this lecture to be both entertaining and informative.

T132515 🎧 **Taking the Pressure of Hypertension: Blood pressure review and evidence update**
10:00–11:00 **Prendre la pression de l'hypertension : Revue sur la TA et mise à jour des données probantes**
Michael Allan, MD, Edmonton, AB; Tina Korownyk; Mike Kolber

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. examine new thresholds for hypertension based on different methods of blood pressure testing
2. understand the blood pressure reductions and cardiovascular benefits with different medicines and by their combinations (best drugs)
3. learn how to target hypertension treatments beyond just blood pressure change (who should go to 120?)

Description:
We've been treating hypertension for 50 years, so how much can change? Too much. In this session we'll review key aspects of hypertension, highlighting changes, new evidence, and practice-changing information. The CHEP diagnostic recommendations are evolving and it is

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

important to understand that the diagnostic cut-offs for hypertension vary somewhat by how blood pressure (BP) is measured, and even when it's measured. We'll spend some time reviewing the fairly confusing evidence on targets and then provide some hope from landmark trials, particularly SPRINT. This will blend in to a new emerging concept that BP management should move beyond just targets to overall cardiovascular disease risk management. We'll consider which medicines reduce cardiovascular disease, if any specific medicines are better than others, and which patient subgroups may get the most benefit. Not to ignore BP itself, we'll show how it changes based on the dose and total number of medications. Lastly, we'll review other areas of uncertainty, like the best fourth-line medication, and when medicines should be taken. And of course, we'll sprinkle in a few myths and interesting history to round out our 60 minutes.

Objectifs d'apprentissage :
1. examiner les nouveaux seuils de l'hypertension en fonction de différentes méthodes de mesure de la TA
2. comprendre les baisses de la TA et les bienfaits cardiovasculaires possibles des différents médicaments et de leurs associations (meilleurs médicaments)
3. apprendre comment cibler les traitements de l'hypertension au-delà de la simple variation de la TA (qui devrait viser 120?)

Description :
Nous traitons l'hypertension depuis 50 ans, qu'est-ce qui peut donc changer? Beaucoup trop de choses. Durant cette tournée, nous examinerons certains des principaux aspects de l'hypertension, et ferons ressortir les changements, les nouvelles données probantes et l'information qui transforme la pratique. Les recommandations diagnostiques du PECH évoluent et il importe de comprendre que les seuils diagnostiques de l'hypertension varient en quelque sorte en fonction de la façon dont la TA est mesurée et même du moment où elle est mesurée. Nous nous attarderons aux données probantes assez déroutantes en matière de cibles tensionnelles puis aborderons les essais déterminants HOPE, et SPRINT. Tout cela se fondra dans un nouveau concept émergent selon lequel la maîtrise de la TA doit viser plus que les simples cibles pour viser la gestion globale du risque de MCV. Nous nous pencherons sur les médicaments qui soulagent la maladie cardiovasculaire, déterminerons si certains médicaments sont plus efficaces que d'autres et quels sous-groupes de patients pourraient en tirer le plus de bienfaits. Sans ignorer la tension artérielle en soi, nous montrerons de quelle façon la TA fluctue en fonction de la dose et du nombre total de médicaments. En dernier lieu, nous examinerons d'autres domaines d'incertitude comme le meilleur médicament de 4e intention et à quel moment il faut prendre les médicaments. Et bien sûr, nous parsèmerons nos 60 minutes de quelques mythes et d'anecdotes historiques intéressantes.

T133023 **Young Adults: Prevention visits and strategies, and the Greig Health Record for Young Adults (GHRYA)**
10:00–11:00 Anita Greig, MD, CCFP, FCFP, Toronto, ON; Fereshte Lalani

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify and describe the unique risks, behaviours, and health concerns of young adults
2. use the GHRYA in both preventive care visits and in opportunistic prevention scenarios
3. describe and use screening tools, online resources, and patient information found in the GHRYA

Description:
Young adults are a special population. They are a group in transition from adolescence to independent adulthood, with a unique combination of risks, behaviours, and health concerns. Yet this cohort, 18 to 24 years old, accesses health care infrequently; therefore, primary care providers may not be familiar with their needs. The Greig Health Record for Young Adults (GHRYA) is an evidence-based preventive care checklist and resource tool. This session will introduce the GHRYA and the associated five pages of Internet resources, screening tools, and patient information. The format will consist of a few short cases and explore how the GHRYA can be useful for screening, preventing, and managing these common patient presentations.

T133284 **Primary Care for Those Experiencing Homelessness: Adapting your practice**
10:00–11:00 Samantha Green, MD, CCFP, Toronto, ON; Ritika Goel

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the unique health concerns of those experiencing homelessness, and recognize that housing status is the fundamental health issue
2. adapt screening, diagnosis, and management approaches for several common conditions to the experience of homelessness
3. create a clinic that is welcoming to those who are homeless through anti-oppressive practice

Description:
As many as 1.3 million Canadians have experienced homelessness or extremely insecure housing at some point during the past five years, with about 200,000 Canadians using shelters each year. Those who are homeless experience continuous threats to their health, whether from temperature extremes, injury, psychological stress, or exposure to communicable diseases. Moreover, the experience of homelessness can make it difficult to manage chronic conditions. Homeless persons have mortality rates three to four times higher than the general population. In this workshop, we will review the health status of those who are homeless in Canada. We will review how to adapt one's practice to improve access for those who are homeless. We will focus on how to take an effective social history, and how and when to refer to social services. We will highlight practical tips for addressing common clinical scenarios, and will discuss the unique needs of vulnerable homeless sub-populations.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T133289 **Systemic Racism and the Health of Indigenous Patients: What can you do?**
10:00–11:00 Michael Green, MD, MPH, CCFP, FCFP, Kingston, ON; Veronia McKinney; Darlene Kitty; Sarah Funnell

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define systemic racism and the causal pathways by which it manifests
2. understand the role that systemic racism can play in shaping an Indigenous patient's clinical experience
3. identify ways that family physicians can address the inequities facing Indigenous patients by providing and promoting culturally safe care

Description:
Systemic racism has been identified as a major barrier that affects the health care relationships between Indigenous patients and health professionals serving them. It leads to health inequities that reflect the broad disadvantage that Indigenous communities and individuals living in Canada face. Systemic racism experienced by Indigenous communities leads to poor mental health and the perpetuation of trauma arising from colonial policies and practices, substandard health care, limited healthy food choices, and inadequate living conditions. Based on the CFPC document (Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada) prepared by the Indigenous Health Working Group, this session will explore practical ways in which family physicians can address systemic racism at the following levels: clinical practice, local community, in education, continuing professional development, and at the broader policy level. Attendees will be encouraged to challenge and to champion methods for family physicians to become agents of advocacy and positive change.

T136079 **Integrating Psychotherapy into a Comprehensive Care Family Practice**
10:00–11:00 Victoria Winterton, MD, CCFP, FCFP, Owen Sound, ON; Mary Ann Gorsci

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. reflect on the role of psychotherapy in one's family practice
2. integrate knowledge of the models of psychotherapy and how these can be applied in family medicine
3. meet and exchange ideas and experiences with colleagues

Description:
During this session we will explore how comprehensive care family physicians can integrate psychotherapy into their practices in a variety of ways. We will review models of psychotherapy and how these approaches can be adapted for family medicine. The role of the therapeutic relationship will be addressed. In addition, participants will be encouraged to reflect on their own practices and have an opportunity to share ideas and experiences with colleagues.

T136358 **Primary Care Management of Celiac Disease**
10:00–11:00 Rick Ward, MD, CCFP, FCFP, Calgary, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list the clinical situations where celiac disease should be suspected
2. distinguish between celiac disease and other kinds of gluten intolerance
3. test and refer appropriate patients for further evaluation; monitor patients with celiac disease over time with appropriate investigations

Description:
This case-based program was developed by family physicians (FPs), including FPs with celiac disease, with support from gastroenterology and patients with celiac. It provides an overview of when to screen, common comorbid conditions, how to assess, and the principles of diet therapy. Follow-up of patients with celiac and the "grey area" of gluten sensitivity will be discussed. The session is interactive and practical—co-presented by a family physician and a gastroenterologist.

T136471 **The A-R-T of Initiating and Succeeding at Tricky Conversations**
10:00–11:00 Cathy Risdon, MD, Dman, CCFP, FCFP, Hamilton, ON

All teachers welcome.
Highlights novice concepts for teachers.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. use an easy framework and mnemonic when approaching tricky conversations with learners, staff, or family members—highly generalizable!
2. practice initiating and participating in tricky conversations
3. apply A-R-T to situations relevant to their own context

Description:
Have you ever seen a learner, colleague, or staff member behave in a way that you wish might have been different? Have you ever been confused, annoyed, surprised, irritated, or simply stumped by another's behaviour? Let's assume the answer is Yes. Now, how confident do you feel about responding to these actions with poise and curiosity? Can you intervene with ease, in a way that makes both you and the

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

other person feel comfortable and heard? (If Yes, skip this workshop!) For most of us, there is a gap between experiencing something that makes us feel uncomfortable and figuring out how or if we are going to say something about it. It's easy to err on the side of either avoiding conflict, or being too heavy-handed. Ask-Respond-Tell (ART) is a simple method for approaching those moments that make us cringe. It creates the possibility for a problem to be jointly explored, while preserving the dignity of everyone involved. It's a great way to teach about professionalism, improve workplace culture, and address differences before they progress to resentments. Come and enjoy a fun workshop and add a very useful micro-skill to your bundle of communication strategies. Role-play alert: You can't learn this stuff without practising it!

T136517 **Développer l'esprit critique face à l'information scientifique chez les résidents et les enseignants**
10:00–11:00 Michel Cauchon, MD, Quebec, QC; Mathieu Pelletier

Tous les enseignants sont les bienvenus.
Cette séance fait le point sur certains concepts débutants pour les enseignants en contexte clinique.

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :
1. souligner l'importance du développement de l'esprit critique
2. se familiariser avec des outils pour rechercher efficacement et apprécier l'information scientifique afin de répondre à des questions cliniques
3. développer une approche dynamique face à l'apprentissage et à l'enseignement de la gestion critique des publications scientifiques

Description :
Au-delà de l'apprentissage des habiletés de lecture critique, le développement de l'esprit critique face aux diverses publications scientifiques et la maitrise de l'information scientifique au quotidien de la pratique clinique sont des compétences essentielles du résident et de l'enseignant. Nous présenterons différentes ressources d'enseignement et d'apprentissage adaptées à la pratique de médecine familiale et axées à la fois sur les données probantes, sur une approche centrée sur le patient et sur la prise de décision partagée. Des exemples concrets de recherche d'information afin de répondre à des questions cliniques et des capsules méthodologiques afin d'enseignement efficacement les concepts clés de lecture critique seront démontrés. Enfin des échanges entre les participants sur les façons d'enseigner et de dynamiser ces apprentissages sont prévus.

T136569 **Mainpro+: A more intuitive way to learn, earn, and report CPD credits (1)**
10:00–11:00 Janice Harvey, MD, CCFP, FCFP (SEM), Mississauga, ON; Dominique Tessier, MD, Montreal, QC; Teresa Wawrykow, MD, Winnipeg, MB; Mike Sylvester, MD, Kingston, ON; Peter Barnes, MD, Botwood, NL; Sudha Koppula, MD, Edmonton, AB; Sarah Bartlett, MD, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the new CPD credit categories and how they relate to learning activities in the Mainpro+ system
2. use the principles outlined in Mainpro+ to determine learning needs
3. manage how CPD credits are entered and tracked more efficiently

Description:
Join us for an informative session about Mainpro+. Find out who your Regional Educator is and hear about the exciting changes, which offer more intuitive, self-directed learning opportunities. You will learn the way to earn credits for practice activities you do on a daily basis. The CFPC is committed to providing quality CPD to meet your evolving interests and learning needs.

T136717 **The Elephant in the Room: Starting the conversation about alcohol (screening, brief intervention,**
10:00–11:00 **and referral for treatment) Part 1**
Sharon Cirone, MD, CCFP (EM), FCFP, Toronto, ON; Cheryl Arratoon

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize patients with risky drinking behaviours, assess patients' risk level regarding their drinking habits, and distinguishing low-risk from high-risk drinkers
2. initiate conversations about alcohol use with patients from different situations and implement a protocol to provide feedback, follow-up, and support according to the patients' stage of readiness for change
3. explain the risks associated with the use of alcohol for the general and sub-populations (eg, women, the elderly) and offer options for support and brief intervention

Description:
In partnership with the CFPC, the Canadian Centre on Substance Abuse developed an online SBIR resource to support physicians in a dialogue with their patients about their drinking habits. This resource is now housed on the CFPC website and publicly available. Alcohol remains the most widely used substance by Canadians, and one in 10 (> 15 years old) report symptoms of alcohol dependence. However, most alcohol harm at a population level is attributed to the large proportion of drinkers who are at times moderate- to high-risk drinkers, but not yet dependent. Physicians, as a credible voice, have the opportunity to influence this large number of people towards less harmful drinking habits. Physicians receive little training in addictions and substance prevention or treatment, and are therefore often reluctant to enter into these

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

conversations with their patients. Using a case-based format, participants will work through sample cases of patients with risky alcohol use from a variety of settings or populations. Participants will discuss how to initiate conversations with patients about their alcohol use, self-reflect about some of their personal barriers to engaging in these conversations, and suggest solutions from a physician's perspective. This session is Part 1 in a series where you will explore next steps to treatment and determine appropriate approaches to referral and follow-up care.

T136721 **Evidence-based Medicine for Clinical Practice 1: Diagnosis**
10:00–11:00 Henry Siu, MD, MSc, CCFP (COE), IIWCC, Hamilton, ON; David Chan

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define evidence-based medicine terms including sensitivity, specificity, likelihood ratios
2. apply evidence-based medicine values to justify physical examination manoeuvres, ordering diagnostic tests, and diagnosis
3. communicate evidence-based medicine terms in language appropriate for patient encounters

Description:
Finding evidence-based medicine (EBM) far-fetched, irrelevant, and impractical in clinical practice? Feeling overwhelmed and confused by the constantly changing guidelines? Afraid of the math involved in EBM? Using clinical scenarios, online tools, and calculators, this workshop will work through basic concepts of the principles of evidence based practice including: 1) Prevalence, incidence and pre-test likelihood—why they matter; 2) Understanding diagnostic tests and clinical uncertainty—review of sensitivity and specificity, use of likelihood ratios in clinical practice; 3) How to determine the clinical utility of a physical examination maneuver or diagnostic test for diagnosis; 4) How to explain these numbers to patients. This workshop aims to familiarize and demystify EBM vocabulary that can often paralyze a clinician during routine practice. We will show you how these principles can be effectively incorporated into your clinical practice.

T131622 **Thinking of Retirement: The challenges for family physicians and their patients**
10:00–12:00 Louise Nasmith, MDCM, MEd, CCFP, FCFP, Vancouver, BC; Rod Crutcher, MD, MMEdEd, CCFP (EM), FCFP; Calvin Gutkin, MD, CCFP (EM), FCFP

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. explore and identify personal and professional goals to help career transition decision-making near or at retirement in order to balance personal health and well-being with the needs of patients and the practice
2. use an approach that provides guidance for making these decisions
3. learn from colleagues about potentially helpful practices and options

Description:
This 2-hour workshop is designed for family physicians who are considering or have made career transitions about retirement, or who are providing care and support for patients facing the same challenges. A brief presentation about issues related to decision making at this stage of a career will be followed by participant discussion. An approach that outlines key questions and steps in the career transition process that take into account balancing patient and practice needs with personal health and well-being, will be shared and then used by the participants in individual and small group work focused on identifying personal and professional goals. Ideas, options, and helpful practices will be shared in dyads and then in the large group. Similar approaches will be useful for providing guidance to patients who are considering retirement. Each individual will leave the workshop with concrete ideas and approaches to help both their own and their patients' planning and adaptation to retirement.

T135852 **Advance Care Planning (ACP): See one, do one, teach one**
10:00–11:45 Risa Bordman, MD, CCFP (PC), FCFP, Toronto, ON

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. demonstrate the components of an advance care plan
2. identify strategies to incorporate ACP discussions into a busy office practice
3. teach learners about ACP and involve them in the process

Description:
Having an advance care plan (ACP) has been shown to improve patient and family satisfaction with end-of-life care, while reducing hospital admissions and length of stay. Initiating ACP discussions can be time consuming and practitioners often feel they lack the necessary skills to do it well. Family physicians are ideally suited to initiate ACP conversations, given their longitudinal relationships with patients. This workshop will focus on tapping into an underused resource for ACP discussions: Learners that you might have in your office. We will begin by outlining the components of an ACP, including initiating the discussion, an approach to communication, and the legal aspects. We will then focus on how teachers can teach learners about, and involve them in, ACP discussions. Models of how others have introduced the topic to their patients and empowered students to assist with ACP conversations will be shown. Participants will have an opportunity to brainstorm, share ideas, and exchange resources.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T131779 **What's New in Newborns**
10:30–11:00 Lisa Graves, MD, CCFP, FCFP, Ancaster, ON; Andrée Gagnon, MD, CCFP, FCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe recent changes in care of healthy newborns
2. apply recent changes in care of healthy newborns to current practice
3. plan improved and evidence informed care for healthy newborns

Description:
The first months of life are a time of important transitions for newborns. Family physicians play an important role in the health care of newborns. Evidence informed care of newborns continues to evolve. This presentation will highlight some of the new Canadian guidelines for the care of newborns. Increasing rates of diagnosis of critical congenital heart disease, changes to practices such as newborn eye treatment and circumcision will be presented.

T131873 **Non-melanoma Skin Cancers in the Office: What can you do?**
10:30–11:00 Christine Rivet, MD, CCFP (EM), FCFP, MClSc, DPDerm, Ottawa, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the non-melanoma skin cancers
2. recognize and treat the squamous cell carcinoma precursors
3. detect the characteristics of high-risk basal cell and squamous cell carcinomas

Description:
We all see patients with non-melanoma skin cancers in our office—they are common, particularly in our aging Caucasian population. These skin cancers do occur in younger and middle-aged patients, too. A less well-known fact is that 20%–30% of basal skin cancers can occur in non-sun-exposed areas. They can be small and easy to miss in the early stages, and this is when they are easiest to treat if we are vigilant. This presentation is interactive—it includes a quiz of common questions about non-melanoma skin cancers. There are case presentations of real patients from a family medicine office and the participants must decide the most likely diagnosis and the effective management options. Participants will discuss topics such as why Bowen's disease does not respond to liquid nitrogen and how to do effective field treatment of extensive actinic keratoses. Not all basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs) are equal; some are more aggressive than others because of their location, histologic type, and patient characteristics. Examples will be presented. It is important for family physicians to recognize these high-risk BCCs and SCCs so that we treat them appropriately.

T136586 **HIV Pre-exposure Prophylaxis: Bringing a new HIV prevention tool into your primary care practice**
10:30–11:00 James Owen, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify patients at high risk of HIV infection who may be candidates for HIV pre-exposure prophylaxis (PrEP)
2. describe the effectiveness and limitations of PrEP as a tool for HIV prevention
3. review a practical approach to PrEP in the primary care setting

Description:
What is HIV pre-exposure prophylaxis (PrEP), and should you offer to prescribe it to your high risk patients? PrEP can be highly effective at reducing new infections in high-risk populations, with an estimated > 90% reduction in HIV incidence among patients who are fully adherent to a once daily oral regimen. In light of its safety and effectiveness, the WHO recommended in 2014 that all men who have sex with men should consider HIV PrEP as a prevention tool. Around the same time, the CDC issued the first guidelines for prescribing PrEP. And yet, few primary care providers are familiar with PrEP, much less discuss it with patients who are at risk of acquiring HIV. This interactive session will review the epidemiology of new HIV infections in Canada and the groups that are disproportionately affected, including men who have sex with men (MSM), Aboriginal populations, and IV drug users. The recommended regimen (daily co-formulated emtricitabine/tenofovir) will be discussed, along with proposed primary care guidelines for screening, prescribing, and monitoring. Challenges to PrEP prescribing will also be presented, including equity, access, cost, and the potential impact on condom use. This session will challenge you to consider offering PrEP as part of a range of prevention options to patients at risk of acquiring HIV, much in the same way that you offer a range of contraceptive options to reproductive-age patients at risk of pregnancy.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T130081 **Myofascial Pain: An introduction**
10:30–12:15 Pam Squire, MD, CCFP, FCFP, Vancouver, BC

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. describe the history of the trigger point and myofascial pain
2. cite current clinical controversies and evolving theories of pathophysiology
3. discuss current assessment and treatment strategies for the upper body

Description:
Myofascial pain is a common but under-treated cause of chronic pain. This workshop will briefly describe its history and the current published theories and controversies regarding pathophysiology. Common upper body presentations of myofascial pain, how to identify shoulder and neck muscles by surface anatomy, how to identify a trigger point, and examples of common precipitating and perpetuating factors will be reviewed. In order to create interactivity attendees will perform brief examinations of each other (we recommend that attendees wear comfortable/sport clothing to facilitate this). Further training opportunities will be discussed.

T128947 **Physicians and Social Media: Benefits, pitfalls, and professionalism**
10:30–11:45 Sara Taylor, MD, CCFP, Red Deer, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define social media and professionalism
2. explore the benefits and potential pitfalls of physicians engaging on social media
3. demonstrate how professionalism can be maintained while engaging on social media

Description:
Social media, in particular Twitter and blogging, is an effective tool for dissemination, education, and engagement in health care. Physicians often express reluctance to engage on social media due to lack of guidance and professional role models. However, social media can be a great source of support and utility for physicians. Patients, organizations, health care professionals, and physician colleagues, are active on social media platforms such as Twitter and blogs. As a blogger and Twitter enthusiast for the past 3 years, I will draw on personal experience and evidence to discuss physicians on social media, with emphasis on Twitter and blogging. We will explore some of the benefits and potential pitfalls as they pertain to physicians, with emphasis on maintaining professionalism while engaging on social media. At the end of the session, participants will feel more confident about the reasons and ways (including resources) to be active social media participants.

T134489 **What Should I Know About Prenatal Care if I Don't Deliver Babies?**
11:15–11:45 William Ehman, Nanaimo, BC; Sudha Koppula, MD

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. describe essential lifestyle, nutritional, and vitamin factors that women need to know in early pregnancy
2. use the accurate method of determining the pregnancy estimated due date
3. offer women evidence-based early pregnancy screening tests, including ultrasound, blood, and urine tests, as the current genetic screening tests

Description:
Family physicians, many of whom do not provide prenatal or intrapartum care, are often the first point of contact for women who are pregnant. Recognizing that recommendations for early pregnancy care are rapidly evolving, this 30-minute presentation will address a number of essential elements of early pregnancy care that may be indicated prior to transfer to a delivery provider. Topics will include: vitamin, diet, medication, and substance use advice; determination of due date; discussion of prenatal genetic screening guidelines across the country; discussion of factors suggesting increased risk (both pre-existing medical conditions and conditions developing during pregnancy); management of common patient concerns in early pregnancy; and timely topics of interest to prenatal patients.

T131363 **Respiratory Medicine: Five top articles for this year**
11:15–12:15 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON; Suzanne Levitz; John Li; Chris Foti; Alison McCallum; Tony Ciavarella

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review the five top articles in respiratory medicine that affect your clinical practice
2. learn how to apply new information to your practice
3. learn new ideas in respiratory medicine

Description:
The Respiratory Medicine Communities of Practice executive will review five top articles in respiratory medicine for this year. Join us, and learn what's new from the literature—we will make them all clinically relevant to you!

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T132210 **Confidence in Logic: An approach to prescribing**
11:15–12:15 Roland Halil, PharmD, ACPR, Ottawa, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. prioritize parameters important to selecting drug therapy
2. apply population-level data to patients with greater confidence
3. detect the effect of marketing with greater confidence

Description:
Physician time and taxpayer money are the two most scarce resources in our health care system and they need to be managed wisely. A formal approach to prescribing is not taught in medical schools (but should be). Applying clinical trial data and evidence-based medicine to individual patients is challenging due to poorly written guidelines, complicated treatment algorithms, and the enormous variety of available drug therapies. Marketing myths commonly confuse patients and practitioners alike, resulting in sub-optimal care. This session will enhance the confidence with which you prescribe. It will highlight you how to structure your clinical thinking and help you select optimal therapies using robust evidence while eliminating marketing spin, ensuring improved patient outcomes and your own medico-legal protection. A logical approach to prescribing would help maximize benefit while minimizing harm, cost, and non-compliance. The prioritization of data is key to rational prescribing because it translates knowledge, saves time and money, reduces bias, and strips away marketing.

T132331 **Somatizing: What every family physician needs to know**
11:15–12:15 Jon Davine, MD, CCFP, FRCP (C), Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe an appropriate manner to make a mind-body links in the medical interview
2. describe the range of conscious and unconscious mechanisms involved in somatoform disorders
3. describe psychotherapeutic and psychopharmacological treatments for patients who tend to somatize

Description:
Somatizing and somatoform disorders commonly occur in all branches of medicine. Some studies have shown that 10%–30% of patients with somatic complaints who present to the family physician have no adequate physical cause to account for them. In this session, we define somatizing and discuss an overview of somatoform illness using DSM-5 criteria. We distinguish between conscious and unconscious processes involved in these categories. We discuss effective ways to make the mind-body link for these patients in ways that are seen as collaborative and that engender alliance and co-operation on the part of these patients. We discuss the different presentations of somatizing, which include medically unexplained symptoms, distorted belief systems about the body and its functioning, and comorbidity between somatizing and other primary psychiatric illnesses. We focus on treatment modalities, both psychopharmacologic and psychotherapeutic, that are felt to be useful in the clinical situation.

T132997 **Managing Medevacs in Rural and Remote Family Practice: Dos and don'ts**
11:15–12:15 W. Alexander Macdonald, MD, CCFP (FPA), FCFP, MA, Iqaluit, NU

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. learn the importance of the medevac system for providing quality care in remote family practices
2. develop a short list of dos and don'ts for managing medevacs in remote family practices
3. explore actual cases that illustrate the challenges of managing medevacs in rural and remote family practices

Description:
Managing emergency air medevacs is an integral part of rural and remote family practice in Canada. A thorough knowledge of the physiology of flight and of the logistics of the provincial/territorial medevac system is critical to providing high-quality care to our patients. Based on experience in Nunavut (more than 1,700 air medevacs per year) and other regions of Canada, the session will focus on developing a short list of dos and don'ts of air medevac management for family physicians working in rural and remote practices. Flight physiology will be addressed in the context of understanding the impact of the logistics of air medevacs on clinical decision making. The discussion will focus on the family physician as: 1) the base hospital physician arranging medevacs coming to the hospital; 2) the sending physician for medevacs to tertiary care centres; and 3) the accompanying physician on acute-care air medevacs. Several case histories will be discussed to illustrate the challenges of managing medevacs, and participants will be encouraged to present some cases from their own practices for group consideration. Participants should come away from this session with a good knowledge of the salient points of managing air medevacs. Through an iterative process we will develop a short list of dos and don'ts for improving the management of air medevacs. With participants' permission, the presenter will email the short list of dos and don'ts to all participants after the session.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T133331 **Tools for Transitional and Shared Care of Children and Adolescents**
11:15–12:15 Sandra Whitehouse, MD, MBBS, FRCPC, MALS, Vancouver, BC; Lynn Straatman; Curren Warf; Dara Abells

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. develop an awareness of attachment principles and a strategy for engaging youth in the primary care practice.
2. identify those youth who need referral to other specialist practitioners and implement appropriate shared care with adult specialists
3. access and use online transition tools for use in busy medical practices, for the transition and shared care of youth

Description:
Children and adolescents with complex medical problems will often be referred from pediatric care to their family physician for ongoing medical care. The transitioning of this care, when and how it occurs, and how essential information needs to be communicated, is an ongoing discussion in many parts of Canada. Several tools have been developed to make this transition easier for youth, their families, and health practitioners involved in their care. In this presentation a patient journey will be explored while highlighting tools that can support transition engagement and evaluate success along that journey.

T134662 **Pearls in Thrombosis Management for Family Physicians: A case-based approach**
11:15–12:15 Alan Bell, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. exercise appropriate dosing of anticoagulants in atrial fibrillation and venous throboembolism
2. diagnose and manage venous thromboembolic disorders (VTE), including deep vein thrombosis and pulmonary embolism
3. manage anticoagulants in patients requiring reversal for bleeding or invasive procedures

Description:
Upon completion of this session, participants will be better able to manage patients presenting with diseases requiring consideration of anticoagulation. We will use a case-based, interactive approach. Topics to be covered include: appropriate dosing of anticoagulants in atrial fibrillation; diagnosis and management of venous thromboembolic disorders (VTE), including deep venous thrombosis and pulmonary embolism; duration of therapy in VTE for secondary prevention; and reversal/perioperative/bleeding management of patients on anticoagulants. Current guidelines, including those of the Canadian Cardiovascular Society and the American College of Chest Physicians, are the standard on which the session is based. Participants will be provided with point-of-care clinical tools, developed and peer reviewed by Thrombosis Canada, to apply the principles of this presentation to their practice.

T135104 **Management of Type 2 Diabetes in the Elderly: The Goldilocks approach**
11:15–12:15 Jessica Otte, MD, CCFP, Nanaimo, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review the evidence and guidelines around testing and treatment of type 2 diabetes in the elderly
2. explore potential goals of glucose-lowering therapy, considering harms of under- and over- treatment
3. discover tools to develop a patient-centered approach to prescribing/de-prescribing medications and ordering/stopping tests in the context of diabetes

Description:
Overtreatment of type 2 diabetes in the elderly can result in significant consequences, including falls, confusion, and fatigue. Elderly patients have differences in physiology that make their metabolism of glucose and response to insulin quite different compared with younger adults. Likewise, advanced age and other comorbidities may mean that managing diabetes aggressively is simply not possible or that the goals of therapy are different than they would be for a 50 year old. But what exactly are the target HbA1cs for frail older persons? Which guidelines apply to this patient population? Which medications are safest? This session will answer these questions and more, so that you can provide your elderly diabetic patients not too much, or not too little, but just the right amount of medicine.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136398 **Training Academic Family Physicians: Description and evaluation of clinical scholar program at**
11:15–12:15 **Laval University**

Miriam Lacasse, MD, MSc, CCFP, Quebec, QC; Annie St-Pierre, MD, PhD, CCFP; Laurence Arena-Daigle, MD, CCFP; Marie-Hélène Dufour, MD, CCFP

All teachers welcome.
Highlights advanced concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. describe the needs of your setting, regarding scholarship training (research, teaching, academic leadership/administration)
2. compare the CSP curriculum at Laval University to similar programs offered in other academic centres
3. reflect on the evaluation of your own training programs from the example of the CSP

Description:

Background: The choice of a community versus academic practice gradually emerges during post-graduate medical training. Few residents are supported in their exploration of the various fields of an academic practice: research, teaching, and academic leadership, in addition to clinical work. The Clinical Scholar Program (CSP) is an enhanced-skills program that gives residents the opportunity to take a scholarly approach in a project of their choice, allowing them to have a supervised exploration of an academic practice. Using the example of the Laval University CSP, this workshop will allow participants to discuss the steps of curriculum development, including program evaluation. Learning strategies: This workshop follows the various steps of curriculum development described in a 2009 report. After surveying the audience to assess their training needs in their setting, a brief presentation and discussions with CSP graduates will describe the curriculum and compare it to similar programs offered internationally. Various approaches for program evaluation will then be contrasted during a "debate" to help participants plan their respective program evaluation. Conclusions and key messages: The CSP at Laval University was developed based on the needs of the Réseau universitaire intégré de santé de l'Université Laval to train a new generation of academic family physicians. Its curriculum is tailored to each learner's objectives and covers, to various degrees, the three fields of an academic practice. The evaluation of such a program benefits from various approaches aiming at its continuous improvement.

T136434 **Family Medicine In-patient Hospital Medicine: Is it dead?**
11:15–12:15

Pierre-Paul Lizotte, MD, CCFP, Vancouver, BC

All teachers welcome.
Highlights novice concepts for clinical preceptors and educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. define the Triple C Curriculum for in-patient managment
2. explore the development and implementation of a family practice in-patient teaching unit with focus on Triple C Curriculum
3. participate in a discussion of community general practice in hospital care and teaching

Description:

Family practice residency programs are faced with the challenge of teaching resident in-patient hospital management in the setting of the Triple C Curriculum—Comprehensive patient management focused on Continuity and Centred in family medicine. Furthermore, the number of community general practitioners (GPs) managing their own patients in hospital is dwindling. The question arises: how can residency training programs ensure that in-patient hospital management meets the needs of this Triple C Curriculum with fewer community GPs caring for their own patients? The family practice teaching unit at St. Paul's Hospital and Mount St. Joseph Hospital within Providence Health Care in Vancouver is a model of in-patient management with a focus on comprehensive management while understanding the extreme value in continuity of primary care in the hospital setting. This resident-run family practice, overseen by community GPs for nearly 20 years, has been modelled to develop a new similar teaching unit at Surrey Memorial Hospital. The unit may serve as a model of teaching and care nationally as well as to continue GPs' hospital management and training in the setting of the competency-based curriculum. The teaching units at all three sites strongly emphasize the importance of the patient's biopsychosocial issues. This includes frequent family meetings/conferences, management in conjunction with the primary care provider, and minimizing repeated or inappropriate investigations. This workshop is intended to review in-patient hospital management in a family practice ward with a focus on the big picture and implementation of the Triple C Curriculum in this context.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136722 **Evidence-Based Medicine for Clinical Practice 2: Treatment**
11:15–12:15 Henry Siu, MD, MSc, CCFP (COE), IIWCC, Hamilton, ON; David Chan

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define advanced EBM terms such as number needed to treat, relative risk, and odds ratios
2. apply advanced EBM values to making therapeutic decisions for common medical conditions
3. communicate how these EBM values applies to treatment decisions to patients

Description:
This session builds on the foundations and definitions taught in the session EBM for Clinical Practice 1: Diagnosis. This session will help clinicians become comfortable with identifying the important EBM concepts and values that most impact therapeutic decisions. Using clinical scenarios, online tools, and risk calculators, this workshop will work through more advanced concepts of the principles of evidence-based practice including: What is effect size and how can it be expressed? Comparing treatments—using NNT and NNH confidence intervals—why does it matter? Odds ratio and relative risk—what do these values mean? How do we explain these numbers to patients? This workshop aims to familiarize and demystify EBM vocabulary that can often paralyze a clinician during routine practice. We will show you how these principles can be effectively incorporated into your clinical practice.

T136724 **The Elephant in the Room: My patient drinks too much, now what? (Screening, brief intervention,**
11:15–12:15 **and referral for treatment, part 2)**
Ginetta Salvalaggio, MD, MSc, CCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. determine which patients, after providing office-based SBI, will benefit from further referral for high-risk alcohol consumption
2. anticipate medical and psychiatric consequences of and comorbidities with high-risk alcohol consumption
3. plan for implementing SBIRT techniques in a real-world office setting

Description:
Did you know that about 15% of your patients drink alcohol in excess of recommended limits? People who engage in hazardous drinking are at risk of progressing to a severe alcohol use disorder (AUD) and other chronic diseases linked to excessive alcohol use. Screening, brief intervention, and referral to treatment (SBIRT) incorporates validated screening instruments, brief counseling using principles of motivational interviewing, and referral to more intensive treatment for individuals with a moderate-to-severe AUD. SBIRT is not futile—successfully used in primary, emergency, and other care settings, it reduces overall consumption and harmful behaviours associated with alcohol misuse. This is the second session in a series, where you will build on SBI learned in the first session, and determine appropriate approaches to referral and follow-up care. We will also discuss tips and tricks to implement SBIRT in your practice. Your efforts will be worth it!

T136741 **The Best of Primary Care Research from NAPCRG 2015**
11:15–12:15 David Kaplan, MD, MSc, CCFP, Toronto, ON; David G. White, MD, CCFP (EM), FCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. synthesize clinically relevant research presented at the primary care annual research meeting (NAPCRG)
2. stimulate the interest of practising family physicians in primary care research
3. understand how primary care clinicians can impact the research agenda

Description:
Building on successful presentations from the past two years, three outstanding speakers will present the best of clinically relevant primary care research from among over 500 presented at the North American Primary Care Research Group (NAPCRG) conference. Three family physician researchers will discuss what presentations they found most meaningful for their own practice and what they think every practising family physician should know. Each speaker will outline three or four studies, emphasizing what is new, why it is important, and how it can change practice. The focus will be on problems that are common and important in the family medicine setting. Copies of the original abstracts and presentations will be available. NAPCRG is the premier international forum for communicating new knowledge in primary care; this presentation will showcase the best of NAPCRG for a clinical audience. This session will be of interest to family medicine researchers.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T138762 **The 2017 Red Book Draft: New standards for family medicine residency training (2)**
11:15–12:15 Keith Wycliffe-Jones, MBChB, FRCGP, CCFP, Calgary, AB; Richard Almond, MD, CCFP; Judith Scott

All teachers welcome.
Highlights concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. compare the new standards for family medicine residency training with the current standards
2. list new requirements, indicators, evidence, and outcomes related to the new accreditation standards
3. determine how the new conjoint accreditation standards will be integrated into the new Red Book

Description:
This open and informal dialogue, involving large and small group activities, is aimed at helping leaders in family medicine residency programs understand and navigate the new conjoint accreditation standards for post-graduate training in Canada. This includes sharing the new standards and associated requirements and indicators, as well as identifying potential sources of evidence and outcomes. In addition, initial family medicine-specific accreditation content from the new 2017 Red Book, along with further information about new accreditation processes and timelines, will be presented for feedback from participants.

T136750 **MedEd Research 102: Here's my research question: What now? Next steps in medical education scholarship**
11:15–12:15 Douglas Archibald, PhD, Ottawa, ON; Shelley Ross, PhD; Oksana Babenko, PhD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe common medical education scholarship methodologies
2. explain the importance of matching the research question to research methodology, and data collection to the intended data analysis methods
3. plan a medical education scholarship project with appropriate methodology and analysis to match the research question

Description:
The easiest part of medical education research and scholarship is deciding what interests you the most. The challenging part, after turning curiosity into a research question, is determining how to design your project so you get the most meaningful results. In this highly interactive workshop, participants will be introduced to the most common qualitative and quantitative research methodologies and approaches to data analysis. Participants will work with the presenters and each other to determine which methodology is most appropriate to their research questions. Guidance will be given in how to decide what data to collect and how to collect and analyze those data, with particular attention given to the importance of matching the research question to an appropriate research method. A large group discussion near the end of the session will include a question-and-answer exchange between participants and presenters to clarify areas of concern. Presenters will also provide some possible resources that participants can explore at their own institutions to help support their medical education research. Participants will leave the workshop with a preliminary plan for a medical education research project. This workshop is intended for those who have previously been involved in a medical education study and would like more advanced guidance than what was provided in MedEd Research 101, or those who are about to begin a project and have questions.

T130454 🎧 **Sex Med Update: What's hot and heavy in 2016**
11:45–12:15 **Mise à jour sur la médecine sexuelle : Qu'est-ce qui est excitant et satisfaisant en 2016?**
Ted Jablonski, MD, CCFP, FCFP, Calgary, AB

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. define sexual medicine and its place in primary care/family practice
2. review current topics in female/male/LBGTQ+ sexual health
3. explore some of the most controversial sexual health issues of 2016

Description:
Often provocative, sometimes confusing, always fascinating: The diverse world of sexual medicine is always evolving with new ideas, pharmacologics, and controversies. Flibanserin for women's low libido, hormonal supplements for aging men, LBGTQ+ in the workplace/school system, global STI trends to name but a few topics. This presentation offers a whirlwind, high-level review of what's currently making news in the sexual medicine world. Be one step ahead of your patients and get the insider's guide to what's hot, and what's not, in the bedroom and beyond. Ted "Dr J" Jablonski, Calgary's Family Physician of the Year (2015), has done consultant work in sexual and transgender medicine in southern Alberta for over a decade. He is a much sought after speaker, media spokesperson, and educator. He is well known for his engaging and entertaining presentations.

Objectifs d'apprentissage :
1. définir la médecine sexuelle et sa place en pratique familiale/de première ligne
2. examiner les sujets actuels en santé sexuelle chez les femmes / hommes / GLBTT
3. explorer certains des enjeux de santé sexuelle les plus controversés en 2016

Description :

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

Souvent provocateur, parfois déroutant, toujours fascinant... Le monde diversifié de la médecine sexuelle est en constante évolution avec de nouvelles idées, de nouveaux produits pharmaceutiques et de nouvelles controverses. La flibansérine pour les femmes dont la libido est réduite, les suppléments hormonaux pour les hommes vieillissants, les GLBTT en milieu de travail, à l'école, les tendances mondiales en matière d'ITS, pour n'en nommer que quelques-uns. Cette présentation est une revue tourbillonnante de haut niveau sur ce qui fait la manchette dans le monde de la médecine sexuelle. Devancez vos patients et obtenez le guide de l'initié sur ce qui est cool ou pas dans la chambre à coucher et ailleurs. Ted « dr j » Jablonski, MF de l'année (2015) à Calgary a travaillé comme médecin-conseil en médecine sexuelle et auprès de la communauté transgenre dans le sud de l'Alberta pendant plus de dix ans. Il est un conférencier, porte-parole auprès des médias et éducateur très populaire. Il est reconnu pour ses présentations engageantes et divertissantes.

T134498 **What's New in Prenatal and Intrapartum Care?**
11:45–12:15 William Ehman, MD, Nanaimo, BC; Sudha Koppula, MD

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. describe hot topics relevant to family medicine maternity care
2. use an evidence-based approach to understand new information related to maternity care
3. apply hot topics to individual clinical practices

Description:
Maternity care, including intrapartum care, is constantly evolving. This 30-minute presentation will cover some of the latest hot news items that have come to light over the last year. An evidence-based approach will be used. Hot topics addressed will reflect key elements of family medicine maternity care. Topics covered will include both prenatal and intrapartum care.

12:15–13:45 🎧 **CFPC Annual Meeting of Members / Assemblée annuelle des membres du CMFC**
This session is not certified by the CFPC.
Cette séance n'est pas certifiée par le CMFC.

