

# FMF

VIA ♥ LOVED

## FMF Live On-demand Virtual Education

Earn Mainpro+® certified credits anytime, anywhere.

<https://fmf.cfpc.ca>



THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA

## FMF LOVED – 2021 Program

FMF LOVED is pleased to offer four free Mainpro+ certified physician wellness sessions and a Certified Personal Learning Plans workshop to all our valued FMF LOVED subscribers.

### Top 5 Articles in Hospital Medicine

**Speakers: Dr. Sahil Jain, Dr. Benjamin Schiff, Dr. Lei Ma, Dr. Mariam Youssef, Dr. Jonah Marek**

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.

#### **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

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

**Speakers: Dr. Janice Harvey, Ms Zareen Warsi**

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.

#### **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.

## **Top Ten Things Family Physicians Should Know About Cancer**

### **Speakers: Dr. Anna Wilkinson**

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.

### **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

## **PEER: What's new, what's true and what's poo?**

### **Speakers: Dr. Christina Korownyk, Dr. Mike Allan**

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.

### **Learning Objectives:**

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

## **Thrombosis for Family Physicians: Case-based approach**

### **Speaker: Dr. Alan Bell**

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.

### **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

### **Common Upper Extremity Compression Neuropathies**

#### **Speakers: Dr. Krista Paulson; Dr. Davyd Hooper**

Patients who experience numbness, tingling or hand weakness will often first seek assessment by their family physician. This workshop, co-presented by a Certified Hand Therapist Physiotherapist and a Physical Medicine & Rehabilitation Physician, will focus on the most common upper extremity compression neuropathies: Carpal Tunnel Syndrome (median nerve) and Cubital Tunnel Syndrome (ulnar nerve). In this session we will review the most relevant information for each upper extremity peripheral neuropathy including common anatomical sites of compression, typical patient entrance complaints, physical examination findings as well as electro-diagnostic testing procedure and findings. Clinically relevant case studies will be used to highlight the information. Upon completion, participants will recognize the typical history and examination findings for each upper extremity compression neuropathy and be able to determine which patients require electro-diagnostic testing. Participants will become familiar with the typical evidence-based conservative and surgical management for each condition, be able to interpret sample nerve conduction and EMG report summaries and be able to determine which patients require referral to Physio/Occupational therapy or surgery. Participants will find the knowledge gained from this presentation immediately applicable to practice.

#### **Learning Objectives:**

1. Recognize the typical patient history and examination findings for common upper extremity compression neuropathies
2. Differentiate between common upper extremity compression neuropathies and other potential diagnoses
3. Identify which patients require electrodiagnostic testing, and referral to Physio/Occupational therapy or surgery

### **Recent Recommendations: Guideline updates from 2019 and 2020**

#### **Speaker: Dr. Danielle O'Toole**

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.

**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

**Up and Coming: Male sexual health 2020**

**Speaker: Dr. Ted Jablonski**

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.

**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

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

**Ann Loewen, MD, CCFP, FCFP**

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.

**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

**Having it All: Achieving balance for family physicians**

**Speakers: Dr. Sudha Koppula, Dr. Cheri Bethune**

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 – 46 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.

**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

## **Approach to PTSD in Primary Care**

### **Speaker: Dr. Jon Davine**

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.

### **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

## **Genitourinary Syndrome of Menopause (GSM) aka Vulvovaginal Atrophy**

### **Speaker: Dr. Christiane Kuntz**

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.

### **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

## **Practical Tips to Manage Behavioural Problems in Dementia**

**Speaker: Dr. Karenn Chan**

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.

### **Learning Objectives:**

1. Be able to 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

## **2020 and Beyond: The future of contraception/STIs**

**Speakers: Dr. Charlie Guiang, Dr. Hannah Feiner**

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.

### **Learning Objectives:**

1. To organize and explore relevant contemporary topics on contraception and STIs for 2020
2. To 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



## **Physician Wellness for Family Physicians: Evidence-based strategies**

**Serena Siow, MD, CCFP**

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.

### **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

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

**Speakers: Dr. Samantha Moe, Mr. Joey Ton, Dr. Jessica Kirkwood**

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.

### **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

## **New Strategies and Moving Targets in HF Care**

### **Speakers: Dr. Sean Virani**

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.

