FMF

Family Medicine Forum
Forum en médecine familiale

2020

PROGRAM | PROGRAMME

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA | LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

NOV 4 TO 7 | DU 4 AU 7 NOV.

CONNECT. LEARN. EVOLVE. | RÉSEAUTER. APPRENDRE. SE PERFECTIONNER.

fmf.cfpc.ca | familymedicineforum | @familymedforum | FamilyMedForum

Welcome to FMF 2020!

The College of Family Physicians of Canada (CFPC)'s flagship event, Family Medicine Forum (FMF), is being held virtually for the first time, and the FMF Committee is excited to have you join us for this completely re-imagined virtual FMF experience!

The CFPC remains committed to providing you with the evidence-based continuing professional development (CPD) and networking opportunities that you have come to expect from FMF. We strive to incorporate a range of topics from as many areas of interest as possible to ensure you have a well-rounded learning experience.

The FMF Committee carefully reviews, discusses, and selects all sessions and workshops for FMF based on multiple criteria, including:

- Relevance and importance to a national audience of family physicians
- New and emerging topics and guidelines in family medicine
- Needs assessment, preferences, and other data collected from past FMF attendees
- Top-scoring sessions and high-ranking speaker evaluations, when available
- Clear and well-defined learning objectives and how these relate to the needs of our members
- Diversity, inclusion, and overall appeal to create a well-rounded portfolio of content

FMF Committee Members 2020–2021

Dr. Leslie Griffin
Co-chair and Nova Scotia Chapter Representative

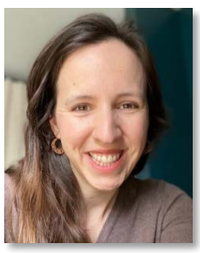
Dr. Stephen Hawrylyshyn
Co-chair and Ontario Chapter Representative

CHAPTER REPRESENTATIVES

Dr. Ganesan Abbu
Manitoba

Dr. Moulay Jbala
Quebec

Dr. Lana Barkhouse
Prince Edward Island



Dr. Amanda Tzenov
Newfoundland and Labrador

Dr. Katherine Bell
British Columbia/Rural Representative

Dr. Kiran Dhillon
Alberta/First Five Years in Family Practice

Dr. Jason Hosain
Saskatchewan

SECTION REPRESENTATIVES

Dr. Doug Archibald
Researchers

Katrina Leong
Medical Students

Dr. Benjamin Schiff
Member Interest Groups

Dr. Ian Scott
Teachers

Dr. Peter Zhang
Residents

2020 Virtual Daily Schedule – FMF November 4-7, 2020

We have four energizing days of networking, and educational and inspiring content for you to explore during our cutting-edge virtual conference. Canada's largest family medicine continuing professional development conference offers everything you have come to expect from FMF and more!

*All times are Eastern Standard Time (EST)

INTERACTIVE LIVE-STREAMING DAILY OVERVIEW

10:00 – 11:00	Keynote and breakout sessions
11:30 – 12:30	Breakout sessions
13:30 – 14:30	Breakout sessions
15:00 – 16:00	Breakout sessions

EXCITING FEATURE AREAS DAILY SCHEDULE

09:00 – 15:00	E-poster Gallery
09:00 – 16:00	Interactive Exhibit Hall
09:00 – 17:00	Networking areas
19:00 – 20:00	Special Events

*Draft schedule is subject to change

Stay tuned for more information!

New World. New Experience.

FMF 2020 Highlights

Educational Program – Offering more than 100 current clinical, teaching, research, and global topics all specifically targeted for family medicine.

E-poster Gallery – This trail-brazing virtual gallery will showcase the latest in clinical, teaching, and research posters.

Exhibit Hall – The high-tech exhibit hall will amaze and intrigue you with easy, clickable features such as interactive video, direct chat, and downloadable resources.

Networking – Connect and share ideas with your family medicine peers in an interactive, fun, and easy-to-use format.

Section of Researchers Awards Celebration – Wednesday, November 4th, 7:00 pm EST
Join your research colleagues as they celebrate the Section of Researchers' 25th Anniversary! Together lets honour those who have supported, shaped, and advanced the field of family medicine research. Everyone is welcome!

Celebrating Family Medicine Teaching Excellence Event – Thursday, November 5th, 7:00 pm EST
Join us for a fun and memorable event filled with music and entertainment, as you have come to expect from the Section of Teachers. We will acknowledge current and future family physicians and celebrate family medicine preceptors, teachers and educational leaders. Everyone welcome!

Awards Gala – Friday, November 6th, 7:00 pm EST
The CFPC and the Foundation for Advancing Family Medicine (FAFM) present a spectacular night featuring the game changers and leaders in family medicine! Everyone is welcome!

FMF Mentoring Program – Thursday, November 5th, 4:15 – 5:15 pm EST
Meet in small groups to discuss your top areas of interest with family medicine colleagues.

Annual Meeting of Members – Thursday, November 5th, 12:30 – 2:00 pm EST
Find out more about everything the CFPC is working on and have your chance to vote on important issues and initiatives.

Technical Support – Throughout FMF our virtual concierge services will be just a click away to help you navigate through sessions and events, to answer questions, and to ensure you have a seamless virtual conference experience!

Bienvenue au FMF 2020 !

L'événement phare du Collège des médecins de famille du Canada (CMFC), le Forum en médecine familiale (FMF), aura lieu virtuellement pour la première fois. Le Comité sur le FMF se réjouit de vous accueillir lors de ce congrès virtuel complètement réinventé !

Le CMFC demeure déterminé à vous offrir les occasions de réseautage et de développement professionnel continu (DPC) fondé sur les données probantes auxquelles vous avez toujours eu droit pendant le FMF. Nous tentons d'inclure une gamme de sujets qui touchent autant de domaines d'intérêt que possible pour vous garantir une expérience d'apprentissage de qualité.

Le Comité sur le FMF examine minutieusement chaque proposition, en discute et sélectionne les séances et ateliers de formation pour le FMF en fonction de divers critères, dont les suivants :

- Pertinence et importance pour un public national de médecins de famille
- Sujets émergents et nouvelles lignes directrices en médecine de famille
- Évaluation des besoins, préférences et autres données recueillies auprès de participants aux précédents FMF
- Séances aux scores les plus élevés et conférenciers ayant obtenu de bons résultats d'évaluation, lorsque ces renseignements sont disponibles
- Objectifs d'apprentissage clairs et bien définis qui répondent aux besoins de nos membres
- Diversité, inclusivité et attrait général pour créer une gamme de contenu bien équilibrée

Membre du Comité sur le FMF en 2020-2021

Dr Leslie Griffin
Coprésident et représentant de la section provinciale de la Nouvelle-Écosse

Dr Stephen Hawrylyshyn
Coprésident et représentant de la section provinciale de l'Ontario

REPRÉSENTANTS DES SECTIONS PROVINCIALES

Dr Ganesan Abbu
Manitoba

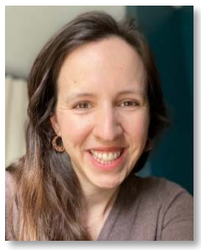
Dr Lana Barkhouse
Île-du-Prince-Édouard

Dr Katherine Bell
Colombie-Britannique/représentante de la médecine rurale

Dr Kiran Dhillon
Alberta/Cinq premières années de pratique de la médecine familiale

Dr Jason Hosain
Saskatchewan

Dr Moulay Jbala
Québec



Dr Amanda Tzenov
Terre-Neuve-et-Labrador

REPRÉSENTANTS DES SECTIONS SPÉCIALES

Dr Doug Archibald
Chercheurs

Katrina Leong
Étudiants en médecine

Dr Benjamin Schiff
Groupes d'intérêt des membres

Dr Ian Scott
Enseignants

Dr Peter Zhang
Résident

Horaire quotidien pour le FMF virtuel – Du 4 au 7 novembre 2020

Nous préparons quatre journées stimulantes de réseautage et de formation inspirante que vous pourrez explorer durant notre congrès virtuel d'avant-garde. Le plus grand congrès canadien de développement professionnel continu en médecine de famille vous offrira tout ce à quoi vous vous attendez du FMF et plus encore !

L'horaire présenté fait référence à l'heure normale de l'Est (HNE).

SURVOL DES SÉANCES INTERACTIVES DIFFUSÉES EN DIRECT

10 h – 11 h	Plénière et séances
11 h 30 – 12 h 30	Séances de formation
13 h 30 – 14 h 30	Séances de formation
15 h – 16 h	Séances de formation

HORAIRE QUOTIDIEN DE CERTAINS ÉLÉMENTS EMBALLANTS

9 h – 15 h	Galerie virtuelle d'affiches
9 h – 16 h	Hall d'exposition interactif
9 h – 17 h	Occasions de réseautage
19 h – 20 h	Événements spéciaux

L'horaire provisoire pourrait changer.

Restez à l'affût pour de plus amples renseignements !

Nouveau monde. Nouvelle expérience.

Les incontournables du FMF 2020

Programme éducatif : Nous offrons plus de 100 séances de formation sur les soins cliniques, l'enseignement, la recherche et la santé mondiale, le tout conçu spécialement sur la médecine de famille.

Galerie virtuelle d'affiches : Cette innovante galerie virtuelle exposera les plus récentes affiches sur les soins cliniques, l'enseignement et la recherche.

Hall d'exposition : Le hall d'exposition de haute technologie saura vous épater et piquer votre curiosité. Il sera muni de fonctions simples et cliquables telles que des vidéos interactives, du clavardage en direct et des ressources à télécharger.

Réseautage : Renouez et échangez des idées avec vos pairs en médecine de famille dans un espace interactif, amusant et facile à naviguer.

Célébration des prix de la Section des chercheurs : Mercredi 4 novembre, à 19 h (HNE)

Célébrez le 25e anniversaire de la Section des chercheurs en compagnie de vos collègues en recherche ! Ensemble, rendons hommage à ceux et celles qui ont soutenu, influencé et fait progresser le domaine de la recherche en médecine de famille. Tout le monde est bienvenu !

Célébration de l'excellence en enseignement de la médecine de famille : Jeudi 5 novembre, à 19 h (HNE)

Soyez des nôtres pour un événement des plus agréables et mémorables de la Section des enseignants, avec musique et divertissements, à la hauteur de vos attentes ! Nous soulignerons le travail de médecins de famille et de la relève, et nous rendrons hommage aux superviseurs, enseignants et leaders pédagogiques en médecine de famille. Tout le monde est bienvenu !

Gala de remise des prix : Vendredi 6 novembre, à 19 h (HNE)

Le CMFC et la Fondation pour l'avancement de la médecine familiale (FAMF) présentent une soirée spectaculaire mettant à l'honneur les artisans du changement et les leaders en médecine de famille ! Tout le monde est bienvenu !

Programme de mentorat du FMF : Jeudi 5 novembre, de 16 h 15 à 17 h 15 (HNE)

Rassemblez-vous en petits groupes entre collègues en médecine de famille pour discuter de vos principaux intérêts.

Assemblée annuelle des membres : Jeudi 5 novembre, de 12 h 30 à 14 h (HNE)

Découvrez tout ce qu'il y a à savoir sur les activités du CMFC et profitez de cette occasion de voter sur d'importants enjeux et initiatives.

Soutien technique : Tout au long du FMF, notre service de conciergerie virtuelle sera à votre disposition en un clic pour vous aider à naviguer entre les séances et les événements, répondre à vos questions et veiller à ce que votre expérience lors du congrès virtuel se passe sans aucun souci !

Session Topics Summary / Résumé des sujets de séance

1. **2020 Adult Obesity Clinical Practice Guidelines: What's new?**
2. **2020 and Beyond: The future of contraception/STIs**
3. **2020: The Year of Practising Dangerously**
4. **2020 Update on Diabetes Canada Guidelines**
5. **A Picture Can Say 1,000 Words: Pediatric rashes**
6. **Applying a Palliative Approach in an Academic Family Health Team**
7. **Applying SPIDER for Geriatric Patients Deprescribing in Toronto**
8. **Approach to PTSD in Primary Care**
9. **Artificial Intelligence and Family Medicine: Opportunities and challenges**
10. **Assessment Foundations 1: Principles for assessing learners**
11. **Assessment Foundations 2: Assessment principles in programmatic assessment**
12. **B and S of Medicine: Physician burnout, stress, and suicidality**
13. **Bite-Sized Learning: Teaching your curriculum through podcasts**
14. **Cancer Screening Outside Organized Programs**
15. **CaRMS and Electives**
16. **CFPC's Professional Learning Plan (PLP): A practical demonstration**
17. **Change Management in Family Medicine Education**
18. **Chunk and Cluster: Teaching multi-morbidity in family medicine**
19. **Comparing Field Notes Written by Episodic Versus Continuous Supervisors**
20. **Coordinating Care in the Patient's Medical Neighbourhood**
21. **COPD Management 2020: Has anything changed?**

22. **Cross-Case Analysis of Interprofessional Team-Based Care for COPD**
23. **Decision-Making Capacity Assessment Level 1**
24. **Deprescribing Considerations in Older Adults with Diabetes**
25. **Dermatopathologie et médecine familiale : guide pratique**
26. **Designing Competency Committees That Can Make Defensible Decisions**
27. **ECGs for Family Docs: A comprehensive review**
28. **Ethics Education Amid a New Horizon of Family Medicine**
29. **Evaluating an Integrated Ethics Curriculum: Process and outcomes**
30. **Evidence-Based ADHD Assessment and Management in Primary Care**
31. **Experiential Approaches to the Patient-Centred Clinical Method**
32. **Extraordinary Times Call for Extraordinary People: Going above and beyond as a physician, more than a sense of duty, a true calling**
33. **Fire Up Your Presentations: From great to outstanding**
34. **First Five Years: Essential snappers for early career**
35. **Genitourinary Syndrome of Menopause (GSM) AKA Vulvovaginal Atrophy**
36. **Guide de rétroaction en observation directe : nouvel outil**
37. **Having it All: Achieving balance for family physicians**
38. **Health Checks: Adults with intellectual and developmental disabilities**
39. **HIV Prevention 2020 for Primary Care Providers**
40. **How Should Evidence Change Practice: Choice, policy or crisis?**
41. **Integrating Patient Safety Teaching Into a Busy Clinic**
42. **Introduction to Program Evaluation for Academic Family Physicians**
43. **Jeopardy Pick-N-Learn (PEER/CFPC): Rapid answers for chronic pain**
44. **KidneyWise Update: Primary care essentials for managing CKD**

45. **LEAP Online**
46. **Managing ADHD in Adults in Your Office**
47. **Managing Tensions in the Health Advocacy Role**
48. **Menopause and Sex: Is that all there is?**
49. **Mood Disorders: Comprehensive and realistic strategies for primary care physicians**
50. **New Strategies and Moving Targets in Heart Failure Care**
51. **Opioid Prescribing Patterns Before and After the 2017 Guideline**
52. **Opioids: The big picture**
53. **Pearls and Pitfalls of Topical Steroid Therapy**
54. **PEER Jeopardy: U-Pick clinical questions and quick answers**
55. **PEER: What's new, what's true, and what's poo**
56. **Perinatal Mental Illness in Primary Care**
57. **Physician Wellness for Family Physicians: Evidence-based strategies**
58. **Physicians, Heal Thyselves: Responding to workplace-related grief**
59. **Practical Interventions for Social Determinants and Health Inequities**
60. **Practical Tips for Managing Behavioural Problems in Dementia**
61. **Practice Intentions and Choices: Alignment or misalignment?**
62. **Practising Structured Feedback for Clinician Teachers Through Simulation**
63. **Practising Under the Influence: Family physicians and the health care/pharmaceutical industry**
64. **Practising Wisely: Reducing unnecessary testing and treatment**
65. **Presentation by the Family Medicine Researcher of the Year**
66. **Presentation by the Recipient of the CFP Best Original Research Article**

67. **Presentation by the Recipient of the CFPC Outstanding Family Medicine Research Article**

68. **Presentation by the Recipient of the Research Award for Family Medicine Residents (1)**

69. **Presentation by the Recipient of the Research Award for Family Medicine Residents (2)**

70. **Primary Care Access on Select Saskatchewan First Nations**

71. **Primary Care and Adjuvant Breast Cancer Chemotherapy**

72. **Putting it Into Practice: Recent evidence and strategies for protecting patients against MenB (Ancillary Session)**

73. **Recent Recommendations: Guideline updates from 2019 and 2020**

74. **Red-Eye Simple Approach: Evidence, pearls, medico-legal pitfalls**

75. **Review of Choosing Wisely Canada Addiction Medicine Recommendations**

76. **Role of Family Medicine During the COVID-19 Pandemic**

77. **Rourke Baby Record: What's new in 2020**

78. **Setting the Facts Straight Around Triple Therapy in COPD (Ancillary Session)**

79. **Simplification of Diabetes Pharmacotherapy: So many medications, such little time**

80. **Social Medicine: Co-design and data**

81. **Teachers Helping Teachers: Peer observation of teaching**

82. **Telehealth/Virtual Care Best Practices**

83. **Ten-Minute CBT: No-BS techniques for real doctors**

84. **The Case for Practice Facilitation: Evidence for action**

85. **The High-Performing Learner in Medical Education**

86. **The Patient's Medical Home: Peaches and pits**

87. **Thrombosis for Family Physicians: Case-based approach**

88. **Top Five Articles in Hospital Medicine**
89. **Top 10 Things Family Physicans Should Know About Cancer**
90. **Transitioning to Practice 101**
91. **Trends in Resident Perspectives of CBME Programmatic Assessment**
92. **Up and Coming: Male sexual health 2020**
93. **Using Antibiotics Wisely: Improving primary care antimicrobial stewardship**
94. **Using Patient-Reported Outcomes in Your Clinical Practice**
95. **Using the New CanMEDS-FM Indigenous Health Supplement**
96. **Verbatim Theatre: Theatre for health communication**
97. **Virtual Care: How to jump in**
98. **What's New in Chronic Migraine?**
99. **What's New in Newborn Care 2020?**
100. **What's Up, Doc? Systemic denial of family doctor burnout**

Abstract ID: 335

2020 Adult Obesity Clinical Practice Guidelines: What's new?

Denise Campbell-Scherer, MD, PhD, CCFP, FCFP; Sean Wharton, MD, PharmD, FRCP(C); David C. W. Lau, MD, PhD, FRCPC

Learning objectives:

1. Identify obesity as a chronic disease
2. Perform obesity assessments that identify root causes and care priorities through a collaborative clinical approach
3. Review and select therapeutic approaches to help patients develop personalized plans

Description:

Obesity is a prevalent, complex, progressive, and relapsing chronic disease characterized by abnormal or excessive body fat (adiposity) that impairs health. It is a highly stigmatized disease associated with increased morbidity and premature mortality. Since obesity is a heterogenous disease, there cannot be a one-size-fits-all treatment or strategy for all patients living with obesity. Obesity management strategies need to move beyond the stereotype of “eat less, move more,” and, instead, address the root drivers of obesity. Canadians with obesity should have access to evidence-informed interventions; these include medical nutrition therapy, physical activity therapy, psychological and behavioral therapy, pharmacotherapies and where appropriate, surgery. New interdisciplinary approaches to the treatment of obesity and adiposity are changing how patients receive care and increasing options for people wishing to manage their disease. The Obesity Clinical Practice Guidelines (CPGs) aim to support the clinical practice of family physicians and primary care, interdisciplinary, clinical team members, and promote shared clinical decision-making that is ethical, evidence-informed and patient-centred. The Obesity CPGs were developed by over 60 experts involved in clinical practice and research in the field of obesity medicine, and people living with overweight and obesity. The authors represent a diverse group, including family physicians, surgeons, specialists, researchers, occupational therapists, psychologists, registered dietitians, exercise specialists, and, importantly, members of Canada's Indigenous population and patients. The final document includes the executive summary, 83 recommendations and 19 chapters and address a broad range of topics not previously included, including weight bias and stigma, emerging technology and obesity, commercial-based programs and activities of daily living for individuals with obesity. Goals of the guidelines are to: develop standards of care by guiding the development of core competencies; inform education, future research, policies and strategies; empower persons living with obesity to advocate for respectful and evidence-based care.