Why attend the Annual Meeting of Members (AMM)?
- Influence the direction of the CFPC.
- Interact with your Board Directors and the Executive Director/Chief Executive Officer. Do you have questions? Bring them!
- Provide feedback for the new Board director nomination and electronic election process. Should it continue? Should more AMM business be transitioned to occur electronically so a greater number of members can participate?
- Meet your newly elected 2016–17 Board of Directors.
- Hear about the impact of your approval in 2015 to move to a smaller, skills-based Board of 11 Directors, and the introduction of the new CFPC Annual Forum focused on engagement and networking between CFPC's Board and stakeholder leaders (Chapter leaders, Committee and Section Chairs, and chairs of university departments of family medicine).

Lunch will be provided.

Pourquoi assister à l'AAM ?
- Influencer la direction du Collège.
- Échanger avec les membres de votre CA et avec la directrice générale et chef de la direction. Avez-vous des questions? Posez-les.
- Donner votre rétroaction sur le nouveau processus de mise en candidature des membres du CA et le vote électronique. Devrait-on poursuivre? Devrait-on transiger plus d'articles à l'ordre du jour de l'AAM par voie électronique pour augmenter la participation des membres?
- Rencontrer les membres du CA nouvellement élus pour 2016 et 2017.
- Prendre connaissance des effets de votre approbation l'an dernier du passage à un CA de onze administrateurs, axé sur les compétences et l'introduction du Forum annuel du CMFC centré sur l'engagement et le réseautage entre le CA du CMFC et les leaders (sections provinciales, présidents de comité et de section, directeurs de département universitaire de médecine de famille).

Le lunch sera offert.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

T131643 **Update on the Canadian Opioid Guidelines**
13:45–14:15 Lydia Hatcher, MD, CCFP, FCFP, CHE, Ancaster, ON
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. incorporate the latest recommendations from the Canadian guidelines for opioid use in chronic pain patients
2. use best practice tools based on updated evidence for opioid use according to guidelines
3. describe side effects and risks of high dose opioid use and techniques to safely decrease or discontinue opioids

Description:
The K135, published in 2010, is undergoing its first update. Using GRADE (Grades of Recommendation, Assessment, Development and Evaluation) to research the present quality of evidence for existing recommendations, and apply best evidence and or practice using PICO (Population, Intervention, Comparison, Outcomes) question style, attendees will be able to apply these guidelines to their patients and apply elements into a busy practice.

T133521 **Update on Managing Sepsis**
13:45–14:15 Rob Stenstrom, MD, PhD, CCFP (EM), Vancouver, BC
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand how to identify high-risk sepsis patients
2. have a step-wise approach to diagnosing and managing sepsis
3. implement appropriate antibiotic choices for patients with sepsis

Description:
Sepsis is becoming more common in the emergency department as our patients live longer with more comorbidities. Over the last several years, the landscape around the approach to diagnosing and managing patients with sepsis and septic shock has changed considerably, and many published guidelines do not reflect this. This session will address diagnosing sepsis and identifying high-risk sepsis patients, as well as the utility of biomarkers and blood cultures for managing sepsis. Fluid management and antimicrobial prescribing will be evaluated, as well as disposition of patients with sepsis.

T136444 **Keeping Birth Normal: A family practice focus**
13:45–14:15 Karen Buhler, MD, CCFP, Vancouver, BC; Isobel Baribeau, MsN
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. recognize the value of defining normal birth for women, providers, researchers, and health care institutions
2. list five practices that promote normal birth in family medicine obstetrics
3. discuss the strengths and challenges in your setting for promoting normal birth

Description:
Maternity care has changed significantly in the past 25 years with an increased use of technology in birth without significant improvement in outcomes for mothers and babies. This has been accompanied by a rise in interventions that increase risks for mother and baby. Family physicians have historically championed normal birth. However, the culture we work in promotes technology and intervention and may have led to loss or suppression of our expert knowledge and skills for supporting normal birth. We are in danger of losing our place as champions of normal birth if we do not take an active role in its preservation. This workshop will begin by discussing a definition for normal birth and why that is important. Defining normal birth brings awareness to its value for women, care providers, researchers, and administrators. Using this indicator of quality care an example of monitoring normal birth will be demonstrated. Evidence will be presented to understand the physiological processes of birth and how preparation for birth, the birthing environment, and various aspects of care can enhance or disturb these processes. An improvement project on increasing normal birth at BC Women's Hospital in 2016 will be demonstrated and interim results will be shared, with lessons learned and the plan for next steps. Participants will listen to presentations of evidence-based best practice and the results of an improvement project. They will also discuss in small groups, in an appreciative inquiry format, the strengths, challenges, and aspirations for promoting normal birth in their individual settings. An opportunity for networking for continued learning and support in making change will be offered. The session will be co-facilitated by a family practitioner and a perinatal nurse, which will emphasize the importance of multidisciplinary teamwork when providing optimal maternity care.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136590 **Managing DVT in the Office**
13:45–14:15 Kelly Ogilvie, MD, MPH, FRCPC, Vancouver, BC
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. differentiate which patients are clinically at high risk for DVT
2. implement immediate DVT treatment in high risk patients
3. integrate primary care and emergency medicine work-up and treatment for DVT

Description:
This session aims to define DVT, discuss patients who are at high risk for DVT, discuss clinical presentation, discuss the role and sensitivity and specificity of adding a d-dimer to the clinical work-up, discuss the risks and safety and utility of starting anticoagulation treatment in the office and discuss the need for acute ultrasound investigation and finally discuss long-term management and referral and work-up.

T131656 **It's Overgrown Toeskin, not Ingrown Toenail!**
13:45–14:45 Henry Chapeskie, MD, CCFP, FCFP, CAME, Thorndale, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. stop removing toenails; patients can expect to have an excellent cosmetic result with the problem not recurring

Description:
This is an innovative approach to an old problem. The term "ingrown toenail" incriminates the nail as the causative factor. However, there is excellent evidence-based research demonstrating that there is no nail abnormality and that the problem is due to an excessive amount of soft tissue. Removal of this tissue results in less bulging over the nail with weight bearing and eliminates the problem. The nail is not touched! The technique is technically simple and can easily be performed in the family physicians' office. The result is cosmetically excellent and the problem will never recur!

T132478 **Understanding and Conducting a Systematic Review and Meta-analysis (SRMA)**
13:45–14:45 Marshall Godwin, MD, MSc, CCFP, FCFP, St. John's, NL
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand how to read and interpret a report of a SRMA
2. understand how SRMA is conducted

Description:
The process of how a systematic review and meta-analysis (SRMA) is conducted, and how to interpret the results of an SRMA, will be explained using examples and ongoing discussion and interaction with the learners.

T132754 **I Am Feeling Strange: A quick pathway to deal with altered level of consciousness**
13:45–14:45 Filip Gilic, MD, CCFP (EM), Kingston, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the factors that go into maintaining consciousness
2. apply a step-wise approach to identifying the cause of alteration of consciousness
3. use focused investigations to elucidate an occult cause of altered consciousness

Description:
This session will provide an overview of physiological and anatomical factors that go into maintaining consciousness and how the disturbance of such factors can cause alteration. We will review the 1-minute clinical assessment that allows us to rapidly identify or rule out most of the causes and discuss which further investigations are likely to yield results if no cause can be identified on the clinical assesment.

T132836 **Are Sex and Birth Control Related?**
13:45–14:45 Ellen Wiebe, MD, CCFP, FCFP, Vancouver, BC; Konia Trouton
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. name the possible sexual side effects of hormonal, intrauterine, and barrier contraception
2. help patients choose contraception that does not interfere with sexual pleasure
3. learn good questions to use when asking about sexual side effects

Description:
This is an interactive session, using case histories with discussion, as well as a presentation of evidence from the literature. We will discuss the sexual side effects of all contraceptives (hormonal, intrauterine, barrier, and natural family planning) so that we can help women prevent

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

pregnancies without interfering with sexual pleasure. Cases will involve sexual side effects of contraceptives, decreased motivation for sex being related to decreased motivation to contraception, and unplanned pregnancy resulting from the conflict between the physiological drive to reproduce and logical life planning. The emphasis of this workshop will be practical aspects of family planning, involving talking with our patients about sex and birth control. Although there is evidence that sexual side effects cause much of the discontinuation of hormonal contraception, this problem is infrequently discussed in family physicians' offices. In this session, we will discuss problem solving: finding contraception that does not interfere with sexual pleasure, and helping our patients avoid unintended pregnancies while continuing to enjoy sex.

T132846 **Review of Current Medical Education Articles**
13:45–14:45 Sudha Koppula, MD, MClSc, CCFP, FCFP, Edmonton, AB; Fred Janke, MD, MSc, CCFP, FCFP, FRRMS

All teachers welcome.
Highlights advanced concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. acquire insight to some of the recent medical literature relevant to clinical teachers
2. assess the relevance of the medical education articles to personal teaching practice
3. explore potential changes in teaching practices based on the relevant literature

Description:
Family medicine preceptors strive to stay current with their clinical teaching practices. However, this can be challenging to do because there is often limited means by which to stay current with the medical education literature, nor is there a venue in which to share these ideas with others. This is a workshop that presents summaries of recent, relevant, and interesting medical education articles, inviting discussion about these and similar articles. Discussing potential changes to teaching practices is valuable to family medicine preceptors. During the workshop, presenters will offer summaries of articles they have chosen, based on importance of the work or relevance to clinical teaching to promote discussion among participants. The articles chosen will span the range of formal medical educational levels (ie, undergraduate, postgraduate, and faculty development), and will also span a range of topics (eg, assessment, remediation). Presenters will ask participants for their initial thoughts and reflections based on the summaries provided. Impact on teaching practices will be explored for each article. Those interested in discussing scholarly articles as part of an overview of recent medical education ideas are welcome, including family medicine learners.

T132919 **Borderline Personality Disorder: Strategies for self-management and resiliency**
13:45–14:45 James Goertzen, MD, MClSc, CCFP, FCFP, Thunder Bay, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. acquire strategies for effective management of patients with a borderline personality disorder
2. develop increased resilience (physicians and team members) when providing care to patients with a borderline personality disorder
3. describe physician/patient relationships that encourage patients with a borderline personality disorder to increase their self-management skills and resiliency

Description:
Patients with a borderline personality disorder struggle with instability of self-image, affect regulation, impulse control, and interpersonal relationships. Frequent self-injury and testing of patient/physician boundaries can lead to frustration and/or burnout. Effective management strategies incorporate principles from dialectical behavioural therapy that can be readily embraced by family physicians and applied within their clinical settings. The key is developing a physician/patient relationship where appropriate boundaries are defined, ongoing negotiation becomes a key feature, and mutual respect by both physician and patient is nurtured.

T133265 **Arts in Medicine**
13:45–14:45 Yelena Zavalishina, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the prevalence of humanities-based curriculum in medical education
2. define the effects of arts-based studies on medical trainees
3. assess the long-term impact of such studies on medical practice

Description:
Background: Arts-based curriculum in medicine has become a subject of high interest both in medical schools and other medical training programs in recent years. The newly revitalized attention to humanities as an essential component of medical training has resulted in many studies looking at the effects such art-directed programs have on their learners. Such programs attempt to teach better communication, increase empathy, and produce more insightful and compassionate physicians. The objective of this literature review attempts to survey the prevalence of such interventions, and define the effect they have on medical learners. **Methods:** The MEDLINE, PUBMED, OVID, PSYCHINFO, and BIOSIS databases were searched for studies reviewing arts-based approaches in medical education. Systematic review of the literature from 1970 to 2013 revealed 79 studies, 26 of which were critically appraised. **Results:** The majority of studies praised the effect of arts-based

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Simultaneous interpretation / *Interprétation simultanée*

interventions on medical education. Many of these focused on identifying themes arising from such programs and measuring their effect by self-reported feedback of the participants. Only two succeeded at presenting a long-term impact of such interventions on the learners. Many studies revealed poor methodology, through insufficient sample size, study bias, lack of control groups, and presence of recall bias. **Conclusion:** Although there is an increase in the study of arts-based interventions in recent years, further studies are needed to evaluate the results of such interventions. Specifically, better methodologies need to be used and more attention should be paid to the effect of patient/physician interaction. Additionally, the long-term impact that such interventions has on learners needs to be studied further.

T133328 **Canada's Children In Care: Voices in the wilderness**
13:45–14:45
Michael Mills, MD, CCFP, FCFP, Burlington, ON; Anne Kittler-Fath; Graham Swanson; Amie Davis, Michelle Ward; Eva Moore

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize and manage the health, developmental, and behavioural challenges for children involved with the child welfare system (CWS)
2. communicate and advocate more effectively for the needs of children within the medical, legal, and social context of the CWS
3. assess different models of care for children in the CWS and consider how these would apply to their practice setting

Description:
Children in the care of Canada's child welfare system (CWS) are a unique at-risk population. The CWS was designed to protect children from abuse and neglect. The negative effects of early life exposure to alcohol and drugs, violence, poverty, and family instability may result in lifelong complex medical and emotional illness for these children. Their ability to establish positive relationships with adults and peers is often impaired. Frequent moves after coming into care can have additional negative effects on these relationships. These young patients struggle with physical, behavioural, and mental health illness and more frequently become involved with the legal system. Family physicians and pediatricians who are asked to care for these children are often overwhelmed by their complexity. Physicians may underestimate the importance of their role in providing continuity and may be intimidated by the legal aspects of the CWS. Finding consistent family medicine care for these children becomes difficult and many turn to the patchwork services of walk-in clinics and emergency departments for their health needs. Incomplete immunizations, chaotic medication routines, and dispersed health records are common results of this inadequate care. This session will focus on practical tools and strategies for the busy office setting, to help recognize, manage, and advocate for the health care needs of children involved with the CWS. Case-based and interactive presentations will be provided by members of a newly formed special interest group of family physicians and pediatricians from across the country with experience in this field.

T136342 🎧 **Low Back Pain Update: Towards optimized practice 2015 guidelines, and beyond**
13:45–14:45 **Mise à jour sur la lombalgie : Vers les lignes directrices 2015 du programme Toward Optimized Practice et au-delà**
Ted Findlay, DO, CCFP, FCFP, Calgary, AB; Jason Crookham, DO, CCFP

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. explain the development process of the TOP Alberta Guideline for the evidence informed primary care management of low back pain
2. recognize and use the important clinical recommendations summarized in the TOP Alberta Guideline and online resources
3. cite the important changes and updates in the new release as compared to the previous version

Description:
The Evidence-Informed Primary Care Management of Low Back Pain guideline, published by the Towards Optimized Practice (TOP) program of the Alberta Medical Association, has recently concluded it's third revision. This revision has led to substantive changes in recommendations that will have an influence on the management of low back pain patients across Canada. The TOP guidelines are widely recognized and used across Canada, and serve as a basic resource for the development of provincial programs focused on serving low back pain populations. Examples include the Low Back Pain strategy and CORE Back Tool (Ontario), the Spine Access Alberta project, and others. Important updates in the 2015 revision include a companion document that explains interventional radiology procedures commonly used in the management of low back pain, as well as recommendations within the guidelines that summarize the evidence to support their use. Another important update is the discussion of the appropriate use of opioid medications in acute and chronic low back pain. The session will include a didactic (PowerPoint) presentation as well as ample opportunities for audience participation, as a sample patient case is discussed. A take-home copy of the 2-page summary intended for office use will be provided, and the patient information materials introduced. There will be a brief discussion at the end, of newer relevant publications of interest, and time for open-ended audience questions. The presenters are both experienced medical educators, including a family physician who has co-chaired the TOP Alberta LBP Guideline project since the first edition, as well as a local family physician expert in the management of MSK conditions. At the conclusion of the session, attendees will be able to apply the most current evidence to the management of this very common practice problem, with improved selection of appropriate treatment modalities for either acute or chronic low back pain. The attendees will also be aware of the circumstances in which certain investigations or treatments are not indicated.

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🎧 Simultaneous interpretation / *Interprétation simultanée*

Objectifs d'apprentissage :
1. expliquer le processus de rédaction des lignes directrices de TOP Alberta « Guideline for the Evidence Informed Primary Care Management of Low Back Pain »
2. reconnaître et mettre en pratique les importantes recommandations cliniques résumées dans les lignes directrices de TOP Alberta et les ressources en ligne
3. citer les mises à jour et changements importants dans la nouvelle publication comparativement à la version précédente

Description :
Les lignes directrices « Evidence-informed Primary Care Management of Low Back Pain » publiées par le programme Towards Optimized Practice (TOP) de l'association médicale de l'Alberta ont récemment conclu leur troisième révision. Cette révision a entraîné des changements substantiels des recommandations, lesquels influeront sur la prise en charge de la lombalgie chez les patients de partout au Canada. Les lignes directrices TOP sont largement reconnues et utilisées au Canada et tiennent lieu de fondement pour la création de programmes provinciaux axés sur les soins aux populations aux prises avec la lombalgie, dont entre autres la Stratégie en matière de lombalgie et Outil d'examen clinique du dos (Ontario), le projet Spine Access Alberta. Parmi les mises à jour importantes de la révision de 2015, citons un document d'accompagnement qui explique les interventions de radiologie interventionnelle souvent utilisées dans la prise en charge de la lombalgie, de même que des recommandations dans les lignes directrices qui résument les données probantes à l'appui de leur mise en application. Une autre mise à jour importante concerne une discussion sur l'emploi approprié des opioïdes dans la lombalgie aiguë et chronique. La séance inclut une présentation didactique (PowerPoint) de même que d'abondantes occasions de participer, durant une discussion de cas. Les participants recevront une copie du résumé de deux pages qu'ils pourront utiliser dans leur pratique, et le matériel d'information du patient sera présenté. À la fin, nous discuterons brièvement des nouvelles publications d'intérêt et ouvrirons la séance aux questions de l'auditoire. Les présentateurs sont des éducateurs en médecine expérimentés et comptent un médecin de famille ayant co-présidé le projet des lignes directrices du programme TOP Alberta sur la lombalgie depuis la première édition, de même qu'un médecin de famille de la région spécialisé dans la prise en charge des affections musculosquelettiques. À la fin de la séance, l'apprenant sera en mesure d'appliquer les données probantes les plus récentes à la prise en charge de ce problème des plus courants en pratique, avec une meilleure capacité de choisir les modalités thérapeutiques appropriées pour la lombalgie aiguë ou chronique. L'apprenant saura aussi dans quelles circonstances certaines investigations ou certains traitements ne sont pas indiqués.

T136455 **Managing Hepatitis C in Primary Care: New treatments, tools, and practice pearls**
13:45–14:45 Sharon Gazeley, MD, CCFP, FCFP, Toronto, ON; Susan Woolhouse

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. apply knowledge of new treatments for hepatitis C virus (HCV) to appropriately identify and prepare patients considering treatment
2. use practical guidelines to monitor chronic HCV in practice before, during, and after treatment
3. demonstrate understanding of important management issues in end-stage liver disease/cirrhosis in primary care

Description:
Infection with the hepatitis C virus (HCV) is a preventable and treatable chronic disease, and a major cause of end-stage liver disease in Canada. Newest treatments offer many patients increased rates of cure. Family physicians are ideally placed to help patients prepare for treatment in the context of ongoing primary care and within a chronic disease management model. This interactive and case-based seminar will introduce participants to practical tools for monitoring chronic HCV in the practice. Practice pearls and guidelines for management that can easily be incorporated into practices will be emphasized. Presenters are family physicians who are experienced in managing and treating HCV in the primary care context.

T136458 **It's Not That Complicated: Flip, not flop, the classroom**
13:45–14:45 Vivian Ewa, MBBS, CCFP (COE), FCFP, FRCP Edin., Calgary, AB

All teachers welcome.
Highlights novice concepts for educational leaders and teachers outside the clinical setting.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. apply relevant learning theories to designing an e-learning resource
2. evaluate different approaches to the instructional design of an e-learning resource
3. discuss methods to maximize student motivation and participation in the flipped classroom

Description:
Over the past few years, there has been a steady increase in enrollment in medical schools and family medicine programs. This increase in class size has led to challenges with using small group teaching approaches during academic half days. In order to meet these challenges, blended learning approaches such as the flipped classroom are being used. The flipped classroom approach enables students maximize learning resources and promotes flexibility—students can review the content in their own time, at their own pace prior to the classroom session. It accommodates different learning styles and maximizes in-person classroom time. Learning is active, self-directed, problem-based, and integrated, promoting lifelong learning skills that are critical in competency-based medical education. This workshop will provide practical tips for the instructional design of an e-learning resource. Benefits and challenges of the flipped classroom approach to teaching and learning will be discussed in a small group format and participants will be able to evaluate strategies described in the literature to improve learner

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Simultaneous interpretation / *Interprétation simultanée*

motivation and participation in the flipped classroom. This session is for clinical teachers interested in developing an e-learning resource without tears and adopting a flipped classroom approach to teaching during academic half days.

T136696 **Choosing Wisely Canada and Family Medicine: Measuring overuse and progress in implementation**
13:45–14:45 Ciara Pendrith, MSc, Toronto, ON; Kimberly Wintemute, MD; Katerina Gapanenko, MD, MHs, PhD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explain how overuse problems associated with certain CWC recommendations are measured, the extent of the problems, and overuse risk factors
2. identify family physician attitudes toward overuse and how to address barriers to implementing the CWC recommendations
3. create strategies to implement and measure CWC recommendations in clinical practice

Description:
The Choosing Wisely Canada (CWC) campaign is a grass-roots, physician-led initiative designed to support conversations between physicians and patients about unnecessary medical tests, treatments, and procedures. A cornerstone of the campaign is the development evidence-based lists of "Things Clinicians and Patients Should Question," which identify tests or treatments that do not add value to patient care and may cause patients harm. This session will describe what is known about the extent of overuse in primary care, identify quality improvement initiatives to help family physicians implement CWC recommendations in their practice, and discuss ways to measure progress. CWC and the Canadian Institute for Health Information established a measurement collaborative to study the use of certain CWC recommendations and track changes in use over time. Session participants will learn about the extent of unnecessary tests for three CWC recommendations relevant to the practice of family medicine. These recommendations include: don`t conduct imaging for lower-back pain in the absence of red flags; don't screen women with Pap smears if they are < 21 or > 69 years of age; don't repeat DEXA scans more often than every 2 years. CWC measurement collaborative members will share the results of their analyses, using pan-Canadian and/or provincial-level data, to quantify the extent of low-value care in these areas. The presenters will discuss how usage rates measured at the primary care practice-level vary across the province of Ontario. Participants will also learn about the factors associated with overuse of different recommendations, including patient and physician characteristics. This session will identify several quality improvement activities that participants may undertake to implement CWC recommendations in their own practice. The presenters will discuss ways that family physicians can use data sources available to them in their practices to implement and monitor the impact of quality improvement initiatives. Finally, participants will be engaged in a dialogue to consider barriers to implementing CWC recommendations and how to identify and address the problem of overuse in family practice.

T137147 **Office and Hospital Detox Protocols**
13:45–14:45 Launette Rieb, MD, MSc, CCFP, CCSAM, FCFP, DABAM, FASAM, Bowen Island, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. screen patients to determine if residential detox is needed or if office-based detox is an alternative
2. obtain practical knowledge of detox and treatment protocols that can be used in the office
3. review the mechanism of action of substances that can produce physiologic dependence and withdrawal

Description:
In this interactive small group session, geared to practising family physicians and senior residents, an overview will be provided of the neurophysiology of various substances, the corresponding withdrawal profiles, as well as detox protocols for both in-hospital and office use. By the end of the session participants should be able to attain the following objectives: 1) Differentiate the withdrawal syndromes of various substances; 2) Judge if an in-patient, residential, or office protocol for detox is in order; 3) Choose an appropriate detox protocol for the substance or combination of substances used by a patient; and 4) Feel more confident when thinking about treating patients with substance use disorders.

T137622 **Back to the Future: The family physicians of today meet the family physicians of tomorrow**
13:45–14:45 Pierre Paul Tellier, MD, CCFP, FCFP, Montreal, QC; Cheri Bethune, MD, CCFP, FCFP, St. John's, NL

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. gain valuable insights for a career in family medicine
2. discuss practice opportunities in family medicine
3. ease the transition into primary care

Description:
In this session, students and residents have the opportunity to meet and speak with recipients of the Reg L. Perkin Award, who have been named Canada's Family Physicians of the Year. This unique event allows students and residents to ask questions regarding work-life balance and easing into practising family medicine, and to discuss the challenges they might face. This session also gives award winners the chance to share their insights and their experiences of starting out in family medicine.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T140911 **Rural Educators' Forum / Forum des éducateurs ruraux**
13:45–17:30 Ruth Wilson, MD, CCFP, FCFP, Kingston, ON; Stephan Grzybowski, MD, CCFP, FCFP, Vancouver, BC; Tom Smith-Windsor, BSc, MD, CCFP, FCFP, FRRMS, Prince Albert, SK

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. understand the process undertaken by the Advancing Rural Family Medicine: The Canadian Collaborative Taskforce for developing recommendations aimed at enhancing the recruitment and retention of rural family physicians
2. identify the recommendations that are the most relevant and critical to the educator's role in supporting rural medical education delivery
3. share examples from across the country of best practices that exemplify recommendations in action

Description:
This session shares the work of the Advancing Rural Family Medicine Taskforce (the Taskforce). It will provide attendees with information on the process by which the Taskforce developed recommendations aimed at enhancing the recruitment and retention of rural family physicians. Participants will be given opportunity to identify the recommendations that are most relevant and critical to the educator's role for supporting rural medical education delivery and to share examples of best practices from across the country that exemplify the recommendations in action. Small and large group discussions will be used in the session to engage participants in these conversations.

La présentation est en anglais. Les diapos seront anglais et français.

T131367 **Doc, I Can't Breathe: How to approach this situation in your office**
13:45–17:30 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON; Suzanne Levitz, MD, CCFP, Montreal, QC; Tony Ciavarella, MD, MA, MCFP, Aldergrove, BC; John Li, MD, Moncton, NB; Chris Foti; Alison McCallum

Mainpro+ Group Learning certified credits = 3

Learning Objectives:
1. understand the approach to making the correct diagnosis of a dyspneic patient
2. review treatment strategies once you think you know what it is
3. review these conditions in your office

Description:
Dyspnea is the presenting symptom for many conditions, from respiratory to cardiac to metabolic causes. It is easy to see that patients are short of breath, but sometimes the cause is less clear. The CFPC Respiratory Medicine Community of Practice executive will give you a clear review on how to narrow down the differential, come up with the right diagnosis, and institute therapy for the correct issue to maximize your patient's recovery. We will help clarify common, uncommon, easy, and difficult issues, including asthma, COPD, COPD vs CHF, asthma COPD overlap syndrome, and restrictive lung diseases. Come in with questions, and leave with the answers!

T132054 **Fibromyalgia in Primary Care: Helping the patient take control**
14:15–14:45 Lori Montgomery, MD, CCFP, Calgary, AB

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. synthesize available guidelines to create an evidence-based treatment plan for fibromyalgia
2. develop a vocabulary for explaining fibromyalgia pain to a patient
3. confidently discuss the role of exercise in the management of fibromyalgia

Description:
Fibromyalgia is one of the most challenging conditions to diagnose and manage in primary care, and complicates the treatment of other chronic diseases. However, research is beginning to offer evidence to guide our approach and empower our patients to use self-management tools. This session will explore what we know (and what we don't know) about managing fibromyalgia in primary care.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T135869 **Current Best Practice in Post-Resuscitation Care After Cardiac Arrest**
14:15–14:45 Benjamin Wilson, MD, CCFP (EM), Vancouver, BC

Mainpro+ Group Learning certified credits = 0.5

Learning Objective:
1. review of causes of cardiac arrest and methods to narrow down your differential diagnosis using history/physical and ED tools

Description:
ACLS protocols are common knowledge to most practising physicians, and it is likely that most physicians working in any acute care setting will eventually resuscitate a patient from cardiac arrest. What is less often taught are the steps to take to maximize survival and optimize outcome after a patient is resuscitated. In major hospitals, ICU may be available to take over quickly, but in smaller hospitals, where family physicians (FPs) often cover emergency, there may be no specialist service to assist. In this case, the FP must decide what further management steps to take. Some of these steps are relevant to the etiology of the arrest: PCI, thrombolysis, pericardiocentesis, chest decompression, ventilation strategies or acid/base/electrolyte management. In these cases, physicians need to be able to narrow down their diagnosis using readily available information and basic tools such as ultrasound, ECG, and lab test results. Other post-arrest management steps pertain to all arrests: therapeutic hypothermia and transport optimization. This session will discuss how physicians may narrow down the suspected etiology of a cardiac arrest, and review the relevant and recent literature regarding best practices for post-resuscitation care.

T136582 **Exercise During Pregnancy: Clinical practice guidelines: Update and review**
14:15–14:45 Milena Forte, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify and interpret the most recent evidence based guidelines for exercise in pregnancy
2. provide tailored "exercise prescriptions" for pregnant women at varying levels of fitness
3. identify high-risk activity and high-risk pregnancies where exercise may be contraindicated

Description:
In 2015, the Canadian Society for Exercise Physiologists and the Society of Obstetricians and Gynecologists of Canada began the process of updating their Clinical Practice Guidelines for Exercise During Pregnancy and the PARmed-X for Pregnancy tool. This session will focus on recent revisions to the guidelines (still in development) highlighting where changes are occurring as well as emphasizing best practices that endure. Participants will leave with knowledge and tools that will allow them to effectively counsel patients about physical activity and exercise appropriate for their fitness level and pregnancy. The workshop will include a presentation as well as several opportunities for interaction as we work though cases and answer questions.

T136643 **Why Greg Price Died: The hazards of health service delivery in Canada**
14:15–14:45 David Moores, MD, MSc, CCFP, FCFP, Edmonton, AB; Mirella Chiodo

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. provide a critique of the Health Quality Council of Alberta's Continuity of Care Study
2. provide a family practice/primary care perspective about the challenges of integrated and comprehensive health services
3. formulate a family practice led initiative to capture significant events in health services delivery

Description:
The Health Quality Council of Alberta's (HQCA's) Continuity of Patient Care Study identified that current processes in Alberta's health care system for managing the complex dealings between requesting/referring physicians and consultant clinics offering specialized health care services are variable and often are not sufficiently reliable to protect patients' continuity of care or timeliness of service. The HQCA examined continuity of care through the lens of a single individual's journey through the health "system." Their report highlighted opportunities to improve Albertans' experiences when trying to access and/or receive specialized health care services. The study, release December 2013, examined continuity of patient care through the lens of a single patient, Greg Price. The study was triggered by Albertans' less than stellar rating of co-ordination of care in the HQCA's patient experience survey. The HQCA continues to support the uptake, critical review, and implementation of process change inherent in the report's recommendations by sharing the detailed findings and recommendations with key stakeholders. These challenges are not unique to Alberta but are the reality across Canada. This provocative plenary challenges Canada's family physicians/primary care providers to be more outspoken as to what, how, and when a health care system provides services. For too long, the system has been ignorant or dismissive of the contributions and actions its family physicians offer and how we attempt to make a dysfunctional and disorganized system work on behalf of our patients and ourselves.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136503 **Emergency Contraception: New options for an old problem**
15:15–15:45 Sheila Dunn, MD, MSc, CCFP (EM), FCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify and compare the three methods of emergency contraception
2. consider current research about the mechanism of action and effectiveness of emergency contraceptive methods to provide guidance to patients
3. apply up-to-date evidence and recommendations about the influence of weight on the effectiveness of emergency contraceptives when counselling patients

Description:
Emergency contraception (EC) is a last chance to prevent an unwanted pregnancy after unprotected intercourse. Most women obtain EC pills directly in pharmacies. However, family physicians have an important role to play in counselling their patients about a new prescription option for EC, and the superior effectiveness of a post-coital copper IUD. This session presents evidence and recommendations from the 2015 Canadian Contraception Consensus Guideline about the three options for EC—the levonorgestrel EC pill, the new ulipristal EC pill, and the copper IUD—and will discuss their mechanism of action, effectiveness, and use. Factors such as weight, timing in the menstrual cycle, and concomitant use of hormonal contraception that should be considered when counselling women will be presented.

T136622 **Immunization in Pregnancy**
15:15–15:45 Julie Vanschalkwyk, MD, FRCPSC, Vancouver, BC

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the immunizations commonly required by pregnant women
2. discuss the safety of vaccination during pregnancy
3. plan an approach to vaccination during pregnancy

Description:
Pregnancy offers an opportunity to discuss immunizations with women—there is an opportunity to update needed vaccines. The need for other immunizations may be specifically identified during pregnancy. Women may encounter specific situations, such as travel, requiring specific protection. Many women are concerned about the safety of immunization during pregnancy. This session will provide participants with the information needed to counsel pregnant women effectively about immunization during pregnancy.

T129449 **KidneyWise: A primary care clinical toolkit for the detection and management of chronic kidney disease**
15:15–16:15 Allan Grill, MD, CCFP, MPH, FCFP, Toronto, ON; Scott Brimble, MD, FRCPC, Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify which patients in a typical family practice are at higher risk for chronic kidney disease
2. determine which investigations to order for patients at high risk for chronic kidney disease and how to interpret the results
3. implement a practical clinical algorithm that outlines the role of the primary care practitioner in managing patients with chronic kidney disease

Description:
Chronic kidney disease (CKD) affects approximately 2 million Canadians and is a recognized risk factor for all-cause mortality. Patients that progress to end-stage renal disease experience significant morbidity and a reduced quality of life. Primary care providers (PCPs) can play an important role in the early detection and prevention of progression of CKD. The most recent guidelines produced by Kidney Disease Informing Global Outcomes, the Canadian Hypertension Education Program, Canadian Cardiovascular Society, and the Canadian Diabetes Association were reviewed for relevant content to produce, through an iterative process, the KidneyWise CKD clinical toolkit for primary care. The toolkit contains a practical clinical algorithm, an outpatient nephrology referral form, and an interactive app that can be used at the point of care. These materials can also be incorporated into electonic medical records (EMRs) for ease of use. The Ontario Renal Network provides leadership and strategic direction to effectively deliver renal services in a coordinated manner. One of its key strategies is to improve early detection of CKD at the primary care level. It is anticipated that the KidneyWise clinical toolkit will empower PCPs with confidence to become more aware of CKD management issues in a consistent, evidence-informed manner. By the end of this session, participants will be able to: 1) identify which patients are at higher risk for CKD; 2) understand which investigations to order and how to interpret the results; 3) manage CKD and its associated cardiovascular comorbidities; and 4) appropriately select which patients need to be referred for nephrology consultation.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T133043 **Jeopardy: Rapid-fire pearls for common practice problems**
15:15–16:15 Tina Korownyk, MD, CCFP, Edmonton, AB; G. Michael Allan; Michael Kolber

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the evidence, or lack thereof, for certain medical practices
2. apply simple solutions to common questions that arise in primary care
3. review myths or therapies that have been underused

Description:
This is a rapid-fire, Jeopardy-style presentation. A wide variety of primary care topics will be covered, ranging from pediatrics to infectious disease to musculoskeletal concerns, and everything in between. Most topics stem from the Tools for Practice Library, although some will be from other sources. New topics are covered every year. Using the core feature of the Tools for Practice, evidence will be presented, along with a bottom-line answer for relevant clinical questions. Audience participation and interaction is the theme of this session.

T133515 **Creating Value for Family Physicians: How to participate in and benefit from research to transform care**
15:15–16:15 Michelle Griever, MD, MSc, CCFP, FCFP, Toronto, ON; Frank Sullivan, PhD, Toronto, ON; Scott Garrison, MD, PhD, Edmonton, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify incentives for and challenges to research participation for family physicians and their practice teams
2. develop a value proposition for physicians to join important practice-based primary care research
3. discuss approaches and tools enabling successful participation in primary care research

Description:
We need to generate evidence in primary care; this evidence should reflect our patients and our practices. Generating practice-based evidence requires that research happen in family practices so that the results are applicable to patients like those we see on a daily basis. However, family physicians are busy and adding another activity, like participating in research, is difficult. As a result, the number of patients and practices contributing to Canadian primary care research often lags behind other countries. What is in it for family physicians and why should they participate in studies? This workshop is aimed at physicians interested in contributing to the evidence needed to strengthen our discipline and improve primary care, through collaboration with researchers. We will discuss the value propositions for practices, as well as how this can be enabled through quality improvement activities and studies that align with practice goals and values. The workshop presenters are practicing family physicians who have extensive experience collaborating with a range of clinical colleagues. We have worked on research projects that benefit physicians and patients locally, provincially, and internationally. There will be a short didactic presentation. Workshop participants will then participate in small group discussions to explore physician recruitment strategies and methodologies. These will include: examples of value proposition (why do this?); identification of practical and sustainable practice change/transformation research conducted in Canada and internationally; provision of internationally recognized best practices, such as Research Ready for family practices (how to do this so it works for family physicians). At the end of the workshop, participants will identify the value and feasibility of research in primary care practices. They will have access to tools enabling participation and will have the information and contacts needed to get their practices "research ready."

T133696 **How to Apply for a Janus Grant and (hopefully) be Successful**
15:15–16:15 Baukje Miedema, RN, MA, PhD, Fredericton, NB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. learn about the various Janus grants and their requirements
2. learn about the Janus application process
3. learn about the requirements of the application (methods, KT)

Description:
This workshop will take the participants through the application process for the various Janus grants, including how to craft a grant that may be competitive. The intended audience for this workshop is junior clinical researchers.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T133768 🎧 **Canadian Cardiovascular Society Dyslipidemia Management Guidelines: What's new in 2016?**
15:15–16:15 **Lignes directrices sur la dyslipidémie de la Société canadienne de cardiologie : Quoi de neuf en 2016?**

Rick Ward, MD, CCFP, FCFP, Calgary, AB; Arden Barry, PharmD, ACPR, Calgary, AB

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. interpret the latest evidence and best practice for prevention, diagnosis, and treatment of dyslipidemia
2. identify the changes in the new 2016 CCS Dyslipidemia Guidelines relevant to primary care and/or family physicians
3. evaluate the role of non-statin drugs in cardiovascular disease risk reduction

Description:
Cardiovascular disease (CVD) is a leading cause of death in Canada. However, detecting CVD can be challenging, as many patients may be asymptomatic despite multiple risk factors such as dyslipidemia, hypertension, or diabetes. Therefore, early detection and modification of cardiovascular (CV) risk factors through lifestyle interventions and, if warranted, medications is paramount. In response to new evidence and the changing landscape of the treatment of dyslipidemia, the Canadian Cardiovascular Society (CCS) has updated the Dyslipidemia Management Guidelines. In this cased-based workshop, members of the CCS Dyslipidemia Guidelines Panel will present practical clinical prevention strategies for risk assessment, non-fasting lipids, targets of pharmacotherapy, statin intolerance, treatment of patients over 75 years of age, the role of non-statin therapy, and health behaviour interventions. Presenters will advocate for the importance of an objective CV risk assessment tool in primary care with a focus on the advantages and limitations of the Framingham Risk Score, and cover strategies for communicating the benefits and risks of primary prevention therapy to patients. Furthermore, they will address the controversy surrounding the use of surrogate lipid targets to guide treatment acknowledging that modifying lipid parameters with pharmacotherapy does not necessarily translate into a reduction in CV events. Finally, they will address the role of new non-statin therapies in the treatment of dyslipidemia based on recently published evidence for ezetimibe, niacin, and the proprotein convertase subtilisin-kexin 9 (PCSK9) inhibitors.

Objectifs d'apprentissage :
1. interpréter les toutes dernières données probantes et les pratiques exemplaires de prévention, de diagnostic et de traitement de la dyslipidémie
2. relever dans les nouvelles Lignes directrices 2016 sur la dyslipidémie de la SCC les changements pertinents aux médecins de famille et/ou de première ligne
3. évaluer le rôle des médicaments autres que les statines dans la réduction du risque de maladie CV

Description :
La maladie cardiovasculaire (MCV) est la cause principale de décès au Canada. Mais le dépistage de la MCV peut être difficile, puisque de nombreux patients sont asymptomatiques malgré la présence de nombreux facteurs de risque tels que la dyslipidémie, l'hypertension ou le diabète. Ainsi, il est primordial de procéder au dépistage précoce et à la modification des facteurs de risque cardiovasculaires par l'entremise d'interventions liées au mode de vie et, si cela est justifié, de médicaments. En réponse aux nouvelles données probantes et au paysage changeant du traitement de la dyslipidémie, la Société canadienne de cardiologie (SCC) a actualisé ses Lignes directrices sur la prise en charge de la dyslipidémie. Dans cet atelier fondé sur un cas, les membres du comité de rédaction des Lignes directrices sur la dyslipidémie de la SCC présenteront de radicales stratégies cliniques de prévention pour l'évaluation du risque, la lipidémie non à jeun, les cibles de la pharmacothérapie, l'intolérance aux statines, le traitement des patients de plus de 75 ans, le rôle du traitement par un médicament autre qu'une statine et les interventions visant les comportements santé. Les présentateurs défendront l'importance d'utiliser un outil d'évaluation objective du risque CV en soins de première ligne en s'attardant aux avantages et aux limites du score de risque de Framingham, et couvriront les stratégies pour communiquer aux patients les bienfaits et les risques liés aux traitements de prévention primaire. En outre, ils aborderont la controverse entourant les cibles lipidiques de substitution pour guider le traitement en reconnaissant que le fait de modifier les paramètres lipidiques par la pharmacothérapie ne se traduit pas nécessairement par une réduction des événements CV. Finalement, ils aborderont le rôle des nouveaux traitements par un médicament autre qu'une statine dans le traitement de la dyslipidémie en s'appuyant sur des données probantes récemment publiées portant sur l'ézétimibe, la niacine et les inhibiteurs de la proprotéine convertase subtilisine/kexine de type 9 (PCSK9).

