FMF
Family Medicine Forum
Forum en médecine familiale
VIRTUAL | VIRTUEL

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

Family Medicine Forum
Mainpro+® Certified Program
November 8–13, 2021

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Welcome to FMF 2021!

The CFPC is pleased to offer hundreds of engaging virtual sessions, workshops, networking events, exhibits, and posters throughout the event. 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**
- **Diversity, inclusion, and overall appeal to create a well-rounded portfolio of content**

FMF Committee Members 2021–2022

Dr. Leslie Griffin Co-chair | Nova Scotia

Dr. Stephen Hawrylyshyn Co-chair | Ontario

Dr. Ganesan Abbu Manitoba

Dr. Doug Archibald Researchers

Dr. Lana Barkhouse Prince Edward Island

Dr. Katherine Bell British Columbia | Rural

Dr. Kiran Dhillon Alberta | First Five Years

Dr. Jason Hosain Saskatchewan

Dr. Moulay Jbala Quebec

Katrina Leong Medical Students

Dr. Taryn O'Neill New Brunswick

Dr. Benjamin Schiff Member Interest Groups

Dr. Ian Scott Teachers

Dr. Amanda Tzenov Newfoundland and Labrador

Dr. Peter Zhang Residents

2021 Virtual Daily Schedule

November 8–13, 2021

FMF offers four energizing days of inspiring networking opportunities and educational content, plus two pre-conference days 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 Time (ET).

November 8, 2021
Pre-registered workshops at various times.

November 9, 2021
Pre-registered workshops at various times.

13:00 – 16:00 SIM Showdown:
Virtual resus room simulation, everyone welcome.

November 10–13, 2021

09:00 – 09:55	Non-certified and/or ancillary sessions
09:55 – 11:00	Mainpro+ certified sessions
11:00 – 11:30	Networking activities
11:00 – 15:00	Exhibitors available for live video chat
11:30 – 12:30	Mainpro+ certified sessions
12:30 – 13:30	Networking activities and/or ancillary sessions
13:30 – 14:30	Mainpro+ certified sessions
14:30 – 15:00	Networking activities
15:00 – 16:00	Mainpro+ certified sessions
Evening	Networking and social events

November 1 to December 14, 2021
Available 24/7 to browse session content, download files, post a comment, and send direct messages:

- Virtual Poster Gallery
- Interactive Exhibit Hall
- Networking Main Chat Feed

Download the **Non-Certified Program** and the **Poster Presentations** from the FMF website.

Schedule of Certified Sessions

Monday, November 8th

08:30–17:00 (ET) Practising Wisely: Reducing unnecessary testing and treatment
Session ID: 110 | Mainpro+® certified workshop | Pre-registration required

09:30–13:00 (ET) SuperDoc: Leveraging CBT tools to maximize resiliency
Session ID: 234 | Mainpro+ certified workshop | Pre-registration required

14:00–17:30 (ET) Child and Adolescent Health: Best evidence for preventative care
Session ID: 186 | Mainpro+ certified workshop | Pre-registration required

Tuesday, November 9th

08:30–13:00 (ET) PAACT: Anti-infective 2021 update
Session ID: 208 | Mainpro+ certified workshop | Pre-registration required

09:00–12:30 (ET) Coping With and Managing Personality Disorders
Session ID: 239 | Mainpro+ certified workshop | Pre-registration required

09:30–16:30 (ET) LEAP Core (Online)
Session ID: 124 | Mainpro+ certified workshop | Pre-registration required

13:00–16:00 (ET) Online Sim Showdown: Virtual resus room simulation session
Session ID: 209 | Enhanced clinical | Student | Resident

13:30–18:00 (ET) PAACT: Pain management 2021 update
Session ID: 211 | Mainpro+ certified workshop | Pre-registration required

Wednesday, November 10th

Session time: 09:55–11:00 (ET)

Consent and Capacity During COVID-19 in Long-Term Care
Session ID: 122 | Clinical

Fire Up Your Presentations: From great to outstanding
Session ID: 127 | Teaching | Preceptorship

From Rhodesia to the Rock: My journey in generalist practice
Session ID: 47 | Simultaneous interpretation | Teaching | Preceptorship

Medico-legal Considerations in Delegation and Supervision
Session ID: 56 | Teaching | Preceptorship

Tails of Anemia: You are prescribing iron incorrectly
Session ID: 170 | Clinical

Session time: 11:30–12:30 (ET)

Being Better to Ourselves: Physician wellness and resiliency
Session ID: 261 | Clinical

CFPC Outstanding Family Medicine Research Article; CFP Best Original Research Article; Family Medicine Researcher of the Year
Research

City Slickers: Innovative urban family medicine teaching practices
Session ID: 235 | Teaching | Preceptorship

Life after FIFE: Incorporating the patient-centred clinical method
Session ID: 144 | Teaching | Preceptorship

Pandemic Pearls: From family planning to STI care
Session ID: 102 | Simultaneous interpretation | Clinical

Session time: 13:30–14:30 (ET)

Developing a Better Periodic Review
Session ID: 225 | Teaching | Preceptorship

Red and Itchy Skin Lesions: Approach and pitfalls
Session ID: 106 | Simultaneous interpretation | Clinical

Research Award for Family Medicine Residents
Research

Teaching Strategies for New Clinical Preceptors
Session ID: 182 | Teaching | Preceptorship

Top 10 Family Medicine Practice-Changing Articles
Session ID: 176 | Clinical

Session time: 15:00–16:00 (ET)

Fireside Chat: Discussing current educational challenges, successes, and opportunities
Session ID: 168 | Teaching | Preceptorship

Free-Standing Papers
Research

Masculine Medicine: Putting testosterone to the test
Session ID: 34 | Simultaneous interpretation | Clinical

What Residents Want: Good coaching!
Session ID: 242 | Teaching | Preceptorship

Session time: 16:00–17:00 (ET)

Addiction and Mental Health: Supporting patients in primary care
Session ID: 431 | Ancillary Session

Case by Case: Comparing COPD clinical decisions across Canada
Session ID: 459 | Ancillary Session

Thursday, November 11th

Session time: 09:00–10:00 (ET)

CanProtect: Canadian recommendations and strategies for protecting your patients against herpes zoster
Session ID: 461 | Ancillary Session

Session time: 09:55–11:00 (ET)

An Approach to Hematologic Issues Arising During Pregnancy
Session ID: 41 | Clinical

Caring for Detained Patients in Community Settings
Session ID: 132 | Clinical

Doctoring the Spirit: Healing with a stethoscope in one hand and sweetgrass in the other
Session ID: 48 | Simultaneous interpretation | Clinical

Just Breathe! Non-invasive support for respiratory distress patients
Session ID: 64 | Clinical

Yes, No, Maybe: Teaching learners to respond to opioid requests
Session ID: 204 | Teaching | Preceptorship

Session time: 11:30–12:30 (ET)

An Introduction to Advocacy
Session ID: 60 | Clinical

Approaches to Anti-Racism for Teachers, Learners, and Clinicians
Session ID: 166 | Teaching | Preceptorship

Making Advance Care Planning Measurable for Quality Improvement
Session ID: 218 | Simultaneous interpretation | Clinical

PEER: What's new, what's true, and what's poo
Session ID: 37 | Clinical

The CFPC's Professional Learning Plan: Optimize your CPD!
Session ID: 109 | Clinical

Session time: 12:30–13:30 (ET)

Follow the Clues: Demystifying the GLP-1 RA class
Session ID: 433 | Ancillary Session

Session time: 13:30–14:30 (ET)

Free-Standing Papers
Research

Sharpening the Coaching Skills in Your Educational Tool Box
Session ID: 57 | Teaching | Preceptorship

The Four Principles in the Time of COVID-19
Session ID: 201 | Simultaneous interpretation | Clinical | Besrour

Timber! A common-sense approach to syncope
Session ID: 63 | Clinical

What is the "Goldilocks" Amount of Virtual Care?
Session ID: 219 | Clinical

Session time: 15:00–16:00 (ET)

Big Ideas Soapbox
Session ID: 101 | Research

Experiential Approaches to the Patient-Centred Clinical Method
Session ID: 156 | Teaching | Preceptorship

Pearls in Thrombosis for Family Physicians
Session ID: 119 | Clinical

Simplified Chronic Pain Guideline by PEER
Session ID: 38 | Clinical

Tips and Tricks to Expedite Cancer Diagnosis
Session ID: 82 | Simultaneous interpretation | Clinical

Friday, November 12th

Session time: 09:00–10:00 (ET)

Putting it Into Practice: Recent evidence and strategies for protecting patients against MenB
Session ID: 460 | Ancillary Session

Session time: 09:55–11:00 (ET)

Diabesity: Integration of obesity management in diabetes care
Session ID: 258 | Clinical

Medical School 2.0: My astrocytoma lessons
Session ID: 173 | Clinical | Student | Resident

Transitioning Youth With Intellectual and Developmental Disabilities to Adult Care
Session ID: 247 | Clinical

Using a Virtual World Café for Indigenous Health Teaching
Session ID: 133 | Teaching | Preceptorship

Without Compassion There is No Health Care
Session ID: 49 | Simultaneous interpretation | Clinical

Session time: 11:30–12:30 (ET)

Assessment Foundations 1: Key principles for assessing learners
Session ID: 228 | Teaching | Preceptorship

Cannabis in Pregnancy: A 2021 update
Session ID: 145 | Clinical

Game Changers: Decoding media misrepresentation of medical evidence
Session ID: 118 | Simultaneous interpretation | Clinical

Give and Take: The evolution of transgender surgery
Session ID: 35 | Clinical

How to Apply CanMEDS–FM Roles in Helping Indigenous Peoples
Session ID: 205 | Clinical

Session time: 12:30–13:30 (ET)

Obesity Management in Your Practice: Simple recommendations to improve patient care
Session ID: 432 | Ancillary Session

Session time: 13:30–14:30 (ET)

Caring for Your Diabetic Patient in the Hospital
Session ID: 29 | Clinical

Climate Change and Health
Session ID: 59 | Clinical

Optimizing Virtual Supervision of Learners in Your Practice
Session ID: 194 | Teaching | Preceptorship

Please Make That Chronic Cough Stop!
Session ID: 78 | Simultaneous interpretation | Clinical

Unmasking Ideas: Steps to creating research that matters
Session ID: 114 | Research

Session time: 15:00–16:00 (ET)

Family Violence: What family doctors needs to know
Session ID: 189 | Simultaneous interpretation | Clinical

Opening Pandora's Box: Female sexual health 2021
Session ID: 33 | Clinical

The QI Practicum: Effective application of QI learning
Session ID: 171 | Teaching | Preceptorship

Session time: 16:00–17:00 (ET)

Nutrition and Diabetes: Using Data to Guide Choices
Session ID: 429 | Ancillary Session

Saturday, November 13th

Session time: 09:00–10:00 (ET)

Nutrition Considerations From Hospital to Home: Evidence and Practice
Session ID: 430 | Ancillary Session

Session time: 09:55–11:00 (ET)

Canadian Public Health Experts Discuss the COVID-19 Experience
Session ID: 50 | Clinical

Counselling Adolescents and Parents About Non-Medical Cannabis
Session ID: 23 | Clinical

Creating an Interprofessional Longitudinal Wellness Curriculum for Learners
Session ID: 213 | Teaching | Preceptorship

Degenerative Cervical Myelopathy: Much more than neck pain
Session ID: 150 | Clinical

Somatizing: What every family doctor needs to know!
Session ID: 17 | Clinical

Session time: 11:30–12:30 (ET)

Consideration of Spirituality and Culture in Palliative Care
Session ID: 260 | Clinical

Layered Learning Practice Model
Session ID: 181 | Teaching | Preceptorship

Primary Care HIV PrEP/PEP: A case-based approach
Session ID: 73 | Clinical

Topical Corticosteroids
Session ID: 100 | Simultaneous interpretation | Clinical

Transitioning to Practice 101
Session ID: 93 | Clinical | Student | Resident

Session time: 13:30–14:30 (ET)

Approach to Depression in Primary Care
Session ID: 18 | Simultaneous interpretation | Clinical

First Five Years: Essential snappers for early-career family doctors

Session ID: 207 | Clinical | Student | Resident

Implementation Research: Taking an idea to action
Session ID: 160 | Research | Besrour

Methamphetamine: A primer for family physicians
Session ID: 27 | Clinical

Virtual Pearls: Teaching learners in a virtual landscape
Session ID: 193 | Teaching | Preceptorship

Session time: 15:00–16:00 (ET)

CaRMS and Electives
Session ID: 92 | Teaching | Preceptorship| Student | Resident

Coaching Family Caregivers to Support Health Care Decision Making
Session ID: 243 | Clinical

Medicolegal Pitfalls in Virtual Primary Care
Session ID: 215 | Clinical

Pick Your Briefs: Choose clinical topics from the PEER game board
Session ID: 39 | Simultaneous interpretation | Clinical

Red Flags for Cancer: What can't wait?
Session ID: 164 | Clinical

Scientific Program

Monday, November 8th

Abstract ID: 110

08:30–17:00 (ET) Practising Wisely: Reducing unnecessary testing and treatment

Peter Kuling, MD, BSc, MSc

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify opportunities to practice wisely, thereby helping to reduce over-medicalization
2. Consult reliable and up-to-date online resources
3. Critically assess clinical practice guidelines

Description:

Participants will identify opportunities on how to "practice wisely", with a focus on ordering tests and imaging wisely, shared decision-making, avoiding over-diagnosis and over-screening for cancer, and de-prescribing using the latest evidence and tools from diverse sources. 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: 234

09:30–13:00 (ET) SuperDoc: Leveraging CBT tools to maximize resiliency

Greg Dubord, MD; Brenda Cowen, MD; Antony Davies, MD; Lorand Kristof, MD; Barry MacMillan, MD; Iuliia Povieriena, MD; Julie Ridgen, MD, CCFP; Michelle Sultan, MD; Christine Uchida, MSW, RSW, RP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Learn the common psychological risk factors for burnout
2. Learn effective CBT tools to increase personal resiliency & maximize wellbeing
3. Gain first-hand experience with resilience-building techniques

Description:

Today's cognitive behavior therapy (CBT) is a treasure-trove of scientifically-tested tools to help physicians increase their resiliency and reduce their risk of burnout. Physician wellness is

important for countless reasons, including that it significantly determines the quality of care delivered (CMPA, 2018). Simply put, the burned-out doctor is probably a crappy doctor. Sadly, the burned-out are also at risk for Premature Clinician-Aging Disorder (PCAD). PCAD isn't just the result of a heavy caseload and long hours. PCAD is also predicted by one's psychology. Happily, state-of-the-art CBT includes a collection of powerful techniques for silencing self-criticism, decreasing rumination, letting go of the past, increasing self-compassion, improving decision-making, optimizing time management, boosting mindfulness, and making a marriage spark joy. PCAD is not inevitable: you don't need to age faster than the required rate (unless you want to). Please join CBT Canada faculty for the fast-paced & practical SuperDoc module. You'll emerge equipped with versatile CBT tools to boost the functioning and improve the mental health of your patients, your family, your friends—and the ongoing project called "you". Note: This is a serious workshop that even saw-wielding orthopods can relate to, with nary a mention of yoni steaming or herbal colonics, and there are absolutely no group hugs.

Abstract ID: 186

14:00–17:30 (ET) Child and Adolescent Health: Best evidence for preventative care

Anita Greig, MD, Fereshte Lalani, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe up-to-date evidence-based preventive care recommendations for school-age children
2. Identify preventive care resources and patient information to use in clinical practice
3. Provide appropriate screening and counselling for the school-age child

Description:

Module 1: Putting prevention in practice of school-age children

Children and adolescents pose challenges of their own in clinical practice and it's common to face unpredictable issues from your young patients on any given day. The Child and Adolescent Health program provides current guidelines, best-evidence recommendations, and practical strategies for caring for children and youth. The program builds on the Greig Health Record, an evidence-based tool endorsed by the College of Family Physicians of Canada and the Canadian Paediatric Society. Dr. Anita Greig, primary author of the Greig Health Record, developed and continues to work as one of the leading facilitators of the program. In a highly interactive agenda of enhanced learning, the program focuses on sharing your challenging cases and finding approaches that you can effectively apply in your clinic.

Tuesday, November 9th

Abstract ID: 208

08:30–13:00 (ET) PAACT: Anti-infective 2021 up-date

Frank Martino, MD, CCFP (EM), FCFP; Peter Kuling, MD, MSc, CCPE, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Participate in small group case discussion pertaining to infectious disease conditions common to family practice
2. Feel more comfortable managing infectious diseases including: upper/lower respiratory tract infections, skin, urinary tract
3. Acquire patient tools to help implement antibiotic stewardship in your practice

Description:

An independent educational program developed by family physicians and based on the latest edition of the Anti-infective Guidelines for community-acquired infections. Cases are designed to highlight identification and management of common infectious disease and include: Upper and lower respiratory tract infections, skin infections, and urinary tract infections (including LTC).

Materials: Anti-infective Guidelines ('orange book'); Participant manual; Viral prescription pads.Access to on-line version of 2020 Respiratory resource.