Abstract ID: 166

2020 and Beyond: The future of contraception/STIs

Charlie B. Guiang, MD, CCFP, FCFP; Hannah Feiner, MD, CCFP

Learning objectives:

1. Organize and explore relevant contemporary topics on contraception and STIs for 2020
2. Identify STI testing used in primary care and recognize the utility of STI self-testing
3. Compare different contraception/STI web-based resources/apps, for both provider and patient, and determine their utility

Description:

Sexual health, especially contraception and STIs, can change quickly with the times! From new contraceptive options that are highly acceptable to patients, to new STI resistance patterns and ways of testing, keeping up to date is essential in clinical practice. This presentation is intended for primary care providers involved in STI and contraceptive care (including family physicians, allied health care, residents, and medical students). Knowledge surrounding basic contraceptive care and STI concepts is expected. Building on previous contraception/STI talks at FMF and incorporating many years of feedback, we will review some hot topics in this field from the present, with a nod to the future, by summarizing: what's relevant and now in contraception/STIs, and the evidence/recommendations around STI testing (including self-testing). New this year is a section for web-based resources and apps (for the primary care provider and patients) that will help keep everyone current...and we will even rate them for you! What remains the same is the amount of fair interactive content, allowing audience to ask questions around contraception and STIs that are relevant for day-to-day practice.

Abstract ID: 397

2020: The Year of Practising Dangerously

Iona Heath, MD

Learning objectives:

1. Assess the heightened dangers of primary care practice during a pandemic
2. Identify the risks and benefits of diagnosing patients remotely
3. Explore the challenges to family practice based on the changes that COVID-19 has presented to the profession

Description:

None of us will ever forget the year 2020 during which everyone involved in the delivery of health care has faced unprecedented challenges accompanied by severe physical and emotional stress. Everyone will have experienced at least a degree of fear for their own physical safety and about the possibility of infecting their families and other loved ones. Too many will have lost colleagues, relatives and friends. There has been the horrible insecurity of tackling a new and devastating disease without adequate knowledge or experience, compounded by the emotional toll of record death rates. Against this background, this presentation will explore the heightened dangers of primary care practice in 2020, including the considerable difficulties involved in making an accurate diagnosis by telephone or other remote consultation, and will also touch on some of the incidental benefits that we might wish to take into the future.

Abstract ID: 281

2020 Update on Diabetes Canada Guidelines

James Kim, MBBCh, PgDip; Lori Berard, RN, CDE;
Akshay Jain, MD, FRCPC, FACE, CCD, ECNU, DABIM, DABOM; Kevin Saunders, MD, CCFP

Learning objectives:

1. Identify the key changes in Diabetes Canada guideline updates
2. Integrate these changes in day-to-day diabetes management in primary car
3. Explore the practical tools and online resources to aid in-office diabetes management in Primary Care

Description:

With numerous groundbreaking data being released across the world in managing diabetes, waiting every four years for Diabetes Canada to update its own guideline is no longer feasible. Starting 2020, Diabetes Canada has decided to annually update parts of the guidelines which are changing constantly, to provide the primary care providers with an updated, scientific approach to managing diabetes. As part of Primary Care Interest Group within Diabetes Canada, this session will be used to provide the updates on the new guidelines, changes from previous editions and most importantly, how they can be integrated in our day-to-day management of diabetes. We will explore some of the practical tools and online resources which can aid the office visits in patients with diabetes.

Abstract ID: 370

A Picture Can Say 1,000 Words: Pediatric rashes

Mary Johnston, MD, CFPC (EM), MClSc, FCFP

Learning objectives:

1. Identify common rashes seen in children and adolescents
2. Review differential diagnosis to be considered for every patient
3. Determine disposition highlights for each

Description:

Rashes in children are common but can be difficult to diagnose. With the use of pictures, common rashes and skin presentations will be highlighted. Participants will learn to differentiate the less common and concerning rashes from those that are not. At the end of the workshop, participants with have an approach to ensure serious rashes are not missed.

Abstract ID: 404

Applying a Palliative Approach in an Academic Family Health Team

Erin Gallagher* MD, CCFP (PC), MPH; Michelle Howard, MSc, PhD; Abe Hafid, MPH; Samantha Winemaker, MD, CCFP (PC); Nicolle Howard, RN (EC), NP-PHC, CHPCN(C), BScN; Daniel Carter Ramirez, PhD, MD, CCFP (PC), FCFP; Kaitlyn Bose, MD, CCFP; Amanda MacLennan, RN, CON(C), CHPCN(C), MSc

Learning objectives:

1. Operationalize a measure of a palliative approach in a FHT setting
2. Describe the provision of a palliative approach to patients during the last year of life

Description:

Background: Family physicians provide most care for people in the community approaching end of life. We currently do not know the extent to which a palliative approach is applied in family practice. The objective of this study was to operationalize a measure of and describe provision of a palliative approach to patients during the last year of life. **Methods:** Retrospective descriptive study of patients of an inter-professional Family Health Team who died in 2017. We integrated two published conceptual models of a palliative approach (e.g. early recognition, whole-person care, mortality acknowledgment) to create a data collection form to capture indicators of a palliative approach. We also assessed a global rating of whether a palliative approach was provided. Two physicians with expertise in family medicine and palliative care reviewed a random sample of 100 of the 192 decedents. **Results:** 79 patients who had a non-sudden death and were not living in a nursing home most of the last year were included. Cancer and cardiac diseases were the top conditions responsible for death. One-quarter of patients were assessed as having received a palliative approach. Distinguishing features of a palliative approach versus not, included addressing more topics about prognosis and end-of-life planning (mean 5.3 versus 1.1 topics), more symptoms addressed including emotional/psycho-social (mean 3.2 versus 1.7), greater involvement of nursing (70% versus 36%), more (5+) phone-call check-ins (75% versus 32%) and more acknowledgement of caregiver concerns (90% versus 43%). **Conclusions:** This study identified measurable indicators of a palliative approach in family practice.

Abstract ID: 426

Applying SPIDER for Geriatric Patients Deprescribing in Toronto

Michelle Greiver*, MD, MSc, CCFP, FCFP; Patricia O'Brien, RN, MScCH; Christina Southey, MSc; Jianmin Wang, MBBS, BHS

Learning objectives:

1. Recognize the importance of safer deprescribing for complex geriatric patients
2. Reflect on contextually appropriate improvement strategies concerning medication appropriateness

Description:

Objective: To present preliminary results of the feasibility study (Toronto site) of a Structured Process Informed by Data, Evidence and Research (SPIDER), aiming at improving safe

deprescribing for complex geriatric patients. **Design:** Single-arm mixed methods feasibility study followed by a 2-arm (Intervention vs Usual Care) pragmatic cluster randomized controlled trial. **Setting:** Primary care practices in seven Practice-Based Research Networks across Canada. **Participants:** 1) Family physician led multidisciplinary practice teams; and 2) Active geriatric patients 65+ years prescribed 10+ different medications identified by participating physicians' EMR. **Intervention:** Three key elements: 1) QI Learning Collaboratives; 2) Practice coaching/facilitation; and 3) Validated EMR data. **Main outcome measures:** 1) Absolute reduction in potentially inappropriate prescriptions (PIPs) prevalence per patients; 2) Absolute reduction in percentage of patients with at least one PIP. **Results:** In Toronto, 33 physicians and 24 allied health professionals from ten family medicine practices and one community health centre participated. Participants had lower rates of PIPs than non-participating practices in our EMR database. Following the intervention, the absolute reductions in PIP prevalence per patient was 3.6% (p=.4), and the absolute reduction in percentage of patients with at least 1 PIP was 1.4% (p=.5). All practices accessed coaching support, reflecting high levels of engagement. Teams were given flexibility in developing contextually appropriate deprescribing strategies and action plans. The initial review and validation of patients identified using EMR data were time-consuming for some practices, particularly those with large older patient cohort; there was wide variability in data entry patterns. Access to pharmacist services and in-house QI and data support were two critical contributors to the success and sustainability of the approach. **Conclusions:** The SPIDER approach appears to be feasible. Reductions in PIPs were non-significant; ceiling effect may explain this. Engaging pharmacists in deprescribing and accessing embedded QI and data support may support the sustainability.

Abstract ID: 38

Approach to PTSD in Primary Care

Jon Davine, MD, CCFP, FRCP(C)

Learning objectives:

1. Describe how to diagnose PTSD in a time efficient manner
2. Describe how to do effective psychotherapy for PTSD
3. Use the relevant psychopharmacologic guidelines to treat PTSD

Description:

Post-Traumatic Stress Disorder (PTSD) has a lifetime prevalence of approximately 10%. It can lead to significant psychological morbidity yet is often underdiagnosed in the primary care setting. In this workshop, we will discuss the features of PTSD, and how to diagnose it in a time efficient manner in the primary care setting. We will present common precipitating events for PTSD. We discuss the conditional risk of different events producing PTSD symptoms. We will discuss significant co-morbidities, such as depression and substance abuse. We discuss risk factors for PTSD, both pre-trauma, peri-trauma, and post-trauma. We will then discuss treatment of PTSD, including both psychotherapeutic and psychopharmacologic principles. The psychopharmacology will be based on recent therapeutic guidelines. Treatment

techniques will be made specifically relevant to the primary care setting. Questions from the audience will be taken throughout the presentation to promote interactive learning.

Abstract ID: 191

Artificial Intelligence and Family Medicine: Opportunities and challenges

Deanna Telner, MD, MEd, CCFP, FCFP; Risa Bordman, MD, CCFP (PC), FCFP;
Batya Grundland, MD, MEd, CCFP; Onil Bhattacharyya, MD, PhD;
Risa Freeman, MD, MEd, CCFP, FCFP

All teachers welcome. Highlights experienced concepts for educational leaders.

Learning objectives:

1. List current and future applications of artificial intelligence
2. Identify important issues arising when integrating digital technologies into family medicine
3. Explore the unique role family medicine can play to integrate people-centred AI into educational programs

Description:

As digital technologies that incorporate artificial intelligence (AI) mature, there is increasing discussion about how they will impact the future practice of medicine. Some disciplines, such as pathology and radiology, have started to experience the direct impact that AI has on their scope of practice. AI integration into Family Medicine (FM) is still at its infancy. Family physicians can take a key role in the humanistic implementation of AI into medicine if we are knowledgeable about what AI is and understand its potential impact on healthcare. FM teachers will also have the dual role of not only adopting these new technologies but modeling how AI can enhance clinical learning, patient care and personal well-being. Family physicians are perfectly positioned to lead the integration of AI into the people centered care model. The purpose of this interactive session is to first describe machine learning, big data and other forms of AI and how they are currently being used within different fields of medicine. We will discuss how FM can be proactive in creating a future where AI supports our clinical practice for the betterment of both clinicians and patients. Finally, the opportunities and challenges for FM teachers to meaningfully integrate AI into educational programs will be explored.

Abstract ID: 325

Assessment Foundations 1: Principles for assessing learners

Cheri Bethune, MD, MClSc, CCFP, FCFP; Shelley Ross, PhD; Brent Kvern, MD, CCFP, FCFP; Kathy Lawrence, MD, CCFP, FCFP; Luce Pélissier-Simard, MD, MSc, CCFP, FCMFC; Theresa Van Der Goes, MD, CCFP; Karen Schultz, MD, CCFP; Kiran Dillon, MD, CCFP

All teachers welcome. Highlights novice concepts for clinical preceptors.

Learning objectives:

1. Describe principles of assessment
2. Apply the principles of assessment to choosing appropriate tools for various assessment settings
3. Evaluate how the principles of assessment can be applied in their home program

Description:

In any clinical training environment, assessment of learners can be a challenge. Assessment is fundamental to helping clinical learners grow yet many of us feel uncertain about our specific role in learner assessment. Despite this uncertainty, faculty in multiple roles across family medicine contribute to assessment of learners, and each have associated assessment needs: 1) Clinical preceptors need confidence and competence in assessment strategies to enhance day-to-day learning; 2) Site directors need their preceptors to understand, feel capable of, and effectively perform assessment of learners; and 3) Program Directors and Assessment Directors need to be confident that appropriate assessment of learners has been carried out and documented to ensure that learners are ready for promotion. All of these needs require both an understanding of the basic principles of assessment, and knowledge of how to apply those principles to create a culture of rigorous, accountable, and trust-worthy assessment of the learners they all teach. In this introductory workshop, participants will be given an overview of the basic principles of assessment. Following the overview, participants will be given the opportunity to work in small groups with facilitators to discuss how the principles of assessment can apply to how assessment is carried out in the clinical workplace. Case studies will be provided, and participants are invited to bring examples or challenges from their own programs or experiences that they would like to discuss. The workshop will conclude with a large group discussion of key learnings from the small groups, linked to the basic principles of assessment. This workshop has proven useful to participants in previous presentations at FMF.

Abstract ID: 324

Assessment Foundations 2: Assessment principles in programmatic assessment

Shelley Ross, PhD; Cheri Bethune, MD, MClSc, CCFP, FCFP; Brent Kvern, MD, CCFP, FCFP; Kathy Lawrence, MD, CCFP, FCFP; Luce Pélissier-Simard, MD, MSc, CCFP, FCMFC; Theresa Van Der Goes, MD, CCFP; Karen Schultz, MD, CCFP; Kiran Dillon, MD, CCFP

All teachers welcome. Highlights experienced concepts for educational leaders.

Learning objectives:

1. Define programmatic assessment
2. Identify 2-3 tools and processes likely to enhance their assessment program
3. Apply the principles of assessment of, assessment for, and assessment as learning to improve assessment

Description:

Competency based education means that preceptors and program directors must ensure that the right information is being collected to support assessment decisions. At a certain point,

many clinical educators find themselves moving beyond using their given assessment tools appropriately and becoming involved in the planning and designing of their program's approach to assessment. It is at this point that a deeper understanding of assessment principles and theory becomes crucial. Assessment theory can help educators to understand: how to match tools to purpose, how to design effective programmatic assessment, and how to consider the concepts of assessment for learning, assessment as learning, and assessment of learning in designing assessment programs. The best assessment programs meet two needs: 1) support learner progress towards clinical competence; and 2) result in rigorous and accountable assessment data. This intermediate level workshop is designed to address the needs of educators who are involved in the design of assessment, or for those who have a strong interest in assessment. This session will help translate assessment concepts and theories into practical day to day solutions for learner assessment, as well as offer guidance in how to design an overall programmatic assessment approach. There is a strong interactive component to this workshop. Participants will have the opportunity to share cases and experiences in small group work if they wish. Participants will be expected to begin designing programmatic assessment, including developing approaches to implementing learning plans into their assessments. This session will allow participants to self-select a specific area of assessment focus, or a specific assessment challenge so they can work with peers with similar challenges/interests. This session has previously been presented at FMF and was reported to have been useful for participants.

Abstract ID: 194

B and S of Medicine: Physician burnout, stress, and suicidality

Ann Loewen, MD, CCFP, FCFP

Learning objectives:

1. Understand current research on physician suffering from burnout, stress, suicidality, and suicide
2. Understand how medical and societal factors, vicarious trauma and moral injury contribute to physicians' suffering
3. Incorporate peer support, the arts, and humanities to bolster physician resilience and maintain empathy

Description:

Indicators of physician well-being demonstrate many current challenges. The origins of physician distress are numerous and derive from both workplace and larger societal trends. The final common pathway includes reduced personal performance at work and in the home, cynicism and loss of joy in one's career, elevated incidence of medical error, mood disorders, substance use disorders and, tragically, physician loss through suicide. The 2018 CMA National Physician Health Survey and other recent research into the well-being of healing professionals confirms these forms of suffering and allows some insight into the sources. The increased complexity of medical care, disruptive conversions to electronic medical media, difficulties in decision-making and sharing of health care resources, and decreased professional autonomy are some of the structural sources of stress and reduced enjoyment in

work. Additionally, the burden of vicarious trauma and moral injury that can come about from physician-patient encounters is gradually being acknowledged as a contributor to how the healer can be harmed in the course of her/his work. Paradoxically, the qualities of compassion and empathy, autonomy and goal-orientation make for both a better physician, and at the same time one who is more vulnerable to all of these kinds of harm. At the same time, physicians have many strengths and qualities both individually and as a population. Their capacity to communicate, problem-solve, be abstract as well as concrete thinkers, and use their creative abilities can be sources of individual and collective support. This session will examine the factors that contribute to physicians' psychological and emotional decline, and then how peer-to-peer support, an appreciation and exploration of the arts and humanities, and an acceptance of our own humanity can help navigate present-day medical practice. There will be time for participants to explore and share their stressors and their strategies for mitigation during discussions.

Abstract ID: 189

Bite-Sized Learning: Teaching your curriculum through podcasts

Joseph Abraham, MD, CCFP; Sanja Kostov, MD, CCFP

All teachers welcome. Highlights experienced concepts for educational leaders.