T134104 **Approach to the Suicidal Patient**
15:15–16:15 Jon Davine, MD, CCFP, FRCPC, Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe important screening questions in suicide assessment
2. describe the essential elements of the certification form
3. apply suicide risk principles to the patient with borderline personality disorder

Description:
In this session, we will present a case outlining some of the issues surrounding the assessment of the suicidal patient. We will discuss pertinent screening questions for suicide risk assessment. Demographic risk factors for suicide will be presented. We will discuss certification, using the Form 1 in Ontario, including Box A and Box B. We will touch on suicidal issues involving the patient with borderline personality disorder.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

T134890 **A Discussion About Canada's Children In Care**
15:15–16:15 Roxanne MacKnight, MD, CCFP, FCFP, Miramichi, NB; Curren Warf; Patricia Mousmanis; Michael Mills; Amie Davis; Graham Swanson; Michelle Ward; Ruth Martin; Anne Kittler-Fath; Eva Moore

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. assess different models of care for children in the child welfare system and apply them to their practice setting
2. communicate and advocate for the needs of children within the medical, legal, and social context of the child welfare system
3. recognize and manage the health, developmental, and behavioural challenges for children involved with the child welfare system

Description:
This session will focus on how to better meet the needs of high-risk children and youth in the child welfare system. Several approaches and models used across Canada will be discussed. There is interest in developing a Special Interest group in this area, with collaboration between the CPS and the CFPC.

T136414 **Climate Change and Emerging Infectious Diseases: What family physicians should know about zika virus**
15:15–16:15 Michel P. Deilgat, MD, MPA, CCPE, Ottawa, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review the emergence of recent infectious diseases in Canada
2. describe the clinical manifestations and the investigation of mosquito- and vector-borne diseases
3. describe the appropriate management and reporting of these diseases

Description:
Climate change will affect human health in many ways—mostly adversely. For example, infectious diseases are emerging faster than at any other time in human history. At the same time, the world is becoming a much smaller place. Family physicians and primary care practitioners are faced with new challenges in their daily practice for which there might be no clear answer available. Such is the case with the new emerging infectious diseases, either by vector- or mosquito-borne transmission. Dengue, West Nile virus, Lyme disease, Chikungunya, and, more recently, Zika virus (microcephaly, Guillain-Barré Syndrome) are part of the new reality. As public health are trying to understand the complex ecology of the zoonotic infections by increasing surveillance, investigating new epidemiological and microbiological techniques to get answers, and evaluating the health risk associated with these changes, physicians must deal with a new range of previously unseen diseases and provide the best support to their patients. In this presentation, the most current updates for guidelines and recommendations will be presented and discussed focussing on the most recent outbreaks and pandemics affecting Canadians.

T136431 **Evidence-Based Clinical Practice Guidelines for Treatment of Acne and Rosacea in Canada**
15:15–16:15 Catherine Zip, MD, FRCPC, FAAD, Calgary, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. differentiate acne vulgaris and rosacea from other facial dermatoses
2. assess acne vulgaris and rosacea regarding subtypes and severity to guide therapeutic choices
3. apply evidence-based treatment algorithms for the management of acne vulgaris and rosacea

Description:
Acne vulgaris and rosacea are common dermatologic conditions seen by family physicians. Despite being seen often in clinical practice, they are often not effectively managed, leading to adverse effects on quality of life. Clinical practice guidelines for both diseases have recently been published, covering new treatments available in Canada and taking into account the most up-to-date clinical studies. These new guidelines will be discussed in sequence: 1. Acne vulgaris: Participants will learn to distinguish acne vulgaris from acne variants and acne-like dermatoses. Participants will also learn to assess disease severity at presentation and during the course of treatment to measure improvement. Treatments recommended for managing acne: Canadian clinical practice guidelines will be discussed along with supporting evidence and possible side effects. An evidence-based treatment algorithm will be reviewed showing consensus treatment recommendations for patients with comedonal, mild-to-moderate inflammatory, and severe acne. 2. Rosacea: Participants will learn to recognize rosacea subtypes: erythematotelangiectatic, papulopustular, ocular, and phymatous. Grading scales for assessing severity at presentation and to measure improvement with therapy will be reviewed. Treatments recommended by a panel of clinical experts for each clinical feature will be reviewed and considerations for treatment of patients with several concurrent features will be discussed.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136693 **Physician Resilience: Preventing burnout**
15:15–16:15 Clare Hawkins, MD, MSc, CCFP, FCFP, FAAFP, Houston, TX

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list structural factors that affect work satisfaction and develop a strategy to address them
2. itemize personal factors that affect work satisfaction and develop a strategy to address them
3. identify when physician burnout can result in reduced patient safety

Description:
Rates of burnout are high for physicians as a profession throughout the western world, regardless of the structure of the health care system in which doctors work. There has been a strong correlation between physician satisfaction and patient-care quality. Therefore, it is a priority to develop ways to identify and address burnout for physicians. There are multiple constructive coping strategies that range from rearranging the workplace, altering the financial compensation model, and individual physician factors such as work-life balance and self-awareness. The presentation will also address physician mental health, suicide risk, and impairment.

T136848 **An Exit Plan for Opioids: When, why, how?**
15:15–16:15 Roman Jovey, MD, Mississauga, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. discuss the reasons for considering tapering or discontinuing opioids for a patient with chronic non-cancer pain
2. describe the options for tapering or discontinuing opioids, including the discussion with patients
3. use buprenorphine as a transition strategy when tapering opioids

Description:
The use of opioid therapy to treat chronic non-cancer pain continues to generate controversy. Clinicians do report benefits for some patients with some types of pain at least for some period of time, in spite of limited RCT evidence. Unfortunately, there is no current validated way to predict who will benefit long term without a trial of therapy. However, when the risks start outweighing the benefits in an individual patient, it can be difficult to taper or discontinue opioids because of the patient's fears and the clinician's beliefs regarding opioid withdrawal symptoms. During this presentation, case scenarios will be used to illustrate the process of deciding when to taper opioids, how to do so in an outpatient setting, how to manage patient fears and expectations, and some practical strategies to reduce the severity of withdrawal.

T136344 **Medicine for Behaviours: Annual Canadian National Behavioural Medicine Network**
15:15–17:00 Douglas Cave, MSW, RSW, PhD, Rpsych, MA, AMP, MCFP, Vancouver, BC

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. network and develop national relationships with other behavioural medicine colleagues
2. share teaching tools and strategies
3. discuss how to improve teaching behavioural medicine, including the current strengths and challenges

Description:
Behavioural medicine praxis is involved in every patient, collegial, and self-reflective encounter. At its heart, behavioural medicine is defined by relationships. The Canadian National Behavioural Medicine Network, convening annually since 2010, has been enhancing the relationships of health care professionals who teach and are interested in behavioural medicine. The principle goal is to enhance behavioural medicine teaching and practice among family physicians.

T136570 **Do You Trust Your Learner?: Balancing learning and risk in the clinical environment**
15:15–17:00 Keith Wycliffe-Jones, MBChB, FRCGP, CCFP, Calgary, AB; Heather Armson, MD, Med, CCFP, FCFP

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. define the factors that come into play when deciding how much to trust a learner in the clinical setting
2. identify potential errors and biases when deciding how much to supervise a learner
3. use a model to help make entrustment decisions about a learner in the clinical setting

Description:
Teachers in medicine are used to making on-the-spot decisions about how much to supervise a learner in any given clinical situation. The ability to provide the right amount of supervision, particularly when graduated appropriately to the point of readiness for unsupervised practice, is an essential skill that teachers develop and apply, often subconsciously. To ensure their learners acquire new knowledge or skills, teachers are required to find the right balance between effective supervision and the preservation of patient safety. Unfortunately, the fear of litigation in allowing learners to experience the full responsibility for patient care during training has resulted in some trainees completing

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

their training without being ready for unsupervised practice. As post-graduate training programs introduce competency-based curricula, the amount of supervision provided and the level of trust placed in a trainee as a more construct-aligned assessment of competency development, has also become a focus for studies of how supervisors make entrustment decisions, both on a patient-by-patient basis and summatively when reviewing a learner's progress. This workshop allows participants to initially explore, in small groups, what factors they consider are important when deciding how much supervision to provide for any learner. The small groups will then share their ideas and experiences with the larger group for wider discussion. The session includes a review of the current literature on entrustment decision making, types of trust, and an open discussion about sources of error and bias when assessing the trustworthiness of a trainee. To complete the session, the large group participates in a live preceptor-trainee case presentation, where participants are challenged to decide how much to trust a trainee based simply on what they observe.

T138231 **Growing as Teachers: Putting the FTA framework into action! (2)**
15:15–17:00 Allyn Walsh, MD, CCFP, FCFP, Hamilton, ON; Viola Antao, MD, CCFP; Cheri Bethune, MD, CCFP, FCFP; Marion Dove, MD, CCFP; Sudha Koppula, MD, CCFP; Stewart Cameron, MD, CCFP

All teachers welcome.

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. recognize the multiple teaching tasks in which teachers are presently engaged and/or would like to engage
2. apply the CFPC Fundamental Teaching Activities framework to personal professional development as teachers, for developing goals and plans
3. provide and receive peer consultation for personal professional development plans

Description:
Teachers need a clear understanding of the expectations and opportunities within their roles, as well as faculty development to guide their professional growth. The CFPC developed the Fundamental Teaching Activities (FTA) Framework. The CFPC FTA Framework should lead teachers to a better understanding of their teaching roles and serve as a guide to professional development. A brief interactive presentation will provide the background concepts of the FTA Framework. A panel of teachers will discuss, in English, their experiences using the FTA Framework—first with each other, and then with participants. A question and answer format will be used. Working in pairs, in either French or English, participants will use the FTA Framework to develop a personal faculty development plan, incorporating a peer consultation process. In a large group, participants will share the results of their planning activities, and discuss how the FTA Framework could be useful for themselves or for others in their setting, using either language.

T135856 **Say What?: Increase your sexual health fluency in the care of adolescents and emerging adults**
15:15–17:00 Leta Burechailo, MD, CCFP, Powell River, BC; Marisa Collins, MD, MHSc, CCFP, FCFP

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. discuss the importance of sexual health for the well-being of adolescents and young adults
2. appraise and expand your comfort, confidence, and competence when discussing sexual health with adolescent and young adult patients
3. practice communication techniques and integrate topics relevant to sexual health care for today's adolescents and young adults

Description:
Whereas sexual health is very important for our adolescent and young adult patients, its significance does not necessarily equate with the airtime allotted to sex and sexuality in the physician's office. Clinicians may neglect this domain of health and care due to lack of training, fluency, comfort, and competing clinical concerns. We may limit our scope of attention to negative consequences of sex (eg, efforts to prevent or address pregnancy and sexually transmitted infections). Furthermore, our language and office environments may not reflect the fact that sexual health includes sexuality, which may have little or nothing to do with sexual activity. Through presentation, video, and participatory learning, this workshop aims to expand the clinical conversation about sexual health with adolescents and emerging adults. Strategies will be modelled and practised to increase comfort, confidence, and competence with what can be awkward topics of discussion for clinicians and their patients. Resources will be shared for reference and ongoing learning for clinicians and their patients. By attending this workshop, participants will be able to: identify barriers to providing comprehensive sexual health care for adolescent and emerging adult patients in primary care settings; discuss adolescent sexual health indices including sexual risk behaviours, citing Canadian data; apply a human sexuality framework to providing adolescent and young adult health care; discuss confidentiality; incorporate components of an age-appropriate sexual health history; practise initiating discussions about sexual health; demonstrate conversation repair strategies to manage awkward moments; practise using inclusive language for sexual orientation and gender identity; and integrate relevant sexual health topics into adolescent and young adult patient visits, such as sexual decision making, safety, consent, substance use, sexting, pornography, additional support, and learning resources.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T132866 **Email Communication With Patients: Problems, pitfalls, and a plausible solution**
15:45–17:00 Sharon Domb, MD, CCFP, FCFP, Toronto, ON; Debbie Elman, MD, CCFP, FCFP; Jeremy Rezmovitz, MD, MSc, CCFP

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. understand the potential challenges of using email to communicate with patients
2. review the current recommendations from regulatory bodies, regarding emailing patients
3. learn about a current innovation used to electronically collect consent from patients for electronic communication

Description:
Electronic communications have become the norm today for many people for everyday use. Advances in technology have also changed the way health care personnel communicate with patients. Most physicians are well aware of the obligations they are under to protect patients' privacy; however, health care providers continually face new challenges in secure communication given the rapid evolution of technology. Although convenient, for many reasons, unsecured email is not a safe mode of communication concerning private health information. Physicians are governed by numerous recommendations regarding electronic communication, including national and provincial regulatory bodies, as well as local institutional policies. To further complicate matters, these recommendations sometimes conflict with one another. In 2013, the Canadian Malpractice Protective Association issued recommendations regarding physicians' duties and responsibilities when using electronic communications—essentially suggesting that physicians review all jurisdictional recommendations and obtain signed consent if they still choose to communicate with patients via email. Many physicians, and their staff, continue to communicate with patients via email without appropriate consent, given that collecting appropriate consent, and documenting it, can be a time-consuming process. At the Sunnybrook Academic Family Health Team, a group with 13 physicians and associated allied health professionals, began collecting written email consent from patients in December 2014. Written consent forms were obtained either on paper, and then scanned into the electronic medical record (EMR), or via mobile tablets with a direct, secure, upload to the EMR. The written consent explained to patients that email communication is potentially unsecure, that the patient had the responsibility to advise the office of any email address change, and other potential pitfalls of using this technology. Whether by paper or tablet, the end result was the same in the EMR—a clear record of whether patients had granted or refused consent to email, along with their email address. This allows members of the health care team to readily know whether or not a patient is agreeable to email communication.

T132412 **Odd and Scary: How to approach and manage unusual skin conditions and avoid pitfalls**
16:30–17:00 Lawrence Leung, MBBChir, MFM (Clin), DipPractDerm (Wales), MRCGP, FRACGP, FRCGP, CCFP, Kingston, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand and adopt an efficient approach to skin conditions in family medicine
2. be aware of skin conditions that are odd and scary
3. learn how to arrive at differentials and diagnoses with the most appropriate management plan

Description:
Dermatological conditions comprise up to one-seventh of all consultations in family medicine. When confronted with skin lesions that are odd or scary, practising family physicians often feel unprepared to make a diagnosis, let alone manage them. This may lead to either unnecessary dermatological referrals or inappropriate prescriptions of steroid cream in a reflex-arc manner. This presentation will provide a bird's eye view to these possible odd and scary skin conditions and equip attendees with a logical flowchart approach for diagnosing and managing these conditions.

T136487 🎧 **Concussion Basics and Beyond: Strategies for the busy family physician**
16:30–17:00 **Fondements et plus sur la commotion cérébrale : Stratégies à l'intention du médecin de famille débordé**
Lisa Fischer, MD, MScPT, CCFP (SEM), DipSport, London, ON

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 0.5

Learning Objectives:
1. diagnose concussion and post-concussion syndrome
2. perform a focused physical examination and use appropriate imaging
3. develop a management plan, including appropriate allied health care

Description:
Family physicians are often the first point of contact for concussed patients. Concussion management strategies continue to evolve and it can be difficult to stay current. This session will try to summarize the basic issues around concussion diagnosis and management for the busy family physician.

Objectifs d'apprentissage :
1. à la fin de la séance, les participants seront en mesure de : poser un diagnostic de commotion cérébrale et de syndrome post-commotion
2. exécuter un examen physique ciblé et utiliser les examens d'imagerie appropriés
3. créer un plan de prise en charge, en incluant les professionnels paramédicaux appropriés

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

Description :
Les médecins de famille sont souvent le premier point de contact des patients ayant subi une commotion cérébrale. Les stratégies de prise en charge de la commotion cérébrale continuent d'évoluer et il est souvent difficile de rester à la fine pointe de l'information. Cette séance tente de résumer les enjeux de base entourant le diagnostic et la prise en charge de la commotion cérébrale pour le médecin de famille débordé.

T136612 **Follow the Leader: Digital health to engage patients in primary care**
16:30–17:00 Cindy Hollister, ACPR, MBA, Toronto, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. recognize how digital health applications are used to engage patients in primary care
2. formulate strategies to engage interdisciplinary teams, patients, and community partners to optimally use digital health to increase patient engagement
3. identify three change management activities/tools that can encourage clinical transformation enabled by digital health

Description:
The National LEADing Practice Initiative, led by Canada Health Infoway in partnership with Accreditation Canada, recognizes LEADing practices in the use of digital health to strengthen clinical practice and improve the patient and provider experience. In 2016, a selection committee—comprised of representatives from Infoway, Accreditation Canada, the Canadian Medical Association, Canadian Nurses Association, Canadian Pharmacist Association, HeathcareCAN, and a member of the public—recognized five LEADing practices that demonstrated the advanced use of digital health to enable clinical transformation and enhance patient-self management. This panel will include clinicians in primary care practice who will share their experience and insights on the required clinical leadership, engagement, and change management strategies to advance the use of digital technology to increase patient engagement.

T136754 **Direct Oral Anticoagulants (DOAC) and the Family Physician**
16:30–17:00 Jock Murray, MD, CCFP (EM), Halifax, NS; Samantha Jang Stewart, MD

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. be aware of the risks and benefits of DOACs
2. be aware of an approach to bleeding in patients taking DOACs
3. be made aware of the indications for DOACS

Description:
Direct oral anticoagulants (DOACs) are increasingly being marketed and prescribed to patients with atrial fibrillation and thrombophillias. These drugs have some advantages but are very expensive. They also have significant risk of bleeding complications. This session will provide the evidence supporting the use of these medications as well as the associated risks. This will allow participants to make an informed decision about when using a DOAC drug is appropriate. Note: The presenters have no connection to drug companies promoting or studying these medications.

T131589 **Marijuana for Medical Purposes: The essentials for effective practice**
16:30–17:30 Alan Bell, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. apply the CFPC preliminary guidance for the use of medical marijuana
2. apply the existing evidence regarding the use of inhaled marijuana for medical purposes
3. minimize the risk of abuse, diversion, and inappropriate prescribing of medical marijuana

Description:
Using a case-based, interactive approach, session attendees will gain the knowledge needed to effectively authorize the use of marijuana for medical purposes. This will be in accordance with the CFPC document Authorizing Dried Cannabis (Medical Marijuana) for Chronic Pain or Anxiety: Preliminary Guidance, as well as Health Canada regulations. Topics to be covered include the role and function of the endocannabinoid system, evidence regarding the use of medical marijuana in neuropathic pain, multiple sclerosis and other conditions where benefit has been demonstrated, potential risks and benefits, regulations regarding authorization and avoidance of misuse, diversion, and inappropriate prescribing. Clinical pearls will include how to identify the appropriate and inappropriate patient, how to adequately document initial and follow up patient visits, use of the patient agreement, and harm reduction strategies.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T132087 **A New Frontier in Primary Care: Eradicating hepatitis C**
16:30–17:30 Gordon Arbess, MD, CCFP, Toronto, ON; James Owen

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. demonstrate an understanding of the epidemiology and natural history of hepatitis C
2. describe the initial workup and investigations for the patient living with hepatitis C
3. identify new treatment options and outcomes for patients living with hepatitis C, and consider prescribing these medications for selected patients

Description:
Hepatitis C has an estimated prevalence of up to 0.7% in the Canadian population, but almost half of all Canadian cases are felt to be undiagnosed. Although hepatitis C is usually asymptomatic, it is a common cause of cirrhosis, hepatocellular carcinoma, and liver transplantation. New screening recommendations are leading to increased recognition of hepatitis C by primary care physicians, who are now well positioned to effectively manage hepatitis C. New interferon-free treatment options are increasing the possibility of curing selected patients of chronic hepatitis C infection in the outpatient family practice setting. These therapies will have improved tolerability, less toxicity, and better overall efficacy compared with older treatment regimens. In this presentation, a case-based approach will be used to highlight the importance of prevention, screening, and the initial investigation and staging workup of the patient with hepatitis C. Vaccinations, cancer screening, and counselling will be discussed. We will review how to identify and address comorbid conditions including chronic pain, alcohol use, addiction, depression, and hyperlipidemia. Finally, the evolving landscape of new treatment options for hepatitis C will be reviewed, with an emphasis on preparing the primary care provider to access and prescribe treatment for appropriate patients and monitor for treatment response.

T134114 **Approach to Psychotherapy in Primary Care**
16:30–17:30 Jon Davine, MD, CCFP, FRCPC, Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. contrast the models of supportive and cognitive behavioural psychotherapy
2. identify how to decide when to use specific forms of psychotherapy
3. describe specific techniques that are central to cognitive behavioural therapy

Description:
Twenty-five per cent to 35% of visits to a family physician may involve predominantly psychological issues. Family doctors have lots of opportunities to engage in meaningful psychotherapy with their patients, due to their longitudinal relationships. In this session, we discuss the two different types of psychotherapy: supportive therapy and change therapy. We discuss how to choose the appropriate therapy for the appropriate person, at the appropriate time. We discuss supportive therapy and how to best apply this in the primary care setting. We then will focus in some detail on change therapy, particularly cognitive behavioural therapy (CBT). We discuss CBT techniques, including setting up cognitive logs and how to challenge distorted thinking patterns. We go on to discuss setting up behavioural homework as a therapeutic modality to complement the cognitive work. Finally, we look at how psychotherapy can be incorporated in a practical way in the primary care setting.

T136308 **Supporting Community Reintegration of People With Incarceration Experience:**
16:30–17:30 **The role of the family physician**
Ruth Martin, MD, CCFP, FCFP, MPH, Vancouver, BC; Catherine Latimer; Debra Hanberg; Larry Howett; Blake Stitilis; Daniel Baufeld

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. learn from people with incarceration experience about their health care encounters, positive experiences, and challenges
2. discuss clinical scenarios where there are opportunities to connect formerly incarcerated persons with reintegration supports and programs
3. review a draft reintegration toolkit to better support patients with incarceration experience in their transition to the community

Description:
Many of the challenges faced by formerly incarcerated people during their reintegration into the community stem from formal and informal discrimination, shame, and stigma related to being imprisoned. Formerly incarcerated persons experience a high prevalence of chronic conditions and developmental disabilities, such as FASD, chronic pain, mental health issues, and substance use issues. In addition, people with incarceration experience face challenges in accessing a family physician, obtaining identification cards, birth certificates, housing, employment, and education, as well as (re)building relationships with family, friends, and the community. These basic necessities are the foundation of the social determinants of health. This interactive workshop will review clinical scenarios faced by family physicians in the community setting who are engaging with formerly incarcerated patients. Participants will develop a better understanding of the reintegration experience through direct patient narratives. The patient encounter will be presented as an opportunity to inquire about incarceration experience in a respectful manner, build trust, and help patients connect with existing reintegration supports as part of their overall health care plan. The Collaborating Centre for Prison Health and Education at the University of British Columbia has developed a reintegration toolkit to help family physicians connect patients with reintegration supports. The draft toolkit will be shared for review and feedback.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136443 **Mifepristone Abortion and Family Physicians: Canadian Abortion Providers Support (CAPS) online**
16:30–17:30 **community of practice support is a click away**

Sheila Dunn, MD, MSc, CCFP (EM), FCFP, Toronto, ON; Wendy Norman, MD, CCFP, FCFP, MHSc, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify clinical and professional supports for physicians wishing to implement mifepristone abortion practice
2. apply knowledge and insights of experienced mifepristone abortion providers to prepare for or improve mifepristone provision in the practice
3. navigate the Canadian Abortion Providers Support (CAPS) online community of practice

Description:
Have you considered providing mifepristone medical abortion, or are you certified to do so? Family doctors providing mifepristone may face challenges with regulations, logistics, and clinical queries. The Canadian Abortion Provider Support (CAPS) platform is a secure online community, where Canadian physicians and pharmacists can access tools for practice, discuss clinical challenges with expert providers, and share best-practice strategies to facilitate mifepristone abortion care. Communities of practice provide needed support for practitioners as they implement new procedures and clinical skills. If you are interested in mifepristone provision, this session is an opportunity to discuss your support needs, learn how the CAPS platform works, and provide input for improvements. During this interactive session, we will present practical tips for successful mifepristone abortion implementation identified by CAPS members and invite participants to bring questions about mifepristone abortion practice for discussion. CAPS is supported by the CFPC and the Society of Obstetricians and Gynaecologists of Canada.

T136447 **Sports Cardiology: A developing subspecialty of medicine in Canada**
16:30–17:30

James McKinney, MD, MSc, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. assess mechanisms for sudden cardiac death in athletes
2. be aware of concerning symptoms and how to evaluate such patients
3. explain research about exercise dose-response to patients

Description:
The sports cardiology subspecialty is a rapidly developing area of medicine in the United States and Europe. The frequency of published data on the effects of exercise, the effect of cardiac adaptation, and development of cardiovascular disease, is increasing significantly in these regions. Integrating family physicians in the cardiovascular assessment of athletes is essential for delivering optimal care. There is no denying the benefits of exercise. However, evidence exists that exercise causes a transient increase in risk for sudden cardiac death, especially in those with undiagnosed cardiovascular disease. In order to effectively reduce the occurrence of these events, athletes, coaches, and health practitioners must be aware of the warning signs associated with sudden cardiac death, and how to appropriately conduct cardiovascular risk assessments. As research in this population expands, investigators are attempting to answer the question, what is the optimal dose of exercise? Given the aging population and concurrent increase in participation in vigorous athletics, the impact of excessive exercise is being explored. The amount of literature is increasing, about potential links between excessive exercise and coronary artery disease, atrial fibrillation, and mortality outcomes. Following their respective roles as Lead Cardiologist and Chief Medical Officer of the 2010 Vancouver Winter Olympic Games, Dr Saul Isserow and Dr Jack Taunton observed the advancements in the United States and Europe for cardiovascular care and assessment of athletes, creating the impetus for developing SportsCardiologyBC. SportsCardiologyBC has become a national leader in the subspecialty by evaluating thousands of athletes, using the four pillars of research, education, advocacy, and clinical assessment. SportsCardiologyBC's primary goal is to make participation in exercise as safe as possible, and to develop guidelines for physicians and athletes alike. The involvement of the family physician community is essential for developing the program and evaluating the athlete population. A primary goal of this session is to bring forward key research and clinical topics to engage the family physician community.

T136558 **Expanding the Group Prenatal Care Model: Group prenatal care in the academic family health team**
16:30–17:30

Deborah Adams, MA, MHSc, CHE, Toronto, ON; Natalie Morson, MD, CCFP; Sakina Walji, MD, CCFP; Natalie Tregaskiss, RN, RM

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review the evidence of clinical benefits of group prenatal care for participating women and resident learners
2. describe the process of implementing group prenatal care in an interdisciplinary, academic family health team
3. assess the utility of group prenatal care, determine capacity, and explore how to integrate allied health professionals

Description:
Emerging evidence supports group prenatal care (GPC) as one means of improving clinical outcomes in maternity care, as well as maternal knowledge and satisfaction. The small group setting has been shown to enhance the effects of the early and continued risk assessment, ongoing health promotion, and the medical and psychosocial interventions and follow-up that comprise the classic prenatal care model. This group model allows health professionals from a variety of disciplines to focus on educating women and their partners, while creating a shared experience for the expectant parents. In addition, there is evidence that educational programs that include GPC models report more resident deliveries during training and more graduates entering maternity care fellowships or practising maternity care. In developing a GPC program,

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

we integrated a registered midwife (RM) in the existing complement of allied health professionals within our family health team (FHT). This truly interdisciplinary model of care involved family physicians, family medicine residents, and allied health providers—including a prenatal nurse, nurse practitioner, pharmacist, registered dietician, and social worker—contributing their specialised expertise for providing care to all of our patients. The RM acts as the GPC coordinator, facilitating access to the entire FHT and in doing so, establishing the basis for quality, comprehensive, continuous care for entire families. This workshop will present the steps we took to develop and implement our program, and will offer the lessons learned in the process. In particular, we will provide preliminary results of ongoing quality improvement and program evaluation, as well as the impact of this care model on family medicine resident education and experience. We intend to provide a forum for participants to explore the possibility of implementing a similar program in their own practices by: 1) assessing the value of the GPC approach for their patient population; 2) evaluating team capacity and readiness; and 3) identifying the practical steps needed to initiate a GPC program.

T136621 **Mainpro+: A more intuitive way to learn, earn, and report CPD credits (2)**
16:30–17:30 Janice Harvey, MD, CCFP, FCFP (SEM), Mississauga, ON; Dominique Tessier, MD, Montreal, QC; Teresa Wawrykow, MD, Winnipeg, MB; Mike Sylvester, MD, Kingston, ON; Peter Barnes, MD, Botwood, NL; Sudha Koppula, MD, Edmonton, AB; Sarah Bartlett, MD, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the new CPD credit categories and how they relate to learning activities in the Mainpro+ system
2. use the principles outlined in Mainpro+ to determine learning needs
3. manage how CPD credits are entered and tracked more efficiently

Description:
Join us for an informative session about Mainpro+. Find out who your Regional Educator is and hear about the exciting changes, which offer more intuitive, self-directed learning opportunities. You will learn the way to earn credits for practice activities you do on a daily basis. The CFPC is committed to providing quality CPD to meet your evolving interests and learning needs.

T136723 **Studying Nemo: Recruiting and retaining hard-to-reach populations**
16:30–17:30 Ginetta Salvalaggio, MD, MSc, CCFP, Edmonton, AB; Lara Nixon, MD, CCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe appropriate sampling strategies for a hidden population of interest
2. apply community and stakeholder engagement principles to enhance recruitment and retention
3. identify key staff characteristics and training needed to engage hidden populations

Description:
This hands-on workshop will review common challenges faced in studying hard-to-reach populations, and introduce effective preventive and troubleshooting techniques for these challenges. Some of the strategies we will apply to selected research cases are: community engagement and relationship-building between stakeholders; staff preparation and support; participant incentives; communication and reminder approaches; and adaptive timing and location of data collection. Participants are encouraged to bring their own research questions, planned or in-progress, to work on during this session.

T132415 **Red and Itchy: How to approach and manage common skin conditions and avoid pitfalls**
17:00–17:30 Lawrence Leung, MBBChir, MFM (Clin), DipPractDerm (Wales), MRCGP, FRACGP, FRCGP, CCFP, Kingston, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand and adopt an efficient approach to skin conditions in family medicine
2. be aware of skin conditions that are red and itchy
3. understand how to arrive at differentials and diagnoses with the most appropriate management plan for these red and itchy lesions

Description:
Dermatological conditions comprise up to one-seventh of all consultations in family medicine. When confronted with skin lesions that are red and itchy, practising family physicians may not feel the need to make a definitive diagnosis, which may lead to inappropriate prescriptions of steroid cream in a reflex-arc manner. This presentation will provide a structured approach to red and itchy skin conditions and equip attendees with a logical flowchart approach for diagnosing and managing these conditions.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

T136661 🎧 **Shouldering On: A primary care approach to shoulder pain**
17:00–17:30 **Mettre l'épaule à la roue : une approche de soins de première ligne pour la douleur à l'épaule**

Connie Lebrun, MDCM, MPE, CCFP (SEM), DipSportMed, FACSM, Edmonton, AB

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 0.5

Learning Objectives:
1. recognize the presentation of common shoulder problems (acute and chronic)
2. conduct a focused but thorough shoulder examination
3. understand the options for conservative management and the indications for referral for advanced imaging or specialist consultation

Description:
This session will focus on common clinical presentations of shoulder overuse and acute injuries in family practice. The participants will understand the clinical reasoning and evaluation skills necessary to recognize the presentation of common shoulder problems (acute and chronic). Key aspects of a focused but thorough shoulder examination will be presented, with reference to the clinical reasoning process. Finally, options for conservative management of most shoulder conditions and criteria for referring patients for advanced imaging or specialist consultation will be discussed.

Objectifs d'apprentissage :
1. les participants seront en mesure de reconnaître le tableau clinique des problèmes courants de l'épaule (aigus et chroniques)
2. les participants seront en mesure d'exécuter un examen de l'épaule ciblé, mais approfondi
3. les participants comprendront les options de prise en charge conservatrice et les indications pour recommander le patient à un examen d'imagerie avancé ou à un spécialiste

Description :
Cette séance s'attache aux tableaux cliniques courants de la surutilisation de l'épaule et des blessures aiguës de l'épaule en pratique familiale. Les participants comprendront le raisonnement clinique et les aptitudes d'évaluation nécessaires pour reconnaître le tableau clinique des problèmes courants de l'épaule (aigus et chroniques). Les principaux aspects d'un examen de l'épaule ciblé, mais approfondi seront présentés en faisant référence au processus de raisonnement clinique. Finalement, nous discuterons des options de prise en charge conservatrice de la plupart des troubles de l'épaule et des critères de recommandation d'un patient à un examen d'imagerie avancé ou à un spécialiste.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

F131577 **Networking Breakfast for Teachers of International Medicine Graduates (IMGs)**
07:00–08:00 Susan Philips; Inge Schabort

This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. describe and critique IMG training programs and their nuances across Canada
2. connect with a community of Canadian family medicine teachers of IMGs
3. better understand such matters as quality of international training, CaRMS, predictors of success, and ambiguous credentials (externships, observerships, clinical assistantships)

Description:
International Medical Graduates (IMGs) applying for family medicine residency continue to outnumber Canada-trained graduates—either physicians immigrating to Canada or, more likely, Canadians who went abroad to study medicine. IMGs spend thousands of dollars positioning themselves for acceptance into residency, while programs grapple with determining which achievements predict success for these candidates in becoming family physicians. At the same time, recent CCFPs are having more difficulty finding work as provinces restrain spending. To open the discussion, we will briefly present recent information about programs, problems, and success stories for teaching IMGs. This session is open to all who teach or supervise medical students or residents.

FS136306 **Mental Health and Addiction Medicine Breakfast Networking Session (1)**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. become acquainted with the activities of the Program Committees of Mental Health and Addiction Medicine
2. discover screening tools for mental health and addiction medicine in primary care settings
3. discover resources to work effectively with patients with mental health issues and alcohol and substance use disorders

Description:
The breakfast meeting gives attendees an opportunity to meet with other primary care physicians in comprehensive care and those in focused practices providing care for patients, families, and communities with mental health issues and disorders, as well as concurrent alcohol and substance use disorders and behavioural addictions. There will be an opportunity to network and discuss clinical tools and resources available for supporting care of patients with concurrent disorders.

F136552 **What You Need to Know to Become a Prison Physician: Breakfast networking session**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. network with others who are interested in health care in the prison system
2. increase understanding of the steps involved in becoming a prison physician
3. become familiar with some Prison Health CPFM activities

Description:
Join the Prison Health Program Committee members to network and to hear prison physicians' stories about what you need to know to become a prison physician.

F142140 **CPFM Hospital Medicine Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Description:
The CFPC Hospital Medicine Communities of Practice in Family Medicine Program Committee invites you to join them at their networking breakfast to discuss how they can best support you in your day-to-day practice.

F142252 **Enhanced Surgical Skills Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Description:
The CFPC Enhanced Surgical Skills Committee invites you to join them at their networking breakfast to discuss how they can best support you in your day-to-day practice.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F132228 **Residency PBSG Breakfast Networking Session**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Description:
Looking for tips for running practice-based small group (PBSG) sessions in your residency program? Are you a student interested in learning or enhancing your small group learning? Interested in how PBSG can be used to help residents with transition to practice? Learn from others who are using residency PBSG across the country. Come meet Dr Risa Bordman, Residency Director for the Foundation for Medical Practice Education and other program staff. Join us for an open discussion about using PBSG in residency programs, and a chance to interact with other program participants from across the country.

F144882 🎧 **Keynote Address: Where Competencies, Compassion and Humanity Meet**
08:00–09:30 **Présentation principale : Convergence de la compétence, de la compassion et de l'humanité**
José Pereira, MBChB, DA, CCFP, MSc(MEd) Director, Research, CFPC, Co-Founder, Pallium Canada, Mississauga, ON / Directeur, Recherche, CMFC, Co-fondateur, Pallium Canada, Mississauga, ON

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 0.5

Learning Objectives:
1. adopt palliative care as an integral component of family medicine and the Patient's Medical Home
2. defend the view that palliative care is an opportunity for providing patient-centered, continuous, comprehensive, and compassionate care
3. embrace palliative care as an opportunity for personal growth and job satisfaction

Description:
"I only want what is in your mind and in your heart." These famous words, said by a dying patient to a caring almoner, inspired the development of modern palliative care. What did he mean and how is this relevant today for us as physicians? Being a physician requires acquiring and applying competencies across a number of areas, as experts and scholars, communicators and professionals. Being a good physician requires empathy and compassion. Palliative care—which this presentation will show is an integral component of the continuous comprehensive care that family physicians provide—has the potential of drawing out the best in us. It is a vehicle for students, residents, and clinicians to nurture and maintain key competencies and traits required by us as physicians, traits that include compassion and the ability to work closely with different disciplines and professions. This presentation will share examples of family physicians and residency programs that embrace this area of care, and provide exemplary palliative care that is integrated early for patients with progressive chronic illnesses. It will explore the conditions that need to be in place for family physicians to provide this care. It will share narratives of the joy and satisfaction that caring for these patients brings to us as physicians. It is a catalyst for our own continuous growth as persons. After all, death is a reality that affects us all, it is a common condition of all humanity.

Objectifs d'apprentissage :
1. adopter les soins palliatifs comme une part intégrante de la médecine familiale et des Centres de médecine familiale
2. défendre la position selon laquelle les soins palliatifs sont l'occasion d'offrir des soins axés sur le patient qui sont continus, complets et humains
3. accepter les soins palliatifs comme une occasion de développement personnel et de satisfaction professionnelle

Description :
« Tout ce que je veux, c'est ce qui habite ton esprit et ton coeur. » Ces paroles connues, adressées par un patient mourant à un assistant médico-social ont inspiré l'évolution des soins palliatifs modernes. Qu'est-ce qu'il voulait bien dire et comment ces paroles sont-elles pertinentes aujourd'hui pour nous, les médecins? Être un médecin consiste à acquérir et à appliquer des compétences portant sur un grand nombre de domaines, à titre d'experts et d'érudits, de communicateurs et de professionnels. Être un bon médecin exige empathie et compassion. Les soins palliatifs, dont cette présentation montrera qu'ils sont une part intégrante des soins continus complets qu'offrent les médecins de famille, ont la capacité de faire ressortir ce qu'il y a de mieux en nous. Ils sont un véhicule pour les étudiants, résidents et cliniciens pour entretenir les compétences de base et les traits qui nous sont nécessaires à titre de médecins, des traits qui incluent la compassion et la capacité de travailler en étroite collaboration avec différentes disciplines et professions.

Cette présentation donne des exemples de médecins de famille et de programmes de résidence qui ont accepté ce domaine de soins, et offrent des soins palliatifs exemplaires qui sont intégrés tôt dans le traitement des patients atteints d'une maladie chronique progressive. Elle examine les conditions qui doivent être en place pour que les médecins de famille puissent offrir ce type de soins. Elle partage des histoires de joie et de satisfaction que nous les médecins ressentons lorsque nous offrons des soins à ces patients. Les soins palliatifs sont un catalyseur de notre développement personnel. Après tout, la mort est une réalité qui touche tous et chacun d'entre nous, c'est une affection commune à l'humanité entière.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

F128486 **Bullying in Schools: What's new? What's a doctor to do?**
10:00–11:00 Aarti Kapoor, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review the types of bullying that child/adolescent patients experience, with a focus on emerging trends (allergy bullying, cyber bullying)
2. learn the signs or symptoms of bullying in patients that present to your office and provide patients and parents/guardians with management tips and resources
3. update patients with information about bullying and the law, supportive phone apps, empowering interactive games, Ontario's new health education curriculum

Description:
A Toronto Public Health survey of 6,053 Grade 7–12 students in Toronto's four public boards showed that 20% of students reported having being bullied in the 2014 school year. Similar trends are being seen across the country. This number is a public health concern, as bullying can lead to long-term negative emotional and physical consequences. Armed with tools for screening, management tips, and resources, primary care providers can empower their patients and help them through this difficult aspect of adolescence. Session participants will learn how to recognize the signs or symptoms of bullying in their patients, and provide management tips and resources.

F136042 **Techniques for Managing Symptoms of Post-Traumatic Stress Disorder**
10:00–10:30 Victoria Winterton, MD, CCFP, FCFP, Owen Sound, ON; Mary Ann Gorsci

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify when a specific intervention to manage symptoms of post-traumatic stress disorder is indicated in the office setting
2. practise and be able to demonstrate three techniques for managing emotional distress
3. teach patients three techniques for managing emotional distress both in the office setting and elsewhere

Description:
Post-traumatic stress disorder in its various presentations is a common problem in family practice, manifesting as both physical and emotional distress. Patients experience a variety of symptoms, and often will exhibit distress in the office setting and describe experiences of distressing symptoms in their daily life. In this session, participants will learn three simple techniques that a family physician can use both as an intervention in the office and as a strategy patients can use on their own. These techniques include grounding, managing a flashback, and an intervention to deal with high anxiety.

F136614 **Commonly Missed Fractures in the Emergency Department**
10:00–10:30 Albert Buchel, MD, CCFP (EM), Winnipeg, MB

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. become aware of injury patterns that lead to subtle but important fractures
2. develop an approach to reviewing orthopedic X-ray images
3. develop an approach to managing subtle fractures and become aware of criteria to refer for specialized care

Description:
There are many orthopedic injuries that present with subtle or absent findings on plain film X-rays. The purpose of this session is to make the participants aware of injury patterns associated with these fractures. Participants will: 1) be able to develop a more accurate pretest probability for significant injury prior to reading the films; 2) become aware of specific exam findings that predict subtle fracture; and 3) be made aware of an organized approach to reading orthopedic X-ray films.

F130582 **Management of Common Wounds in Long-Term Care**
10:00–11:00 Henry Siu, MD, MSc, CCFP (COE), IIWCC, Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list the common wounds encountered in long-term care
2. explain the pathophysiology of skin tears, pressure ulcers, venous stasis, and diabetic foot ulcers
3. apply existing best practice guidelines to develop long-term care specific management plans

Description:
Acute and chronic wounds in long-term care (LTC) represent a major health issue. These wounds can lead to significant patient morbidity, mortality, and cost to the health care system. With pressure ulcer prevalence being publically reported as a quality indicator for LTC by the Canadian Institute of Health Information, it is important that LTC physicians are comfortable with assessing and offering management suggestions for these common wounds encountered in LTC. This workshop is designed to complement the workshop, Introduction to Wound Care for the Elderly Patient. This workshop will specifically review the pathophysiology and apply best practice guidelines for managing skin tears, pressure ulcers, venous stasis ulcers, and diabetic foot ulcers for the LTC patient. Clinical LTC patient scenarios will be used to demonstrate how management plans can be developed and implemented to support wound healing in the LTC setting.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F131684 **Nutrition Before, During, and After Pregnancy: Gnawing through the evidence**
10:00–11:00 Shanna Fenton, MD, CCFP, CFP, Saskatoon, SK

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. provide evidence-based pre-conceptual nutritional counselling
2. assess the nutritional needs of pregnant and lactating women
3. apply current nutrition guidelines in daily practice

Description:
This session will review current nutrition guidelines for women who are planning to conceive, pregnant women, and lactating women. Using clinical cases , this session will address common challenges in clinical practice. Participants will learn how to provide focused and evidence-based advice on nutrition.

