Mainpro+® Certified Program

11.09.22 – 11.12.22 In Person (Metro Toronto Convention Centre)
11.16.22 – 11.19.22 Virtual
11.20.22 – 01.07.23 On Demand

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fmf.cfpc.ca

@FamilyMedicineForum @FamilyMedForum @familymedforum

Welcome to FMF 2022!

We are very excited to welcome you to FMF Hybrid 2022.

This year's conference is unlike any other, as FMF is being held in two different formats: in person and virtual. You can choose in-person or virtual sessions and networking—or both! Virtual sessions will also be available on demand for 50 days after the conference.

The FMF committee has been working hard behind the scenes to provide you with the best educational content and we are confident that this year's robust program will offer invaluable learning experiences in a format that works best for you.

For those joining us in person, we hope you will be able to take some time to explore the beautiful city of Toronto and all it has to offer for visitors and locals alike.

Enjoy this year's conference, connect with colleagues, and renew your passion for family medicine. Whether you are an FMF veteran or are joining us for the first time, welcome!

FMF Committee Members

Dr. Leslie Griffin Co-chair | Nova Scotia

Dr. Stephen Hawrylyshyn Co-chair | Ontario

Dr. Ganesan Abbu Manitoba

Dr. Doug Archibald Section of Researchers

Dr. Katherine Bell Rural | British Columbia

Dr. Kiran Dhillon First Five Years in Practice | Alberta

Dr. James Goertzen Section of Teachers

Dr. Moulay Jbala Quebec

Ms. Jocelyne Beelen Section of Medical Students

Dr. Christine Miller Section of Residents

Dr. Taryn O'Neill New Brunswick

Dr. Amanda Tzenov Newfoundland and Labrador

Dr. Amanda Wang Alberta

Dr. Matthew Wong Saskatchewan

FMF In-Person Schedule • November 9–12, 2022

November 8, 2022
Pre-registered workshops at various times.

November 9–12, 2022
Times listed in Eastern Time (ET).

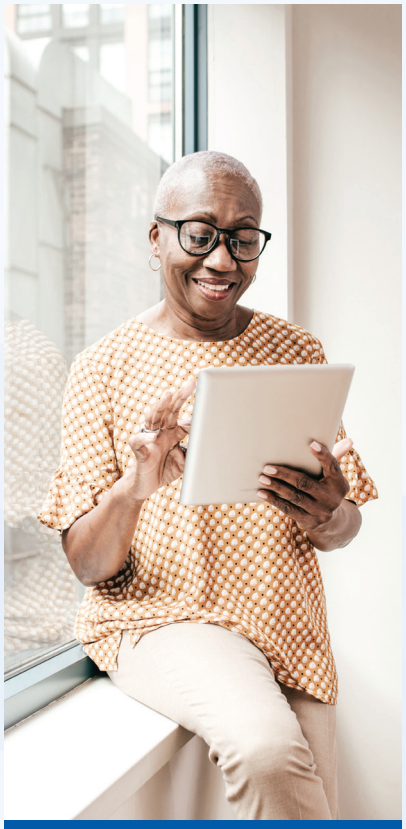
08:00 – 08:45	Breakfast in the Exhibit Hall/networking/ancillary sessions
08:45 – 10:00	Mainpro+® certified sessions
10:00 – 10:15	Coffee break in the Exhibit Hall
10:15 – 11:15	Mainpro+ certified sessions
11:15 – 11:30	Travel time
11:30 – 12:30	Mainpro+ certified sessions
12:30 – 14:00	Lunch in the Exhibit Hall/networking/ancillary sessions
14:00 – 15:00	Mainpro+ certified sessions
15:00 – 15:15	Coffee break in the Exhibit Hall
15:15 – 16:15	Mainpro+ certified sessions
16:15 – 17:15	Networking/ancillary sessions

FMF Virtual Schedule • November 16–19, 2022

November 15, 2022
Pre-registered workshops at various times.

November 16–19, 2022
Times listed in Eastern Time (ET).

08:45 – 09:45	Non-certified/ancillary sessions
09:55 – 11:00	Mainpro+ certified sessions
11:00 – 11:30	Break/networking activities
11:30 – 12:30	Mainpro+ certified sessions
12:30 – 13:30	Break/networking activities/ancillary sessions
13:30 – 14:30	Mainpro+ certified sessions
14:30 – 15:00	Break/networking activities
15:00 – 16:00	Mainpro+ certified sessions
16:00 – 17:00	Ancillary sessions



FMF On-Demand Schedule
November 20, 2022 to January 7, 2023

Available 24/7 to watch sessions, continue to earn credits, download files, post comments, and send direct messages. Don't forget to view the virtual poster gallery and visit the interactive Exhibit Hall!

Scanners and Direct Credit Entry

In person: Badge scanners will be used to track all certified sessions attended in person.

Virtual/On Demand: Attendance will be tracked upon clicking on each live or on-demand virtual session.

Direct credit entry (DCE): All credits from in-person, virtual, and on-demand sessions will be added automatically to individual attendee's Mainpro+ holding area within six weeks of the end of the on-demand period.

Exception: Credits for two- and three-credit-per-hour workshops will be entered by the participant once the post-reflective exercise is completed. This will be sent to participants by the workshop provider.

FMF Virtual Platform

On November 1, 2022, all registrants will receive access to the FMF/virtual platform. The email will come from FMF Hybrid 2022 (**no-reply@pathable.com**). Please explore the platform to discover all the great things FMF has to offer!

Agenda

- Browse in-person sessions and events and add them to your agenda
- Reserve a spot for live virtual sessions and events you plan to attend
- Find out more information about in-person and virtual activities
- Complete session evaluations for all in-person and virtual sessions

People

- Go to edit my account to upload your profile picture, fun facts
- Search for friends and colleagues and send direct messages

Posters

- Browse a huge selection of virtual clinical, teaching, research, and global medicine posters
- Download posters and submit questions or comments to the poster providers

Exhibitors and Sponsors

- Download the full list and map of the in-person Exhibit Hall
- Visit virtual exhibitors and sponsors, post a comment, ask a question, and explore their materials

Networking

- All participants, whether attending in person or virtually, are welcome to join the ongoing social feed
- Post pictures, comments, and share your FMF highlights with your colleagues

Game

- All attendees are welcome to participate in the gamification contest to be entered for a chance to win registration for FMF 2023

FMF Disclosures

COVID-19

All attendees must acknowledge and agree to these terms to attend: When you attend the FMF and/or any related meetings or events, you acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. By participating, you voluntarily assume all risks related to exposure to COVID-19 and agree not to hold the College of Family Physicians of Canada™ (CFPC) or any of their affiliates, directors, officers, employees, agents, contractors, exhibitors, sponsors, or volunteers liable for any illness, injury, disability, or Public Health restrictions including, but not limited to, mandatory quarantine requirements. Moreover, you also agree to follow all provincial, local, and property-specific protocols such as, but not limited to, capacity limits, screening, masking, physical distancing, and collection of contact information where required.

Requirements of all in-person attendees

- You are fully vaccinated against COVID-19 as accepted by Health Canada
- Your last dose of the COVID-19 vaccine was at least 14 days before this event
- You will wear a mask indoors at all times except while actively eating and/or drinking
- You will complete the Ontario daily self-screening tool and will not attend if advised to self isolate
- You will not attend any in-person session, meeting, or event if you are unwell
- If COVID-19 restrictions change, attendees will be notified via email

COVID-19 cancellations

If you are unable to attend the full in-person event due to COVID-19-related reasons, please advise fmfinfo@cfpc.ca and your registration will be automatically converted to virtual only. You will receive a response and access to FMF Virtual on or before November 15, 2022. If the in-person event must be cancelled due to COVID-19 or other concerns, all registrations will be automatically converted to virtual and on-demand, any difference owing will be credited to the payment method on file.

Photography

The CFPC may arrange to have photography and/or video footage taken during the FMF. CFPC may record and publish some or all of the in-person and virtual events including any input from participant(s). Please be advised that these items may be published in CFPC materials in print and electronic format including on the CFPC and the FMF websites and social media channels. By participating in the FMF, you agree to grant the CFPC the right and permission to use any such photographs/videos/recordings in which you may be included, in whole or in part, for promotional, educational, and informational purposes. You waive any rights that you may have to inspect and/or approve any such photographs/video clips. You transfer to the CFPC any right you may have to such photographs/video clips and waive moral rights, if any and you release and discharge the CFPC from any liability that may arise from the use of such photographs/video by the CFPC. All photographic materials become the property of the CFPC and may be displayed, distributed, or used by the CFPC for any purpose. Names and/or brief bios may be included with permission.

Recordings

The participant will not, without the prior written permission of CFPC, copy, record, reproduce, or utilize content from the FMF, or any part thereof.

Exhibit/poster permissions

In person: If you allow a specific exhibitor or sponsor to scan your badge at the in-person booth, your contact information will be shared with that specific exhibitor or sponsor.

Virtual or on demand: If you click Request Info, leave your card, or use the call/talk now feature your contact information will be shared with the exhibitor or poster provider. In all cases your contact information is only shared with the specific exhibitor, sponsor, or poster provider you have connected with directly.

Exhibit Hall proviso

The FMF Exhibit Hall is a marketplace that provides attendees the opportunity to interact with exhibitors offering a wide range of products and services. Some may be controversial but all contribute to the dialogue that makes FMF a vibrant intellectual experience. The CFPC does not endorse or accept responsibility for the presence of inaccurate or biased materials. We make every effort to ensure that exhibitors abide by professional and ethical standards of behaviour and we are confident that our registrants will employ their excellent critical thinking abilities when reviewing the exhibits.

Ancillary sessions

Ancillary sessions are sponsored and paid for by a continuing professional development (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.

Canadian Medical Association gifting policy

Practising physicians should not accept personal gifts of any significant monetary or other value from industry. Physicians should be aware that acceptance of gifts of any value has been shown to have the potential to influence clinical decision making.

Data privacy

Your data privacy is very important to us. We may need to share your personal information with third parties who support FMF. This could include providers of related services such as virtual platform, data hosts, distribution centres, logistics, venues, general service contractors, health and safety partners, event registration, sales data hosts, communications, marketing, and other event collaboration partners. Personal information will only be shared with third parties if and to the extent it is necessary for them to provide our products and services to you.

CFPC Privacy Policy:
http://www.cfpc.ca/PrivacyPolicy/

Pathable Privacy Policy:
https://pathable.com/privacy-policy/

MicroSpec Privacy Policy:
https://www.home.microspec.com/privacy-policy/

For any questions, please contact us at **fmfinfo@cfpc.ca**

FMF In-Person Schedule of Certified Sessions

Tuesday, November 8th

8:00–12:30 (ET) **PAACT: Anti-infective 2022 update**
Session ID: 220 | Mainpro+® certified workshop | Pre-registration required

8:30–16:00 (ET) **Caring for Others Without Losing Yourself: Mindful self-compassion training**
Session ID: 93 | Mainpro+® certified workshop | Pre-registration required

9:00–15:30 (ET) **ECGs for Family Docs: A comprehensive review**
Session ID: 132 | Mainpro+® certified workshop | Pre-registration required

9:30–13:00 (ET) **Providing Medical Assistance in Dying (MAiD)**
Session ID: 178 | Mainpro+® certified workshop | Pre-registration required

13:00–17:30 (ET) **PAACT: Pain management 2022 up-date**
Session ID: 223 | Mainpro+® certified workshop | Pre-registration required

Wednesday, November 9th

Session time: 8:45–10:00 (ET)

Keynote
Session ID: 409 | Simultaneous interpretation | Clinical

From The Front Lines: Introduction to scholarly writing in family medicine
Session ID: 128 | Teaching | Preceptorship

It's Never "Just" Pregnancy Loss: Truly helping bereaved families
Session ID: 159 | Clinical

LIFEHACK-ER: Unique bedside tips/tricks for ER & clinic
Session ID: 45 | Clinical

Session time: 10:15–11:15 (ET)

A Little Rourke Baby Record: Pandemic, paediatrics and preventive care
Session ID: 66 | Simultaneous interpretation | Clinical

Complex Needs of Patients With Disabilities During Public-Health Crises
Session ID: 228 | Clinical

Creating a Psychologically Safe Learning and Clinical Environment
Session ID: 133 | Teaching | Preceptorship

First Five Years: Managing identity formation and imposter syndrome
Session ID: 161 | Clinical

Session time: 11:30–12:30 (ET)

PEER's Simplified Chronic Pain Guideline for Primary Care
Session ID: 92 | Simultaneous interpretation | Clinical

Presentations by Research Award Recipients
Research

Respiratory Tract Infections in Children and Adults: Using antibiotics wisely
Session ID: 216 | Clinical

Session time: 14:00–15:00 (ET)

Breast Cancer Survivorship: A comprehensive evidence-based review
Session ID: 95 | Clinical

HeArt Workshop: Reflecting on the art of and in medicine
Session ID: 238 | Teaching | Preceptorship

Presentations by Research Award Recipients
Research

Top Antibiotics to Avoid in The Elderly Patient
Session ID: 21 | Simultaneous interpretation | Clinical

Session time: 15:15–16:15 (ET)

HIV Primary Care and Prevention 2022: Top 10 clinical pearls
Session ID: 137 | Simultaneous interpretation | Clinical

Managing Anxiety Conditions With The Ottawa Anxiety Algorithm
Session ID: 108 | Clinical

Sharpening The Coaching Skills in Your Educational Toolbox
Session ID: 186 | Teaching | Preceptorship

The Diagnosis and Management of Endometriosis
Session ID: 196 | Clinical

Thursday, November 10th

Session time: 8:45–10:00 (ET)

Keynote
Session ID: 410 | Simultaneous interpretation | Clinical

Buprenorphine/Naloxone In Chronic Pain
Session ID: 172 | Clinical

Learning in Practice: Audience selected cases
Session ID: 26 | Clinical

Stress and Burnout: Explore evidence based leading theories and creating personalized strategies
Session ID: 69 | Teaching | Preceptorship

Session time: 10:15–11:15 (ET)

A Common Sense Approach to Altered Level of Consciousness
Session ID: 130 | Simultaneous interpretation | Clinical

Assessment Foundations 2: Designing and implementing programmatic assessment
Session ID: 203 | Teaching | Preceptorship

More Skills, Fewer Pills: CBT and more for Family physicians
Session ID: 154 | Clinical

Users' Guide to Health Deception
Session ID: 122 | Clinical

Session time: 11:30–12:30 (ET)

Choosing Wisely: Pediatric sport and exercise medicine recommendations
Session ID: 269 | Simultaneous interpretation | Clinical

Exploring Equity, Diversity, and Inclusion: Practical considerations
Session ID: 64 | Research

Food Allergy and Anaphylaxis: Why is epinephrine underutilized?
Session ID: 140 | Clinical

Indirect-Patient Care: Informing curriculum development using core professional activities
Session ID: 254 | Teaching | Preceptorship

Session time: 14:00–15:00 (ET)

Medical Learner Mistreatment: Grassroots and institutional efforts to combat harm
Session ID: 206 | Teaching | Preceptorship

New 2022 Osteoporosis Canada Clinical Practice Guidelines
Session ID: 217 | Clinical