Learning objectives:

1. Recognize how the Six-Step Approach to Curriculum Development in Medical Education applies to podcasting
2. Explore how podcasts can be used to assist in family medicine teaching at your institution
3. Participate in small group brainstorming to help troubleshoot around podcasting in teaching at your institution

Description:

Podcasting is becoming an innovative method of exploring and teaching history taking and patient centered communication in pre-clerkship. Traditional teaching in this area has relied upon lectures and small group case-based learning with or without standardized patients. However, these have fallen short in providing learners with adequate preparation, especially in areas of advanced communication. As family medicine curriculum coordinators, we identified reproductive health as one of these areas at our institution in pre-clerkship. Guided by Kern’s Six Steps for Curriculum Development in Medical Education, we trialed a “podcast sandwich” innovation. This involved a lecture that prompted student suggestions for a discussion, which would then occur on a podcast grounded in our transformative clinical experiences. Podcast listeners would then feel more prepared prior to their first attempt at taking an advanced history in their small group session. In this workshop, we share the steps and evidence that underpin this innovation. This workshop will be conducted in “sandwich form.” The first 20 minutes will be a presentation by the lead and co-author centered on Kern’s Six Steps. Using this framework, we will show how the “podcast sandwich” was used to help innovate around the teaching of history-taking in reproductive health. Simultaneously,

we will also be highlighting barriers (institutional, financial, educational, etc.) that we encountered along the way. Using live twitter polling and QR codes, we will then prompt discussion topics from our participants. Similar to the conversations recorded in our podcast, these topics will help guide interactive small group discussions focused on troubleshooting barriers to podcasts or other innovative teaching methods in family medicine. Participants will then leave the workshop with an approach to initiating similar teaching methods at their institution. **Target audience:** Clinical teachers, family medicine learners, and education leaders are invited.

Abstract ID: 362

Cancer Screening Outside Organized Programs

Genevieve Chaput, MD, MA, CAC PC; Ed Kucharski, MD; Nureen Sumar, MD;
Lisa Del Giudice, MD

Learning objectives:

1. List the risks and benefits of cancer screening outside of organized programs
2. Appropriately counsel patients, select tests and follow-up on results when the evidence is not clear
3. With provided resources, facilitate patient informed decision-making about cancer screening

Description:

Using a case-based approach, this workshop will provide evidence-based approaches to cancer screening outside of organized programs. Emphasis will be placed on human papilloma virus (HPV) testing, high-risk low dose CT lung scans, colonoscopy, prostate specific antigen (PSA) and Ca-125 for ovarian cancer. Each case will start with typical requests for cancer screening that primary care physicians encounter in their office. Updated evidence will be provided to clarify variations in current practices.

Abstract ID: 203

CaRMS and Electives

Peter Zhang, MD

Highlights novice concepts for teachers outside the clinical setting.

Learning objectives:

1. Discussion of various types of family medicine residency programs and streams and their strengths and weaknesses
2. Discussion of CaRMS preparation: file preparation and interviewing
3. Discussion of elective strategy to optimize CaRMS match success

Description:

Medical students are an essential part of the future of family practice throughout Canada. This interactive session, facilitated by the Section of Residents of the CFPC, will provide a complete overview of the various Family Medicine residency programs and there various stream options within Canada and will prepare help prepare medical students each aspect of that process of CARMS (medical school activities to consider, pre-application, building an application, reference letters, interview process, ranking, matching) and electives to do/not do throughout medical school. A panel of residents each from different medical schools and streams (urban, rural, remote, bilingual) from across the country who have extensive experience (will all be R2 at that point) will identify the essential information for those considering applying to family medicine residency programs during medical school, through lessons learned from their personal experiences and their strategies for success that can be applied by medical students early on in there medical education. Topics will include what electives/extracurricular activities should be considered early and during medical school, how to ensure you have a complete CARMS application geared towards Family medicine and when to start thinking about your application, key questions to ask regarding the various family medicine residency programs across the country, and what to consider before applying to programs, interviews and how the ranking process works, all of which create confidence and increase interest in Family Medicine early in medical school. The panelists will also demonstrate/discuss there CARMS and residency experiences which can be used to compare the different Family Medicine programs and streams to assist with planning to apply for Family Medicine in Canada. The session will conclude with an opportunity to ask questions in which panelists will respond and address any specific challenges or concerns raised by medical students.

Abstract ID: 145

CFPC's Professional Learning Plan (PLP): A practical demonstration

Janice Harvey, MD, CCFP (SEM), FCFP; Melissa Lujan, Mainpro+ Manager;
Zarreen Warsi, PLP Project Manager

Learning objectives:

1. Describe the benefit of using a PLP for practice improvement
2. Effectively navigate the online PLP tool
3. Implement a PLP into their continuing professional development to meet Mainpro+® cycle requirements

Description:

Do you have a plan? It's always good to have a plan…whether it's for optimal patient care, office efficiency or your next CPD activity. A learning plan is a great way to help you set CPD goals based on your patient and practice needs. This practical and informative session will guide attendees through a 4-step process to help: 1) Assess your scope of practice 2) Define learning needs/gaps based on your patients and practice 3) Set your CPD goals for practice improvement 4) Write a 'Commitment to Change' statement. The CFPC CPD staff and

physician advisor will introduce and guide attendees through the newly developed Professional Learning Plan in this practical, interactive session.

Abstract ID: 361

Change Management in Family Medicine Education

Jobin Varughese, MD, CCFP (COE), CMD; Aaron Johnston, MD, CCFP (EM), FCFP

All teachers welcome. Highlights novice concepts for educational leaders.

Learning objectives:

1. Understand the principles of change management
2. Understand how different personalities approach change
3. Use empathy as a key tool in successful change management in family medicine

Description:

Using a case-based approach, we use the session to review with educators how to utilize change management in family medicine education. It is especially important with more preceptors (family medicine and specialist colleagues) to be involved in competency based medical education (AKA Triple C). With many of our preceptors having been educators for many years and our knowledge that "culture eats strategy for breakfast", it is more important than ever to have education leaders in a position to be effective change leaders. In order to make them as successful as possible in this role, it is important to introduce them to the different types of personalities they may encounter. They will also need to use empathy as a tool to aid in change management by using examples of the "servant leader" and the "humble leader". Last year's session was well regarded with good feedback given verbally, to help improve this year's offering.

Abstract ID: 310

Chunk and Cluster: Teaching multi-morbidity in family medicine

Martina Kelly, MBBCh, MA, PhD, CCFP; Sonja Wicklum, MD, CCFP; Kristy Penner, MD, CCFP

All teachers welcome. Highlights novice and experienced concepts for clinical preceptors.

Learning objectives:

1. Define multimorbidity and explain its significance in family medicine
2. Identify challenges for caring for patients with multi-morbidity from physician, patient, family and learner perspectives
3. Teach a structured approach to managing multi-morbidity in clinic

Description:

Four million Canadians have more than one illness. By the age sixty-five, half of all patients have two or more chronic conditions, and the number of conditions experienced increases with age. The high prevalence of multi-morbidity and numerous combinations of conditions suggests that single, disease-orientated management may be less effective for high quality care compared to person-centred care. Despite this, most medical school teaching focuses on single disease entities. A recent systematic review found only two studies examining the teaching of multimorbidity during post-graduate training and concluded there is a need for specific physician training on management of patients with multi-morbidity. While multi-morbidity is common in family medicine, the techniques and strategies experienced physicians use in day-to-day practice may not be immediately visible for learners. The aim of this workshop is to provide preceptors with an opportunity to reflect on the challenges of managing patients with multimorbidity, identify the approaches they use and develop a structured approach to making management of patients with multimorbidity more explicit with their learners. The workshop will start with a brief didactic overview of key literature on multi-morbidity (10 minutes). Participants will then work in small groups to identify the challenges of caring for patients with multimorbidity and exchange management tips (10 minutes). They will then be introduced to a structured approach to teaching multi-morbidity (10 minutes). The method includes time and priority-based processes, “chunking”, and disease-based processes, “clustering”. This approach is currently being taught to undergraduate students in family medicine at the University of Calgary. Finally, participants will apply the approach to case studies (20 minutes). Participants will share learning points to generate ‘take home’ messages (10 minutes).

Abstract ID: 462

Comparing Field Notes Written by Episodic Versus Continuous Supervisors

Ann Lee*, MD, MEd, CCFP; Shelley Ross, PhD

Learning objectives:

1. Describe differences found in quality and quantity of FieldNotes written by continuous versus episodic supervisors

Description:

Objective: Continuity of supervision is assumed to be an important element of competency-based medical education (CBME). However, most published literature about continuity of supervision comes from undergraduate medical education. There is a need for data from the postgraduate level to see if continuity of supervision does in fact offer benefits to assessment. The purpose of this study is to determine the effect of episodic versus continuous supervision on assessment of learners in a CBME family medicine residency program. **Design:** Retrospective observational longitudinal cohort secondary data analysis. **Setting:** Medium sized Canadian family medicine residency program **Data source:** FieldNotes (n=7218) from residents (N= 180) across three teaching sites and three consecutive cohorts (2015, 2016, 2017). **Main outcome measures:** Numbers of FieldNotes from episodic vs continuous supervisors, quality of feedback (using a validated scoring instrument), and progress level, Sentinel Habit (competency), and clinical domain selected. **Results/findings:** There was high

variability in the numbers of FieldNotes (FN) completed by continuous advisors for their own residents. Episodic FN scored significantly higher in feedback quality, but quality of feedback was found to vary by preceptor, rather than by level of continuity with the resident. There were significant differences in Sentinel Habits chosen, with more Continuous FN for diagnosis and management, and more Episodic FN for procedural skills and communication. There were significantly more Continuous FN about Care of Adults and Care of the Elderly, while Episodic FN were more likely about Maternity Care, Ethics, and Procedures. The only significant difference for Progress Level was seen in more “Stop/Important Correction” selections on Continuous FN. **Conclusion:** The findings indicate some differences between FN made by Continuous versus Episodic supervisors. However, quality of feedback appeared to be a supervisor-specific phenomenon rather than a product of continuity. Further research into the effects of continuity of supervision on learning are needed.

Abstract ID: 226

Coordinating Care in the Patient’s Medical Neighbourhood

Artem Safarov, BSc, PMP; Christie Newton, BSc, MD, CCFP, FCFP; Marc Bilodeau, CD, MD; Jerry Maniate, MD, MEd, FRCPC

Learning objectives:

1. Define the principles of the Patient’s Medical Neighbourhood
2. List benefits of the Neighbourhood concept for their practice and the broader health system
3. Implement strategies to align their practices with the Neighbourhood concept

Description:

The Patient’s Medical Neighbourhood describes a network of care involving multiple providers and services, with family practices (Patient’s Medical Homes) as the hub for coordinating care. The College of Family Physicians of Canada released a Best Advice Guide that aims to define and operationalize this concept in Spring 2020. This session will build on the practical advice offered in the Guide by discussing benefits of the Patient’s Medical Neighbourhood, successful case studies, lessons learned and strategies that can be applied to operationalize the Neighbourhood concept within a practice or healthcare system. This session will explore how the Neighbourhood expands on the Patient’s Medical Home vision for team-based primary care and will offer an outline of the Neighbourhood as a model for effective collaboration and partnership between care providers. Approaches aligned with the Patient’s Medical Neighbourhood concept have been adopted in jurisdictions across Canada; including PEI, the Northwest Territories, and Saskatchewan. These approaches aim to improve the coordination and delivery of patient care. This session will explore the successes of these case studies in implementing health networks and offer lessons that can be adopted in other contexts seeking to implement a Neighbourhood model. Through highlighting the benefits of this model, this session will allow attendees to understand how the Patient’s Medical Neighbourhood can be adopted to reduce health care costs, avoid duplication of services, and

improve patient outcomes and experiences through better coordination of patient care among providers.

Abstract ID: 244

COPD Management 2020: Has anything changed?

Suzanne Levitz, MD CM, CCFP

Learning objectives:

1. Understand the preventative and non-pharmacological management of COPD
2. Recognize the uses, benefits and side effects of traditional and new COPD medications
3. Appreciate which medication and which device for each patient

Description:

In this update, a case-based learning approach will be used to explore various presentations of COPD in the office settings. The new CTS guidelines and recent CTS pharmacotherapy for COPD guidelines will be reviewed, highlighting recent changes. The global management of the COPD patient, from mild to very severe disease will be explored, including preventative therapies. Smoking cessation management and end of life dyspnea management will be touched on as part of the case discussions.

Abstract ID: 499

Cross-Case Analysis of Interprofessional Team-Based Care for COPD

Shannon L. Sibbald*, PhD; Bianca R Ziegler; Rachelle Maskell, MSc; Karen Schouten, MSc

Learning objectives:

1. Describe the factors identified as leading to successful implementation of team-based care
2. Identify the benefits of effectively implementing interprofessional care for chronic disease management

Description:

Objective: To observe and compare two family health teams as they implemented integrated team-based approaches to chronic disease management and identify key facilitators and barriers. **Design:** A mixed-methods cross-case analysis was conducted using interviews, focus groups, observations and document analysis to identify similarities or differences across teams. **Setting:** Two family health teams in Southwestern Ontario with populations of over 300 000 people, implementing an interprofessional chronic care program (specifically for COPD) were included. **Participants:** Participants (n=49) included providers and patients from each team. Participants were recruited using purposive sampling, guided by providers. **Intervention:** Teams implemented a lung health program, designed for patients with chronic

respiratory disease. Both teams delivered disease-specific education and created action plans. One program focused on self-management methods and inhaler techniques taught by certified respiratory educators. The other used targeted messaging through smart phones. **Main outcome measures:** A multi-level framework by Kompier et al., was used to assess factors contributing to the implementation outcomes of both team's approaches. Factors included: 1) systemic and gradual approach 2) risk analysis 3) theory-driven measures 4) participatory approach and 5) sustained committed support. **Findings:** Both teams had plans for implementation and experienced positive outcomes. However, only Team A successfully translated their plan into action. Team A's enhanced success is attributed to flexible implementation, planning to mitigate risks, embedding theory into practice, a supportive team of stakeholders, and buy-in from leadership. The importance of contextual considerations also arose. **Conclusion:** Our findings suggest that effective implementation of programs within interprofessional team-based care can support effective service delivery, proper use of resources, and enhanced patient care. By better understanding key facilitators and barriers, we can support the implementation of chronic disease management programs, foster sustainability of high performing interprofessional teams, and engage patients in the development of family medicine team-based chronic disease management.

Abstract ID: 18

Decision-Making Capacity Assessment Level 1

Lesley Charles, MBChB, CCFP (COE), FCFP

Learning objectives:

1. Recall aspects of Adult Guardianship and Trusteeship Act and Personal Directives Act (FM Expert/Health advocate)
2. Identify the guiding principles in DMCA (FM Expert/Health advocate)
3. Explore an interdisciplinary approach to Capacity Assessment (Leader/Collaborator/Communicator) with case examples

Description:

As the life expectancy of Canadians continues to rise, assessment of independent decision-making capacity emerges as an issue of increasing importance. Toward this end, the Decision-Making Capacity Assessment (DMCA). Model was developed to facilitate a process by which the least restrictive and intrusive means of support can be determined and offered to persons whose decision making has come into question. Many physicians do not feel prepared to assess capacity from their residency training. Physicians play a key role in capacity assessment as they are able to declare persons incapable. They thus often require additional training once in practice. An educational workshop has been developed on the DMCA process. This was based on an initial Capacity. Assessment Professional Opinion Survey by Covenant Health (formerly Caritas) in Edmonton, which identified this as an area that required interdisciplinary staff training in 2006. There were increased costs of poorly conducted capacity assessments. The study identified a lack of knowledge, skill set, standardized method/tools/guidelines, coordination, and role definition, plus the issue of

resource allocation. A process was proposed with front-end screening/problem solving, a well-defined standardized assessment, and definition of team members' roles. A care map was developed based on this process. Documentation was developed consisting of a capacity assessment database and patient interview for formal capacity assessment. Interactive workshops, administered to familiarize staff with the model, include concepts of capacity, the protocol, documents, and case studies. A feasibility study looking at three acute-care sites in Edmonton confirmed that this process addressed the issues of lack of knowledge, skill set, etc. This three-hour workshop is now being offered to physicians given their pivotal role in capacity assessment. This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 6 Group Learning Credits.

Abstract ID: 279

Deprescribing Considerations in Older Adults with Diabetes

Jamie Falk, PharmD

Learning objectives:

1. Evaluate factors increasing the likelihood of minimal benefit or net harm for older diabetic patients
2. Apply deprescribing approaches to reduce or stop medications (antihyperglycemics, antihypertensives, antidyslipidemics) with appropriate follow-up
3. Integrate interdisciplinary practices of collaboration and communication into the deprescribing process

Description:

This session will explore deprescribing within the context of care for older patients with type 2 diabetes. In addition to a lack of clear guidance in the diabetes literature and a relative absence of clinical trials involving those in later stages of life, older adults have the potential for heightened sensitivity to adverse events associated with medications and intensive treatment regimens due to changes in physiology and comorbid medication burden. The balance between the potential for long-term benefits and the weight of day-to-day burden of testing and treatments requires significant consideration by clinicians. Strong rationale exists to advocate for modified approaches to glycemic management, blood pressure control, and cardiovascular prevention for many older adults, making the “when” and “how” essential questions in our deprescribing decisions moving forward. Using best available evidence, principles of shared decision-making, considerations of uncertainty, and state-of-the-art deprescribing tools, this interactive session will guide the participant through a variety of diabetes care scenarios involving treatment decisions related to the management of blood glucose, as well as blood pressure and cardiovascular risk. The recognition and anticipation of harms, including adverse events and broader measures of treatment burden, will be explored in the context of determination, with the patient, of perceived net benefit or harm. Rational approaches to deprescribing will be examined for specific patient contexts with subsequent discussion of personalized plans to achieve safe medication reduction or discontinuation using feasible follow-up and assessment approaches. The integration of effective communication required for patient education, shared decision-making, and

interdisciplinary team care, including the exploration of effective means of rationalizing decisions within the family physician-specialist collaborative relationship, will be incorporated throughout the cases in this session.