F132634 **Test Your Menopause IQ**
10:00–11:00 Jennifer Blake, MD, MSc, FRCSC, Ottawa, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. evaluate risks and benefits of hormone therapy by reviewing current data
2. improve management of symptomatic women during menopausal transition with an update on the current therapeutic armamentarium
3. update knowledge of the 2014 SOGC guideline, Managing Menopause

Description:
This course is designed for health care providers who are interested in improving care of menopausal women at the time of menopausal transition, by learning new information about hormone therapy, how to manage symptomatic women at this stage of life, and reviewing current problems associated with menopause via interactive panel case discussions.

F133551 **Penicillin Allergy**
10:00–11:00 Elissa Abrams, MD, FRCPC, Winnipeg, MB; Aleander Singer, CCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. assess the common clinical presentations of penicillin allergy
2. recognize when evaluation is required for penicillin allergy
3. examine different treatment options for different types of penicillin allergy

Description:
Up to 10% of the general population are labelled as allergic to penicillin. Avoidance of penicillin antibiotics and, in particular, use of alternative broad spectrum antibiotics, contributes to patient morbidity (increased rates of antibiotic resistance) and mortality. In fact, there was a recent call-to-action by the American Academy of Allergy (as well as the White House) in light of increasing antibiotic resistance due to false labelling of penicillin allergy. Previous studies have documented that up to 90% of patients labelled as penicillin allergic are not allergic. A recent retrospective study of over 300 patients conducted by the session co-presenters noted that 93% of those labelled as penicillin allergic were not, once assessed. Other studies have noted that up to 80% of those who are truly penicillin allergic will outgrow their allergy with time. It is becoming increasingly important for primary care physicians to understand common clinical presentations of penicillin allergy, as well as appreciate drug allergy evaluation and counselling. This session will aim to cover these topics, as well as describe the low true rate of penicillin allergy in the general population.

F134020 🎧 **2016 Update on Prevention and Screening in Adults for Primary Care Providers**
10:00–11:00 **2016 Mise à jour à l'intention des médecins qui offrent des soins de première ligne sur la prévention et le dépistage chez les adultes**
Cleo Mavriplis, MD, CCFP, FCFP, Ottawa, ON; Tawnya Shimizu, NPPHC; Manon Bouchard, NPPHC

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. list the most current recommendations for prevention and screening of Canadian adults in primary care
2. distinguish the level of evidence behind different recommendations
3. discuss the points of view underlying some of the more controversial recommendations

Description:
Navigating the many different guidelines and recommendations for preventive care can be a daunting task for primary care providers. Let us make it simple for you. We will present one concise summary table with all the latest recommendations from our 2016 review article in Canadian Family Physician (Update on age-appropriate preventive measures and screening for Canadian primary care providers). By working through different cases, we will illustrate how to use the table, whether you're doing prevention on the fly (when patients present with a specific complaint) or doing a dedicated preventive visit. We also have charting aids to help with organizing your practice, be it EMR- or

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

paper-based. After years of summarizing and reviewing this material we present practical ways of comparing guidelines, staying up to date in this field and discussing the best sources. Our goal is to facilitate access to recommendations so delivery of preventive measures will be improved.

Objectifs d'apprentissage :
1. nommer les recommandations les plus récentes en matière de prévention et de dépistage chez les adultes canadiens en soins de première ligne
2. faire la différence entre les niveaux de données probantes derrière chaque recommandation
3. discuter des points de vue qui sous-tendent certaines des recommandations plus controversées

Description :
Survoler les différentes lignes directrices et recommandations en soins préventifs peut être un défi de taille pour les fournisseurs de soins de première ligne. Laissez-nous simplifier les choses. Nous présenterons le tableau sommaire concis des toutes dernières recommandations tirées de notre article de révision clinique 2016 publié dans Médecins de famille canadiens intitulé « Mise à jour sur la prévention et le dépistage selon l'âge à l'intention des médecins de soins primaires canadiens ». Par l'entremise de différents cas, nous illustrerons comment utiliser le tableau, que ce soit dans les cas de prévention impromptue (lorsque les patients se présentent avec une plainte précise) ou de visite dédiée à la prévention. Nous avons aussi des aides de rédaction de dossiers qui peuvent vous aider à organiser votre pratique, qu'il s'agisse d'un DMÉ ou d'un dossier en papier. Après plusieurs années passées à résumer et à revoir ce matériel, nous présentons des façons pratiques de comparer les lignes directrices, de demeurer à jour et de discuter des meilleures sources. Nous visons à faciliter l'accès aux recommandations de manière à améliorer la prestation des mesures de prévention.

F134081 **Untangling the Helix 2016: Genomics for primary care providers**
10:00–11:00 June Carroll, MD, CCFP, FCFP, Toronto, On; Shawna Morrison, MS, CGC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify patients with long QT syndrome and its significance in practice
2. identify patients with familial hypercholesterolemia and discuss appropriate screening and management including benefits and limitations of genetic testing
3. discuss preconception carrier screening options with patients, results of tests, and when genetic counseling would be recommended

Description:
This seminar will use a primary care case-based approach to discuss new advances in genomics and their impact on practice. Cases will include long QT syndrome, familial hypercholesterolemia, and private pay preconception expanded carrier screening. Participants will be introduced to the GEC-KO (Genetics Education Canada - Knowledge Organization) genomics resource website, www.geneticseducation.ca. There will be time for a question and answer session so bring your clinical genetics questions.

F134209 **Diagnosing the Learner in Difficulty**
10:00–11:00 Brenda Hardie, MD, CCFP, FCFP, Vancouver, BC; Bill Upward, MA (Ed)

All teachers welcome.
Highlights novice and advanced concepts for clinical preceptors and educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list common signs of a learner in difficulty
2. identify causal factors that influence a learner in difficulty
3. diagnose using a case study and recommend strategies for successful intervention

Description:
This highly interactive workshop focuses on recognizing common symptoms of learners in difficulty and diagnosing causal factors that may be influencing their struggles. After brainstorming common signs or symptoms of a learner in difficulty, participants are introduced to Miriam Lacasse's Educational Diagnosis Wheel and practise applying it in diagnosing typical case studies (eg, the disorganized learner, the distracted learner, etc.). Participants will leave this session with deepened understanding of the many factors that can influence a learner's difficulty, and a simple tool to diagnose these issues and identify solutions that help get the learner back on track. Participants should be prepared to spend 90% of the time in interactive learning (Q&A, facilitated discussions, small group activities). The content is applicable to new and experienced teachers alike. Attendees are encouraged to apply early as this workshop has been popular at previous offerings and has filled quickly. This session blends seamlessly with a second workshop: Supporting the Learner in Difficulty. Upon successful completion participants, can apply this session toward earning a University of British Columbia Family Practice Clinical Teaching Certificate.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F134828 **Practical Tips For Managing Adult ADHD in Your Office**
10:00–11:00 Nick Kates, MBBS, FRCPS, MCFP (Hon), Dundas, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize the presence of ADHD in adults in the practice
2. use short-acting and long-acting stimulants when treating adult ADHD
3. develop a comprehensive management plan for adults with ADHD

Description:
Approximately 6%–9% of children have ADHD and over half of these will experience symptoms and problems as adults—including legal difficulties, work problems, relationship instability and educational underachievement—making it one of the most common psychiatric disorders in adults. This session will provide practical tips and advice for detecting and managing adult ADHD in primary care settings. We will review the various ways adult ADHD can present, and the prevalence of co-existing psychiatric and social problems. We will then present clues to its presence and a framework for assessing and diagnosing ADHD, including an easy-to-use assessment tool. We summarize the major symptoms and their implications, and outline a comprehensive approach to management. This includes: educating about the condition and providing useful reading materials; providing structure, such as keeping lists and prioritizing tasks; helping patients organize their time; maintaining self-esteem; using cognitive approaches; involving other family members; and using medication. The last part of the session will cover the different medications available, including short- and long-acting stimulants and antidepressants, and how to use them optimally in primary care.

F136529 **Research Highlights from FMF's Research and Education Day**
10:00–11:00 Scott Garrison, MD, PhD, Edmonton, AB, Moderator

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. showcase original research presented on Wednesday
2. stimulate interest in primary care research

Description:
Please join us for this year's "Top 4 Oral Abstracts" session. The CFPC Sections of Researchers and Teachers host a pre-conference forum, inviting the best primary care research from across Canada. A rigorous peer-review process is applied to these submissions and the top 4 ranked oral abstracts are given the opportunity to present a second time for the general membership. Come out to challenge the presenters. Share your ideas about the clinical relevance of their work and provide feedback about what questions they should pursue next time. Help us to cheer on primary care researchers working to improve the care of all Canadians.

F136559 **Treating Alcohol Use Disorder: Does Alcoholics Anonymous really work?**
10:00–11:00 Erin Knight, MD, CCFP, Vancouver, BC; Nikki Bozinoff, MD, CCFP; Christopher (Kit) Fairgrieve, MD, CCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. interpret the existing literature about Alcoholics Anonymous and other psychosocial treatments for alcohol use disorder
2. explain the benefits and limitations of Alcoholics Anonymous, and offering alternative evidence-based treatment options, including pharmacotherapy
3. perform office-based screening, diagnosis, and treatment of alcohol use disorder and at-risk drinking in a family practice setting

Description:
Alcohol use disorder and at-risk drinking are common problems in family practice. Alcohol use disorder affects 17.6% of men and 10.4% of women in a 12-month period; however, lifetime prevalence is estimated to be close to 30%. The morbidity and mortality related to alcohol use disorder is also high, so while most people with alcohol use disorder will recover without formal treatment, a need remains for effective, evidence-based treatment strategies. Treatment for alcohol use disorder has traditionally centered around Alcoholics Anonymous (AA), for a psychosocial intervention, and disulfiram for a pharmacologic option, with many patients and physicians being unaware of alternatives. During this session we will review the evidence for available psychosocial treatments for alcohol use disorder, including AA. We will explore the benefits and limitations of mutual help groups and review evidence-based pharmacologic treatments for relapse-prevention (naltrexone, acamprosate) that are grossly underused despite meta-analysis-level evidence and favourable side-effect profiles. We will propose a treatment approach for selecting initial pharmacotherapy, review common side effects that should be discussed with patients, and suggest dosing schedules to minimize these. In addition, we will provide useful office-based screening tools that can be used for identifying at-risk drinking in a family practice setting.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136623 **Mainpro+: A more intuitive way to learn, earn, and report CPD credits (4)**
10:00–11:00 Janice Harvey, MD, CCFP, FCFP (SEM), Mississauga, ON; Dominique Tessier, MD, Montreal, QC; Teresa Wawrykow, MD, Winnipeg, MB; Mike Sylvester, MD, Kingston, ON; Peter Barnes, MD, Botwood, NL; Sudha Koppula, MD, Edmonton, AB; Sarah Bartlett, MD, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the new CPD credit categories and how they relate to learning activities in the Mainpro+ system
2. use the principles outlined in Mainpro+ to determine learning needs
3. manage how your CPD credits are entered and tracked more efficiently

Description:
Join us for an informative session on Mainpro+. Get to know who your Regional Educator is and hear about the exciting changes, which offers more intuitive, self-directed learning opportunities. You will learn the way to earn credits for practice activities you do on a daily basis. The CFPC is committed to providing quality CPD to meet your evolving interests and learning needs.

F136647 **First Five Years in Family Practice: Improving efficiency and time management in your early career**
10:00–11:00 Stephen Hawrylyshyn, MD, MSc, CCFP, Mississauga, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the primary factors contributing to inefficiency and poor time management for family physicians
2. implement strategies to improve efficiency, time management, and personal well-being beginning in the early stages of practice
3. demonstrate methods to improve physician well-being and establish work-life balance in early careers

Description:
The First Five Years in Family Practice Committee will present a session related to improving practice efficiency with a focus on early career physicians. The key factors contributing to inefficiency and poor time management for family physicians will be outlined, with particular focus on challenges facing those in the early stages of practice. Additionally, specific strategies to mitigate the role of these factors in day-to-day practice will be discussed and examined by the group, so attendees leave the session with actionable methods to implement in their own practice. The session will also feature an opportunity for attendees to ask questions and seek advice on specific concerns.

F136667 **A Healthy Response to Climate Change: The biggest health opportunity not taught in medical school**
10:00–11:00 Courtney Howard, MD, CCFP (EM), Yellowknife, NT

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe climate change's major effects on human health
2. describe the mental health impacts of the changing climate
3. describe physician advocacy targets for climate action

Description:
The World Health Organization calls climate change the biggest threat to global health of the 21st century, and the Lancet says that tackling climate change may be the biggest health opportunity of our time. Yet, according to a survey by the Canadian Federation of Medical Students last year, climate change is still not covered in the vast majority of Canadian medical schools. Studies show that viewing climate change through a health lens is the most effective way to motivate a population to action, so physician leadership will be critical to an effective societal response. In an effort to begin to address this learning issue, this session will cover the major health effects that climate change is having and will have on the future on health. We will then examine the mental health impacts of climate change in more detail. Participants will consider the impacts of climate-related anxiety on themselves, their patients, and their profession as a whole. They will be asked to consider how this anxiety could affect our response to climate change. Measures to help decrease climate-related anxiety will be discussed. Participants will then be introduced to a series of physician advocacy targets, including healthy energy, active transport, food security, and carbon pricing, and be shown examples of how physician advocacy has already begun to turn the tide towards a healthier response to climate change in Canada.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136746 **Prescribing a Skin Care Routine: Non-pharmacologic approaches to common skin disorders**
10:00–11:00 Alexandra Hrabowych, MD, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify patients who would benefit from a skin care routine in place of, or in addition to, pharmacologic therapies
2. apply non-pharmacologic therapies to patients presenting with dry skin, acne, and atopic dermatitis
3. describe a comprehensive moisturizing routine to patients suffering from dry skin

Description:
While many great pharmacologic therapies exist for treating skin conditions, it can be just as important to prescribe a skin care routine along with medications. This talk will explore the importance of moisturizing the skin in patient's suffering from "winter itch," atopic dermatitis, and the drying effects of acne medications. It will highlight the key aspects of a moisturizing routine that participants can share with their patients. In addition, it will demonstrate the importance of a skin care routine for treating acne and will describe the different components of this routine.

F137086 **A How-to Guide for Teaching and Assessing the Collaborator Role Competencies in Family Medicine Residency Training**
10:00–11:45 Deborah Kopansky-Giles, DC, FCCS, MSc, Toronto, ON; Steve Balkou, MSc; Alison Eyre, MDCM, CCFP; Christie Newton, MD, CCFP, FCFP; Tanya Magee, BN, RN; Jose Silviero, MD, FRCPSC

All teachers welcome.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:
1. identify challenges and describe opportunities to teach the Collaborator Role competencies across different contexts common to Family Medicine residency training
2. practise using different Collaborator Role competency assessment tools with virtual cases

Description:
Rationale: Collaborative practice competencies are essential for effective practices in today's health care system. As such, demonstrating that all family practice residents have opportunities to be taught and assessed on the collaborator role competencies is an accreditation standard for family medicine programs. However, identifying and assessing collaborator role competencies through residency training remains challenging. The CFPC Collaborator Role Working Group (CRWG) has developed a collaborator role guide for teaching and assessing this role in family medicine residency training. It is hoped that this toolkit with best practice strategies will not only facilitate these processes in family practice teaching, but also help to ensure comparability of programming across the country. This workshop will give participants an opportunity to familiarize themselves with the guide and apply some of the teaching and assessment strategies within it. **Methods:** After a brief didactic presentation of the guide we will work in small break-out groups (both French and English) through some virtual cases and practise identifying collaborator role teaching moments and using some of the assessment strategies. An audience-driven interactive debrief discussion will follow to provide the CRWG to receive feedback on the utility of the guide for further improvement. Audience: Teachers/preceptors, program directors, health professional educators and curriculum/assessment leads/learners. **Conclusion:** Identifying and assessing collaborator role competencies through residency training remains challenging. Providing best practice tools and strategies will not only facilitate these processes for family practice teachers, but also help to encourage consistency of programming across the country and ensuring that all family medicine residents in Canada are supported in the attainment of these collaborator role competencies.

F134680 **The Evidence-based Medicine Teachers Session**
10:00–12:15 Roland Grad, MDCM, MSc, CCFP, FCFP, Montreal, QC; Cameron Ross; David Chan; Inge Schabort

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. promote collaboration among evidence-based medicine educators in Canada
2. raise awareness of individual success with respect to interventions for evidence-based practice
3. share advances in instructional methods that can promote evidence-based practice

Description:
The overall objective of this meeting is to promote collaboration among evidence-based medicine educators. In past meetings, our session has been filled with presentations that provide a valuable starting point to realize this.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136716
10:00–12:15

Strategies for Facilitating Indigenous Health Education CME Curriculum: Exploring the educating for equity model

Lynden Crowshoe, MD, CCFP, Calgary, AB; Michael Green, MD, CCFP; Kristen Jacklin, PhD; Betty Calam, MD, CCFP; Leah May Walker; Rita Henderson, PhD; Han Han, PhD

All teachers welcome.
Highlights advanced concepts for educational leaders and teachers outside the clinical setting.

Mainpro+ Group Learning certified credits = 2

Learning Objectives:

1. explore key elements of the E4E CME curriculum's facilitation approach
2. explore strategies for facilitating challenging content and addressing learner resistance
3. identify facilitation approaches for incorporation into attendees' own educational initiatives

Description:

Indigenous health medical education is an emerging topic within Canadian medical schools arising from curriculum development recommendations approved by the Association of Faculties of Medicine of Canada (AFMC) deans, a CanMEDS-style cultural competency framework, and a set of Indigenous health objectives for the Medical Council of Canada qualifying exam. The resulting curricula, located mostly in undergraduate and to a lesser degree within postgraduate training, offer limited continuing medical education (CME) opportunities for family physicians. Using type 2 diabetes to explore Indigenous health medical education, the Educating for Equity (E4E) project's research seeks to understand how curricula can result in changes in health care and health outcomes. A workshop for family physicians was developed through systematic literature review, comprehensive multi-site qualitative research with patient, physician, and medical educator participants, and support from an expert advisory group. Core concepts of the educational intervention reside within complex socio-political, cultural, and biomedical domains that are summarized as an approach to clinical care for Indigenous patient with type 2 diabetes. Five E4E CME workshops have been delivered to family medicine practices in north Ontario during 2014 and 2015. Evaluation results indicated a positive acceptance by the family physicians and allied health professionals. Workshop facilitation was identified as a key strategy for helping participants achieve an education goal of integrating complex social issues within clinical care. This workshop will offer an opportunity to explore facilitation strategies used with the E4E workshop. E4E workshop instructional methods and content will be briefly reviewed to set the stage or facilitation exploration. Participants will be invited to critically examine facilitation approaches and apply approaches by facilitating aspects of the E4E workshop materials.

F137093
10:00–12:15

The CRAFT of Feedback and Assessment: Residents help us learn what they need!

James Hudson, MD, Moncton, NB; Jaspreet Mangat, MD; Kyle MacDonald, MD; Jemy Joseph, MD; Kristina Rodgers, MD; Catherine Jee, MD; Tom Laughlin, MD, CCFP, FCFP; Theresa van der Goes, MD, CCFP; Kathrine Lawrence, BSc, MD, CCFP, FCFP; Michel Donoff, MD, CCFP, FCFP; Steven Hawrylyshyn, MD, CCFP; Karen Schultz, MD, CCFP, FCFP; Cheri Bethune, MD, MCLSc, CCFP, FCFP; Tom Crichton, MD, CCFP, FCFP; Tim Allen, MCFP (EM), FRCPC, MA (Ed); Carlos Brailovsky, MD, MA (Ed), MCFP

All teachers welcome.
Highlights concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 2

Learning Objectives:

1. identify the attributes of feedback that Canadian residents value most and how they facilitate programmatic assessment
2. unlock and use the CFPC evaluation objectives to frame written feedback in a useful language, indicative of competence
3. operationalize a resident's feedback into future practice development

Description:

Family medicine residents are asked to learn how to be effective and efficient family physicians within the confines of a 2-year residency program. Because of this time constraint, residents often feel they must persistently improve upon their existing skills, and constantly seek feedback that documents current competence and promotes growth and development. In the busy family practice setting, providing such feedback in a timely manner can be challenging. This workshop will be led by residents, new graduates, and faculty to help participants learn what residents desire and need for feedback. We will also discuss and practise unlocking the evaluation objectives to frame written feedback in the language of competence in family medicine. Group discussion will be used to share strategies to facilitate incorporating resident's feedback into future practice development. The workshop learning objectives will be met using brief didactic presentations, interactive discussions with residents and preceptors, and other learning activities including practise for creating quality written feedback.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136089 **Being Trauma Informed in Primary Care**
10:30–11:00 Victoria Winterton, MD, CCFP, FCFP, Owen Sound, ON
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand the prevalence of trauma and the impact on mental and physical health
2. learn strategies in working with patients with unresolved trauma in order to reduce the risk of re-traumatization
3. reflect on personal practice structures and the degree to which they are "trauma informed"

Description:
Experiencing psychological and physical trauma can have an impact on a person's mental, physical, and emotional health, which can last a lifetime. Given the association between past or current trauma and health, we in primary care are seeing traumatized people frequently, often without being aware of the patient's history. Being "trauma informed" means that we can reduce the potential negative impact of medical care and build positive experiences that can help a person heal.

F136633 **An Approach to Delirium in Hospitalized Patients**
10:30–11:00 Christopher Gallant, MD, MHSA, CCFP, Moncton, NB
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the features that characterize delirium
2. examine and investigate patients with delirium in an efficient manner
3. integrate findings with treatment plans for the patient with delirium

Description:
Delirium is an acute, fluctuating syndrome of altered attention, awareness, and cognition, that is estimated to affect nearly 30% of older hospitalized patients. At the request of members of the Hospital Medicine CPFM, this session will deliver an approach to recognizing, investigating, and managing this problem in hospital.

F136689 **AMA in the ER: Against Medical Advice in the Emergency Room**
10:30–11:00 David Esler, CCFP (EM), Vancouver, BC
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. define, in a Canadian clinical context, the following terms: informed consent to medical care; informed refusal of care; patient autonomy; the legal concept of fiduciary duty
2. identify clinical situations where emergency medical treatment can and should be provided despite the patient's active refusal
3. differentiate patients requiring involuntary treatment under provincial mental health legislation from those requiring involuntary treatment under provincial consent statutes

Description:
Working from a case example, the presenter will offer a roadmap for managing patients who refuse necessary (non-psychiatric) emergency care, informed by Canadian health legislation and bioethical principles. This brief presentation will focus on the practicalities of obtaining informed refusal of care, and determining what treatment should be provided in that context. Key concepts will be reviewed including: informed decision making; informed consent and informed refusal; decision making capacity; autonomy; beneficence; and the legal implications of the fiduciary relationship between physician and patient. Emergency medical condition attendees should leave able to answer the following questions: Who is responsible for obtaining informed consent/refusal from the patient, and how does one go about obtaining informed consent/refusal? How thoroughly should one explore a patient's rationale for refusing needed emergency care? Should formal/structured assessment of cognitive performance be obtained? What investigations can/should be performed on patients who cannot provide informed refusal of care? What treatment can/should be provided to patients when informed refusal cannot be obtained and involuntary treatment is deemed necessary? Must a patient be "formed" before involuntary treatment can be provided? Which provinces have/have not enacted legislation codifying these principles?

F130645 **COPD Exacerbation: Treat this one and prevent the next one!**
11:15–11:45 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON; Benjamin Schiff
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. review the presentation and assessment of a patient with a COPD exacerbation
2. review the in-hospital management of the acute exacerbation of COPD
3. review how to present the next COPD exacerbation

Description:
Each COPD exacerbation leads to loss of lung function, decreases quality of life, takes a long time to recover, is expensive for our health care system, and could lead to your patient's mortality. The Ontario government recently created a quality-based program for standards in hospital management and subsequent preventative strategies for an acute exacerbation of COPD (AECOPD). We will review presentation,

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

comorbidities, hospital management, and strategies to try to prevent further exacerbations for these very high risk patients. Get ready to learn some new strategies and new medications to help these vulnerable patients.

F132250 **Mental Health and Work Issues for Family Physicians**
11:15–12:15 J. Ellen Anderson, MD, MHSc, MCFP, Sooke, BC; Joel Andersen; Nick Kates

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. practise a rational assessment strategy for workers with mental health problems
2. practise using the elements of effective care and treatment planning in collaboration with the patient
3. address paperwork, balancing confidentiality and disclosure, and how to support patients with their return to employment

Description:
Family physicians deal with work-related mental health issues every day. We assess the impact of work-related issues on our patients and help them cope with workplace stress; determine whether and when a medical leave of absence is warranted; support individuals who have lost their job; help people return to work after a medical leave; help patients with mental health problems who have been off work return or retrain; and complete necessary forms and paperwork. Using a case-based, interactive workshop format, we will review assessment and treatment of work-related mental health problems, and provide practical tips for family physicians. This includes taking a work history, noting the ways in which work affects a person's mental health, how to manage time away from the job, assistance in the return to work process, and completion of necessary paperwork.

F132753 **I am Going a Little Fast: Tachycardia primer for the rural physician**
11:15–12:15 Filip Gilic, MD, CCFP (EM), Kingston, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify common tachyarrhythmias
2. identify malignant tachyarrhythmias
3. treat tachyarrhythmias using electricity and drugs

Description:
This session will focus on four common tachyarrhythmia scenarios: narrow and regular/narrow and irregular/wide and regular/wide and irregular. The participants will be able to identify common arrhythmias within each category and apply appropriate electrical or medication treatment. We will also discuss which of these cases require further follow-up and which can be sent home after the arrhythmia has been dealt with.

F133193 **Case-Based Chest X-ray Tips for Emergency Medicine Practice**
11:15–12:15 Constance LeBlanc, MD, CCFP (EM), FCFP, MAEd, Halifax, NS; Jock Murray, MD, CCFP (EM), FCFP, Halifax, NS

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. use a systematic approach to interpreting chest X-rays
2. actively include patient presentations and pre-test diagnosis in chest X-ray interpretation
3. screen for rare, but need to know, findings on chest X-rays

Description:
In this case-based, interactive workshop, we will review some normal chest X-rays (CXR) and provide a systematic approach to interpreting CXRs in the emergency department (ED). Cases will include typical and atypical ED presentations and several tips to enhance interpretation of CXRs. Clinical findings will be actively used to interpret CXRs accurately. We will use clinical case presentations with high resolution CXR projections in PowerPoint to present clinical scenarios. We will also provide some red laser pointers for the audience to share while we outline findings with green laser pointers. This fast paced and clinically-based workshop will enhance the confidence in participants in their interpretation of CXRs in the ED and in other clinical settings.

F135090 **Less is More Medicine: Avoiding pitfalls of overtesting and overtreatment**
11:15–12:15 Jessica Otte, MD, CCFP, Nanaimo, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the concept of appropriateness in medicine
2. review pitfalls of overtesting and overtreating, including case examples of common areas for avoidable iatrogenic harm
3. learn and integrate techniques and shared decision-making tools in your discussions with patients to achieve appropriateness in care

Description:
In medicine, more is not always better. Physicians and patients can work together to pursue care that improves health outcomes, all the while minimizing harm and unnecessary interventions. This session reviews the published literature on drivers of unnecessary care and explores solutions to facilitate more appropriateness in medicine. With an emphasis on patient-centred and evidence-informed approaches, tangible

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

resources—beyond Choosing Wisely—are presented to help you to navigate pressures for overtesting and overtreatment. The aim is to have you leave the session with the confidence to meaningfully discuss risks and benefits of care with patients and to build on skills to help you respond satisfyingly to requests such as "Aren't you going to X-ray my back?"; "Should I have a catheter?"; and "Do I really have to take that statin?"

F135880 **Planning for Learning: Using learning plans to guide instruction and assessment**
11:15–12:15 Brenda Hardie, MD, CCFP, FCFP, Vancouver, BC; Bill Upward, MA (Ed)

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe benefits and best practices of using learning plans
2. create a learning plan that incorporates program objectives, location-specific learning opportunities, and learner needs and preferences

Description:
Learners and teachers often have different ideas about what a learner is supposed to achieve during a learning event. These missed connections can create frustration on both ends and limit the learning that takes place. Clarifying the goals a learner is supposed to reach, including how achieving those goals will be supported and assessed, can go a long way towards maximizing learning and minimizing stress for both learner and teacher. This highly-interactive workshop focuses on using learning plans to customize learning experiences to what would be most effective for a learner. Participants discuss benefits and best practices of planning for learning, including the key elements that help build effective learning goals and the importance of planning for assessment. They then practice applying these principles to create learning plans for several case studies featuring learners at a variety of training levels. Participants will leave this session with a deepened understanding of the value of planning for learning and the skills and confidence to create effective learning plans with their own learners.

F136422 **Tongue-ties Demystified**
11:15–12:15 Anjana Srinivasan, MDCM, CCFP, IBCLC, Mount-Royal, QC; Howard Mitnick, MDCM, CFPC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize the various types of tongue and upper labial ties in infants
2. understand how tongue-ties may affect breastfeeding
3. recognize when intervention is warranted, and learn about the frenotomy procedure

Description:
Ankyloglossia, commonly referred to as tongue-tie, is a condition where the sublingual frenum extends further than usual towards the tip of the tongue. Studies show that infants with a tongue-tie at birth may have breastfeeding difficulties. This session will review the types of tongue-ties, diagnostic criteria, how breastfeeding can be affected, how to decide when intervention is warranted, and the frenotomy procedure. Being a regional centre for the diagnosis and management of tongue-ties, our clinical experience will be shared and discussed with participants. This presentation will feature case presentations, interactive discussion, photos, videos and demonstrations.

F136486 **Using the CPCSSN Data Presentation Tool: Quality improvement projects and clinical decision support**
11:15–12:15 John Queenan, PhD, Kingston, ON; Neil Drummond; Matt Taylor; Rick Birtwhistle; Michelle Greiver; David Barber; Donna Manca; Marie-Therese Lussier; Debra Butt

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. use the data presentation tool for searches and queries relating to quality improvement projects and clinical decision support
2. know how to develop and evaluate case definitions for use in DPT searches and queries
3. be able to apply a range of DPT functions, including graphic displays and analytical properties

Description:
The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) extracts, improves (by coding and cleaning), and de-identifies source electronic medical record (EMR) data, making the data available in a standardized and anonymized format for health surveillance, epidemiology, and health services research. The CPCSSN Data Presentation Tool (DPT) enables family physicians to study data from their EMRs at practice population and individual patient panel levels, both in relation to individual physicians and as a group practice. The workshop will be led by family physicians, data managers, and researchers participating in the CPCSSN DPT Implementation Project, funded by the Public Health Agency of Canada. Participants will receive access to a realistic demonstration version of the DPT, reflective of a typical, community-based, group family practice. Basic methods for constructing and executing searches and queries will be demonstrated, and participants will be encouraged to develop their own searches and queries according to their clinical experience and interests. They will actively explore more advanced functions of the DPT, including graphic displays, mapping, and time-trend analytic capabilities, leading to improved understanding of issues like patient health status and exposure to risk factors. They will also be introduced to the process for re-identifying individual patients within the clinic location for the purpose of directly targeting clinical care. The workshop will be highly interactive and participant-led. Attendees should have some experience with EMR data and should bring a Wi-Fi-enabled laptop to the session.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136545 **Practice-Based Research for the Beginners: Research redefined, simplified, and demystified**
11:15–12:15 Anwar Parbtani, MD, PhD, CCFP, Barrie, ON; Matthew Orava, MD, MSc, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objective:
1. have enhanced understanding of research in context of primary care practice

Description:
Introduction: Family medicine is perpetually evolving as novel diagnostic and therapeutic modalities are envisaged and old dogmas are challenged. A family physician is a life-long learner who continually evaluates the existing practice and keeps abreast of shifting practice paradigm. This is in consort with a component of the CanMEDS family medicine curriculum, "Family physician as a scholar." Fulfilling the scholarly role also requires assessing practice modalities through scientific rigour—the crux of practice-based research. However, primary care providers are reluctant to engage in research, much of which stems from misperceptions that research is a complex, time-consuming exercise, alien to clinical practice and only doable in academic institutions. **Objectives:** To dispel the misperceptions about the role of research in primary care practice and enthuse participants to pursue research/academic enquiry relevant to their practices. **Target audience:** New researchers, including family physicians, allied health care professionals, and residents/trainees. **Methods:** An interactive workshop: 1) **Presentation by moderators:** defining research in context of clinical practice (10 minutes); 2) Mock exercise with participants divided into four groups (40 minutes)—a) formulation of a research question/clinically relevant enquiry by each group, b) refining one or two selected questions using FINER, SMART, and PICO processes and through inter-group discussions, and c) formulating/proposing methodology, data collection, and analysis (learning to keep the project simple, avoiding undue complexity); and 3) Wrap up (10 minutes). **Expectations:** At the end of this session, the participants will have enhanced understanding of research in context of primary care practice. We expect that this session will motivate participants to consider research as part of their practice improvement endeavors. This workshop may also result in participants forging long-term collaborations.

F136611 🎧 **Top Ten Family Medicine Articles That Should Change Your Practice**
11:15–12:15 **Les 10 meilleurs articles de médecine familiale qui changeront votre pratique**
Jock Murray, MD, CCFP (EM), Halifax, NS; Jennie Leverman, MD, CCFP (EM), Halifax, NS

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. consider integrating 3–5 practice-changing concepts into the practice
2. be aware of the influence of "spin" when interpreting new evidence

Description:
Ten articles with important, potentially practice-changing findings will be rapidly presented. Some of the articles will demonstrate that certain ones that are presented as practice changing should not be. Each article will be selected on the basis of relevance to family physicians practising in an office setting. The format will be a rapid review of the literature There will be one take-home point for each article. The articles will be selected to span the breadth of family medicine. Care will be taken to point out conflicts of interests in the selected articles.

Objectifs d'apprentissage :
1. les participants songeront à intégrer dans leur pratique 3 à 5 concepts transformateurs de la pratique
2. les participants seront mis au courant de l'influence de l'« interprétation » des nouvelles données probantes

Description :
Dix articles traitant d'observations potentiellement transformatrices de la pratique seront rapidement présentés. Quelques-uns de ces articles démontreront que certains articles présentés comme transformateurs de la pratique ne le sont pas. Chaque article est choisi en fonction de sa pertinence pour les médecins de famille qui pratiquent en cabinet. La présentation consiste en une revue rapide de la littérature. Chaque article sera accompagné d'un point à retenir. Les articles couvriront toute la portée de la médecine familiale. On prendra le temps de divulguer les conflits d'intérêts dans les articles choisis.

F136649 **Things You Didn't Learn in Residency: Medical-legal tips for early-career physicians**
11:15–12:15 Ellen Tsai, MD, MHSc (Bioethics), FRCPC, Mississauga, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the key instances that place a physician at risk in the early career years
2. implement methods to mitigate the potential for instances that most commonly pose a risk for family physicians
3. prepare for incidents that could arise and integrate protection strategies against potential risks in practice

Description:
A representative of the Canadian Medical Protective Association (CMPA) will address physician risk management by highlighting the most prevalent incidents that pose risks for physicians new to practice and the key methods that should be employed in order to mitigate those risks. The CMPA has been invited to speak to attendees in their first 5 years of practice to outline the key areas of concern for family physicians and offer insight and strategies to promote safe care and help reduce medico-legal risk within their practices. The session will conclude with an interactive portion, allowing attendees to ask questions and seek guidance on specific issues related to family medicine practices.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

F137458 **Strategies for Successful FMRSP Experiences: A joint symposium of the Sections of Teachers and Researchers**
11:15–12:15 Douglas Archibald, PhD, Ottawa, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify barriers perceived by residents in pursuing scholarly projects
2. share strategies to help residents be successful with scholarly projects (quality improvement initiatives, literature reviews, research projects)
3. discuss strategies for clinician teachers to help supervise their residents on their scholarly projects

Description:
The purpose of this interactive session is to share strategies and resources for both residents and preceptors to ensure the scholarly project experience is a positive one. A panel of residents and project supervisors will share common traps to avoid and good steps to take to produce a successful project. Audience participation through discussion will be strongly encouraged. Discussion topic ideas may include: generating project ideas at the clinical unit level to ensure relevancy to practice priorities; how to best report project results back to the clinical unit; how to build a culture that will foster the scholarly skills residents need in practice; teaching faculty indirectly through project supervision; and how to bridge research and teaching.

F131931 **Approach to the Management of the Diabetic Patient in the Acute Care Setting**
11:45–12:15 Benjamin Schiff, MD, CCFP, Montreal, QC

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the goals of care for patients admitted to hospital who have diabetes
2. assess and (re)prescribe the patient's diabetic medication(s) in the context of their other medical issues with confidence
3. identify when and how to implement an insulin sliding scale

Description:
Recent years have seen the introduction of multiple new classes of agents for the treatment of diabetes. This poses particular challenges for physicians when their diabetic patients are admitted to hospital, whether it be for a primary diabetic complication or for another acute problem. Some specific issues include the impact of an acute illness on glucose levels (especially acute kidney injury and sepsis), the potential side effects of the newer agents, and the safe and appropriate use of insulin sliding scales. For this presentation I will briefly review the classes of agents currently being used to treat diabetes, with particular emphasis on the newer agents. I will discuss their mechanism(s) of action, metabolism, and potential side effects (including risk of hypoglycemia). I will then discuss the appropriate goals of care for diabetic patients as it relates to glucose targets and blood pressure. Next I will present a rational approach to the (re)prescribing of the patient's current diabetic medications in the context of their acute medical and/or surgical problem(s), including kidney disease, infections, etc. I will then present an approach to the use of insulin sliding scales. Finally, I will present a couple of clinical vignettes illustrating some of the principles that have been discussed. At the conclusion of this talk you should be able to confidently care for your patients with diabetes who are admitted to hospital.

F132057 **Lung Cancer Screening: A review of the recommendations**
11:45–12:15 Tunji Fatoye, MD, CCFP, Winnipeg, MB; Alan Kaplan, MD, CCFP (EM), FCFP

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the burden of cancer disease attributed to lung cancer and list the various modalities available to screen for lung cancer
2. discuss the pros and cons of screening for lung cancer with your patients
3. identify which patients in your practice are most appropriate for and likely to benefit from screening

Description:
Lung cancer is a leading cause of death from cancer in Canada, and early diagnosis in primary care remains challenging. It is still the most common non-skin malignancy diagnosed in Canada. In 2015, it was estimated to represent 14% of all new cases of cancer and accounted for 275 of all deaths attributed to cancer. At the end of this session, participants will be able to: 1) identify the burden of cancer disease attributed to lung cancer; 2) list the various modalities available to screen for lung cancer; 3) discuss the pros and cons of screening for lung cancer with their patients; and 4) identify which patients in their practice are most appropriate for and likely to benefit from screening. During this session we will review statistics related to lung cancer in Canada, review the current literature and recommendations with respect to screening, and provide information to participants that will demonstrate how this can be integrated into their practices to benefit their patients.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F132404 **Healing Tunes: The art and science of a medical song**
12:30–13:30 Ted Jablonski, MD, CCFP, FCFP, Calgary, AB; William (Bill) Eaton, MD, CCFP, FCFP, St. John's, NL

This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. recognize the science linking music, medicine, and the art of healing
2. learn how to mine your creativity and convert daily medical experiences into lyrics and songs
3. learn by example and enjoy a collection of medical songs ranging from hilarious to gut-wrenching

Description:
Music therapy is increasingly recognized as an adjunctive therapy for palliative care, geriatrics, and childhood illnesses. The use of music and songwriting as therapeutic tools for physicians (for use with patients or purely for the self) is less well established. It is often said that there is an unusually high number of physicians who are musicians (or perhaps, more correctly, musicians who happen to become doctors). This presentation will explore the science of music and the important connection between music and medical practitioners. Many physicians believe in the importance of music and its healing powers but are sometimes the first to abandon it due to the demands of clinical practice and personal life. Even with extensive music backgrounds, songwriting may seem like a daunting goal as the process may appear difficult, poorly defined, and shrouded in mystery. We document information each and every day as a technical part of our jobs. Can this skill be translated into creative writing and a song ? This session is for all who might be intrigued by the concept of medical songs. Come to learn and be entertained by a couple of old family physicians who are worlds apart in geography and artistry but share a communal love of a life-enriching song! Dr Bill Eaton is an associate professor family medicine at Memorial University of Newfoundland. He has been a family doctor for 35 years with palliative care a major interest, and has moved to full-time palliative care for the past five years. He is the famous "Humourologist," with three CD releases and a wealth of performances to his credit (check out http://humourologist.com). Dr Eaton is an articulate storyteller and enjoys writing and performing hilarious musical comedy, especially with medical twists, themes, and content. Dr Ted Jablonski ("Dr J") is an award-winning multi-instrumentalist singer/songwriter and family physician in Calgary. Classically trained in piano as a child, he has released eight independent CDs and has had numerous television appearances and some radio play throughout Canada, the United States, Europe, and Australia. His songwriting is generally inspired by serious themes of illness, death, and tragedy, with many cathartic songs about his medical experiences.

F141376 **Family Medicine Leaders Network Discussion**
12:30–13:30 This session is not certified by the CFPC.

Description:
Join us to explore ways we can develop a network of family physician leaders. We will be discussing two network groups:1) family physician leaders involved in provincial and territorial governments, regional health authorities and hospitals across Canada who can exchange key ideas, flag emerging issues, and learn from each other; and 2) a network of family physicians who are interested in celebrating and advocating for family physicians, connecting with members, and creating a network of family physicians, allowing us to promote the discipline as a whole.