Abstract ID: 239

09:00–12:30 (ET) Coping with and Managing Personality Disorders

Greg Dubord, MD; Brenda Cowen, MD; Antony Davies, MD; Lorand Kristof, MD; Barry MacMillan, MD; Iuliia Povieriena, MD; Julie Ridgen, MD, CCFP; Michelle Sultan, MD; Christine Uchida, MSW, RSW, RP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Gain familiarity with the scientifically validated ways of assessing personality
2. Learn to more rapidly identify the DSM personality disorders
3. Learn tips for managing the personality disorders (for the sake of ALL concerned)

Description:

Managing personality disorders clinically—and in life in general. How common are the personality disorders? According to a recent meta-analysis (Volkert, 2018), over 12% of your patients likely have one. The rates are much higher among those with "illness anxiety disorder":

75% of hypochondriacs have one personality disorder, and nearly 50% have three or more. As you know all too well, personality disorders aren't found only among our patients. The personalities of colleagues, family, and friends can contribute to some rather profound suffering as well. This practical workshop begins with a review of the science of personality assessment. We examine the most popular inventories, doing a fair bit of debunking along the way. Fortunately, some inventories are very evidence-based, and participants will have an opportunity to analyze themselves using one of the very best. The core of the workshop is the systematic review of DSM-5's ten personality disorders. With each of the ten, our emphases are rapid diagnosis (when possible), modular treatments (when desired), and clinician coping (always). The complex issue of the DSM diagnosis of children and adolescents will be debated. Borderline personality disorder necessitates extra time. Today nearly 20% of female university students have significant BPD symptoms, and cutting is rising among tweens (ages 8 to 12). In this expanded section we focus on managing non-suicidal self-injuries, with practical tips harvested from CBT and its relevant derivatives (i.e., DBT and ACT). Although nobody woke would advocate labeling, there is clearly much value in knowing what kind of person one is dealing with. Many medical problems (e.g., in preventive medicine & chronic disease management) and many interpersonal issues gain clarity through the lens of personality. The ability to quickly "read" personality can significantly reduce stress in clinical practice—and in life in general.

Abstract ID: 124

09:30–16:30 (ET) LEAP Core (online)

Chantal Chris, MD; Stephanie Connidis, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify patients who could benefit from a palliative pare approach earlier in the illness
2. Initiate Advance Care Planning Discussions
3. Assess and manage pain; delirium; gastrointestinal symptoms, hydration, and nutrition; and dyspnea

Description:

LEAP Online is a facilitated online learning program that provides family physicians and residents with the essential skills and competencies of the palliative care approach. LEAP Online includes 16 online modules and 6 hours of webinars led by LEAP facilitators who are experienced palliative care clinicians and educators. LEAP Online is ideal for any family physician or resident 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. The online, self-learning modules include Taking Ownership; Advance Care Planning; Goals of Care and Decision-Making; Pain Assessment; Pain Management; Delirium Assessment; Delirium Management; Depression, Anxiety, and Grief; Dyspnea; Hydration and Nutrition;

Gastrointestinal Symptoms; Palliative Sedation; Request to Hasten Death; Suffering, Spiritual Care, and Maintaining Hope; and Last Days and Hours.

Please ensure you have enough time to complete 3 pre-course Activities (1-2 hours of work) and 16 self-learning online modules (8 hours of work) before the start of your first LEAP Core (online) webinar.

Abstract ID: 209

13:00–16:00 (ET) Online Sim Showdown: Virtual Resus Room simulation session

Sarah Foohey, MD, CCFP (EM); Melissa Snyder MD; Allison Yantzi, MD; Roarke Copeland, MD; Zainab Najarali, MD; Marlee Klaiman, MD; John Foote, MD; Victor Ng, MD; Chelsea Hall, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Apply medical knowledge by virtually managing the acutely ill patients in each scenario
2. Implement and improve crisis resource management skills by working as a team
3. Identify knowledge gaps and recognize areas for improvement through a facilitator-guided debrief

Description:

The Virtual Resus Room (VRR) is an open-access online simulation tool that can be used to host the FMF Sim Showdown in the virtual environment (https://virtualresusroom.com/). The VRR uses a combination of Google Slides and Zoom. Learners and facilitators communicate with each other using Zoom. Learners complete tasks collaboratively by making synchronous edits to their shared Google Slide "room", which consists of a patient silhouette surrounded by moveable images of resuscitation equipment. Facilitators modify the patient's vitals and provide clinical updates in response to the learners' decisions. An example room can be found here: https://docs.google.com/presentation/d/1nRFIQmfi-Kgy-24twlG5c3JWQYnrHsju1g5A5WhAClA/edit?usp=sharing.

The VRR has been well received by participants and facilitators. All learners interact with the slideset simultaneously, creating an engaging environment. Tasks must be completed and therefore must be divided, allowing for the rehearsal of crisis resource management skills. The VRR has been particularly well received by family medicine residents, whose opportunity to do in-person simulation has generally been very limited during the pandemic.

To run a session using the VRR, one to two facilitators would lead a session for the resident team with any number of observers in a breakout room. The same playoff format used for the Sim Showdown can be implemented, with the flexibility to scale up to accommodate any number of interested teams. More than 20 virtual rooms have already been created, and additional rooms could readily be developed for any other desired case. To prepare for the virtual setting,

participants would be given the website information and a thorough same-day virtual introduction, and facilitators would be expected to attend a brief online training session.

The VRR provides the opportunity to continue offering high quality simulation education to family medicine residents across Canada, while overcoming the barriers of travel cost, equipment logistics, and physical distancing restrictions.

Abstract ID: 211

13:30–18:00 (ET) PAACT: Pain management 2021 update

Alan Kaplan, MD, CCFP (EM), FCFP; Frank Martino, MD, CCFP (EM), FCFP;
Peter Kuling, MD, MSc, CCPE, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Review and discuss management of common presentations of pain in general practice
2. Review resources available including; Canadian guidelines, family practice resource ('orange book') and various patient materials
3. Review management of lower back pain, neuropathy, fibromyalgia, and muskuloskeletal pain

Description:

An independent educational program developed by family physicians and based on all Canadian relevant resources including the Pain Management Resource for Family Medicine ('orange book'). Cases are designed to address common presentations of chronic pain in family practice and their management.

Materials: 2021 Pain Resource for Family Medicine ('orange book'); Participant manual; patient management tools. Teaching method: interactive, case-based, small group.

Wednesday, November 10th

Abstract ID: 122

09:55–11:00 (ET) Consent and Capacity During COVID-19 in Long-Term Care

Jessica Cuppage, MD, CCFP (COE); Jessica Sennet, MD, CCFP (COE);
Evan Chong, MD, CCFP (COE)

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the ethical premise and required elements of consent
2. Identify key commonalities and important differences in the legislation governing consent and capacity across Canada
3. Apply this knowledge to examples of clinical cases in long-term care during the COVID-19 pandemic

Description:

For family physicians working in long-term care, the COVID-19 pandemic has highlighted many challenges and ethical dilemmas, including those relating to issues of consent and capacity. Informed consent is required for all proposed medical treatments, but what exactly is "informed" and what are some of the challenges faced by practitioners when assessing capacity? What are some of the unique considerations regarding treatment decisions during the COVID-19 pandemic? In this session we will review the ethical premise for consent, the fundamental elements of consent, and how these have been translated into legislation across Canada. We will address common pitfalls and challenges that arise in assessing capacity for treatment decisions and in obtaining informed consent. Finally, using the IDEA: Ethical Decision-Making Framework developed at Baycrest Centre for Geriatric Care, we will apply these concepts to real clinical cases encountered in long-term care during the COVID-19 pandemic and will welcome discussion from participants about their experiences with interesting or challenging cases of consent and capacity.

Abstract ID: 127

09:55–11:00 (ET) Fire Up Your Presentations: From great to outstanding

Simon Moore, MD, CCFP

Highlights experienced concepts for teachers outside the clinical setting.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the published literature on what makes effective medical lectures and what improves learning outcomes

2. Define pearls/best practices for more effective in-person & virtual visual aids & interactivity tools
3. Discuss presentation tips and pearls from other attendees and share your own

Description:

Updated with added content relevant to virtual presentations! 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: 47

09:55–11:00 (ET) From Rhodesia to the Rock: My journey in generalist practice

Mohamed Ravalia, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Examine the challenges of rural practice
2. Identify the benefits of Distributed Medical Education (DME)
3. Understand the International Medical Graduate (IMG) perspective

Description:

Mohamed completed his medical training in Rhodesia and his early experience included a rotating internship, senior house rotations in Obs/Gyne, Anesthesia and Emergency Medicine. When he began his Canadian journey, he built on his formal training to develop a true generalist practice. Working in a truly functional multi-disciplinary environment, he sharpened his skills as a patient-centred practitioner. Over 30 years, he has witnessed many changes in the delivery of primary care and he fears that generalist practice has become increasingly vulnerable. As practitioners gravitate to ER, care of the elderly, hospitalist practice, palliation and a variety of other opportunities, true rural generalists are becoming an endangered species. How do we address this challenge? Mohamed will attempt to answer some of these enigmatic questions.

Abstract ID: 56

09:55–11:00 (ET) Medico-legal Considerations in Delegation and Supervision

Katherine Larivière, MD, MSc, CCFP, FCFP; Keleigh James, MD, CCFP, FCFP

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Explore obligations for trainees and clinical supervisors around delegation and supervision
2. Recognise links between patient safety and medicolegal risk
3. Examine case scenarios relating to clinical delegation

Description:

Medical learners require hands-on experience to acquire the knowledge and skills necessary to independently deliver quality health care. Both the trainee and supervising physician owe the patient a duty of care. Balancing these responsibilities takes skill and knowledge, even under the best of circumstances. More recently, shifts to competency-based education and care via telemedicine have challenged the skillset of many physicians. In this interactive session we will review the responsibilities and obligations of both learners and supervisors, discuss patient safety considerations and explore case scenarios involving delegation and supervision using a medicolegal lens. We will review approaches to foster open communication between trainees and supervisors around delegated clinical care.

Abstract ID: 170

09:55–11:00 (ET) Tails of Anemia: You are prescribing iron incorrectly

Anmol Lamba, MD, MMsc, GDip (Clin Epi), CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Discuss recent evidence in treatment of iron deficiency
2. Develop judicious habits in ordering of screening bloodwork
3. Counsel patients on common over the counter iron formulations

Description:

Primary research exploring the treatment of anemia and its causes, particularly iron deficiency, has become trendy. In the last 5 years, a wealth of practice-changing publications have affected if we screen for anemia, and how we prescribe iron. This evidence sometimes counters standard practice and challenges common misconceptions. The objective of this session would be to review evidence-based practices in screening, diagnosis, and treatment of anemia, with a special focus on iron deficiency. The format will include facilitated opportunities for meaningful

discussion, particularly successes and failures in helping patients with iron deficiency, as well as a critical appraisal of new research. This presentation has previously been delivered, with positive feedback, to over five family medicine and royal college residency sites, as well as family-medicine-centred CME events.

Abstract ID: 261

11:30–12:30 (ET) Being Better to Ourselves: Physician wellness and resiliency

Stephanie Smith, MD, CCPP; Serena Siow, MD, CCFP; Daniela Isfan, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Recognize signs and symptoms of burnout in themselves and their colleagues
2. Apply burnout prevention strategies and stress management in their practices
3. Understand how to achieve a healthy work-life balance, to improve personal well-being

Description:

According to a recent survey, 95% of participants believed that the health and wellness of physicians impacts the health of all Canadians. This presentation will review the concepts surrounding physician wellness, including stress management, burnout recognition and prevention. We will provide strategies for managing stress, engaging in self-care, and building a healthy work-life balance. The session format will allow for rich discussion and interaction between participants, allowing dialogue on how to build and strengthen peer relationships, both in person and virtually. Additionally, we will consider how to tackle barriers to physician wellness, including the reduction of stigma associated with mental health and seeking care.

Presented as part of the College of Family Physicians of Canada's Physician Wellness and Resiliency Initiative.

Abstract ID: 235

11:30–12:30 (ET) City Slickers: Innovative urban family medicine teaching practices

Amanda Condon, MD, CCFP, FCFP; Erica Halmarson, MD, CCFP;
Paul Sawchuk, MD, MBA, CCFP, FCFP

All teachers welcome. Highlights experienced concepts for educational leaders.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the PMH model and teaching in an urban family medicine teaching environment
2. Review comprehensive family medicine in an urban teaching environment

3. Identity innovative urban family medicine teaching practices from peers across the country

Description:

What does excellence in Urban Family Medicine teaching look like across Canada? The Family Physician Professional Profile was published in 2018 by the CFPC along with the updated Patient's Medical Home model in 2019. Little is known about what these models mean for the urban family medicine educational environment. Much work has been done to describe the rural family medicine educational environment. Recent work highlights comprehensive family medicine practice as protective against burnout. This session invites urban family medicine educators and trainees to come together and share their experiences on the evolution of urban family medicine teaching. This interactive discussion will focus on the urban family medicine teaching environment and topics such as:

- incorporating Patient's Medical Home (PMH)
- comprehensive family medicine
- community adaptiveness and responsiveness
- leadership, advocacy and equity
- innovative practices and practice models
- academic content, scholarship and quality improvement

After attending this session, participants will be able to identify innovative and exemplar practices and elements they may want to implement in their local environments.

Abstract ID: 144

11:30–12:30 (ET) Life after FIFE: Incorporating the patient-centred clinical method

Lisa Graves, MD, CCFP (AM), FCFP; Kathy Lawrence, MD, CCFP, FCFP;
Douglass Dalton, MD, CCFP, FCFP; Susan MacDonald, MD, CCFP (PC), FCFP;
Marlow Anduze, MD, CCFP; Pauline Desrosiers, MD, CCFP, FCFP; Judy Belle Brown, PhD
Samantha Horvey, MD, CCFP; Vivan Kilvert, MD, CCFP, FCFP; Shumona De, MD, CCFP, FCFP

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the Patient-Centred Clinical Method
2. Distinguish between deep learning of the Patient-Centred Clinical Method and gamemanship
3. Plan one opportunity to integrate the Patient-Centred Clinical Method into everyday teaching

Description:

The Patient-Centred Clinical Method (PCCM) is an evidence-based clinical methodology that underpins family medicine residency training. It is assessed during the certification process as part of the SOO exam. As in the adage, 'assessment drives learning', preparation for the examination process can lead to gamesmanship that diminishes residents' understanding of the PCCM. During this interactive workshop, participants will learn techniques to integrate deep learning of the PCCM with everyday teaching activities. Using the certification process as a driver, this workshop will describe opportunities in everyday teaching and precepting to explore the illness experience, to integrate social development context and to find common ground. By the conclusion of this session, participants will be able to plan one teaching/precepting event related to PCCM teaching of the family medicine resident.

Abstract ID: 102

11:30–12:30 (ET) Pandemic Pearls: From family planning to STI care

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

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Leverage guideline-informed sexual health websites and applications for clinical decision making and patient education
2. Discuss the management of patients who require STI screening in the context of virtual care
3. Optimize patient-centred and medically safe decision making around contraceptive selection and family planning

Description:

Sex has not stopped during the COVID-19 pandemic! Primary care providers have been tasked with providing sexual health care from STI screening and management to family planning in a manner that decreases the risk of COVID-19 transmission. Virtual care provision is often appropriate with web-based resources serving as a natural companion. From contraceptive decision making, to appropriate ways of testing, to at-home or alternative treatments, keeping up to date is essential in clinical practice. This presentation is intended for primary care providers involved in STI and contraceptive care. Knowledge surrounding basic contraceptive carefamily planning and STI concepts is expected. This interactive presentation will guide primary care providers through cases around STI screening and treatment as well as contraception counseling. We will also cover family planning choices in the context of limited in-person appointments. Guideline based applications and websites will be highlighted as tools for clinical decision making and patient education, and virtual care during a pandemic will be highlighted. Consideration will be given to which pandemic processes will best serve patients and health care providers in the post-COVID-19 era.

Abstract ID: 225

13:30–14:30 (ET) Developing a Better Periodic Review

Keith Wilson, MD, PhD, CCFP, FCFP; Sasha Sealy, MD, CCFP, FCFP

All teachers welcome. Highlight's experienced concepts for educational leaders.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Evaluate the requirement for periodic review in family medicine residency programmes
2. Explore a phased approach to the development of resident-centered periodic review
3. Describe implementation challenges for resident-centered periodic review

Description:

Residency training requirements have become increasingly complex and this presents challenges for assessment. In an era of competency-based medical education, it is imperative that learners have a path to follow as part of their incremental skill development. To this end, periodic review for incremental development has been key in residencies across Canada. Dalhousie University Family Medicine has undertaken revision of its processes surrounding the periodic review, in keeping with new accreditation requirements. Keeping a resident focus and endorsing principles of the 2016 GIFT document related to periodic review and CRAFT, we feel that we have emerged with a better 'product.' We used a phased approach informed by numerous stakeholders. This session aims to take participants through a journey of development, implementation and mitigation of challenges associated with this new approach to periodic review.

Abstract ID: 106

13:30–14:30 (ET) Red and Itchy Skin Lesions: Approach and pitfalls

Lawrence Leung, MBBChir, DipPractDerm, FRCGP (UK), CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. How to approach red and itchy skin
2. Common red and itchy skin conditions
3. Diagnosis, management and avoiding pitfalls

Description:

Dermatological conditions comprise up to 1/7 of all consultations in family medicine. When confronted with skin lesions that are red and itchy, practising family physicians can be lost in the deep blue sea as to how and where to start, let alone making a diagnosis and prescribing treatment. This may lead to either unnecessary dermatological referral or inappropriate

prescription of steroids cream in a reflex-arc manner. This presentation will give a bird's eye view to common red and itchy skin conditions as encountered in family medicine, coupled with ample visual material and interactive Q&As, will equip attendees with a logical flow-chart approach for diagnosing and managing these conditions. Barriers to change will be addressed when appropriate.

Abstract ID: 182

13:30–14:30 (ET) Teaching Strategies for New Clinical Preceptors

Divya Garg, MD, CCFP, MClSc; Vishal Bhella, MD, CCFP

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Integrate fundamental teaching framework in clinical teaching
2. Apply tools that facilitate and enhance both teaching and providing feedback in a clinical setting
3. Guide learners through self-directed learning by application of Kolb's experiential learning cycle

Description:

According to Kolb "learning is a process in which knowledge is created through transformation of experience." The session will focus on how clinical teachers can engage learners in experiential learning by organizing clinical experiences using the clinical teaching framework and utilizing principles of adult learning. Multiple teaching strategies will be discussed including effective questioning, SNAPPS and one-minute preceptor. The session will also focus on strategies for providing effective feedback.