Abstract ID: 180

Dermatopathologie et médecine familiale : guide pratique

Vincent Dumont-Mackay, MD, FRCPC, CCMF

Objectifs d'apprentissage :

1. Interpréter les rapports de dermatopathologie pour les conditions les plus courantes
2. Préparer les spécimens de dermatopathologie pour optimiser les résultats obtenus
3. Appliquer les données d'un rapport de dermatopathologie aux soins du patient

Description :

Cette séance se veut une introduction succincte à la dermatopathologie pour les médecins de famille ayant un intérêt en dermatologie. Nous souhaitons discuter de l'utilité d'une collaboration étroite entre le pathologiste et le médecin pratiquant la dermatologie pour un diagnostic et le traitement optimal. Nous commencerons par résumer succinctement le trajet des spécimens de biopsie cutanée du prélèvement jusqu'à la réception du rapport par le médecin. À l'aide d'exemples tirés de la pratique, nous réviserons les étapes à suivre pour soumettre un spécimen de manière à obtenir le maximum d'informations utiles pour le traitement du patient. Puis, nous verrons quelles informations peuvent (et ne peuvent pas) être recueillies par le pathologiste lors de l'examen d'une biopsie cutanée, et comment ces informations sont communiquées dans le rapport pour les pathologies dermatologiques les plus courantes, avec une attention particulière aux lésions mélanocytaires, notamment en lien avec la nouvelle classification des tumeurs cutanées de l'Organisation mondiale de la Santé (OMS). Nous explorerons ensuite comment ces informations peuvent être appliquées au traitement du patient, notamment en ce qui a trait aux indications de rebiopsie, de réexérèse, d'études complémentaires et de référence en spécialité. Nous terminerons par la présentation de plusieurs cas tirés de la pratique afin d'illustrer le propos, suivie d'une période de questions. Les participants sont encouragés, s'ils le souhaitent, à amener des exemples de rapports de pathologie tirés de leur pratique et dont ils aimeraient discuter.

Abstract ID: 329

Designing Competency Committees That Can Make Defensible Decisions

Shelley Ross, PhD; Brent Kvern, MD, CCFP, FCFP; Kathy Lawrence, MD, CCFP, FCFP;
Karen Schultz, MD, CCFP; Luce Pélissier-Simard, MD, MSc, CCFP, FCMFC;
Theresa Van Der Goes, MD, CCFP; Kiran Dillon, MD, CCFP;
Cheri Bethune, MD, MClSC, CCFP, FCFP

All teachers welcome. Highlights novice concepts for educational leaders.

Learning objectives:

1. Describe the role of a competency committee
2. Demonstrate the use of assessment tools for collecting assessment information about the competence of learners
3. Evaluate the challenges faced by competency committees in making defensible summative assessment decisions

Description:

Across Canada, residency programs are exploring ways to meet expectations of the Triple C Curriculum (CFPC) – especially how to design and implement the processes for making high stake progress decisions. Many programs are struggling to determine how to set up competency committees – what do they look like? Who should be on such a committee? How does a program enable their competency committee to combine multiple pieces of assessment data to arrive at defensible and accountable summative decisions about the competence of each learner in a program? In this workshop, we discuss key concepts of defensible summative decision making, framed in the context of: published evidence and best practices based on theory, programmatic assessment, matching tools to purpose, rater cognition, competency committee design, and sensibly combining a variety of assessment tools to come to a progress decision about a learner. This highly interactive workshop mixes didactic delivery of information with deliberate practice. Initial concepts will be presented, followed by role playing as assessors and decision makers. Participants will watch videos of learners to practice using assessment tools. In the last hour of the workshop, participants will be assigned to competency committees for a simulated experience of using collected assessment evidence about learners to make assessment decisions. Small group debriefing will follow the exercise, and key learnings will be shared back to the larger group through a final discussion and wrap up.

Abstract ID: 89

ECGs for Family Docs: A comprehensive review

Filip Gilic, CCFP (EM); Elizabeth Blackmore, CCFP

Learning objectives:

1. Understand the electrophysiology behind the ECG deflections
2. Confidently identify and manage arrhythmias
3. Confidently identify and manage ST changes

Description:

ECG interpretation is a core competence of Family Physicians but is often taught using pattern recognition that leads to difficulty with complex or atypical ECGs. This course explains the basics of electrophysiology using a simplified approach that is well suited to Residents and practicing Family Physicians. 4 hours of preparatory narrated PowerPoint slides on ECG basics, bradycardias, tachycardias and ST changes ensures that you need to know

everything you need to know before you show up for the course. Once at the session, we do a brief review then spend the next 4 hours practicing ECG interpretation arranged by topic in order to build mastery of each ECG facet. We finish with a 60 min integrated interactive exam that allows you to test your knowledge and correct any lingering deficiencies. Based on a celebrated ECG interpretation course given to Queen's CCFP and CCFP-EM Residents

Abstract ID: 201

Ethics Education Amid a New Horizon of Family Medicine

Ross Upshur, BA (Hons) MA, MD, MSc; Mona Gupta, MD, PhD

All teachers welcome. Highlights novice concepts for educational leaders.

Learning objectives:

1. Describe ethical values and principles relevant to patient- and family-focused care and practice management
2. Define core competencies and foundational knowledge for ethics education
3. Identify current challenges to ethics education and assessment of learning

Description:

Ethics is integral to the routine practice of clinical medicine. In this session, participants will consider high-level problems and current challenges across the context of family medicine (e.g., how to deal with virtual care, artificial intelligence, requests for medical assistance in dying and misleading information such as anti-vaccine sentiments and their implications), discuss a structured approach for transitioning to a competency-based education model, and explore different modalities of learning. This session will reflect on the evolution of ethics education, what the role of ethics education is now, and how to support postgraduate and continuing professional development training programs charged with educating future and practicing physicians about ethics. The advent of competency-based learning in postgraduate training poses certain challenges to ethics education and assessment of learning. Key considerations are how does this new horizon of medicine impact behaviors, attitudes, values, and ethical decision making? How does it impact consent to care; normative and perceived needs, physician-patient relationships, as well as intra- and interprofessional relationships? How do educators address these considerations in ethics curriculum to ensure that physicians are prepared and equipped to deal with ethical challenges and moral dilemmas that may arise in their practice environment to ensure professional and fair treatment of their patients and colleagues?

Abstract ID: 102

Evaluating an Integrated Ethics Curriculum: Process and outcomes

Carrie Bernard*, MD, MPH, CCFP, FCPC; Mahan Kulasegaram, PhD; Betty Onyura, PhD; Eva Knifed, MD, MHSc, CCFP; Erika Abner, LLB, LLM, PhD; Frank Wagner, MA, MHSc; Nadia Incardona, MD, MHSc, CCFP (EM); Connie Williams, MD, PhD, FRCPC;

Risa Freeman, MD MEd, CCFP, FCPC

Learning objectives:

1. Describe the teaching methods and learning principles utilized in a successful novel ethics curriculum

Description:

Background/objective: Although learning ethical reasoning is a key competency for Family Medicine (FM) residents, there is no consensus on best practices for teaching. Given that strategies from learning science have been shown to promote transfer of learning in clinical reasoning, we developed a curriculum using these principles to teach ethics to FM residents. The objective of our study was to determine if a novel integrated ethics curriculum based on learning science principles is more effective than traditional ethics teaching in postgraduate family medicine. **Design:** We employed a comparative longitudinal mixed-methods evaluation focused on a) evidence of changes in ethical reasoning through interviews and b) objective performance on simulated scenarios requiring ethical decision making in intervention residents compared to traditional ethics teaching. **Setting:** The curriculum was deployed at 4 training sites over two years at the University of Toronto. **Participants:** Participants were a cohort of FM PG trainees from 2017 to 2019. **Outcome measures:** Evidence for a) was gathered through analysis of interviews of trainees about how they addressed ethical. challenges during practice in the curriculum sites and control sites; b) comparing performance of curriculum and control residents 5-station OSCE blueprinted on exit level ethics competency and scored by blinded raters. **Results:** A total of 12 interviews were completed. Themes reported the importance of active learning and participation in case discussion. Twelve curriculum and 9 control trainees in final year of training participated in the OSCE. A large effect was seen in favour of curriculum trainees (Cohen's d =1.01, $F(1,19)=5.3, p<0.04$) on total OSCE performance. **Conclusions:** Evaluation of trainees' perceptions, experience of ethical reasoning in clinic, and simulated assessments show evidence of the curriculum's efficacy. We discuss rationales for success, limitations, and approaches to scaling up the curriculum as well as evaluation.

Abstract ID: 196

Evidence-Based ADHD Assessment and Management in Primary Care

Matt Blackwood, MD; Leslie Jocelyn, FRCPC, MD

Learning objectives:

1. Diagnose ADHD using clinical history and validated screening tools
2. Use the Canadian ADHD Practice Guidelines, 4th edition to support assessment and ongoing management
3. Confidently manage ADHD in a primary care setting

Description:

In this interactive workshop, participants will be introduced to the Canadian ADHD Practice Guidelines (4.1 edition, 2019) and become acquainted with their user-friendly contents and screening tools. Using real life case scenarios and small group discussions, participants will be able to recognize ADHD and co-morbid disorders and apply evidence-based treatments to address the challenges faced by children, teens and adults. Key interventions to assist at school and in the workplace will also be introduced. An optimistic and hopeful approach will be encouraged as many with ADHD have the ability to be very successful when given the proper tools to manage. In addition, follow-up post-workshop reflective exercises will help to consolidate learning.

Abstract ID: 299

Experiential Approaches to the Patient-Centred Clinical Method

Kendall Noel, MD CM, FCFP, CCFP, MEd; Eileen Ten Cate, MD, CCFP;
Valerie Migicovsky, MD, CCFP; Ankeeta Tadkase, MD, CCFP

Highlights novice concepts for teachers outside the clinical setting.

Learning objectives:

1. Learn the implications of a patient-centred approach thru the viewing of multiple clinical encounters
2. Measure the effectiveness of a clinical encounter through the use of a standardized rubric
3. Understand the outcomes of using a standardized experiential approach to the teaching of the PCCM

Description:

The workshop will provide an experiential introduction to the teaching of the patient-centred clinical method (PCCM). Following a brief introduction to the patient-centred clinical method, 6 participants will have the opportunity practice their approach to a patient-centred interview. The remaining participants will observe the encounter. Facilitators will then lead a feedback session using a standardized rubric. It is anticipated that attendees will leave with an effective new way for teaching and/or remediating the postgraduate learners in the art of the patient-centred clinical method. The workshop utilizes simulated office orals to achieve these goals.

Abstract ID: 396

Extraordinary Times Call for Extraordinary People: Going above and beyond as a physician, more than a sense of duty, a true calling

Stephan Maighan

Learning objectives:

1. Explore ways to gain confidence when responding to crises
2. Encourage and empower teams to react positively to uncertain situations

3. Achieve excellence, both professionally and personally

Description:

Inspiring and moving, Stephan Maighan trains & empowers experts and industry leaders to stop at nothing short of excellence, both in their personal and professional lives. As we navigate through these unprecedented times of uncertainty, engaging your teams with relevant and inspiring messages around change, resilience, unity and leadership is more important than ever. Learning how to positively respond to change and see the opportunities that come with it is a strategic advantage. Stephan shares effective ways to gain confidence and learn how to respond in times of crisis as a family physician, or how he calls it, as a modern day hero. Through his keynote presentation you will not only experience a new and empowering way of thinking, but you will also be moved and astounded by Stephan's resilience and incredible journey.

Abstract ID: 67

Fire Up Your Presentations: From great to outstanding

Simon Moore, MD, CCFP

Highlights experienced concepts for teachers outside the clinical setting.

Learning objectives:

1. Describe the published literature on what makes effective medical lectures and what improves learning outcomes
2. Define pearls/best practices for more effective visual aids (e.g., Prezi, PowerPoint), and overcome presentation pitfalls
3. Discuss presentation tips and pearls from other attendees and share your own

Description:

After being asked so many times to give a talk on "how to give a talk," this presentation was born. We will discuss published literature on medical presentations, best practices, and top negative and positive feedback received by medical presenters. Finally, through a casual facilitated discussion, we will have an opportunity to learn from each other, sharing techniques that attendees have used or have seen to increase the effectiveness of medical presentations. Relevant experience of the presenter includes multiple FMF presentations (including the "Red Eye Simple Approach: Evidence, pearls, and medico-legal pitfalls"), conference planning committee participation, hosting multiple conferences and educational events, and as co-founder of The Review Course in Family Medicine and The Medical Circus. As well, this presentation has been previously delivered with high ratings at FMF and OCFP Annual Scientific Assembly.

Abstract ID: 214

First Five Years: Essential snappers for early career

Annelise Miller, MD CM, CCFP

Learning objectives:

1. Recognize common clinical challenges and patient-centered scenarios encountered by new-in-practice family physicians
2. Implement specific strategies and tools to address practice management issues frequently faced in early career
3. Apply the actionable methods and phrases discussed when similar situations arise in day-to-day practice

Description:

This snappers-style session will focus on common areas of concern for early career physicians in brief 10-minute presentations on key topics identified by family doctors in their first five years of practice. The topics will range from clinical questions, and practice management challenges, to managing difficult patient-interactions. The presenters will identify a challenge commonly encountered by new family physicians, share their personal experience, and offer concrete approaches to manage it in day-to-day practice. The suggestions offered will be specific and actionable to provide attendees with the confidence to tackle difficult situations as they begin practicing family medicine. Over the course of an hour, established family physicians will share their strategies to address concerns that often arise during the first five years in practice in a series of highly-informative but bite-sized presentations. Each snappers' topic will be followed by an opportunity for questions to the speaker, with a longer question period at the conclusion of the session.

Abstract ID: 45

Genitourinary Syndrome of Menopause (GSM) AKA Vulvovaginal Atrophy

Christiane Kuntz, MD, CCFP, FCFP, NCMP

Learning objectives:

1. Review symptoms and signs of vulvovaginal/lower urinary tract atrophy including conditions in the differential diagnosis
2. Outline evidence-based risks vs. benefits of Rx for vulvovaginal/lower urinary tract atrophy
3. Discuss treatment options including non-pharmacologic as well as pharmacologic choices

Description:

In this workshop we will begin with a review of symptoms and signs of vulvovaginal/lower urinary tract atrophy and describe conditions listed in the differential diagnosis of vulvar disease. The evidence-based risks vs. benefits of treatment for vulvovaginal/lower urinary tract atrophy will be reviewed. Both non-pharmacologic as well as pharmacologic management choices will be outlined.

Abstract ID: 171

Guide de rétroaction en observation directe : nouvel outil

Miriam Lacasse, MD, MSc, CCMF, FCMF ; Luce Pélissier-Simard, MD, MSc, CCMF, FCMF ; Jean-Sébastien Renaud, PhD ; Marie-Pierre Codsi, MD, CCMF ; Christian Rheault, MD, CCMF ; Marion Dove, MD, CCMF ; Lyne Pitre, MD, CCMF, FCMF, MMedEd ; Josée d'Amours, MD, CCMF ; Lucie Carignan, MD, CCMF

Objectifs d'apprentissage :

1. S'approprier le Guide de rétroaction en observation directe comme outil d'enseignement et d'apprentissage
2. Formuler une rétroaction écrite diversifiée et pertinente à l'étape de formation du résident
3. Élargir l'utilisation du Guide de rétroaction en observation directe au contexte de la supervision indirecte

Description :

Une des stratégies essentielles pour documenter la progression d'un résident est l'observation directe, qui représente une opportunité d'apprentissage primordiale favorisant une rétroaction constructive ciblant plusieurs compétences, en contexte réel. Cinq programmes de médecine familiale ayant des sites d'enseignement francophones au Canada ont récemment revu la littérature, conduit des groupes de discussion et effectué un sondage sur l'intention de documenter la rétroaction, en vue de développer et d'entreprendre la validation d'un Guide de rétroaction en observation directe décrivant les comportements attendus lors de l'entrée en résidence (premiers mois de la R1), durant l'acquisition des compétences en médecine familiale (reste de la R1), durant la période où le résident consolide ses compétences (majorité de la R2) et celle de la transition vers la pratique (fin de la R2). Dans le cadre de cet atelier, les participants s'approprieront le Guide, l'expérimenteront à partir de l'observation de deux situations cliniques sur vidéo et seront invités à participer au processus de validation de ce nouvel outil en formulant une rétroaction diversifiée et pertinente au niveau de formation des résidents observés. Guide disponible au www.guidespodmf.fmed.ulaval.ca (le guide et les vidéos seront aussi disponibles en anglais lors de l'atelier).

Abstract ID: 127

Having it All: Achieving balance for family physicians

Sudha Koppula, MD, MClSc, CCFP, FCFP; Cheri Bethune, MD, CCFP, FCFP

All teachers welcome. Highlights novice concepts for clinical preceptors.

Learning objectives:

1. Describe professional opportunities available as a family physician
2. Strategize how and when to choose among these opportunities

3. Describe the role of a coach or mentor in cultivating and maintaining several professional activities

Description:

Background: Family physicians are privileged to have many opportunities associated with their work. Although, having many opportunities means having to choose in what to engage. This interactive session will review the different areas in which family physicians can contribute, share experiences among family physicians, and consider strategies for balance in a realistic, rewarding, and well-rounded career. **Target audience:** All family physicians at any career stage who engage in, or may engage in, patient care, teaching, administrative and research activities. **Structure of workshop:** Introduction of presenters, participants, and topic – 5min; Review professional activities in which participants engage – 5min; Discuss clinical, administrative, research, and teaching opportunities that exist in family medicine – 5min; Review participant experiences in coordinating themselves among these multiple activities – 10min; Consider advice given to participants thus far by mentors/coaches – 10min; Advice and suggestions from peers and presenters – 15min; Discussion, review, and questions – 10min. **Intended outcomes:** By the end of the session, and using the resources suggested, the engaged participant will consider the opportunities available for work as a family physician, strategize how to engage and then make informed choices among these opportunities through mentorship or coaching.

Abstract ID: 205

Health Checks: Adults with intellectual and developmental disabilities

Ian Casson, MD, MSc, FCFP; Meg Gemmill, MD, CCFP; Elizabeth Grier, MD, CCFP; Alicia Thatcher, MD

Learning objectives:

1. Identify barriers and facilitators to using the Health Check Tool in their practices
2. Perform Health Checks - comprehensive health assessments, including physical exams, for adults with intellectual/developmental disabilities
3. Organize a quality improvement program of annual Health Checks for their practices

Description:

Health Checks are comprehensive health assessments by family doctors for their adult patients with intellectual and developmental disabilities. Such reviews are a key recommendation of the Canadian Consensus Guidelines for the Primary Care of Adults with Intellectual and Developmental Disabilities. Evidence from randomized controlled trials shows that Health Checks increase detection of previously undiagnosed conditions and increase actions to address health issues. A practical tool has been developed by Canadian family physicians to implement this recommendation in primary care practice. The tool is both a set of steps, based on the usual clinical problem-solving methods of family physicians, and a template for medical records. It provides “pearls for practice” highlighting the special needs for the health care of adults with IDD. It is available online:

https://ddprimarycare.surreyplace.ca/wp-content/uploads/2019/05/3.1-Health-Check-2.pdf. The tool has been piloted in a group practice of 15,000 patients in Ontario; the process there and feedback from the family physicians involved will be presented. In this session, the participants will review the tool together, step by step, facilitated by the session presenters, to achieve the learning objectives of the session and to provide advice for the dissemination and next revision of the Health Check tool.