Pick Your Briefs: Choose clinical topics from PEER's game board
Session ID: 25 | Simultaneous interpretation | Clinical

Session time: 15:15–16:15 (ET)

Hearing Health in Adults: A primer for family physicians
Session ID: 68 | Clinical

Thrive in Practice and Beat Burnout: Five easy strategies
Session ID: 153 | Clinical

Top 10 Emergency Articles to Change Your Practice
Session ID: 250 | Simultaneous interpretation | Clinical

Yellowknife: Canada's first circumpolar residency site
Session ID: 77 | Teaching | Preceptorship

Friday, November 11th

Session time: 8:45–10:00 (ET)

Cultivating Equity: A framework for navigating accommodations for medical learners
Session ID: 166 | Teaching | Preceptorship

Is Mild Asthma Really Mild; and if not, so what?
Session ID: 37 | Simultaneous interpretation | Clinical

Mixing and Matching: Layering psychiatric medications for family physicians
Session ID: 48 | Clinical

PEER: What's new, what's true and what's poo?
Session ID: 30 | Clinical

Session time: 10:15–11:15 (ET)

Efficient Approach to Assessing Syncope in Your Office
Session ID: 20 | Simultaneous interpretation | Clinical

Family Physicians as Specialist Generalists
Session ID: 195 | Clinical

Legs Talk About Legs: Evidence to stand on
Session ID: 129 | Clinical

Writing Successful Health Professions Education Grant Proposals: Pitfalls and pearls (Part 1)
Session ID: 234 | Research | Teaching | Preceptorship

Session time: 11:30–12:30 (ET)

Stigma and Secrecy: Addressing addiction in older adults
Session ID: 222 | Clinical

The Praxis of Generalism: 6Cs demonstrating family physician generalist expertise
Session ID: 213 | Teaching | Preceptorship

Why is Your Patient Short of Breath?
Session ID: 36 | Simultaneous interpretation | Clinical

Writing Successful Health Professions Education Grant Proposals: Pitfalls and pearls (Part 2)
Session ID: 234 | Research | Teaching | Preceptorship

Session time: 12:45–13:45 (ET)

Sensors Make Sense: It's more than just glucose monitoring
Session ID: 406 | Clinical | Ancillary Session

Session time: 14:00–15:00 (ET)

Choosing Wisely in Long-Term Care (LTC) During COVID-19
Session ID: 185 | Simultaneous interpretation | Clinical

Enhanced Skills: Where are we now?
Session ID: 255 | Teaching | Preceptorship

Fatal Headaches You Need to Be Aware of
Session ID: 22 | Clinical

Pregnancy: A window to future cardiovascular health
Session ID: 258 | Clinical

Session time: 15:15–16:15 (ET)

2SLGBTQ+ Affirming Pregnancy Care
Session ID: 51 | Clinical

Odd and Scary: How to manage unusual skin conditions
Session ID: 111 | Simultaneous interpretation | Clinical

Practice Makes Perfect: How to become a SOO practice examiner
Session ID: 15 | Teaching | Preceptorship

Trauma Informed Care: For patients and physicians
Session ID: 239 | Clinical

Saturday, November 12th

Session time: 8:45–10:00 (ET)

Addressing The Social Determinants in Primary Care Through Social Prescribing
Session ID: 197 | Clinical

Red and Itchy: How to approach common skin complaints
Session ID: 113 | Simultaneous interpretation | Clinical

Red Flags For Cancer: What can't wait?
Session ID: 198 | Clinical

Session time: 10:15–11:15 (ET)

CCS/CHRS Atrial Fibrillation Guidelines: What family physicians needs to know
Session ID: 177 | Simultaneous interpretation | Clinical

Filling a Communication Teaching Gap: An educators guide to advance-care-planning teaching and teedback in family medicine
Session ID: 73 |Teaching | Preceptorship

Improving Dementia Care in Family Medicine
Session ID: 251 | Clinical

Session time: 11:30–12:30 (ET)

Advocacy and Community Engagement: Opportunities for primary care
Session ID: 176 | Clinical

Professional Learning Plans: Ready, set, start!
Session ID: 215 | Clinical

Red-Eye Simple Approach: Evidence, pearls, medico-legal pitfalls
Session ID: 44 | Simultaneous interpretation | Clinical

Teaching Disclosure Skills to Improve Learner Resilience
Session ID: 240 | Teaching | Preceptorship

Session time: 14:00–15:00 (ET)

Adjusting Teaching Sites to Family Medicine Education New Challenges
Session ID: 85 | Teaching | Preceptorship

Selecting Patient-Reported Outcome Measures (PROMs)
Session ID: 96 | Research

Tricky Tales in STI Management and Contraceptive Care 2022
Session ID: 75 | Clinical

Session time: 15:15–16:15 (ET)

Central Sensitization and Multiple Unexplained Symptoms: Explaining the unexplainable
Session ID: 31 | Clinical

Improving Mental Health Outcomes Through Better Collaboration
Session ID: 244 | Clinical

Reclaiming Your Time: Strategies to make paperworkless painful
Session ID: 199 | Clinical

Teaching Multimorbidity: The chunk, cluster, coordinate framework
Session ID: 218 | Teaching | Preceptorship

FMF Virtual Schedule of Certified Sessions

Tuesday, November 15th

8:00–16:30 (ET) **Mood Disorders: Comprehensive and realistic strategies for primary care**
Session ID: 97 | Mainpro+® certified workshop | Pre-registration required

9:00–17:30 (ET) **Practising Wisely: Reducing unnecessary testing and treatment**
Session ID: 145 | Mainpro+® certified workshop | Pre-registration required

10:00–16:30 (ET) **ECGs for Family Docs: A comprehensive review**
Session ID: 5132 | Mainpro+® certified workshop | Pre-registration required

13:30–17:00 (ET) **Decision-Making Capacity Assessment Level 1**
Session ID: 17 | Mainpro+® certified workshop | Pre-registration required

Wednesday, November 16th

Session time: 9:55–11:00 (ET)

Keynote
Session ID: 411 | Simultaneous interpretation | Clinical

Diagnosing FASD in Your Family Practice
Session ID: 229 | Clinical

Free-Standing Papers
Research

Using COVID-19 as a Model For Successful Family Medicine CME
Session ID: 268 | Teaching | Preceptorship

Where Sex and Gender Mingle: Sexual health of transgender/gender diverse
Session ID: 41 | Clinical

Session time: 11:30–12:30 (ET)

Decolonizing Cultural Safety Education Through Reciprocity and Making
Session ID: 120 | Clinical

Free-Standing Papers
Research

Pain In The Neck: Office approach to the cervical spine
Session ID: 143 | Simultaneous interpretation | Clinical

What's Behind the Screen? Understanding preventive screening
Session ID: 233 | Teaching | Preceptorship

Why is Your Patient Short of Breath?
Session ID: 536 | Clinical

Session time: 13:30–14:30 (ET)

Calm, Cool, Disgruntedly Collected: Female sexual interest / arousal disorder
Session ID: 40 | Clinical

Free-Standing Papers
Research

Managing Insomnia In Your Practice
Session ID: 247 | Simultaneous interpretation | Clinical

Reducing Environmental Impact Through Changing Inhaler Prescribing Practices
Session ID: 236 | Clinical

The Role of Adaptive Expertise in Family Medicine
Session ID: 204 | Teaching | Preceptorship

Session time: 15:00–16:00 (ET)

BED in Diabesity
Session ID: 192 | Simultaneous interpretation | Clinical

Big Ideas Soapbox
Session ID: 58 | Research

Choosing Wisely: Pediatric sport and exercise medicine recommendations
Session ID: 5269 | Clinical

Fireside Chat Discussing Current Educational Challenges, Successes and Opportunities
Session ID: 174 | Teaching | Preceptorship

Hearing Health in Adults: A primer for family physicians
Session ID: 568 | Clinical

Thursday, November 17th

Session time: 9:55–11:00 (ET)

Keynote
Session ID: 412 | Simultaneous interpretation | Clinical

Buprenorphine/Naloxone In Chronic Pain
Session ID: 5172 | Clinical

Patient and Person Centered Virtual Care
Session ID: 211 | Clinical

Red and Itchy: How to approach common skin complaints
Session ID: 5113 | Clinical

Teaching Strategies for New Clinical Preceptors
Session ID: 56 | Teaching | Preceptorship

Session time: 11:30–12:30 (ET)

Developing Primary Care Capability to Act on Climate Change
Session ID: 115 | Clinical

First Five Years: Essential snappers for early-career
Session ID: 135 | Clinical | Student | Resident

LIFEHACK-ER: Unique bedside tips and tricks for the ER and clinic
Session ID: 545 | Simultaneous interpretation | Clinical

Virtual Competency-Based Academic Half-Days: How to make them shine!
Session ID: 106 | Teaching | Preceptorship

What Family Physicians Need to Know About ME/CFS
Session ID: 155 | Clinical

Session time: 13:30–14:30 (ET)

2022 Update on Diabetes Canada Guidelines: Focus on glucose monitoring
Session ID: 119 | Simultaneous interpretation | Clinical

Addressing The Social Determinants in Primary Care Through Social Prescribing
Session ID: 5197 | Clinical

A Little Rourke Baby Record: Pandemic, paediatrics and preventive care
Session ID: 566 | Clinical

CaRMS and Electives
Session ID: 181 | Clinical | Student | Resident

Mentorship in Medicine: Importance and impact
Session ID: 221 | Teaching | Preceptorship

Session time: 15:00–16:00 (ET)

2SLGBTQ+ Affirming Pregnancy Care
Session ID: 551 | Clinical

Approach to Bipolar Disorder in Primary Care
Session ID: 39 | Clinical

C-CHANGE 2022 Guideline Update: Approach to cardiovascular prevention and management
Session ID: 71 | Simultaneous interpretation | Clinical

Teach Your Learners Through Assessment
Session ID: 261 | Teaching | Preceptorship

Two-Eyed Seeing: Competencies, cases and collaborations in Indigenous health
Session ID: 232 | Clinical

Session time: 16:00–17:00 (ET)

Sleepy Patients in Primary Care
Session ID: 396 | Clinical | Ancillary Session

Friday, November 18th

Session time: 9:55–11:00 (ET)

How to Implement Social Interventions in Primary Care
Session ID: 87 | Clinical

Integrating Climate Change And Health Into Curriculum - Foundations
Session ID: 219 | Teaching | Preceptorship

Pregnancy: A window to future cardiovascular health
Session ID: 5258 | Clinical

Supporting Implementation of Serious Illness Conversations for Primary Care
Session ID: 105 | Clinical

Taking Action: Addressing system factors to improve physician wellness
Session ID: 144 | Simultaneous interpretation | Clinical

Session time: 11:30–12:30 (ET)

Improving Mental Health Outcomes Through Better Collaboration
Session ID: 5244 | Clinical

Is Mild Asthma Really Mild; and if not, so what?
Session ID: 537 | Clinical

Lemonade From Lemons: Building an academic career in family medicine
Session ID: 184 | Teaching | Preceptorship

Professional Learning Plans: Ready, set, start!
Session ID: 5215 | Clinical

The Diagnosis and Management of Endometriosis
Session ID: 5196 | Simultaneous interpretation | Clinical

Session time: 13:30–14:30 (ET)

Changing The Story: Youth to adult healthcare transitions
Session ID: 169 | Clinical

Coerced Sterilization
Session ID: 414 | Clinical

Heart Failure Medications Demystified: Simplified, patient-centered approach
Session ID: 65 | Simultaneous interpretation | Clinical

Role of Coaching in Competency Based Medical Education
Session ID: 90 | Teaching | Preceptorship

Session time: 15:00–16:00 (ET)

Climate Change and Family Medicine
Session ID: 54 | Clinical

Fatal Headaches You Need to Be Aware of
Session ID: 522 | Clinical

HIV Primary Care and Prevention 2022: Top 10 clinical pearls
Session ID: 5137 | Clinical

Improving Dementia Care in Family Medicine
Session ID: 5251 | Simultaneous interpretation | Clinical

Layered Learning: Teaching tips for residents, early career preceptors, and community preceptors
Session ID: 156 | Teaching | Preceptorship

Saturday, November 19th

Session time: 9:55–11:00 (ET)

Chronic Pain and Activity: Is it time to rethink pacing?
Session ID: 32 | Simultaneous interpretation | Clinical

Ideas to Actions: "Health equity as a human right"
Session ID: 245 | Clinical

Mixing and Matching: Layering psychiatric medications for family physicians
Session ID: 548 | Clinical

Teaching Communication And Compassion
Session ID: 241 | Teaching | Preceptorship

Top 10 Emergency Articles to Change Your Practice
Session ID: 5250 | Clinical

Session time: 11:30–12:30 (ET)

ABCs of Dermatoscopy
Session ID: 110 | Clinical

Obesity: A family affair
Session ID: 117 | Clinical

Prescribing ... and Deprescribing Wisely
Session ID: 209 | Simultaneous interpretation | Clinical

Scrotal Health: It's all in the bag
Session ID: 52 | Clinical

Teaching and Assessing Health Advocacy: Problems and possibilities
Session ID: 86 | Teaching | Preceptorship

Session time: 13:30–14:30 (ET)

Family Physicians as Specialist Generalists
Session ID: 5195 | Clinical

Lessons From Lead Residency: Successes, mistakes, pandemics and beyond
Session ID: 210 | Teaching | Preceptorship

New 2022 Osteoporosis Canada Clinical Practice Guidelines
Session ID: 5217 | Simultaneous interpretation | Clinical

Respiratory Tract Infections in Children and Adults: Using antibiotics wisely
Session ID: 5216 | Clinical

Transitioning to Practice 101
Session ID: 182 | Clinical

Session time: 15:00–16:00 (ET)

Fire Up Your Lectures and Presentations: From great to outstanding
Session ID: 46 | Teaching | Preceptorship

Managing Anxiety Conditions With The Ottawa Anxiety Algorithm
Session ID: 5108 | Clinical

Odd and Scary: How to manage unusual skin conditions
Session ID: 5111 | Clinical

Red Flags For Cancer: What can't wait?
Session ID: 5198 | Simultaneous interpretation | Clinical

Stigma and Secrecy: Addressing addiction in older adults
Session ID: 5222 | Clinical

FMF In-Person Scientific Program

Tuesday, November 8th

Tuesday, November 8th (In-Person) Session ID: 220

8:00–12:30 (ET) PAACT: Anti-infective 2022 update

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

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 12 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Participate in small group case discussion pertaining to treatment of commnity-acquired infectious diseases
2. Feel comfortable investigating/ managing common infections including:URTI/LRTI, UTI, LTC, skin, COVID
3. Acquire patient tools to help implement antibiotic stewardship in your practice

Description:

An independent educational program developed and presented by family physicians. Cases are designed to highlight common infectious disease and include: upper and lower respiratory tract infections, skin infections, urinary tract infections (including LTC) and treatment of COVID in primary care. Materials: Anti-infective Guidelines for Community-acquired Infections ('orange book'); Participant manual; Viral prescription pads.