Abstract ID: 176

13:30–14:30 (ET) Top 10 Family Medicine Practice-Changing Articles

Jock Murray, MD, CCFP (EM); Jennifer Leverman, MD, CCFP (EM); Mandi Irwin, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Appraise 10 potentially practice changing articles
2. Consider the clinical applications of each article
3. Learn one potential practice change from each paper

Description:

Ten articles from the recent Family Practice literature will be presented and critically appraised. The participants will consider the clinical application of each article with the presenters. At the

end of the session the participants will have leave with 10 potentially practice changing concepts. This is a session which is repeated yearly at FMF to a large audience with positive reviews.

Abstract ID: 168

15:00–16:00 (ET) Fireside Chat: Discussing current educational challenges, successes, and opportunities

Aaron Johnston, MD, CCFP (EM), FCFP; James Goertzen, MD, CCFP, FCFP;
Ian Scott, MD, CCFP, FCFP; Ivy Oandasan, MD, CCFP, MHSc, FCFP;
Nancy Fowler, MD, CCFP, FCFP

All teachers welcome. Highlight's novice concepts for educational leaders.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Discuss challenges facing family medicine teachers, preceptors, and educational leaders training Canada's future family physicians
2. Identify strategies to engage and support family medicine teachers in the community
3. Recommend initiatives and activities to support family medicine education locally and nationally

Description:

Join us for a group forum sharing innovations and challenges faced by family medicine teachers, preceptors and academic leaders in everyday practice. In this interactive session, join us as we:

- Share innovative approaches that have supported the family medicine teaching community
- Identify potential advocacy efforts that the SOT could facilitate locally, provincially or nationally
- Discuss ways in which the community of teachers across the country could better support each other leveraging the SOT

The Fireside Chat will be hosted by CFPC's Section of Teachers Council.

Abstract ID: 34

15:00–16:00 (ET) Masculine Medicine: Putting testosterone to the test

Ted Jablonski, BSC Med, MD, CCFP, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Recognize symptomtatic hypogonadism and its frequency
2. Explore the approach to the diagnosis of Testosterone Deficiency Syndrome (TDS)

3. List all Testosterone Replacement Therapy (TRT) options, therapeutic expectations, safety and appropriate follow–up

Description:

Due to previous negative experiences with demanding patients or anabolic steroid abusers, many primary care physicians struggle and refuse to deal with concerns surrounding testosterone. What is "normal aging" when it comes to sex hormones and how do you define Testosterone Deficiency Syndrome? Whose testosterone levels should be tested? What lab tests should be used? If appropriate, how do you safely treat and monitor? These are some of the questions that will be addressed during this learning activity. Expect this interactive session to be fast paced and full of practical clinical pearls.

Presenter: Dr Ted Jablonski is a well known family physician in Calgary with expertise in sexual medicine and transgender / gender diverse health for Southern Alberta.

Abstract ID: 242

15:00–16:00 (ET) What Residents Want: Good coaching!

Theresa van der Goes, MD, CFPC; Joyce Ching, MD; Eric de Haas, MD; Kate Wang, MD; Oana Jumanca, MD; Sarina Lalla, MD

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe what residents might want from a coaching relationship
2. Explain a resident perspective on your shifting roles - coach, teacher, assessor, supervisor
3. Recognize what residents want to hear from you as a coach

Description:

Join our diverse panel of residents for an interactive webinar on coaching during daily activities. With the inception of competency based medical education and increased reliance on workplace-based assessment which engages residents in a mastery orientation to their program of learning, the role of the preceptor has shifted from teaching and supervision to coaching and assessment for learning. Listen and interact through polls (to assess the participant's comfort with concepts of the clinical coach role) and chat to a live virtual panel of residents about this change and what works for them to foster this important and influential relationship. The session will start with a brief didactic overview of some elements of the Fundamental Teaching Activities Framework that illustrates the work of a clinical coach and of the CRAFT model of programmatic assessment to highlight the importance of coaching and it's interplay with assessment. The remainder will be a panel discussion and response from the panel to questions from the audience.

Abstract ID: 431

16:00–17:00 (ET) Addiction and Mental Health: Supporting patients in primary care (Ancillary Session)

Speranza Dolgetta, MD; Christina Basedow, 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:

At the conclusion of this activity, participants will be able to:

1. Understand the impact of the pandemic on mental health and substance use
2. Utilize strategies for managing and referring patients in primary care
3. Explore the methods and results of an outcomes study on addiction treatment, and understand the determinants of success in recovery

Description:

As the country anticipates the mental health downfall from the pandemic, GPs are poised to stand on the front lines of managing and triaging patients as they present with worsening symptoms of depression, anxiety, and substance use. In this informative session, we will review the harsh impact that this pandemic has had on mental health and rates of addiction, and learn useful strategies for managing and referring patients struggling with these concerns in primary care. Further gain insight into the most effective treatments for mental health and substance use disorders, as demonstrated by outcomes, and what factors determine a patient's success in recovery.

Abstract ID: 459

16:00–17:00 (ET) Case by Case: Comparing COPD clinical decisions across Canada (Ancillary Session)

Warren Ramesh, 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:

At the conclusion of this activity, participants will be able to:

1. Critically assess the importance of early disease recognition in the optimal management of COPD
2. Determine the patients who would be appropriately managed with mono/dual/triple therapy in COPD treatment

3. Identify key points of intervention from early to late-stage COPD

Description:

This program uses benchmarking questions to highlight knowledge gaps in the COPD treatment space and compare to expert opinion/guidelines. The program content is aimed at helping GPs correctly identify the place of mono, dual and triple therapy in the treatment of patients with COPD.

Presentations by Research Award Recipients

Abstract ID: 46

11:30–11:45 (ET) CFPC Outstanding Family Medicine Research Article

PEER Umbrella Systematic Review of Systematic Reviews: Management of osteoarthritis in primary care

Ton J; Perry D; Thomas B; Allan GM; Lindblad AJ; McCormack J; Kolber MR; Garrison S; Moe S; Craig R; Dugré N; Chan K; Finley CR; Ting R; Korownyk CS

Learning objective:

At the conclusion of this activity, participants will be able to:

1. Become familiar with which non-surgical treatments have the best evidence for providing meaningful pain relief in treatment of chronic osteoarthritis pain

Description:

Objective: To determine how many patients with chronic osteoarthritis pain respond to various non-surgical treatments. **Data sources:** PubMed and the Cochrane Library. **Study selection:** Published systematic reviews of randomized controlled trials (RCTs) that included meta-analysis of responder outcomes for at least 1 of the following interventions were included: acetaminophen, oral nonsteroidal anti-inflammatory drugs (NSAIDs), topical NSAIDs, serotonin-norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants, cannabinoids, counseling, exercise, platelet-rich plasma, viscosupplementation, glucosamine, chondroitin, intra-articular corticosteroids, rubefacients, or opioids. **Synthesis:** In total, 235 systematic reviews were included. Owing to limited reporting of responder meta-analyses, a post hoc decision was made to evaluate individual RCTs with responder analysis within the included systematic reviews. New meta-analyses were performed where possible. A total of 155 RCTs were included. Interventions that led to more patients attaining meaningful pain relief compared with control included exercise (risk ratio [RR] of 2.36; 95% CI 1.79 to 3.12), intra-articular corticosteroids (RR= 1.74; 95% CI 1.15 to 2.62), SNRIs (RR= 1.53; 95% CI 1.25 to 1.87), oral NSAIDs (RR= 1.44; 95% CI 1.36 to 1.52), glucosamine (RR= 1.33; 95% CI 1.02 to 1.74), topical NSAIDs (RR= 1.27; 95% CI 1.16 to 1.38), chondroitin (RR= 1.26; 95% CI 1.13 to 1.41), viscosupplementation (RR= 1.22; 95% CI 1.12 to 1.33), and opioids (RR= 1.16; 95% CI 1.02 to 1.32). Preplanned subgroup analysis demonstrated no effect with glucosamine, chondroitin, or viscosupplementation in studies that were only publicly funded. When trials longer than 4

weeks were analyzed, the benefits of opioids were not statistically significant. **Conclusion:** Interventions that provide meaningful relief for chronic osteoarthritis pain might include exercise, intra-articular corticosteroids, SNRIs, oral and topical NSAIDs, glucosamine, chondroitin, viscosupplementation, and opioids. However, funding of studies and length of treatment are important considerations in interpreting these data.

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Abstract ID: 44

11:45–12:00 (ET) CFP Best Original Research Article

Long-Term Treatment Outcomes in a First Nations High School Population with Opioid Use Disorder

Anita Srivastava, MD, MSc, CCFP; Meldon Mayer Kahan, MD, CCFP, FRCPC; Mae Katt, NP-PHC, MEd; Tammy Patriquin; Henry Becker, MD, CCFP, PhD; Alison McAndrew; Colleen McCreery, RN; Claudette Chase, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Understand the potential benefits of long-term opioid agonist treatment for youth with OUD
2. Appreciate the importance of having easily accessible addiction treatment for the high-school population
3. Consider the importance of cultural safety in addiction treatment programs

Description:

Objective: To assess for long-term positive effects of buprenorphine treatment (BT) on opioid use disorder (OUD) at a Nishnawbe Aski Nation high school clinic. **Design:** Postgraduation telephone survey of high school students between March 2017 and January 2018. **Setting:** Dennis Franklin Cromarty High School in Thunder Bay, Ont. **Participants:** All 44 students who had received BT in the high school clinic during its operation from 2011 to 2013 were eligible to participate. **Main outcome measures:** Current substance use, BT status, and social and employment status. **Results:** Thirty-eight of the 44 students who had received BT in the high school clinic were located and approached; 32 consented to participate in the survey. A descriptive analysis of the surveyed indicators was undertaken. Almost two-thirds (n= 20, 62.5%) of the cohort had graduated from high school, more than one-third (n= 12, 37.5%) were employed full time, and most (n= 29, 90.6%) rated their health as "good" or "OK." A greater percentage of participants who continued taking BT after high school (n= 19, 61.3%) were employed full time (n=8, 42.1% vs n=4, 33.3%) and were abstinent from alcohol (n= 12, 63.2% vs n=4, 33.3%). Participants still taking BT were significantly more likely to have obtained addiction counseling in the past year than those participants not in treatment (n=9, 47.4% vs n= 1, 8.3%; P= .0464). **Conclusion:** The study results suggest that offering OUD treatment to youth in the form of BT in a high school clinic might be an effective strategy for promoting positive

long-term health and social outcomes. Clinical treatment guidelines currently recommend long-term opioid agonist treatment as the treatment of choice for OUD in the general population; they should consider adding youth to the population that might also benefit.

https://www.cfp.ca/content/66/12/907

Abstract ID: 45

12:00–12:30 (ET) Family Medicine Research of the Year

Accessible Trustworthy Health Recommendations for All

Kevin Pottie, MD, CCFP, MClSc, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Explain 'why' primary care and health equity are important now more than ever
2. Understand new emerging opportunities for patient centred, evidence based recommendations… beginning with COVID-19 recs
3. Discover Caretek's new Public/Private Global 'Gardens' project, including its star feature: 'Rotten Carrots'

Description:

"Health Recommendations for All," inspired by my patients from around the world, aims to contribute innovation, leadership, and scholarship to community and family medicine. It joins WHO's commitment to improve health equity and builds on the GRADE/Cochrane Collaboration evidence-based medicine movement. It taps into Western University's patient centered clinical method and the Western-Waterloo tech partnership to drive innovation and health research. It aims to disrupt and make room for 'health recommendations for all'. Specifically, this presentation will examine Kevin Pottie's career 'using a multi-stakeholder equity lens, GRADE recommendation methods, and the FACE 2.0 approach to assessing and building consensus on local relevance ratings for health recommendations.

Presentations by Resident Research Award Recipients and Top Free-Standing Papers

Abstract ID: 42

13:30–13:45 (ET) Research Awards for Family Medicine Resident

The Use of The Pictorial Representation of Illness and Self Measure (PRISM) as a Clinical Tool and its Potential Use in Addictions Medicine: A qualitative evidence synthesis

Bridget McDonald, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Facilitate discussions with patients using the Pictorial Representation of Illness and Self Measure (PRISM)
2. Understand the existing literature on the use PRISM as a therapeutic tool

Description:

Background: The Pictorial Representation of Illness and Self Measure (PRISM) is a simple tool which has shown promise in facilitating discussions with patients. The purpose of this study is to review the literature on PRISM's use as a therapeutic tool and to discuss its use in addictions medicine. **Methods:** Literature searches were conducted in Embase (Ovid) and Medline (Ovid) electronic databases on October 24th 2020. **Inclusion criteria were as follows:** peer reviewed, any study design, primary journal articles only, any patient population and studies focusing on alternate use of PRISM as a therapeutic tool. **Exclusion criteria were** that PRISM was used but was not the focus of the study and the PRISM was studied only as a measure of suffering. Each included article was critically appraised using validated critical appraisal checklists (24-26). A qualitative evidence synthesis was conducted by extracting all quotes pertaining to PRISM as a therapeutic tool from each article; quotes were then grouped into recurring themes. **Results:** A total of 118 articles were retrieved and 14 articles were included. Seven key themes were identified: ease of use, ability to track progress, motivational interviewing, bridging cultural and linguistic barriers, facilitating communication, improving the physician-patient relationship, and improving understanding of the patient's context. **Interpretation:** These themes highlight the potential for PRISM to provide therapeutic benefit during patient encounters. Given PRISM's ability to foster communication, trust, and behavioural change it could be particularly beneficial in addictions medicine (27, 35). Further research is required to directly test the use of PRISM in the clinical setting.

Abstract ID: 43

13:45–14:00 (ET) Research Awards for Family Medicine Resident

A Closer Look at Maternity Care in Fredericton, New Brunswick: A qualitative study exploring the motivations of women seeking midwifery care

John Thomson, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Have a better understanding of the maternity care needs in Fredericton
2. Have insight into the support needs, maternity care experiences and the motivations for seeking midwifery care in Fredericton

Description:

Background: While many consider birth a high-risk scenario requiring hospitalization, there is a growing trend in many developed countries for women to pursue alternative avenues for their antepartum, intrapartum and postpartum care. This study explored the motivations for

individuals seeking midwifery care from the Fredericton Midwifery Centre. The goal was to gain a better understanding of the maternity care needs of individuals in the Fredericton area in hopes of improving support provided by all health care practitioners involved in the care of the family. **Methods:** Participants included individuals currently receiving care or on the waitlist to receive care from the Fredericton Midwifery Centre. A qualitative survey was created that included open-ended questions allowing the participants to describe their current obstetrical care experiences and their motivations for seeking midwifery care. Data were analysed using thematic analysis. **Findings:** Major themes that emerged were 1) the importance of the birthplace setting/care environment; 2) having a relationship with the care provider; 3) the perception of the type of care provided by midwives and physicians (overall positive versus negative); and 4) having a sense of autonomy. **Interpretation:** This study provides insight into the support needs, maternity care experiences and the motivations for seeking midwifery care in Fredericton, New Brunswick. The findings of this study have helped highlight areas of improvement for all health care providers involved in maternity care to help provide a positive birth experience and improve overall prenatal and postnatal support.

Abstract ID: 328

14:00–14:15 (ET) Cultural Safety and Healthcare Accessibility for Indigenous Peoples

Natalie DiMaio*, BScH (Kin); Amrita Roy, PhD, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Obtain a deeper understanding of cultural safety for Indigenous peoples within mainstream healthcare settings
2. Obtain a deeper understanding of accessibility for Indigenous peoples within mainstream healthcare settings
3. Understand what constitutes as a "promising practice" for Indigenous peoples within mainstream healthcare settings

Description:

Objective: To highlight promising practices for improving cultural safety and accessibility in mainstream healthcare settings for Indigenous patients in Canada. **Design:** Scoping literature review involving a comprehensive database search (OVID Medline, Embase, CINAHL, ProQuest Nursing, ProQuest Dissertations, and PsychInfo) and screening of citations based on inclusion and exclusion criteria. **Findings:** A final pool of 32 papers were analyzed. Findings can be grouped into five main themes, as follows. (i) Community: Indigenous patients prefer to receive healthcare at home or within their communities. Community-based services recognize Indigenous peoples' desire to remain in community. (ii). Social support: Community-based approaches enable the integration of services into pre-existing social support systems, including family support. (iii) Communication leading to trust and safety: Trusting relationships will develop if healthcare providers communicate effectively; acknowledging concerns and listening creates a comfortable environment for patients to develop trust. The employment of a "liaison"

for healthcare services for Indigenous patients is effective to bridge communication and build trust. (iv). Transformation of service delivery: Cultural competency and safety training can enable healthcare providers to understand and act appropriately on the social determinants of Indigenous health. Home visiting and telehealth programs also facilitate access by eliminating barriers to care. (v) Healthcare set-up and services: A "wrap-around" approach to primary healthcare facilities would improve Indigenous peoples' experience by improving access and increasing support to community members incapable of travel. A Two-Eyed Seeing approach provides holistic, culturally safe, and accessible care. **Conclusion:** Mainstream governments and healthcare systems must work collaboratively with Indigenous peoples to address barriers to culturally safe and accessible healthcare, and commit to increasing funding, resources, and support. Action in this regard can help to reduce the health inequities facing Indigenous peoples relative to other groups in Canada.