Abstract ID: 167

HIV Prevention 2020 for Primary Care Providers

Charlie Guiang, MD, CCFP, FCFP; Gord Arbess, MD, CCFP; Caroline Jeon, MD, CCFP

Learning objectives:

1. To list HIV prevention methods, such as HIV testing, and recognize when to use them
2. Explain the use of PrEP and identify the important clinical pearls for primary care providers
3. Define nPEP, its indications, and recognize the antiretroviral regimens appropriate for use

Description:

The number of people LIVING with HIV in Canada continues to rise, as people living with HIV are living longer lives. More than ever, HIV prevention continues to be crucial to limit the number of new infections in Canada. Family physicians and primary care providers are at the frontline of prevention for many diseases, including HIV and other STIs. Prevention of HIV can come in many forms: from encouraging testing for HIV especially for those at risk, education around transmission, and the importance of U=U, are paramount in HIV prevention. Additionally, primary care practitioners can involve their patients in HIV prevention in everyday practice, in the form of chemoprophylaxis, for their high-risk patients. In this session, we will review: HIV Testing – recommendations; PrEP: Pre-exposure Prophylaxis; nPEP: Non-occupational Post-exposure prophylaxis; TasP: Treatment as Prevention. This session is intended for family physicians/primary care providers in practice, as well as learners involved in some aspect of preventive care for HIV. The aim is for practitioners to have a better understanding on the practical use of these HIV chemoprophylaxis methods. We will discuss the evidence supporting their use, and practical pearls that will help with increasing confidence in prescribing PrEP and PEP, in addition to safer sex education and counseling, to decrease the risk of acquiring HIV infection.

Abstract ID: 395

How Should Evidence Change Practice: Choice, policy or crisis?

Carol Herbert, MD, BSc, MD, DSc, CCFP, FCFP, FCAHS, FRACGP(Hon)

Learning objectives:

1. Describe drivers and impediments for evidence-based changes in primary care practice
2. Compare how new knowledge is integrated into primary care in different jurisdictions
3. Decide in which circumstances family doctors should be able to deviate from evidence-based guidelines

Description:

That it takes 15 years to integrate evidence-based changes into practice should be unacceptable. When should the decision be left up to individual doctors? When should changes be policy directives? Are there lessons to be learned from the COVID-19 crisis about how to integrate change rapidly? Do different rules apply in different countries or jurisdictions? What are the implications for communications to and with family physicians - fundamental importance of primary care research evidence; need for efficient and effective knowledge transfer; enablers, including changes in remuneration; tools, including IT; continuing professional development to obtain and maintain special skills for particular communities. Should family doctors always retain the option to choose different management because of their knowledge of individuals and families? What about patient's choice? Dr. Herbert will consider examples of changes from the dogmatic practices she learned as a student, including birthing, sexual medicine, sexual abuse, treatment of earache, etc. She will examine some drivers and impediments for changing practice - economic, knowledge-based, turf, structural inequities.

Abstract ID: 376

Integrating Patient Safety Teaching into a Busy Clinic

Margarita Lam Antoniades, MD, MScH, CCFP; Thuy-Nga Pham, MD, CCFP; Stephanie Godard, MD, CCFP; Roarke Copeland, MD, CCFP

All teachers welcome. Highlights novice concepts for clinical preceptors.

Learning objectives:

1. Understand the importance and relevance of teaching patient safety to family medicine residents
2. Use a simple patient safety discussion tool with a learner
3. Appreciate the importance of creating a safe space for the discussion of patient safety incidents

Description:

This interactive seminar aims to provide participants with practical tools for integrating resident patient safety teaching into a busy family medicine practice. Although patient safety has become well established in inpatient settings, this has not yet been achieved in the outpatient setting of family medicine. This despite the potential for significant cumulative harm to patients related to the large total number of visits. The importance of patient safety in family medicine is reflected in the fact that CanMEDS 2017 framework incorporates patient safety related competencies in 6 out of its 7 domains. The development of a patient safety culture

has been identified as a pivotal step in establishing systems for safer care. The fostering of this culture should start early in medical training. Barriers to patient safety teaching include multiple competing demands in residency, the fast-paced environment of the ambulatory care clinic and a lack of faculty training in this area. In this session we will present our work on using incident analysis as a foundation for patient safety teaching for family medicine residents. We will present data from a qualitative study on patient safety teaching using an incident analysis discussion tool at the University of Toronto Department of Family and Community Medicine. Opportunity will be provided for participants to use the tool and to discuss application in their local setting.

Abstract ID: 563

Introduction to Program Evaluation for Academic Family Physicians

Russell Dawe, MD; Françoise Guigné, MD; Innocent Besigye, MD; Kenneth Yakubu, MD

Learning objectives:

1. Create a logic model to communicate the components and purpose of a program
2. Develop a set of questions to evaluate a program
3. Identify indicators and data sources for each evaluation question

Description:

Family physicians are on the front line of primary care, where they often have to adapt and innovate to new challenges and opportunities in education, research, or clinical service. In order to build capacity for evidence-based medical education, family medicine faculty around the world benefit when we evaluate our programs and share those findings in a scholarly way. This workshop will introduce participants to logic models and evaluation frameworks as the initial steps of rigorous but accessible program evaluation. A logic model is a tool that visually represents a program's components and the effects they are intended to have. An evaluation framework, then, identifies the key evaluation questions, their indicators, and data collection methods for answering the questions. Together, these tools position the family medicine educator to begin the scholarly evaluation of any program they are involved in. Participants will leave this workshop with the ability to describe the purpose of a logic model, create a logic model, and apply these skills in program planning and improvement. Participants will also have the ability to develop evaluation questions appropriate for their program and design a framework/plan for answering those questions.

Abstract ID: 134

Jeopardy Pick-N-Learn (PEER/CFPC): Rapid answers for chronic pain

Samantha Moe, PharmD, ACPR; Joey Ton, PharmD; Jessica Kirkwood, MD, CCFP (AM)

Learning objectives:

1. Describe evidence-based answers to clinical pain questions about osteoarthritis, back pain and neuropathic pain
2. Incorporate best evidence in the management chronic pain syndromes
3. Differentiate between interventions with minimal benefit and those with strong evidence for patient-oriented outcomes

Description:

This is a fast-paced review of answers to common clinical pain questions. Audience members will be invited to select a topic of interest from a game board of 24 possible options. Topics will focus on the treatment of osteoarthritis, low back pain and neuropathic pain. For each topic, a clinical question will be posed. A presenter will then highlight the best available evidence on the topic and present a bottom-line, take away message with practical application. Each topic will take less than 5 minutes! Presented by members of the PEER group and the College of Family Physicians of Canada.

Abstract ID: 288

KidneyWise Update: Primary care essentials for managing CKD

Allan Grill, MD, CCFP, MPH, FCFP

Learning objectives:

1. Implement a practical clinical algorithm for identifying and managing CKD patients in primary care
2. Differentiate patients with increased risk of advanced CKD using the Kidney Failure Risk Equation
3. Interpret blood pressure treatment targets and use of SGLT2 inhibitors for patients with CKD

Description:

Chronic Kidney Disease (CKD) affects approximately 2 million Canadians and is a recognized risk factor for cardiovascular disease and all-cause mortality. Patients that progress to end-stage renal disease (ESRD) 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. This presentation is based on the article “Approach to the detection and management of chronic kidney disease: What primary care providers need to know” published in Canadian Family Physician in October 2018. It focuses on the KidneyWise Clinical Toolkit for Primary Care, an educational resource developed by the Ontario Renal Network, which consists of a practical clinical algorithm, an outpatient nephrology referral form, and an interactive website that can be used at the point of care. The KidneyWise toolkit was updated in 2018 and incorporated the Kidney Failure Risk Equation (KFRE), a validated predictive model for progression of CKD to ESRD that incorporates age, sex, and readily available biomarkers – estimated glomerular filtration rate (eGFR) and urine albumin-to-creatinine ratio (ACR). By using the KFRE, primary care providers can manage CKD according to risk of progression and appropriately refer high-risk patients to nephrology, while

safely monitoring those with lower risk. In addition, given that hypertension is one of the main risk factors for developing CKD, and optimal blood pressure control slows CKD progression and reduces co-morbid cardiovascular risk, updated blood pressure treatment targets for CKD patients in primary care will be reviewed. There have also been recent studies focusing on the role of SGLT2 inhibitors that have shown significant cardiovascular and kidney protective benefits in patients with CKD and diabetes (e.g. CREDENCE). It is important for primary care providers to consider incorporating these recommendations into their everyday practice.

Abstract ID: 20

LEAP Online

Learning objectives:

1. Identify patients who could benefit from a palliative pare approach earlier in the illness trajectory
2. Appropriately assess and treat patients with pain, delirium, dyspnea, nausea, gastrointestinal symptoms, depression, anxiety, and grief
3. Initiate essential discussions related to palliative and end-of-life care in your daily work

Description:

LEAP Online is a facilitated online learning program that provides health care professionals with the essential skills and competencies of the palliative care approach. LEAP Online includes 16 online, self-directed modules and 6 hours of webinars led by LEAP facilitators who are experienced palliative care clinicians and educators. This course is ideal for family physicians and residents who would like to complete training in palliative care at their own pace and who provides care for patients with life-threatening and progressive life-limiting illnesses. This Group Learning program has been certified by the College of Family Physicians of Canada for up to 24 Mainpro+ credits.

This session requires approximately 8 hours of pre-course work to be completed prior to the November 3rd workshop.

Click here for more information

Abstract ID: 252

Managing ADHD in Adults in Your Office

Nick Kates, MBBS, FRCPC, MCFP (Hon)

Learning objectives:

1. Understand the prevalence of ADHD in adults, including its co-morbidity
2. Learn about non-pharmacological approaches to management of ADHD in adults
3. Become familiar with the use of medications for Adults with ADHD and their indications

Description:

Over 60% of children with ADHD will continue to have symptoms as adults, making it one of the most commonly encountered mental health problems seen in primary care but also one that is frequently overlooked. This workshop reviews the prevalence of Adult ADHD in primary care and the different ways it can affect an individual's life. It uses case examples to describe ways it can present in primary care, and how to recognize when it may be a comorbid condition, often accompanying a mood or anxiety disorder. It reviews the specific criteria required to make a diagnosis of ADD with or without hyperactivity, and screening tools to detect its presence. It presents an overview of treatment approaches including the importance of psychoeducation and support, providing structure and routine, family involvement, cognitive approaches and the use of medication. It outlines the different medication options and reviews guidelines for their initiation, monitoring and discontinuation, and the indications for each, and provides links to reading materials and resources that can be provided to patients.

Abstract ID: 336

Managing Tensions in the Health Advocacy Role

Theresa van der Goes, MD, CCFP; Renate Kahlke, PhD;
Ian Scott, MD, MSc, CCFP, FRCPC, FCFP; Maria Hubinette, MD, CCFP, MMEd, FCFP

All teachers welcome. Highlights experienced concepts for clinical preceptors.

Learning objectives:

1. Identify areas of tension for learners in enacting health advocacy
2. Explore options for coaching learners to manage these challenges
3. Suggest tangible supports for preceptors in this coaching role

Description:

Health advocacy is a contentious role in CanMEDS FM, in part because it requires physicians and learners to speak up, work to change conventions, systems, and mobilize resources in their various practice contexts. For learners this is a particularly challenging thing to do, socially, professionally, and practically. In a large data set we created on how learners in family practice interpret health advocacy, we encountered examples where learners described tension with their peer learners, preceptors and with the system itself. We found little evidence that they felt confident in dealing with these challenges, despite the fact that taking action is essential for advocacy. In our data, when learners wanted to speak out or work towards a systemic change, they were often stalled into inaction. Not having the agency to make direct change; they "worked around" the systemic issue or person perceived as a barrier to necessary advocacy (or saw their role models do so). This workshop will draw on examples from our data and invite attendees to discuss how health advocacy action might be taught, modeled, and supported in these moments where social and systemic friction hampers advocacy action for learners. Description: Introductions, brief presentation of examples of inaction and work-around attempts for learners facing tensions in practicing health advocacy, from our data set. Large group discussion on typical examples and why they might occur. Small group discussion to develop practical resources to support preceptors in coaching and assessing this role in the workplace. Collective debriefing.

Abstract ID: 176

Menopause and Sex: Is that all there is?

Susan Goldstein, MD, CCFP, FCFP, NCMP

Learning objectives:

1. Perform an efficient peri-menopausal assessment
2. Employ menopausal treatment options, considering the most recent menopause guidelines
3. Address sexual concerns with menopausal patients

Description:

After a quick introduction to the family-medicine based menopausal assessment, we will review an approach to treatment and applicable treatment options, in the context of the most recent practice guidelines, including the new SOGC menopause guidelines. This will be followed by a discussion of the evidence-based treatment options available to address menopause-related sexual concerns.

Abstract ID: 147

Mood Disorders: Comprehensive and realistic strategies for primary care physicians

Jose Silveira, BSc, MD, FRCPC, Dip ABAM

Learning objectives:

1. Describe strategies for managing patients including acute risk, functional impairment, residual symptoms relapse and recurrence
2. Safely and confidently manage diagnostically uncertain mood disorders pending diagnostic clarification
3. Apply advanced strategies to selecting biological, psychological, physical, social interventions organized in a stepped-care model

Description:

Within the primary care setting, how can family physicians who are managing mood disorders in patients with uncertain diagnoses and/or associated comorbidities be confident in long-term assessment and management, while addressing the risks and complications that patients with these conditions may suffer? This program builds confidence and competence to deliver care over time and through the changing nature of these conditions. It looks at practical and realistic approaches, and strategies for management over the lifespan and through the stages of severity, including acute risk, functional impairment, residual symptoms relapse and recurrence. After taking part in the program, family physicians will be better able to select strategies to safely and confidently manage diagnostically uncertain mood disorders pending diagnostic clarification, regardless of whether diagnostic clarification takes months or years. Participants will also be able to describe how to safely manage mood disorders in pregnancy,

the elderly and patients with comorbid alcohol and drug use, as well as patients with comorbid mood disorders and common chronic medical conditions.

Abstract ID: 150

New Strategies and Moving Targets in Heart Failure Care

Adam Grzeslo, MD

Learning objectives:

1. Discuss new evidence for the use of SGLT2 inhibitors and their impact on heart failure care
2. Explore an approach to the treatment of HF, including timing of novel pharmacologic/non-pharmacologic therapies
3. Apply practical strategies to integrate the Canadian Cardiovascular Society HF guidelines into daily clinical practice

Description:

The CCS HF Guideline Clinical Trial Update incorporates new evidence based on recent clinical trial results and identifies changes and evolution in the care of patients with HF in the areas of Transcatheter Mitral Valve Repair, cardiac amyloidosis, heart failure with preserved EF, and prevention of HF outcomes with SGLT2 inhibitors. In this presentation, members of the CCS HF Guidelines Panel will present practical clinical strategies in the management of patients with HF with a focus on updated approaches to achieve optimal treatment and effectively manage HF care.

Abstract ID: 482

Opioid Prescribing Patterns Before and After the 2017 Guideline

Ramneet Kaloti*; Mahwish Ahmed; Elisabeth Forde, BA;
Anwar Parbtani, MD, PhD, FCFP, LM; Matthew Orava, MD, CCFP, MSc

Learning objectives:

1. Describe the change in prescribing patterns of family physicians following the 2017 opioid guideline
2. Identify methodology that will allow them to reflect on changes in their own practice

Description:

Objectives: To assess opioid prescribing patterns of family physicians for chronic non-cancer pain prior to and 6 months post the 2017 Canadian guideline for opioids for chronic non-cancer pain. **Design:** A retrospective chart review from January 1, 2014 to June 30, 2019 with exclusion from May 1, 2017 to October 31, 2017 (time for guideline implementation). **Setting/participants:** Patients enrolled to 95 family physicians in a family health team in a mid-size Ontario city. **Inclusion:** Charts of non-cancer patients ≥18 years, treated with opioids

for ≥ 3 months. **Exclusion:** Cancer diagnosis and/or opioid prescriptions for <3 months. **Outcome measures:** Age, gender, prescriptions of opioids, morphine equivalence (MEQ) dose, and concomitant prescriptions for opioids and benzodiazepines. Patients with diagnosis of depression, anxiety (or both) and bipolar disorder were noted. **Statistics:** Z-statistics and chi-squared test were utilized. **Results:** 781 patients were on opioids for chronic non-cancer pain (57% females). A large number of patients had concomitant mental health disorders including anxiety (n=574; 73%), depression (n=306; 39%), often with both, and bipolar disorder (n=86; 11%). Discontinuation of opioids was noted in 119 (15%) patients post 2017 guideline (P90 mg MEQ opioids was reduced from 106 (14%) to 50 (6%; p200 mg MEQ was reduced from 34 (4%) to 10 (1.3%; p200 mg MEQ opioids, 80% had mental health disorders. Prior to 2017 guidelines, 185 (24%) patients were on concurrent opioids and benzodiazepines which was reduced to 118 patients (15%) post guidelines (p<0.001). **Conclusions:** We noted a reduction in opioid prescriptions, MEQ dosing and the concomitant opioids and benzodiazepines prescriptions post 2017 guideline. Although statistically significant, this was a modest reduction, suggesting that a sustained effort in this area is required. Effectively addressing mental health may also contribute to reduction in opioid prescriptions.

Abstract ID: 232

Opioids: The big picture

Henry Chapeskie, BSc, MD, CCFP, FCFP, CAME; Mark Dube, MD

Learning objectives:

1. Upon completion the participant will understand the social and historical context of opioids
2. Upon completion the participant will review narcotic-induced neurotoxicity, hyperalgesia and the controversial role of marketing
3. Physicians will understand why the evidence supports a reduction in the use of opioids

Description:

In the past 25 years, the use of opioids has increased dramatically and there has been an associated concurrent increase in morbidity and mortality. With recent government and regulatory body concern regarding the current crisis, many physicians have begun to question the role of opioids. This presentation will provide the physician with the opportunity to identify and critically evaluate the role of opioids. Physicians will review the phenomena of narcotic neurotoxicity and narcotic-induced hyperalgesia. The evidence-based rational for the reduction/cessation in their use will be presented.