Tuesday, November 8th (In-Person) Session ID: 93

8:30–16:00 (ET) Caring for Others Without Losing Yourself: Mindful self-compassion training

Anne DuVall, MD, CCFP (PC), FCFP; Bryan MacLeod, MD, CCFP, FCFP;
Monique Mercier, M.A., C.Psych.Assoc.

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 12 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Implement at least 5 skills to care for themselves emotionally to increase resilience

2. Describe the key components of mindful self-compassion and incorporate them into their healthcare role
3. Develop strategies to avoid emotional exhaustion through understanding the difference between empathy and compassion

Description:

Self-Compassion Training for Healthcare Communities (SCHC) is a 6-hr evidence-based adaptation of Mindful Self-Compassion (MSC). This is an empirically supported program originally developed by Dr. Kristin Neff PhD psychologist researcher at the University of Texas, Austin and Dr. Chris Germer PhD clinical psychologist at Harvard Medical School. This training aims to improve wellbeing and personal resilience in healthcare professionals by teaching mindful self-compassion skills to deal with distressing situations as they occur at work and at home. This workshop will equip you with a toolkit of practices to cope with stress and burnout, through didactic teaching modules, experiential learning, and group discussion. Mindfulness and self-compassion practices are offered that are easily incorporated in-the-moment on the job to look after yourself while you look after patients. Practices and tools easily translate to difficult moments off the job as well. In research published in the Journal of Clinical Psychology, Neff. Knox, Long & Gregory, 2020, the SCHC program was found to significantly decrease depression, stress, secondary traumatic stress, and burnout and increase self-compassion, mindfulness, compassion for others and job satisfaction in healthcare professionals. More recent preliminary research with hundreds of medical learners and clinicians at the Northern Ontario School of Medicine who have taken this training have shown demonstrated reductions in burnout, depression, and anxiety, and improved resilience (Mercier, MacLeod, Hunt, Simpson, Submitted for Publication)

Tuesday, November 8th (In-Person) Session ID: 132

9:00–15:30 (ET) ECGs for Family Docs: A comprehensive review

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

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 15 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Review the electrophysiology of ECG deflections
2. Understand the causes and morphology of common arrhythmias and ST changes
3. Apply a practical schema for treating patients with arrhythmias and ST changes

Description:

ECG interpretation is a core competence of Family Physicians but is often taught using pattern recognition that leads to difficulty with complex or atypical ECGs. This course explains the basics of electrophysiology using a simplified approach that is well suited to Residents and practicing Family Physicians. 4 hours of preparatory narrated PowerPoint slides on ECG basics, bradycardias, tachycardias and ST changes ensures that you need to know everything you need to know before you show up for the course. Once at the session, we do a brief review then spend the next 4 hours practicing ECG interpretation arranged by topic in order to

build mastery of each ECG facet. We finish with a 60 min integrated interactive exam that allows you to test your knowledge and correct any lingering deficiencies.

Tuesday, November 8th (In-Person) **Session ID: 178**

9:30–13:00 (ET) **Providing Medical Assistance in Dying (MAiD)**

Konia Trouton, MD; Stefanie Green, MD; Benjamin Schiff, MD

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Explore the topic of MAID with patients and families
2. Assess patients for MAID and performing a smooth MAiD provision
3. Recognize when social and medical factors may add complexity

Description:

This workshop is intended for clinicians who hope to assess and provide Medical Assistance in Dying in Canada. It is designed to be done virtually, but if public health guidance allows, can be done in person, as was done prior to COVID 19.

Tuesday, November 8th (In-Person) **Session ID: 223**

13:00–17:30 (ET) **PAACT: Pain management 2022 up-date**

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

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 24 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

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 of various resources available for primary care
3. Cases include: lower back pain, neuropathy, fibromyalgia, migraine and muskuloskeletal pain

Description:

An independent educational program developed and presented by family physicians. Cases are designed to address common presentations of chronic and acute pain in family practice and their management. Materials: 2022 Pain Management for Family Medicine (‘orange book’); participant manual; patient management tools. Teaching method: interactive, case-based, small group

Wednesday, November 9th

Wednesday, November 9th (In-Person) **Session ID: 128**

8:45–10:00 (ET) **From The Front Lines: Introduction to scholarly writing in family medicine**

Cheri Bethune, MD, MClSc, FCFP; Wendy Graham, MD, 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. Describe the essentials of effective scholarly writing
2. Identify strategies to develop your writing skills
3. Identify some barriers and facilitators to writing for publication as a busy clinician

Description:

Family physicians write in many different genres. Questions in practice or teaching lead to case studies, commentary of opinion pieces. Quality improvement projects lead to descriptive studies of what worked, where. Personal reflection on patient stories begats narrative writing. Family physicians have front row seats in health care challenges. This creates unique opportunities for reflection, innovation and creative solutions to complex problems. Sharing these solutions with other family physicians enables powerful conversations that foster change professionally, organizationally and personally. Family physicians should write. When we write we not only give clarity to own thoughts but we connect with others though a community lens, we advocate and we advance policy. These main drivers for family physicians to write; clarity in our thinking, enables us to be succinct and effective in articulating our ideas from the front lines of health care; connecting with others, to begin crucial conversations about the vital role of the family physician in our health care system; advocacy for our patients and communities who can be marginalized, to amplify their health concerns with the ultimate goal; policy change that impacts and improves the lives of those patients we serve. Most of us lack the skills or confidence to articulate these ideas to a broader audience. There are skills and strategies to become a more confident and effective writer. This session is designed to help participants translate their ideas, thoughts, experiences and stories into effective writing/scholarship using writing strategies and peer support.

Wednesday, November 9th (In-Person) **Session ID: 159**

8:45–10:00 (ET) **It's Never "Just" Pregnancy Loss: Truly helping bereaved families**

Sarah Gower, MD, MSc, CCFP, FCFP; Trish Uniac, MD, CCFP

Learning objectives:

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

1. Explore practice-changing literature on supporting families who have experienced miscarriage, stillbirth or neonatal death
2. Describe practical, evidence-based pearls of what to say & do for grieving families
3. Plan how to bring learners into these life-altering moments and teach with confidence

Description:

It's not just a "pregnancy loss". Miscarriage, stillbirth and neonatal loss are among the most significant, life-changing and potentially traumatic events that patients will experience in their lives. As family physicians we are not always prepared in what to say to help guide families through these moments, or whether to bring up these events years down the road. It is essential that we are comfortable and competent both at the time and through the patient's life cycle. We also need to be able to bring learners along with us and teach them confidently how to manage these crucial moments in our patient's lives. This presentation will focus on practical, manageable ways to listen to and to help grieving families, both in the immediate aftermath and years down the road. Evidence-based literature will be reviewed and you will take home practical, evidence-based pearls and gain confidence in how to best support families and your learners through these life-altering events.

Wednesday, November 9th (In-Person) **Session ID: 45**

8:45–10:00 (ET) **LIFEHACK-ER: Unique bedside tips/tricks for ER and clinic**

Simon Moore, MD, CCFP; Paul Dhillon, MD, CCFP (EM)

Learning objectives:

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

1. Apply unique clinical techniques to manage common emergency, hospitalist, and primary care situations
2. Describe methods from the published medical literature to improve clinical efficiency using readily-available equipment
3. List factors that comprise a suitable "lifehack" while maintaining patient safety as a top priority

Description:

What are the latest and greatest ER and clinic tips, tricks, and lifehacks? A “lifehack” is a “a strategy or technique adopted in order to manage one's time and daily activities in a more efficient way.” As presented as a keynote presentation at the 2021 BC Rural Health Conference, Lifehack-ER will feature dynamic clinical techniques to approach common problems in a fun and fresh manner, with input from the published literature on the topic.

Wednesday, November 9th (In-Person) **Session ID: 66**

10:15–11:15 (ET) **A Little Rourke Baby Record: Pandemic, paediatrics and preventive care**

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

Learning objectives:

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

1. Explore emerging evidence on preventive health care in infants and young children
2. Examine i) care/health challenges during COVID, ii) cannabis exposure/safety issues, and iii) SIDS prevention strategies
3. Implement new Rourke Baby Record resources for healthcare providers and parents/caregivers

Description:

The Rourke Baby Record (RBR) is a widely used knowledge mobilization tool that helps clinicians and parents optimize the well-being of infants and young children by providing evidence-based recommendations and resources for preventive healthcare up to five years of age. It is updated regularly based on evidence review. In this interactive case-based session, we will share new research pertaining to paediatric preventive care for infants and young children that has emerged since the release of the 2020 edition of the RBR. These include topics such as: i) The impact of COVID-19 on the health of young children and the impact of changes in primary care delivery (including virtual care) on them; ii) Cannabis exposure and safety issues since its legalization in 2018; and iii) Implications for sudden infant death syndrome (SIDS) prevention guidance given current data. Pearls for practice will help participants maximize the effectiveness of the care for their patients and answer parents' questions more effectively. This session will appeal to all primary healthcare providers caring for infants and young children (including family physicians, paediatricians, nurse practitioners, family practice nurses, and community/public health nurses), as well as to medical learners and teachers, and to parents of young children.

Wednesday, November 9th (In-Person) **Session ID: 228**

10:15–11:15 (ET) **Complex Needs of Patients With Disabilities During Public-Health Crises**

William F. Sullivan, MD, PhD; Ian Casson, MD; John Heng, MA; Karen McNeil, MD

Learning objectives:

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

1. Explain the need to balance goals of protecting, conserving, and promoting health of complex patients
2. Apply a Comprehensive Care and Action Plan that identifies these goals and integrates various inputs
3. Describe challenges and effective strategies for implementing such care plans during public-health crises

Description:

Crises, such as pandemics, tend to prioritize health care on protecting persons from immediate public-health risks. For people with disabilities and others, managing complex and chronic health conditions and promoting healthy habits are important goals that might not be addressed through generic public-health policies and interventions. Through case discussions, presenters will highlight the need to balance goals to protect, conserve, and promote health of complex patients. Presenters will also highlight the family physician's role in facilitating this balance by developing comprehensive care and action plans that identify these three types of goals for each patient and needed inputs by various care providers and systems. The session concludes with discussing effective strategies and alternative modes of care provision that might be necessary to implement such plans during public-health crises.

Wednesday, November 9th (In-Person) **Session ID: 133**

10:15–11:15 (ET) **Creating a Psychologically Safe Learning and Clinical Environment**

James Goertzen, MD, MClSc, CCFP, FCFP

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

Learning objectives:

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

1. Describe the importance of psychologically safe learning and clinical environments
2. Identify strategies to create a psychologically safe learning environment
3. Demonstrate the inter relationships between psychological safety, trust, and diversity

Description:

A psychologically safe learning environment supports interpersonally risk taking, exposing vulnerability, and sharing perspectives without fear of negative consequences. Learners feel comfortable sharing ideas, concerns, questions, and mistakes without being punished or humiliated. Unsafe learning environments can cause learners to feel anxious, ashamed, inadequate, and disengaged. Preceptors, educational leaders, and clinicians co-create psychological safety by setting the scene for open dialogue, inviting participation with learning, collaboratively providing clinical care, acting as allies, focusing on continued improvement, and supporting growth mindsets. Feedback two-way conversations are key to learning and optimized with preceptor learner relationships characterized by psychological safety, trust, and educational alliances. Psychological safety is critical for enabling diversity within learning and clinical environments. This includes diversity of perspectives and diversity of differing cultures. Following an introduction to the concepts of psychological safety, case examples and facilitated discussion will provide opportunities for participant reflection. Strategies to support psychological safety will be identified including demonstrating situational humility, expressing appreciation, and destigmatizing failure. Key phrases will be modelled - I am not sure. What do you think? Are there any other opinions? I am sorry.

Wednesday, November 9th (In-Person) **Session ID: 161**

10:15–11:15 (ET) **First Five Years: Managing identity formation and imposter syndrome**

Annelise Miller, MD CM, CCFP

Learning objectives:

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

1. Recognize the features of imposter syndrome and how it manifests in physicians
2. Explore where uncertainty and questioning of self-efficacy can be helpful vs. harmful in early practice
3. Apply actionable strategies to reduce distress and discomfort arising from identity formation and imposter syndrome

Description:

This smaller workshop-style session focuses on identifying and developing strategies to address common feelings of distress and inadequacy in early practice and beyond. This will be accomplished through multiple formats: a shorter introductory presentation on imposter syndrome and how it manifests in physicians, followed by small group facilitated discussion and self-reflection, and then a larger summary with accompanying question and answer period. The presenters will introduce the topics as well as cues for the group discussion. Attendees will then join smaller facilitated breakout rooms to help stimulate discussion and collate responses for a larger reflection and group discussion. Topics to be explored will include issues surrounding identity formation, self-efficacy, and imposter syndrome. Observations and suggestions from the smaller groups will then be shared with the whole participant group, along with concrete strategies to address discomfort and manage imposter syndrome in early career. Over the course of the hour, early career physicians will have an opportunity to hear from their peers and normalize the feelings of discomfort in their transition to practice, as well as develop some early strategies to improve their self-efficacy and manage

those experiences in practice. Participants will be asked to agree to a privacy agreement out of respect for the experiences being discussed.

Wednesday, November 9th (In-Person) **Session ID: 92**

11:30–12:30 (ET) **PEER's Simplified Chronic Pain Guideline for Primary Care**

Samantha Moe, PharmD, ACPR; Danielle Perry, MSc RN; Betsy Thomas, RPh; Jennifer Young, MD, FCFP (EM)

Learning objectives:

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

1. Describe the overriding principles for management of common chronic pain conditions
2. Discuss the best management strategies for osteoarthritis, neuropathic and chronic low back pain
3. Explain key issues in chronic pain management (e.g., enabling exercise, opioid use)

Description:

PEER's Simplified Chronic Pain Guideline targets the realities of managing chronic pain in family physician and primary care offices. The guideline summarizes comprehensive systematic reviews of osteoarthritis, neuropathic and chronic low back pain. In this session, we will describe the potential benefits of various therapies (pharmacologic and nonpharmacologic) as well as provide easy-to-use resources for clinicians and patients to use at the point of care to help make the best therapeutic choices for management of pain.

Wednesday, November 9th (In-Person) **Session ID: 216**

11:30–12:30 (ET) **Respiratory Tract Infections in Children and Adults: Using antibiotics wisely**

Allan Grill, MD, CCFP (COE), MPH, FCFP, CCPE; Olivia Ostrow

Learning objectives:

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

1. Identify priority areas for reducing unnecessary antibiotic prescribing in the community setting
2. Examine drivers of antibiotic overuse in their own practices and opportunities for improvement
3. Apply tools to encourage conversations about appropriate antibiotic use

Description:

There are estimates that up to 30-50% of antibiotics prescribed for respiratory tract infections in primary care are unnecessary. Common illnesses in primary care that result in antibiotic overuse when prescribing for both adults and children include uncomplicated otitis media, pharyngitis, sinusitis, pneumonia, acute exacerbation of chronic obstructive pulmonary disease (COPD), influenza-like illness, bronchitis/asthma and COVID-19. This workshop will explore common drivers of antibiotic overuse in the outpatient primary care setting including diagnostic uncertainty, time pressures and perceptions of patient expectations. Choosing Wisely Canada, in collaboration with the College of Family Physicians of Canada, has developed a number of tools and resources to address these barriers, support decision-making, and help clinicians engage in conversations with patients to improve antibiotic stewardship practices. The workshop will demonstrate how to integrate these, like the viral prescription and delayed prescription pad into primary care practices, and

incorporate them into electronic medical records. Patient-tested language and behavioral science optimized tools to support shared decision making with patients will also be shared.