12:30–13:30 **First Five Years in Family Practice Networking Luncheon: Battle of the Provinces**
Dîner des médecins de famille dans les cinq premières années de pratique : Bataille des provinces
This session is not certified by the CFPC.
Cette séance n'est pas certifiée par le CMFC.

Description:
This luncheon is an interactive session between the members of the First Five Years Committee and early-career physicians. The session will feature a panel of speakers addressing the key concerns expressed by the First Five Years membership. Each of the panelists will be given the opportunity to speak to one or more of the issues identified from responses to a needs assessment survey. Their responses will include examples of how they have tackled similar concerns in their own practices, highlighting specific strategies that new physicians can take away, as well as the key resources they use in their day-to-day practices. The session will also include an opportunity for attendees to ask specific questions and seek guidance on other issues that pose challenges for them. At the conclusion of the panelist presentation, attendees will be encouraged to make connections with other early-career physicians, as well as the representatives from their regional Chapters who will be able to identify resources and answer questions at a more local level in the remaining time allotted. Tickets required.

Description :
Ce diner est une rencontre interactive des membres du Comité sur les cinq premières années de pratique et les médecins en début de carrière. Un panel de conférenciers répondra aux principales préoccupations des membres qui sont dans leurs cinq premières années de pratique. Chaque conférencier abordera un ou plusieurs enjeux tirés des réponses à un sondage d'évaluation des besoins. Leurs réponses porteront sur la façon dont ils ont abordé une situation similaire dans leur pratique, en soulignant les stratégies auxquelles ils ont eu recours et les principales ressources qu'ils utilisent dans leur pratique quotidienne. Les participants pourront aussi poser des questions et obtenir des conseils sur d'autres questions qui les préoccupent. À la fin des présentations du panel, les participants pourront établir des liens avec les médecins en début de carrière, ainsi qu'avec des représentants de leur section provinciale. Ces derniers leur présenter des ressources et des conseils qui s'appliquent à leur province. Billets requis.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

12:30–13:30 🎧 **Section of Teachers Annual Meeting**
Assemblée annuelle de la Section des enseignants
This session is not certified by the CFPC.
Cette séance n'est pas certifiée par le CMFC.

Please join us for the annual meeting of the CFPC's Section of Teachers. Lunch will be provided.
Soyez des nôtres pour l'assemblée annuelle de la Section des enseignants du CMFC. Le lunch sera offert.

12:30–13:30 **BCCFP Annual Meeting**
This session is not certified by the CFPC.

Description:
Join us for the BCCFP 2016 Annual General Meeting. Please RSVP to office@bccfp.bc.ca. Additional information will be available at http://bccfp.bc.ca/about-us/agm.

F147197 **Scotiabank's Estates, Wills, and Charitable Planning**
12:30-13:30 Litza N. Anderson, BA, LLB, TEP
This session is not certified by the CFPC.

Description:
Plan for your practice, your family, and your legacy. Plan to attend this important Scotiabank seminar on estate and charitable planning. Understand why you need a will, gain insight into the tax implications of your bequests, consider what will be required of your executor, and learn how important it is prepare a power of attorney. This session will provide important information on all of these issues as well as give you options for charitable planning as part of your legacy. A question and answer period will follow.

F131939 **Intrapartum Skills: A refresher of specific skills**
13:45–14:45 Lisa Graves, MD, CCFP, FCFP, Ancaster, ON; Anne Biringer MD, CCFP, FCFP; Kevin Desmarais, MD, CCFP; Andree Gagnon, MD, CCFP, FCFP; Sudha Koppula, MD, CCFP; Eve-Lyne Kyle, MD, CCFP; Sarah Lesperance, MD, CCFP; Amanda Loewy, MD, CCFP; Amanda Pendergast, MD, CCFP; Balbina Russillo, MD, CCFP, FCFP
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. perform hands-on intrapartum skills such as vacuum-assisted birth, release of shoulder dystocia, and somersault manoeuvre for tight cords
2. perform Foley catheter insertion for induction
3. manage postpartum hemorrhage

Description:
This interactive session will provide participants with an opportunity to develop further skills in intrapartum care. In small groups, participants will have the opportunity to review and practise crucial intrapartum skills such as vacuum-assisted birth, release of shoulder dystocia, and somersault manoeuvre for tight cords. Additional skills of placement of Foley catheter for induction and management of postpartum hemorrhage will be offered as part of this session.

F129627 **Food Introduction and Allergy Prevention in Infants**
13:45–14:45 Elissa Abrams, MD, FRCPC, Winnipeg, MB; Edmond Chan, MD
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. assess the old and new food introduction guidelines, and interpret the difference between them and the evidence to support them
2. recognize children at high risk for the development of food allergy, and implement the new guidelines on food allergy prevention
3. recognize the controversies that still exist in the field of allergy prevention

Description:
Food allergy affects up to 8% of Canadians, and many experts believe the prevalence of food allergy is rising among Western populations. As a result, focus has shifted from treatment to food allergy prevention. Parents routinely ask how they can prevent allergies in their children. This session, presented by the first author of the national guideline on allergy prevention and of a Canadian Medical Association Journal review on allergy prevention, will examine current guidelines on food allergy prevention and the evidence that supports them. This session will review the old guideline (that recommended avoidance of allergenic foods) and will discuss the evidence that led to the shift in recommendations (to introduce allergenic foods early). It will discuss emerging studies showing that food allergy can be prevented in high-risk children with early food introduction. In addition, the session will examine ongoing controversies in the field of allergy prevention, as well as what is still unknown. The aim of this session is to empower physicians to counsel parents on what can be done during pregnancy, lactation, and infancy to prevent allergy in children.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

F130882 **Twenty Years of Environmental Advocacy: Canadian Association of Physicians for the Environment (CAPE)**
13:45–14:45 Warren Bell, MDCM, CCFP, FCFP, Salmon Arm, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. acquaint family physicians with the history, role, and activities of CAPE
2. show physicians engaged in an advocacy role
3. encourage family physicians to themselves engage in addressing some of today's most critical health issues

Description:
The BMJ has called climate change the most important health issue of our time. Pollution levels are climbing, and man-made contaminants are now ubiquitous. Species are disappearing, some of which represent potential remedies for disease. Outdoor natural spaces in many parts of the world have been nearly obliterated. No one person or group can address such sweeping problems, but physicians, with our stature in society, our deep links to human health issues, and our fundamentally scientific orientation, have been effective advocates for action in addressing these important issues. This presentation will outline what CAPE has accomplished over the past two decades, and offer both a model of and the opportunity to connect to a supportive network—now more than 6,000 strong—of doctors, other health professionals, scientists, community activists, and ordinary citizens who have made and are making a difference.

F131604 🎧 **Emergency Medicine Top 10 Articles to Change Your Practice**
13:45–14:45 **Médecine d'urgence : Les 10 meilleurs articles qui changeront votre pratique**
Constance LeBlanc, MD, CCFP (EM), FCFP, MAEd, Halifax, NS; Mark Mensour; Vukiet Tran; Jenny Leverman; Lyle Thomas

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. have reviewed the research question, population, methods, results, exclusions and applicability of findings to your practice
2. make changes to your practice based on current literature
3. use the evidence presented to enhance the targeted application of this new information to improve patient care

Description:
This session will include six 10-minute reviews of current articles in emergency medicine that will change practice. Five presenters will select two practice-changing articles, present their reviews, and outline take-home points based on the evidence. Presenters will then outline applicability in a variety of settings to allow high-level knowledge translation for participants in many settings. Each article will be presented based on a template, with both absolute and relative numbers calculated using the Dalhousie University Katie Clinical Significance Calculator to reflect true changes in outcomes (http://ktcalc.cme.dal.ca). All speakers will be available after the session for informal discussion and questions. None of the speakers has any conflict of interest to report; disclosures will be made at the outset of the session. This session was presented at FMF in both 2014 and 2015, was well attended, and received excellent feedback.

Objectifs d'apprentissage :
1. examiner les questions, populations, méthodes, résultats, critères d'exclusion et applications des résultats de la recherche dans la pratique
2. apporter des changements à votre pratique en fonction de la littérature actuelle
3. utiliser les données probantes présentées pour améliorer l'application visée de cette nouvelle information dans le but d'améliorer les soins aux patients

Description :
Cette séance comprend six revues de dix minutes d'articles courants transformateurs de la pratique parus dans le journal Emergency Medicine. Cinq présentateurs choisiront deux articles transformateurs de la pratique, présenteront leur revue et souligneront les points à retenir, en fonction des données probantes. Les présentateurs montreront ensuite l'application pour permettre aux participants de traduire les connaissances de haut niveau dans de nombreux contextes. Chaque article sera présenté selon un modèle, et les chiffres absolus et relatifs calculés à l'aide de la calculatrice de signification clinique (Katie Calculator) mise au point par le bureau de DPC de l'Université Dalhousie (http://ktcalc.cme.dal.ca/site/login.php) afin de refléter les changements réels des résultats. Tous les conférenciers participeront à une discussion informelle après la séance. Aucun des conférenciers n'a déclaré de conflits d'intérêts, les divulgations seront présentées au début de la séance. Cette séance a été présentée aux éditions 2014 et 2015 du FMF, les séances étaient courues en plus d'avoir obtenu d'excellents commentaires. En 2015, cette séance a été sélectionnée pour faire partie de la version en ligne du FMF 2015.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

F131995 **CPFM Hospital Medicine Discussion of Core Competencies**
13:45–14:45 Benjamin Schiff, MD, CCFP, Montreal, QC; Pieter J. Juguvic, MSc, MD, CCFP, FCFP, SFHM

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. participate in an exchange of experiences and knowledge with physicians practising hospital medicine across the country
2. examine the core competencies for the practice of hospital medicine being developed by the Canadian Society of Hospital Medicine
3. gain a better understanding of the functioning of the CPFM hospital medicine committee

Description:
This networking breakfast will give physicians from across the country who practise hospital medicine a forum to share their personal experiences, challenges, and triumphs. We all have very busy lives, and we rarely take the time to share our stories with our colleagues. It is perhaps not surprising to learn that the practice of hospital medicine is not that different across the country. Whether hospital medicine is the primary focus of your practice or just a part of a comprehensive practice, the skills and knowledge requirements can be quite similar. To that end, we will share the ongoing progress being made by the Canadian Society of Hospital Medicine (CSHM) in developing its core competencies document. These competencies are meant to target anyone caring for hospitalized patients. They align with CanMEDS and include clinical knowledge (eg, managing COPD), procedures (eg, lumbar puncture), and processes (eg, discharge planning). Finally, the CPFM Hospital Medicine Committee would like to take the opportunity to share with our constituents the goals and terms of our Committee, including advocacy, education, and practice support. Your feedback will help shape the future work of our Committee.

F132265 **The Three Most-Referred Benign Breast Conditions: How you can diagnose and treat!**
13:45–14:45 Kimberley Kelly, MD, CCFP, FCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe features and red flags in the diagnosis of breast pain, nipple discharge, and fibroadenoma
2. prepare appropriate management plans for breast pain, nipple discharge, and fibroadenoma
3. perform a good clinical breast exam and breast cancer risk factor assessment

Description:
In family medicine, women often present to their family physicians with breast concerns. Most often, these concerns will be benign. For many physicians, however, it can be difficult to determine in the office between a benign condition and one that merits further investigation. As a result, many women are referred for imaging or other investigations "just to be safe." This results in costs to the system, and anxiety and stress for the patient. In this workshop, you will learn how to diagnose, manage, and treat common benign breast conditions: breast pain, nipple discharge, fibroadenoma, and cysts. There will be sufficient time allowed for questions and answers. As well, a case presentation of a challenging but common clinical scenario will be discussed—"What to do when you find a new breast nodule but the breast imaging is negative"—and a management approach identified.

F132981 **Caring for Patients With the Triad of Chronic Pain, Mental Illness, and Substance Use**
13:45–14:45 Ruth Dubin, MD, PhD, CCFP, FCFP, DAAPM, DCAPM, Kingston, ON; Ellen Anderson; Sharon Cirone

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize the key management challenges when caring for complex patients with comorbid chronic pain, mental illness, and substance use problems
2. develop assessment strategies that enhance safety, functional gains, and your comfort levels with this population
3. educate your patients about the mind–body connection, and recommend both pharmacological and non-pharmacological therapy

Description:
Family physicians frequently find themselves trying to manage patients who live with complex combinations of mental illness, chronic pain, and substance use disorders. Using a trauma-informed lens that focuses on patient safety and functional gains, this participatory case-based developmental workshop will address the key challenges, principles, and core clinical skills necessary for developing a working relationship and a rational treatment strategy for this challenging clinical setting.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F134230 **What Do Adult Learners Want?**
13:45–14:45 Brenda Hardie, MD, CCFP, FCFP, Vancouver, BC

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify five principles of adult learning
2. describe one concrete strategy for the application of each principle in a medical education context

Description:
Medical students and residents are adult learners who often bring high expectations and strong preferences to medical learning environments. This can be intimidating for teaching physicians who want to offer quality learning experiences but may not have a sound understanding of the elements that help create these environments for adult learners. In this highly interactive workshop, participants are introduced to five key principles that identify what adult learners say make learning experiences engaging and effective. Participants then work in small groups to brainstorm concrete, practical strategies to apply these principles within the realities of typical medical education settings (ie, clinical, academic). Finally, small groups report on their discussions so strategies are shared and a comprehensive resource is created for all to take away. Participants will leave this session with a deepened understanding of how adults learn best and practical approaches to put this knowledge to work immediately with their own adult learners. This workshop is intentionally designed to "walk its own talk" in terms of applying the endorsed five principles and modelling best practices for group learning. None of the instruction is didactic, all of the learning is interactive (Q&A, facilitated discussion, small group activity). Feedback from many groups of medical professionals who have taken this session previously has been excellent (average rating 4.8/5). Upon successful completion, participants can apply this session toward earning a University of British Columbia Family Practice Clinical Teaching Certificate.

F136436 **The Role of Family Physicians in Hospitals: Tracking changes between 1977, 1997, and 2014**
13:45–14:45 Ieva Neimanis, MD, CCFP, FCFP, Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explore the role of family physicians in hospitals
2. assess barriers to family physician hospital work
3. examine new models of family physician hospital care that family doctors use or could consider implementing

Description:
Background: Family doctors (92.3%) see their hospital roles changing. Community-based primary health care and hospital-based care provided by family doctors have changed over the previous decades. We investigated changes in attitudes to and participation in hospital activities and inpatient care among members of an urban family medicine hospital department using data from 1977, 1997, and 2014. **Methods:** Using a cross-sectional survey design, community-based family physicians affiliated with the Department of Family Medicine at St. Joseph's Healthcare Hamilton, in Hamilton, Ontario, were surveyed in 2014. Survey items included the physician's current hospital activities (eg, patient care, continuing education); their attitudes toward the role of family physicians in hospital; and barriers and facilitators to maintain this role. We compared 2014 results with findings from similar surveys at this institution in 1977 (88/90 doctors) and 1997 (66/88). **Results:** Ninety-three family physicians (of 245 active and associate members) completed surveys (37.3% response rate). In 2014, half of the respondents provided some inpatient care that was largely supportive and newborn care (71.7% and 67.4%, respectively). In 2014, 47.3% felt quality of care would suffer (compared with 92% in 1977 and 87.5% in 1997) if they were not involved in patient hospital care. In 2014, only 49.5% saw their hospital role as patient advocate, compared with 92% in 1977 and 97% in 1997. All of the doctors in 1977 and 90.8% in 1997 thought their patients expected to see them in hospital, but only 27.5% of our 2014 respondents endorsed this expectation. **Conclusion:** Physician hospital activities and attitudes changed over the study years in this urban hospital. Most respondents stopped providing direct inpatient care, with a few continuing to provide supportive care. Most doctors see a future role for the Department of Family Medicine as a focus for identifying with their family physician community, a place to interact with colleagues from other specialties, and a source of some continuing medical education. Possible reasons for changes are discussed.

F136515 **Menopause: Case-based management**
13:45–14:45 Susan Goldstein, MD, CCFP, FCFP, NCMP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. demonstrate an approach to assessing the menopausal patient
2. examine the relevant national and international guidelines for the management of the menopausal patient
3. use a stepwise/algorithmic approach to treatment decisions

Description:
After a review of the approach to the assessment of the menopausal patient, a variety of cases will be discussed to highlight the evidence-based guidelines for management. When to treat, how to treat, and treatment options will be discussed, using a simple algorithmic approach. Building on basic management principles, patient follow-up and the management of adverse events and treatment failure will also be explored.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136520 **Nursing Homes: Re-engaging family doctors and improving patient care**
13:45–14:45 Margaret McGregor, MD, CCFP, MHSc, Vancouver, BC; Sue Turgeon; Larry Barzelai; Marla Gordon; Farah Ramji; Joy Masuhara; Eileen Wong; Marzieh Shafie; Jaimie Ashton

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the challenges faced by nursing home facilities in securing high-quality primary care for their residents
2. identify some successful strategies implemented by the Vancouver Division of Family Practice Residential Care Committee to address these challenges
3. apply the learnings of the Vancouver experience and develop a customized action plan for residential care improvement

Description:
Compared with a decade ago, nursing home patients are older and frailer, have a higher degree of medical complexity and functional disability, and are entering facilities closer to the end of their lives. Hospitalization of nursing home patients can often be futile and costly, and there is now evidence that treating these patients in place produces better outcomes for some conditions. One important piece of avoiding unnecessary transfer to hospital is the provision of good primary medical care. However, in many jurisdictions, physicians are currently not attracted to working in nursing homes and there is an absence of strategic plans to develop a cadre of family physicians for this area of need. Furthermore, the proportion of family physicians working in nursing homes is declining over time, and many physicians providing this care are themselves close to retirement. Physicians working in nursing homes often find themselves isolated from their colleagues and there is no mandatory requirement for nursing home training across family medicine postgrad teaching programs, resulting in considerable variation in new grads' confidence in caring for frail people in institutional settings. In Vancouver, a grass roots family physician–driven group, the Division of Family Practice, has recently designed a plan to address the above issues and will share these experiences and learnings at this workshop.

F136585 **Benzos, Uh-Oh!: Evidence-based treatment of benzodiazepine use disorder**
13:45–14:45 Nikki Bozinoff, MD, CCFP; Vancouver, BC; Christopher Fairgrieve, MD, CCFP, Dip ABAM; Erin Knight, MD, CCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the risks of benzodiazepine use and examine the prevalence of benzodiazepine use disorder
2. perform office-based screening, diagnosis, and treatment of benzodiazepine use disorder, including referral to inpatient detox programs when needed
3. explore the evidence for a benzodiazepine taper (such as the Ashton protocol) as well as alternative rapid tapering protocols

Description:
Benzodiazepines remain a commonly used class of medications in the treatment of sleep, mood, and anxiety disorders, despite the fact that benzodiazepine use is associated with numerous risks including overdose death, misuse, and dependence. Safer prescribing (including reducing or discontinuing benzodiazepines) can be challenging, and is often met with resistance by patients. During this session we will review the use of office-based tools in the screening and diagnosis of benzodiazepine use disorder, as well as best-practice guidelines for treating these disorders when present. In particular, we will review the evidence for benzodiazepine tapering (such as the Ashton protocol); newer, more rapid protocols for tapering; as well as adjunctive medications that may reduce cravings and withdrawal symptoms. We will also discuss the risks of benzodiazepine withdrawal and when a referral to an inpatient detox program may be necessary. Finally, we will discuss the evidence available for psychosocial treatment options of benzodiazepine use disorder.

F136632 **Assessment of Competency in Family Medicine Enhanced Skills Programs**
13:45–14:45 Constance Lebrun, MDCM, MPE, CCFP (SEM), Dip Sport Med, Edmonton, AB; Shelley Ross, PhD

All teachers welcome.
Highlights advanced concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe essential components of a competency-based assessment framework for an enhanced skills program
2. explain the need for cumulative evidence of progress toward competence in the context of certificates of added competence
3. plan how to incorporate competency-based assessment into your own individual enhanced skills programs

Description:
Enhanced skills programs in Canada are currently facing two challenges: 1) meeting the need to shift to competency-based education and assessment; and 2) ensuring that programs are able to collect and provide adequate evidence for their graduates to receive certificates of added competence (CACs). Two programs in Sport and Exercise Medicine (SEM) addressed these challenges by adapting the Competency-Based Achievement System (CBAS). CBAS is a competency-based assessment framework developed by researchers in family medicine at the University of Alberta that uses formative feedback to inform summative evaluation. CBAS offers a straightforward, learner-driven method to capture and document workplace observations of competency (field notes), which provides immediate feedback, tracks learner progress, and allows for early identification of learners who are encountering difficulty. With CBAS, residents guide their learning using formative feedback. For preceptors and program directors, CBAS offers a way to document workplace observations and feedback so that summative decisions are evidence-based and defensible. In this interactive workshop, an enhanced skills program director will present evidence of proof of concept for

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the use of CBAS in enhanced skills via exploration of findings from a pilot implementation study evaluating CBAS in these two SEM programs. Case studies will also be reviewed. Participants will gain some experience in using the tools of CBAS through demonstration and group discussion; particular emphasis will be placed on application to unique cases within participants' programs. Additionally, the value of CBAS as a tool for collecting appropriate evidence to support applications for CACs will be discussed. Sharing of participants' experiences will be strongly encouraged.

F136657 **Locum 101**
13:45–14:45 Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. evaluate locum opportunities and identify the essential questions to address to ensure successful locum coverage
2. prepare for contract negotiations and determine key areas where terms and expectations should be clearly defined
3. recognize the value in providing locum coverage during the early career stage and what can be learned from locum experiences

Description:
This interactive session facilitated by the First Five Years in Family Practice Committee will provide a complete overview of locums and will prepare attendees for all aspects of providing locum coverage. The presenters will share the essential knowledge for those considering locum placements through their personal experiences and strategies for success, including what should be discussed during the initial contract negotiations, how to ensure the smoothest transition, key questions to ask of the host physician, and what to consider before accepting a locum. The presenters will identify how early-career family physicians can assess locum experiences to compare different types of family practice to assist with planning for one's own career and scope of practice. Presenters will also respond to questions and assist attendees with any specific challenges or concerns.

F136692 **We're on the Same Team: Family physicians facilitating shared decision-making with surrogates of**
13:45–14:45 **dying patients**
Amy Tan, MD, MSc, CCFP, Calgary, AB; Donna Manca, MD, MClSc, CCFP, FCFP
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify factors that may contribute to the development of conflict between family physicians and surrogates of dying patients
2. determine facilitators that help manage conflicts and set the stage for having difficult conversations with surrogates of dying patients
3. apply effective strategies in engaging in effective end-of-life shared decision-making with surrogates to achieve mutual goals for the dying patient

Description:
Conflict with families and substitute decision-makers of dying patients can occur more frequently than is ideal in end-of-life care. Understanding how to best manage these conflicts and have these difficult conversations may improve relationships between family physicians and the families or surrogates of patients, reduce stress for all involved, improve shared decision-making, and ultimately improve the care of dying patients. Factors that contribute to conflict or ineffective shared decision-making between surrogates and family physicians will be explored, as well as tools to employ to help manage these conflict situations. In the end, we will share practical techniques and strategies identified by fellow family physicians and other clinicians that can be applied to increase the effectiveness of these end-of-life shared decision-making conversations.

F136725 **I Have a Question: What's next? Supports to help community family physicians engage in research**
13:45–14:45 Fabian Schwarz, MD, Abbotsford, BC; Shelley Ross, PhD; Nandini Natarajan, MD, CCFP, FCFP; Matthew Menear, PhD
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify community family physicians who have made significant contributions to family medicine research and family practice
2. describe research-related supports available to community family physicians and discuss how these do (or do not) meet their current needs
3. describe how a research community of practice can bring new and practical research supports to community family physicians

Description:
Many non-academic, community-based family physicians in Canada have made significant and positive contributions to family medicine research and family practice. However, community physicians also face numerous challenges and obstacles that can stifle their scientific curiosity and impede their involvement and advancement in research. Across Canada there have been few co-ordinated efforts to support the research activities of non-academic family physicians. The main aims of this interactive workshop are to engage community family physicians in a discussion about their research experiences and needs; share examples of successful models and useful supports and resources; and reflect on solutions that can address the most common challenges they face. The workshop will be divided into three parts. In part one, we will highlight how several community-based family physicians have had important impacts on family practice and the health of Canadians through their research and ask workshop participants to share their own research experiences. In part two, we will present an overview of the infrastructures, resources, and supports that are available to community family physicians, including those that will be developed as part of a pan-Canadian research community of practice being created by the CFPC's Section of Researchers (SOR). In part three, participants will engage in an exploratory, reflective exercise in which they reflect on the value of these different supports, discuss potential barriers to their

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use, and brainstorm ideas about innovative and practical supports that would facilitate their involvement in research. Participants' experiences and ideas will inform the design of the SOR's research community of practice.

F136655 **Family Medicine Resident and Medical Student Leadership Workshop**
13:45–17:30 Louise Nasmith, MD, CFPC, FCFP, Vancouver, BC; Ian Scott, MD, Vancouver, BC

BY INVITATION ONLY

Mainpro+ Group Learning certified credits = 3

Learning Objectives:
1. recognize leadership attributes and skills
2. apply model for analyzing change
3. gain insight into leadership career development

Description:
This dynamic workshop on developing leadership skills and attributes is offered to the 34 recipients of the Family Medicine and Medical Student Leadership Awards, and is led by two of the College's most talented leaders and educators, Drs Louise Nasmith and Ian Scott. The workshop is offered by invitation only.

F136583 **The Many Faces of Adolescent Eating Disorders: Would you recognize them?**
15:15–15:45 Karen Fleming, MD, MSc, CCFP, FCFP, Toronto, ON; Sarah Farrell; Heather Wheeler

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. discuss the incidence and risks of adolescent eating disorders
2. discuss barriers to implementing screening for eating disorders in primary care
3. discuss the challenges inherent in diagnosis and management of eating disorders (case-based)

Description:
The incidence and prevalence of eating disorders in youth has increased substantially over the years. Primary care providers need skills necessary to screen, evaluate, manage, and refer appropriately patients with eating disorders. Primary care providers are ideally placed to screen early at health assessments, allowing for earlier detection and potentially improved outcomes. Initial evaluation requires appropriate history and physical examination, recognizing that eating disorders can affect many organ systems and have the potential to be life-threatening depending on what organ system is affected by the illness. Long-term consequences include future reproductive challenges as well as osteoporosis. Psychiatric comorbidities are not uncommon and primary care providers will need to be prepared to screen for these associated comorbidities. The clinical picture will determine which investigations need to be undertaken and how urgently they are required. Access to specialized care can be challenging and will vary according to practice setting. Primary care providers are encouraged to explore what resources are available to them in their communities and be advocates for their patients in lobbying for improved early access to resources for this vulnerable population.

F128776 **Family Medicine in an Urban Hospital: Sharing strategies to meet future challenges**
15:15–16:15 Rita McCracken, MD, CCFP, PhD candidate, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. build a network of family medicine leaders in acute care facilities
2. recognize and develop opportunities for family physician re-engagement in their urban acute care setting
3. apply strategic planning principles to better understand the challenges and opportunities in their own context

Description:
The number of family doctors who include urban hospital work as part of their practices has been steadily decreasing over the past few decades. However, for more than 100 years St. Paul's Hospital, within Providence Health Care in Vancouver, has maintained an extensive scope of work for family physicians in its institution. In 2016, there are more than 300 members with active privileges at St. Paul's Hospital. The Ministry of Health in British Columbia has recently suggested that family physicians must play a larger role in acute care settings, which raises questions about the relationship between acute and primary care. Providence Health Care's Department of Family and Community Medicine (DFCM) undertook a strategic planning process to prepare for a major transformation as St. Paul's moves to a new location with a special emphasis on the intersections of primary and acute care. In this interactive session, the leaders of the DFCM will outline the principles, insights, and tools that informed each stage of their process. They will outline the tools used to fully understand the current context within the DFCM and how that was used to arrive at the four pillars of their new strategic direction: 1) innovate in primary care across Providence Health Care; 2) strengthen academic programs; 3) engage family physician members; and 4) build capacity for primary care research. Presenters will guide discussions to elicit strategies to re-engage family physicians in acute care settings and explore the challenges related to strengthening member engagement, using examples from their own context. This session will be valuable for physician leaders, particularly those associated with acute care facilities. A primary goal of this workshop is to build a network of family medicine leaders associated with acute care facilities.

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F132049 **Practical Tips for Persons with Disabilities in the Office**
15:15–16:15 Joseph Lee, MD, CCFP, FCFP, MClSc (FM), Kitchener, ON; James Milligan

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explore common issues for patients, such as complicated UTI, bowel dysfunction, mobility problems, pain, and spasticity
2. learn practical management tips for mobility aids, diagnostic strategies, and medication
3. understand preventive strategies and appropriate specialist referral

Description:
Many patients in family medicine are affected by significant physical disabilities such as spinal cord injury, multiple sclerosis, stroke, and other neuromuscular problems. Common associated secondary complications such as neurogenic bladder, bowel dysfunction, mobility with a wheelchair or a walker, and persistent pain are challenges presenting in practice. Family physicians often wish to help their patients with disabilities deal with these issues but feel a lack of expertise and training to manage these concerns. This case-based seminar will explore common scenarios that present to the family physician in those with physical disabilities and offer practical pearls for management and prevention in the office.

F132408 **Fire Over Ice: In the face of recalcitrant non-genital warts**
15:15–16:15 Lawrence Leung, MBBChir, MFM (Clin), DipPractDerm (Wales), MRCGP, FRACGP, FRCGP, CCFP, Kingston, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the pathophysiology of non-genital warts and the phenomenon of recalcitrance
2. understand the options for treating non-genital warts and their evidence-based studies
3. understand the mechanisms, indications, and benefits of hyfrecation for treating recalcitrant non-genital warts

Description:
Non-genital warts are a common skin condition treated by family physicians and there are many options of treatment, including folklore ones used by patients. What is the evidence behind all these options? And when they do not respond well to first-line treatments and repeated liquid nitrogen application, what else is there to offer? This presentation will introduce the use of hyfrecation for family physicians as a cost-effective treatment for recalcitrant non-genital wart using pictures and video clips taken from real patients.

F133068 **When a Parent Goes to Prison: Best practices for caring for their children**
15:15–16:15 Lisa Graves, MD, CCFP, FCFP, Ancaster, ON; Ruth Martin, MD, CCFP, FCFP; Roxanne McKnight, MD, CCFP, FCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explore a prison clinical scenario on supporting parents and their children who are separated by incarceration
2. discuss evidence-based best practice responses in Canadian correctional facilities and in family physician offices
3. explore ways that Canadian health care providers can be health advocates for children whose parents are incarcerated

Description:
Throughout the world, incarcerated women tend to be young and of childbearing age, often lack financial resources, and tend to be unable to access mainstream education systems. In 2003, an estimated 20,000 Canadian children were separated from their mothers because of incarceration. An even larger number are separated from their fathers. This interactive workshop will review a prison health clinical scenario, based on real cases, to discuss evidence-based best practices in caring for children separated from a parent (s) by incarceration. We will also explore ways that health care providers can engage in health advocacy for parents and their children, both inside correctional centres and in the outside community. This workshop is designed for those with a special interest in prison health, but also for those who wish to understand better the impact of incarceration on children and their families.

F133236 **Publier en francais dans le medecin de famille canadien**
15:15–16:15 Roger Ladouceur, MD, CCMF (SP), FCMF, St-Stanislas de Kostka, QC; Yves Lambert, MD, CCMF, FCMF, Longueuil, QC; Suzanne Gagnon, MD, CCMF, FCMF, Quebec, QC

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :
1. découvrir les avantages de publier en français dans le Médecin de famille canadien; Understand the benefits of publishing in French in Canadian Family Physician
2. connaître les exigences et les directives aux auteurs; Understand requirements and guidelines for authors
3. comprendre le rôle des réviseurs et des rédacteurs; Understand the role of reviewers and editors

Description :
Cet atelier permettra aux participants de découvrir les possibilités et les avantages de la publication en français dans Le Médecin de famille canadien. Ils passeront en revue les types d'articles pouvant être soumis, les directives aux auteurs ainsi que les directives concernant chaque catégorie d'articles. La façon de soumettre un texte et le processus d'évaluation par les pairs seront également abordés. L'atelier se veut interactif et participatif. Des exemples et des séances pratiques sont prévus. Les participants pourront soumettre des idées d'articles et

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Simultaneous interpretation / *Interprétation simultanée*

bénéficier des conseils des rédacteurs et membres du conseil de rédaction. This workshop will allow participants to explore the possibilities and benefits of publishing in French in Canadian Family Physician. They will review the types of items that may be submitted, directions for authors, and guidelines for each category of items. How to make a submission and the peer-evaluation process will also be discussed. The workshop will be interactive and participatory. Examples and practical sessions are planned. Participants can submit story ideas and benefit from the advice of the editors and editorial board members.

F134273 **Abnormal Uterine Bleeding in Pre-Menopausal Women: An algorithm for family physicians**
15:15–16:15 Noor Ramji, MD, MSc, CCFP, Toronto, ON; Hannah Feiner, MD, CCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe a comprehensive approach to diagnosis of pre-menopausal abnormal uterine bleeding
2. describe management of common presentations of pre-menopausal abnormal uterine bleeding in family practice
3. identify when to use endometrial biopsy as a tool for evaluation of pre-menopausal abnormal uterine bleeding in family practice

Description:
A case-based approach to the diagnosis of abnormal uterine bleeding in pre-menopausal women will be explored using an algorithm designed for family physicians. Clinical cases will highlight the workup for patients with oligomenorrhea and menorrhagia as well as discuss the indications for endometrial biopsy and sono-hystogram. The limitations of endometrial biopsy will be explored, including when the clinician should be reassured by a normal pathology result. The importance of ruling out pregnancy will be emphasized. The management of polycystic ovarian syndrome, fibroids, and endometrial polyps will be covered, including indications for tissue sampling of endometrial polyps and referral.

F135806 **Family Practice at a Distance: How to work with community health nurses in the North**
15:15–16:15 W. Alexander Macdonald, MD, CCFP (FPA), FCFP, Iqaluit, NU; Jennifer Berry, RN, NP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. gain an understanding of the community health nurse role in the Canadian North
2. learn a set of guidelines for working effectively in providing appropriate family medicine care in the Canadian North
3. develop skills in collaborative care

Description:
Family physicians who work in Northern Canada will encounter a class of health care provider unknown in the rest of Canada. Community health nurses (CHNs) are advanced-practice nurses providing a full range of family practice care in health centres in small, mostly Indigenous communities across the Canadian North. These advanced-practice nurses work with family practitioners in a more collaborative relationship as opposed to the more traditional consultative physician–nurse model that is seen in other health care settings. Being an effective family physician in these practices requires a thorough understanding of CHNs' scope of practice, their abilities, and their practice limitations in these small communities. This presentation will be facilitated by a family physician and an experienced CHN. It will begin with a case demonstration that will highlight the important collaboration between CHNs and family physicians involving remote consultations by telephone, email, and telehealth where the family physician may never meet the patient in question. We will then provide a brief overview of how this unique nursing role evolved in Canada; provide guidelines on what family physicians can expect when working with CHNs; outline some common challenges in phone consultations with CHNs and how to address these challenges; and identify some organizational and technological innovations that may enhance the working relationship between the advanced practice nurses and family physicians. Participants will be encouraged to share experiences working in this setting in order to better understand this important working relationship. Participants will gain a solid skill set for working with CHNs in remote areas of the Canadian North.

F136404 **Chronic Pain in the Elderly: Your questions and challenges**
15:15–16:15 Chris Frank, MD, CCFP, FCFP, Kingston, ON; Sid Feldman; Ruth Dubin

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. perform an assessment of chronic pain in older patients
2. incorporate strategies for pain management beyond the use of opiates
3. include non-pharmacological strategies for pain

Description:
Chronic pain is a challenging clinical problem in any age group, but it is particularly difficult with seniors. This session will be an opportunity for family physicians to discuss their hardest pain management cases. A panel of family physicians with lots of experience managing pain and caring for older patients will share their experiences in managing pain in a variety of clinical settings, including patients' homes, hospitals, and nursing homes. Panel members will focus on assessment strategies (for patients with and without dementia); safe use of opiates; and the use of non-pharmacological treatments for pain. Participants are asked to bring questions and cases for the panel to discuss. It is expected that participants, including the panel members, will take practical pain management tips home with them.

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Simultaneous interpretation / *Interprétation simultanée*

F136554 **Implementing Infrastructure for Primary Care Patient-Oriented Research: Challenges and opportunities**
15:15–17:00 Marie-Dominique Beaulieu, MD, Brossard, QC; Antoine Boivin; Vincent Dumez; Jean-François Éthier; Janusz Kaczorowski; France Légaré; Pierre Pluye; Elham Rhame; Alain Vanasse; Paula Louise Bush; Anne-Marie Cloutier; Martine Fournier; Baptiste Godrie; Hervé Zomahoun

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. know about the Canadian and Quebec patient-oriented research strategies
2. recognize the main challenges patients, clinicians, researchers, and policy-makers face in patient-oriented research in primary care
3. identify key actions for implementing and sustaining infrastructure for practice-based patient-oriented research in primary care

Description:
Practice-based research is crucial to furthering the development of the discipline of family medicine and to improving the delivery of health care to the Canadian population. The Patient's Medical Home model holds that every family practice setting is a unique milieu where research and teaching can act synergistically to address challenges and improve patient care and is thus invited to consider joining a primary-care practice-based research network. It follows, therefore, that family practice settings are relevant health care delivery settings for primary care practice-based research networks. Thus, family medicine can provide a unique contribution to patient-oriented research (POR). Distinct from efforts in other provinces, the Quebec Strategy for Patient-Oriented Research SUPPORT (Support Unit for Patient and People-Oriented Research and Trials) is implementing an infrastructure for POR in primary care. The goal of the workshop will be to share the lessons learned during the unit's first year of operation in each of the six POR areas: 1) patient engagement; 2) access to enriched data for learning health systems; 3) methods development; 4) knowledge translation; 5) real world clinical and evaluative research; and 6) research capacity development. Following a short, interactive presentation on the different dimensions of a practice-based infrastructure for primary care POR, participants will work in small groups, facilitated by the presenters, to identify key priorities, barriers, and facilitators. The workshop will conclude with a group activity to identify possible means to sustain this infrastructure for POR in primary care, and to discuss barriers to sustainability and how overcome them.

F136615 **Using an Educational Strategy to Develop and Sustain Rural and Remote Communities of Practice**
15:15–16:15 Bob Miller, MD, St. John's, NL; Patti McCarthy; Cheri Bethune; Lisa Grant; Sandy MacDonald; James Rourke; Danielle O'Keefe; Ean Parsons

All teachers welcome.
Highlights advanced concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. synthesize key processes necessary for fostering community-based teaching and engagement in rural and remote areas
2. recognize the opportunities for and challenges of building an educational framework for rural and remote preceptors
3. describe the strategies for nurturing community-based teaching and sustainability of medical services

Description:
Rural and remote communities struggle to maintain a stable medical workforce; this results in staccato health services, unmet health care needs, and a revolving door of temporary health care providers. A number of prominent educators have argued that the key to recruitment for rural and remote communities is to select students from rural backgrounds and train them in those locations, either with repeated exposures or prolonged attachments. Medical educators now struggle with the challenge of creating stable health care services in these areas. To do so, it is imperative that we have a deep understanding of how we can maintain and sustain clinicians' involvement in rural and remote communities as a lifetime career option. Memorial University of Newfoundland, in partnership with Nunavut Territorial Health Services, has committed to a long-term educational partnership in several rural and remote communities in Eastern Canada and the Far North. The Project for Enhanced Rural and Remote Training/NunaFam has early significant results that show promise in recruitment and retention of physicians. Building on the lessons learned and the evolving outcomes of this medical education partnership, this session will explore the dynamics of how an "educational focus" can be a key strategy to the creation, growth, and sustainability of rural and remote communities of practice.

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Simultaneous interpretation / *Interprétation simultanée*

F136642 🎧 **15:15–16:15**

Canadian Cardiovascular Society 2016 Atrial Fibrillation Guidelines: Putting the new guidelines into practice

Lignes directrices 2016 sur la fibrillation auriculaire de la Société canadienne de cardiologie : Mettre les nouvelles lignes directrices en pratique

Teresa Tsang, MD, FRCPC, FACC, FASE, Vancouver, BC; John Cairns, MD, FRCPC, FRCP (Lond), FCAHS, FACC; Jason Andrade, MD, FRCPC

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:

1. discuss the latest evidence-based recommendations for the management of atrial fibrillation
2. align clinical practice with the Canadian Cardiovascular Society Atrial Fibrillation Guidelines, recommendations, and practical tips
3. review diagnosis and management of atrial fibrillation in a clinical setting

Description:

Atrial fibrillation (AF) is the most common arrhythmia managed by physicians. Most patients with AF or atrial flutter (AFL) have poor quality of life due to the symptomatology of the disease, making the management strategy a key component of symptoms improvement, reduction of hospitalizations, and prevention of further complications, such as stroke. The Canadian Cardiovascular Society (CCS) Atrial Fibrillation Guidelines Program has generated a comprehensive series of documents regarding the management of AF between 2010 and 2016. The guidelines provide evidence-based consensus management recommendations in a broad range of areas. As medicine is a continually evolving science, the CCS has updated its recommendations for the management of AF. In this cased-based presentation, members of the CCS Atrial Fibrillation Guidelines Panel will discuss key points from the 2016 update: 1) management of anti-thrombotic therapy in special circumstances (focus on AF and coronary artery disease, renal dysfunction/dialysis); 2) NOACs (or DOACs) and antidotes, as well as real-life and new evidence with NOACs; 3) peri-procedural anticoagulation management in patients with AF (focus on OAC interruption and bridging); and 4) rate-control strategies (focus on beta blockers versus calcium channel blockers, digoxin and mortality).