Abstract ID: 207

Pearls and Pitfalls of Topical Steroid Therapy

Christine Rivet, MD, CM, CCFP (EM), FCFP, DPDerm

Learning objectives:

1. Determine the correct amount of topical steroid based on fingertip unit and rule of hand
2. Use the appropriate strength of topical steroid depending on patient and skin characteristics
3. Describe complications of steroid therapy like tinea incognito and explain how to avoid them

Description:

Patients are often reluctant to use topical steroids because of the potential side effects described on the package insert. Physicians are also apprehensive that they will cause problems to patients from too potent a topical steroid or too long a duration of treatment. This interactive presentation will use case examples to illustrate safe and effective treatment of skin conditions with topical steroids. What is the fingertip unit and the rule of hand? How do we use these measures to ensure patients have enough topical steroid for their skin problem? What is a safe duration of treatment? What do we use for eczema on the eyelids to avoid complications such as glaucoma? Can a patient develop an allergy to a topical steroid or the vehicle and how do we recognize and avoid this? What topical steroid can be used safely in the intertriginous areas? What is tinea incognito and how do we make the diagnosis and prevent it from happening? These are a few of the questions that will be discussed using real patient examples of topical steroid therapy. Audience participation, questions and comments are encouraged.

Abstract ID: 86

PEER Jeopardy: U-Pick clinical questions and quick answers

Adrienne Lindblad, ACPR, PharmD; Tina Korownyk, MD, CCFP; G. Michael Allan, MD, CCFP

Learning objectives:

1. Summarize high level evidence for a number of clinical questions
2. Incorporate best evidence for common primary care questions in patient care
3. Differentiate between interventions with minimal benefit and strong evidence for patient-oriented outcomes

Description:

This talk will be presented by the PEER group and is a fast-paced review of answers to common clinical questions in primary care. The audience will select the questions from a list of possible topics and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include management issues from pediatrics to geriatrics, including a long list of medical conditions that span the breadth of primary care.

Abstract ID: 100

PEER: What's new, what's true, and what's poo

Christina Korownyk, MD, CCFP; Michael Allan, MD, CCFP; Adrienne Lindblad, PharmD

Learning objectives:

1. Briefly review evidence for new therapies, tests or tools that could be implemented into practice
2. Briefly review evidence that reaffirms currently utilized diagnostic tests, therapies or tools
3. Briefly review articles that highlight diagnostic tests, therapies or other tools that should be abandoned

Description:

In this session, members of the PEER team will review studies from the last year that are relevant to primary care, and potentially practice changing. Topics will vary depending on studies that have been published in the past year. Brief evidence reviews will focus on clinical application of the newest available information. We will discuss whether the research implications of these studies are practice-changing or re- affirming or whether they should be ignored.

Abstract ID: 375

Perinatal Mental Illness in Primary Care

Tanya Sala, MD, FRCPC

Learning objectives:

1. Describe common presenting signs and symptoms of perinatal depression
2. Describe four mental illnesses other than depression that can present during the perinatal period
3. Discuss the management of perinatal depression in primary care

Description:

During the perinatal period, up to 20% of women in Canada will experience a mental illness. These disorders are a significant cause of disability and suffering for women and can also have a profound impact on their children, their partners and other family members. The risks of perinatal mental illnesses include inadequate prenatal care, substance use, poor nutrition, impaired mother-child bonding, impaired development for the child, breakdown of family relationships, and in extreme cases maternal suicide and infanticide. Although these disorders are serious, effective treatment interventions are available. Enhanced awareness, detection and treatment of perinatal mental disorders can improve maternal health during the perinatal period.

Abstract ID: 26

Physician Wellness for Family Physicians: Evidence-based strategies

Serena Siow, MD, CCFP

Learning objectives:

1. Define the scope of burnout, as it relates to family physicians
2. Recognize the importance of physician wellness beyond burnout
3. Identify effective strategies to improve personal well-being

Description:

Physicians with positive daily work lives have better patient experiences and outcomes. By optimizing the wellness of physicians, we anticipate a positive impact their ability to provide effective high-quality patient care. This aligns with the Quadruple Aim of healthcare organizations, as physician wellness supports enhanced patient experiences, improved population health, and reduced costs. This presentation will review the scope of physician burnout. With an emphasis on physician wellness, this presentation will highlight evidence-based strategies to improve personal well-being that are relevant to family physicians.

Abstract ID: 379

Physicians, Heal Thyselves: Responding to workplace-related grief

Cornelius Woelk, MD, CCFP (PC), FCFP; Chris MacKinnon, PhD, OPQ; Viola Woelk

Learning objectives:

1. Identify common grief reactions in the context of being a physician and experiencing work-related grief
2. Summarize strategies for responding constructively to work-related grief and monitoring your mental health
3. Describe observable behaviours in colleagues that may suggest additional support may be needed

Description:

Whose friend dies in their care; or a physician whose long-term patient has had a catastrophic diagnosis; grief is a common and silent struggle facing many working in healthcare. It can be difficult for physicians and other healthcare providers to acknowledge and talk about their grief and trauma. There are often barriers, both internal and systemic, to seeking support to help move through it. This presentation, co-led by a rural palliative care physician with more than 25 years' experience, a national grief specialist, and the spouse of a rural physician who has engaged rural healthcare providers in discussing grief in their careers to help inform the development of online grief learning modules to help equip healthcare providers to understand and learn about evidence-informed strategies to process their own grief and trauma. Highlighting the grief learning modules being developed specifically for healthcare providers, this session will explore and normalize healthcare providers' work-related grief and equip them with additional skills related to grief recognition, processing, and management as it relates to their own daily practice and the supporting of colleagues. The modules include a series of video interviews and written content, featuring personal stories from healthcare

providers that are designed to support them understand grief impacts, learn strategies for working through their grief, and build resilience. At the end of this session, physicians will be able to recognize their work-related grief; understand how work-related grief may impact their personal and work life; identify strategies for working through grief; recognize grief in colleagues; and, be equipped to take a leadership role in acknowledging, educating, and promotion healthy approaches to grief within their workplace.

Abstract ID: 320

Practical Interventions for Social Determinants and Health Inequities

Gary Bloch, MD, CCFP, FCFP; Ritika Goel, MD, CCFP

Learning objectives:

1. Explain the need to address social determinants of health and health inequities in primary care
2. Examine practical interventions into social risks to health for individuals, communities, and healthy public policy
3. Explore the challenges and benefits of implementing social interventions in different primary care practice settings

Description:

Canadian family physicians are at the forefront of a powerful international movement to change the shape of primary health care by developing interventions into the social determinants of health and health inequities. Evidence has long demonstrated that social factors are the primary drivers of health, and health inequities result directly from social inequality. The role of family physicians and primary care teams in addressing those factors is becoming increasingly clear and are expected to become a normal part of primary care practice over the next years. The presenters will ground this interactive workshop in a deep understanding of the international literature on social interventions. They will draw on their extensive experience in developing, evaluating, and teaching about interventions into social determinants and to reduce health inequities to offer practical approaches to address these factors in Canadian primary care practice. Participants will also examine key reflective concepts to aid in preparing individuals and teams for these interventions, including anti-oppressive practice, cultural safety, and trauma-informed care. Practical interventions will focus on individual patients, the communities in which we practice, and efforts to advocate for healthy public policy. Participants can expect to leave with a set of practical tools and approaches, along with an opportunity to explore the challenges and benefits to their implementation. A summary of interventions implemented in the presenters' family health team can be found here: https://www.stmichaelshospital.com/programs/familypractice/sdoh.php.

Abstract ID: 83

Practical Tips for Managing Behavioural Problems in Dementia

Karenn Chan, MD, CCFP, CAC COE

Learning objectives:

1. Identify what symptoms may respond to pharmacological treatments vs. behavioural modification
2. Become familiar with an approach to treating behavioural problems in people living with dementia
3. Become familiar with the medications typically used for pharmacological management of BPSD

Description:

Behavioural and psychological symptoms of dementia (BPSD) affect up to 90% of those diagnosed with dementia at any given point in the duration of their illness. This session will cover an approach to treating BPSD for the family physician. Cases will be used to illustrate learning points. Both pharmacological and non-pharmacological interventions will be discussed. Pharmacological interventions discussed will include details include starting dosages, expected time frame of improvement and when follow up should occur.

Abstract ID: 457

Practice Intentions and Choices: Alignment or misalignment?

Monica Aggarwal*, PhD; Ivy Oandasan, MD, CCFP, MHSc, FCFP

Learning objectives:

1. Gain understanding of how practice intentions compare with the practice choices of family physicians

Description:

Context: Triple C is a competency-based medical education initiative that prepares family medicine (FM) graduates to provide comprehensive care to patients and meet the needs of the community in Canada. The Family Medicine Longitudinal Survey (FMLS) evaluates the Triple C and provides information on the practice intentions and choices of early career family physicians (FPs). These choices have implications for primary care workforce planning. **Objective:** To compare the practice intentions of FM graduates with the practice choices of early career FPs with respect to comprehensive care activities and practice models. **Design:** Aggregate-level secondary data analysis. **Setting or dataset:** FMLS for FM residents exiting in 2015 and early career FPs (first 3 years in practice) in 2018. **Population:** One cohort of FM residents (N=632) and early career FPs (N=206) in Canada. **Outcome measures:** Surveys capture information on practice intentions and choices of FM residents and early career FPs with respect to comprehensive care and specific practice models. Unmatched aggregate-level data was used to compare practice intentions and choices. Chi-square tests were used to examine significance. **Results:** There were significant declines in the proportion of FPs reporting being involved in comprehensive care activities and group practice models in comparison to practice intentions. Declines were seen in: care across the life cycle,

intrapartum care, palliative care, office based clinical procedures, hospital practice, long term care, rural practice, group practice, and interprofessional practice. **Conclusion:** Practice intentions for the clinical domains that graduates perceived they would be practicing and the types of practice models they intended to work within significantly changed three years into practice. These findings have direct implications for primary care workforce planning. Further research is needed to understand the factors that influence practice choices in order to help influence ways to improve access and scope of practice of future FPs.

Abstract ID: 129

Practising Structured Feedback for Clinician Teachers Through Simulation

X. Catherine Tong, MD, CCFP (EM), FCFP; Sharon Bal, MD, CCFP, FCFP;
Krista Dowhos, MD; Aaron Geekie-Sousa, CHSE; Isla McPherson, MD, CCFP;
Quang Ngo, MD, FRCPC

All teachers welcome. Highlights novice concepts for clinical preceptors.

Learning objectives:

1. Identify characteristics of effective feedback
2. Define Advocacy-Inquiry as a technique for providing feedback
3. Apply Advocacy-Inquiry technique with standardized learners in a simulated interaction

Description:

Problem: Feedback is essential in the learners' journey to achieve expertise. Providing high quality feedback is one of the most important competencies of a clinical teacher. Teachers' understanding of the essential elements of good feedback can make a significant difference in the learners' development and the teachers' own satisfaction in their teaching role. For this reason, how to give good feedback is a perennial favourite topic according to needs assessment in faculty development. The Advocacy-Inquiry(A-I) model of feedback and debrief has been well described in the faculty development literature. Unfortunately, very few teachers benefit from direct observation of their feedback technique in a safe and simulated environment. **Our Approach/Instructional Method:** In this workshop, we provide a background on elements of effective feedback, and review the A-I feedback technique. We then allocate the majority of our time to work through several feedback exercises with participants to practice the A-I technique. We start with a simple and low-stakes exercise to clarify the technique. We then introduce actors who are trained as standardized patients and standardized learners to showcase 2-3 typical clinical encounters. The cases are written to illustrate common challenging scenarios in feedback, including issues of professionalism and learners lacking insight. Participants are invited to take turns to provide feedback to the standardized learner using the A-I technique. A 2-hour workshop would afford more practice opportunities for the participants. **Conclusion:** Giving learner feedback is one of the most important tasks of the clinician teacher. Our team aims to provide a rare opportunity for participants to review and practice the A-I technique in a safe and simulated environment. Participants will leave this workshop with valuable simulated experience in giving feedback effectively, especially in more challenging scenarios.

Abstract ID: 338

Practising Under the Influence: Family physicians and the health care/pharmaceutical industry

Katherine Bell, MD, CCFP

Learning objectives:

1. Recognize HPI direct and indirect marketing techniques
2. Implement strategies to mitigate bias/unwanted influence of HPI upon clinical decision making
3. Make informed decisions about their own interactions with HPI, through self-reflection and evidence presented

Description:

The healthcare/pharmaceutical industry (HPI) markets directly to physicians. Family physicians (FPs) individually manage their own HPI interactions along a spectrum. At one extreme, some FPs believe they are able to mitigate the bias from HPI interactions and interact freely with HPI, while at the other extreme, FPs opt out of HPI interactions altogether, believing they are avoiding bias. Many organizations, including the CFPC, are moving toward pharma-free meetings/events. Unfortunately, as more sophisticated and novel targeted marketing strategies are developed, it can become less clear where and how HPI has impacted the information FPs are using to make clinical decisions. Avoidance of direct HPI interaction alone may not fully prevent influence upon in clinical decision making. This session will review the evidence about how FPs are influenced and give strategies to help FPs manage our own relationships with HPI ethically.

Abstract ID: 151

Practising Wisely: Reducing unnecessary testing and treatment

Peter Kuling, MD, BSC, MSC, CCFP, FCFP, CCPE; Genevieve Bois, MD

Learning objectives:

1. Identify opportunities and develop strategies to reduce over-medicalization.
2. Integrate relevant evidence into individual patient care decisions and plans
3. Communicate and build consensus with patients

Description:

Participants will identify opportunities on how to "practise wisely", with a focus on reducing over-prescribing, over-imaging, over-screening and over-monitoring using the latest evidence and tools from diverse sources. This workshop aligns closely with the Choosing Wisely Canada campaign to implement good healthcare stewardship and avoid over-medicalization. Participants will learn how to access reliable, curated and renewable online resources for an evidence-informed practice supporting individualized patient care. Active learning exercises

such as case studies, individual reflection and group work will help participants to build communication skills to guide their patients through the shift from seeking sickness to enhancing health.

Abstract ID: 394

Presentation by the Family Medicine Researcher of the Year

Abstract ID: 392

Presentation by the Recipient of the CFP Best Original Research Article

Abstract ID: 390

Presentation by the Recipient of the CFPC Outstanding Family Medicine Research Article

Abstract ID: 389

Presentation by the Recipient of the Research Award for Family Medicine Residents (1)

Abstract ID: 391

Presentation by the Recipient of the Research Award for Family Medicine Residents (2)

Abstract ID: 465

Primary Care Access on Select Saskatchewan First Nations

Alexa McEwen*, RD; Maryam Yunus; Megan Clark, MD; Mamata Pandey, PhD; Susanne Nicolay, RN; Stuart Skinner, MD; Cynthia Kay; Michelle Pratt; Sheila Bigsky; Valerie Desjarlais, BA

Learning objectives:

1. Describe the unique Wellness Wheel clinical initiative
2. Describe barriers and facilitators to healthcare on remote First Nations
3. Describe novel ways to work with people on remote First Nations to facilitate healthcare access

Description:

Objective: The objective of the study was to explore the perspectives of First Nations people and identify barriers to healthcare access. **Design:** A qualitative research design was

employed. Honouring the oral traditions of First Nations people, a story-telling approach was adopted to discuss the barriers to accessing healthcare. Three focus groups were carried out in three communities. Two facilitators identified the salient discussion points, which were shared back with focus group participants for confirmation and clarification. Data were analysed thematically. **Setting:** Healthcare access is limited in geographically isolated First Nations communities. Identifying barriers to healthcare access for First Nations people was important to inform delivery of Wellness Wheel Clinics, developed to address health disparities in Saskatchewan Indigenous communities. **Participants:** Seventeen participants from three communities participated in the focus groups. **Results:** Transportation barriers and communication challenges affecting satisfactory healthcare access emerged as main themes. Clients traveled long distances and often relied on friends and family for access to healthcare. Space in federally-funded medical taxis was prioritized and inadequate. Travel was unsafe during winter and over-crowded medical-taxis increased infection risks. Remoteness delayed access to ambulances by 1-2 hrs. Individuals often delayed healthcare access until issues were emergent. Appointments were missed and follow-up was poor, leading to uncoordinated care. Unsatisfactory provider-client communication at urban centers and poor follow-up resulted in unmet healthcare needs. Additionally, delays were experienced at walk-in clinics and emergency departments. A limited number of participants in either community had accessed WW services and others were aware of them. **Conclusions:** Transportation emerged as a factor significantly impacting timely access to healthcare services. By increasing community awareness of its services, the WW program could improve delivery and potentially help community members access local primary care easier. Transportation issues should be considered when coordinating care for First Nations people who are geographically isolated.

Abstract ID: 451

Primary Care and Adjuvant Breast Cancer Chemotherapy

Rachel Walsh*, MD, CCFP; Aisha Lofters, MD, PhD, CCFP; Rahim Moineddin, PhD; Monika Krzyzanowska, MD, MPH, FRCPC; Eva Grunfeld, MD, DPhil, FCFP

Learning objectives:

1. Describe how comorbidity level affects primary care utilization during adjuvant breast cancer chemotherapy
2. Discuss how primary care continuity impacts wait times to receiving adjuvant breast cancer chemotherapy

Description:

Context: Breast cancer patients visit their primary care physicians (PCPs) more often when they are receiving adjuvant chemotherapy compared to before their breast cancer diagnosis. However, the reasons for this are uncertain since the role of primary care during chemotherapy is unclear. Additionally, how the use of primary care services may affect wait times to receiving adjuvant chemotherapy for breast cancer has not been explored. **Objective:** To determine how physical and/or mental comorbidities affect primary care

physician (PCP) use during adjuvant breast cancer chemotherapy and how PCP continuity affects time to chemotherapy. **Design:** Population-based, retrospective cohort study using linked administrative health databases (including the Ontario Cancer Registry, Ontario Health Insurance Plan claims database, and others) as part of the Canadian Team to Improve Community-Based Cancer Care along the Continuum (CanIMPACT). **Setting:** Ontario, Canada. **Participants:** Women diagnosed with stage I-III breast cancer who received curative surgery and adjuvant chemotherapy. **Main outcome measures:** Number of PCP visits during adjuvant chemotherapy, time from initial healthcare presentation of cancer to start of adjuvant chemotherapy. **Results:** Six-month PCP visit rate increased during chemotherapy (mean 2.3 baseline visits, 3.4 chemotherapy visits). Low physical/mental comorbidity patients saw larger increases (1.4/1.8 baseline, 2.8/3.0 chemotherapy) versus high physical/mental comorbidity (5.6/3.5 baseline, 5.3/4.1 chemotherapy). Median time to chemotherapy (126 days) was shorter by 3.21 days in symptom-diagnosed patients with low PCP continuity, 17.43 days in screen-diagnosed immigrants with high PCP continuity and 10.68 days in symptom-diagnosed patients with no baseline PCP utilization. **Conclusions:** Patients with low physical and/or mental comorbidity showed greater increases in PCP use during adjuvant chemotherapy, which could be due to ceiling effect. Higher PCP continuity was associated with shorter median time to chemotherapy in screen-diagnosed immigrants.