Presentations by Research Award Recipients

Wednesday, November 9th (In-Person)

11:30–11:50 (ET) **CFPC Outstanding Family Medicine Research Article**

Learning objectives:

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

1. Review new research in primary care
2. Apply primary care research results
3. Stimulate interest in primary care research

Description:

The CFPC Outstanding Family Medicine Research Article award recognizes the best research article published in a national or international journal during the preceding year, based on original family medicine research carried out by a College of Family Physicians of Canada (CFPC) member.

11:50–12:05 (ET) **CFP Best Original Research Article**

Learning objectives:

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

1. Review new research in primary care
2. Apply primary care research results
3. Stimulate interest in primary care research

Description:

The Canadian Family Physician Best Original Research Article Award recognizes the best article published in Canadian Family Physician (CFP) during the preceding year, based on original research carried out by a College of Family Physicians of Canada (CFPC) member.

12:05–12:20 (ET) **Research Award for Family Medicine Residents (1)**

Learning objectives:

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

1. Reflect on application of new primary care research to practice
2. Apply primary care research results
3. Stimulate interest in primary care research

Description:

This session's two resident research presentations have been selected from all submissions to the 2021 Research Awards for Family Medicine Residents. Awardees are nominated by their academic institutions based on peer, teacher, and researcher review processes. An FMF research review panel selects two feature presentations for this session.

Wednesday, November 9th (In-Person) **Session ID: 95**

14:00–15:00 (ET) **Breast Cancer Survivorship: A comprehensive evidence-based review**

Muna Alkhaifi, MD, MPH, CCFP

Learning objectives:

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

1. Outline evidence-based key recommendations on breast cancer survivorship care in primary care
2. Discuss the common physical and psychological side effects of cancer therapies and appropriate management
3. Counsel patients on breast cancer recurrence risk reduction with emphasis on lifestyle modification

Description:

Long-term survival rates after a diagnosis of breast cancer are steadily rising. There has been a progressive shift in the care of stable breast cancer survivors to the domain of primary care. Primary care providers need to be comfortable providing survivorship care and managing physical and psychosocial side effects of cancer treatment. This will help establish a smooth transition from a patient with breast cancer to a survivor of breast cancer while providing ongoing and future guidance. The objective of this session would be to review evidence-based practices, to enable and support the provision of this care. Four aspects of this care will be highlighted in this session: care knowledge and coordination, cancer surveillance, management of long-term side effects of treatment, and health promotion. Evidence-based key recommendations on breast cancer survivorship care will be presented. Participants will leave with a framework for addressing and managing long-term physical and psychological side effects of breast cancer therapies. Guideline-based applications, websites and resources will be highlighted as tools for providing high-quality and standardized care for patients who have had breast cancer. The presenter will share a few videos of real patients' stories and discuss her own experience with breast cancer survivors. Finally, will review key recommendations and current evidence on how to counsel survivors on breast cancer recurrence risk reduction with emphasis on lifestyle modification.

Wednesday, November 9th (In-Person) **Session ID: 238**

14:00–15:00 (ET) **HeArt Workshop: Reflecting on the art of and in medicine**

Erin Bearss, MD, CCFP (EM); Sarah Kim, MD, CCFP; Kristina Powles, MD, CCFP

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

Learning objectives:

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

1. Recognize where and how art is intertwined with medicine
2. Discuss and describe the impact of art and creativity on physician wellness and resiliency

3. Implement tips and tools for disseminating wellness in their teams through an innovative workshop

Description:

A special (and fun!) workshop to showcase your creativity & talent as we explore the role of art in medicine. We know art heals, it inspires, and it offers new perspectives. This is an opportunity to share poems, songs, narratives, art pieces or other creative examples while discussing their connection to physician wellness, resiliency or happiness. We will reflect on the Art of and in Medicine. You could share an original poem, picture, song, talent, or share someone else's that has meaning to you. Your "share" might be directly related to an experience you've had as a physician, or it might be more symbolic to you as a doctor. If you're musical - share a song. If you're visually creative - share a piece of artwork. If you're gifted with language - share a piece of writing. If you're more randomly talented (e.g. can juggle or tell a great joke) - share that! If you have no creative inclinations, share someone else's that inspires you.

Wednesday, November 9th (In-Person) **Session ID: 21**

14:00–15:00 (ET) **Top Antibiotics to Avoid in The Elderly Patient**

Vu Kiet Tran, MD, MHSc, MBA, CHE, ICD.D

Learning objectives:

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

1. List the antibiotics to avoid in the elderly patient
2. List the adverse events and complications associated with their use
3. Prescribe elder-friendly antibiotics

Description:

Antibiotics are used to treat bacterial infections. In the elderly patients, due to numerous factors (pharmacodynamics, pharmacokinetics, polypharmacy, etc), certain antibiotics should be avoided because they can produce negative effects that can be long-lasting. Do you know which ones? Come and learn more about appropriate judicious use of antibiotics in the elderly.

Presentations by Research Award Recipients

Wednesday, November 9th (In-Person)

14:00–14:40 (ET) **Family Medicine Research of the Year**

Learning objectives:

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

1. Review new research in primary care
2. Apply primary care research results
3. Stimulate interest in primary care research

Description:

The Family Medicine Researcher of the Year Award recognizes a College of Family Physicians of Canada (CFPC) member who has made original contributions to research and knowledge creation in family medicine. Nominated by colleagues and their academic institutions, this award honours researchers who inspire excellence. Award recipients are recognized for having been a pivotal force in the definition, development, and dissemination of concepts that are central to the discipline of family medicine.

14:40–14:55 (ET) **Research Award for Family Medicine Residents (2)**

Learning objectives:

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

1. Reflect on application of new primary care research to practice
2. Apply primary care research results
3. Stimulate interest in primary care research

Description:

This session's two resident research presentations have been selected from all submissions to the 2021 Research Awards for Family Medicine Residents. Awardees are nominated by their academic institutions based on peer, teacher, and researcher review processes. An FMF research review panel selects two feature presentations for this session.

Wednesday, November 9th (In-Person) **Session ID: 137**

15:15–16:15 (ET) **HIV Primary Care and Prevention 2022: Top 10 clinical pearls**

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

Learning objectives:

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

1. Explore HIV testing in the context of primary care
2. Describe HIV prevention tools (PrEP/PEP) applicable to the clinical setting
3. Review recommendations for the management and treatment for those living with HIV

Description:

As patients infected with HIV are living longer, more and more Primary Care Practitioners (PCPs) may have an opportunity to provide some aspect of care for this distinct group of patients. PCPs are in an ideal position to care for those living with HIV as most comorbid conditions are issues most PCPs deal with on a daily basis, from exploring preventive care, to cardiovascular health, to managing STIs, mental health conditions, and aging. The presenters are family physicians that belong to one of the largest Academic Family Health Teams (FHT) in Canada. Within their FHT located in urban Toronto, they care for over 1500 HIV+ patients, from those that are marginalized or under-housed, as well as those that come from a variety of socioeconomic backgrounds. This session is aimed at those PCPs that have few HIV patients in their practice, or those that have patients at risk for HIV. We have chosen 10 succinct HIV-related topics PCPs care about. At the conclusion of this session aimed at PCPs including family medicine residents/learners, nurses, nurse practitioners, and family physicians, participants will gain more confidence managing their patients living

with HIV, or those at risk for HIV. The presenters will cover topics we believe are essential to basic, contemporary HIV care. We will be providing opportunities to explore the unique issues and challenges related to these topics in this webinar-based format.

Wednesday, November 9th (In-Person) **Session ID: 108**

15:15–16:15 (ET) **Managing Anxiety Conditions With The Ottawa Anxiety Algorithm**

Douglas Green, MD, FRCP

Learning objectives:

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

1. Describe the prevalence and impact of anxiety conditions in primary care
2. Describe the most common anxiety conditions seen in primary care
3. Apply the Ottawa Anxiety Algorithm in managing the common anxiety conditions seen in primary care

Description:

Anxiety conditions [generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder] are the most common psychiatric disorders and have a high prevalence in primary care. They are associated with substantial functional impairment, greater use of healthcare services and costs, decreased work productivity and increased risk of suicide. Despite the prevalence and the impact of these conditions the evidence indicates that they are often underrecognized and undertreated in primary care settings. This session will review the prevalence and impact of these conditions and review briefly their diagnostic criteria and management including with medication and psychotherapy. Much of the session however will be spent learning about the Ottawa Anxiety Algorithm [http://www.ottawaanxietyalgorithm.ca] and how to apply it to assist with the management of these conditions. This tool is based on the chronic care and the stepped care models which will also be described briefly. It contains screening questions and rating tools to assist with the diagnosis of these anxiety conditions. In addition, it contains a substantial patient resource section with tools and relevant websites to assist the patient in managing his or her anxiety condition and learning more about it. It also contains a treatment algorithm with information guiding the choice of appropriate treatment and information about medication management [including for refractory cases] and links to resources for psychotherapy. Contained also within the algorithm is guidance related to managing suicide risk. This tool is a companion to the Ottawa Depression Algorithm (www.ottawadepressionalgorithm.ca) which has been assessed and found to be relevant to and acceptable in primary care settings in managing depressive disorders.

Wednesday, November 9th (In-Person) **Session ID: 186**

15:15–16:15 (ET) **Sharpening The Coaching Skills in Your Educational Toolbox**

Andries Muller, MBChB, M.Prax.Med, FCFP, PhD; Cathy Maclean, MD, FCFP, MCISc, MBA, CCPE

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 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.

Wednesday, November 9th (In-Person) **Session ID: 196**

15:15–16:15 (ET) **The Diagnosis and Management of Endometriosis**

Jamie Kroft, MD, MSc, FRCSC; Liane Belland, MD, MSc, FRCSC; Philippa Bridge-Cook, PhD; Kate Wahl

Learning objectives:

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

1. Validate the pain that patients with endometriosis experience and recognize its impact
2. Identify patients with endometriosis and choose appropriate tests when endometriosis is suspected
3. Recognize when to refer to gynaecology and understand evidence-based management strategies

Description:

This session will provide an up-to-date, practical summary of the patient experience, diagnosis and management of endometriosis for the primary care provider. This important condition affects about 10% of women and an unknown number of trans and gender diverse individuals. Endometriosis can cause significant pain and infertility, negatively impacting quality of life and productivity. The average time to diagnosis is unfortunately about 9 to 10 years, and some patients wait upwards of 20 years. This session will provide the primary care practitioner with a patient perspective about what it is like to live with endometriosis and the positive qualities and impact of patient-centered care for endometriosis. The session will outline the key components of history, physical exam, bloodwork and imaging when endometriosis is suspected. Tips on when and why a patient should be referred to a specialist will be explored, and overview of surgical treatment approaches will be provided so that you can advocate for your patients when they are seeking surgical management. Evidence-based management strategies that can be initiated by the primary care provider will be discussed.

Thursday, November 10th

Thursday, November 10th (In-Person) **Session ID: 172**

8:45–10:00 (ET) **Buprenorphine/Naloxone In Chronic Pain**

Radhika Marwah, MBBS, MD, MSc-AMH, CCFP; Katelyn Halpape, BSP, ACPR, PharmD, BCPP

Learning objectives:

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

1. Explain an approach to manage opioid use disorder in chronic pain patients including buprenorphine/naloxone microdosing
2. Discuss communication strategies for chronic pain patients that developed OUD on prescribed opioids
3. Explain the risks of concomitant CNS depressant medications especially as related to opioid toxicity

Description:

One in five Canadians live with chronic pain. Historically, opioids were a mainstay therapy in chronic pain management, however, there is now a clear understanding that opioids therapy has a limited role to play in chronic pain management. Additionally, a proportion of patients on prescribed opioids for chronic pain long-term will develop opioid use disorder (OUD), which further complicates treatment. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain provide specific recommendations on how to reduce the risk of opioid related harms including limiting opioid use to select cases and reducing the quantify of opioids patients are on. However, the guidelines do not provide specific information regarding strategies to reduce the opioid overload of patients with chronic pain. One strategy to reduce opioid overload is to utilize opioid agonist therapy, specifically buprenorphine/naloxone. Buprenorphine/naloxone does have an improved safety profile compared to full opioid agonists, and its prolonged half-life can be useful to taper overall opioid doses. However, given the partial agonist properties of buprenorphine, it can be challenging to initiate in patients on full opioid agonists. This presentation will utilize patient cases to illustrate approaches to buprenorphine/naloxone initiation in patients living with chronic pain, including an overview of the use of buprenorphine/naloxone microdosing initiation regimens. Additionally, this presentation will include a discussion on the need to review/optimize CNS depressant overload of medications that patients with chronic pain may be on and will provide strategies to address this. The diagnosis of OUD in chronic pain patients on prolonged prescribed opioids requires sensitive communication to effectively convey this diagnosis to patients. Once done, additional patient education and counselling is required to gain the patient's acceptance of the use of OAT for chronic pain. This presentation will include a discussion on strategies to approach these challenging conversations.

Thursday, November 10th (In-Person) **Session ID: 26**

8:45–10:00 (ET) **Learning in Practice: Audience selected cases**

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

Learning objectives:

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

1. Comprehend key features of quickly narrowing differential diagnoses on early presentations, including disease incidence
2. Implement key aspects of diagnostic evaluation, including utility of differing diagnostic questions/exams/tests
3. Formulate structured plans, including therapeutic interventions, for a wide variety of patient presentations

Description:

This session will closely mirror your practice. We'll start with 12 patients in a morning clinic, listed with patient's name, age, sex, and chief complaint. The audience will then select which patients they want the presenter to review. Just like practice, patients will vary by age, sex, complaint and specific characteristics. We may see an adolescent with a new rash, nausea/vomiting in pregnancy, new onset of neurological disorder, elderly patient with atrial fibrillation for med review, and many others, just like real practice. In each case, we will progress through chief complaint, history, physical exam (with actual rash/clinical exam findings), test options/results, and therapeutic considerations/trials. Each case contains at least 3 separate clinical question for audience members to reflect on their knowledge or approach. All answers are derived from the combinations of best available evidence, clinical practice guidelines, standards of care and clinical experience. We will also demonstrate the use of practical tools to enhance practice. This is a highly interactive session, reflects office family practice across the country and will provide the most recent evidence/guidance for optimal management of our patients.

Thursday, November 10th (In-Person) **Session ID: 69**

8:45–10:00 (ET) **Stress and Burnout: Explore evidence based leading theories and creating personalized strategies**

Lorraine Sharp, MD, CCFP (COE)

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

Learning objectives:

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

1. Understand the major determinants of physician stress and burnout
2. Conceptualize the leading theories in burnout reduction at a system and individual level
3. Develop an individualized plan to implement resilience strategies

Description:

Physicians in practice are naturally resilient but face high levels of stress and burnout, leading to decreased quality of life and health care outcomes. Both individual factors and systemic factors contribute to levels of burnout and compassion fatigue. Programs designed to reduce burnout are increasingly being studied. Learn evidence-based pearls and life skills including mindfulness based stress reduction, meditation, gratitude practice and communication skills to address systemic issues to gain momentum in reducing personal levels of burnout.