### **Learning Objectives:**

1. Discuss new evidence for the use of SGLT2 inhibitors and their impact on HF 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

## **Rourke Baby Record: What's new in 2020?**

### **Speakers: Dr. Leslie Rourke, Dr. Imaan Bayoumi, Dr. Bruce Kwok**

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.

### **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/child care.
3. Integrate the updated 2020 Rourke Baby Record effectively into your practice.

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

**Speakers: Dr. Akshay Jain, Dr. James Kim, Dr. Kevin Saunders**

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 so 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

### **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

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

**Maria Patriquin, MD, CCFP, FCFP**

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 is 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 everexpanding 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.

### **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

#### **Deprescribing Considerations in Older Adults with Diabetes**

##### **Speaker: Dr. Jamie Falk**

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.

##### **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

## What is New in Chronic Migraine?

**Speaker: Dr. James Kim**

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.

### **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

## KidneyWise Update: Primary care essentials for managing CKD

**Speaker: Dr. Allan Grill**

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.

### **Learning Objectives:**

1. To implement a practical clinical algorithm for identifying and managing CKD patients in primary care
2. To differentiate patients with increased risk of advanced CKD using the Kidney Failure Risk Equation

3. To interpret blood pressure treatment targets and use of SGLT2 inhibitors for patients with CKD

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

#### **Speakers: Dr. Denise Campbell-Scherer**

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 heterogeneous 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 behavioural 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

#### **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

## Cancer Screening Outside Organized Programs

**Speakers: Dr. Genevieve Chaput, Dr. Ed Kucharski, Dr. Lisa Del Giudice**

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.

### **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

## COPD Management 2020: Has anything changed?

**Speaker: Dr. Suzanne Levitz**

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.

### **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

## Managing ADHD in Adults in Your Office

**Speaker: Dr. Nick Kates**

Over 60% of children with ADHD will continue to have symptoms as adults, making it one of the most 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.

### **Learning Objectives:**

1. To understand the prevalence of ADHD in adults, including its co-morbidity
2. To learn about non-pharmacological approaches to management of ADHD in adults

3. To become familiar with the use of medications for Adults with ADHD and their indications

### **Using Antibiotics Wisely: Improving primary care antimicrobial stewardship**

#### **Speaker: Dr. Allan Grill**

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.

#### **Learning Objectives:**

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



## **A Picture Can Say 1000 Words: Pediatric rashes**

**Speaker: Dr. Mary Johnston**

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 will have an approach to ensure serious rashes are not missed.

### **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.

## **HIV Prevention 2020 for Primary Care Providers**

**Speakers: Dr. Charlie Guiang, Dr. Gord Arbess, Dr. Caroline Jeon**

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.

### **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

## **Pearls and Pitfalls of Topical Steroid Therapy**

**Speaker: Dr. Christine Rivet**

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.

**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

**First Five Years: Essential snappers for early career**

**Speakers: Dr. Annalise Miller, Dr. Erin MacMillan, Dr. Stephen Hawrylyshyn**

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 134 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.

**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

## **Opioids: The big picture**

**Speakers: Dr. Henry Chapeskie, Dr. Mark Dube**

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 rationale for the reduction/cessation in their use will be presented.

### **Learning Objectives:**

1. Understand the social and historical context of opioids.
2. Review narcotic-induced neurotoxicity, hyperalgesia and the controversial role of marketing.
3. Understand why the evidence supports a reduction in the use of opioids.

## **What's New in Newborn Care 2020?**

**Speaker: Dr. Amanda Loewy**

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.

### **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

## **Menopause and Sex: is that all there is?**

**Speaker: Dr. Susan Goldstein**

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.

### **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

## **PEER Jeopardy: U-Pick clinical questions and quick answers**

**Speakers: Dr. Adrienne Lindblad, Dr. Tina Korownyk; Dr. Mike Allan**

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.

### **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.

## **Role of Family Medicine During the COVID-19 Pandemic**

**Speakers: Dr. Christine Gibson, Dr. Françoise Guigné, Dr. Innocent Besigye, Dr. Ichsan Ichsan**

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 Besroul 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 Besroul-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.

### **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. Highlight the resilience and essential comprehensive skill set of family physicians facing unprecedented challenges