Abstract ID: 303

14:15–14:30 (ET) Pre-Pandemic Physician-Reported Prevalence of Vaccine and Polyethylene-Glycol Allergy

Alexander Singer*, MB, BAO, BCh, CCFP; Leanne Kosowan, MSc;
Matthew Greenhawt, MD, MBA, MSc, FACAAI, FAAAAI;
Marcus Shaker, MD, MSc, FAAP, FACAAI, FAAAAI; Lisa LaBine, MSc;
Elissa Abrams, MD, MPH, FRCPC

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the pre-pandemic prevalence of physician-documented vaccine and polyethylene-glycol allergy in Canada
2. Differentiate patient and provider characteristics associated with vaccine and polyethylene-glycol allergy
3. Explain and interpret allergy documentation in electronic medical record (EMR)

Description:

Objective: The COVID-19 pandemic has highlighted the importance of accurate capture of vaccine, and vaccine component, allergy. The goal of this study was to determine the prevalence of physician-documented vaccine and polyethylene-glycol (PEG) allergy in Canada, prior to the pandemic. PEG allergy is the only labeled contraindication to a mRNA COVID-19 vaccine. **Design:** Retrospective cohort study. **Setting:** Electronic Medical Record (EMR) data from providers participating in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) **Participants:** All patients with at least one encounter with a CPCSSN provider between 1-Jan-2016 and 31-Dec-2018. **Outcome measures:** Machine learning algorithms were applied to EMR data from family physicians and nurse practitioners in 7 provinces in Canada to capture documentation of vaccine and PEG allergy. Descriptive statistics, chi-squared and t-tests characterized patients with and without vaccine or PEG allergy. Age- and sex-adjusted multivariate logistic regression examined associations between documented vaccine allergy and

patient and provider factors. **Results:** The prevalence of physician-documented vaccine allergy was 0.037% (395/1,055,677); 23% were male, median age of 58.7 years. Those with a vaccine allergy had significantly higher rates of other atopic comorbidities [asthma (P<.0001), eczema (P<.0001), rhinitis (P=.002)]. Rates of depression (P=.0005) and anxiety (P=.003) were significantly higher. The prevalence of physician-documented PEG allergy in Canada was 0.0009% (10/1,055,667).; 12% were male, median age of 53.5 years. None of the patients with PEG allergy had a vaccine allergy documented. Those with PEG or medication containing PEG allergy had significantly higher rates of other comorbidities including asthma (P<.0001), eczema (P=.001), rhinitis (P<.0001), and food allergy (P<.0001). Rates of depression (P<.0001) and anxiety (P<.0001) were significantly higher. **Conclusion:** This study provides much needed baseline data and demonstrates a low prevalence of physician-documented vaccine and PEG allergy across Canada. It is the first such study of its kind.

Free-Standing Papers

Abstract ID: 311

15:00–15:15 (ET) The CHANGE lifestyle intervention on blood pressure variations

Elisa Marin Couture*, MSc; Marie-Josée Filion, MD; Ryma Boukari, PhD;
Khursheed Jeejeebhoy, MBBS, PhD, FRCPC; Rupinder Dhaliwal, RD;
Paula Brauer, PhD, RD, FCD; Dawna Royall, MSc, RD; David M. Mutch, PhD; Doug Klein, MD;
Angelo Tremblay, PhD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify factors which predict changes in blood pressure induced by a lifestyle intervention
2. Determine which of cardiorespiratory fitness or waist circumference induce changes in blood pressure
3. Evaluate the impact of a lifestyle intervention in primary care settings on blood pressure

Description:

Objective: To identify factors which predict changes in blood pressure induced by a lifestyle intervention. **Design:** Cohort study. **Setting:** Family care clinics across Canada (Edmonton Oliver Primary Care Network, Edmonton; GMF-U Quatre-Bourgeois, Québec; Polyclinic Family & Specialty Medicine, Toronto). **Participants:** Patients from the CHANGE program (n=101) with metabolic syndrome (MetS) diagnosis for whom all the cardiometabolic collected data at the beginning and the end of the intervention were available. The outlier subjects were excluded from the present study. **Intervention:** Patients were recruited by the family physicians participating in the study. They were followed over a one-year lifestyle intervention involving a collaboration between family physicians, dieticians, and exercise specialists. The participants visited the dietician and the exercise specialist weekly for the first three months and monthly for the last nine months of the intervention. They also participated in unsupervised physical

activities to reach the targeted guidelines. **Main outcome measures:** Diet quality, exercise capacity, anthropometric indicators, and cardiometabolic variables were evaluated at baseline, as well as after three and twelve months of the intervention. **Results:** As expected, the program induced a significant decrease in systolic (SBP) and diastolic blood pressure (DBP). Body weight ($p<0.001$), body mass index (BMI) ($p<0.001$), and plasma glucose ($p=0.006$) reduction and cardiorespiratory fitness increase ($p=0.048$) were all related with the change in SBP. Variations in DBP were associated with changes in body weight, BMI, and plasma triglycerides although not to a statistically significant extent. Waist circumference (WC) was the only variable for which changes were significantly correlated with those in both SBP ($p<0.0001$) and DBP ($p=0.0004$). **Conclusion:** The beneficial effects of the CHANGE intervention on blood pressure was significantly associated with cardiometabolic, and anthropometric variables, especially WC. The study was funded by Metabolic Syndrome Canada.

Abstract ID: 315

15:15–15:30 (ET) Status of Non-official Languages in Family Medicine

Ruolz Ariste*, PhD; Deborah McCartney; Susan Warren, MSc

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Learn top non-official languages spoken by Canadian family physicians
2. Understand extent non-official languages spoken by family physicians relate to those of the Canadian population
3. Identify opportunities to optimize in-person and virtual care for racialized communities

Description:

Context: Language can be a barrier to accessing health care, including virtual care. Previous studies of healthcare professionals and linguistic minorities have focused on Canada's official languages. Non-official languages (NOLs) spoken by physicians have not been previously explored at the pan-Canadian level. **Objective:** To determine to what extent NOLs spoken by family physicians relate to those of the community of practice. **Design:** Secondary analysis of Scott's Medical Database identified top NOLs spoken by family physicians in Canada's largest Census Metropolitan Areas (CMAs). Statistic Canada's Census data was used to determine top NOLs spoken most often at home by the population in these CMAs. Ethics board approval was not required. **Outcome measure:** The percentage of family physicians speaking a NOL is directly compared to the percentage of the population speaking that language. Physician-population ratios by NOL and CMA are calculated. **Findings:** Eight of the top 10 NOLs spoken by family physicians correspond to the top 10 NOLs spoken most often at home by the Canadian population. The number of Punjabi-speaking FPs of Canada's seven largest CMAs are proportionally representative of the Punjabi-speaking populations in those cities. The Cantonese- and Mandarin-speaking populations of Toronto and Vancouver outweigh their Cantonese- and Mandarin-speaking FP workforce by 2:1 and 3:1, respectively. Larger gaps were observed

between FPs and populations who speak Arabic and Hindi. **Conclusion:** Canada's largest cities are home to the vast majority of immigrants who are most likely to benefit from the option of receiving primary care in a language familiar to them. This study's findings suggest some imbalance exists between the language capacity of physicians and the community of practice. Physicians and policymakers could use these findings to inform recruitment and training policies to address disparities in access to in-person and virtual primary care as a result of language.

Abstract ID: 347

15:30–15:45 (ET) Family Physician Patient-Centred Virtual Care During COVID-19

Bridget L. Ryan,* PhD; Judith Belle Brown, PhD; Thomas R. Freeman, MD, CCFP, FCFP; Moira Stewart, PhD; Keith Thompson, MD, CCFP; Sonny Cejic, MD, MSc, CCFP; Sonja Reichert, MD, MSc, CCFP; Amanda Terry, PhD; Hazel Wilson; Maria Mathews, PhD; Leslie Meredith, MEd; Jennifer He, BMSc

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify how family physicians assessed their ability to provide patient-centred virtual care
2. List the facilitators and barriers to providing patient-centred virtual care
3. Discuss the considerations when considering how virtual care affects the patient-provider relationship

Description:

Objective: When in-person visits became unsafe during the COVID-19 pandemic, family physicians moved rapidly to provide virtual visits. The Ontario provincial health insurance plan initiated COVID-19-specific virtual billing codes. The overall goal of this study was to contribute to pandemic planning. The objective was to explore FP virtual visit adoption and implementation. **Design:** Qualitative study employing semi-structured interviews with family physicians. **Setting:** City of London and Middlesex County in Ontario, Canada. **Participants:** 17 family physicians. **Main outcome measures:** Family physicians' experience providing patient-centred virtual care during the COVID-19 pandemic. **Findings:** Family physicians moved from in-person to virtual visits rapidly. They moved primarily to telephone calls not to video calls. Family physicians indicated overwhelmingly that they believed they could provide patient-centred care just as well virtually as in-person, even by telephone. They credited being able to do this because of the long-standing relationships they already had with their patients; relationships that had been established in person. Many, but not all, believed it would be harder to do this with newer patients. A few family physicians had accepted new patients during the pandemic and found they were able to develop a good relationship virtually. Family physicians expressed concern that virtual care might not be beneficial to some patients for whom access to technology was difficult or who had trust issues that could be exacerbated without face-to-face interaction. Family physicians believed virtual care should continue, but as part of primary care that included both virtual and in-person components. **Conclusion:** FPs reported being able to

provide patient-centred care in virtual interactions but believed there was value in in-person interactions that would maintain strong relationships with their patients over time. Future research will examine patients' perspectives and develop guidelines for how best to incorporate virtual care into family physician practices.

Abstract ID: 362

15:45–16:00 (ET) Exploring Dextroamphetamine's Effectiveness for Stimulant Use Disorder Treatment

Heather Palis*, MSc, PhD; Scott Macdonald, MD; Anna Bojanczyk-Shibata, NP; Jennifer Jun, BSc; Eugenia Oviedo-Joekes, PhD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. List factors that influence patients' perceptions of dextroamphetamine's effectiveness in treating stimulant use disorder
2. Identify outcomes that are important to patients who are receiving dextroamphetamine
3. Explain elements of treatment delivery that can be adjusted to meet individual patients' needs

Description:

Background: A high proportion of people receiving both oral and injectable opioid agonist treatment report concurrent use of stimulants (i.e. cocaine and or amphetamines), which has been associated with higher rates of continued illicit opioid use and treatment dropout. A recent randomized controlled trial demonstrated the effectiveness of dextroamphetamine (a prescribed stimulant) at reducing craving for and use of cocaine among patients receiving injectable opioid agonist treatment. Following this evidence, dextroamphetamine has been prescribed to patients with stimulant use disorder at a clinic in Vancouver. This study investigates perceptions of the effectiveness of dextroamphetamine from the perspective of these patients. **Methods:** Data were collected using small focus groups and one-on-one interviews with patients who were currently or formerly receiving dextroamphetamine (n=20). Thematic analysis was conducted using an iterative approach, moving between data collection and analysis to search for patterns in the data across transcripts. This process led to the defining and naming of three central themes responding to the research question. **Results:** Participants reported a range of stimulant use types, including cocaine (n=8), methamphetamine (n=8), or both (n=4). Three central themes were identified as relating to participants' perceptions of the effectiveness of the medication: 1) achieving a substitution effect 2) Reaching a preferred dose and 3) Ease of medication access. **Conclusion:** In the context of continued investigation of pharmacological treatments for stimulant use disorder, the present study has highlighted how the study of clinical outcomes could be extended to account for factors that contribute to perceptions of effectiveness from the perspective of patients. In practice, elements of treatment delivery (e.g. dosing and dispensation protocols) can be adjusted to allow for various scenarios by which dextroamphetamine and

other pharmacological stimulants could be implemented to provide “effective” treatment for people with a wide range of treatment goals and needs.

Thursday, November 11th

Abstract ID: 461

09:00–10:00 (ET) CanProtect: Canadian recommendations and strategies for protecting your patients against herpes zoster (Ancillary Session)

Marla Shapiro, CCFP, FCFP

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:

At the conclusion of this activity, participants will be able to:

1. Describe the burden of disease associated with herpes zoster (HZ) and the need for improved immunization rates
2. Discuss new clinical evidence available for HZ vaccines in Canada and current National Advisory Committee on Immunization (NACI) recommendations
3. Evaluate best practices for applying recommendations to practice and strategies for optimizing adult immunization for HZ

Description:

Herpes zoster (HZ) immunization rates are low in Canada, despite NACI recommendations to vaccinate all patients >50 years of age and the availability of two effective HZ vaccine options. This program will focus mainly on these national recommendations and data on the two available HZ vaccines (recombinated and live attenuated). Additionally, counselling strategies for how to identify eligible patients and how to initiate patient-HCP discussion on HZ immunization will be discussed. The goal is to have more adults >50 years of age in Canada protected against herpes zoster.

Abstract ID: 41

09:55–11:00 (ET) An Approach to Hematologic Issues Arising During Pregnancy

Lani Lieberman, MD, FRCPC; Heather VanderMeulen, MD, FRCPC; Gwen Clarke, MD, FRCPC

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify risk factors and complications related to iron deficiency anemia during pregnancy
2. Describe national plans to perform maternal non-invasive testing to identify the fetus' Rh status

3. Explain the value of transfusion tests performed during pregnancy, including fetomaternal hemorrhage testing

Description:

Hematological issues that arise during pregnancy are typically managed by family physicians and primary care providers. Common problems include iron deficiency and management of an Rh negative mother with Rh-immunoglobulin to prevent alloimmunization. During this session, participants will learn about the impact of iron deficiency on both mother and neonate. Concepts regarding prevention and treatment will be highlighted. Discussion regarding the importance of Rhig in the prevention of Rh alloimminization will be explored. In addition, future plans to perform national cell free fetal DNA testing, a non-invasive test to assess RhD status of the fetus, will be highlighted. Finally, a tool box of transfusion tests, including group and screen, Betke and Rosette testing will be explained and evaluated.

Abstract ID: 132

09:55–11:00 (ET) Caring for Detained Patients in Community Settings

Claire Bodkin, MD; Sara Alavian, MD; Yotakahron Jonathan, MA;
Baijayanta Mukhopadhyay, MD; Melody Rowhani, RN, MPH

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the importance of limiting law enforcement involvement in healthcare settings for anti-racist, anti-oppressive practice
2. Identify opportunities to promote the health, dignity, and autonomy of detained patients in healthcare settings
3. Apply strategies to increase quality of care and raise awareness about rights of detained patients

Description:

In 2020, the deaths of Rodney Levi, Chantel Moore, and Regis Korchinski-Paquet in Canada ignited a widespread discussion about the harms of anti-Indigenous and anti-Black racism in policing. There is a growing recognition that racism is not just an issue in the US, but also close to home. Family physicians and Nurse Practitioners working in outpatient clinics, emergency departments, and inpatient units frequently encounter patients who are detained by law enforcement. Furthermore, we may rely upon the police to enact the involuntary detention of a patient on psychiatric grounds or respond to other mental health issues. In this workshop, the creators of Caring for People Who Are Detained: A Handbook for Healthcare Workers and Trainees will share what we learned from lawyers and people who have received healthcare while detained. We will briefly consider the history and context of the relationship between law enforcement and healthcare. We will offer practical strategies for how to provide care that promotes the health, dignity, and autonomy of patients who are detained. And we will facilitate

opportunities for participants to share the challenges and successes they have had in providing care to people who are detained.

Abstract ID: 48

09:55–11:00 (ET) Doctoring the Spirit: Healing with a stethoscope in one hand and sweetgrass in the other

James Makokis, BSc, MHSc, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Have an increased understanding of the strengths of the Indigenous health system and the connection to the Lands within Turtle Island
2. Understand Treaty to be a good treaty partner, and how Indigenous and Western Medical systems are supposed to function collaboratively and in parallel with one another
3. Appreciate how one can use participation in a reality television show like The Amazing Race Canada for education and advocacy

Description:

Dr. James Makokis leads one of North America's most progressive family medical clinics serving both LGBTQ2+ and First Nation peoples from all over Canada. He is a proud Cree, Two-Spirit doctor from Saddle Lake First Nation in Northern, AB. Known as one of Canada's most progressive doctors and experts on numerous topics, he is on a mission serve marginalized populations and to change the outcomes for Indigenous and LGBTQ2 peoples. Dr. James Makokis and his partner Anthony Johnson were crowned winners of the Amazing Race Canada Season 7, where they received international recognition for their advocacy of marginalized individuals by making the world aware of the impact of discrimination and the mistreatment of anyone labelled as being "different". They both currently reside on Treaty 6 Territory outside of Edmonton.

Dr. Makokis has received international attention for his holistic approach to medicine. He is also one of the few doctors that combines traditional Cree and Western practices. Known for his compassion, numerous accomplishments and his unique insights, Dr. James Makokis has inspired all types of Canadians to challenge stereotypical and often discriminating views towards First Nation and LGBTQ2+ peoples. He has worked from travelling alongside former Governor General Michaëlle Jean on a diplomatic mission to Brazil and had the rare opportunity to work next to Dr. Patch Adams in the Amazon Jungle. He also received certification from the Aboriginal Family Medicine Training Program and served as the Spokesperson for the National Aboriginal Health Organization's Role Model Program for many years. Dr. James Makokis has been called to serve individuals that struggle to make sense of themselves and to bring awareness to become an ally in improving the lives of those who struggle to find purpose and make sense of their world. He shares the stories he and his patients live with while celebrating

each person's uniqueness and showing us all how to contribute to improve each other's lives and our world.

Abstract ID: 64

09:55–11:00 (ET) Just Breathe! Non-invasive support for respiratory distress patients

Filip Gilic, CCFP (EM)

Learning objectives:

At the conclusion of this activity, participants will be able to:

4. Understand the physiological basis of respiratory distress
5. Apply a universal treatment progression to patients in respiratory distress
6. Confidently choose non-invasive means of respiratory support

Description:

Respiratory distress is a common and high-risk presentation in primary care, especially if hospital-based. This session will give a common sense approach to respiratory distress, a quick and effective approach for identifying elements of distress; and a schema-based universal treatment progression that allows you to simplify and standardize your interventions. We will discuss basic supportive manouvers, building an oxygenation ladder, effective use of non-invasive positive pressure devices and use of supraglottic devices as a bridge or a substitute for endotracheal intubation.