Thursday, November 10th (In-Person) **Session ID: 130**

10:15–11:15 (ET) **A Common Sense Approach to Altered Level of Consciousness**

Filip Gilic, CCFP (EM)

Learning objectives:

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

1. Review the physiology of consciousness
2. Understand the common reasons for alterations in the level of consciousness
3. Apply a practical schema for working up patients with altered LOC

Description:

Alteration in the level of patient consciousness is a common presentation with an expansive differential diagnosis. In this session, we will review the physiology of consciousnesses, frequent causes of alteration and provide a common sense schema for working up such patients in a way that is efficient, methodical and targeted to likely pathologies.

Thursday, November 10th (In-Person) **Session ID: 203**

10:15–11:15 (ET) **Assessment Foundations 2: Designing and implementing programmatic assessment**

Shelley Ross, PhD, MCFP (Hon); Kathy Lawrence, MD, CCFP, FCFP;
Cheri Bethune, MD, MClSc, CCFP, FCFP; Theresa Van Der Goes, MD, CCFP;
Keith Wilson, MD, PhD, CCFP, FCFP; Martin Potter, MD, MSc, CCFM, FCFM;
Karen Schultz, MD, CCFP

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

Learning objectives:

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

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

Description:

Competency Based Medical Education (CBME) includes an assumption that programs must ensure that the right information about learner progress is being collected to support assessment decisions – ideally through programmatic assessment approaches as reflected in the Continuous Reflective Assessment for Training (CRAFT) guidelines for family medicine residency. At a certain point, many clinical educators find themselves becoming involved in the planning and design, or in the evaluation and revision, of their program's approach to assessment. Assessment theory can help educators to understand: how to match tools to purpose, how to design or evaluate programmatic assessment frameworks, and how to consider applying the concepts of assessment for learning, assessment as learning, and assessment of learning to assessment programs. The best assessment programs meet two needs: 1) supporting learner progress towards clinical competence; and 2) generating appropriate data for accountable assessment. This intermediate-level workshop is designed for educators who are involved in the design of assessment programs or in the evaluation and/or revision of an existing assessment framework. This is also an useful workshop for Program Directors and Enhanced Skills Directors, as well as anyone else who has a strong interest in assessment. This session will help translate assessment concepts and theories into practical day-to-day solutions for learner

assessment, as well as offer guidance in how to design an overall programmatic assessment approach using the CRAFT guidelines as a core resource. There will be interactive components to this workshop, whether delivery is virtual or in person. Participants will have the opportunity to share cases and experiences in small group work (in person) or via chat functions (virtual). Participants have the opportunity to apply their learning as part of the workshop, using worksheets and templates. There will be an emphasis on implementing learning plans into assessment frameworks.

Thursday, November 10th (In-Person) **Session ID: 154**

10:15–11:15 (ET) **More Skills, Fewer Pills: CBT and more for Family physicians**

Todd Hill, PhD, MSc; Lori Montgomery, MD, CCFP, FCFP, CHE

Learning objectives:

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

1. Use entry-level CBT skills in everyday family practice
2. Introduce skills-based interventions effectively in order to optimize patient understanding and buy-in
3. Introduce skills-based interventions effectively in order to optimize patient skills practice

Description:

Increasingly, Family physicians are being asked to prescribe 'more skills and fewer pills'. In fact, for many patients, research is confirming that health outcomes are often effectively managed by addressing modifiable risk factors, lifestyle choices, unhelpful thinking habits (via CBT) and other healthy behaviours (i.e. deep breathing, mindfulness meditation, etc). However, medical training about how to effectively integrate CBT and other evidence-based skills into Family Medicine hasn't yet caught up to demand. The idea of initiating CBT techniques and other skills-based interventions with patients may seem overwhelming, or even outside scope of practice. However, all Family physicians already (perhaps unknowingly) make use of some CBT techniques (especially the behavioural aspects). Sometimes Family docs know the correct skill/therapy to prescribe, but aren't as familiar with 'mechanisms of action' or proper 'dosing'. The present workshop aims to support, cultivate and enhance Family physicians' integration and prescribing of evidence-based skills such as: entry-level CBT techniques, deep breathing, mindfulness meditation, and goal-setting. In our workshop we will be introducing a number of skills-based interventions known to enhance, and sometimes work as well as, pills in managing many common Family medicine presentations (i.e. chronic hypertension, diabetes, chronic pain, depression, anxiety, etc). We will actively engage learners in case-based discussion and skills-practice (adhering to appropriate COVID protocols) in order to increase awareness, familiarity and comfort when prescribing 'more skills'.

Thursday, November 10th (In-Person) **Session ID: 122**

10:15–11:15 (ET) **Users' Guide to Health Deception**

Danielle Perry, MSc RN; Michael Allan, MD, CCFP; Betsy Thomas, BScPharm;
Samantha Moe, PharmD

Learning objectives:

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

1. Summarize key areas of mass medical misinformation prevalent on online and social media platforms

2. Compare and contrast online health claims and the actual findings from high-quality medical literature
3. Discuss strategies to identify misinformation and communicate with patients

Description:

In a digital world, how do we identify when we are being misled? How do we effectively communicate misinformation about health matters with our patients? In this series, we will discuss multiple case studies where medical information trickery has influenced the proliferation of misinformation through social platforms. Through our discussion, we will examine how misinformation was portrayed, the clinical evidence behind the claims, and assist participants to recognize the quality of the medical literature. We will also include how beliefs become fixed, psychology of self-made 'experts', and if minds can be changed. Potential examples include ivermectin and medical cannabinoid's portrayal on social media platforms and seemingly reputable online resources and examine the actual evidence base behind these therapies.

Thursday, November 10th (In-Person) **Session ID: 269**

11:30–12:30 (ET) **Choosing Wisely: Pediatric sport and exercise medicine recommendations**

Laura Purcell, MD, FRCPC; Erika Persson, MD, FRCPC; Kristin Houghton, MD, FRCPC

Learning objectives:

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

1. Identify unnecessary investigations in certain pediatric sport and exercise medicine conditions
2. Determine appropriate investigations and management of certain pediatric sport and exercise medicine conditions
3. Critically appraise the evidence for the choosing wisely recommendations

Description:

A small working group created by the Canadian Academy of Sport and Exercise Medicine (CASEM) developed a list of pediatric-specific sport and exercise medicine (SEM) recommendations based on existing research, experience and common practice patterns. A national electronic survey was conducted with CASEM's membership to solicit feedback for each recommendation. There was greater than 80% agreement with all of the proposed items. The final 8 items included: imaging recommendations for Osgood Schlatter's disease, shoulder and knee injuries, back pain, scoliosis, spondylolysis, distal radial buckle fractures, minor head injury/concussion, and management of chronic pain syndromes. Following CASEM Board final approval, the list was accepted by Choosing Wisely Canada (CWC). Using a case-based interactive format, participants will become familiar with several opportunities for quality improvement in the care of children presenting with SEM concerns.

Thursday, November 10th (In-Person) **Session ID: 64**

11:30–12:30 (ET) **Exploring Equity, Diversity, and Inclusion: Practical considerations**

Vivian R Ramsden, RN, BSN, MS, PhD, MCFP (Hon.)

Learning objectives:

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

1. Raise awareness and deepen the understanding of EDI issues in family medicine/primary care research
2. Highlight strategies and approaches that address EDI in family medicine/primary care research
3. Highlight resources that can assist with the integration of EDI into scholarship& future research projects

Description:

The Section of Researchers recognizes that there is a need to more actively address issues of equity, diversity, and inclusion (EDI) in family medicine/ primary care research. This session will explore ways to better understand how EDI issues impact research and researchers in family medicine/primary care. Please join us as panelists share their knowledge and experience and discuss strategies to advance EDI in family medicine/primary care research. A moderated panel will explore strengths and opportunities for change in engaging in and with equity, diversity, and inclusion (EDI) in family medicine/primary care research. Time will be left at the end for those attending to ask questions.

Thursday, November 10th (In-Person) **Session ID: 140**

11:30–12:30 (ET) **Food Allergy and Anaphylaxis: Why is epinephrine underutilized?**

Moshe Ben-Shoshan, MD, MSc; Jennifer Gerdts, BComm

Learning objectives:

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

1. Explain the importance of epinephrine as first line-treatment for anaphylaxis
2. Differentiate the factors contributing to the underuse of epinephrine in the community
3. Identify opportunities for greater patient education on the recognition and treatment of anaphylaxis

Description:

Epinephrine is recognized globally as first-line treatment for anaphylaxis and it should be used at the first signs of a reaction. This life-saving medication helps stop the progression of dangerous respiratory and cardiovascular symptoms; it is the only treatment shown to reduce the risk of fatal reactions to foods or other causes. Despite this recognition, many studies report an underutilization of epinephrine. In hospital for example, physicians do not always treat anaphylaxis with epinephrine and use antihistamines and/or corticosteroids instead. Patients are also unclear about the role of antihistamines. Recent research on epinephrine has revealed its underuse by patients with potentially life-threatening allergies prior to arrival at hospital. There can be different contributing factors to situations in which epinephrine is underused, not used at all or its administration is delayed, such as fear of use and lack of available auto-injectors. These point to the need for greater patient education and implementation of policies and laws. Since anaphylaxis can be fatal, prompt recognition of symptoms and treatment with epinephrine is necessary. Given the prevalence of severe allergies to foods, insect stings, medications and other substances and the potential for allergic reactions to result in anaphylaxis, there's an urgent need to reinforce the importance of epinephrine as first-line treatment. This session will review the considerations regarding epinephrine use and challenges experienced by patients, families and caregivers, and how the ongoing education of individuals at risk of anaphylaxis by physicians can lead to improved outcomes for patients with food allergy.

Thursday, November 10th (In-Person) **Session ID: 254**

11:30–12:30 (ET) **Indirect-Patient Care: Informing curriculum development using core professional activities**

Amie Davis, MD, CCFP; Gabrielle Inglis, MD; Danielle O'Toole, MD; Marina Sadik, MA; Justin Weresch, MD

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

Learning objectives:

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

1. Organize curriculum development into a quality improvement cycle, using an indirect-patient care example
2. Explore the results of needs assessment research in resident experience of indirect-patient care
3. Recognize the utility of Core Professional Activities in benchmarking and creating curriculum objectives

Description:

Patient care is a combination of both face-to-face interactions and indirect-patient care activities (IPCA). IPCAs include activities such as documentation, billing, ordering and managing investigations, maintaining the chart, filling out forms, and prescription renewal. They occupy up to 50% of a family physicians work and its increasing volume has been linked to physician burnout. Despite IPCAs being such a significant component of a career in family medicine, formal curriculum is often lacking in family medicine residencies. Using a "Plan-Do-Study-Act" quality improvement cycle, McMaster Department of Family Medicine developed a competency-based curriculum to teach family medicine residents IPCAs using a graduated, systematic approach. A needs assessment including a qualitative study, was done to understand thematic experiences within the resident cohort, recent graduates, and educators. Following this, a curriculum was developed integrating the newly developed Core Professional Activities as the outcome measures to guide milestone development and benchmarking. The approach used to generate the IPCA curriculum, which includes needs assessment, curriculum construction, implementation, and evaluation, can potentially be broadly applied across several domains of curriculum development, using the Core Professional Activities as outcome "anchors" for curriculum development. The goal of this session is to provide educational planners an approach to developing curriculum using the Core Professional Activities, using a "Plan-Do-Study-Act" model. This session will also showcase the indirect patient care curriculum developed within the McMaster Department of Family Medicine as an example.

Thursday, November 10th (In-Person) **Session ID: 206**

14:00–15:00 (ET) **Medical Learner Mistreatment: Grassroots and institutional efforts to combat harm**

Meeta Patel, MD, CCFP (EM), FCFP; Viola Antao, 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. Describe differences between types of mistreatment and distinguish among, discussion, disclosure, and reporting of mistreatment
2. Analyze different perspectives of the learner, faculty, bystander, and ally using a case study

3. Identify tools and strategies to address mistreatment

Description:

Teachers may not be aware of the extent of learner mistreatment from patients, faculty, inter-professional staff, and peers which has been documented in undergraduate medical student and postgraduate resident institutional surveys. Microaggressions are experienced by learners in the workplace and contribute to a hostile learning environment. Most learners and faculty/learner bystanders are not equipped with the tools to manage these situations as they lack formal training in supporting learners after such incidents. Institutional mechanisms exist to discuss, disclose, and report medical learner mistreatment to raise awareness and help learners. Furthermore, there exist support structures to teach faculty how to manage these encounters and address behaviours to support vulnerable learners. This session provides an opportunity to learn a framework for managing microaggressions on an interpersonal level, and practice steps of positive communication to support learners experiencing mistreatment, and strategies to mitigate mistreatment on an institutional level.

Thursday, November 10th (In-Person) **Session ID: 217**

14:00–15:00 (ET) **New 2022 Osteoporosis Canada Clinical Practice Guidelines**

Sid Feldman, MD, CCFP (COE), FCFP; Suzanne Morin, MD

Learning objectives:

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

1. List diet and exercise strategies to prevent fractures
2. Decide who to assess with DXA, and how to identify those at highest risk
3. Decide who to treat, choice of drug, and when to pause/stop therapy

Description:

Osteoporosis-related fractures are a major cause of death and disability in Canada. During their lifetime, at least one in three women and one in five men will suffer a broken bone from osteoporosis; one in twelve women over the age of 50 will fracture their hip. Men are not immune, and account for over one-quarter of the 30,000 hip fractures that occur in Canada each year. Following hip fracture, 40% of women will need assistance walking, 20% enter long-term care and one-quarter die within one year of fracture. The economic burden on the health care system from osteoporotic fractures is almost 5 billion dollars annually. Osteoporosis Canada has recently published new guidelines for the assessment and management of osteoporosis, the first major revision since 2010. These evidence-based guidelines, using the GRADE approach, were developed collaboratively by patients, family physicians and osteoporosis experts, with strict attention to the management of conflict of interest. Common issues to be explored during this session include: reducing fracture risk through diet and exercise; who should have DXA screening and how are these results used to assess fracture risk; who should be treated, with which agents and for how long. Join us for a discussion of the key recommendations to help prevent fractures in our patients.

Thursday, November 10th (In-Person) **Session ID: 25**

14:00–15:00 (ET) **Pick Your Briefs: Choose clinical topics from PEER's game board**

Adrienne Lindblad, BSP, ACPR, PharmD; Tina Korownyk, MD, CCFP; Mike Kolber, 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 PEER, 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 5 minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.