Objectifs d'apprentissage :

1. discuter des toutes dernières recommandations factuelles en matière de prise en charge de la fibrillation auriculaire
2. aligner la pratique clinique aux lignes directrices, aux recommandations et aux conseils pratiques de la Société canadienne de cardiologie en matière de fibrillation auriculaire
3. revoir, poser un diagnostic et instaurer la prise en charge de la fibrillation auriculaire en contexte clinique

Description :

La fibrillation auriculaire (FA) est l'arythmie que les médecins prennent en charge le plus souvent. La plupart des patients atteints de FA ou de flutter auriculaire ont une piètre qualité de vie en raison des symptômes de la maladie, ce qui place la stratégie de prise en charge au centre de la nécessité d'atténuer les symptômes, de réduire le nombre d'hospitalisations et de prévenir les complications, comme les AVC. Entre 2010 et 2016, le programme de lignes directrices sur la fibrillation auriculaire de la Société canadienne de cardiologie (SCC) a généré une série complète de documents traitant de la prise en charge de la FA. Les lignes directrices émettent des recommandations factuelles et consensuelles sur la prise en charge dans une vaste gamme de domaines. Puisque la médecine est une science en constante évolution, la SCC a mis à jour ses recommandations en matière de prise en charge de la FA. Dans cette présentation axée sur les cas, les membres du comité des lignes directrices sur la fibrillation auriculaire de la SCC discuteront des points importants de la mise à jour intérimaire de 2016 : 1) prise en charge du traitement antithrombotique dans les circonstances spéciales (pleins feux sur la FA et la coronaropathie, dysfonctionnement/dyalise rénale), 2) NACO (ou ACOD) et antidotes, de même que données probantes en situations réelles sur les NACO, 3) prise en charge de l'anticoagulation périopératoire chez les patients atteints de FA (pleins feux sur l'interruption de l'anticoagulation et sur l'anticoagulation de transition), 4) stratégies de contrôle de la fréquence cardiaque (pleins feux sur les bêta-bloquants vs les bloqueurs des canaux calciques, digoxine et mortalité).

F136690
15:15–16:15

How Can Family Physicians Improve Concussion Management in Collaboration With School and Sport Environments?

Pierre Frémont, MD, PhD, FCFP, CCFP (SEM), Quebec, QC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. integrate the updated management principles following the October 2016 Berlin consensus conference
2. collaborate with school, sport, and leisure environments to optimise concussion detection and management
3. implement an efficient multidisciplinary concussion management protocol in a primary care practice

Description:

Concussion is a public health issue and Canada is engaged in the development of a national strategy on concussion. Beyond developing competency regarding concussion management, family physician have a key role to play in the implementation of efficient concussion identification and management strategies that must start where most concussions occur: on the field of play, at school, and in leisure environments. Being a problem with a favourable outcome in most cases (80% to 90% within 7 to 10 days) concussion could be managed through strategies that empower schools and sport environments in the application of early management strategies while focusing access to medical expertise on the smaller proportion of cases that do not spontaneously resolve. This session will illustrate how family physicians can organize their own practices to ensure timely access to properly selected cases while contributing to the management of the majority of spontaneously resolving cases through educational strategies and medically approved protocols.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

F136701 **What Would be a Good Day For You? End-of-life conversations**
15:15–16:15 Clare Hawkins, MD, MSc, CCFP, FCFP, FAAFP, Houston, TX

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review principles of advance care planning
2. appreciate the nature of an evolving conversation over multiple visits
3. itemize strategies that enhance effectiveness of advance directive discussions

Description:
In spite of our best efforts, all of our patients will die. This presentation will assist physicians in recognizing prognostic factors and being able to step back and assist the patient to understand their illness trajectory. Patients often have clear goals for their last months but have not had an opportunity to elucidate them for family or their physicians. Evidence shows that a conversation where the patient can spend > 50% of the time speaking (with the physician listening) is associated with better patient satisfaction. This presentation will review a structure for these conversation and use several patient care examples.

F136738 **Cancer Well Follow-up: Pearls for monitoring survivors**
15:15–16:15 Alexandra Ginty, MD, CCFP (EM), FCFP, Oakville, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the collaborative role of primary care providers in breast and colorectal cancer follow-up to increase cancer centre capacity
2. screen and treat common symptoms, psychosocial issues, post-treatment side effects, and possible recurrence in breast and colorectal cancer
3. understand surveillance intervals, tests, and resources in well follow-up programs to optimize breast and colorectal cancer survivorship

Description:
Evidence shows that primary care providers can deliver high-quality follow-up care in breast and colorectal survivorship. There are increasingly high projected numbers of cancer survivors. Family physicians are well equipped to continue surveillance after primary treatment in appropriate transitioned patients. To increase capacity at cancer centres for newly diagnosed patients, the primary care providers must become familiar with the role of follow-up in breast and colorectal cancer. A landmark report, From Cancer Patient to Cancer Survivor: Lost in Transition, raised awareness of the need for quality survivorship care, including transition to primary care providers. However, primary care providers report the need for specific training regarding care of the cancer survivors who are transferred back to them for long-term well follow-up management. Education using peer-reviewed and accredited evidence-based resources will ensure that more primary care providers have the knowledge, skills, and confidence to deliver high-quality well follow-up cancer care. Reviewing surveillance recommendations, common medications, interactions, treatment side effects, resources, and psychosocial issues in breast and colorectal cancer survivorship allows primary care providers to be well equipped in follow-up care in a seamless transition and continuity for the patient's optimal quality of life during and after cancer treatment.

F136742 **First Five Years in Family Practice: The top five essentials for early-career physicians**
15:15–16:15 Stephen Hawrylyshyn, MD, MSc, CCFP, Mississauga, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. prepare for the most common challenges encountered by new physicians and gain confidence in how to approach various scenarios
2. implement strategies to address concerns in day-to-day practice for those new to practice or in early career
3. identify reasoning and rationale supporting resolutions presented in order to apply similar processes to additional scenarios in regular practice

Description:
This innovative session will highlight the most common areas of concern for early-career physicians in five brief, 10-minute presentations. Presenters will approach each topic by addressing the issue and offering concrete tactics that can be employed in day-to-day practice. The topics will range from clinical questions to patient-management situations, and the strategies offered will provide attendees with the confidence to tackle the most difficult situations as they begin practising family medicine. Over the course of the hour, early-career representatives will share their top suggestions for managing the most common concerns that arise during the first 5 years of practice in a series of highly informative but bite-sized sessions.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F130609
15:15–16:45

Creating and Implementing a Physician Leadership Performance Review: An exercise in accountability and transparency

Allan Grill, MD, CCFP, MPH, FCFP, Toronto, ON; Parm Singh, MD, CCFP

All teachers welcome.
Highlights advanced concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:

1. learn the steps required in creating and implementing a performance review focused on a physician in a leadership role
2. explore the ideal attributes and personal characteristics expected of a physician in a leadership role
3. understand the importance of self-reflection, through constructive feedback, in creating an individual development plan for leadership growth

Description:

The Markham Family Health Team, an interdisciplinary primary care practice model, feels strongly that physician leadership positions should be held accountable in terms of performance. Using the Lead Physician role as a model, this workshop will outline the recommended steps for the development of a performance review that can be applied to any physician leadership position (eg, chief of staff, department chair, academic program director, etc.). An outline of the research completed to design the performance evaluation will be presented, along with a high-level summary of the feedback received by the Lead Physician, both constructive and unexpected. Tips on developing an annual Individual Development Plan will also be discussed, including strategies on ways to communicate goals and deliverables within a health care organization. Furthermore, lessons learned through a comparison of the first 2 years of implementation within the Markham Family Health Team will be reviewed. Background: For health care organizations (including hospitals, academic institutions, and private clinics) to be successful, strong leadership is required. Therefore, evaluating the performance of individuals (eg, physicians) holding leadership positions within these settings is crucial. From a professional standpoint, advice from peers and colleagues creates the opportunity for leadership growth, and in turn organizational maturity. Constructive feedback also holds a leader accountable by determining if s/he meets their stated deliverables. In this regard, the Markham Family Health Team recently designed a performance review for its Lead Physician. This workshop will outline the various steps in this process, including updating the Lead Physician job description, developing an evaluation survey, selecting participants of various roles to complete the evaluation, choosing an online method to gather and analyze feedback, and communicating the results to the Board of Directors and members of the organization. It will also provide a step-by-step practical outline of how to initiate and incorporate performance reviews for physician leaders, including setting goals through an Individual Development Plan. The Markham Family Health Team received a 2015 Leadership and Governance for Accountable Care Bright Lights award for this work from the Association of Family Health Teams of Ontario.

F132755
15:15–17:00

How to Train 50 Residents a Year in Acute Care and Not Lose Your Mind

Filip Gilic, MD, CCFP (EM), Kingston, ON

All teachers welcome.
Highlights concepts for leaders.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:

1. identify the characteristics of a successful simulation-based acute care program
2. identify the acute care learning needs of family medicine residents
3. apply proper design criteria to simulation-based teaching scenarios

Description:

This session will provide an overview of a successful large-scale simulation-based acute care course. It will detail how to select learning objectives, how to prepare learners before they go into simulation scenarios, how to structure the scenarios, and how to discuss competing priorities of debriefing. It will also cover common pitfalls in simulation training and tips to avoid them.

F138230
15:15–17:00

CanMEDS-FM 2017: What does it mean to be a family physician? A consultation (2)

Elizabeth Shaw, MD, CCFP, FCFP, Hamilton, ON; CanMEDS-FM Review Working Group

All teachers welcome.
Highlights advanced concepts for educational leaders and clinical preceptors.

Mainpro+ Group Learning certified credits = 1.5

Learning Objectives:

1. understand and provide feedback on the proposed changes to the revised 2017 CanMEDS-FM Competency Framework
2. discuss strategies for implementing the revised CanMEDS-FM Competency Framework and its potential impact on teachers, learners, and practitioners
3. understand how this updated framework may be used in one's own context

Description:

Recognizing the desire for CanMEDS to be a dynamic framework that meets the needs of society and a demanding health care environment, the Royal College of Physicians and Surgeons of Canada launched the revised CanMEDS 2015 Competency Framework that has been

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

endorsed for use by medical education and practice organizations across Canada, including the College of Family Physicians of Canada (CFPC). The CanMEDS Roles were written in such a way that they could be applied to all physicians from all specialties in Canada. The revisions were made with full consultation from the CFPC; each Role had several CFPC representatives who provided meaningful input. A working group was struck to review the CanMEDS 2015 framework with the intent to define ways to highlight specificity for family physicians. By doing so, the CFPC created its 2017 revised CanMEDS-FM competency framework that can be used to inform undergraduate family medicine training, postgraduate family medicine residency, and continuing professional development. During this workshop, participants will have an opportunity to examine and give feedback on the proposed revisions to CanMEDS-FM. Small group discussion will help develop a foundational introduction that describes what is unique to the discipline of family medicine and differentiates our specialty from others who use the CanMEDS 2015 Competency Framework to inform their teaching and learning. There will be some didactic presentations of the proposed Role changes, highlighting where they differ from the current CanMEDS-FM framework. The bulk of the workshop will be small group discussion for consultation and feedback around the Roles, with emphasis on the Family Medicine Medical Expert and how the other Roles collectively describe the family physician of today and tomorrow. A large group summary of ideas at the conclusion will be used by the working group to further its work.

F136579 **Patient's Medical Home: Finding and serving the most complex patients in your community**
15:15–17:30 Paul Sawchuk, MD, CCFP, FCFP, MBA, Winnipeg, MB; Thuy-Nga (Tia) Pham; Amanda Condon

Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. describe current health system challenges in caring for complex patients
2. identify different models of care for caring for complex patients
3. learn how to engage other system partners and build an interprofessional, intersectoral team to care for complex patients

Description:
The pillars of a Patient's Medical Home include timely access to care, comprehensive and team-based care, use of appropriate resources, continuity of care, and improving the health of the population served. Providing comprehensive care to a community's most complex patients is difficult to achieve with only a traditional office-based family practice in isolation from community and home care and the hospital. At the individual patient level, the community level, and the health system level, there are barriers and facilitators to identifying and providing quality care at the most appropriate location for the population of patients who use the health care system the most, often in their final 2 to 3 years of life. We will discuss challenges, successes, and outcomes to date in integrating home-based primary care as part of a Patient's Medical Home. This workshop will include an multi-jurisdictional presenter panel and facilitated interactive breakout working groups, with sharing of resources amongst participants. This workshop is intended both for those currently providing some home-based primary care and for those looking to incorporate this work into their practices at a meso system level, beyond just an individual practitioner's perspective.

F136098 **Prescribing Antidepressants: Non-pharmacologic factors affect outcomes**
15:45–16:15 Victoria Winterton, MD, CCFP, FCFP, Owen Sound, ON

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. recognize how non-pharmacologic factors influence outcomes in the treatment of depression
2. define and be able to identify specific factors that influence both placebo and nocebo effects
3. review specific interventions when prescribing antidepressants that will optimize treatment response

Description:
Family physicians provide the majority of prescriptions for antidepressant medications in Canada. Both pharmacologic and psychologic factors influence the effectiveness of antidepressant medication and therefore influence outcomes in the treatment of depression and related disorders. In this presentation we will review the non-pharmacologic factors that influence effectiveness of antidepressants and describe specific interventions that will improve outcomes for your patients on these medications.

F132407 🎧 **ABCs of Dermatoscopy**
16:30–17:30 **Fondements de la dermatoscopie**
Lawrence Leung, MBBChir, MFM (Clin), DipPractDerm (Wales), MRCGP, FRACGP, FRCGP, CCFP, Kingston, ON

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. understand the theory and applications of dermatoscopy in family medicine
2. become familiar with dermatoscopic findings for benign lesions
3. become familiar with dermatoscopic findings for malignant lesions

Description:
Dermatological conditions represent up to one in seven of all consultations in family medicine. When confronted with skin lesions that are pigmented or odd-looking, practising family physicians are often baffled in deciding their malignant potentials. On one hand, it may lead to unnecessary skin biopsies or dermatological referrals; on the other hand, delayed diagnosis of malignant lesions may lead to harm and subsequent litigation. Dermatoscopy is an office-based skill that can be easily acquired by practising family physicians to refine their diagnostic efficacy and accuracy, which will enhance the management and prognosis for these suspicious skin lesions. This session aims to

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

provide a structured approach for using dermatoscopy and highlight the main features of dermatoscopic findings for differentiating malignant from non-malignant skin lesions in the daily practice of family medicine.

Objectifs d'apprentissage :
1. comprendre la théorie et les applications de la dermatoscopie en médecine familiale
2. présentation des observations dermatoscopiques pour les lésions bénignes
3. présentation des observations dermatoscopiques pour les lésions malignes

Description :
Les affections dermatologiques comptent pour le septième de toutes les consultations en médecine familiale. Devant des lésions cutanées pigmentées ou atypiques, les médecins de famille praticiens ne savent souvent pas quoi penser quant à leur potentiel malin. D'une part, cela pourrait entraîner des biopsies cutanées ou des recommandations en dermatologie non nécessaires; d'autre part, le retard du diagnostic des lésions malignes pourrait entraîner des effets nocifs et des poursuites judiciaires subséquentes. La dermatoscopie est une compétence appliquée en cabinet que les médecins de famille peuvent apprendre facilement dans le but de rehausser l'efficacité et la précision du diagnostic, ce qui améliore la prise en charge et le pronostic de ces lésions cutanées suspectes. Cette séance vise à fournir une approche structurée d'utilisation de la dermatoscopie et met en lumière les principales caractéristiques des observations dermatoscopiques pour faire la différence entre les lésions cutanées malignes et les lésions bénignes dans la pratique quotidienne de la médecine familiale.

F132913 **Cancer Screening for LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, and Queer and Questioning) Patients**
16:30–17:30 Edward Kucharski, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list and describe barriers in accessing cancer screening specific to the LGBTQ+ community
2. describe LGBTQ+ terms and definitions. as well as practices to create inclusive health care environments
3. apply clinical information about LGBTQ+ cancer screening, including new information on transgender cancer screening, to practice

Description:
Lesbian, gay, bisexual, transgender, and queer and questioning (LGBTQ+) people are less likely to participate in regular colon, breast/chest, and cervical cancer screenings than their heterosexual and non-transgender counterparts. This occurs despite the fact that LGBTQ+ communities experience additional risk factors for some of these cancers, including higher rates of alcohol and tobacco use. LGBTQ+ people experience numerous community-specific barriers in accessing these screenings. Health care providers can do a great deal to minimize these barriers by creating an openly supportive environment where LGBTQ+ clients can come out safely and receive the care and screening that meet their individual and community needs. This workshop is appropriate for primary care providers and will include some introductory information for those who are new to LGBTQ+ health issues.

F134275 **'I'm Not Injecting Poison Into My Child!': How to confidently debunk your patients' anti-vaccination myths**
16:30–17:30 Simon Moore, MD, CCFP, Vancouver, BC; Kaitlin Dupuis, MD, CCFP, FCFP; Alison Moore, MPH, NP(F)

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review common patient objections to vaccines
2. learn practical facts to counsel patients on benefits (and the known adverse reactions) of vaccines
3. provide patient handouts and practical tools for physicians

Description:
Counselling a vaccine-hesitant parent goes far beyond knowing how to respond to the myth that "vaccines cause autism." In an honest effort to keep their children safe, some parents have done extensive research, and ask their physician's opinion on the incorrect information that they find. Other parents have multiple and sophisticated rebuttals when a doctor suggests their child be vaccinated. This presentation is a repeat of the highly-rated presentation at FMF 2015 and will again feature a dynamic Prezi-based multimedia discussion, hosted by multiple speakers. It will highlight common patient objections to vaccines, including: "The formaldehyde /arsenic / aluminum / mercury in vaccines is harmful" "Vaccines are made from aborted fetal cells and have baby bits, and my religion opposes this" "Disease rates were declining before vaccines were introduced" "My daughter will be more promiscuous if you vaccinate her for HPV" "It's better to get the diseases naturally – they're not so bad" "A baby's immune system can't handle all these" "The vaccines haven't been around long enough to know they're safe" To review these objections, participants will be shown: practical facts and pearls to counsel patients on benefits (and the known adverse reactions) of vaccines anti-vaccination literature - along with the science to debunk claims patient handouts and tools for physicians licensing body policies for physicians who refuse to see vaccine-hesitant parents Finally, a group discussion will be facilitated to share experiences with patient objections, and how to overcome them.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F134842 **Teaching Infants to Sleep Through the Night and Other Parenting Pearls**
16:30–17:30 Sanjeev Bhatia, MDCM, CCFP, FCFP, Calgary, AB
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. teach parents a step-by-step approach to get an infant to sleep through the night
2. teach parents simple and effective parenting skills
3. use patient handouts to reinforce parenting teaching

Description:
Parenting can be an exhausting and challenging transition of life for our patients. Family doctors can assist parents in this stage of life by being well-versed in basic principles that guide good parenting. This presentation will focus on how to address the most common concerns parents ask their physicians. The first half of this session will focus on how to teach parents a simple and effective way to teach infants to sleep through the night. The second half of the session will focus on how to teach parents straightforward principles of developmental psychology to guide management of mealtime struggles and behavioural problems. Emphasis will be placed on teaching methods that are time-effective and practical to do in a regular office appointment. Patient handouts will be shared.

F134996 **10 Simple Tips for Improving the Care of Patients With Depression**
16:30–17:30 Nick Kates, MD, MBBS, FRCPC, MCFP (Hon), Dundas, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. screen for depression in your practice
2. help depressed patients better manage their own care
3. start, increase, and discontinue antidepressants safely

Description:
Up to 15% of people who see their family physicians may be clinically depressed, and the prevalence increases substantially if someone has a comorbid general medical condition, making it one of the most commonly encountered problems in primary care. The majority of these problems go undetected, and treatment and referral rates in primary care are also low. This presentation outlines 10 simple ways to improve the quality of care for individuals with depression. These cover the entire spectrum of care and can be implemented by any physician in their practice without requiring any additional resources. The session includes practical hints as to how to introduce each of these steps: adding two screening questions to any visit with someone with a chronic disease; starting an antidepressant; monitoring care after the initiation of treatment; family involvement; changing an antidepressant; providing information for patients in the most effective way; supporting self-management, reconciling medications; prescribing exercise; and working effectively with mental health services in your community.

F135923 **Car-Crashing Reasons to De-Prescribe Sedative-Hypnotics in the Elderly**
16:30–17:30 Kimberly Wintemute, MD, CCFP, FCFP, Toronto, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. use electronic medical records to identify patients taking high-risk medications
2. use an evidence-based tapering protocol to assist patients in stopping or reducing sedative-hypnotic use
3. measure de-prescribing efforts through your EMR system to demonstrate the effect of this patient safety initiative

Description:
Sedative-hypnotic use in the elderly has substantial risks to individual patients and to society, including falls, hip fractures, delirium, and motor vehicle crashes. A plethora of evidence demonstrates that harms outweigh benefits, yet we find ourselves renewing these medications regularly. Patients often start sedative-hypnotics in their younger years. Physical dependency makes it very challenging for elderly patients to try to stop taking these medications. This is an area where we need help to "first do no harm." A Canadian randomized controlled trial showed that 27% of elderly patients could successfully stop taking their sedative-hypnotic using a tapering protocol, with help from both the family physician and the community pharmacist. Cognitive-behavioural therapy for insomnia is emerging as an acceptable and effective treatment for sleep disturbance in the elderly. We will discuss how to put these tools to use to improve safety in your patient population.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136347 **Making Research Relevant to Primary Care: A primer on pragmatic trials for family physicians**
16:30–17:30 Archna Gupta (Narula), MD, CCFP, MPH, London, ON; Merrick Zwarenstein, MD, PhD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. develop an understanding of the continuum between explanatory and pragmatic trials
2. demonstrate that good, robust research is possible in the family physician's office
3. advocate for further development and expansion of primary care practice-based research networks

Description:
Much of the evidence currently used to develop clinical practice guidelines is based on traditional randomized controlled trials, which identify interventions that work under ideal conditions. The context in which family physicians work is far from ideal and encompasses a range of patients of varying ages, social contexts, and comorbidities. Pragmatic trials, on the other hand, aim to determine whether interventions work under real/usual conditions. The findings from these trials have the potential to fill a significant gap in how best to manage patients in our typical family practice settings. This session targets primary care physicians or providers with an interest in conducting clinic-based research to answer relevant questions in their practices. An example of this is a 2014 study published in the BMJ (http://www.bmj.com/content/348/bmj.g1606) that examined the effectiveness of various strategies involving delayed antibiotic prescription for acute respiratory tract infections in 25 community primary care practices in the United Kingdom. This session supports the development and growth of primary care practice-based research networks (PBRNs). Collaborations between academic and community family physicians within PBRNs have the potential to bring primary care research to the forefront of evidenced-based medicine.

F136598 **Prison Health Educational Opportunities for Medical Students and Residents**
16:30–17:30 Peg Robertson, MD, CCFP, Kingston, ON; Josiane Cyr, MD, CCFP; Nader Sharifi, MD, CCFP, ABAM, CCHP; Ruth Elwood Martin, MD, FCFP, MPH

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review CanMED competencies and roles that prison health educational opportunities can foster for learners
2. understand the variety of prison health educational opportunities that are currently offered in undergraduate and postgraduate programs in Canada
3. network with others who are interested in fostering prison health educational opportunities

Description:
Incarcerated men and women represent an underserved population that suffers vast health inequities when compared with the general population, with a high prevalence of mental illness and communicable disease. Therefore, Canadian prisons provide unique learning and invaluable service opportunities for medical students, residents, and physicians. We will describe various undergraduate and postgraduate prison health educational programs that are available in Canada. We will discuss the effects of prison health experiences on learners, including the development of competencies in communication, health promotion, empathy, and reflective practice. We will discuss ways that prison health residency electives and prison clinical practice provide opportunities for personal and professional growth. We will also explore ways in which workshop participants might consider initiating prison health educational programs in their local correctional institutions. This workshop will discuss health issues of the prison population while also promoting opportunities for meaningful education, advocacy, and personal growth.

F136617 **Teaching Home Care to Family Medicine Residents Happens Best During the Residency Program: For or against?**
16:30–17:30 John Kirk, MD, CCFP (COE) FCFP, Montreal, QC; Fanny Hersson-Edery MD, CCFP; Thuy-Nga (Tia) Pham, MD, CCFP, MSc

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. distinguish the points in favour and against teaching residents home care during family medicine residency versus an enhanced skills program
2. select a model as educators that works best for the participants' setting
3. pair these considerations with the recruiting and preparation of new faculty

Description:
Family medicine residency programs already face challenges in including many core content areas in the span of 2 years of training. Is it realistic to expect exposure to home care and its teaching to take place, as required by the CFPC's Red Book, during the primary residency experience? Can arguments be made for postponing it to an enhanced skills year for those who have a particular interest in it and relevant career opportunities? These issues will be debated in a lively interactive session.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F136626 **Mainpro+: A more intuitive way to learn, earn, and report CPD credits (4)**
16:30–17:30 Janice Harvey, MD, CCFP, FCFP (SEM), Mississauga, ON; Dominique Tessier, MD, Montreal, QC; Teresa Wawrykow, MD, Winnipeg, MB; Mike Sylvester, MD, Kingston, ON; Peter Barnes, MD, Botwood, NL; Sudha Koppula, MD, Edmonton, AB; Sarah Bartlett, MD, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the new CPD credit categories and how they relate to learning activities in the Mainpro+ system
2. use the principles outlined in Mainpro+ to determine learning needs
3. manage how your CPD credits are entered and tracked more efficiently

Description:
Join us for an informative session on Mainpro+. Get to know who your Regional Educator is and hear about the exciting changes, which offers more intuitive, self-directed learning opportunities. You will learn the way to earn credits for practice activities you do on a daily basis. The CFPC is committed to providing quality CPD to meet your evolving interests and learning needs.

F136641 **Newborn Withdrawal—A Holistic Embrace: Development of an infant cuddler program**
16:30–17:30 Suzanne Turner, MD, MBS, CCFP, DABAM, Toronto, ON; Karen Carlyle, NP; Amanda Hignell, SW

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize the impact of newborn withdrawal (neonatal abstinence syndrome) on hospitalized infants and their families
2. plan, design, and implement a volunteer-led family support program in your own organizations
3. measure progress and outcomes to evaluate the effectiveness of the program on hospital staff, program volunteers, and participating families

Description:
Practitioners with a focus on antenatal, intrapartum, and postpartum care of women with substance-use disorders and those involved in the care of substance-exposed newborns will benefit from this session. We will describe the interprofessional, interdepartmental collaborative development of a Family Support Program with volunteer infant cuddlers in a neonatal intensive care unit (NICU) to optimally address the continuum of complex health and social needs for these infants and their families at birth. Antenatal opioid exposure can result in neonatal withdrawal after birth, also known as neonatal abstinence syndrome (NAS). In our inner-city hospital with a diverse patient population, specific focus was given to creating a program that would meet the needs of marginalized families, including those struggling with substance use and addiction. We launched the Family Support Program to optimally address the needs of infants experiencing NAS and extended the program as a standard of care for all infants admitted to the NICU, having recognized the benefits for all infants and their families. The Family Support Program uses trained volunteers to hold and cuddle infants in the absence of parents or guardians. The program also aims to alleviate the stress families experience associated with hospitalization and illness through companionship and the fostering of a welcoming environment. Using a mixed-method teaching approach including a PowerPoint presentation, video, and group discussion, the presenters will discuss the impact of substance use on both infants and their families and explore the unique care and treatment needs of infants diagnosed with NAS. This session will outline how to plan and cultivate an infant cuddler program; recruit, screen, and train prospective volunteers; and engage key stakeholders in the participation process. Participants will hear about outcomes achieved in one implemented program and learn how to develop their own program evaluation processes.

F136720 **Opioid Use for Chronic Non-Cancer Pain: Where is the evidence?**
16:30–17:30 Henry Chapeskie, MD, CCFP, FCFP, CAME, Thorndale, ON; Mark Dube, MD, CCFP (EM, PC), FCFP, CIASM, HMDC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the social and historical contexts of opioids, and the evidence for using opioids to treat chronic non-cancer pain
2. review narcotic-induced neurotoxicity and hyperalgesia, as well as the controversial role of marketing techniques in the use of opioids
3. gain confidence in an evidence-based rationale for the cessation of opioids in the treatment of chronic non-cancer pain

Description:
In the past 20 years, the use of opioids for chronic non-cancer pain has increased dramatically, along with associated morbidity and mortality. With recent professional and public interest in the opioid crisis and controversial marketing practices, many physicians have begun to question the role of opioids in the treatment of chronic non-cancer pain. This presentation will provide physicians with the opportunity to identify and critically evaluate the role of opioids in the treatment of chronic non-cancer pain. Physicians will gain an understanding of the history of opioids in society and medicine. We will review the phenomena of narcotic neurotoxicity and narcotic-induced hyperalgesia. After the session, physicians will understand that opioids should be used with restraint and caution in the treatment of chronic non-cancer pain. This presentation will provide physicians with information and tools to facilitate an open dialogue with patients regarding the avoidance or cessation of opioids for the treatment of chronic non-cancer pain.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

F137246 **Making the Invisible Visible: Health care access research and developmental disabilities**
16:30–17:30 Ian Casson, MD, CCFP, FCFP, Kingston, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. meet others interested in the primary care of adults with intellectual and developmental disabilities (IDD)
2. learn about health status and health care access of adults with IDD from a database of 66,000 persons in Ontario
3. identify new tools for practice for family physicians

Description:
We welcome FMF attendees to meet colleagues interested in the care of persons with intellectual and developmental disabilities (IDD). The networking breakfast will include an update on the activities of the CFPC Developmental Disabilities Program Committee and a presentation of the results of the Health Care Access Research and Developmental Disabilities (H-CARDD) research program. H-CARDD combined data from health and social services databases in Ontario to identify a cohort of more than 66,000 adults with IDD and produced rich information on their health status and access to health services. For instance, adults with IDD at age 50 score the same on frailty measures as people from the general population at age 80. Young women with IDD have pregnancies at the same rate as those in the general population but increased rates of pregnancy complications. Half of young adults with autism spectrum disorder have comorbid psychiatric diagnoses. Adults with IDD have more substance-related and addiction disorders than the general population. The knowledge gained from H-CARDD's administrative data supported knowledge-to-action projects in emergency departments and family practices. The latter involved the implementation of Health Checks, comprehensive preventive health reviews in primary care for adults with IDD.

F138228 **Supporting a Learner in Difficulty (2)**
16:30–17:30 Brenda Hardie, MD, CCFP, FCFP, PA, Vancouver, BC; Bill Upward, MA(Ed)

All teachers welcome.
Highlights advanced concepts for teachers.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list typical strategies to prevent and address learner difficulties
2. create a learning plan based on a clinical scenario

Description:
This highly interactive workshop focuses on concrete interventions that can be used to support learners in difficulty. Participants will be introduced to a simple learning plan framework and will practise applying it on typical case studies of learners in difficulty. Enjoy an opportunity to learn and practise applying solutions in a supportive and collaborative environment. Participants should come prepared to spend 90% of the time in interactive learning (Interactive lecture, Q&A, small-group activity). They will leave this session with a number of tools and strategies for managing challenging learning situations and a structured framework to help get these learners back on track. The emphasis is on working together with the learner as a team to increase the effectiveness of the interventions, leading to learner success. This workshop is applicable to both novice and experienced teachers. This workshop is an excellent follow-up to another workshop: Diagnosing the Learner in Difficulty. Upon successful completion, participants can apply this session toward earning a University of British Columbia Family Practice Clinical Teaching Certificate. If you are interested, consider signing up early as these workshops have filled up quickly in previous years.

F136400 **Marijuana Use in Pregnancy and Breastfeeding**
17:00–17:30 Lisa Graves, MD, CCFP, FCFP, Ancaster, ON; Suzanne Turner, MD, CCFP; Maya Nader, MD, CCFP

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the evidence related to marijuana use in pregnancy and breastfeeding
2. discuss challenges in addressing marijuana use in pregnancy and breastfeeding
3. apply techniques learned in day-to-day clinical care of women of reproductive age

Description:
Marijuana use is common among women of reproductive age. Discussions around medical marijuana and legalization have only increased the questions women have about marijuana use in pregnancy and breastfeeding. Family physicians have a critical role in preconception, prenatal, and postpartum care. This session will review the current evidence related to the use of marijuana during pregnancy. Current recommendations about the safety of marijuana while breastfeeding will be presented. Case-based presentations will be used to provide family physicians with tools to have critical conversations with women from preconception to postpartum.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S133309 **Chronic Pain CPFM: What mentoring networks can do for you**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. access Internet-based online mentoring networks for addiction and pain management
2. gain access to the communal experience of mentors and mentees
3. improve management of complex patients by identifying community supports

Description:
The Chronic Pain Program Committee's networking breakfast will begin with a brief presentation on two online discussion forums: the Atlantic Mentorship Network – Pain and Addiction (AMN–P&A) and Medical Mentoring for Addictions and Pain (MMAP). The AMN–P&A is supported by the governments of Nova Scotia and Newfoundland and Labrador, and MMAP is jointly supported by the Government of Ontario and the Ontario College of Family Physicians. The AMN–P&A provides an interprofessional network for members to access the collective knowledge of peers through small mentorship groups, online GoToMeeting discussions, and portal discussions with members of the AMN–P&A and MMAP. In addition, the AMN–P&A provides conferences and courses such as "The Prescribing Course—Safe Opioid Prescribing" for health care professionals. MMAP focuses on providing family physicians in Ontario access to support through mentoring formats that range from one-on-one interactions, to small group meetings, to network-wide discussions. Access to these various forms of mentoring interactions in MMAP include a range of communication mediums, such as face-to-face meetings, Web conferencing, and email and portal discussions. MMAP, in conjunction with the Collaborative Mental Health Network, also provides access to two annual conferences that focus on managing complexity in the care of patients with mental health, addictions, and pain. Attendees will have the opportunity to meet with Chronic Pain Program Committee members and CFPC staff to discuss advances, challenges, and unmet needs in pain management education across Canada.

S141752 **Mental Health and Addiction Medicine Breakfast Networking Session Part 2**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Learning Objectives:
1. become acquainted with the activities of the Mental Health and Addiction Medicine Program Committees
2. learn about screening tools for mental health and addiction medicine in primary care settings
3. learn of resources to work effectively with patients with mental health disorders and alcohol and substance use disorders

Description:
The breakfast meeting gives attendees an opportunity to meet with other primary care physicians in comprehensive care and those in focused practices providing care for patients , families and communities with mental health issues and disorders as well as concurrent alcohol and substance use disorders and behavioural addictions. There will be opportunity to network and discuss clinical tools and resources available for supporting care of patients with concurrent disorders.

S143676 **Child and Adolescent Health Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Description:
Join us for the Child and Adolescent Health CPFM group networking breakfast.

S141971 **Palliative Care Networking Breakfast**
07:00–08:00 This session is not certified by the CFPC.
Members may claim one non-certified Group Learning credit per hour of participation.

Description:
The CFPC Palliative Care Program Committee members invite you to join them at their networking breakfast to discuss how they can best support you in the changing landscape of palliative medicine.

S136460 **Development of a Validated Enhanced Comprehensive Geriatric Assessment (eCGA) in a Primary Home-Based Interdisciplinary Practice**
08:30–09:00
Ted Rosenberg, MD, MSc, FRCPC, Victoria, BC; Fiona Manning, MD, CCFP
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand frailty and identify practical, standardized, reliable, and valid frailty measures that can be used in a primary care setting
2. implement these frailty measures to develop goals of care and evaluate outcomes for the frail elderly patient living at home
3. explore the options and challenges of incorporating this enhanced assessment into the "usual care" of the frail elderly patient

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

Description:
Frailty is a common problem encountered in primary care. It is well-known that frail patients are vulnerable and that health care services are costly for this group. However, there continues to be a lack of objective information to help family physicians make evidence-based clinical decisions for the frail older person who is living at home. A home-based primary care team (Home Team Medical Services) in Victoria, British Columbia, has launched a longitudinal cohort study of health status measures and risk factors for adverse outcomes in a group of 300 frail patients. We will report on the results of a pilot study done from June–July 2015. The Frailty and Aging Cohort Study (FACTS) set out to explore the benefits, acceptability, and practicalities of using an enhanced comprehensive geriatric assessment (eCGA) as part of usual primary care for these patients. The assessment tools used for this comprehensive assessment are standardized, reliable, valid frailty measures and were incorporated into our OSCAR electronic medical record. They assess: cognitive status (Montreal Cognitive Assessment, Standardized Mini-Mental State Examination); sleep (Pittsburgh Sleep Quality Index) ; dysphagia (3 oz. water-swallow test); grip strength; gait speed; activities of daily living (Barthel Index, Lawton Brody Instrumental Activities of Daily Living Scale) ;quality of life (EuroQol); selected comorbidities and total burden (Charlson Comorbidity Index); and caregiver burden (Short Zarit Burden Index, CarerQol). The Clinical Frailty Scale was utilized. We also developed and tested two new measures for quality of life (ISOQol and DOW-6) and captured total medications used, glomerular filtration rate, hemoglobin, lymphocyte count, body mas index, and blood pressure. We will demonstrate how the eCGA can be used to evaluate risk, develop goals of care with patients and families, and define and evaluate individual and group health outcomes (eg, hospital utilization, residential care placement, deterioration in quality of life, and mortality) . We will explore the benefits and potential challenges (for physicians, the primary care team, patients, and their caregivers) of incorporating the eCGA into standard care. In addition to helping individual patients, it is hoped that this exploration will also be useful to other health care workers, health planners, and researchers working with frail older people.

S130635 **Can You Please Get Them to Stop Coughing?**
08:30–09:30 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. differentiate between acute, subacute, and chronic cough
2. review the diagnostic approach and appropriate treatments
3. have fun with a number of cases that will challenge you

Description:
A patient who is coughing suffers from reduced quality of life, fears, fatigue, and embarrassment. There are many causes of cough, ranging from mild to life-threatening. This case-based workshop will take us from acute causes of cough to chronic cough. We will review how to approach your patient and their cough in terms to diagnosis and treatment. We will move from the common to the uncommon; you will be on the hot seat to make the diagnosis and recommend treatments.

S130710 **Assessment of an Intervention Tool to Address Social Determinants of Health for Underserved Patients**
08:30–09:30 Ryan Meili, MD, CFPC, Saskatoon, SK; Najwa Afiba Abdul, MPH

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. develop a better understanding of the social determinants of health
2. examine the usefulness of tablet-based clinical interventions tailored to social determinants of health
3. explore key insights into the implementation of interventions targeting social determinants of health

Description:
Context: Family physicians across Canada have been involved in innovative practices to address the needs of “difficult” or complex patients, vulnerable patients, patients with multiple barriers, and patients with few resources. However, there are no available standardized tools to assist providers in addressing the social determinants of health (SDOH) in primary health care. Primary health care is often the first point of health care contact for most Canadians, and this setting therefore provides an ideal opportunity to address SDOH. **Objective:** The purpose of the workshop is to explore lessons learned from the implementation and impact of a clinical intervention to identify patients’ SDOH-related needs and offer tailored interventions in a underserved urban setting. **Design:** The research study utilizes an implementation evaluation of a tablet-based survey tool. The tool is linked to an electronic database of available social supports. Use of the tool and its impact on patient access to key services are explored through provider and patient surveys following use of the tool. **Findings:** Findings are in the primary stages as the research project as still ongoing. **Conclusion:** Educational offerings have been developed in recent years to inform primary care practitioners of the importance of addressing SDOH in clinical practice and methods for doing so. Tools such as this provide a method of teaching SDOH to learners and practising clinicians in a way that is clinically relevant and accessible.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S134280 **From Great to Outstanding: Take your medical presentations to the next level**
08:30–09:30 Simon Moore, MD, CCFP, Vancouver, BC

All teachers welcome.
Highlights advanced concepts for teachers outside the clinical setting.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the published literature on increasing the effectiveness and interactivity of medical presentations
2. list best practices for more effective use of visual aids (eg, Prezi, PowerPoint) and overcome presentation pitfalls
3. learn presentation tips and pearls from other attendees, and share your own

Description:
Many physicians are required to present at rounds, conferences, and teaching sessions, and some doctors even enjoy doing so. However, physicians are often not formally trained in giving high-impact presentations. This presentation will: 1) provide an overview of the published literature on what makes an effective medical lecture and what improves interactivity and learning outcomes; 2) summarize pearls for best practices regarding the use of visual aids; and 3) review common presentation pitfalls and how to overcome them. Over several years of giving highly rated conference presentations, I have been asked repeatedly by attendees to give a lecture on "how to give a talk." This presentation (previously given at FMF 2015) was created in response to that request. I will also discuss my experiences in giving medical lectures and the top negative and positive feedback responses I (and other conference speakers) have received. Finally, through a facilitated discussion, participants will have an opportunity to share techniques they have used to increase the effectiveness of medical presentations and learn from others' techniques.

S134447 **Benign Versus Malignant Lesions: How to tell the difference**
08:30–09:30 Christie Freeman, MD, CCFP, DipPDerm, MSc, Peterborough, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify clinical and dermoscopic features of various benign and malignant lesions to aid in bedside diagnosis
2. interpret the severity of malignant lesions based on defined clinical and histologic characteristics
3. explore what types of biopsy are appropriate for different lesions and when to refer

Description:
Clinical and dermoscopic photos of both benign and malignant skin lesions will be explored. Distinguishing characteristics will be highlighted to help improve diagnostic accuracy. Various biopsy techniques will be discussed in terms of what is appropriate to the diagnosis, as well as how and when to refer.

S136454 **The Invisible Epidemic: Addiction in the elderly**
08:30–09:30 Bruce Hollett, MD, CCFP (COE), St. John's, NL

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. realize the extent of the problem of substance abuse among elderly patients
2. recognize substance abuse in elderly patients
3. understand the risks and benefits of substance abuse treatment and strategies in treating substance abuse in elderly patients

Description:
In this discussion, physicians will be given the tools to identify and treat substance abuse in elderly patients. It's a critical phase of geriatric care, as baby boomers show us the magnitude of the problem. The scope of the problem, agents most commonly abused by elderly patients, screening tests, and who to screen are all included as we focus on the treatment of an invisible epidemic—addiction in the elderly.