Abstract ID: 204

09:55–11:00 (ET) Yes, No, Maybe: Teaching learners to respond to opioid requests

Lisa Graves, MD, CCFP (AM), FCFP; Erin Knight, CCFP (AM), FCFP; Fran Kirby, Med.; Ivy Oandasan, CCFP, FCFP; McKenzie Lim, MD; Marlee Klaiman, MD; Tony Fang, MD

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe tools available for teachers for the discussion of opioid use with patients
2. Describe competencies for medical students and residents for the discussion of opioid prescription
3. Plan an approach with learners to facilitate opioid prescription discussions

Description:

The opioid crisis continues to be a growing national emergency. There has been a discordance between the evident increase in opioid-related harm and medical education focussing on opioid prescribing and non-cancer chronic pain. According to a survey of incoming PGY-1 family medicine residents, approximately 63.5% (n = 273) were not at all comfortable with

managing opioid therapy. This session will use case-based discussions to highlight the teaching opportunities that occur when patients present for renewal of opioid prescriptions. These case-based discussions will focus on both undergraduate and postgraduate learners. Exploration of the content of 10 online bilingual modules developed by the AFMC's Response to the Opioid Crisis will be used one way to address learning gaps. Competency objectives for medical students and field notes for residents will also be discussed as additional tools for teachers. Finally, using the Section of Residents Guide to Chronic (Non-Cancer/Non-Palliative) Pain Management With Patients Already on Opioid Therapy document will be discussed as a tool to guide further discussion.

Abstract ID: 60

11:30–12:30 (ET) An Introduction to Advocacy

Samantha Green, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Define advocacy and recognize its critical role in family medicine
2. Identify health inequities that require community- and system-level advocacy
3. Learn practical skills and discuss examples of addressing health inequities through system-level advocacy

Description:

It is well recognized that social determinants such as race, gender, gender identity, sexual orientation, income, ability, and housing are predominant drivers of health inequities; the pandemic has further highlighted these drivers of profound health inequities. Family physicians are uniquely positioned to identify and respond to these inequities with a trusted voice, through advocacy. Family physicians regularly act as health advocates for individual patients; yet this CanMEDS-FM role bestows a responsibility to also advocate for changes that will promote the health of communities and populations, especially those that are more vulnerable. Advocacy is foundational to family physicians' social accountability, which exists at the individual patient (micro), community and institutional (meso), and systemic (macro) levels. These broader advocacy efforts towards governments and systems can seem outside the scope of physician training, since medical school and residency curricula are inconsistent and often inadequate. In this session, participants will explore the role of meso- and macro-level advocacy in family medicine using specific case examples. Participants will gain tangible tools for embarking on community- and systems-level advocacy. Participants will leave with a framework for addressing health inequities in their communities.

Abstract ID: 166

11:30–12:30 (ET) Approaches to Anti-Racism for Teachers, Learners, and Clinicians

Aimée-Angélique Bouka, MD, MSc; Sarah Funnell, MD, CCFP;
Amy Tan, MD (Pall Med), CCFP (PC), FCFP; Ivy Oandasan, MD, CCFP, MHSc, FCFP

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify ways to address racism and anti-racism in clinical teaching settings
2. Recognize situations when role modelling and behaving as an ally or upstander confronts racism
3. Share practical strategies to address microaggression, bias, and racism

Description:

A highly interactive session for all those involved in family medicine education who want to advance anti-racism in their daily practices. The session will focus on identifying examples of interpersonal racism seen in family medicine practice teaching settings. After introducing the topic, attendees will be placed into breakout groups where real-life cases and simulation will be used to facilitate analysis and discussion. Participants will be asked to reflect upon racism situations that have commonly been experienced by learners, preceptors and clinicians across the education continuum. Examples may include a patient who refuses to see a particular learner or a preceptor witnessing a colleague causing racist harm to patient or colleague. Coaching, peer support, and open conversation will be used to build common understanding and a supportive community of anti-racist practice.

All attendees will be invited to submit their own cases so these lived experiences can be utilized in family medicine teaching.

Abstract ID: 218

11:30–12:30 (ET) Making Advance Care Planning Measurable for Quality Improvement

Janet Reynolds, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the importance of Resource Stewardship and the Choosing Wisely Canada campaign
2. Explore Advanced Care Planning conversations as they relate to Resource Stewardship
3. Plan a measurable quality improvement effort in the area of Advanced Care Planning

Description:

With CoVid-19, there has been an ongoing threat that demand will outweigh supply of critical care. This has provided new urgency for the implementation of Advanced Care Planning. Choosing Wisely Canada recommendations speak to the importance of this issue in a new campaign entitled, "Time to Talk". Clinical examples from the CoVid era will be used to illustrate how Advanced Care Planning is an important act of resource stewardship. Vulnerable groups of patients can be identified through electronic records, and implementation and measurement can be carried out to improve quality in the area of Advanced Care Planning.

Abstract ID: 37

11:30–12:30 (ET) PEER: What's new, what's true, and what's poo

Tina Korownyk, MD, CCFP; Mike Kolber, MD CCFP; Adrienne Lindblad, PharmD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe evidence that highlights new tests, therapies or tools that should be implemented into practice
2. Compare articles and evidence that may reaffirm currently utilized diagnostic tests, therapies or tools
3. Identify articles that highlight diagnostic tests, therapies or other tools that should be abandoned

Description:

In this session, we will review top studies from the past year that have the potential to impact primary care. Topics will vary depending on recent studies. The presentations include questions and article reviews that 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: 109

11:30–12:30 (ET) The CFPC's Professional Learning Plan: Optimize your CPD!

Janice Harvey, MD, CFPC (SEM), FCFP; Zarreen Warsi, PLP Project Manager

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Use the new PLP to identify practice gaps and establish clear goals to meet your personal and professional learning needs
2. Create a plan for their next Mainpro+® cycle with relevant continuing professional development (CPD) opportunities
3. Make use of the tools demonstrated in the workshop to inform long-term strategies for practice improvement

Description:

The past year has shown us how sudden change can pose immense challenges to the way we practice medicine and plan for the future. Having a solid strategy—whether it's for optimal patient care, office efficiency, or your next CPD activity—is one way to approach some of this uncertainty. Using a process that encourages you to reflect on your patient population and practice needs to set specific CPD goals is a great way to start. The CPD team is pleased to share with you the CFPC's new Professional Learning Plan! Drawing on invaluable feedback that attendees provided at previous Family Medicine Forum sessions, we have created this visually appealing, easy-to-use self-assessment activity. Attendees will be guided through this newly developed CPD resource in a practical, interactive session. Be prepared to emerge with a fresh take on planning your CPD goals that will revitalize your enthusiasm for new learning opportunities!

Abstract ID: 433

12:30–13:30 (ET) Follow the Clues: Demystifying the GLP-1 RA class (Ancillary Session)

Jill Trinacty, 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:

At the conclusion of this activity, participants will be able to:

1. Explain the GLP-1 RA class and its applications per the Diabetes Canada Pharmacologic Glycemic Management of Type 2 diabetes in adults (2020 update)
2. Identify practical strategies for initiating a GLP-1 RA therapy

Description:

Within the last decade, the type 2 diabetes treatment landscape in the management of type 2 diabetes has continually evolved. Not only have new treatments emerged, but data from the clinical trial programs, as well as cardiovascular safety trails have resulted in changes to considerations for the individualization of treatment. As a result, the focus is no longer solely on glycemic lowering efficacy, but on a multitude of auxiliary effects of treatment (e.g., weight effects, hypoglycemia risk, cardiorenal effects).

The GLP-1 receptor agonist (GLP-1 RA) class is one such treatment that has had expanding treatment options over the last 10 years, as well as ongoing release of efficacy and safety data. While the 2020 update of the Diabetes Canada Guidelines place GLP-1 RAs as a key option in the management of patients with certain characteristics, knowledge and use of the class remains low at the primary care level.

Designed under the oversight of the Canadian Collaborative Research Network (CCRN) with input from a multidisciplinary committee of family physicians, pharmacists, and an endocrinologist, this program guides the audience through the update treatment algorithm and elucidates the practicalities of initiating and optimizing treatment with GLP-1 RA's in the primary care office. Throughout the program, there are plenty of opportunities for open-ended discussion on various topics related to GLP-1 RA's.

Abstract ID: 57

13:30–14:30 (ET) Sharpening the Coaching Skills in Your Educational Tool Box

Andries Muller, MBChB, M.Prax.Med., FCFP, PhD; Cathy MacLean, MD, FCFP, MClSc, MBA

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Define how coaching is different than giving feedback
2. Design a coaching session when meeting with a learner (e.g. during a periodic review)
3. Evaluate (reflect on) a coaching session

Description:

Preceptors meet with learners on a regular basis to teach, give feedback and assess performance. It is also suggested that in a competency-based curriculum, a designated preceptor (mentor or advisor) meet with individual learners on a regular basis to monitor progress and give support with further professional growth. These two groups of tasks are referred to as clinical coaching and competency coaching in the FTA framework for Faculty Development. In this workshop, we will explore the definition and components of coaching, and how it is different (more) than just giving feedback. We will look at practical tools to make the "coaching session" easy and productive for both parties. Participants will also be given real-life examples to practice with, and reflect on.

All learners are welcome.

Abstract ID: 201

13:30–14:30 (ET) The Four Principles in the Time of COVID-19

David Ponka, CFPC; Victor Ng, CFPC

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify the impacts of the COVID-19 pandemic on the four principles of family medicine

2. Examine their approach on being a resource to a defined practice and empanelment
3. Plan for the ability to maintain trust with patients and leaners using new technologies

Description:

The global COVID-19 pandemic has had a major impact on family doctors around the world. In this session, we explore how everyday practice has been impacted, using the four principles of our discipline as a guiding framework. These principles are not being disrupted as much as stretched to account for even more of a population-wide lens. Most notably, the principle of being a resource to a defined population is being challenged as we seek to account for the most vulnerable, and as we seek to better integrate with public health. Family medicine as a community-based discipline is being reinforced by the pandemic as family physicians are in the best position to advocate for their patients and community. Their understanding of community need is vital to informing health care innovations that is required. The second half of the session will be devoted to exploring impacts on academic family medicine and medical education. The family physician is a skilled clinician has been a central theme throughout the COVID-19 pandemic. In a matter of days to weeks, family physicians have needed to acquire new clinical knowledge to manage this new disease entity. At the same time, medical teachers needed to pivot to teach new clinical content to trainees in a virtual manner. The principle of the patient-physician relationship is reinforced during the pandemic as family doctors learn to maintain trust with their patients and learners while using new technologies. Despite the devastation COVID-19 has had on communities, the four principles of Family Medicine have held up as a source of foundational strength for the discipline.

Abstract ID: 63

13:30–14:30 (ET) Timber! A common-sense approach to syncope

Filip Gilic, CCFP (EM)

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Understand the physiological basis of syncope
2. Identify high-risk features of syncope
3. Create safe and effective workup and disposition plans

Description:

Syncope is a common, confounding and high-risk presentation in primary care, especially hospital-based. This presentation will give you a common-sense approach to detecting common and deadly causes of syncope in a physiology-based schema format that is easy to follow. We will discuss differentiating seizure from syncope, high-risk features of syncope, appropriate immediate workup and monitoring; as well as outpatient investigations and dispositions.

Abstract ID: 219

13:30–14:30 (ET) What is the "Goldilocks" Amount of Virtual Care?

Alexander Singer, MB, BAO, BCh, CCFP; Alan Katz, MBChB, MSc, CCFP, FCFP;
Gayle Halas, PhD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the rapid adoption and current use patterns of virtual care by family physicians
2. Identify patient care situations ideal for in-person, telephone and video virtual care visits
3. Evaluate considerations for sustainable, high quality virtual health care

Description:

The use of virtual care (VC) to provide patient care increased dramatically globally as a result of the COVID-19 pandemic. In particular, family physicians across Canada rapidly implemented of VC (telephone, video) in their practices. Within this quickly evolving context, a deeper understanding of this rapid change in the delivery of primary care is important. This session will build on ongoing research and evaluation being conducted by our team and relevant international studies. We will share our initial findings that have characterized VC adoption and describe patient and provider factors significantly associated with use of VC after the approval of remuneration related to COVID-19 pandemic restrictions in Manitoba, Canada. We will also describe our evaluation of the impact of VC on provider workload, quality of care and clinic workflow. This will set the stage for discussion and broader exploration of the lasting impacts of physically distant care on primary care practices, health providers and their patients. A particular focus of the session will be on the utility of VC to meet the needs of all patients, specifically the impact on equity and access to care. We will also consider situations where VC is sub-optimal for patient centered care or blended models may be ideal. Participants will be engaged in a facilitated discussion that will explore the next steps needed in Canada to improve the quality, acceptability and sustainability of VC and how this tool can contribute to improved health service delivery in the future.

Abstract ID: 101

15:00–16:00 (ET) Big Ideas Soapbox

Ajantha Jayabarathan, MD, CCFP, FCFP; Keith Thompson, MD, FCFP;
X. Catherine Tong, MD, CCFP (EM), FCFP, DRCPSC; Tatiana Zdyb, PhD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Acquire new perspectives on the scope of and approach to primary care practice, innovation, and research
2. Gain a critical understanding of new, leading-edge innovations that seek to address complex problems in family practice
3. Discuss ideas with national and international colleagues that touch on the breadth and scope of family practice and primary care

Description:

The Big Ideas Soapbox, formerly known as Dangerous Ideas, will showcase ideas that could make a difference to clinical practice, faculty development, post-graduate or undergraduate education, patient care and outcomes, or health policy. This session offers a platform for innovators to share fresh ideas, innovative thinking, and fledgling developments with the potential to initiate change. With audience participation, let's put some ideas to the test!

Abstract ID: 156

15:00–16:00 (ET) Experiential Approaches to the Patient-Centred Clinical Method

Kendall Noel, MD CM, CCFP, FCFP, MEd; Eileen TenCate, MD, CCFP; Ga Eun Rhee, MD
All teachers welcome. Highlight's experienced concepts for educational leaders.

Learning objectives:

At the conclusion of this activity, participants will be able to:

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:

French questions are welcomed, and materials will be available in French.

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: 119

15:00–16:00 (ET) Pearls in Thrombosis for Family Physicians

Alan Bell, MD, CCFP, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

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 2020 presentation.

Abstract ID: 38

15:00–16:00 (ET) Simplified Chronic Pain Guideline by PEER

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

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Understand the over-riding and common principles of management of the most common chronic pain conditions
2. Learn the best management (benefit to harm ratio) for osteoarthritis, back and neuropathic pain
3. Be able to explain key issues in all chronic pain condition management (like opioid use)

Description:

The simplified chronic pain guideline by PEER specifically targets the realities of managing chronic pain in family physician and primary care offices. The guideline includes comprehensive systematic of all therapies with adequate evidence for the three most common chronic pain conditions: osteoarthritis, chronic back pain, and neuropathic pain. What themes/interventions overlap in our approach to these conditions and what simplified messages can we take to our patients? What therapies provide the largest benefits for each condition, and what are common harms and pitfalls to avoid? We will describe the potential benefits of each therapy and provide an easy to use, "bedside" resource that patients can use with you or by themselves to assist them in making the best therapeutic choices in the management of their pain. We'll also address questions like how does this take to work, was is the average dose, and does the benefit persist in the long-term.

Abstract ID: 82

15:00–16:00 (ET) Tips and Tricks to Expedite Cancer Diagnosis

Anna Wilkinson, MSc., MD, CCFP, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Review symptoms, clinical findings and laboratory results which should precipitate work-up for malignancy
2. Identify key diagnostic tests to work up malignancy
3. Appreciate how to support your patient through the work up of cancer

Description:

A six-step algorithm is presented to simplify the work up of malignancy. Practical tips and clinical pearls accompany each diagnostic step, including which laboratory work to order, the role of tumour markers, how to manage anticoagulation and what staging investigations should be requested. Key recommendations on how to support your patient throughout this process are included, with an emphasis on vaccination, smoking cessation and fertility preservation.

Free-Standing Papers

Abstract ID: 402

13:30–13:45 (ET) Provider and Clinic Continuity and Patient Health Outcomes

Terrence McDonald*, MD, MSc, FCFP; Lisa Cook, PhD; Paul Ronksley, PhD; Brendan Lethebe, MSc; Alka Patel, PhD; Judy Seidel, PhD; Lee Green, MD, MPH, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Understand the association and differences between provider and clinic continuity and patient health outcomes

Description:

Objective: To determine the association between family physician and clinic continuity and patient health outcomes. **Context:** High continuity of care with a family physician reduces care fragmentation, resulting in better patient care. It is associated with reductions in emergency department visits, hospitalizations for chronic conditions managed by FPs, and greater uptake of the patient's medical home model. Part-time FP practice is increasingly prevalent; hence it is important to determine how much continuity within clinic contributes to outcomes. **Design:** Linked health data sets for all FPs and patients in Alberta between 2016-18 including patient and FP demographics, billing claims, ED visit and hospitalization data in a cross-sectional observational study. Billing claims for 2018 were used to calculate the usual provider continuity index and primary care clinic continuity. Multivariate analysis was used to determine the association of provider and clinic continuity on rates of all-cause ED visits and hospitalizations, controlling for urban-rural continuum, complexity, chronic diseases, and provider practice characteristics. **Main outcome measures:** Incidence rate ratios of all-cause ED visits and hospitalizations for patients seen by community family physicians and primary care clinics in Alberta. **Results:** Fewer potentially avoidable ED visits and all-cause hospitalizations were observed with higher continuity. High levels of FP and primary care clinic continuity (between 80-100 UPC) relative to low continuity resulted in a reduction in rates of all-cause ED visits for patients at all levels of complexity. This reduction was highest among the most complex patients, 49% (FP continuity) versus 55% (clinic continuity) respectively. Similar findings were observed for hospitalization rates. **Conclusion:** Both FP and primary care clinic continuity reduced all-cause ED visits and hospitalizations. The effect was strongest among complex patients but was significant even for the young and healthy. Clinic continuity provides additional protective effect which has important implications for the PMH and part-time FPs.