Thursday, November 10th (In-Person) **Session ID: 68**

15:15–16:15 (ET) **Hearing Health in Adults: A primer for family physicians**

Lorienne Jenstad, PhD, RAud; Jason Hosain, MD, CCFP; Salima Jiwani, PhD, Reg. CASLPO

Learning objectives:

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

1. Articulate the importance of hearing health to overall health care
2. Determine if patient can communicate during clinic visit and provide support for those who can't
3. Describe their role in hearing health care and determine when to refer patient to audiologist

Description:

Family physicians are often a first point of contact by adults who have concerns about their hearing. There is, on average, a ten-year gap between the time an adult notices hearing loss and the time that treatment is sought. Family physicians can play a significant role in shortening this delay by encouraging adults with hearing loss to seek and receive help. Untreated hearing loss, present in about 65% of older adults, affects health-related quality of life. It is correlated with up to 3x increased risk of social isolation, up to 5x increased risk of cognitive decline, and about 3x increased risk of falls. Physicians have identified a knowledge gap when it comes to providing appropriate assessment and referral for adult hearing loss. Through this session we aim to address the current need of family physicians for information on how to assist patients with issues related to hearing loss. We will provide an overview of the evidence regarding the consequences of untreated hearing loss in adults, with specific focus on risk of falls, cognitive decline, and social isolation. We will discuss the implications of hearing loss for clinical practice, including negative impact on patient outcomes due to poor patient-physician communication. We will provide practical tips for strategies to recognize and mitigate the impacts of hearing loss in the clinic visit and evidence-based guidelines for when patients should be referred for further assessment and management of their hearing. The session will include discussion of the evidence behind several of the most common hearing screening tests and tools available for physicians and provide recommendations for which screening tests to use.

Thursday, November 10th (In-Person) **Session ID: 153**

15:15–16:15 (ET) **Thrive in Practice and Beat Burnout: Five easy strategies**

Todd Hill, PhD, MSc; Cindy Landy, MD, CCFP, FCFP, IBCLC

Learning objectives:

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

1. Review their current wellness and explore techniques for combatting burnout
2. Apply the principles of thriving in practice
3. Use tools and strategies to thrive even in challenging workplaces

Description:

Family Medicine practitioners and learners have the privilege of creating meaningful relationships with patients and colleagues, but also have the burden of responsibility and emotional fatigue. This puts us at significant risk of experiencing burnout throughout our careers. 63% of Family physicians and 27% of Family Medicine residents report excessive levels of burnout. Even more troubling, a pair of surveys conducted by the Ontario Medical Association in 2020 and 2021 suggest physician burnout, characterized by exhaustion and feelings of detachment, has been on the rise during the pandemic. In terms of a quality indicator of health, we must remember that when we are burnt out, we provide less optimized care. Sometimes focusing on our wellness can seem like 'one more thing' to fix, or 'one more thing' to do in an already overbooked schedule. However wellness and thriving in practice do not have to be limited to joining a gym or running a half-marathon. Increasingly, burnout is being effectively reduced using techniques associated with learning to 'thrive in practice'. Techniques such as gratitude, finding meaning, having fun, being present and improving social connectedness are increasingly demonstrating their effectiveness in decreasing burnout and increasing workplace happiness. In our workshop, we will use a number of experiential activities to explore multiple opportunities for thriving in practice, reducing burnout and subsequently improving patient care. We will also report on our own experiences of integrating these techniques into our own practice and communities, and provide suggestions for implementation based on our experiences.

Thursday, November 10th (In-Person) **Session ID: 250**

15:15–16:15 (ET) **Top 10 Emergency Articles to Change Your Practice**

Jock Murray, MSc, MD, FCFP, CCFP (EM); Constance Leblanc, MD, MSc., FCCP, CCFP (EM); Mike Clory, MD, CCFP (EM); Hana Weimer, MD, CCFP (EM)

Learning objectives:

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

1. Learn 10 potential practice changes based on recent articles
2. Draw their own conclusions about the quality evidence for practice change
3. Decide if they should change their practice based on these articles articles

Description:

This is a popular and highly rated, recurring, session which presents ten recent Emergency Medicine articles. These articles are critically appraised to determine the quality of evidence to change practice. Participants will then be asked to decide how their practices will change after this session. The articles are chosen to be relevant to the majority of Family Doctors who work in Emergency or Urgent Care Departments. The papers focus on controversial, surprising and counterintuitive conclusions. There is a significant portion of the presentation available at the end of the session to discuss audience questions and consider participant input.

Thursday, November 10th (In-Person) **Session ID: 77**

15:15–16:15 (ET) **Yellowknife: Canada's first circumpolar residency site**

David Pontin, MD, CCFP (EM); Thomsen DHont, MD; Kajsa Heyes, MD; Samantha Horvey, MD, CCFP; Rob Warren, MD, CCFP; Olga Szafran, MHSA; Oksana Babenko, PhD

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 challenges when starting a new residency program in a cross-border partnership
2. Identify short-term and long-term measurable outcomes in a new rural and remote residency program
3. Describe how development of a rural and remote residency program can positively impact reconciliation

Description:

A decade in the making, the Yellowknife residency site was launched in 2020 through a partnership between the Government of the Northwest Territories and the Department of Family Medicine, University of Alberta. In this webinar, participants will be taken through the process of conception of this unique residency program site, including the challenges and process of engaging multiple and diverse stakeholders. A description of the current program and curriculum that focuses on maximizing competency for learners who will practice in rural and remote medicine settings will be outlined. Short-term and long-term measurable outcomes including the improvement of access to primary care for patients both in the larger and smaller centers, and physician recruitment and retention will be discussed. This will be followed by a discussion regarding the positive impacts of a rural and remote residency program on reconciliation. The last part of the webinar will be dedicated to an open discussion about resident education in the context of rural and remote care, as well as a question and answer period**. Outline of the webinar (60 minutes):** Background of the Yellowknife residency site (10 minutes), Description of program and curriculum (10 minutes), Short-term and long-term measurable outcomes (10 minutes), Discussion of the impact of the program on reconciliation (10 minutes), Open discussion and Q&A (20 minutes). **Target audience:** Clinician educators, family medicine learners, and education leaders, including those involved in rural and remote medicine, are invited.

Friday, November 11th

Friday, November 11th (In-Person) **Session ID: 166**

8:45–10:00 (ET) **Cultivating Equity: A framework for navigating accommodations for medical learners**

Charlie Guiang, MD, CCFP, FCFP; Shaheen Darani, MD, FRCPC; Heather Flett, MD, FRCPC; Julie Maggi, MD, FRCPC; Elizabeth Muggah, 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. Review key frameworks to support accessibility for learners in the medical work and learning environment
2. Describe approaches to develop and implement an accommodation plan through an interactive case-based process
3. Discuss organizational approaches to address barriers that exist for medical learners seeking accommodations

Description:

Learners seeking accessibility in training require support for safe and robust accommodations planning to successfully develop the essential skills of a physician. Coordinating accommodations in medical education is challenging due to inconsistent policies, sporadic support across training environments, and a lack of understanding of visible and non-visible disabilities (Meeks and Jain, 2018). This session will review key legal and equity/inclusion-based frameworks for effective accommodations planning for medical educators considering issues of stigma and self-disclosure. In the session, an interactive framework will be presented to aid in determining accommodations. Participants will then apply the framework in interactive small group discussions anchored in high-fidelity trainee cases. Participants will then review and discuss in small groups barriers that exist for medical learners seeking accommodations and based on the cases and formulate potential solutions. Participants will then engage in a facilitated discussion on how to improve the accommodations process at their local sites towards inclusive and supportive training environments.

Friday, November 11th (In-Person) **Session ID: 37**

8:45–10:00 (ET) **Is Mild Asthma Really Mild; and if not, so what?**

Alan Kaplan, MD, CCFP (EM), FCFP, CPC (HC)

Learning objectives:

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

1. Review the definition of mild and very mild asthma
2. Understand that mild asthmatics do have severe exacerbations
3. Review how to assess and manage patients who only have 'mild' asthma

Description:

Calling Asthma 'mild' does your patient a potential disservice. Mild Asthmatics do have severe exacerbations that can be scary and life threatening. Uncontrolled asthma can lead to long term consequences. Recent Canadian Thoracic Society and Global initiative for Asthma guidelines have tackled this topic because of these concerns. Often patients use their reliever, a short acting beta agonist (SABA), as the only treatment for their asthma. This puts them at risk for symptoms, exacerbations, loss of lung function and even death. We will review the evidence behind why SABA over-reliance is dangerous and give you some tools to help you counsel your patients to manage their condition with therapies that control the underlying inflammation. Even patients with mild asthma have underlying inflammation, even if they are just using bronchodilators. Both you and your patients have choices in what to do next, all of which we will review. Managing Asthma with a SABA alone is dangerous to you and your patient; we will give you the ammunition to make the change to treating the underlying inflammation and not just chase the symptoms.

Friday, November 11th (In-Person) **Session ID: 48**

8:45–10:00 (ET) **Mixing and Matching: Layering psychiatric medications for family physicians**

Jon Davine, MD, CCFP, FCFP

Learning objectives:

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

1. Describe how to augment a partial response in a depressed patient
2. Describe how to combine medications when treating anxiety disorders
3. Describe how to combine medications when treating PTSD

Description:

Family doctors deliver the majority of mental health care to Canadians. The mental health care will often include the use of psychiatric medications. It is often necessary to use several different psychiatric medications at the same time. In this session, we will discuss different examples of combining psychiatric medications. We will discuss choosing and optimizing psychiatric medications for unipolar depression. We discuss augmenting techniques, where a second medication is added to the first to boost a partial response of depression. We will address combining psychiatric medications to deal with insomnia in primary care. We discuss using medications to treat bipolar disorder in the depressed phase. Combining medications in the manic phase of bipolar disorder will be reviewed. The combination of psychiatric medications for the treatment of anxiety disorders, specifically generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and post traumatic stress disorder will be presented. We will discuss when not to mix drugs due to problematic interactions. We will be using recent studies and guidelines as much as possible to support our recommendations. This will include the Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for depression and bipolar, the Martin Katzman et al 2014 Anxiety Guidelines, and the National Institute for Health and Care Excellence (NICE) guidelines for depression, bipolar, and anxiety disorders.

Friday, November 11th (In-Person) **Session ID: 30**

8:45–10:00 (ET) **PEER: What's new, what's true and what's poo?**

Michael Kolber, MD; Jessica Kirkwood, MD, CCFP; Michael Allan, MD, CCFP

Learning objectives:

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

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

Description:

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

Friday, November 11th (In-Person) Session ID: 20

10:15–11:15 (ET) **Efficient Approach to Assessing Syncope in Your Office**

Vu Kiet Tran, MD, MHSc, MBA, CHE, ICD.D

Learning objectives:

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

1. Name the risk factors for high risk cardiac syncope
2. Derive an efficient investigation pathway after taking a history
3. Stop ordering investigations that do not add value in the work-up of syncope

Description:

This is a case-based presentation that will immediately provide the learner an efficient approach to investigating and managing syncope.

Friday, November 11th (In-Person) Session ID: 195

10:15–11:15 (ET) **Family Physicians as Specialist Generalists**

Hannah Feiner, MD CFPC; Jill Bailey, MD, CFPC; Adam Pyle, MD, CFPC;
Sarah Warden, MD, CFPC

Learning objectives:

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

1. Describe personal and professional characteristics of family physicians in Canada without formal family practices
2. Explore career changes while taking CFPC's Principles of Family Medicine into account
3. Describe family medicine career modification for circumstances such as illness, caregiver duties or professional interests

Description:

I am a family physician with a malignant brain tumour that was diagnosed soon after completing residency. I have required multiple medical leaves and part-time locum coverage for the past decade. I transferred my

family practice to another physician in March 2022 in order to ensure continuity of care for my patients and follow my oncologist's recommendation to reduce my workload. I continue part-time practice in early pregnancy care, sexual and inner city health as well as medical education. This change has led me to contemplate the meaning of being a family physician without a family practice. Three additional family physicians with focused practices will reflect on their experiences. One pivoted to emergency medicine following five years of academic family practice. He challenged the EM board certification exam by applying CME-related ER training and experience. The second physician transitioned into GP psychotherapy and mindfulness facilitation following 14 years of family practice. She completed CBT Canada's Fellowship in medical CBT and mindfulness based stress reduction teacher training/practicum at the Toronto Center for Mindfulness Studies. The third is a physician at an urban sexual health clinic where she leads the medical abortion program. Her student health practice includes the care of transgender patients. She also performs sonohysterograms at an imaging clinic. The landscape of family physicians in Canada without formal family practices will be explored in terms of practice type and characteristics such as location (ie urban versus rural, hospital versus clinic) as well as physician characteristics such as motivation for not having a family practice, the receipt of extra training, experience with a prior family practice and personal circumstances such as illness or caregiver duties. This presentation will address whether family physicians without family practices are able to maintain the CFPC's Principles of Family Medicine.

Friday, November 11th (In-Person) **Session ID: 129**

10:15–11:15 (ET) **Legs Talk About Legs: Evidence to stand on**

Justin Weresch MD, CCFP; Betsy Thomas, BSc Pharm; Danielle Perry, MSc RN

Learning objectives:

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

1. Describe common treatments for fungal foot infections
2. Summarize the evidence for treatment of several leg conditions such as edema, ulcers and cramps

Description:

This interactive session will be a fast-paced review of answers to common clinical questions in primary care: all about legs! Audience members will be able to select topics focused on common leg conditions (e.g., edema, foot fungus, leg cramps) from a game board of possible options. The best available evidence, including a bottom-line summary and practical recommendation for practice will be described for every topic selected, each in less than five minutes! Presented by members of the PEER team and the College of Family Physicians of Canada.

Friday, November 11th (In-Person) **Session ID: 234**

10:15–12:30 (ET) **Writing Successful Health Professions Education Grant Proposals: Pitfalls and pearls**

Douglas Archibald, PhD; Teresa Cavett, MD, CCFP, FCFP, Med;
Miriam Lacasse, MD, MSc, CCMF, FCMF

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

Learning objectives:

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

1. Identify the essential elements of grant writing
2. Gain insight into how reviewers evaluate grant proposals
3. Gain experience in the peer review process of grant proposals

Description:

Health professions education grant capture is becoming increasingly more difficult as the number of applications are increasing yet the number of funding opportunities remain static. As competition for funding for grants such as the CFPC Scholarly Work in Family Medicine Education Grant intensifies, only those of high quality will be selected. The overall goal of the workshop is to provide novice educators with the knowledge and skills to write competitive grant applications. In the first half of the workshop, facilitators will present a brief literature review, identifying common pitfalls that reduce the likelihood of success obtaining health professions education grants, as well as identifying pearls which may increase the chances of receiving funding. This didactic portion will be followed by large group discussion of thematic areas of sample reviewer feedback. Participants will then break into small groups to read and critique examples of well-structured proposals. In the second section of the workshop, participants are invited to share their own draft proposals for peer review. Criteria for review will be based on the concepts covered in the first half of the session. If participants do not have their own drafts for peer review, samples will be provided. This workshop is conjoint session presented by members of the Section of Teachers and Section of Researchers who are part of the Scholarly Work in Family Medicine Education Grant Review Committee.

Friday, November 11th (In-Person) Session ID: 406

12:45–13:45 (ET) Sensors Make Sense: It's more than just glucose monitoring

Basel Bari, MD, CCFP

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 available glucose sensor systems
2. Demonstrate how glucose sensors can improve safety for persons living with diabetes, act as a feedback tool for lifestyle change, simplify diabetes management for clinicians
3. Review sensor reports efficiently to guide clinical decisions

Description:

This program provides background on glucose sensor technology, including continuous glucose monitoring (CGM) systems available in Canada, Diabetes Canada recommendations for CGM, and the benefits and challenges of this technology throughout different clinical cases.