S136470 🎧 **An Update on Physician-Hastened Death: What now? What's next?**
08:30–09:30 **Mise à jour sur l'accélération médicale de la mort : À quoi faisons-nous face? À quoi faut-il s'attendre?**
Anna Voeuk, MD, CCFP (PC), Edmonton, AB

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. define and clarify key terms surrounding the issue of the Supreme Court of Canada's ruling
2. recognize the need for palliative care and its distinction from physician-hastened death
3. explore issues and challenges arising from requests for physician-hastened death

Description:
The Supreme Court of Canada's (SCC) ruling on physician-hastened death has generated increased dialogue among physicians, health care professionals, patients, families, and Canadian society as a whole. More questions than we have answers for have arisen. More than a year after the ruling, including an extension for expected legislation, questions remain as we engage in further discussion around this issue. Where are we at now? What are the next steps? Most, if not all, will agree with the need for universal access to high-quality, fully integrated,

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

comprehensive palliative care. How has access to these services changed, if at all, since the SCC decision? This session will begin with a brief introduction of the SCC ruling and look at potentially confusing terms concerning this issue and attempt to clarify any misperceptions. We will review current literature and recommendations, with a focus on palliative care and how it is distinct from physician-hastened death. In addition, we will explore newly introduced legislation in various jurisdictions and look at case studies and examples from experiences to date. A list of resources for further information will be provided.

Objectifs d'apprentissage :
1. définir et clarifier le vocabulaire clé entourant la question du jugement de la Cour suprême du Canada
2. reconnaître le besoin des soins palliatifs et les distinguer de l'accélération médicale de la mort.
3. explorer les enjeux et défis soulevés par une demande d'accélération médicale de la mort

Description :
Le jugement de la Cour suprême du Canada (CSC) sur l'accélération médicale de la mort a suscité le dialogue parmi les médecins, professionnels de la santé, patients, familles et la société canadienne dans son ensemble. Ont fait surface plus de questions que nous avons de réponses. Durant l'année qui a suivi le jugement, y compris une prolongation pour la loi anticipée, les questions subsistent alors que nous nous engageons dans d'autres discussions sur la question. Où en sommes-nous maintenant? Quelles sont les prochaines étapes? La plupart, sinon tous, s'entendent sur le besoin de l'accès universel à des soins palliatifs de grande qualité, complètement intégrés et complets. De quelle façon l'accès à ces services a-t-il changé, le cas échéant, depuis le jugement de la CSC? Cette séance commence avec une brève présentation du jugement de la CSC et se penche sur des expressions potentiellement déroutantes sur la question et tente de dissiper toute erreur d'interprétation. Nous examinerons la littérature et les recommandations actuelles, en nous concentrant sur les soins palliatifs et comment ils se distinguent de l'accélération médicale de la mort. De plus, nous examinerons la nouvelle loi déposée dans diverses provinces et nous nous pencherons sur des études de cas et des exemples tirés de l'expérience à ce jour. Une liste de ressources sera fournie pour obtenir de plus amples renseignements.

S136482 **The Power of Critical Reflection in Enhancing Preceptors' Teaching Skills**
08:30–09:30 Mruna Shah, MD, CCFP, FCFP, Toronto, ON; Difat Jakubovicz, MD; Daphna Grossman, MD

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define critical reflection and explore the principles behind doing reflective exercises to improve teaching skills
2. identify various activities/techniques that foster reflection
3. apply and integrate these reflective techniques in an ongoing manner to improve your teaching skills

Description:
Critical reflection is the process of analyzing, questioning, and reframing an experience to make an assessment of it for the purposes of learning and/or improving practice. We are all preceptors because we love teaching, but most of us are so busy with our day-to-day work that we rarely have the time to get the most out of the experience. Whether you are looking to improve as an educator or to increase your enjoyment of the activity, reflection is a technique that brings you closer to the act of teaching. Reflection allows you to connect with your teaching experiences—the successes and the failures—and to understand how you can better understand the values and actions that led to those outcomes. Studies have shown that clinical educators can improve their teaching effectiveness by reflecting on their own teaching and the values that underlie it. Therefore, reflection can be a valuable tool in enhancing your teaching practice, and it can help you be a better mentor for your students and peers. This introductory workshop will define reflective practices and review some of the fundamental concepts of critical reflection. It will allow participants to discuss the applications of critical reflection in medical teaching. Finally, participants will have the opportunity to try a reflective exercise and discuss the various activities that foster reflection. Instructional methods: This will be an interactive workshop that will allow participants to reflect on their teaching practices using a variety of methods. The workshop will include individual, small-group, and large-group activities.

S136489 **Sport Medicine: Injuries that shouldn't be missed**
08:30–09:30 Lisa Fischer, MD, MScPT, CCFP (SEM), Dip Sport, London, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. recognize the clinical presentation of common, but easily missed, musculoskeletal injuries in sport
2. list the short- and long-term sequelae of these injuries
3. plan an initial management strategy, including appropriate focused follow-up

Description:
The family physician is often the first contact for patients with musculoskeletal injuries. It is important to recognize injuries that are less common but may have dire consequences if missed. This session will discuss several examples of these injuries.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136490 **Timely Top 5 Contemporary STI Topics 2016**
08:30–09:30 Charlie Guiang, MD, CCFP, Toronto, ON; Hannah Feiner, MD, CCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. apply a practical approach to vaginitis (recurrent bacterial vaginosis and candidiasis) and penile discharge
2. assess the need for HPV prevention in patients, with recognition of proper use of the contemporary nonavalent HPV vaccine
3. prepare to perform sexual health in-office procedures, including anoscopy and treatment of genital warts

Description:
A spinoff to the popular and well-evaluated "Top 10 Contemporary Topics in STI Care for Family Physicians," this session focuses on a more in-depth exploration of contemporary and relevant STI topics. When possible, case-based examples will be used to maximize this session's practicality. Intended for family medicine residents, family physicians in practice, and other primary care clinicians, this session will build on your current basic STI health knowledge and practices. The top five topics are: 1) Back for More: Treating recurrent bacterial vaginosis and candidiasis; 2) Dishonourable Discharge: Applying a practical approach to penile discharge and the treatment of unusual post-gonococcal urethritis; 3) They're Just Not My Type: Understanding the indication and use of the nonavalent HPV vaccine, including identifying those at risk for HPV; 4) Don't Cry-otherapy for Me: Treating cryotherapy-resistant genital warts using other clinical strategies; and 5) I See the Light: Performing and implementing the use of anoscopy in sexual health procedures in everyday practice and recognizing the multiple uses of anoscopy in everyday in-office practice.

S136501 **Vaccine Hesitancy: What is it? What can you do about it?**
08:30–09:30 Monika Naus, MD, MHSc, FRCPC, FACPM, Vancouver, BC; Christine Halpert, RN, MA; Stephanie Meier, RN; Shaila Jiwa, RN, MScPPH

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the term vaccine hesitancy and explain the impact of vaccine hesitancy on practice
2. identify accurate sources of information about vaccines and use effective communication techniques when responding to parental concerns about immunization
3. identify strategies to improve the immunization experience for patients, including techniques to reduce pain during immunization

Description:
"Vaccine hesitancy" is a term used to describe a lack of confidence or uncertainty resulting in the delay or refusal of one or more vaccines due to concerns or beliefs. As trusted health care providers, family physicians play an important role in communicating the importance of immunization to their patients. This session will provide information on vaccine hesitancy and factors contributing to it. Participants will learn about credible immunization resources and effective communication techniques. Incorporated into the session will be a discussion of the impact of needle fear on vaccine hesitancy and practical tips on how to reduce pain and discomfort associated with the immunization experience. Attendees will have an opportunity to ask questions of the panel. Discussion will focus on how to incorporate the information into everyday practice.

S136504 **Global Health Community of Practice in Family Medicine**
08:30–09:30 François Couturier, MD, CCMF, FCMF, MSc, DTM&H, Mississauga, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explore the activities of the CFPC's Global Health Program Committee during 2016
2. provide feedback about the Global Health Program Committee's focus for 2017
3. network with others who have an interest in the Global Health Community of Practice in Family Medicine

Description:
This will be an interactive session involving members of the CFPC's Global Health Program Committee from the Section of Communities of Practice in Family Medicine. The session will commence with an update on the Committee's activities during 2016, including a brief overview of several new initiatives of note to those with a special interest or focus on global health in family medicine. The session will also highlight the recent development of the Refugee Health Subcommittee and the College's multi-pronged response to Canada welcoming a new population of Syrian refugees in terms of the needs that has created for Canada's family physicians. The latter half of the session will allow time for attendees to ask questions of the Committee members and provide feedback about the Committee's work and its impact on family medicine. Additionally, attendees will have the opportunity to share their experiences and connect with others in the global health community of practice.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136594 **The GP Vision of the Future of Primary Care in BC**
08:30–09:30 Shelley Ross, MD, FCFP, Burnaby, BC; Brenda Helford

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify their patient panels in order to better understand the needs of their practices
2. explore the health needs of their whole communities in order to work together as networks of physicians
3. advocate for team-based care that is wrapped around the patient, their family, and their physician

Description:
Never has the time been so ripe for transformational change in primary care. The GP Services Committee (GPSC), a collaborative committee of the Doctors of BC and the British Columbia Ministry of Health, invited all family physicians in the province of British Columbia to engage in a visioning exercise. Family physicians were asked for their vision of the future of primary care and how they saw their role in that future world. The GPSC heard what was important to family physicians, including longitudinal care, the doctor–patient relationship, and connections to teams of allied health professionals and community resources, as well as colleagues from other specialties, generalism, clinical and business autonomy, physician wellness, and professional satisfaction. Hearing these values, the GPSC took into account the government's plan for a primary care home and developed a strategy for how physicians could lead in some aspects of that design and assist in others to make a truly connected primary health care system delivering better health care for the patients of British Columbia. The session will give practical suggestions as how we will enact this plan.

S136607 **How 12 Rural Doctors Became Researchers: Their journeys and advancing yours**
08:30–09:30 Cheri Bethune, MD, MClSc, CCFP, FCFP, St. John's, NL; Wendy Graham, MD, CCFP; Shabnam Asghari, MD, MPH, PhD; Thomas Heeley, BSC, MASP; Patti McCarthy

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. clarify your research questions and make steps toward advancing your project
2. use 6 for 6 project successes to identify skills that will help you overcome some research barriers
3. recognize how your planned or present research addresses important questions in your community

Description:
Background: 6 for 6 is a research skills training program for rural doctors from Newfoundland and Labrador, New Brunswick, and Nunavut. By providing training, support, and mentorship, 6 for 6 has helped 12 rural doctors conceive 12 community-relevant research projects on topics from aeromedical evacuation in Labrador to rural generalist resilience. The workshop: This workshop will catalyze attendees' planned, present, or future research projects. Drawing on 6 for 6 projects for examples, we will identify the skills and strategies needed to navigate specific research scenarios and highlight how the 6 for 6 research project benefited the participants' community. This overarching presentation will connect and complement the body of the workshop, which is composed of breakout activities and small group discussions. Facilitated by expert mentors from 6 for 6, these activities will challenge the audience to collectively answer their burning questions, in turn empowering them to challenge barriers to research and continue or embark on their own research agenda. Attendees will be encouraged to consider how their research could benefit their communities. Teaching method: This workshop will use break-out activities and small group discussions complemented by an overarching presentation to connect the activities and reinforce the lessons with real-world examples from 6 for 6 projects. Target audience: Anyone who would like help advancing a current or planned research agenda.

S136613 **Navigating Risk: The chronic pain patient in the workplace**
08:30–09:30 Joel Andersen, MD, MSc, CFPC, FCBOM, CIME, Sudbury, ON; Ruth Dubin

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. improve your understanding of chronic pain and its comorbidities
2. recognize the benefits and risks of opioids and cannabis
3. improve your ability to accommodate employees with chronic pain

Description:
Chronic pain is a common outcome of a workplace injury. Loss of employment can lead to a downward spiral of depression, worse pain, economic stress, and ultimately often long-term disability for people who live with chronic pain. Employers may not understand the limitations of patients with chronic pain who may "look normal." They may also, quite rightly, worry about the risks of employing people who are using chronic opiate therapy or medical cannabis. This presentation will briefly outline the approach to diagnosing and managing chronic pain, the importance of engagement in meaningful occupation for people suffering from chronic pain, and the importance of engagement in meaningful occupation for people suffering from chronic pain. The risks and benefits of opiates and cannabis and appropriate accommodation in the workplace will also be reviewed. Resources for patients and health care providers will also be provided.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S133020 **Pièges et astuces lors de la supervision de l'entrevue motivationnelle : Un jeu d'enfant?**
08:30–10:15 Bernard Martineau, MD, FCMFC, MA, Sherbrooke, QC; Steve Balkou, MSc

Tous les enseignants sont les bienvenus.
Cette séance fait le point sur certain concepts avancés pour les enseignants.

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1.5

Objectifs d'apprentissage :
1. aider le résident en supervision à appréhender les pièges souvent rencontrés lors du changement d'habitudes de vie
2. outiller les résidents à mieux utiliser l'entrevue motivationnelle

Description :
Le processus du changement est un long chemin sinueux et glissant, rempli de culs de sacs et de pièges. Souvent, le patient et le résident trébuchent et demeurent coincés sans être capables d'identifier les facteurs qui nuisent au changement. Peu importe nos habiletés en entrevue motivationnelle, les obstacles existent à plusieurs niveaux. Cinq pièges ont été identifiés: le profil incomplet, le discours directif, la séduction par l'idéal, la zone d'inconfort lié à l'ambivalence et la frustration qui mène à l'abandon ou à l'acharnement. Afin que tous puissent sortir gagnant, des astuces sont proposés pour la supervision de l'entrevue motivationnelle. À la fin de cet atelier de deux heures, les participants seront en mesure d'identifier les pièges souvent rencontrés lors du changement d'habitudes de vie. Les superviseurs pourront aider leurs résidents à appréhender et à contourner les embuches auxquelles ils feront face lors de l'utilisation de l'entrevue motivationnelle avec les patients. Les participants doivent avoir une connaissance minimale de l'entrevue motivationnelle.

S136497 **Caring for Canadian Armed Forces Veterans: A primer for Canadian family physicians**
09:00–09:30 Donald Burton McCann, MD, JD, CCFP, FCFP, FACOEM, Halifax, NS

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. recognize the veterans in your practice
2. understand veteran illnesses and injuries
3. develop strategies to effectively manage your veteran patients

Description:
A focus on Armed Forces veteran medical care is especially timely. Participants in this session will be educated on the veteran patients in their practices and the importance of understanding veteran illnesses and injuries. Common diagnosis will be presented and will illustrate the effect of work on health. We will review how to develop strategies to effectively manage veteran patients. Emphasis will be on optimal management of routine presentations and minimization of adverse events. Illustrating the effect of "health on work," we will explore how family physicians can assist with successful rehabilitation, including occupational rehabilitation. The group will then examine the resources available to assist family physicians in caring for veteran patients. The session will conclude with an interactive group discussion.

S136658 **The Primary Health Care Electronic Medical Record as an Emerging Data Source for**
09:00–09:30 **Performance Measurement**
Tanya Khan, MHSc, Montreal, QC; Mohamed Alarakhia, MD, CCFP

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. understand the potential of structured EMR data for clinical performance reporting and health system comparisons
2. consider the challenges and opportunities of using EMR data for performance measurement

Description:
The Primary Health Care Electronic Medical Record Content Standard (PHC EMR CS) is being piloted by two Ontario primary health care organizations in collaboration with the Canadian Institute for Health Information. Several types of feedback reports will be provided to the demonstration project partners at the end of the initiatives. The purpose of the demonstration projects is to implement the PHC EMR CS and facilitate the generation of structured, comparable EMR data at the point of care. In turn, these structured data can be used for reporting on performance measures at various levels. Data quality reports will highlight data elements that can benefit from the use of constrained terms. The PHC Indicator Report will showcase the potential use of structured information for the calculation of performance measures for provider-level, practice-level, and health system use. These measures include chronic disease management indicators and other priority metrics, such as childhood immunization, obesity, and access. The session will describe opportunities to use the PHC EMR CS to improve EMR data quality and reporting at the physician, practice, and health system levels. The session will also consider the challenges and opportunities regarding the use of EMR data to calculate performance indicators.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S130634 **Electronic Cigarettes to Assist in Smoking Cessation: Pro and con**
09:45–10:15 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. review new research on the effects of e-cigarettes on the lung
2. review types of e- cigarettes, how they work, and the risks and potential benefits of e-cigarettes for smoking cessation
3. review how and why to advise patients on the use of e-cigarettes to help them quit smoking

Description:
Pro: Smoking is bad for everyone except tobacco companies. Electronic cigarettes are a fairly unregulated tool that is being promoted to help patients quit smoking. Are they dangerous? Are they effective? Is there any evidence? This debate will give you both sides of this discussion, reviewing the benefits and dangers in the use of electronic cigarettes and helping you decide what to tell the patient in front of you. I believe e-cigarettes can be of benefit, but you will have to hear the debate to decide for yourselves. Con: E-cigarettes hit the scene a few years ago and have become a rapidly expanding but poorly regulated market. Although a prescription is not required, patients often approach their physicians about the benefits of e-cigarette use. In this session we will explore the basic science and evidence against the use of e-cigarettes for smoking cessation. After the debate, you will have the information you need to counsel your patients.

S130457 **Driving and Dementia: Practical tips for the family physician**
09:45–10:45 Linda Lee, MD, CCFP (COE), MClSc (FM), FCFP, Kitchener, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list findings in the cognitively impaired patient that may indicate fitness to drive is a concern
2. explain office-based tests that can help in the assessment of the potentially unsafe cognitively impaired driver
3. discuss ways of communicating concerns about driving fitness that are less likely to harm the patient–physician relationship

Description:
With the aging Canadian population and estimates of approximately one-quarter of persons older than 65 suffering from either mild cognitive impairment or dementia, family physicians will be increasingly challenged with concerns about fitness to drive. In most provinces, it is mandatory to report potentially medically unfit drivers to transportation authorities. This session will provide the busy family physician with practical tips on dealing with driving fitness in the older adult who is cognitively impaired.

S132509 **Choosing Wisely Canada: De-prescribing 'no-longer-necessary' proton pump inhibitors**
09:45–10:45 Kimberly Wintemute, MD, CCFP, FCFP, Toronto, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. measure the baseline rate of long-term PPI use in your practice via EMR
2. use the provided tools to help many patients successfully taper off their PPIs
3. measure the implementation of this intervention in your practice

Description:
Few patients have an indication for ongoing proton pump inhibitor (PPI) use, but many use them long-term. This is despite growing evidence of important health risks, including fractures, hospital and community-acquired pneumonia, C. difficile infection, and nutrient deficiencies. The Canadian Institute for Health Information and Choosing Wisely Canada have both identified a need to reduce long-term use of PPIs, especially among elderly patients. Stopping PPIs, however, often gives patients rebound dyspepsia. How do we help patients successfully taper off? We will examine de-prescribing algorithms and share tips on how to get this job done.

S132628 **Test Your Contraception IQ**
09:45–10:45 Jennifer Blake, MD, MSc, FRCSC, Ottawa, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. separate fact from myth with respect to common beliefs about birth control
2. identify opportunities to change contraceptive practices, reduce failure, and improve satisfaction
3. reassure patients about the relative safety of contraception and provide information with confidence

Description:
This session will be presented in a question-and-answer format. Questions about current contraceptive methods, their indications and contraindications, and effectiveness based on the Society of Obstetricians and Gynaecologists of Canada's updated guidelines from 2015/2016 will be covered. Participants will have an opportunity to test their knowledge of current contraceptive recommendations and ask questions in an informal, discussion-style setting.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S134132 **Global Health Involvement Without Leaving Home: Welcoming Syrian refugees as a family physician**
09:45–10:45 François Couturier, MD, CCMF, FCMF, MSc, DTM&H, Mississauga, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. demonstrate a better understanding of the global context of the actual refugee crisis
2. identify and respond to post-traumatic stress disorder, provide guidance in navigating health systems, and adjust to transcultural communication
3. extrapolate from the current crisis to determine needs and guide implementation in providing care to other populations in their environments

Description:
Although the concept of global health has arisen from international health, they are not synonyms. The "global" in global health refers to the scope of problems, not the location, and therefore is as much local as international. One challenge is to establish a bi-directional flow of knowledge between the two poles of this spectrum. Many physicians have expressed an interest in global health. Global health is commonly associated with international travel. However, international travel posts several challenges, including costs, scheduling, and safety. Humanitarian workers face increasing threats in conflict situations; epidemics such as Ebola provide increasing risks for those wishing to travel. Concurrent to these events, global health has evolved with complex partnerships and more diverse interventions than the classic humanitarian scheme. In light of these, how can a Canadian family physician participate in global health? The recent Syrian civil war and the rise of ISIS have led to 4.8 million Syrian refugees being registered with the United Nations, plus millions internally displaced in Syria. Hundreds of thousands of Syrian refugees are already in Europe in the largest population migration since the Second World War, and as of February 1, 2016, 15,000 had travelled to Canada. As Canada becomes a recipient country of refugees, this presents an increasing opportunity for family physicians to be global health clinicians in their local settings.

S134432 🎧 **Dermatology Dilemmas: Top 10 missteps when treating skin diseases**
09:45–10:45 **Dilemmes de dermatologie : Les 10 plus grands faux pas lors du traitement des maladies de la peau**
Christie Freeman, MD, CCFP, DipPDerm, MSc, Peterborough, ON

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. identify some common diagnostic mimickers and identify characteristic features that allow discrimination between them
2. explain the warnings attached to several therapeutic agents and interpret whether they are worthy of guiding our treatment decisions
3. widen the differential diagnoses for some common dermatology presentations and implement changes to how these are investigated in practice

Description:
Some common dilemmas in dermatology—such as the appropriate use of topical steroids, how to treat (or not treat) skin infections, adult acne, the ever-increasing burden of actinic keratoses, and chronic red legs—will be discussed by looking at some common mistakes we make when treating patients with dermatologic concerns. The evidence for treatment and diagnostic pearls will be shared to help us shrink the size of our own blooper reels in dermatology.

Objectifs d'apprentissage :
1. identifier certaines imitations de diagnostics courants et nommer les caractéristiques qui permettent de les distinguer entre elles
2. expliquer les mises en garde attachées à plusieurs agents thérapeutiques et interpréter si elles en valent la peine pour guider nos décisions thérapeutiques
3. élargir le diagnostic différentiel de certaines présentations dermatologiques et mettre en application les changements de la façon dont elles sont examinées en pratique

Description :
Certains dilemmes dermatologiques tels que l'emploi approprié de stéroïdes topiques, comment traiter (ou ne pas traiter) les infections de la peau, l'acné adulte, le fardeau toujours croissant des kératoses actiniques, les jambes chroniquement rouges, et autres feront l'objet de discussion en se penchant sur les erreurs courantes que nous commettons lors du traitement des patients en dermatologie. Les données probantes sur le traitement et les perles diagnostiques seront partagées afin de nous aider à réduire nos gaffes en dermatologie.

S136343 **Scale Up, Modify, or Abandon Your Health Innovation?**
09:45–10:45 Archna Gupta (Narula), MD, CCFP, MPH, London, ON; Merrick Zwarenstein, MD, PhD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the stages health innovations pass through en route to scale-up
2. explore the different facilitators and barriers to implementation and scale-up, and recognize the importance of stakeholder collaborations
3. learn how to use the Nose to Tail Tool to facilitate development, implementation, and scale-up of health innovations

Description:
Why do good health care innovations fail to scale up? Or, why do we scale up innovations that are incompatible with the health care system? How can we reduce resources being wasted on ineffective innovations early in development and instead invest in those more likely to be

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

effective, acceptable, affordable, and feasible? Implementation science lacks a tool to help us manage the scale-up of innovations. Here, we present the Nose to Tail Tool (NTT), which aims to fill this gap. The NTT is a Web-based interactive tool that helps stakeholders identify the stage of maturity of their innovations, and at each stage helps facilitate deliberative discussions among major stakeholder groups on their key considerations and the major contextual hurdles that an innovation faces en route to scale-up and sustainment. The NTT helps identify potential barriers to scale-up and facilitates early modification to address these barriers, before large investments are made in a potentially flawed solution. This session targets health care providers, researchers, and policy-makers with an interest in and involvement in health care innovation (service delivery, diagnostic, product, device, or information technology innovations). Participants should come to the workshop with an example of a health innovation project that they are involved with or with which they are familiar.

S136505 **Time Spent in Nature: Are there unique health benefits?**
09:45–10:45 Marg Sanborn, MD, CCFP, FCFP, Chatsworth, ON; Bill Kilburn, MSc

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list health conditions that benefit from time spent in nature
2. identify risk groups in your practice that could receive health benefits from time spent in nature
3. develop an evidence-based individual or group health team intervention to get patients to spend more time outdoors

Description:
Regular activity in nature has unique health benefits and is now supported by strong evidence as a cost-effective means for increasing the health and well-being of children and adults. Advice on spending time in nature should be considered an important component of active lifestyle counselling in family practice. The presentation reviews this evidence, including biomonitoring studies showing effects on blood pressure, cortisol levels, myopia, blood sugar, and immune markers. We will discuss a range of outcome studies in mental health and developmental conditions, including work stress, ADHD, anxiety, depression, and mild cognitive impairment. We will also address barriers to outdoor activity, specific risk groups to target, and current best practices to effectively apply this information in the office and to physicians' personal goals for active living. We will review some existing programs to increase outdoor activity to assist physicians in designing interventions appropriate to their practices.

S136630 **6 for 6: A rural research skills faculty development program 2 years down the road**
09:45–10:45 Cheri Bethune, MD, MClSc, CCFP, FCFP, St. John's, NL; Wendy Graham, MD, CCFP; Shabnam Asghari, MD, MPH, PhD; Thomas Heeley, BSC, MASP; Patti McCarthy

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explain one approach for designing a research skills training program tailored to rural physicians
2. describe what was and was not effective when developing a research skills training program for rural physicians
3. explore with participants ideas that will maintain rural research momentum

Description:
Background: Today's Canadian physician is expected to exhibit competency in research. While there are research training opportunities available to urban physicians, very few are available to rural physicians or distributed preceptors. The Discipline of Family Medicine at Memorial University of Newfoundland is addressing this obstacle with 6 for 6, a research skills program for rural and remote family physicians. The 6 for 6 program provides participants with the training, support, and expert mentorship to explore research questions of relevance to them and their communities, and to participate in a growing rural research network of physicians from Newfoundland and Labrador, New Brunswick, and Nunavut. Presentation: In this presentation we will discuss the results and lessons learned from years one and two of a 3-year 6 for 6 pilot program. We will detail our program development strategy and evaluation approach, then provide recommendations for attendees who are interested in developing similar programs in their jurisdictions. **Methods:** 6 for 6 is a three-phase, mixed-methods project: 1) a needs assessment to determine the research skills and services needed by rural physicians; 2) development and implementation of the curriculum based on the needs assessment; and 3) ongoing evaluation of the program. **Results:** There are global improvements in participants' self-reported knowledge and attitudes toward the research topics covered. Each participant has conceived, developed, and presented a unique research project that is linked to social accountability based on health care issues they have noticed within their clinical and teaching practices within their rural community. Assessments of social capital indicate that participants' research connectivity is improving within and outside their regions. **Conclusion:** Evaluation data for the first 2 years indicate 6 for 6 is having an impact. Participants report improved knowledge and attitudes vis-a-vis the research topics addressed in the curriculum and stronger research connectivity. The program continues to evolve and improve as evaluation data and feedback from participants are used to fine tune the curriculum to meet their needs.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136644 **Beyond the Basics of Prevention and Health Promotion: Case studies in a clinical setting**
09:45–10:45 Lisa Freeman, MPH, MD, CCFP, Edmonton, AB

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify opportunities to provide preventive health care and promote health in clinical practice
2. integrate preventive health manoeuvres into clinical practice including counselling and primary prevention, disease screening, and health promotion
3. explore how to optimize clinic flow to support integration of prevention and health promotion into clinical practice

Description:
Many physicians are aware of the basics of prevention and health promotion, but struggle to implement evidence-based manoeuvres into a busy practice. Through a series of clinical case studies, participants will review key preventive health and heath promotion interventions. Participants will identify opportunities to promote health and cover preventive topics in an average clinic visit, and explore ways to optimize clinic flow and staff tasks to support such interventions. Each case will highlight patients of different genders, different ages, and different stages of life. This will allow the clinician to identify key primary prevention interventions, screening procedures, lifestyle counselling, and health promotion messages that may be delivered with appropriate patients. This session will go beyond the basics of reviewing prevention and health promotion evidence and recommendations and will focus on applying such recommendations with appropriate patients.

S136660 **Practical Management of Heart Failure: Treatment strategies for the family physician**
09:45–10:45 Sean A. Virani, MD, MSc, MPH, FRCPC, Vancouver, BC; Elizabeth A. Swiggum, MD, FRCPC; Adam M. Grzeslo, MD, CCFP, FCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explore new therapies and how to incorporate them into the heart failure treatment approach
2. identify tools and algorithms to achieve optimal heart failure management and care
3. apply practical strategies to integrate the Canadian Cardiovascular Society heart failure guidelines into daily clinical practice

Description:
Heart failure (HF) remains a common diagnosis and continues to be associated with significant morbidity and mortality. HF management is a balance between having a well-informed multidisciplinary team, modifying risk factors, using the correct medications with appropriate device therapy, and teaching self-care. Guidelines form the basis for the provision of high-quality care for patients with HF, and underpin the development of best practices and the assessment of quality of care. The Canadian Cardiovascular Society (CCS) has published a companion document to its guidelines that provides a practical pathway to achieve optimal treatment and effectively manage HF care. This year, 2016, is the 10th anniversary of the annual HF Guidelines update program. As part of this initiative, all HF guideline updates and the associated recommendations will be consolidated into one living document for easy access to all recommendations currently in force. In this cased-based presentation, members of the CCS Heart Failure Guidelines Panel will discuss: 1) tools available to help front-line practitioners manage medications in patients with HF; 2) how soon to see a newly referred patient; 3) how often the patient should be seen; 4) how quickly and in what order should standard HF therapy be titrated for most patients; 5) when to refer patients; and 6) how to teach self-care. Keeping the family physician in mind, this presentation will focus on the importance of evidence-based medications in the treatment of HF and describe the issues relating to suboptimal use of medication in HF treatment, as well as what to do if these therapies do not provide the expected outcomes.

S136757 **An Introduction to Tools for Competency-Based Assessment: The great, the good, and the "maybe later"**
09:45–10:45 Shirley Schipper, MD, CCFP, Edmonton, AB; Shelley Ross; Paul Humphries; Mike Donoff

All teachers welcome.
Highlights novice concepts for clinical preceptors and educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explain key assumptions from assessment theory literature that apply to competency-based assessment
2. distinguish between commonly used tools for competency-based assessment
3. identify at least one assessment strategy or tool for use in participants' own programs

Description:
Competency-based assessment is now the irrefutable approach for measuring progress in residency in Canada; it is part of the accreditation standards in family medicine and has been mandated for all specialty residencies. Medical schools and continuing professional development are also in the throes of implementing competency-based education and assessment. However, making sense of competency-based assessment continues to be a challenge for many medical educators, and choosing the best way to carry out competency-based assessment is still not obvious. Multiple frameworks for competency-based medical education (CBME) exist; deciding upon strategies, instruments, or approaches (Entrustable professional activities? Progress testing? Milestones? Formative feedback?) is a daunting task. As more and more theoretical papers are published every year about CBME, deciding how to apply research findings and theory to choose the right tools becomes ever more complicated. The goal of this workshop is help those who are new to competency-based assessment by introducing them to concepts and

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

tools in a practical way. This primarily interactive introductory level workshop is for anyone with questions about how to implement workable competency-based assessment, including which principles or assumptions resonate with each participant's own context, and/or which tools to include. In the first half of the workshop, there will be an overview of assessment theory in the context of practical application in CBME, with a bibliography provided for those who wish to explore theories more deeply. This will be followed by an overview of commonly used tools in competency-based assessment, with a balanced view of the pros and cons of each. In the second half of the workshop, participants will apply what they have learned in themed small groups using case example prompts or an aspect group members have selected to assess from their own programs. Groups will discuss the possible tools they could use to assess their selected case or program example.

S131789 **Hot Topics for Best Practices in Well-Baby/Well-Child Care From 0 to 5 Years**
09:45–11:45 Leslie Rourke, MD, CCFP, FCFP, MClSc, St. John's, NL; Denis Leduc, MD, CCFP, FAAP, FRCPC
Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. apply new preventive care information for comprehensive office-based care of children ages 0 to 5 years
2. use an evidence-based approach for monitoring development by performing developmental surveillance and screening where appropriate
3. preview the upcoming 2017 Rourke Baby Record and its related resources

Description:
Preventive care and health supervision for infants and children in the first few years of life assume an important role in monitoring and promoting healthy child growth and development for an optimal health trajectory. The complex interactions between biological, behavioural, and environmental factors can have positive or negative impacts on the child's physical, mental, and emotional health, which may persist into adulthood and in subsequent generations. Recommendations for preventive care in children—including screening manoeuvres, anticipatory guidance, and specific interventions—should be based on the current best evidence. This case-based session will focus on updates in the literature since 2013 that will inform the pending 2017 Rourke Baby Record and related resources. It will highlight new or updated information and pearls for practice in many areas of preventive pediatric care for infants and young children, including age-appropriate introduction of solid foods and allergenic foods, social determinants of health, oral health, and screening for developmental delay. The presenters will also discuss emerging data on other aspects of well-child care. Presented by Dr Leslie Rourke, a family physician, and Dr Denis Leduc, a pediatrician, this session will appeal to family physicians, community pediatricians, primary health care providers, students, teachers, and parents.

S136438 **Palliative Care and Opioids: Initiation, titration, and rotation**
09:45–12:15 Mehrnoush (Noush) Mirhosseini, MD, Edmonton, AB; Megan Sellick; Ingrid de Kock
Mainpro+ Group Learning certified credits = 2

Learning Objectives:
1. assess pain and differentiate between different pain presentations
2. identify challenging pain syndromes
3. safely initiate, titrate, and rotate commonly used opioids in all settings of care

Description:
Opioids are high-risk medications that are frequently used in the palliative care setting. This 2-hour evidence- based interactive workshop will provide systematic instructions for primary care providers who consider initiation, titration, and rotation of opioids for their patients with advanced life-limiting illnesses. Pain assessment, choices of opioids, and opioid dosing and calculations will be discussed in a case-based manner. The presenters plan to share their practical experiences with the audience. This workshop is also designed to enable participants to address the myths and difficulties they encounter in prescribing opioids in all settings.

S130633 **Smoking Cessation: Tools to make a difference in your practice**
10:15–10:45 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON
Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. review the epidemiology of smoking in your practice
2. classify patients' readiness to make changes in their smoking
3. prescribe effective therapies and support to help promote this change

Description:
Smoking is the leading cause of death in our patients, which is a scary thought. Patients know they should quit, but this is an addiction. We will review how to approach this common and frustrating condition in the office, and share tools to allow real health change in your patients who smoke, without getting you frustrated.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S132505 🎧 **What's New, True, and Poo: Brief evidence updates for clinically relevant primary care topics**
11:15–12:15 **Quoi de neuf, de vrai et de faux : brève mise à jour des données probantes sur des sujets cliniquement pertinents en soins de première ligne**

Mike Kolber, MD, CCFP, MSc, Edmonton, AB; Tina Korownyk; Michael Allan

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning Objectives:
1. review clinically relevant practice-changing evidence from the preceding year
2. encourage delegates to examine the evidence before adopting new diagnostic tests or medications
3. indirectly review evidence-based medicine terms, such as baseline risk, absolute and relative risk, and number needed to harm or treat

Description:
In this session, we will provide brief evidence updates for clinically relevant primary care topics. Typically, each topic/knowledge piece will be reviewed in 2 minutes, allowing for a wide breadth of clinical topics/knowledge pieces to be presented and discussed. We will discuss patient-orientated evidence pertaining to: 1) using new therapies and diagnostic tests, or new uses for existing medications ("new"); 2) confirming current medical practice and prescribing ("true"); and 3) refuting practice or medical myths ("poo").

Objectifs d'apprentissage :
1. revoir les données probantes, pertinentes sur le plan clinique ayant transformé la pratique l'an dernier
2. encourager les délégués à examiner les données probantes avant d'adopter les nouveaux tests diagnostiques et médicaments
3. examiner indirectement les termes du programme EBM tels que risque initial, risque absolu et relatif, nombre nécessaire pour obtenir un effet nocif et nombre de patients à traiter

Description :
En 2016, dans « Quoi de neuf, de vrai et de faux », nous fournissons une brève mise à jour des données probantes sur des sujets cliniquement pertinents en soins de première ligne. Habituellement, chaque sujet est revu pendant deux minutes pour permettre d'inclure une vaste gamme de sujets cliniques dans la présentation. Nous parlerons de données probantes axées sur les patients portant sur 1. Nouveaux traitements, tests diagnostiques ou nouveaux emplois de médicaments existants « neufs » 2. Confirmer la pratique médicale actuelle, prescription « vraie » 3. Réfuter les mythes médicaux ou de la pratique « fausse ».

S132746 **Interesting Papers in Surgery and Obstetrics Pertaining to Full-Service Family Physicians**
11:15–12:15 Bret Batchelor, MD, CCFP, ESS (USask), Vanderhoof, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review articles that pertain to surgical and obstetrical topics applicable to full-service family physicians
2. explore methods of critically analyzing research papers
3. review methods of quickly finding the most pertinent paper on a topic in family medicine

Description:
Dr Bret Batchelor is a full-service rural family practitioner with enhanced surgical skills and is the host of the medical podcast Really Rural Surgery. Borrowing from the format of Really Rural Surgery, Dr Batchelor will select a limited number of topics pertaining to the surgical and obstetrical components of full-service family practice. Dr Batchelor will then choose his favourite research paper on each topic and engage the audience in a critical analysis that will not only present the clinical pearls, but also explore some of the more intriguing and perhaps even controversial aspects of each topic. Through this format, Dr Batchelor hopes to encourage the audience to apply critical thinking to the evaluation of research papers before implementing them in their own practices.

S132921 **Managing Insomnia in Primary Care**
11:15–12:15 Purti Papneja, MD, CCFP, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. evaluate and manage patients with insomnia using behavioural therapy
2. explore the evidence behind prescription and non-prescription sleep aids
3. safely wean patients off benzodiazepines and/or Z drugs

Description:
It's estimated that 30% to 40% of adults suffer from occasional insomnia and 15% to 20% of adults have chronic insomnia. Poor sleep results in significant behavioural and physiological changes in an individual. In this interactive workshop, participants will work through cases of sleep-related complains that are commonly encountered in family practice/walk-in clinics. By the end of the session, participants will have a clear approach to insomnia and learn how to manage it using behavioural therapy and appropriate pharmacotherapy. Participants will also learn how to help patients stop using benzodiazepines and other sleep aids safely.

LEGEND / *LÉGENDE*

🎧 Simultaneous interpretation / *Interprétation simultanée*

S133019 **Want to Teach? An interactive workshop focusing on teaching skills development for new family physician**
11:15–12:15 **teachers and residents**

Jamie Wickett, MD, CCFP, London, ON; Julie Copeland, MD, CCFP

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand and use the One-Minute Preceptor model and SNAPPs with learners
2. provide effective feedback to learners
3. understand how to teach procedures and learn about important teaching resources

Description:
Family physicians, including residents, are frequently involved in teaching medical students and junior residents. Having an understanding of some core teaching concepts and techniques is essential. In addition, finding time to teach in a busy practice can be very challenging, and using efficient and effective teaching techniques is critical. This workshop will help enhance new teachers' effectiveness by reviewing key topics in education, including giving feedback, the One-Minute Preceptor model, and teaching procedures. This workshop will equip new family physician teachers with essential skills to be effective educators with medical students and junior residents. The following topics will be covered during the session: 1) the five micro skills of the One-Minute Preceptor model; 2) the SNAPPS case presentation format and key elements in providing effective feedback; 3) how to teach procedures; and 4) important teaching resources. The learning objectives will be met using a variety of techniques, including interactive discussions with participants, a review of audio/video vignettes, role-play scenarios, and a PowerPoint presentation.

S134279 **Simplified Approach to Red Eye: Evidence, pearls and medico-legal pitfalls**
11:15–12:15 Simon Moore, MD, CCFP, Vancouver, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. confidently differentiate various red eye diagnoses and avoid common medico-legal pitfalls
2. safely prescribe therapeutics for red eye, including antibiotics, according to recent evidence
3. quickly identify simplified red eye red flags requiring urgent referral

Description:
Using the visually engaging and innovative Prezi presentation software, this lecture will help the learner confidently differentiate between red eye patients who need urgent referral versus those who can safely be discharged home. The talk emphasizes three pearls that every family physician should know about red eye. The focus of this lecture is not only the scientific content, but to also help the learner apply clinical, patient-is-in-front-of-you management. Learners will discover: 1) the basics of relevant ophthalmic anatomy; 2) a stepwise approach to managing red eye; and 3) practical evidence that can be applied immediately in a clinical context. This presentation is an updated version of a highly rated presentation at FMF 2014 and 2015. It incorporates new recommendations and feedback from the previous presentations.

S136494 **Using Balint Groups in Family Medicine Residency Training to Address Resident Wellness:**
11:15–12:15 **Evidence and implementation**

Charlie Guiang, MD, CCFP, Toronto, ON; Monique Moller

All teachers welcome.
Highlights novice concepts for clinical preceptors and educational leaders.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. discuss evidence supporting the need for interventions aimed at fostering resident wellness
2. recognize the importance of wellness among residents and other physicians and identify strategies to foster wellness, including Balint groups
3. implement Balint groups into family medicine residency curricula and beyond

Description:
Addressing resident wellness in residency programs is an ongoing crucial topic. Burnout and depression are common among resident physicians, including those in family medicine. The stress of dealing with somatic and psychological patient concerns contributes significantly to this phenomenon. Balint groups were created in the early 1950s as an intervention to help mitigate these reactive feelings. Balint groups provide a structured process of clinical reflection: In small groups, residents and other physicians can safely share and discuss their experiences involving challenging clinical encounters, in order to facilitate new understandings of the doctor-patient relationship. They have been used as a formal component in many family medicine curricula in the United States and the United Kingdom, yet as far as we are aware few Canadian family medicine programs incorporate Balint groups into their training. Based on existing literature and our experience at St. Michael's Hospital in Toronto, we would advocate there is a strong role for Balint groups in family medicine training to help promote resident physician wellness. Furthermore, we believe it is critical to provide the next generation of physicians with forums to connect, reflect, and grow from their clinical experiences. Our session will examine the evidence supporting the need for interventions aimed at mitigating burnout

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

and depression among family medicine residents. Through facilitation, we will then guide participants through a typical Balint session, and promote discussion on ways in which these groups may be incorporated into residencies and practices.