Abstract ID: 354

13:45–14:00 (ET) Motivating, Sustaining, and Evolving Family Physician Leaders

Judith Belle Brown, PhD*; Cathy Thorpe, MA; Bridget L. Ryan, PhD; Rebecca E. Clark, MSc; Saadia Hameed Jan, MBBS MClSc (FM) FCFP; Amanda L. Terry, PhD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify and acknowledge the motivators for being a family physician leader in primary care
2. Recognize and explore the strategies for sustaining family physician leadership engagement
3. Recognize the evolution of family physician leadership in health system change

Description:

Objective: To understand why family physicians become leaders engaged in health system change. And to explore strategies for building family physician leader capacity in health system change. **Design:** Descriptive qualitative study using individual interviews. An iterative and interpretive process was conducted with individual and team analysis to identify overarching themes. **Setting:** Regional health care organizations in Ontario, Canada. **Participants:** A purposive sample of twenty family physician leaders engaged in health system change from across Ontario. **Findings:** Three overarching themes were identified: motivators for becoming a leader in primary care; how to sustain family physician leaders in the co-design of health system change; and the evolution of leadership. Many participants had been family physician leaders for multiple years while others were relatively new to the healthcare system change process – yet common reasons for assuming leadership included: serving as an advocate for their patients and the discipline of Family Medicine; being recruited to represent a specific sector; and having a committed vision to making significant changes in how health care is provided to the population. In the second theme, sustaining family physicians' involvement requires adequate remuneration and leadership training as these acknowledge family physicians' significant contributions to health system change. The third theme revealed how many family physician leaders appear to be evolving from being champions who promote change to leaders who co-create change. **Conclusion:** We now know what is required to develop and maintain capacity of strong, family physician leadership in the co-design of health care system change. The application of these findings has the potential to maximize the fulfillment of the Quadruple Aim.

Abstract ID: 313

14:00–14:15 (ET) What About Empathy?: Exploring a podcast teaching tool

Giovanna Sirianni, MD, MScCH, CCFP (PC), FCFP; Irene Ying, MD, MHSc, CCFP (PC), FRCPC; Dori Seccareccia, MD, MCISc, CCFP (PC); Rebecca Stepita*, MD, CCFP; Sarah Whyte, PhD; Allia Karim, MA; Laura Beaune, ResDip SW, MSW

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify current constructs for teaching empathy to medical trainees
2. Explore faculty and learner perspectives on using a podcast to teach empathy
3. Understand the potential role of the 'About Empathy' podcast in medical education curricula

Description:

Context: There is evidence that erosion of empathy occurs through medical training. Concurrently, online educational resources, including podcasts, are gaining traction among medical learners. The convergence of these two phenomena has led to the development of the 'About Empathy' podcast, which intends to share patient, caregiver, and healthcare practitioner stories to promote empathy and compassionate care among medical learners. **Objective:** To explore learner and faculty perspectives on using the 'About Empathy' podcast to teach empathy. **Design, setting, and participants:** This study uses qualitative phenomenological approaches to understand the role of the podcast in teaching empathy. Research ethics approval was obtained from Sunnybrook Health Sciences Centre and University of Toronto. Participants were recruited through voluntary response sampling via email sent to medical students, family medicine residents, and faculty involved in Undergraduate Medical Education, Department of Family and Community Medicine, and Division of Palliative Care. Participants included 9 faculty and 15 learners. Virtual focus groups were conducted after participants listened to select podcast episodes. A thematic analysis of focus group transcripts identified emergent themes. **Findings:** Both learners and faculty welcomed the podcast as a tool for teaching empathy to medical learners. Participants valued the opportunity to listen to the guest experiences shared and host discussions during each episode. They also identified important parallel skills facilitated by the podcast including reflection, communication skills development, and clinician wellness. **Conclusion:** The 'About Empathy' podcast has strong faculty and learner support for integration into existing medical curricula in teaching empathy. Valuable components of the podcast identified included its flexibility and portability as a learning tool, the authentic perspectives shared, and the debrief segment by hosts. Suggestions for when and how this podcast could be implemented are diverse and nuanced. Most participants identified facilitated reflection as an important component of enhanced learning and skill development.

Abstract ID: 365

14:15–14:30 (ET) Characterizing Generalist Clinical Practice: Systematic mixed studies review

Martina Kelly*, MBBCh, PhD, CCFP; Sarah Cheung, MA; Anna Stevenson; Agalya Ramanathan, MBChB, MRCGP; Surinder Singh, MBChB, MRCGP; Sophie Park, MBChB, EdD, FRCGP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe how generalism is conceptualized in clinical literature
2. Distinguish key characteristics of generalism as applied in different disciplines
3. Evaluate educational implications of having clarity on generalism across different generalist disciplines

Description:

Objective: To examine empirical clinical literature on generalism and characterize how generalism is described and delivered by physicians in primary and secondary care. **Design:** Systematic mixed studies review including quantitative, qualitative, mixed-methods studies and systematic reviews of physician generalist practice. Medline, Psycinfo, Socioindex, EMBASE, OVID Healthstar, Scopus, Web of Science were searched for English language studies from 1999 to present, using a structured search. **Results:** 6541 papers were identified; after deduplication, 2,2215 remained. Following title and abstract screening, 1826 records were excluded; 389 studies underwent full-text screening and 262 studies were included. Studies spanned 25 countries; 163 (62%) studies from USA, 24 (9%) from Canada, 22 (8%) from the UK and 15 (6%) from Australia & New Zealand. Two hundred and six studies (78%) were quantitative, 33 (12.6%) qualitative, 13 (5%) reviews and 6 (2%) used mixed methods design. In one hundred and twenty-two studies (47%), no explicit definition or description of the generalist participants was provided. These studies reported inclusion of 'generalists or generalist practitioners' but did not provide any further participant details. In the remaining 139 (53%) of studies, two types of definitions were identified. In the majority of studies, generalists were described relative to specialists, as having an absence of additional skills e.g. lack of (sub)specialist accreditation or lack of training. Only 23 studies provided affirmative characterizations of generalists such as their role providing comprehensive care, continuity of care or how ongoing relationships contributed to patient care. **Conclusion:** Current descriptions of generalism as a 'deficit' in clinical literature needs to be counteracted by affirmative characterizations that illustrate generalist expertise. Identifying similarities and differences between the meaning of 'generalism' and 'generalist' across disciplines provides opportunities to work together. These findings are relevant for all generalist disciplines, educational leadership, and workforce planners.

Friday, November 12th

Abstract ID: 460

09:00–10:00 (ET) Putting it Into Practice: Recent evidence and strategies for protecting patients against MenB (Ancillary Session)

Vivien Brown, CCFP, FCFP

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:

At the conclusion of this activity, participants will be able to:

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

Description:

Although meningococcal serogroup B (MenB) infection is rate, 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: 258

09:55–11:00 (ET) Diabesity: Integration of obesity management in diabetes care

Akshay Jain, MD, FRCPC, FACE, CCD, ECNU, DABIM, DABOM;
James Kim, MBBCh, PgDip (Diabetes); Piraveena Piremathasan, P.Dt, CDE, CBE

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Discuss the underlying pathophysiology of how increased weight gain leads to insulin resistance
2. Understand how the treatment of diabetes can be enhanced by incorporating the treatment of obesity

3. Review the overlap in the Diabetes Canada Guidelines and Obesity Canada Guidelines

Description:

Nearly 80% of patients with type 2 diabetes mellitus are either overweight or obese. Typical clinical practice focuses far too much on glucose readings and too little on the management of insulin resistance arising due to adiposity. We will discuss the difference between visceral and subcutaneous adiposity as well as adipose tissue hypertrophy vs hyperplasia and which of these lead to increased insulin resistance. Focus will be on how certain ethnicities are at an increased risk due to visceral adiposity and adipose tissue hyperplasia. We seek to illustrate how effective dietary education can be crucial for weight loss and thereby improve glycemic control. We will also focus on appropriate utilization of pharmacotherapy for patients with diabetes and obesity based on the latest 2020 Diabetes Canada Pharmacotherapy Clinical Practice Guidelines and the 2020 Obesity Canada Clinical Practice Guidelines.

Abstract ID: 173

09:55–11:00 (ET) Medical School 2.0: My astrocytoma lessons

Hannah Feiner, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Explain the relationship between primary care providers' personal health and medical practice
2. Advocate for living with/preventing illness through mechanisms such as staycations and prioritizing rewarding work
3. Apply a practical, compassionate approach to navigating disability insurance systems

Description:

I am a 39-year-old family physician with a right frontal diffuse astrocytoma (GBM's lesser cousin) diagnosed in 2012. My physician-self has developed in complement to my patient-self. In 2012, one year after finishing residency I had an MRI to investigate new migraines. Two days later my 6 x 6 x 4 cm frontal lobe mass was resected (craniotomy #1). After the birth of my second daughter in 2017, my astrocytoma recurred. I proceeded to craniotomy #2, radiation and Temozolomide course #1. In 2019, 9 months after my disability/maternity leave, an MRI showed progression. Temozolomide course #2. I am a regular at the MRI department - the tumour has been stable for over a year. My chronic illness co-exists with my medical practice.

This presentation draws on my illness experience to explore the balance between providers' health and medical practice. Relief was my first reaction to my diagnosis - I was working 60 hours per week, including 1-2 nights of obstetrics call. This session will explore the relationship between providers' health and their medical practice addressing concepts such as striving for perfection, burn out and resilience. I will advocate for primary care providers to live

with/prevent illness through mechanisms including staycations, reduced workload, practice sharing, flexible scheduling and prioritizing rewarding work. Since 2012, I have received extensive financial support through disability insurance. I am disheartened whenever I am asked to prove yet again why I can't return to work in my previous capacity. And this, with the privilege of communicating in my first language and my medical background. A practical approach to navigating disability insurance systems will be explored including the (problematic) utility of reshaping complex illness experience into a list of functional impairments.

Abstract ID: 247

09:55–11:00 (ET) Transitioning Youth With Intellectual and Developmental Disabilities to Adult Care

William Sullivan, MD, PhD, CCFP (COE), FCFP; Laurie Green, MD, CCFP (EM); Megan Henze, MSc (OT)

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe challenges faced by transitioning youth with intellectual and developmental disabilities and their caregivers
2. Describe effective ways for family physicians to engage with others to plan for patient transitions
3. Apply tools to assist with transition planning

Description:

Youth with IDD have specific developmental healthcare issues and systems challenges that can adversely affect their transition to adulthood. In the context of the CFPC's Medical Home Model, family physicians can play a key role in addressing these challenges and promoting continuity of health care during transitions. Based on the 2018 Canadian Consensus Guidelines for the Primary Care of Adults with IDD, participants will learn how to apply some tools for family physicians to enhance communicating with patients, caregivers, other healthcare professionals, and other involved parties. They will also learn how to assess patient and caregiver needs and develop integrated health action plans.

Abstract ID: 133

09:55–11:00 (ET) Using a Virtual World Café for Indigenous Health Teaching

Samuel DeKoven, MD; Risa Bordman, MD, CCFP; Joanne Laine-Gossin, MD, CCFP

Highlights experienced concepts for teachers outside the clinical setting.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Incorporate World Café methodology into a virtual setting

2. Evaluate the appropriateness of the World Café format for teaching residents about Indigenous health
3. Adapt the methodology to their specific context and areas of curricular need

Description:

There is a growing expectation that family medicine residency programs in Canada teach trainees about Indigenous health and the social determinants of health. Competency in the care of Indigenous populations is an accreditation requirement for Family Medicine (FM) Residents by the College of Family Physicians of Canada. However, resident clinical exposure to Indigenous health is variable across regions and teaching sites. Traditionally the easiest way to meet curricular needs is through a lecture format or experts conducting workshops. We wanted to explore another methodology: the impact of peer-to-peer learning. World café methodology moves participants from "table" to "table" with a host who serves as table memory and collector of information. We adapted the world café format to the Zoom platform. Being virtual, we were able to recruit Residents more experienced in working with Indigenous patients to participate in discussions with Residents at a site with relatively few First Nations, Métis, and Inuit people. Four tables were created focusing on the topics of Personal experiences, Challenges, Success Stories and Opportunities. In this session, we will demonstrate how to run an interactive World Café session. We will also review how a virtual World Café session may be implemented and adapted to address other areas of need in a family medicine residency curriculum such as LGBTQ2S care, dealing with victims of violence, abuse or those with addictions.

Abstract ID: 49

09:55–11:00 (ET) Without Compassion There is No Health Care

Brian Hodges, MD, PhD, FRCPC

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Explore the challenges of sustaining compassionate care in challenging environments
2. Consider factors that tilt health professionals and health care settings toward burnout and compassion fatigue
3. Consider individual and institutional ways to foster compassionate, patient centred care

Description:

The 21st century has been characterized by unprecedented questions about what health professionals are and should be. The advent of technologies, including computers equipped with artificial intelligence and machine learning challenge us to consider what health professionals will do in the future. And in 2020, the rise of COVID-19 exacerbated the incredible burden facing health professionals and simultaneously drove a rapid shift to virtual healthcare delivery. While the accelerated adoption of technology has many benefits, high levels of provider burnout are appearing concurrently with ever greater demands for equitable,

safe and compassionate care. This presentation argues that, while health care will continue to be underpinned by exceptional cognitive skills and technical prowess, the confluence of challenges requires a renewed commitment to health care's compassionate purpose: without compassion there is no health care.

Abstract ID: 228

11:30–12:30 (ET) Assessment Foundations 1: Key principles for assessing learners

Martin Potter, MD, MSc, FCMF, CCSAM; Cheri Bethune, MClSc, CCFP, FCFP;
Theresa Van Der Goes, MD, CCFP; Shelley Ross, PhD; Kathy Lawrence, MD, CCFP, FCFP;
Luce Pélissier-Simard, MD, MSc, CCFP, FCMFC; Karen Schultz, MD, CCFP;
Kiran Dhillon, MD, CCFP

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe basic principles of assessment in the context of medical education
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:

Clinical educators and academic faculty in multiple roles contribute to the assessment of learners. Assessment is fundamental to helping learners grow, yet many of us feel some uncertainty about our specific role in assessment. This feeling of uncertainty may be even more pronounced for those educators who are tasked with a more active role in assessment, or for those who are new to their roles. Specific needs may vary by role: 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. However, there is a common element to all of these needs: they 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. In this introductory workshop, participants will learn the basic principles of assessment. Case studies will be provided to give context to the theories and principles discussed. Depending on format (virtual or in person), interaction will be incorporated in creative ways – either through facilitated small group discussions and activities (in person), or by utilizing the features of a virtual platform by using polls and chat to elicit questions and contributions from participants. Participants are invited to bring examples or challenges from their own programs or experiences that they would like to share. The workshop will conclude

with a summary of key learnings from the interactive portions, linked to the basic principles of assessment. This workshop has proven useful to participants in previous presentations at FMF.

Abstract ID: 145

11:30–12:30 (ET) Cannabis in Pregnancy: A 2021 update

Lisa Graves, MD, CCFP (AM), FCFP; Suzanne Turner, MD, CCFP (AM), FCFP; Jocelynn Cook

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Plan clinical decision making about cannabis use preconception, during pregnancy and breastfeeding
2. Identify the validated screening tools available for problematic cannabis use in pregnancy
3. Apply knowledge of the adverse effects of prenatal cannabis exposure on a fetal development

Description:

Many family physicians care for patients who are considering pregnancy, or who are currently pregnant. Family physicians play an important and influential role in promoting healthy pregnancies, and for identifying the signs of risky behaviours that put patients and their babies at risk. Prenatal cannabis use has been associated with adverse consequences to the developing fetus and can lead to life-long disability. Screening for problematic cannabis use in pregnancy is critical for identifying patients who are at risk. The 2021 Cannabis in Pregnancy guideline provides an overview of the current incidence and prevalence; screening practices and tools; and treatment and management strategies for mitigating the harms associated with cannabis use during pregnancy and breastfeeding. Participants will learn about the various validated screening tools that are currently available and how they can be incorporated into their practice. The risks and benefits of treatment will be discussed and evaluated using case study and harm reduction examples. By the end of the workshop, participants will be able to plan for the care and management of patients who use cannabis.

Abstract ID: 118

11:30–12:30 (ET) Game Changers: Decoding media misrepresentation of medical evidence

Jessica Kirkwood, MD, CCFP (AM); Danielle Perry, MSc, RN; Samantha Moe, PharmD, ACPR; Joey Ton, PharmD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe how medical evidence is portrayed by the media
2. Interpret the various types of effect estimates used in medical literature

3. Discuss how evidence-based interventions can be incorporated into shared decision making, using clinical examples

Description:

With unlimited information at our fingertips, it can feel like everyone believes they are an expert on medical interventions, including our patients. How do we inform our patients of the true benefits and harms of medical treatments in a meaningful way? In this presentation, we will highlight some of the ways the media distorts effect estimates and how family doctors can more effectively interpret them, based on the medical literature. We will discuss concepts such as relative risk, absolute risk, and number needed to treat or harm, and when and how family doctors can use these concepts in their discussion with patients. Finally, we will explore ways to communicate risk with your patients, including the use of icon arrays, clinical calculators and other clinical decision tools. Presented by members of the PEER team and the College of Family Physicians of Canada.

Abstract ID: 35

11:30–12:30 (ET) Give and Take: The evolution of transgender surgery

Ted Jablonski, BSC Med, MD, CCFP, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. List the options available for masculinizing trans affirming surgeries
2. List the options available for feminizing trans affirming surgeries
3. Identify and compare public and privately funded surgical options in Canada and around the world

Description:

What do I do when my transgender patient is asking about affirming surgeries? Do all transgender and gender diverse (TGD) require surgery? What is available to them in 2020 and how does this all work in regards to referring and coverage? These are some of the questions that will be addressed during this learning activity. Expect this interactive session to be fast paced and full of practical clinical pearls. Presenter: Dr Ted Jablonski (he,him) is a well known family physician in Calgary with expertise in sexual medicine and transgender / gender diverse health for Southern Alberta.