Abstract ID: 565

Putting it Into Practice: Recent evidence and strategies for protecting patients against MenB (Ancillary Session)

Taj Jadavji, MD

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Describe meningococcal disease burden and epidemiology, and identify the clinical presentation and at-risk populations
2. Understand the importance of meningococcal serogroup B (MenB) protection and the current immunization options in Canada
3. Highlight the growing body of clinical and real-world evidence supporting MenB vaccination
4. Apply appropriate counselling strategies for discussing MenB vaccination with patients and parents

Description:

Although meningococcal serogroup B (MenB) infection is rare, it is difficult to diagnose and can lead to long-term disability and death. Recent data has become available emphasizing the utility of MenB vaccines, including 4CMenB and MenB-FHbp, in protecting Canadians against this disease. This program reviews the burden of disease, importance of vaccination,

recent clinical data for MenB vaccines and patient counselling strategies to put MenB immunization into practice.

Abstract ID: 72

Recent Recommendations: Guideline updates from 2019 and 2020

Danielle O'Toole, MD, MSc, CCFP

Learning objectives:

1. Describe guideline updates from the previous year that are relevant to family medicine
2. Evaluate the evidence supporting the guideline recommendations as they pertain to primary care
3. Integrate relevant updated evidence into clinical practice and individual patient care decisions

Description:

The volume of medical research and publications is increasing at a rapid pace which can make it an ongoing struggle for clinicians to remain current with updates and novel approaches. This struggle is especially real for family physicians due to the breadth of knowledge they must use daily. The difficulties increase when there is significant effort, complexities, and inconveniences in accessing the salient information or “take-home” points, especially when they are buried within lengthy guidelines. Our patients lose the benefits that new research brings when we do not integrate the latest information into clinical practice. This session is designed for clinicians at all stages in their career. This presentation will highlight updates to guidelines that are relevant to primary care, along with the level of evidence supporting the recommendation. This session will also include a brief discussion on the recommendation from a family medicine lens as well as any relevant insights into how to integrate the changes into practice. Topics will include updates to guidelines in a broad range of areas including cardiovascular, obstetrics, gastroenterology, and cancer care. Participants will leave with salient take-home points and be able to delve deeper into topics of interest or gaps in knowledge before opting to incorporate them into practice.

Abstract ID: 66

Red-Eye Simple Approach: Evidence, pearls, medico-legal pitfalls

Simon Moore, MD, CCFP

Learning objectives:

1. Differentiate various red eye diagnoses confidently using a new algorithm, and avoid common medico-legal pitfalls
2. Prescribe therapeutics for red eye, including antibiotics, safely according to recent evidence
3. Identify simplified red eye red flags requiring urgent referral

Description:

The focus of this energetic lecture is to not only to review the scientific content, but also to help the learner apply clinical, patient-is-in-front-of-you management. This lecture will help the learner confidently differentiate which red eye patients need urgent referral versus those who can safely be discharged home. The talk also emphasizes pearls that every family physician should know about red eye. This presentation is the updated version of a highly rated presentation at FMF annually since 2014 as well as at OCFP ASA. It incorporates updated recommendations and feedback from the previous presentations, plus a new algorithm adapted from the ophthalmology guideline.

Abstract ID: 51

Review of Choosing Wisely Canada Addiction Medicine Recommendations

David Martell, MD, CCFP (AM), FCFP, CISAM

Learning objectives:

1. Understand the process of developing Choosing Wisely recommendations
2. Appreciate how having an addiction medicine lens helps fight stigma
3. Learn and give input on proposed recommendations in development

Description:

Choosing Wisely Canada is an organization with tremendous influence in Canada on front line providers. Despite this, many fields in medicine still have not established recommendations. The College of Family Physicians of Canada has established a Certificate of Added Competence in addiction medicine and many front-line providers have taken an interest in expanding their capacity to manage patients diagnosed with addictive disorders. The Canadian Society of Addiction Medicine has taken a leadership role in defining recommendations for addiction medicine to guide family physicians in managing these patients. What remains is to decide how many and which recommendations to promote. Once published, recommendations will undergo a yearly review process. The proposed session will offer a review of current recommendations and allow opportunities to debate the merits of each, allow attendees to put forth ideas for new recommendations and poll attendees to determine which recommendations have the most strength. Data collected will factor in the yearly review of recommendations for the field.

Abstract ID: 562

Role of Family Medicine During the COVID-19 Pandemic

Christine Gibson, MD; Françoise Guigné, MD; Kenneth Yakubu, MD; Innocent Besigye, MD; Ichsan

Learning objectives:

1. Use Narrative Practice and Self-Reflection as tools for healing and learning

2. Understand the benefits of connections between family physicians worldwide in pandemic scenarios
3. Highlighting the resilience and essential comprehensive skill set of family physicians facing unprecedented challenges

Description:

During an international infectious phenomenon, the role of the family physician becomes more critical. Our knowledge of community, established trusted relationships, and our ability to be adaptable to urgent need puts our profession in good stead to respond to complexity. The COVID-19 pandemic is one of the first challenges truly facing us as an interconnected globalized species. Likewise, the connections of the Besrour Centre within the CFPC, whose mission is to support the development of Family Medicine worldwide, has allowed us to harness global experiences with this public health issue. Studying the pandemic from multiple global perspectives, yet through the lens of Family Medicine, we see how our professional attributes are deployed worldwide in such times. Who else rather than Family Medicine is adept at addressing the anticipated third wave (outcomes of neglected chronic disease or unmonitored symptoms) and fourth wave (mental, economic, and social distress) - we describe how a comprehensive approach addressing individual and systemic health is necessary. In this workshop, we will use an interactive process to share collective stories centred on the defined CANMEDS-FM roles of the global family doctor. The speakers will catalyse these sharing circles with examples of phenomenon and responses they experienced or witnessed from colleagues. The Besrour-CFP Emergence Podcast will be highlighted under Communicator - lessons learned from our global partners. Examples of Advocacy through news interviews or social media campaigns, of Collaborating with iterative team-based care, or of Scholarly activity through research or knowledge translation to community may be highlighted. Participants will be able to debrief and reflect on their personal experiences during the COVID-19 pandemic, to determine how this response reflects the great skill and comprehensive generalist approach of our discipline, and to heal from the trauma through the power of collective story.

Abstract ID: 163

Rourke Baby Record: What's new in 2020

Leslie Rourke, MD, FCFP, MCISc; Imaan Bayoumi, MD, MSc, FCFP;
Bruce Kwok, MD, MSc, CCFP

Learning objectives:

1. Apply preventive health information to the care of children up to 5 years of age
2. Interpret and implement new evidence related to various topics in well baby/childcare
3. Integrate the updated 2020 Rourke Baby Record effectively into your practice

Description:

A child's early years are critical periods that can determine their future physical, mental, social, and emotional health outcomes. To assist clinicians and parents ensure a child's

optimal well-being, the Rourke Baby Record (RBR) is a widely utilized tool that provides evidence-based recommendations and resources for the care of children up to five years of age. In this interactive case-based session, we will introduce you to the updated 2020 version of the RBR. Participants will learn about new research and evidence that has guided updated recommendations to provide sound anticipatory guidance. These include topics such as the introduction of solid foods (especially iron-containing and allergenic foods), health risks and harms of e-cigarettes and cannabis in this age group, and new guidelines on the early detection and management of children with autism spectrum disorder. Pearls for practice will help participants care for their patients and answer parent's questions more effectively using the various resources embedded within the RBR. This session will appeal to family physicians, other primary healthcare providers (including paediatricians, nurse practitioners, family practice nurses, and community/public health nurses), medical learners and teachers, and parents.

Abstract ID: 564

Setting the Facts Straight Around Triple Therapy in COPD (Ancillary Session)

Charles Chan, MD

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Describe the place of triple inhaled therapy versus dual bronchodilators in the management of chronic obstructive pulmonary disease (COPD), and how treatable traits (symptoms vs exacerbations) should drive the choice of treatment
2. Discuss the selection of inhaled drug therapy for COPD according to the patient
3. Describe the differences in ease of use and minimum peak inspiratory flow requirement for various COPD inhaler types

Description:

Evidence-based treatment guidelines, including the Canadian Thoracic Society's 2019 guideline, clearly define the place of triple inhaled therapy in the management of chronic obstructive pulmonary disease (COPD). However, clinicians may have inadequate knowledge about some aspects of COPD management, and may harbour misconceptions, including about the role of triple therapy versus dual inhaled therapy in COPD, treatment selection for COPD according to the patient, differences between various COPD inhaler devices, and the safety profiles of inhaled corticosteroids (ICS) used in COPD. This educational program discusses these aspects of triple therapy in COPD and addresses prevailing myths/misconceptions.

Abstract ID: 275

Simplification of Diabetes Pharmacotherapy: So many medications, such little time

Akshay Jain, MD, FRCPC, FACE, DABOM; James Kim, MBBCh, PgDip;
Kevin Saunders, MD, CCFP

Learning objectives:

1. Illustrate the various classes of medications currently available in Canada for managing Type 2 DM
2. Overview of oral agents, injectable non-insulins and injectable insulin therapies including safety profile and efficacy
3. Discuss a simplified approach for the order of using these medications and clinical pearls

Description:

There are currently over 50 different agents (individual and fixed drug combinations) approved for use in the management of type 2 diabetes mellitus in Canada. No other chronic condition has as many options available. Colleagues in primary care would benefit from an overview of various medication options available and the mechanism of action of each, especially the newer agents. Focus will be on efficacy and safety of these agents and clinical pearls for initiation of these agents. We seek to discuss a simplified approach regarding the order of utilization of these medications, individualized to patient characteristics.

Abstract ID: 303

Social Medicine: Co-design and data

Andrew Boozary, MD, CCFP, MPP, SM; Pauline Pariser, MD, CCFP, FCFP, MASc;
Shoshana Hahn-Goldberg, PhD

Learning objectives:

1. Define relevant data analysis and key measures that influence management decision-making
2. Identify partnerships to advance integration of social care into healthcare within their respective institutions
3. Describe the key elements of end-user co-design and community engagement

Description:

Addressing the social determinants of health has been challenging in providing equitable and effective health care to for patients with complex health and social needs. Embedding a social medicine imperative within an academic tertiary care hospital involves a series of steps to influence decision-making at the senior management level, create internal and external collaborative partnerships, and most critically, commit to community co-design with structurally disadvantaged populations. This session describes methodology used to influence the adoption of a Social Medicine platform in the acute care setting. Starting with an analysis of high users of emergency and inpatient services, we demonstrate how translating this knowledge for senior management and board leadership is essential in signing on as anchor

institution for this work. Success in establishing the academic merit of this initiative relies on communicating the body of evidence and concomitant research and evaluation methodology to measure any impacts of the program. Concurrently, a memorandum of understanding was forged between the University Health Network, the City of Toronto and the United Way to advance meaningful connections for the target populations. This partnership laid the groundwork to mobilize human resources to tackle key priorities that included social isolation and loneliness, food insecurity, housing, transportation and income. Partnerships within the institution promoted a social medicine checklist within the ED to capture people at risk and advance integrated care for high needs patients with a variety of medical departments including family medicine and general internal medicine. An iterative communications strategy helped frame these activities and educate hospital staff in steering the deeper integration of social care with health care. Finally, a co-design framework to interview people with lived experience who were frequent users of the ED and inpatient care recognized value in incorporating patient insights so that services were consistent with what mattered most to them.

Abstract ID: 307

Teachers Helping Teachers: Peer observation of teaching

Sudha Koppula, MD, MClSc, CCFP, FCFP; Viola Antao, MD, MHSc, CCFP, FCFP;
Jill Berridge, BHSc PT, BA (Hons) PE; Miriam Boillat, MDCM, CCFP, FCFP;
Vina Broderick, MD, FCFP; Kiranpal Dhillon, MD, CCFP; Lyne Menard, MD, MSc, FCMF;
Linda Snell, MD, MHPE, FACP, FRCPC

All teachers welcome. Highlights novice and experienced concepts for clinical preceptors.

Learning objectives:

1. Describe peer observation of teaching as a faculty development activity
2. Reflect on models of peer observation of teaching
3. Apply concepts presented to engage effectively in peer observation of teaching

Description:

Background: Development of teaching skills can occur by means of various faculty development initiatives, one of which is peer observation of teaching (POT). POT is a method by which one teacher observes the teaching methods of another teacher in various settings and provides constructive feedback. POT is useful for any level of teaching experience and can be particularly helpful for challenging teaching situations. When designed well, POT can be an excellent faculty development opportunity. **Target audience:** Clinical preceptors and teachers outside of the clinical setting, who may observe a peer's teaching and in turn, be observed by a peer. Educational leaders who may be part of the development or administration of a POT program will also benefit. **Structure of workshop** (60 min total): Introduction of topic, speakers, and participants (5min); Exploration of participant POT experiences (5min); Discussion of perceived POT benefits and challenges (7min); POT models to consider (8min); Practice POT (25min); Application of POT in participant context (5min); Discussion/review/questions (5min). **Intended outcomes:** By the end of this

workshop, and using the resources provided, the engaged participant will discuss the concept of POT as a collegial faculty development activity. Participants will also consider practical approaches to POT.

Abstract ID: 250

Telehealth/Virtual Care Best Practices

James Purnell, MBBS

Learning objectives:

1. Recognize the importance of their environment
2. Apply techniques to build rapport
3. Identify sociocultural barriers

Description:

Providing telehealth/virtual care can be challenging and there are many interpersonal barriers to overcome. In Wollaston lake, a remote northern Saskatchewan First Nations Community of about 1500 people, virtual care was introduced to augment physician clinical service delivery through a weekly virtual clinic. Dene is the first language for many of the community members which adds to the cultural barriers of interacting through virtual care. Over the past two years the team in Wollaston lake has been working to break down these barriers and provide exceptional care to the community through collaborative engagement with the physician, nursing staff, patients and their families. Through this process and in discussion with other virtual care providers and partners a collective best practice is emerging. This includes acknowledgement of the physical setting the physician and patient are in respectively. The recognition of unique sociocultural barriers that are imposed through the use of virtual care. As well as unique techniques or refinements to help build rapport early and engage the patients, acknowledging the limitations imposed with virtual care.

Abstract ID: 264

Ten-Minute CBT: No-BS techniques for real doctors

Greg Dubord, MD; Mark Elkin, MD, FCFP; John Hedden, MD;
Barry MacMillan, MD, CCFP (SEM), FCFP; Ben Prasad, MD, FRCPC;
Julie Ridgen, MD, CCFP

Learning objectives:

1. Learn to structure ten-minute appointments to maximize impact
2. Acquire a "deck" of tools of persuasion with broad clinical applications
3. Learn the vital importance of not working harder than most patients

Description:

YES, "good enough" CBT can be integrated into ten-minute primary care appointments. In this three-credits-per-hour workshop, Dr. Greg Dubord and senior CBT Canada faculty teach you the essential skills that may fundamentally change your management of many vexing behavioral problems. You'll learn flexible medical CBT tools to enhance your existing approaches to disease risk factors (e.g., obesity, lack of exercise, poor stress management), chronic medical conditions (e.g., asthma, diabetes, chronic pain), and common psychiatric disorders (e.g., addictions, anxiety, depression). First, we review the epidemic problems of patient immaturity & empathy addiction, and the VOIS technique for managing non-compliance. Then we discuss how to pinpoint the pathogenic beliefs (cognogens) at the root of common emotional and behavioral problems. We continue on to explore the missing piece in most practices: the core clinical skill of persuasion. Although every physician will reply that s/he knows persuasion is a core clinical skill, few can name and describe which specific tool(s) of persuasion they're using at any given moment. The common consequences are patient stagnation and unnecessary physician frustration. FMF began in 2000, and it has hosted Ten-Minute CBT every year since. Thanks to the kind and constructive feedback of physician attendees, it is now a mature offering.

Abstract ID: 202

The Case for Practice Facilitation: Evidence for action

Patricia O'Brien, RN, BA, CNeph(C)

Learning objectives:

1. Identify the value of Practice Facilitation toward improved quality within primary care practices
2. Explain the system 'return on investment' for Practice Facilitation when implementing Patient's Medical Home
3. Explore the resources available to plan, initiate and support a primary care Practice Facilitation program

Description:

Primary care transformation is needed for overall health system renewal and sustainability. The model of primary care needs to be adaptive to change, and practice facilitation has been shown to be a key enabler of improved quality. The inclusion of practice facilitation offers provinces a significant return on investment toward their goal of increased value from health care services. Robust supports are available to recruit, train and mentor practice facilitators to be embedded in primary care organizational teams, and to be part of the enabling infrastructure for optimized use of electronic medical records (EMR), uptake of evidence based care, improved patient safety, team processes, value, and improved patient and provider experiences. Practice facilitators enable primary care physicians and team members to improve thereby enabling the achievement of provincial and practice goals, in addition to better serving patients, families, and populations. This role benefits from a network of facilitators, leaders and decision makers to share resources and learn from each other. The College of Family Physicians of Canada (CFPC) advocates for the role of the Practice Facilitator. This workshop, led by the CFPC, will share evidence describing the value of the

role and how, in concert with primary care physicians and team members, practice facilitation enables improvement and innovation. This workshop will also provide a platform to connect key provincial players with the objective of sharing, networking and collaboration.

Abstract ID: 356

The High-Performing Learner in Medical Education

Gurpreet Mand, MBBS, CCFP, FCFP; Risa Freeman, MD, CCFP, MEd, FCFP;
Allyson Merbaum, MD, CCFP, FCFP; Monica Nijhawan, MScCH, MD, CCFP, FCFP

All teachers welcome. Highlights experienced concepts for clinical preceptors.

Learning objectives:

1. Describe the characteristics of the high performing learner
2. Identify if their learner falls into one of the sub-types of high performing learners
3. Acquire strategies to teach high performing learners in their own setting

Description:

As medical educators, we encounter learners who come to our training programs with diverse strengths and challenges. Medical schools and residency programs dedicate significant amounts of time and resources to remediate learners who are struggling or are in academic difficulty. But what about the learner on the opposite end of the curve? What resources are allocated for the learner we refer to as the “high performing learner”? How prepared are teachers and programs to deal with that type of special learner? Moreover, how might a teacher tailor their teaching strategies for this subset of learners? This case-based and interactive workshop will provide participants with an opportunity to explore the topic of the high performing learner. We will review the literature and the rational for why it is important to identify this type of learner. The workshop will highlight the characteristics of these learners and provide strategies to help identify the different sub-types of exceptional learners. Participants will also have an opportunity to share their experiences and develop strategies that they can implement in their own setting.