Friday, November 11th (In-Person) Session ID: 222

11:30–12:30 (ET) Stigma and Secrecy: Addressing addiction in older adults

Lara Nixon, MD CCFP (COE) FCFP; Mariez Morcos, PharmD; Martina Kelly, MBBCh, PhD, CCFP; Cathy Scrinshaw, MD, CCFP

Learning objectives:

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

1. Describe and recognize consequences of substance use disorder in older adults
2. Critically reflect on older people's experiences in accessing appropriate pain management supports, pharmacological and nonpharmacological
3. Apply strategies to minimize substance use related harms with older adults and their care teams

Description:

Older people are the largest growing demographic in Canada. While the prevalence of substance use in older people is lower than younger age groups, the risks of harm are greater. In addition to population aging, the number of older people using substances (alcohol, cannabis, prescription medication) is growing due to higher reported rates of substance use amongst aging Baby Boomers. Presently of Canadians over 55 yoa, 10.5% smoke, consuming an average 91 cigarettes weekly; 11% report daily or almost daily drinking and 13% binge drink monthly or more frequently. Family physicians are uniquely positioned to support older adults with substance use disorder, but symptoms of impairment are often dismissed as symptoms of old age. Older adults hesitate to disclose substance use due to fear of being judged, the stigma associated with use or the risk of bringing conflict into remaining relationships. The aim of this session is to help family physicians identify and collaboratively support older adults using substances. The session will open with a brief didactic overview of the scale and consequences of problematic substance use in older adults (10 mins). Participants will then be invited to brainstorm strategies to identify substance use-related problems and possible barriers older people may face raising this issue (10 mins). Using cases based on patient journeys, participants will then work in small groups to identify strategies to minimize harm related to substance use and support older adults in the community (15 mins). Pearls for practice will be fed back to the large group (10 mins) for discussion and sharing. The session will include a list of resources for participants to bring back to their clinical settings.

Friday, November 11th (In-Person) **Session ID: 213**

11:30–12:30 (ET) **The Praxis of Generalism: 6Cs demonstrating family physician generalist expertise**

Martina Kelly, MBBCh, PhD, CCFP; Lyn Power, MD, CCFP; Ann Lee, MD, MEd, CCFP, FCFP;
Nathalie Boudreault, MD, CCMFC (MU), FCMFC, MIPUSS;
Maria Michelle Hubinette, MD, CCFP, MMEd, 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. Formulate 6 concepts that underpin family medicine generalist expertise
2. Demonstrate concepts of generalism to learners in the clinical learning environment
3. Support learners in developing an understanding of generalism

Description:

Generalism is defined as a philosophy of care, "distinguished by a commitment to the breadth of practice within each discipline and collaboration with the larger health care team in order to respond to patient and community needs." (Royal College of Physicians and Surgeons, Canada, 2013). Although Family Physicians

are experts in generalism, explicit attention to the praxis of generalism is rarely the focus of undergraduate or postgraduate curricula, meaning learners are often unclear as to what generalism really means or looks like in clinical practice. The purpose of this workshop is to provide a framework to a) make evident to learners how generalism is enacted in family medicine and b) showcase family physician expertise in generalism. The workshop will open with a brief presentation on generalism, informed by key literature (7 minutes). Participants will be invited to brainstorm keywords they associate with generalist practice (whiteboard/chat function, 3 mins). We will then introduce 6 concepts of generalism: context integration, complexity, continuity, collaboration, communication and comprehensive care (10 mins). Participants will work in small groups to identify how they would engage learners in each 'C' during clinical learning. (20mins). Each group will then feedback to the large group (10 mins). Following the workshop facilitators will synthesize ideas to develop a comprehensive map of teaching activities to make generalism more explicit during clinical learning. Slides and synthesis will be made available to participants following the workshop.

Friday, November 11th (In-Person) **Session ID: 36**

11:30–12:30 (ET) **Why is Your Patient Short of Breath?**

Alan Kaplan, MD, CCFP (EM), FCFP, CPC (HC)

Learning objectives:

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

1. Review the common causes of dyspnea and how to investigate for them
2. Review some less common causes of dyspnea that you do not want to miss
3. Understand the pathophysiology and associations so we can institute newer therapies for refractory cough

Description:

It would be nice if patients present with a label on their forehead in our offices telling us what their diagnosis is. They don't. Patients present with symptoms as well as their fears and expectations that we have to wade through and investigate to lead to the first step in helping them, making the diagnosis. Only with the proper diagnosis, can we institute therapy and join our patient down a pathway to be the best they can be. This session will review patients who present with dyspnea. Dyspnea has many causes including biochemical, cardiologic, respiratory, psychologic and thrombotic. We will go through the diagnostic tests needed and deal with management strategies to optimize both current symptoms and long term health for many common (and some uncommon) conditions causing dyspnea. At the end, we will leave you with an algorithm for how to approach your patients with this often disabling (and possibly life threatening) symptom complex.

Friday, November 11th (In-Person) **Session ID: 185**

14:00–15:00 (ET) **Choosing Wisely in Long-Term Care (LTC) During COVID-19**

Elliot Lass, MD, MSc, CCFP (COE); Andrea Moser, MD, CCFP (COE), CMD;
Sid Feldman, MD, CCFP (COE), FCFP, CMD

Learning objectives:

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

1. Describe Choosing Wisely Canada recommendations for LTC residents and the impact of COVID-19 on implementation
2. Demonstrate approaches to avoid unnecessary hospital transfers and encourage goals of care conversations in LTC
3. List approaches to avoiding potentially harmful medications for LTC residents

Description:

Long-Term Care (LTC) residents are elderly, complex, and have multiple comorbidities. 54% of LTC residents have dementia, making it difficult to communicate emerging illnesses. Applying Choosing Wisely recommendations in this setting is challenging due to these factors. Further, the care environment has been disproportionately impacted by COVID-19. While LTC residents represent only 3% of cases nationally, they have tragically had over 40% of all deaths from COVID-19. Further challenges to LTC include staffing shortages, personal protective equipment requirements, the rapid introduction of virtual care, public health measures, and restrictions on essential care providers. The second learning objective is of strategies to avoid avoidable transfers to hospital for LTC residents, as such transfers increase morbidity and can lead to delirium, deconditioning, and hospital-acquired infections. Decisions around hospital transfers can also align with conversations about goals of care and advanced directives with residents and substitute decision makers to ensure that their medical and comfort needs are being met in the appropriate setting. The third learning objective will highlight a priority area for Choosing Wisely in LTC of avoiding unnecessary prescriptions of harmful medications to LTC residents including antipsychotics for behavioural and psychological symptoms of dementia and antibiotics for urinary tract infections. Given the complexity of these residents, and challenges associated with COVID-19, there may be a temptation to overprescribe and overtreat. The presentation will highlight how to avoid overtreatment in this setting.

Friday, November 11th (In-Person) **Session ID: 255**

14:00–15:00 (ET) **Enhanced Skills: Where are we now?**

Erich Hanel, MD, CCFP (EM), FCFP; Daniel Grushka, MD, CCFP (EM), FCFP; Mike Clory

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 current state of Enhanced Skills training in Canada
2. Learn a vision of the future of Enhanced Skills training
3. Participate in a discussion on the future of Enhanced Skills within Family Medicine

Description:

There has been an evolution of the CFPC approach to Enhanced Skills certification and training over the past decade. There are certified and uncertified areas of Enhanced Skills. There are training and practice eligible routes to certification. This session will explore the current landscape for enhanced skills and address the future of Enhanced Skills within Family Medicine. The role of Enhanced skills within the Canadian Health Care system will be explored. The Certified Enhanced Skills are; Addictions, Emergency, Care of the Elderly, Palliative Care, Sports and Exercise Medicine, Family Practice Anesthesia and Family Practice Surgery.

Friday, November 11th (In-Person) **Session ID: 22**

14:00–15:00 (ET) **Fatal Headaches You Need to be Aware of**

Vu Kiet Tran, MD, MHSc, MBA, CHE, ICD.D

Learning objectives:

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

1. Enumerate headaches that can kill your patient
2. List the risk factors on history
3. List additional investigations beyond the CT scan

Description:

This is a case-based presentation where we will review key salient features of some fatal headaches presenting to you emergency department and walk-in clinic. Beyond the intra-cerebral bleeds and tumors, what else are there? and can you recognize them? If you don't, your patients will die.

Friday, November 11th (In-Person) **Session ID: 258**

14:00–15:00 (ET) **Pregnancy: A window to future cardiovascular health**

Karen Fleming, MD, MSc

Learning objectives:

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

1. Review pregnancy complications associated with future cardiovascular disease
2. Review short and long term adverse cardiovascular outcomes associated with pregnancy complications
3. Discuss relevant postpartum guidelines and future management of cardiovascular risk factors

Description:

Cardiovascular disease is the leading cause of death of all Canadians, unfortunately women remain under investigated, treated and referred for cardiac rehabilitation. The development of common pregnancy complications [gestational diabetes, hypertensive disorders of pregnancy, obesity, excessive gestational weight gain, intrauterine growth restriction, idiopathic preterm birth and stillbirth] are early warnings of pregnant people and their offspring's risk of premature cardiovascular disease and type 2 diabetes. These complications impact 20% of pregnant people in Ontario. Recommendations have evolved to address gaps in transfer of care between obstetrical care providers and primary care. Once pregnancy history is captured and documented by health care providers evidence based guidelines can be utilized to counsel about risk factor modification such as : returning/maintaining normal body weight, meeting Canadian physical activity guidelines of 150 minutes of moderate exercise weekly, quitting smoking, managing lipids and hypertension. Postpartum clinic implementation will be discussed along with transition back to primary care. Recommended ongoing care across the lifespan will be discussed highlighting relevant guidelines.

Friday, November 11th (In-Person) **Session ID: 51**

15:15–16:15 (ET) **2SLGBTQ+ Affirming Pregnancy Care**

Robyn Moxley, MD, CCFP

Learning objectives:

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

1. Recognize heteronormativity, heterosexism, homophobia and transphobia in the context of prenatal services and intrapartum care
2. Reflect on their own biases impacting the provision of affirming care to the 2SLGBTQ+ community
3. Communicate with 2SLGBTQ+ pregnant patients using inclusive language and correct pronouns

Description:

There are limited prenatal services that are explicitly 2SLGBTQ+ affirming. The 2SLGBTQ2+ childbearing community reports insensitivity from obstetrical care providers. However, providers themselves often do not perceive any problems with their care of this population. Prior research has found that lesbian and bisexual women are dissatisfied with physician services during pregnancy and postpartum. Transgender men and gender non-conforming people seek providers who accept their gender identity. 2SLGBTQ+-focused education of obstetrical care providers can increase competency and allow providers to be affirming to diverse sexual and gender identities. This session is intended for family physicians and other healthcare providers who provide prenatal and intrapartum obstetrical care and would like to offer safe and affirming services to this community.

Friday, November 11th (In-Person) **Session ID: 111**

15:15–16:15 (ET) **Odd and Scary: How to manage unusual skin conditions**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

Learning objectives:

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

1. Understand and adopt an efficient approach to skin conditions in Family Medicine
2. Be aware of skin conditions that are odd and scary
3. How to arrive at differentials and diagnoses with the most appropriate management plan

Description:

Dermatological conditions comprise up to 1/7 of all consultations in family medicine. When confronted with skin lesions that are odd and scary, practising family physicians can be at a lost as to how and where to start, let alone making a diagnosis and prescribing treatment. This may lead to either unnecessary dermatological referrals, inappropriate prescriptions or delay of management for malignant conditions. This presentation will give a bird's eye view to common odd and scary skin conditions that can be seen in family medicine. Presenter will illustrate with ample sildes and interactive Q&As, and share with attendees a pragmatic approach for diagnosing and managing these uncommon skin conditions. Barriers to change will be addressed when appropriate.

Friday, November 11th (In-Person) **Session ID: 15**

15:15–16:15 (ET) **Practice Makes Perfect: How to become a SOO practice examiner**

Lisa Graves, MD, CCFP (AM), FCFP; Kathy Lawrence, MD, CCFP, FCFP;
Douglass Dalton, MD CM, CCFP, FCFP; Susan MacDonald, MD, CCFP, FCFP;

Marlow Anduze, MD, CCFP; Pauline Desrosiers, MD, CCFP, FCFP; Samantha Horvey, MD, CCFP; Vivan Kilvert, MD, CCFP; Shumona De, MD, CCFP; Judy Belle Brown, PhD

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 key behaviours of an excellent SOO examiner
2. Integrate the principles of the patient centred clinical method into the SOO process
3. Perform as a SOO examiner in practice SOOs

Description:

Family medicine educators are often called on to help with exam preparation especially for the SOO. To guide learners correctly, practice SOO examiners should be familiar with the SOO process, the patient-centred clinical method and the nuances of the marking scheme. During this workshop participants will develop skills required to act as a practice SOO examiner in preparation for the SOO component of the College's certification examination. The workshop is not designed as an exam preparation workshop, but for family physicians who are interested in becoming SOO examiners for practice SOOs in family medicine residencies. Experienced examiners will find this workshop a valuable opportunity to enhance their skills and support others in the SOO examiner role. During this workshop a general orientation to the SOO exam will be delivered and its integration with the patient-centred clinical method will be discussed. The SOO marking scheme will be reviewed with a focus on the exploration of the illness experience, context integration, delivery of prompts including timing and finding common ground. Interactive opportunities to review the SOO performance through selected recordings will be provided. At the conclusion of this workshop, participants will be able to perform as a practice SOO examiner.

Friday, November 11th (In-Person) **Session ID: 239**

15:15–16:15 (ET) **Trauma Informed Care: For patients and physicians**

Kathryn Cottrell, MD, BSc

Learning objectives:

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

1. Define toxic stress, allostatic load, and trauma
2. Explain the pathophysiology and clinical implications of the stress and trauma response
3. Identify steps to become more trauma informed in your practice

Description:

As family physicians we are privileged to get to know our patients and their communities extremely well, if we ask the right questions. Traditional medical education suggests we should think 'what's wrong with you?', and the temptation to take this approach has increased during COVID as we all tend towards burnout, unable to attend to our own needs. In contrast, asking 'what happened to you?' can transform the way we think about our patients, the care we provide and the health of communities in general. Trauma informed care is essential to every part of a consultation, from formulating the differential diagnosis, to patient examinations, and ultimately the treatment plan. Acknowledging the implications of adverse childhood experiences, traumatic experiences in adulthood and challenging social conditions is essential for all primary

care physicians, as trauma is so widespread within our communities with such far reaching effects. The tide is turning globally, with the #Metoo and Black Lives Matter movements, and more disclosure in the media regarding abuse and trauma, such as in elite sports. It is time we address these issues for not only our patients, but for ourselves and our colleagues. Medical education is often not seen as a psychological safe space, so not only will patients benefit from a trauma informed approach, learners and physicians will too. Understanding the physiology of stress and trauma and the consequences it can have on both mental and physical health impacts us as individuals just as it does our patients, yet this is so often dismissed. By coming together with a trauma informed approach, we can address the systemic issues of moral injury and burnout within our profession whilst also achieving our shared goal of excellent care, transforming the way we see ourselves and the communities we serve.

