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THE COLLEGE OF
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MÉDECINS DE FAMILLE
DU CANADA

FMF LOVED – 2022 Program

This one credit-per-hour Self-Learning program has been certified by the College of Family Physicians of Canada for up to 30 Mainpro+ credits.

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 alloimmunization 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 toolbox of transfusion tests, including group and screen, Betke and Rosette testing will be explained and evaluated.

Approach to Depression in Primary Care

Jon Davine, MD, CCFP, FRCP

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.

Being Better to Ourselves: Physician wellness and resiliency

Stephanie Smith, MD, CCFP; 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 wellbeing

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.

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.

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.

Diabetes: 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.

Family Violence: What family doctors need 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.

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.

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:

1. Understand the physiological basis of respiratory distress
2. Apply a universal treatment progression to patients in respiratory distress
2. 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 maneuvers, building an oxygenation ladder, effective use of noninvasive positive pressure devices and use of supraglottic devices as a bridge or a substitute for endotracheal intubation.

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 symptomatic 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.

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 care family 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.

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

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 reaffirming or whether they should be ignored.

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.

Red and Itchy Skin Lesions: Approach and pitfalls

Lawrence Leung, MBBChir, DipPractDerm, FRCCP (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 27 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.

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 89 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.

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) 55

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 long does this take to work, what is the average dose, and does the benefit persist in the long-term.

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 23 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.

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 learners 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 COVID19 has had on communities, the four principles of Family Medicine have held up as a source of foundational strength for the discipline.

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.

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.

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.

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 moisturizer, 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.

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 focusing 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 46 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.

Important Information

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