Abstract ID: 205

11:30–12:30 (ET) How to Apply CanMEDS–FM Roles in Helping Indigenous Peoples

Darlene Kitty, MD, Veronica McKinney, MD; Leah Seaman, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Recognize knowledge gaps and current practices, including systemic racism, to better care for Indigenous patients
2. Apply the core competencies from the Indigenous supplement to the CanMEDS-FM roles using case scenarios
3. Understand how these competencies will enable physicians to deliver culturally safe care using anti-racism lens

Description:

The College of Family Physicians of Canada (CFPC) 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 developed and released the CanMEDS-FM Indigenous Health Supplement in November 2020. This special supplement to the CanMEDS-FM 2017 outlines the expected competencies that foster important knowledge 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. This interactive session will examine the new core competencies and how to apply the CanMEDS-FM roles in clinical interactions across various scenarios, pointing to case studies followed by discussion. The session will also introduce additional resources prepared since the initial launch of the publication in 2020.

Abstract ID: 432

12:30–13:30 (ET) Obesity Management in Your Practice: Simple recommendations to improve patient care (Ancillary Session)

Nadine Roy, MD; Sean Wharton, 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:

At the conclusion of this activity, participants will be able to:

1. Review the Obesity Canada clinical practice guidelines
2. Apply the key principles of the guidelines to manage patients with obesity
3. Provide strategies for obesity management in primary care without ancillary staff
4. Discuss how clinicians can individualize obesity pharmacotherapy based on the needs of the patient with obesity

Description:

This program is designed for the busy primary care clinician who wants to take a more active role in obesity management. It reviews how primary care clinicians can approach patients with obesity, engage their interest in improving health, and design a practical and simplified management plan without the support of ancillary staff. The program provides evidence-based recommendations and a review of the different pharmacotherapy options that can be used to help patients reach their health outcomes.

Abstract ID: 29

13:30–14:30 (ET) Caring for Your Diabetic Patient in the Hospital

Benjamin Schiff, MD CM, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify the challenges and pitfalls of managing diabetes in the hospital setting
2. Determine the appropriate goals of care with respect to diabetes in the in-patient setting
3. Safely and effectively achieve glucose targets, with particular emphasis on the prescription of sliding scales

Description:

Recent years have seen the introduction of multiple new classes of agents for the treatment of diabetes. This poses particular challenges for the physician caring for diabetic patients when they are admitted to the hospital, whether it be for a primary diabetic complication or for another acute problem. Some specific issues include the impact of an acute illness on glucose levels (especially acute kidney injury and sepsis), the potential side effects of the newer agents, and the safe and appropriate use of insulin sliding scales. For this presentation I will be briefly reviewing the classes of agents currently being used to treat diabetes, with particular emphasis on the newer agents. I will discuss their mechanism(s) of action, metabolism, and potential side effects (including risk of hypoglycaemia). I will then discuss the appropriate goals of care for diabetic patients in the hospital setting as it relates to glucose targets. Next I will discuss the potential challenges and pitfalls in the management of diabetes in the context of their co-morbities and acute medical and/or surgical problems, and how to safely and effectively achieve the glucose targets. I will then present an approach to the use of insulin sliding scales. Lastly I will present some clinical vignettes illustrating the principles that have been discussed. At the conclusion of this talk you will be able to confidently and effectively care for your patients with diabetes admitted to the hospital.

Abstract ID: 59

13:30–14:30 (ET) Climate Change and Health

Samantha Green, MD, CCFP; Claudel Pétrin-Desrosiers, MD, CCFP; Melissa Lem, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify the direct and indirect physical and mental health impacts of the climate crisis
2. Examine how family physicians can intervene to both mitigate and adapt to the climate crisis
3. Describe the co-benefits to intervening in the climate crisis

Description:

Climate change is the number one health threat of the twenty-first century. In Canada we have seen an increase in wildfires, more frequent and intense heat events, and increases in the incidence of both West Nile Virus and Lyme disease. As family physicians, we can help to both mitigate and adapt to the climate crisis at the individual provider and patient level (micro), the community and institutional level (meso), and the systemic (macro) level. During this session, we will briefly review the health impacts of climate change, and then we will turn our attention to what we as family physicians can do.

Abstract ID: 194

13:30–14:30 (ET) Optimizing Virtual Supervision of Learners in Your Practice

Rachel Goldberg, BSc; Sejal Doshi, MD; Sofia Khan, MD, CCFP; Amita Singwi, MD, CCFP; Susan Goldstein, MD, CCFP; Risa Bordman, MD, CCFP

All teachers welcome. Highlight's experienced concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Customize their approach to clinical supervision of medical trainees using virtual modalities
2. Develop and implement strategies to optimize virtual supervision and the learner's virtual experience

Description:

During the COVID-19 pandemic, Primary Care Clinicians had to quickly learn how to provide virtual patient care. Supervision of medical students and residents also required a shift to virtual modalities. While clinician teachers struggled to gain expertise in providing virtual care, virtual supervision added a layer of complexity. This webinar will demonstrate the process developed by the Department of Family and Community Medicine at the University of Toronto Temerty

Faculty of Medicine to support teachers to enhance their virtual supervision of learners. A 6 Steps to Successful Virtual Supervision document, mentorship program and a series of iterative zoom workshops were created. The workshops were interactive incorporating live and recorded demonstrations of technological skills and small group breakout rooms for peer-to-peer support. As learners were exposed to virtual care, they joined the committee and contributed to the workshops and small groups. This webinar will introduce a framework and practical implementation strategies for clinical teachers to prepare, supervise, and support trainees in the context of various virtual care settings. The medical trainee perspective including reflections on past experiences and effective supervision strategies that facilitated learning will also be presented. Program assessment and lessons learned will be reviewed to identify potential barriers and next steps towards improving the virtual arena for preceptors, learners, and patients. Ultimately, virtual care, and thus virtual supervision, is here to stay. As such, adaptation to this new environment is critical to successful learning and patient care. We will conclude with an open discussion of where do we go from here?

Abstract ID: 78

13:30–14:30 (ET) Please Make That Chronic Cough Stop!

Alan Kaplan, CCFP (EM), FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Review what the common causes of chronic cough are
2. Learn an algorithm to approach patients with chronic cough
3. Review uncommon chronic cough etiologies

Description:

Chronic cough is debilitating and especially with Covid very socially disturbing. It can be a side effect of a medication, a sign of a serious illness or just a problem that needs addressing. We will review the ACCP guidelines for chronic cough and run you through a recently developed algorithm to recognize how you approach these patients, know who to refer and who you can and should treat yourselves.

Abstract ID: 114

13:30–14:30 (ET) Unmasking Ideas: Steps to creating research that matters

Cheri Bethune, MD, MClSc, FCFP; Wendy Graham, MD, FCFP; Shabnam Asghari, MD, PhD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Articulate the common barriers to research faced by busy family physicians
2. Use fundamental concepts in research to examine an important question relevant to your practice/teaching

3. Develop an action plan to address the next steps for their own research project/idea

Description:

Family physicians are key players in teaching as they practice, teach, mentor and role model the values and qualities necessary to become capable health care providers. How we support, acknowledge and nurture their professional identity as effective and active contributors to the mission of the discipline demands attention. Family physicians are recognized for their broad scope of practice, their adaptiveness and their capacity to innovate. These attributes help them to find unique solutions to complex health care problems. Provided with skills in conceptualizing and undertaking research questions relevant to their local health care problems, family physicians can discover and apply solutions that enhance health care delivery. This session provides clinicians with some skills to conceptualize a research project. We have identified the barriers and enablers of research and some key strategies to empower community physicians to conduct relevant research. These skills are applicable to all family physicians with important questions and ideas for improving health care. This interactive workshop will utilize activities to help participants articulate and clarify their research question. Using proven strategies from a well established faculty development program (6for6), the facilitators will engage participants in the development of an action plan to move their idea forward considering the constraints and challenges in their individual contexts. Learning activities and strategies appropriate for a virtual workshop are utilized.

Abstract ID: 189

15:00–16:00 (ET) Family Violence: What family doctors needs to know

Eva Purkey, MD, MPH, CCFP, FCFP; Robert F Woollard, MD, CCFP, FCFP, LM;
Harriet MacMillan, MD CM, MSc, FRCPC

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify signs and symptoms associated with child maltreatment and intimate partner violence
2. Demonstrate how to inquire about and respond to family violence in a clinical assessment
3. Demonstrate use of clinical and teaching resources to address family violence

Description:

Two of the most common types of family violence include child maltreatment and intimate partner violence. It is estimated that as many as one in three children in Canada experience some type of abuse before age 16. Global data indicate that one in three women experience intimate partner violence in their lifetime. In the present context, these types of family violence may be on the rise. Primary care practitioners see a broad range of health problems associated with these types of family violence; identifying and responding safely is important but can be challenging. This session will introduce evidence-based approaches to identifying and

responding safely to child maltreatment and intimate partner violence based on new online educational resources, which have been developed through the Violence Evidence Guidance Action (VEGA) Project, funded by the Public Health Agency of Canada. These resources include pan-Canadian guidance and tools such as videos, interactional scenarios, and a Handbook that were developed based on systematic reviews and with feedback from providers that included family physicians. The College of Family Physicians of Canada is one of 22 healthcare and social service organizations that developed these resources, and family physicians play a critical role in identifying and responding to child maltreatment and intimate partner violence. The VEGA resources (available in English and French) can be used by practitioners as well as educators working with students across a range of levels. The session will include an overview of these resources and will provide opportunities for participants to discuss principles and consider scenarios in which child maltreatment or intimate partner violence is suspected or disclosed. There will be a discussion of key principles for responding safely when seeing children, youth, and adults. VEGA is currently being accredited, and participant feedback will help inform ongoing evaluation and the deployment of the resources.

Abstract ID: 33

15:00–16:00 (ET) Opening Pandora's Box: Female sexual health 2021

Ted Jablonski, BSC Med, MD, CCFP, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Plan an approach to "talking sex" in your day to day practice
2. Recognize common presentations of female sexual dysfunctions and develop a practical therapeutic approach
3. Dispel common myths and explore "hot button" female sexual health issues

Description:

More than 40% of your female patients have sexual problems. Sexual health is important. This sometimes "not so sexy" area of medicine, however, 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 female sexual health including some key points to help with your LGBTQ+ folks. Expect this interactive session to be fast paced and full of pragmatic clinical pearls. Presenter: Dr Ted Jablonski is a well known family physician in Calgary with expertise in sexual medicine and transgender / gender diverse health for Southern Alberta.

Abstract ID: 171

15:00–16:00 (ET) The QI Practicum: Effective application of QI learning

Patricia O'Brien, RN, MScCH; Frances Cousins, MD, BScN, CCFP;
Susie Kim, MD, MScCH, CCFP

All teachers welcome. Highlight's novice concepts for educational leaders.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Examine the relationship between QI curriculum and the QI Practicum design
2. Describe how the design of the QI Practicum supports application of QI knowledge and skills
3. Explore the implementation of the QI Practicum as an application of the learning tool

Description:

Our session will be delivered as a facilitated exploration of our program's QI Practicum requirement for faculty family physicians and residents. We will describe how that experience has informed our observation that this tool can, in tandem with QI learning content, be an effective application tool for primary care physicians and teams. Designed with reflective questions to guide discussion, we will share our experience and observations from the past two academic years, focusing on the relevance of the QI Practicum as a core application requirement of our Postgraduate QI Curriculum. The impact of the QI Practicum will be described through the sharing of our analysis of Practicum submissions demonstrating the flexibility of this deliverable as an effective QI 'application of learning' tool across a diverse cadre of improvement topics. With emphasis on the flexibility and adaptability of the QI Practicum for application of learning about quality improvement, we will describe the potential for the format to accommodate a varied scope and scale of improving quality endeavours such as may be embraced by family physicians who work in diverse, and varied types and sizes, of practices.

Abstract ID: 429

16:00–17:00 (ET) Nutrition and Diabetes: Using Data to Guide Choices (Ancillary Session)

James Kim, MBBCh, PgDip (Diabetes); Andreanne Fortin

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:

At the conclusion of this activity, participants will be able to:

1. Recognize the benefits of medical nutrition therapy and physical activity in improving outcomes in patients with type 2 diabetes
2. Describe the potential role of continuous glucose monitoring (CGM), ambulatory glucose profile (AGP) and time-in-range (TIR) to help patients make appropriate diabetes management choices

3. Develop simple lifestyle recommendations that can be integrated into educating patients with type 2 diabetes

Description:

Three different patient cases at various points along the type 2 diabetes management continuum. This includes a variety of different age groups representative of common type 2 diabetes populations seen in practice. The discussion of monitoring and nutritional consideration will be woven through the cases. The program will show that each case could benefit from nutrition therapy counselling and monitoring.

Saturday, November 13th

Abstract ID: 430

09:00–10:00 (ET) Nutrition Considerations From Hospital to Home: Evidence and Practice (Ancillary Session)

Leah Gramlich, 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:

At the conclusion of this activity, participants will be able to:

1. Empower physicians to recognise malnutrition
2. Understand and apply evidence-based treatment resources
3. Know how to identify, intervene, and understand when to refer

Description:

A critically appraised topic-based program answering key clinical questions through an interactive evidence-based approach. Adult malnutrition is under-recognised and under-diagnosed by primary care physicians. The prevalence of malnutrition in the older adult population is a growing issue. Early detection and treatment of malnutrition can improve patient outcomes dramatically. This program will help primary care physicians learn to recognise, diagnose and treat malnutrition as well as review evidence-based interventions.

Abstract ID: 50

09:55–11:00 Canadian Public Health Experts Discuss the COVID-19 Experience

David Williams, MD, MHSc, FRCPC; Jennifer Russell, BA, BSc, MD, CCFP; Janice Fitzgerald, MD, MPH; Kami Kandola, MD, MPH, CCFP, FCFP, ACBOM, DTM&H, ABPM; Deena Hinshaw, BSc, MD, MPH, CCFP, FRCP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Identify some of the key challenges and dilemmas that each of the represented provinces encountered during the COVID-19 pandemic
2. Compare the impact of the COVID-19 pandemic on various provincial health care systems, vulnerable patient groups and demands on critical care resources
3. Consider which pandemic strategies will best serve patients and health care providers in future

Description:

During this interactive session, a panel of public health officials from across Canada will outline provincial experiences, progress and roadblocks encountered during the COVID-19 pandemic, including lessons learned and strategies for the future. Audience members will have the opportunity to ask questions and share their own experiences.

Abstract ID: 23

09:55–11:00 (ET) Counselling Adolescents and Parents About Non-Medical Cannabis

Richard Bélanger, MD; Christina Grant, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Review why addressing non-medical cannabis with youth and their parents is important
2. Provide a structure sequence for addressing non-medical cannabis in the clinical setting
3. Explore appropriate tools to screen for problematic use of non-medical cannabis

Description:

Both parents and adolescents are concerned with the effects and potential harms of cannabis and other psychoactive substances. Many adolescents consider health professionals reliable sources of information on psychoactive substances and expect them to talk about usage or risk during health care visits. As facilitators and knowledge brokers, health care providers (HCPs) can effectively engage with youth and families. This session will review sound, evidence-based tools to help HCPs focus their skills when addressing non-medical (recreational) cannabis use and its related risks with adolescents in everyday practice. Presenters will describe ways to make the clinical setting a safe space for youth to talk about psychoactive substances, and discuss specific strategies for approaching cannabis use in effective, developmentally appropriate ways. Consistent with current literature, screening questionnaires to help structure discussion and identify adolescents who may benefit from more specialized interventions will also be discussed.

Abstract ID: 213

09:55–11:00 (ET) Creating an Interprofessional Longitudinal Wellness Curriculum for Learners

Warren Lewin, MD, CCFP (PC); Daphna Grossman, MD, CCFP (PC);
Rabbi Rena Arshinoff, PhD, RP; Kanae Kinoshita, MA, RP

All teachers welcome. Highlight's experienced concepts for educational leaders.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe burnout and a model that can be used to design interventions to mitigate it
2. Understand how burnout educational competencies can inform the creation of a resident 'Wellness Curriculum'
3. Describe an arts-based intervention used to cultivate empathy, strengthen relationships and mitigate burnout

Description:

Burnout is a psychological syndrome occurring in response to chronic interpersonal stressors affecting up over 50% of the clinician workforce. Left unattended, burnout leads to job dissatisfaction, workplace turnover, and increased clinician error. Palliative Care trainees are expected to achieve competency in understanding and managing burnout, which has led training programs to develop curricula related to the promotion of self-care and resilience. In this session, we will provide an overview of burnout development and the evidence-base to prevent it. We will then outline resident core competencies related to burnout and resilience and explore how these competencies can be translated into a 'Wellness Curriculum' that promotes self-reflection and community building. We will describe our collaborative interprofessional journey of revamping our 'Wellness Curriculum' for Palliative Care residents and fellows at the University of Toronto during COVID-19, which focuses on merging arts with science. The course learning objectives will be described. 4, two-hour unique wellness sessions were created introducing learners to theory as well as to practical tools they could implement in their daily practices both during and beyond training. The course included a virtual trip to the Art Gallery of Ontario to hone in on observation, reflection and communication skills. Learner feedback, lessons learned and tips on how to adapt this curriculum to varied program settings and sizes, in additional to describing steps to set up a virtual gallery visit from your institution will be discussed, with a goal to assist clinician educators in helping their learners to prevent burnout, increase engagement and make work-life sustainable.