Abstract ID: 305

The Patient's Medical Home: Peaches and pits

Amanda Condon, MD, CCFP, FCFP; Jessica Clendenan, MD, CCFP;
Margaret Rauliuk, MN, RN, NP; Dana Turcotte, PhD, RPh; Arle Jones, BA, BSW, RSW

All teachers welcome. Highlights novice concepts for clinical preceptors.

Learning objectives:

1. Review the PMH model and the CIHC interprofessional collaboration competencies and discuss how they overlap
2. Describe challenges and variation in implementation of PMH pillars within an interprofessional primary care team
3. Identify opportunities for improvement within a PMH model and interprofessional teams in primary care

Description:

Team-based care is the future of primary care delivery and identified as one of the 10 pillars of the Patient's Medical Home (PMH) Model. Implementing interprofessional team-based primary care requires investment in and recognition of the Interprofessional (IP) Collaboration competencies: IP communication, IP team functioning, shared leadership, IP conflict resolution, patient/family/community-centred care and role clarification. Power and hierarchy are important elements to consider and, though less explicitly described within these competencies, are certainly implicit in the daily operations of a given primary care team. Successful implementation of the PMH model and its pillars must be considered in the context of an interprofessional team and with the health professionals that are members of that team. This workshop will begin with a brief overview of the PMH model and CIHC Interprofessional Collaboration competencies. An interprofessional group of co-facilitators will then explore a series of case examples with participants that delve into the PMH pillars and how they are operationalized within the context of various types of interprofessional teams in primary care. Interprofessional primary care team members will share their perspectives on challenges and success in the implementation of the PMH pillars as well as barriers and facilitators to building a successful Patient's Medical Home. Participants will leave the session considering different perspectives in primary care delivery.

Abstract ID: 34

Thrombosis for Family Physicians: Case-based approach

Alan Bell, MD, FCFP

Learning objectives:

1. Apply appropriate dosing of anticoagulants in common clinical scenarios
2. Effective diagnosis and management of venous thromboembolic disorders (VTE)
3. Safe perioperative management of anticoagulants

Description:

Upon completion of this session participants will be better able to manage patients presenting with diseases requiring consideration of anticoagulation. A case-based, interactive approach will be utilized. 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. This session will provide an update to the FMF 2019 presentation.

Abstract ID: 139

Top Five Articles in Hospital Medicine

Sahil Jain, MD, CCFP, MS, MBA; Benjamin Schiff, MD; Lei Ma, MD; Merrilee Brown, MD

Learning objectives:

1. Review articles in the literature in 2019-2020 which have direct clinical impact
2. Evaluate the science and decision making behind some of the articles
3. Discuss application of the articles to clinical practice

Description:

As a continuation of 2018 and 2019 presentations, we would like to present another "Top 5 articles in Hospital Medicine" session in 2020 FMF. These articles will be chosen by our team of physicians, cured and presented to family physicians and other learners at FMF. These will be chosen based on a variety of factors including clinical applicability, impact potential, changes to current standard of care and personal experience.

Abstract ID: 168

Top 10 Things Family Physicians Should Know About Cancer

Anna Wilkinson, MD, MSc, CCFP, FCFP

Learning objectives:

1. Understand key oncology concepts as they apply to family medicine
2. Develop an awareness of basic cancer treatments and common oncology emergencies
3. Recognize long term side effects of cancer therapies

Description:

With the increasing incidence of cancer and improved survival rates post treatment, family physicians find themselves caring for more and more patients with malignancies. This session aims to distill a complex, ever changing field down to concise and applicable key concepts which family physicians can use in their everyday practice. Topics covered will range from diagnosis to radiotherapy and chemotherapy basics, recognition of common oncology emergencies, long term side effects of cancer therapy, new targeted and immunotherapy agents and survivorship care. The “Top Ten” topics discussed will equip family doctors to support and care for patients with cancer in their practices more effectively and confidently.

Abstract ID: 249

Transitioning to Practice 101

Peter Zhang, MD

Learning objectives:

1. Introducing skills and resources to facilitate smooth transition into practice
2. Discuss various job opportunities across the country and how to choose
3. Offering diverse perspectives of new FM physicians; their tips and challenges transitioning to independent practice

Description:

Understanding this is a major milestone in our career, "Transitioning to Practice" has been a highly attended and appreciated session in the past several years and requested to be held again by the SOR/FFYP for FMF 2019. Second year Family Medicine residents spend most the year anxious with fear of the unknown and indecisive of career pathways. Guidance, resources, and advice from our peers through firsthand experiences has shown to reassure many residents/FFYP. This interactive session, facilitated by the Section of Residents of the CFPC, will consist of a diverse panel of newly practicing family doctors from across the country who will identify essential information/questions through their personal experiences, tips & strategies they acquired, how chose the right job opportunity, different types of practice (I.e.: shared health, salary, fee for service, focused practices, hospital medicine, full spectrum practice etc.), what we do not know or expect as residents when transitioning to practice and dealing with the daily obstacles/stress. This session will provide a complete overview of the various preparations, resources, job opportunities, contracts/salaries, and address any other concerns residents/newly practicing physicians have at the concluding Q&A.

Abstract ID: 443

Trends in Resident Perspectives of CBME Programmatic Assessment

Ivy Oandasan*, MD, MHSc, CCFP, FCFP; Lorelei Nardi; Mahsa Haghighi; Dragan Kljujic

Learning objectives:

1. Describe FM resident experiences with CBME programmatic assessment elements during residency training
2. Describe how results from a longitudinal survey can be used to improve residency training

Description:

Objective: To explore pan-Canadian trends in family medicine resident perspectives of programmatic assessment during CBME residency training using Family Medicine Longitudinal Survey (FMLS). **Design/participants:** The FMLS is a longitudinal, cross-sectional survey that collects data at entry to residency, at graduation and 3-years into practice. FMLS questions on programmatic assessment were used to examine trends across

four years and variability between residency programs. Secondary analysis of de-identified self-report aggregate survey data from exiting (T2) family medicine residents at participating residency programs between 2015-2018 was conducted. **Outcomes:** Pan-Canadian trends and program variability to which family medicine residents experienced elements of competency-based programmatic assessment during residency were explored. **Results:** Average response rate for the FMLS (T2) over 4 years was 60.4%. Completed surveys returned: 2015 N=632, 15 schools; 2016 N=785, 16 schools; 2017 N=895, 17 schools; and N=924 (2018), 17 schools. Over the 4 years studied 87%–93% of respondents consistently Agree/Strongly Agree that during residency they received the Competency-based programmatic assessment elements specified in the survey. A positive shift towards Strongly Agree was observed for most of the elements included. Individual program variability was found in some elements, specifically in 2015 where program results ranged by 24% for 'actively aware of own progress' and 31% for 'active understanding of program expectations. **Conclusion:** After implementation of a competency-based curriculum Canadian family medicine residents experience key Competency-based programmatic assessment elements at the national level during residency, however variability remains at the program level. FMLS data can be useful for residency programs in continuous quality improvement (CQI) activities and when providing evidence related to Accreditation Standards for quality improvement. Despite national uptake of CBME in Canada, residency program context can influence the consistency of competency-based assessment measures experienced by family medicine residents across Canada. Data can inform CQI activity and provide evidence of standards uptake.

Abstract ID: 116

Up and Coming: Male sexual health 2020

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

1. Plan an approach to sexual medicine in your day to day practice
2. Recognize common presentations of male sexual dysfunction
3. List a few unique "what's in the news / hot button" male sexual health issues

Description:

The sexual health of your patients is important, but this sometimes "not so sexy" area of medicine can be very challenging for practitioners and patients. Having a practical approach to the most common sexual dysfunctions can be very helpful in day-to-day primary care. This session will be a review of male sexual health including some key points to help with your LGBTQ+ folks. Expect this interactive session to be fast paced and full of practical clinical pearls.

Abstract ID: 291

Using Antibiotics Wisely: Improving primary care antimicrobial stewardship

Allan Grill, MD, CCFP, MPH, FCFP

Learning objectives:

1. Identify barriers influencing inappropriate antibiotic use in primary care and long-term care settings
2. Explain consequences of antibiotic overuse and key family physician roles to influence practice change
3. Integrate point of care evidence-based tools to engage patients in dialogue supporting antimicrobial stewardship

Description:

Choosing Wisely Canada (CWC) is a national organization to help clinicians and patients engage in conversations about reducing unnecessary tests and treatments to support effective care choices. Over the past two years, CWC has partnered with the College of Family Physicians of Canada (CFPC) to advance a campaign focusing on antibiotic overuse in primary care. Medication overuse is particularly challenging in the community setting, where 92% of all antibiotics in Canada are prescribed. Two major contributors include unnecessary antibiotic prescriptions for outpatients presenting with viral respiratory tract infections, as well as asymptomatic bacteriuria in residents of long-term care facilities. In partnership with the Public Health Agency of Canada, the ‘Using Antibiotics Wisely’ campaign was created to integrate evidence-based approaches into practice that support principles of appropriate prescribing to reduce antibiotic resistance and adverse events. Studies have shown that patients presenting to their primary care providers want information about their diagnosis and symptom management, which may not necessarily include antibiotics. The 'Using Antibiotics Wisely' campaign tools can help educate patients about antimicrobial stewardship, while supporting practice changes for providers around antibiotic overuse. Given that family physicians account for 65% of all antibiotic prescriptions dispensed by community pharmacies in Canada, this presentation will focus on the development and dissemination of peer reviewed practice statements and evidence-informed tools, related to the campaign, to support change in practice and help providers play a more significant role in appropriate prescribing. These were co-developed by interprofessional stakeholders after an extensive review of barriers and enablers in existing clinical practice. Resources to enhance patient education and engagement will also be shared. Implementation strategies and metrics, including the use of social media, live webinars, and website downloads, along with quality improvement initiatives will also be discussed.

Abstract ID: 174

Using Patient-Reported Outcomes in Your Clinical Practice

Allison Soprovich, MPH; Fatima Al Sayah, MD

Learning objectives:

1. Identify different types of patient-reported outcome measures, especially those commonly used in primary care
2. Plan how to select and implement measures for a particular application

3. Explore the use of patient-reported data in clinical practice and quality improvement initiatives

Description:

A patient-reported outcome (PRO) is a direct report by patients about their health status, symptoms, quality of life, functional status associated with health care or treatment, or their experience with healthcare. Measures that assess these outcomes (PROMs) have increasingly been used in clinical practice to assess how patients feel about their own health, even before entering the clinician's office. This quantitative information is used to enhance patient management and monitor their outcomes. In Alberta, the provincial health government has recommended the use of the EQ-5D as a generic PROM, which has been increasingly used in primary care networks (PCNs). PROMs, including the EQ-5D, aim to systematically incorporate patients' own perspective about their health into their clinical management, as well as to assess outcomes of care from their perspective. This, in addition to traditional clinical and physiologic measures, provides clinicians with a much more comprehensive view of patients' health status and outcomes. The potential benefits of using PROMs in clinical practice include facilitating patient-centered care, supporting patient management through standardized screening and monitoring of health outcomes, and enhancing communication and patient engagement. This session will: 1) provide an overview of PROMs (types and selection of measures); 2) outline the implementation PROMs in clinical practice using the EQ-5D instrument as an example; and 3) discuss implementation considerations in the collection, analysis, and interpretation of PROMs data in clinical practice. Worksheets and other resources will be made available to participants.

Abstract ID: 240

Using the New CanMEDS-FM Indigenous Health Supplement

Sarah Funnell, MD, CCFP; Darlene Kitty, MD

All teachers welcome. Highlights experienced concepts for educational leaders.

Learning objectives:

1. Identify core competencies for each CanMEDS role as these apply to working with Indigenous people
2. Use these competencies to deliver culturally safe care
3. Recognize and challenge systemic racism, supporting Indigenous patients, families, and communities

Description:

The College of Family Physicians of Canada recognizes the role systemic racism plays in the health and social disparities experienced by Indigenous people in Canada, as well as the need for family physicians to learn about Indigenous health and social issues in giving culturally safe care. In response to this need, the Indigenous Health Working Group at the CFPC has developed the CanMEDS-FM Indigenous Health Supplement. This special supplement to the CanMEDS-FM 2017 will outline the expected competencies that will foster

important knowledge and needed for effective therapeutic interactions and culturally safe care of indigenous patients, families and communities. The CanMEDS Indigenous Health Supplement presents important considerations and competencies for program design, curriculum content, assessment of learners, and for continuing professional development plans. Through the session, the new core competencies will be introduced, and participants will have the opportunity to learn about how they can apply these competencies in throughout their work.

Abstract ID: 312

Verbatim Theatre: Theatre for health communication

Hartley Jafine, MA; Graham Lea, PhD

Highlights novice concepts for teachers outside the clinical setting.

Learning objectives:

1. Define the term verbatim theatre and its applicability in medicine
2. Identify how verbatim theatre can be used for advocacy, research communication, and reflection
3. Learn and engage with the process of writing verbatim theatre

Description:

Verbatim theatre, when a play is constructed entirely from interview transcripts, is an innovative and increasingly growing form of research communication in medicine. This type of theatre, as Dr. R. Gray argues, can challenge and disrupt conventional ways of knowing. Verbatim theatre allows for a deep emotional impact and empathic connection with performance. Through the vehicle of theatre, a performance-based approach can be used to advocate health policy, engage the public in discussion of health, and explore complex health topics such as patient care, medical training, and bioethics. Further, the work can challenge contemporary discourse and enhance empathy and understanding between patients and healthcare professionals. There are many possibilities for how a performance-based approach to research communication can impact education, training, and policy. This session will introduce participants to the field of verbatim theatre and identify its value in Family Medicine. The presentation will illustrate examples verbatim theatre in medicine and how they have been used for research communication, development of health policy, teaching, and reflective practice. We will explore the basics of how to write verbatim theatre and participants will experience the process of using transcripts to develop a short script. The session will highlight the value of verbatim theatre in medical education, training, and communication. As illustrated by the Verbatim Theatre Lab in New York, verbatim theatre is able to challenge accepted political, cultural, and social narratives, while encouraging dialogue and reflection. The session will demonstrate how educators can use this content in clinical teaching and research communication as well as discuss the concerns and limitations of verbatim theatre as a research methodology.

Abstract ID: 231

Virtual Care: How to jump in

Mohamed Alarakhia, MD, CCFP, MSc

Learning objectives:

1. Explore the concept of virtual care within the context of primary care
2. Identify opportunities to enable virtual care within practice
3. Assess the potentials of virtual care in enhancing health care delivery

Description:

Complementary to existing workflows, the integration of virtual care in primary care settings has shown benefits for both patients and providers. Virtual visits allow healthcare providers to 'see' their patients over a secure, online communication system via chat messaging, phone or video, enabling opportunities to create efficiencies for providers and improve convenient access to care for patients. This session will provide feasible recommendations for implementing virtual care in primary care, founded on the learnings from a virtual care initiative in the Waterloo-Wellington region that has led to over 20,000 visits completed within two years, involving over 90 primary care providers and over 8,600 patients participating. Furthermore, the session will provide insight on: uses of virtual visits initiated by both primary care providers and patients; primary care provider and patient satisfaction with virtual care, impacts in primary care efficiency, and potential economic implications for the health care system. Over 90% of patients and over 80% of primary care providers reported a positive experience with virtual care. Providers reported that virtual visits were an efficient way to see patients (86%) and enhance the quality of care they provide (81%). Virtual care illustrated positive implications for the health system at large with 4% of patients indicating that if a virtual visit had not been available, they would have visited the emergency department. The learnings from the virtual care initiative have made it clear that virtual visits enhance the way healthcare is delivered, enabling the delivery of high-quality health care while meeting patient and healthcare provider needs.

Abstract ID: 283

What's New in Chronic Migraine?

James Kim, MBBCh, PgDip

Learning objectives:

1. Understand the prevalence of migraine and its impact on quality of life, and disability
2. Describe the diagnostic criteria for chronic migraine
3. Explore the different chronic migraine prophylactic medications options

Description:

Headache is the second most visited ailments in the world for number of decades, and yet, our medical training on headache in general is quite minimal. Chronic migraine has been

classified as one of the most debilitating conditions by World Health Organizations, and it affects about 2% of the general population, with many of them on sub-optimal therapies and appropriate patients not being on prophylaxis. This session will focus on the diagnosis of migraine, and the available therapies in dealing with migraine for both acute treatment and prophylaxis, reviewing the guidelines from Canadian Headache Society.

Abstract ID: 170

What's New in Newborn Care 2020?

Amanda Loewy, MD, CCFP

Learning objectives:

1. Summarize newly released guidelines and "hot topics" affecting newborn care
2. Counsel patients on standards of care for the neonate
3. Provide evidence-based information to commonly asked questions in the newborn period

Description:

This session will provide an overview of the latest guidelines and recommendations published in the area of newborn care, including screening and management of newborns at risk for low blood glucose, and reflux in babies. New and emerging topics will be included. This talk will also serve to provide scientific answers to some common questions we face.

Abstract ID: 271

What's Up, Doc? Systemic denial of family doctor burnout

Maria Patriquin, MD, CCFP, FCFP

Learning objectives:

1. How to attain and maintain health: what prevents, protects and is proven to work
2. Learn practical skills based and pragmatic system changes from experts in resilience and growth mindset
3. Humanizing health care: how to move your life and organization to meaningful change now

Description:

Burnout is a normal response to abnormal amounts of stress. 70% of participants reported feeling burnout in the 2019 CFPC e-Panel poll. CMA 2018 survey:" "the problem goes beyond any individual's ability to cope". Burnout is a symptom of the system we work in. Burnout is epidemic. Burnout if well established by mid residency. Burnout knows no boundaries, no one is immune. Systemic factors contribute more to burnout than individual ones. Doctor " heal thyself " and "self-care better" have become added responsibilities that are systemically unsupported and yet fueled by institutional expectations, limited resources and the culture of

training. The effects of burnout are pervasive and lasting. Burnout is bad for your patient's health, your health, your family's health, your career, our profession, our institutions, system and society. What is being implemented doesn't work. The providers treating those with burnout are themselves burnt out and what is building is denial and avoidance of an ever-expanding crisis in care. Learn what immediate actions you can take to help yourself, engage your patients, share your workload and fuel systemic change. Together we can do so much more. Participants will leave with an understanding from 8 years of data collected from an evidence based stress reduction program and extensive interviews with top resilience experts and researchers as to what they are realistically able to cultivate and change within their own lives both in and outside of the office. Participants will gain an understanding of why current programs and approaches are failing our profession and what resources can be accessed to retain health, well-being, restore passion for our chosen profession and stand up for what we value most in our work. This presentation is in response to feedback from the 2020 CFPC webinar on Physician health. Burnout is reversible.