S136576 **Extreme House Calls: The Patient's Medical Home on wheels**
11:15–12:15 Amanda Condon, MD, CCFP, Winnipeg, MB; Cindy Allan

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify patients who might benefit from comprehensive, team-based care
2. describe the range of services and team roles, and identify community resources and partners for providing home-based primary care
3. measure patient outcomes in providing comprehensive, team-based care

Description:
Inspire physicians to look outside the clinic walls to identify and care for the most complex patients in their community by providing comprehensive, home-based care by an interprofessional team. This presentation will share stories of successes and challenges in providing home-based primary care. Patient identification, team-based care delivery, and outcome measurement will be reviewed.

S136606 **Effective Models of Home Care Teaching for Family Medicine Residents: Three Canadian academic experiences**
11:15–12:15 John Kirk, MD CCFP (COE) FCFP, Montreal, QC; Vivian Ewa, MBBS, CCFP(COE), FCFP; Thuy-Nga (Tia) Pham, MD, MSc, CCFP

All teachers welcome.
Highlights advanced concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe different models of teaching home care to family medicine residents.
2. distinguish which of models best applies to their clinical setting and available resources.
3. implement a process of ongoing curriculum development based on home care specific core-competencies.

Description:
Family Medicine Residency Training Programs are required to expose their residents to patient care in home setting. The opportunities to achieve this goal are varied and depend many factors. This session will look at three different models of home care teaching which illustrate the advantages and disadvantages of having a vertical (block) rotation versus a horizontal (longitudinal) experience. As well the development of core-competencies specific to home care teaching will be presented. A mechanism to provide ongoing program review and improvement will be illustrated. Attendees will be in a position to take these ideas and, with adaptation, apply them to their academic situation.

S136635 **Office-Based Use of Buprenorphine-Naloxone for Opioid Use Disorders**
11:15–12:15 Christopher Fairgrieve, MD, CCFP, ABAM, Vancouver, BC; Erin Knight; Nikki Bozinoff

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. compare methadone and buprenorphine-naloxone and evaluate which medication to prescribe in the treatment of opioid use disorder
2. explain the pharmacology and pharmacodynamics of buprenorphine-naloxone and plan an office-based induction without precipitating opioid withdrawal
3. explore provincial guidelines and identify how to obtain certification to prescribe buprenorphine-naloxone

Description:
Methadone has been used successfully in the treatment of opioid use disorder since the 1960s and remains the standard of care. While effective, methadone has several risks that require careful prescribing and dispensing practices that can be prohibitive for some patients. More recently, the combined medication buprenorphine-naloxone was approved for use in Canada in 2007, and has several advantages over methadone. In particular, it carries a much lower risk of overdose and adverse drug reactions, and is prescribed more liberally in other countries, such as the United States. During this session, we will review the unique pharmacological and pharmacodynamic properties of buprenorphine-naloxone. Participants will be introduced to an office-based protocol for safe induction of buprenorphine-naloxone to prevent precipitated withdrawal. Furthermore, we will review the present provincial guidelines in the availability and use of buprenorphine-naloxone, and discuss how potential changes to these policies could result in safer, more effective treatment of opioid use disorder in a primary care setting.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136646 **Managing Low Back Pain with the 2016 CORE Back Tool: A case-based approach**
11:15–12:15 Julia Alleyne, MD, CCFP, FCFP, MScCH, Dip Sport Med, Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. integrate the 2016 CORE Back Tool into family medicine office practice
2. identify appropriate imaging, referrals, and management for mechanical low back pain
3. identify key messages for patient self-management through case discussions

Description:
This session will present the 2016 version of the Clinically Organized Relevant Exam (CORE) Back Tool, which has been endorsed by the College of Family Physicians of Canada. The tool was revised from the 2012 edition through a primary care engagement process that focused on current knowledge and practice needs of family physicians. The tool has been rated very highly in usability testing as being relevant to clinical decisions in practice. Participants will be walked through the tool improvements and provided with strategies that will facilitate implementation into family medicine practice patterns. Three cases will be presented to illustrate the tool's application to patients with acute, persistent, and chronic low back pain. The audience will have an opportunity to see a role play of the patient interaction using the tool and discuss options for management in all cases. The current guidelines for appropriate imaging, consultative referral, and pharmacological and non-pharmacological management will be referenced in the presentation and case discussions. Key messages for patient self-management will be highlighted to ensure participants gain confidence in facilitating evidence-based strategies. Through this workshop, participants will gain practical skills that can be implemented immediately into patient care.

S136659 **Managing Complex Return-to-Work Cases**
11:15–12:15 Doug Hamm, MD, CCFP, FRCPC, FCBOM, Victoria, BC; Joel Andersen, MD, CCFP, Sudbury, ON; D. Burton McCann, MD, JD, FCFP, FACOEM, Halifax, NS

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. better understand the family physician's role in managing complex return-to-work scenarios
2. recognize the benefits and risks of safe and timely return to work
3. provide improved return-to-work assessments, recommendations, and communications with patients and employers

Description:
Managing complex return-to-work issues with patients is a challenge for most family physicians. Using a case-based approach, the principles of managing return-to-work issues will be reviewed. This presentation is based on the Canadian Medical Association position paper, The Treating Physician's Role in Helping Patients Return to Work After an Illness or Injury, updated in 2013, which outlines the roles of family physicians in returning their patient to work in a safe and timely manner: 1) diagnose and treat the illness or injury; 2) advise and support the patient; 3) communicate appropriate fitness-to-work information to the patient and the employer; and 4) liaise with other involved health care professionals to facilitate the patient's safe and timely return to the most productive employment possible. This presentation will concisely outline an approach to managing complex return-to-work issues using a case-based format.

S136668 **Medically Unexplained Symptoms: The emotional processes involved for patients and health care professionals**
11:15–12:15 Angela Cooper, PhD, Halifax, NS; Pamela Lai; Adam Rostis; Dr Alexandra Seal

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. use biopsychosocial models to offer patients with medically unexplained symptoms (MUS) credible explanations for the development of their symptoms
2. detect some of their own emotional processes that are triggered with this population to reduce stress and burnout
3. assess and link observable physiological processes to a patient's particular MUS presentation to enhance treatment options

Description:
Patients with medically unexplained symptoms (MUS) often present with somatic difficulties for which investigations fail to reveal any pathology (eg, headache, chronic pain, fatigue, dizziness, GI disturbance). The blockage of emotions in these patients is thought to result in altered autonomic, endocrine, and immune system activity related to the development of their somatic symptoms. Research has found that between 25% and 50% of primary care patients present with MUS, which makes it the most common category of complaints in primary care. It is also reported to be clinically demanding and the cause of ongoing frustration and stress because of the various medication trials, specialist referrals, and often unhelpful investigations that try to find a physical cause when none may not exist. This workshop aims to share valuable information gained from a pilot project that embedded a specialist psychotherapy service across two family practice centres to offer assessment and treatment of patients with MUS. The service also offered teaching and training for health care professionals to help them better understand and detect these presentations, and to build awareness of their own emotional processes, which often become mobilized when trying to manage difficult-to-treat populations. The workshop aims to be both didactic and interactive, with the use of video-taped clinical examples; case-based discussions; results from a number of service evaluations, including cost/benefit analysis; and potentially some patient involvement. It will be a session that stimulates both hearts and minds.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136736 **Sexual Assault Forensic Exam: A primer for rural and remote family physicians.**
11:15–12:15 Tasha Maheu, MD, HBSc, Campbell River, BC; Laura Fowler, RN

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explain the medico-legal options available to patients following a sexual assault
2. apply basic forensic principles to collect and preserve evidence, while maintaining the chain of evidence
3. perform a focused sexual assault history and physical examination using appropriate terminology

Description:
A sexual assault is three times more likely to result in charges if the patient undergoes a sexual assault forensic exam. Many communities have specially trained sexual assault nurse examiners to collect evidence, document injuries, and provide follow-up instructions to a patient after an assault. Unfortunately, many rural and remote centres do not have access to this important resource, and following a sexual assault, patients are required to travel long distances with a police escort, or evidence is collected by untrained practitioners, or the exam is simply not performed. Kits collected by a provider with formal training are more accurate, more complete, and more likely to result in prosecution. Additionally, victims are more likely to be satisfied with their medical encounter if their provider has received training on the administration of the forensic exam. This session will review the basic forensic principles of evidence collection and preservation through examination of the RCMP sexual assault evidence collection kit. We will discuss how to perform a sensitive but focused history and physical exam using empathetic but objective terminology. At the conclusion of this session, participants will be able to explain the reporting options to their patients, collect evidence correctly to maintain the chain of evidence, identify appropriate prophylaxis and treatment options, and provide follow-up recommendations to their patients.

S140235 **Your Besrour Centre: Where are we now?**
11:15–12:15 Katherine Rouleau, MD, CCFP, FCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the activities, initiatives, and goals of the Besrour Centre and gain a better international perspective of family medicine
2. participate and provide input into the activities of the Besrour Centre to help deliver better educational opportunities for all those involved in family medicine from a global perspective
3. explore how to become a global health family physician and integrate the learnings from the Besrour Centre into your daily practice

Description:
In November 2015, after a 3-year consultation with international partners, the College of Family Physicians of Canada established the Besrour Centre, a hub of collaboration to advance family medicine as a pathway to health equity around the world. Anchored in committed partnerships between Canada's 17 university departments of family medicine and international collaborators, and informed by the 60-year history of the College of Family Physicians of Canada, the Besrour Centre is dedicated to increasing access for the world's population to the demonstrated advantages of health systems anchored in robust family medicine. It supports collaboration to address specific challenges and opportunities in the development of our discipline in various contexts. Its strategic priorities include stakeholder engagement, advocacy, family medicine education and training, and research. In this presentation, participants will learn about the activities and working groups of the Besrour Centre and will share ideas around how to further advance family medicine around the globe. The presentation will include a presentation by Besrour partners and small group discussions.

S136593 **High-Touch, Low-Tech: Strategies for keeping frail elders out of hospital**
11:15–12:15 Jay Slater, MD, CCFP, Vancouver, BC; John Sloan; MD; Marg McGregor, MD; Mark Nowaczynski, MD; Samir Sinha, MD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify frailty as a unique clinical syndrome in elderly patients and communicate realistic prognoses from that perspective
2. engage patients in thoughtful goals-of-care conversations and collaborate on person-based care plans that respects patient/family wishes
3. integrate assessment and management strategies in the care of frail elders in the community that reduces utilization of hospital resources

Description:
Until mid-century, as baby boomers age there will continue to be an increase in both the sheer number and proportional representation of elders in the Canadian population. For many, aging will include a process of functional and/or cognitive deterioration due to the physical consequences of chronic diseases or simply the physiologic changes of senescence. Those individuals with diminished clinical reserve are at risk for disability and death and are said to be frail. Frailty as a syndrome connotes poorer outcomes from acute interventions, including surgery and hospitalization, compared with non-frail individuals. Faced with deteriorating health and a realistic understanding of the aging process, frail elders and/or their families may choose less aggressive approaches to care, especially at times of health crises. They may opt for a more palliative approach, one of good symptom management and functional support rather than "rescue and repair," which often leaves them increasingly depleted. Many elders would prefer to remain in their homes for the last part of their lives instead of in hospitals or institutions. Effective home-based care of elders requires a "high-touch, low-tech" approach with a reliance on good communication and clinical exam skills. If the goal of care is quality rather than prolongation of life, much can be done to maintain frail elders in their own homes. At times of acute deterioration, when diagnostic uncertainty or limited treatment options may negatively affect the patient's experience, judicious use of

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

investigations can be appropriate. This, in turn, may involve visits to the emergency room without the need for admission. In this networking session, using actual clinical cases, the presenters will facilitate learning about assessing frailty, communicating realistic prognoses, discussing goals of care, and implementing a person-centred care plan.

12:30–13:30 **Medical Student and Family Medicine Resident Networking Luncheon**
Dîner de réseautage des étudiants et des residents en médecine familiale
This session is not certified by the CFPC.
Cette seance n'est pas certifiee par le CMFC.

This is a great networking opportunity for medical students and family medicine residents. Tickets required.

Une excellente occasion de faire du réseautage pour les étudiants en médecine et les résidents en médecine familiale. Billets requis.

S130640 **Palliative Dyspnea: You can help!**
13:45–14:15 Alan Kaplan, MD, CCFP (EM), FCFP, Richmond Hill, ON: Mireille Lecours

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify the causes of palliative dyspnea
2. approach patients' suffering with pharmacologic and non-pharmacologic strategies
3. identify success in your management

Description:
There are many causes of dyspnea in our patients. Once the disease process has been maximally treated, we are often left with patients suffering from shortness of breath. We will look at the patient suffering with end-stage illness causing dyspnea and review an evidence-based approach to management using case studies.

S136551 **Five Orthopedic Injuries You Do Not Want to Miss**
13:45–14:15 Wai-Ben Wong, MD, CCFP (EM), Vancouver, BC

Mainpro+ Group Learning certified credits = 0.5

Learning Objectives:
1. identify common injuries that have serious consequences if not correctly diagnosed
2. organize surgical referral in the appropriate timeframe
3. correctly treat/immobilize these injuries and avoid common pitfalls

Description:
Certain injuries and fracture patterns can easily be misdiagnosed or mismanaged, leading to significant and preventable disability. The goal of this presentation is to review injuries you do not want to miss, but often are, and how to avoid missing them. These conditions often require surgical management. They include gamekeeper's thumb (ulnar collateral ligament injury); Bennett's fracture; triquetral avulsion fracture and scapholunate dissociation; quadriceps tendon rupture; and Lisfranc fracture. This talk will teach important physical exam manoeuvres to incorporate into the routine assessment of extremity injuries, and review key radiographic findings.

S130519 **Mood Disorders in Women During the Reproductive Years**
13:45–14:45 Christiane Kuntz, MD, CCFP, FCFP, NCMP, Ottawa, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. improve awareness of, impact of, manifestations of, diagnostic criteria and treatment options for mood disorders in reproductive-age women
2. highlight specific mood disorders associated with or affected by hormonal fluctuations during the menstrual cycle, pregnancy, postpartum, and perimenopause
3. apply learning pearls through a review of cases

Description:
This session will seek to improve participants' awareness of the impact of, manifestations of, diagnostic criteria and treatment options for mood disorders in reproductive-age women. We will review factors that increase suicidal risk. Specific mood disorders associated with or affected by hormonal fluctuations during the menstrual cycle, pregnancy, postpartum, and perimenopause will be highlighted. Premenstrual syndrome will be covered in detail, recognizing its impact on health and society. The etiology and pathophysiology, clinical assessment tools, and treatment options will be explored. Learning "pearls" will be applied through a review of cases.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S131590 **Diagnosis and Successful Management of Early Pregnancy Loss**
13:45–14:45 Konia Trouton, MD, MPH, FCFP, Victoria, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define the criteria for ultrasound evidence of early pregnancy failure
2. identify the criteria for the use of medication rather than surgery for pregnancy failure and strategies to maximize the success of outpatient management of loss, with misoprostol alone or in combination with other medication
3. understand the criteria for successful management and how to manage retained tissue

Description:
Early pregnancy failure (miscarriage) affects up to 20% of pregnant women. Early ultrasound has been recommended by the Society of Obstetricians and Gynaecologists of Canada for all pregnancies (as of 2014), and early pregnancy loss is now often identified before symptoms arise. To manage loss, misoprostol has been used with some success, and recently some regimens include adding mifepristone. A summary of regimens in the literature and in clinical practice will be reported. The presenter, who has experience in these options, will also review patient selection, details of expected effects and common side effects, "on-call" dilemmas, and verifying success so participants can leave feeling more comfortable offering this to women. Time will be given to the procedural discussion of safe manual vacuum aspiration that can be used by experienced family physicians in emergency department and surgical facilities.

S131771 **50 Signs of Grey: A brief review of geriatric dermatoses commonly seen in the office**
13:45–14:45 Karen Juce, MDCM, CCFP, FCFP, Hamiota, MB; Charles Cong Wang, MD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe at least five features characteristic of aging skin
2. identify the most common benign skin changes associated with aging
3. cite three systemic diseases that have skin signs

Description:
The presentation will review physiologic changes of skin aging and common benign stigmata. Therapeutic and lifestyle considerations specific to care of elderly skin will be described. Included will be conditions commonly seen in family medicine such as xerosis, seborrheic keratosis, toxic acantholytic dermatitis, lichen simplex chronicus, and lichen simplex atrophicus. Cosmetic office procedures will not be addressed.

S133021 **Don't Delay, Prevent Decay: Fluoride varnish and pediatric oral health**
13:45–14:45 Elizabeth Shaw, MD, CCFP, FCFP, Hamilton, ON; Leslie Rourke; Andrea Feller; Martin Chartier; Anne Rowan-Legg

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. assess a child's risk of developing early childhood caries (ECC), perform an oral examination, and recognize the stages of ECC
2. provide effective counselling/anticipatory guidance to caregivers to prevent ECC
3. apply topical fluoride varnish in your practice

Description:
Rates of dental caries in Canadian children remain very high, despite being a preventable disease. Early childhood caries (ECC) is one of the most frequent chronic diseases of childhood, and the most common cause of day surgeries for children younger than 5 years. In this session, participants will have an opportunity to improve their ability to provide evidence-based preventive pediatric oral health assessment and counselling by working through components of two pediatric modules in the Smiles for Life oral health curriculum. This award-winning online curriculum was originally developed in the United States by the Society of Teachers of Family Medicine Group on Oral Health, and has been recently updated and revised for the Canadian context and recommendations. It is freely available online. The two pediatric modules will review the identification of high-risk patients and risk-assessment tools. To assist in the counselling of caregivers and provision of anticipatory guidance, we will discuss normal dental development, prevention of ECC related to diet, home dental hygiene, and an early dental home. Finally, current recommendations related to the use of topical fluoride varnish will be discussed, and participants will learn how they can easily incorporate the application of varnish in their own practices. Practical experience and advice on the implementation of topical fluoride varnish in primary care in Ontario's Niagara Region will be shared. This session is of relevance to practising family physicians, pediatricians, medical undergraduate and postgraduate educators and curriculum developers, allied health professionals, and parents. This session will use a combination of didactic and interactive methods of teaching to engage the audience in conversations about cases, with a live demonstration of fluoride varnish application.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S134408 **Using 1,000-Person Infographics to Improve Risk Communication with Patients in Preventive Health Screening**
13:45–14:45

Neil Bell, MD, SM, CCFP, FCFP, Edmonton, AB; Dr James Dickinson, MBBS (Qld), CCFP, PhD; Kaylyn Kretschmer, MSc

Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. understand how 1,000-person infographics are developed and where magnitude of risk (and benefit) figures come from, how they are calculated, and what they mean for patients
2. develop skills in identifying and interpreting the magnitude of risk associated with preventive screening services
3. acquire knowledge and skills in communicating risk information to patients and facilitating shared decision-making processes, using 1,000-person infographic tools

Description:

This session aims to build competency in the Expert, Communicator, and Scholar CanMEDS-FM roles. The effective communication of the benefits and harms to patients is fundamental in shared decision-making; however, research shows that many physicians struggle with interpreting risk/benefit statistics. The presentation of absolute rather than relative risk improves both physician and patient understanding of the magnitude of risk in preventive screening; 1,000-person infographics are knowledge translation (KT) tools that visually depict the absolute risks and benefits of an intervention in a natural frequency format. These tools can be used by physicians in practice to support informed decision-making with patients. Practising physicians have expressed the desire to more fully understand infographics published with Canadian Task Force on Preventive Health Care (CTFPHC) guidelines and to learn how they may be more effectively used in shared decision-making with patients. This session will begin by providing participants with an overview of how the CTFPHC develops its 1,000-person infographics for its guidelines, specifically looking at those developed for the breast, prostate, and lung cancer guidelines. The presentation will explain how the figures for the 1,000-person infographics are calculated and what they mean. In small groups, participants will be given a sample problem on the benefits and harms of a screening service and asked to identify and interpret the estimates of magnitude of risk. The second part of the session will include an activity and discussion on how these KT tools can be used in practice with patients. In small groups or pairs, participants will practise communicating the harms and benefits information contained in the infographic, in terms that would be accessible to patients. This will lead into a group discussion on successes or challenges participants faced in understanding or communicating this information.

S136532 **Partnering with Indigenous Elders to Provide Traditional Health Services in an Urban Primary Care Clinic**
13:45–14:45

David Tu, MD, Vancouver, BC; Roberta Price-Elder; Jennifer Dehoney

Mainpro+ Group Learning certified credits = 1

Learning Objectives:

1. explore cultural identity as a determinant of health
2. recognize how Indigenous elders change patient care
3. explain how participation in cultural ceremonies can change physician practice

Description:

This workshop will be co-facilitated by an Indigenous elder and a non-Indigenous family physician, and attendees will participate in a Coast Salish welcoming and closing ceremony. This session explores the impact of the Vancouver Indigenous Elders Partnership (VIP) Program on the care provided at an inner-city medical clinic in British Columbia. Presenters will draw from the 2-year clinical experience of providing a "partnership model" of care with Indigenous elders (to 273 patients), and from implementation research and effectiveness research projects. Clinical cases will be presented to illustrate the conceptual framework and processes of care provided by this program. Through the VIP Program, patients book one-on-one appointments with elders for mental health, cultural, or other support and/or attend weekly, elder-led cultural teaching circles at the same clinic where they receive medial care. Sixteen semi-structured interviews were conducted with elders, care providers, and support staff to understand the program's implementation challenges and opportunities, and its impact on patient care, staff and organizational culture. A thematic analysis of transcripts was conducted with balanced Indigenous/non-Indigenous perspectives. Key findings included: 1) patient care was improved by having spiritual health needs met; 2) individuals felt safety at the clinic increased; and 3) Indigenous health education, which includes building relationships and participating in ceremonies with elders, helps physician practices be more culturally safe and appropriate. A mixed-methods prospective cohort study (n=44) was initiated to measure the effectiveness of this intervention on depression and suicidality (measured at 1, 3, and 6 months post entry into the program). Secondary measures included effects on substance use, resilience, wellness, and quality of life. Semi-structured interviews were conducted at 3 months for all study participants to determine the impact of this program on their lives. Preliminary study outcomes will be discussed at the workshop. Participants will dialogue with the elder and the physician about key questions related to combining traditional Indigenous health practices with family medicine care within the same clinic space.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136666 **The ABCs of Exercise Assessment and Prescription for the Prevention and Management of Chronic Diseases**
13:45–14:45 Pierre Frémont, MD, PhD, FCFP, CCFP (SEM), Quebec, QC
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. understand the scientific basis of the spectacular potential of exercise for the prevention and management of chronic diseases
2. integrate the "exercise vital sign" as part of the clinical evaluation of every patient in primary care
3. make a basic exercise prescription using a tool developed by Exercise is Medicine Canada and the CFPC

Description:
"What if there was one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension and obesity? Would you prescribe it to your patients? Certainly!" This quote is from Dr Robert Sallis, Task Force Chair of the Exercise is Medicine initiative. This session will first set the table with the spectacular scientific evidence related to the benefits of an active lifestyle for the prevention and management of most chronic diseases. Participants will then engage in an analysis of frequently perceived barriers to the integration of exercise prescription in the clinical practices of family physicians. Practical examples of clinical situations will then be used to familiarize participants with the use of the exercise prescription tool developed by Exercise is Medicine Canada with the participation of the CFPC.

S136737 **Taking Off Our Armour: How the DUDES Club changed men's health in British Columbia**
13:45–14:45 Paul Gross, MDCM, CCFP, Vancouver, BC; Henry Charles; Sandy Lambert; Lyana Patrick
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. explain the DUDES Club's innovative approach to community-based men's health
2. participate in a dialogue about evolving perspectives on masculinity, especially as it applies to Indigenous men

Description:
Indigenous men are at greater risk for depression and suicide and suffer a disproportionate burden of other mental health issues compared with the general population. Factors affecting Canadian Indigenous men's mental health, including access to service, social supports, and effectiveness of available services, remain poorly understood. Established in 2010 at the Vancouver Native Health Society, the DUDES Club represents a paradigm shift in health care services where marginalized and/or vulnerable men can proactively address their health needs in a non-threatening, inclusive environment. The three pillars of the DUDES Club model are to: 1) build brotherhood and solidarity between members of the group; 2) promote men's health through education, dialogue, and men's health screening clinics; and 3) enable men to regain a sense of pride and fulfillment in their life. With grant support from the Movember Foundation, the Vancouver DUDES Club has been rigorously evaluated and extended to three pilot sites in Northern British Columbia: Prince George, Smithers, and Moricetown (a First Nations community). This session will review the history and development of the Vancouver DUDES Club. Particular attention will be given to the importance of the medicine wheel approach in addressing Indigenous men's health issues. Salient findings will be presented from the 3-year research project, which employed a mixed-methods approach to program evaluation. Participants will learn the key strengths and challenges of this community-based model. A short documentary will be presented that helps highlight the impact of this model for DUDES Club members. Finally, session leaders will facilitate a discussion on how this model can be adapted to the unique social and cultural contexts of different communities. This session will be valuable for those seeking insight into novel community-based approaches to care, and particularly for physicians working with urban Indigenous populations and other marginalized groups.

S136767 **Statins for Elderly Patients: Good or bad? A review of the guidelines and evidence**
13:45–14:45 Michelle Hart, MD, CCFP (COE), MScCH, Toronto, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. review the current statin guidelines and how they apply to elderly patients
2. review the evidence for statin use in the elderly
3. review the safety and benefits of discontinuing statins in patients with advanced illness/limited prognoses

Description:
The incidence of cardiovascular disease is high among the elderly. More than 80% of men and women older than 75 have cardiovascular disease, in which the consequences include high rates of long-term disability and mortality. Prevention of cardiovascular disease in the elderly is therefore important, and this raises questions around the efficacy of statins in the elderly. The use of statins in clinical practice has been associated with high rates of side effects and intolerance. Recent studies have also highlighted concerns around the safety of intensive statin therapy in older patients with coronary artery disease, and questions around efficacy in this population. In addition, adverse cognitive effects have also been described. This underscores the importance to carefully review the evidence around statin use in the elderly, balancing the benefits versus the risks. This session will review current statin guidelines and how they apply to elderly patients, the evidence for statin use in the elderly, and challenges in identifying when might be the appropriate time to discontinue statins in elderly patients, especially in those with limited prognoses.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S137088 **Making a Smooth Transition Into Practice: Pitfalls and pearls from our newly working colleagues**
13:45–14:45 Kyle MacDonald, MD, Regina, SK; Jemy Joseph, MD

All teachers welcome.
Highlights novice concepts for clinical preceptors.

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. successfully transition into practice after residency
2. learn common errors of new physicians and how to overcome them
3. get advice on things they wish they had known when they started

Description:
Learn from the experts as newly graduated physicians discuss their experiences in their first 5 years of practice, common problems and pitfalls, and things they wish they had known when starting out! After a quick presentation of who the panel is and their experiences, a question-and-answer session will follow.

S132052 **Motivational Interviewing to Support Opioid Tapering**
13:45–14:45 Lori Montgomery, MD, CCFP, Calgary, AB; Todd Hill, PhD, Rpsych

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. use basic motivational skills to introduce the idea of an opioid taper
2. practise motivational skills in helping a patient create a tapering plan
3. troubleshoot potential barriers to an opioid taper

Description:
We are all accustomed to hearing calls for caution when prescribing opioids, but what do you do when you inherit a patient who is on high doses of opioids, or a patient whom you believe opioids have ceased to help? The prescription pad is sometimes the least important tool for helping these patients. This experiential workshop will outline motivational interviewing (MI) and other clinical tools that are useful in helping patients make changes in the ways they use opioids. Participants will have an opportunity to practise MI skills and to craft a plan for an opioid taper.

S133033 **How to Prescribe 12-Step Meetings to Your Patients**
13:45–14:45 Michael O'Malley, MD, CCFP, FCFP, Prince George, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe AA-related benefits based on a review of evidence-based research
2. experience an open 12-step meeting
3. prescribe 12-step programs to patients

Description:
Addiction is a serious and chronic disorder that can be treated successfully over extended periods in a large percentage of people. The value of 12-step meetings, especially Alcoholics Anonymous (AA), as mainstays in addiction-recovery programming has been consistently demonstrated by empirical research. With more than 2 million members worldwide, AA has experienced widespread adoption since its inception in 1935. Physicians are influential in motivating their patients to follow prescribed treatment programs. A portion of this symposium offers an opportunity to attend an authentic Alcoholics Anonymous (AA) meeting. Experienced volunteers will conduct an open meeting allowing non-alcoholic participants to observe a 12-step meeting first hand. Before the AA meeting symposium, participants will be introduced to the main ingredients of 12-step participation including attendance, sponsorship, working the steps, social support, and service work. Debriefing after the meeting will include a discussion of AA's active elements, including spirituality and cognitive shifts. The positive correlation between AA-related actions and the degree to which patients remain abstinent will be emphasized.

S136760 **Pneumothorax Management in the Emergency Department**
14:15–14:45 John Foote, MD, CCFP (EM), Toronto, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. become aware of the current evidence about the treatment of pneumothoraces
2. learn an approach to the evaluation of a pneumothorax on chest X-ray
3. become aware of the follow-up implications for patients after pneumothorax treatment

Description:
Pneumothorax is a common problem in the emergency department. The treatment of this problem has become less invasive in recent years, with evidence of good outcomes with limited intervention. The participant will become familiar with assessing pneumothorax on chest X-ray. The participant will be made aware of the choice of treatments for different pneumothorax presentations. The follow-up plan and discharge instructions for pneumothorax patients will be reviewed.

LEGEND / *LÉGENDE*

Simultaneous interpretation / *Interprétation simultanée*

S136751 **The Art of the Possible: Interdisciplinary, collaborative primary maternity care in British Columbia**
15:00–16:00 Christina Kay, MD, MSc, CCFP, FRCPC, Vancouver, BC; Lee Yeates, RM; Kim Williams, RN, MSN

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe two models of interdisciplinary, collaborative primary maternity care
2. explain its benefits for women, providers, and communities
3. explore hot topics in interdisciplinary collaboration and learn key factors for success

Description:
In recent years, interprofessional collaborative maternity care has been proposed as a good way to improve the access, quality, and sustainability of maternity care for Canadian women, particularly in rural and remote areas and for those with complex social needs. Despite national, provincial, and local strategies to promote this model of care, establishing and then sustaining a community-based collaborative primary maternity care practice remains a significant challenge. However, a number of providers are overcoming the barriers and there are innovative practices in several communities across British Columbia. This qualitative research project involved detailed, semi-structured interviews with providers and administrators at a sample of these practices. The results suggest that leadership, good administration, and innovative funding strategies, among other factors, are key for success. Drawing on our research and experience, and using appreciative inquiry, we will facilitate a session where participants engage in collective learning about innovative models of interprofessional, collaborative maternity care. Learn about "the art of the possible."

S132034 **Weeding Through the Evidence from the Medical Marijuana Landscape**
15:00–16:00 Lisa Graves, MD, CCFP, FCFP, Ancaster, ON; Sharon Cirone, MD, CCFP; Ruth Dubin, MD, PhD, FCFP, DAAPM, DCAPM; Roxanne McKnight, MD, CCFP; Launette Rieb, MD, CCFP; Mel Kahan, MD, CCFP, FCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. identify the evidence for the use of cannabinoids including edibles in the treatment of medical conditions
2. determine key factors in the diagnosis of neuropathic pain and in the decision to prescribe cannabis
3. plan to use the guidance document to support clinical decision-making including indications, contraindications and dosing

Description:
This workshop continues from last year's well-attended "Reefer Madness from Cradle to Grave." During this case-based presentation, participants will use the Preliminary Guidance document to guide clinical decision-making for authorizing cannabis use in chronic pain, particularly neuropathic pain. With the emergence of edible cannabinoid products, this workshop will also address the evidence and risks associated with edibles. Specific attention will be paid to children, youth, pregnant and breastfeeding women, and individuals with co-morbid mental health issues.

S134100 **Mixing and Matching: Layering medications as family physicians**
15:00–16:00 Jon Davine, MD, CCFP, FRCPC, Hamilton, ON

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. describe psychopharmacological augmenting techniques when dealing with partial responses to antidepressants
2. describe the use of different combinations of hypnotics to treat insomnia
3. describe using different combinations of drugs when treating anxiety disorders

Description:
Often, psychopharmacologic treatment of psychiatric conditions involves combining medications in an appropriate manner. In this workshop, we will discuss a number of scenarios where this occurs. This will include augmenting a partial response to antidepressants, dealing with treatment-resistant depression, treating acute manic conditions, dealing with insomnia, dealing with anxiety disorders, and treating schizoaffective disorder. Participants will be encouraged to bring up some of their own cases where issues of "layering" occurred.

S136453 **Adverse Childhood Experiences and the Health of Adolescents: Can the past predict the future?**
15:00–16:00 Yasmine Ratnani, MD, Montreal, QC; Yves Lambert, MD, MCFP

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. examine the association between adverse childhood experiences (ACEs) and health outcomes of vulnerable and mainstream teenagers
2. apply the assessment of ACEs in a comprehensive medical evaluation of youths and in establishing care/services priorities
3. use the ACEs assessment as a working tool in a multidisciplinary approach

Description:
Over the past two decades, numerous studies in adults have shown a correlation between adverse childhood experiences (ACEs) and unfavourable health outcomes, including mental health issues, substance abuse, suicides attempts, high-risk sexual behaviours, chronic diseases, and premature death. More recently, growing evidence has suggested the detrimental impacts of ACEs might be apparent as early as the teenage years. Youths under the welfare protection system represent a special group because many of them have a traumatic personal

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Simultaneous interpretation / *Interprétation simultanée*

trajectory while cumulating family-related risk factors. When caring for this vulnerable population, physicians might feel overwhelmed by the number of youths presenting with health problems and the amount of health needs/problems some teens have. Trying to establish priorities, for mainstream adolescents as well as for vulnerable youths, might be a great challenge, especially in our context of limited funds and resources. Our argument is based on two studies: 1) A cross-sectional health evaluation study of youths in custodial facilities across the province of Quebec was conducted from 2011 to 2013, using descriptive data, which showed that among the 315 teenagers surveyed, some had greater health needs and problems. Inspired by the ACE Study from Drs Vincent Felitti and Robert Anda in the United States, we examined the association between a selection of ACEs and the health outcomes of these youths. 2) A cross-sectional study was conducted in 2012 among a representative sample of 8,194 youths in schools, addressing such topics as interpersonal violence and health. Through this session, we will explore the findings of these studies and apply an ACEs assessment to a comprehensive medical evaluation of at-risk teenagers and mainstream adolescents. Some crucial elements might act as a screening tool for physicians working with adolescents. With very few questions, the ACEs evaluation might help identify the most vulnerable teenagers for whom care and services should be intensified. Furthermore, we will examine how the ACEs assessment can become a common multidisciplinary working tool for physicians and other professionals.

S136533 **Neurology for Docs Who Hate Neurology: Office history and exam tricks for family physicians**
15:00–16:00 Tahmeena Ali, MD, Surrey, BC

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. list three important components of eliciting a neurologic history
2. learn how to tailor an abbreviated neuro exam for the chief complaint
3. acquire increased confidence in how to approach common neurological complaints in a family physician's office

Description:
As a medical student, a neurology preceptor tried to drill into me the importance of "localizing the lesion." Instead of helping me learn how the clinical neurological exam can help in diagnosis, it fostered a love/hate (okay, mostly hate) relationship with neurology and a desperate wish for the advent of a pocket MRI to save me the trouble of remembering what an upper motor lesion was versus a lower motor one. Years later, after stumbling into a job working with patients who have brain injuries, I have come to realize the utility of a targeted neurological history and physical. Even better, I use these skills in my regular family practice appointments. Now I can confidently assess the neurological symptoms my patients often present with, and more often than not reassure my patients without the aid of any head imaging! I want to share these practical tips and tricks with fellow family physicians so that the next time you see a patient in your office with blurry vision, numbness, and weakness, it's no longer seen as a source of dread but as manageable and approachable as a cough or tummy pain. And you'll no longer order an automatic MRI head and neurology referral.

S136574 **Brand Versus Generic: Are they always equivalent?**
15:00–16:00 Vishal Bhella, MD, CCFP, Calgary, AB; Divya Garg; Joe Tabler

Learning Objectives:
1. explain the requirements for approval of generic drugs
2. identify examples where brand and generic formulations differ clinically
3. recognize changes in dispensed drug formulations that influence clinical response

Description:
Prescriptions are commonly filled using generic drugs, with estimates indicating nearly half of prescriptions in Canada are dispensed in generic form. The approval processes for generics dictate that they should be bioequivalent to the original brand version. However, there are instances where there can be clinical differences between brand and generic formulations of a medication. This lecture-based presentation will provide an overview of the approval principles for generic drugs in Canada and discuss some examples of common medications where the literature and regulatory bodies suggest there is a clinical difference between different formulations.

S136575 **The Occasional HIV+ Patient: Clinical pearls for primary care providers**
15:00–16:00 James Owen, MD, CCFP, Toronto, ON; Kelly Anderson, MD

Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. diagnose and perform the initial workup of an HIV+ patient
2. monitor and manage stable HIV infection independently
3. manage common co-morbidities and preventive care needs for HIV+ patients independently

Description:
HIV is an increasingly common diagnosis in both rural and urban family practice, but access to specialist HIV care is limited in many region. As skilled managers of common chronic conditions such as diabetes and cardiovascular disease, primary care providers have many of the necessary skills to independently manage stable HIV infection. This interactive, case-based workshop, targeted at the generalist primary care provider, aims to improve your capacity to diagnose and care for the occasional HIV+ patient. We will highlight the basic workup and management of HIV infection, review red flags for the "sicker" patient who may require additional specialist support, and discuss how to appropriately counsel patients and their partners about chronic HIV infection. We will also explore common preventive care recommendations for HIV+ patients, including cancer screening, immunizations, and the management of cardiovascular risk factors.

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Simultaneous interpretation / *Interprétation simultanée*

S136636 **Bloody Hell: Pre-, peri-, and post-menopausal abnormal uterine bleeding**
15:00–16:00 Christiane Kuntz, MD, CCFP, FCFP, NCMP, Ottawa, ON
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. define abnormal uterine bleeding (AUB) in pre-, peri-, and post-menopausal women and explore the etiology and pathophysiology of AUB
2. review assessment tools for AUB and discuss treatment options
3. apply learning pearls through a review of cases

Description:
This session will begin by defining abnormal uterine bleeding (AUB) in pre-, peri-, and post-menopausal women. The etiology of the condition will be explored at various stages of a woman's reproductive life as well as in the post-menopausal time period . The pathophysiology of abnormal uterine bleeding will be outlined. Useful assessment tools will be examined. This will be followed by a discussion of treatment options. Learning pearls will be applied through a review of clinical cases.

S136764 **The Do's and Don'ts of Advance Care Planning**
15:00–16:00 Irene Ying, MD, MHSc, CCFP (PC), Toronto, ON; Ginah Kim, MD
Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. differentiate between ACP, advance directives, living wills, and goals of care
2. recognize common pitfalls in ACP conversations
3. outline an approach to engaging in ACP in the family physician's office and introduce available tools and resources

Description:
Advance care planning (ACP) is a process of discussing, reflecting on, and planning for future medical care in the event an individual becomes unable to communicate and consent to treatment. It is an iterative process that involves identifying a substitute decision-maker and discussing a patient's wishes, values, and beliefs in relation to future health care needs. ACP is a process that can be feasibly accomplished in the family physician's office, and should be distinguished from advance directives, living wills, and goals of care discussions. The positive outcomes of ACP have been consistently demonstrated, including improved patient and family satisfaction with end-of-life care, less aggressive treatments near the end of life, decreased hospital and ICU admissions, and reduced costs to the health care system. There are several perceived barriers to engaging in ACP in the family physician's office, including a lack of skill and comfort in initiating this process; perceived lack of time to address these conversations; fear of removing hope; and, in many jurisdictions, lack of physician compensation for this activity. On the other hand, family physicians are well-positioned to initiate ACP discussions given the continuity of care and relationship with the patient and family. During this workshop, using various reflective exercises, we will review common misconceptions and pitfalls with respect to ACP conversations. We will also present a simple stepwise process to ACP that involves: 1) identifying the patient's substitute decision-maker (SDM), 2) ensuring the provided SDM aligns with the legal hierarchy; 3) discussing and documenting the patient's wishes, values, and beliefs, and 4) ensuring the patient has discussed their wishes with their SDM and loved ones. By carrying out these steps over multiple visits, normalizing the conversation, and building ACP in systematically, many of the barriers to engaging in ACP can be easily overcome.

S136791 **Becoming a Resident: It's not as bad as you think!**
15:00–16:00 Mainpro+ Group Learning certified credits = 1

Learning Objectives:
1. prepare for transitioning from being a medical student to a family medicine resident
2. use other residents' tips and recommendations on CaRMS, financial concerns, and self-wellness to begin planning for residency
3. discover answers to questions about being a new resident in family medicine

Description:
It seems like only yesterday you were accepted into medical school. But when should you start thinking about residency? Whether you are in your first or your last year of medical school, it's not too early to start planning for the transition. This session for medical students will present some tips and recommendations to help with preparing for residency. It will touch on the many steps along this natural continuum, including preparing for electives; getting ready for CaRMS; selecting a family medicine residency program; and dealing with financial concerns, lifestyle issues, and adjusting to your new role of being a doctor. This session is presented by a current resident and a recent graduate in family medicine, with participation from the Section of Medical Students and the Section of Residents of the CFPC.

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