Abstract ID: 150

09:55–11:00 (ET) Degenerative Cervical Myelopathy: Much more than neck pain

James Milligan, MD, CCFP, FCFP; Michael G. Fehlings, MD, PhD, FRCSC, FACS

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Understand degenerative cervical myelopathy (DCM), and importance in primary care
2. Have an efficient approach to neck pain and DCM
3. Understand how to assess, investigate, refer and monitor DCM

Description:

Neck pain is very common and family physicians are a typical point of initial contact for patients who have neck pain. However, not all neck pain is benign. Degenerative cervical myelopathy (DCM) is an example of a serious and not so uncommon complication. DCM is the leading cause of spinal cord injury (SCI) in adults, it is caused by age-related osteoarthritic and

congenital spinal column disorders that cause progressive narrowing of the spinal canal and compression of the cervical spinal cord, resulting in functional impairment. The prevalence of DCM is increasing but many family physicians report they are unaware of DCM, despite seeing many patients with neck pain. Early recognition, investigation and referral can help prevent catastrophic disability (eg. tetraplegia). This session will be presented by 2 family physicians, a neurosurgeon, and person with lived experience. It will offer practical tips based on experience and review of the literature. We will discuss neck pain and DCM, how to assess it easily in the office, investigations, referral and monitoring. Future directions will be discussed through the intiatives of the Ontario Degnerative Cervical Myelopathy network.

Abstract ID: 17

09:55–11:00 (ET) Somatizing: What every family doctor needs to know!

Jon Davine, MD, CCFP, FRCP (C)

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the relevant DSM diagnoses that make up "Somatic Symptom and Related Disorders" (DSM-5)
2. Describe the range of conscious and unconscious mechanisms involved in these disorders
3. Describe treatment modalities for these disorders, both psychopharmacologic and psychotherapeutic

Description:

Primary care practitioners often see patients who present with persistent somatic symptoms that seem to have no apparent medical basis. These situations can be challenging. Some studies have shown that up to 30% of patients who present to the doctor have no adequate physical cause to account for them. In this workshop, we define somatization, and discuss an overview of somatoform illness, using DSM-5 criteria. We will focus on several diagnostic entities, including Somatic Symptom Disorder, Conversion Disorder, Illness Anxiety Disorder (Hypochondriasis), Body Dysmorphic Disorder, Factitious Disorder, and Malingering. We distinguish between conscious and unconscious mechanisms involved in these categories. We underline the fact that the great majority of somatizing involves predominantly unconscious mechanisms. We discuss the co-morbidity between somatizing and other psychiatric illnesses, such as Major Depressive Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, and Delusional Disorder, Somatic Type. We summarize how to make a mind-body link in a respectful and timely manner, that can be more easily heard by the patient who somatizes. We focus on treatment modalities, both psychopharmacological and psychotherapeutic, that are thought to be useful in the clinical situation.

Abstract ID: 260

11:30–12:30 (ET) Consideration of Spirituality and Culture in Palliative Care

Anwar Parbtani, MD, PhD, FCFP, LM; Michelle vanWalraven, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Illustrate how religion, spirituality and culture modulate burden of illness at the end-of-life
2. Explore tools that would help integrate religious, spiritual and cultural beliefs in palliative care
3. Share narratives emphasizing importance of integrating patients' religious and cultural beliefs for holistic care

Description:

Introduction: Palliative care is aimed at reducing suffering in patients with incurable, end-stage diseases, as well as providing patients with quality of life and maintaining their dignity while living and dying with the disease. It is well recognized that patients' burden of illness is impacted and modulated by psychosocial status and their religious, spiritual and cultural beliefs. However, many studies report that care providers envisage barriers to inquiring and addressing patients' religious, spiritual and cultural beliefs. Many, well researched and validated tools exist to help care provider's with this task but it seems that these barriers persist either due to inadequate time to implement the tools, inexperience in utilizing the tools, or discomfort with initiating the conversation about religion, spirituality and culture. **Objectives:** In this workshop we aim to present a novel illustration depicting interaction of illness, burden of illness and its potential modulation by religion, spirituality and culture in context of broader society and existing environment within which the patient dwells. We will delineate potential barriers that care providers' may envisage or perceive and present utility of tools that could alleviate hesitancy in addressing religion, spirituality and culture in approach to palliative care. We will share our lived experiences, and invite participants to share narratives of patient encounters that would highlight importance of understanding patients' personal perspectives of their religion and spirituality in context of their burden of illness that would determine goals of care in concert with their belief systems. **Outcome:** At the conclusion of this activity, we anticipate participants to be empowered to address burden of illness of patients in context of their religious, spiritual and cultural beliefs and would be able to select and utilize appropriate tool(s) to provide a more holistic palliative care approach that would align with the patients' wishes and belief systems.

Abstract ID: 181

11:30–12:30 (ET) Layered Learning Practice Model

Divya Garg, MD, CCFP, MClSc; Vishal Bhella, MD, CCFP, MClSc

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Compare educational models that support multi-levels learners including undergraduate and postgraduate trainees
2. Assess benefits and challenges associated with implementing layered learning practice models
3. Utilize vertical integration and teaching techniques to support learners at different stages of training

Description:

Undergraduate and postgraduate learners at different stages of training are often working alongside a single clinical coach. There is great variability in knowledge and skills of learners who come from varied backgrounds and have diverse interests. The session will explore various models and approaches to integrate multi-level learners including the Layered Learning Practice Model and the ENGAGE model. Strategies explored will include creating opportunities for vertical peer learning, shared leadership and coaching relationships as well as teaching techniques to cater to the level of the learner and learning goals.

Abstract ID: 73

11:30–12:30 (ET) Primary Care HIV PrEP/PEP: A case-based approach

Charlie Guiang, MD, CCFP, FCFP; Gord Arbess, MD, CCFP; Caroline Jeon, MD, CCF; Monica Edward, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Using a case-based approach, describe the use of HIV PrEP in multiple primary care interactions
2. Identify opportunities for PrEP in under-recognized at-risk communities: women, BIPOC, and people who inject drugs
3. Implement nPEP and oPEP (occupational and non-occupational Post-Exposure Prophylaxis respectively) to prevent HIV

Description:

Primary care providers (PCPs) play a crucial role in the delivery of preventative care. . HIV prevention for individuals at-risk is a role we as family physicians and primary care providers can all participate in. From counseling to biomedical approaches to HIV Prevention - including HIV Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) - PCPs are in the ideal position to provide this part of preventative care. With valuable feedback from popular FMF sessions of the past, we developed this session with you in mind! There has been a lot of interest in HIV PrEP and PEP, and we hope to expand on this interest with clinical pearls and insights given our HIV care experience, coupled with evidence-based guidelines and other important resources. This session is aimed at providers with little to no experience with HIV prevention, to those with some more experience with PrEP and PEP. Using case-based examples, we will cover a spectrum of HIV prevention examples, from core cases using PrEP, to the future of HIV PrEP, to looking at special populations where PrEP could and should be used. As with previous sessions, we hope to have a fair amount of time to discuss your questions and make this interactive.

Abstract ID: 100

11:30–12:30 (ET) Topical Corticosteroids

Lawrence Leung, MBBChir, DipPractDerm, FRCGP (UK), CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Classes, potency and mechanisms of action of topical corticosteroids
2. Indications versus taboos for using topical corticosteroids
3. Algorithms of proper prescribing and addressing barriers of change

Description:

Apart from moisturiser, topical corticosteroids could easily be the most prescribed medication for skin conditions in family medicine. How much do we know of the mechanisms of action? How sure are we that they will act in the way we want when we prescribe them? What are the common skin conditions that benefit from topical corticosteroids? And when should we not prescribe topical corticosteroids? What are the taboos and myths around topical corticosteroids? How can we weigh the harms versus benefits of topical corticosteroids? Is it really a big deal if I give it anyways even though I have no idea what the skin condition is all about? The presenter will address all these issues with ample illustration of slides and interactive Q&As, culminating in a pragmatic algorithm for best-practice prescribing of topical corticosteroids.

Abstract ID: 93

11:30–12:30 (ET) Transitioning to Practice 101

Christine Miller, MD; Yan Yu, MD; Heather Galbraith, MD; Steve Scales, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

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: 18

13:30–14:30 (ET) Approach to Depression in Primary Care

Jon Davine, MD, CCFP, FRCP (C)

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe a differential diagnosis to the "sad state"
2. Describe how to choose, start, increase, and switch antidepressant medication
3. Describe recent recommendations re augmentation techniques

Description:

Depression is a common psychiatric disorder that primary care practitioners often see in their practice. In Canada, about 5% of people aged 15 and older have experienced a major

depressive episode in the past year. About 11% of adults will meet criteria for major depressive disorder in their lifetime. It is a leading cause of work-related disability and lost productivity. In the first part of the session, we will look at how primary care practitioners can make a differential diagnosis of the "sad state", by asking specific questions. This differential will include adjustment disorder with depressed mood, bipolar disorder depressed phase, and major depressive disorder. We discuss the different treatments for each of these diagnoses. In the second part of the talk, we focus on the psychopharmacology used to treat major depressive episodes in particular. We discuss how to choose, start, increase, and switch antidepressants. We discuss relevant side effects. We describe augmentation techniques, when a second medication is added to the first antidepressant to increase efficacy. We also discuss the length of time recommended for antidepressant treatment under different scenarios. We will base our recommendations for pharmacotherapy on the 2016 CANMAT Depression Guidelines, the 2009 (amended 2020) NICE guidelines from the UK, and the 2018 Cipriani et al. meta-analysis. We will touch on other treatments for major depressive disorder, including electroconvulsive therapy (ECT), and transcranial magnetic stimulation (TMS). The use of antidepressants in the under 18 population will also be addressed.

Abstract ID: 207

13:30–14:30 (ET) First Five Years: Essential snappers for early-career family doctors

Annelise Miller, MD, CCFP (CM); Serena Siow, MD; Chris Beavington, MD; Thea Weisdorf, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

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 emerging 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 strategies 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: 160

13:30–14:30 (ET) Implementation Research: Taking an idea to action

Sumeet Sodhi, MD, MPH, CCFP; Henry Owuor, MD; Trinidad Rodriguez, MD

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the principles of implementation research
2. Develop an approach to conducting an implementation research project
3. Understand the role of implementation research for innovation in Family Medicine

Description:

This session will provide knowledge, tools, tips and techniques that will assist the participant in taking a potential research concept from an idea to action using an implementation research framework. Often in the day-to-day clinical, teaching or administrative work of Family Medicine, we come across interesting questions or innovative ideas that may be amenable to a research project. An implementation research framework gives us an approach to seek and generate information on an intervention, strategy or policy that could enhance the effectiveness of our work. Implementation research may have an important role in Family Medicine around the world, especially in emerging Family Medicine contexts, as it can enable paths for innovation, identify constraints in implementation, and help to mitigate actions that may prevent desired results from being achieved. Implementation research can also create space for piloting new initiatives or strategies and comparing them to existing ones. By addressing these types of issues, implementation research can directly contribute to improving quality in a health system or health intervention and can serve as a catalyst for change. Using a case-based approach, this session will cover the what, why and how of implementation research, by drawing from the experiences and lessons learned of two current Besrour Research Fellows: one who is working on mental health and primary care integration in Kenya, and another who is developing a capacity building initiative for improving the care of children for primary care teams in Chile.

Abstract ID: 27

13:30–14:30 (ET) Methamphetamine: A primer for family physicians

Ginetta Salvalaggio, MD, MSc, CCFP (AM), FCFP; Melissa Holowaty

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Describe the causes, comorbidities, and consequences of methamphetamine use
2. Apply a whole-person approach to caring for people who use methamphetamine

3. Recognize available treatment options for stimulant use disorder and related presentations

Description:

National attention has recently been focused on the overdose crisis, however, most strategies have targeted people who use opioids. As the crisis continues, an increasing number of Canadians are using methamphetamines and presenting to healthcare facilities for related support, but experiencing a variety of unmet care needs. This session will review the biopsychosocial implications of methamphetamines and present current evidence for the treatment of methamphetamine-associated health conditions. We will also discuss established and emerging harm reduction strategies specific to people who use methamphetamines.

Abstract ID: 193

13:30–14:30 (ET) Virtual Pearls: Teaching learners in a virtual landscape

Amie Davis, MD, CCFP; Joyce Zazulak, MD; Lopita Banerjee, MD

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Examine the evolution of literature and practices surrounding virtual supervision over the past year
2. Compare different models for learner supervision and assessment in virtual contexts
3. Describe how procedural skill teaching can be adapted to allow mixed virtual and in-person delivery

Description:

The restrictions and safety measures brought about by the COVID-19 pandemic resulted in a rapid and unprecedented need to pivot provision of medical care and clinical teaching to virtual platforms. With this pivot, the learning and teaching environment for family medicine residents also evolved to include the virtual supervision of virtual patient care. Over the past year, clinical supervisors have had to develop novel methods of supervising and assessing learner's knowledge and skills, often at a distance. This session will review the expanding literature around virtual teaching, provide practical tips and tricks developed within our family medicine setting which supports an effective learning environment. This will include both the effective use of virtual review rooms, direct supervision of phone calls using existing technologies and the novel use of synchronous and asynchronous tools to teach the knowledge component of procedural skills. We will also share a novel approach to teaching obstetrical procedural skills, which included large group didactic instruction followed by locally facilitated, physically distanced groups to practice, consolidate and assess skills and knowledge. Participants will leave the session with new tools to up their virtual teaching competence in their clinical and academic settings.

Abstract ID: 92

15:00–16:00 (ET) CaRMS and Electives

Christine Miller, MD; Eleanor Crawford,MD; Myfanwy Price, MD; Andrew Lam, MD; Yipeng Ge, MD; Stuart Murdoch, MD

All teachers welcome. Highlight's novice concepts for clinical preceptors.

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Discussion of 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: 243

15:00–16:00 (ET) Coaching Family Caregivers to Support Health Care Decision Making

William Sullivan, MD, PhD, CCFP (COE), FCFP; Karen McNeil, MD, CCFP, FCFP; John Heng, MA

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Adapt shared decision making by including family caregivers of persons needing support in healthcare decisions
2. Describe a framework for guiding patients and their family caregivers through the supported decision-making process
3. Discuss how to deal with barriers encountered in coaching family caregivers to provide decision-making support

Description:

Adults with intellectual and developmental disabilities and acquired cognitive impairments have the right to reasonable accommodations and supports to make healthcare decisions as needed. A barrier to implementing supported decision-making approaches, however, is lack of coaching for decision-making supporters. This presentation describes a framework for guiding caregivers systematically through the supported decision-making process with their loved ones. Presenters will discuss experiences using these tools with case illustrations, giving practical guidance for dealing with clinical and ethical issues encountered in providing such coaching.

Abstract ID: 215

15:00–16:00 (ET) Medicolegal Pitfalls in Virtual Primary Care

Katherine Larivière, MD, MSc, CCFP, FCFP; Keleigh James, MD, CCFP, FCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Recognize the most common medicolegal pitfalls when providing virtual care
2. Compare strategies to mitigate risk and provide safer virtual care
3. Integrate potentially competing priorities when providing virtual care

Description:

Until recently, care provided by physicians at a distance and through technological means such as the telephone or a virtual platform, was usually limited to specific scenarios. With the coming of the pandemic, virtual care is now a central part of the care many family physicians provide to their patients. What started as a stopgap measure to ensure continuity of care during a health crisis is now extending to become what may be a 'new normal'. This sudden shift in care delivery has lead to uncertainty for many family physicians around medical-legal aspects of

care. Privacy issues, communication barriers and care planning are some challenges that must be faced when the patient is not in the room with the physician. Certain strategies can help mitigate risks, including effective documentation, structured approaches and careful communication. This interactive session aims to explore the important medical-legal principles surrounding the provision of "virtual health care", and to provide opportunities for participants to discuss challenges and successes.

Abstract ID: 39

15:00–16:00 (ET) Pick Your Briefs: Choose clinical topics from the PEER game board

Tina Korownyk, MD, CCFP; Mike Kolber, MD, CCFP; Mike Allan, MD, CCFP

Learning objectives:

At the conclusion of this activity, participants will be able to:

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: 164

15:00–16:00 (ET) Red Flags for Cancer: What can't wait?

Lisa Del Giudice, MSc, MD, CCFP; Genevieve Chaput, MD, CFPC (PC)

Learning objectives:

At the conclusion of this activity, participants will be able to:

1. Recognize signs and symptoms suspicious of cancer presenting in primary care
2. Identify patients presenting with suspicious symptoms who are at increased risk of developing cancer
3. Initiate work-up and management plans for patients presenting with suspicious signs and symptoms of cancer

Description:

Nearly half of all Canadians will develop cancer in their lifetime, and about 1 in 4 are expected to die from it. Cancer is the leading cause of death in Canada, which is responsible for 30% of

all deaths. Patients diagnosed with early-stage cancer have the best chance of curative treatment and long-term survival. Ideally, cancer diagnoses would be made through screening when patients are asymptomatic. However for most cancers, there are no available screening tests. As a result, many cancers, including those with well-established screening programs, will present in primary care with subtle but characteristic signs and symptoms. Inappropriate tests and/or specialist referrals have been shown to lead to delays in diagnosis. This past year, due to the COVID pandemic, there has been a significant reduction in incident cancer cases as well as an adverse stage shift in newly presenting cancers. As routine medical care resumes post-pandemic, an unprecedented surge in new cancer cases is anticipated, many of these likely to present as more advanced stages at initial presentation. Now more than ever, primary care providers must be able to identify potential signs and symptoms of cancer requiring immediate work-up. Timely identification is crucial to ensure prompt diagnosis and optimal management. This session will provide an evidence-based summary of the signs and symptoms suspicious of cancers presenting in primary care, including those for colorectal, lung, breast, prostate, bladder, esophageal, skin and blood cancers. Cancer-specific risk factors that may further increase suspicion of malignancy will also be discussed. A preliminary work-up to be initiated by primary care providers, along with most appropriate specialist referral, will also be presented.