Saturday, November 12th

Saturday, November 12th (In-Person) **Session ID: 197**

8:45–10:00 (ET) **Addressing The Social Determinants in Primary Care Through Social Prescribing**

Dominik Nowak, MD, MHSc, CCFP; Sonia Hsiung

Learning objectives:

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

1. Explain what social prescribing is and how it is practiced in various clinical settings
2. Understand how addressing the SDOH in clinical settings impact health outcomes
3. Gain confidence in addressing social needs by accessing or referring to avenues of social prescribing

Description:

The COVID-19 pandemic has shone a light on the importance of the social determinants of health (SDOH) on wellbeing. Family physicians are caring for people with increased food and housing insecurity, isolation and loneliness, and declines in mental health, and at the same time, are often left feeling underprepared and unsupported in addressing social needs. This interactive session will provide family physicians and health professionals with practical knowledge and tools to better identify and address social needs within the clinical setting through social prescribing. Social prescribing brings together the social and medical models of health, and care for people in a way that is more careful and caring by shifting the lens from, "What's the matter with you?", to "What matters to you?" The session will start by exploring a high level overview of the interaction between the various social determinants, particularly in the context of the pandemic, on health, and explore how integrating health and social care through social prescribing can be a highly effective intervention. Participants will then have the opportunity to engage with and hear about social prescribing in practice in different settings and across different provinces, including solo practice and within primary care teams in British Columbia and Ontario. Finally, participants will have the opportunity to discuss case scenarios in small breakout groups and consider how they can apply the principles of social prescribing within their own practices, and reconvene to share insights gained and ask questions. The session will close with evaluative findings from various social prescribing models and invite participants to consider how to implement performance and outcome indicators to measure the impact of addressing SDOH on health and wellbeing.

Saturday, November 12th (In-Person) **Session ID: 113**

8:45–10:00 (ET) **Red and Itchy: How to approach common skin complaints**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

Learning objectives:

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

1. Know how to approach red and itchy skin
2. Be aware of common red and itchy skin conditions
3. Diagnosis, management and avoid 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.

Saturday, November 12th (In-Person) **Session ID: 198**

8:45–10:00 (ET) **Red Flags For Cancer: What can't wait?**

Lisa Del Giudice, MD, CCFP, MSc; 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 in primary care
2. Identify patients presenting with 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. In the past two years, 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 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.

Saturday, November 12th (In-Person) **Session ID: 177**

10:15–11:15 (ET) **CCS/CHRS Atrial Fibrillation Guidelines: What family physicians needs to know**

Jason Andrade, MD; Laurent Macle, MD, FRCPC; Alan Bell, MD, FCFP

Learning objectives:

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

1. Discuss the key updates to the 2020 Comprehensive AF guidelines
2. Update the latest evidence on stroke prevention andhow to integrate into clinical practice
3. Update knowledge and decision making on rate and rhythm management of AF

Description:

Atrial fibrillation (AF) is the most common cardiac arrhythmia and can lead to serious medical problems such as stroke, heart failure, reduced quality of life. Management of AF is centered on a reduction in the morbidity and mortality associated with AF, symptomatic improvement, and reduction in AF-related emergency room visits or hospitalizations. In this session, members of the CCS Atrial Fibrillation Guidelines Panel will present the key evidence and recommendations in the 2020 AF guidelines, with a focus on evidence that is relevant to primary care physicians. Using case examples, clinically important advances will be addressed from a family physician perspective.

Saturday, November 12th (In-Person) **Session ID: 73**

10:15–11:15 (ET) **Filling a Communication Teaching Gap: An educators guide to advance-care-planning teaching and feedback in family medicine**

Warren Lewin, MD, CCFP (PC); Natalie Pulenzas, MD, CCFP

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 an evidence-based approach that interprofessional teams can use to lead and teach Advance-Care-Planning conversations
2. Appreciate resident preferences/perceptions for teaching methods and feedback effectiveness used to design Advance-Care-Planning curriculum
3. Introduce a clinician learning e-module created in response to feedback to build foundational ACP skills

Description:

Advance Care Planning (ACP) is essential for high-quality serious illness care delivery. Despite being in a position to initiate ACP, most family doctors do not, in part, because they received little evidence-based communication skills training to acquire the skills, knowledge, and confidence to do so. Moreover, no current national standard exists to teach these fundamental skills. We explored the serious illness communication teaching literature and the current state of such teaching at the University of Toronto (UofT) and surveyed graduating UofT family medicine residents to assess their preferences for teaching and feedback methods on this topic. Results demonstrated that most residents prefer direct observation and feedback and using a structured approach to learn how to effectively lead serious-illness-conversations. However, most could not recall being taught such an approach or being frequently observed and given feedback when leading these conversations. To fill this educational gap, we created two 20-minute asynchronous e-learning modules introducing residents to adapted existing evidence-based structured conversation guides and empathic communication skills. Residents have the option to supplement learning by attending a half-day workshop to practice skills with actors using a structured observed feedback teaching method. >95% of resident participants would recommend the material to their peers and intend to change

their practice as a result of this training. This session will review a concrete evidence-based and easy-to-implement approach to teaching and learning communication skills to promote ACP conversations in family medicine. Role play demonstrations will be used to model how the conversation guide and core skills can be easily taught and used in clinical practice. The session will also include discussions around practical ways to incorporate these tools into family medicine educational programs with the goal of improving high quality care for an aging population.

Saturday, November 12th (In-Person) **Session ID: 251**

10:15–11:15 (ET) **Improving Dementia Care in Family Medicine**

Sid Feldman, MD, CCFP (COE), FCFP; Vivian Ewa, MBBS, CCFP (COE), MMedEd, FCFP, FRCP (Edin); Saskia Sivananthan, PhD; Keith Barrett

Learning objectives:

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

1. Recognize the key role of the family physician in supporting patients living with dementia/care partners
2. List improvement opportunities in dementia care with a focus on communication and culturally diverse needs
3. Apply tools that other family physicians have identified as useful in dementia care

Description:

The Alzheimer Society of Canada estimates that more than 500,000 people in Canada are living with dementia and that this number is expected to grow significantly, with over 75,000 new cases diagnosed every year. Costs to our health care system are on average over five times higher for a person living with dementia (PLWD) than one who is not. More important than financial costs, though, are the challenges that PLWDs and their care-partners need to address. The role of the family physician is critical-we can make an enormous difference at every step along the journey from prevention to palliation. At our best, we walk with our patients and their care partners with empathy, providing knowledgeable support, anticipatory guidance, active management and appropriate connections to support our patients to have lives that continue to be filled with meaning, joy and purpose. At our worst, we leave our patients feeling abandoned, frustrated, and confused. The College of Family Physicians of Canada Members Interest Group in Care of the Elderly and the Alzheimer Society of Canada have completed a national survey of people living with dementia, care partners and family physicians, to identify key areas of opportunity for practical improvement as well as stories of exceptional care by family physicians. We also asked for key resources and tools that family physicians use to support care of people living with dementia. This session will be co-led by a person living with dementia, members of the ASC and of the CFPC COE MIG. Together, we will present key findings from this survey. The focus will be on participants sharing with each other best practices in care of persons living with dementia/care partners and identifying potential solutions to concerns raised by our patients.

Saturday, November 12th (In-Person) **Session ID: 176**

11:30–12:30 (ET) **Advocacy and Community Engagement: Opportunities for primary care**

Gary Bloch, MD, CCFP; Allison Eady; Deena Ladd; Denise Martins; Nassim Vahidi-Williams

Learning objectives:

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

1. Describe advocacy and community engagement as core components of primary care for socially marginalized communities
2. Examine a community development approach to advocacy through an initiative on precarious work and health
3. Discuss approaches to feasibly integrating community-engaged advocacy in family medicine practice

Description:

This interactive presentation will be led by experts in community development and community organizing, as well as primary health care providers with deep experience in developing and implementing advocacy initiatives aimed at reducing social risks to health. Over the past year, the presenters collaborated to support and evaluate an advocacy initiative led by precarious workers in Scarborough allied with primary health care providers. Social accountability and community- and social-policy-focused advocacy are core responsibilities of family medicine, including within the CanMEDS-FM framework. Many family physicians, however, have not developed the skills or had adequate experience to participate effectively in advocacy. Community engagement is an important element of family medicine practice and community partnership is an essential component of effective health advocacy. But there is little specific practical guidance for communities and primary care providers interested in community-led advocacy partnerships. Drawing on personal experience, we will explore the intersection between community engagement and advocacy for healthy change in social policies and social structures. We will use recent experiences in creating community-led advocacy projects that engage primary care to discuss specific community-development-oriented approaches to advocacy. We will engage participants in an exploration of ways to embed community-led advocacy as a means to addressing social risks to health in our core conceptualizations of normal family medicine practice.

Saturday, November 12th (In-Person) **Session ID: 215**

11:30–12:30 (ET) **Professional Learning Plans: Ready, set, start!**

Janice Harvey, BSc, MD, CCFP (SEM), FCFP; Zarreen Warsi

Learning objectives:

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

1. Confidently navigate the Professional Learning Plan (PLP) tool
2. Explore how a PLP can be leveraged to bridge their professional learning gaps
3. Utilize a PLP to support their goals via professional development offerings from the tool

Description:

Live Demonstration of the CFPCs new Professional Learning Plan (PLP) The College of Family Physicians of Canada™ (CFPC) has developed a new interactive, online tool to help members identify opportunities for practice improvement and achieve CPD learning goals. This user-friendly, online tool supports family physicians in creating a plan for their CPD. It prompts them to actively consider the scope of their practice, data about their medical practice and patients, and the needs of the communities they serve. The PLP tool is now available to all Mainpro+ participants and can be accessed in English and French through the Mainpro+ portal. The PLP has been approved for up to 20 certified Mainpro+ Assessment credits.

During this interactive session, a continuing professional development (CPD) facilitator will demonstrate how to create and work through a PLP with a family physician. This visually engaging tool will guide participants through 4 steps that will end with the creation of a CPD plan:

1. Reflection on the scope of their medical practice
2. Defining learning needs based on their patient population and practice
3. Setting CPD learning goals to address their identified learning needs
4. Determining a plan to achieve their learning goals (which will include relevant CPD activities generated for them based on their individual identified goals)

Attendees will be asked to bring their laptops for the opportunity to create their own plan while participating in the demonstration.

Saturday, November 12th (In-Person) **Session ID: 44**

11:30–12:30 (ET) **Red-Eye Simple Approach: Evidence, pearls, medico-legal pitfalls**

Simon Moore, MD, CCFP

Learning objectives:

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

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

Description:

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

Saturday, November 12th (In-Person) **Session ID: 240**

11:30–12:30 (ET) **Teaching Disclosure Skills to Improve Learner Resilience**

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

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 elements involved in a disclosure conversation following a patient safety incident
2. Examine the potential impacts of patient safety incidents on medical learners
3. Explore approaches and resources to use in teaching disclosure skills to medical learners

Description:

Despite our desire to provide the best care possible to patients, clinical outcomes may not always be as anticipated, and sometimes, unfortunately, harm from healthcare delivery can result from patient safety incidents. Physicians have an ethical, professional, and legal obligation to disclose harm from healthcare delivery to their patients; yet, many medical learners report feeling inadequately prepared for these disclosure discussions with patients. There is a risk of "second victim phenomenon" related to the emotional distress experienced by health care workers after being involved in a patient safety incident. By preparing learners for the possibility of patient safety incidents, involving them in the disclosure process, and destigmatizing the discussion of poor clinical outcomes, we can improve learner resilience.

Saturday, November 12th (In-Person) **Session ID: 85**

14:00–15:00 (ET) **Adjusting Teaching Sites to Family Medicine Education New Challenges**

Miriam Lacasse, MD, MSc, CCFP, FCFP; Roop Conyers, MD, PhD, CCFP;
Sonia Sylvain, MD, MSc, CCFP, FCFP; Ivy Oandasan, MD, MHSc, 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. Examine how the organizational climate of teaching sites can align with family medicine education vision
2. Recognize how organizational culture can be aligned with family medicine values
3. Reflect on how the climate/culture can orient strategic interventions and ensure continuous cyclical improvement

Description:

This workshop offers program directors and other academic leaders with an opportunity to explore how to support thinking about how family medicine teaching sites' organizational climate and culture serve as a key factor in the training of family medicine residents. What is experienced in a clinical teaching site often influences how family medicine is practiced by graduates in the future. There is a hidden curriculum in the walls of a clinic. Aligning the set up of family medicine teaching sites with the Outcomes of Training Project and how they can be operationalized in practice models such as the Patient Medical Home is key to the success in developing new sites or adjusting existing sites to the new challenges of family medicine education. After a brief presentation of the interdependent practice needs of family practice, participants will analyze climate and culture of teaching sites using educational scenarios, and decide on strategic interventions for continuous quality improvement. Participants will then share experiences on how their teaching sites' climate and culture might orient the operationalization of the Outcomes of Training Project report and support new directions for educational practice orientation.

Saturday, November 12th (In-Person) **Session ID: 96**

14:00–15:00 (ET) **Selecting Patient-Reported Outcome Measures (PROMs)**

Allison Soprovich, MPH; Krista Brower, PhD, CE; Michel Haener, MA, CE

Learning objectives:

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

1. Identify commonly used patient-reported outcome measures in primary care, and their appropriate use
2. Examine how to select PROMs for various applications, including evaluation, within clinical settings
3. Recognize the appropriate use of PROMs to inform clinical care and other population-level applications

Description:

Patient-reported outcome measures (PROMs) are used around the world in routine outcome measurement to enhance patient-centered care and incorporate the patient's perspective about their health status, symptoms, quality of life, functional status associated with health care or treatment, or their experience with healthcare. PROMs, in addition to traditional clinical and physiologic measures, provide clinicians with a more comprehensive view of their patients' health, even before entering the clinician's office. The potential benefits of using PROMs in clinical practice include facilitating patient-centered care, supporting patient management through standardized screening and monitoring of health outcomes, and enhancing communication and patient engagement. One of the key steps in using PROMs is selecting the appropriate measure(s) to serve the purpose and context of measurement. However, the availability of many PROMs make this choice challenging. Selecting PROMs that satisfy all purposes is essential to ensure continuity and standardization of measurement overtime. PROMs selection is an iterative process, with many contextual factors to be considered. This session will: 1) provide an overview of PROMs and their applications in primary care; 2) offer guidance for the selection of PROMs to satisfy potential usages at the micro (patient-clinician), meso (organization) and macro (system) levels within the health system; and 3) discuss implementation considerations, including diverse clinical contexts and settings with various types of patients and resources. Focused exercises selecting PROMs and incorporating them into a quality improvement project will be demonstrated and discussed. Two primary care case study examples will be presented to apply the material. Worksheets and other resources will be made available to participants. Evaluation surveys will be distributed.

Saturday, November 12th (In-Person) **Session ID: 75**

14:00–15:00 (ET) **Tricky Tales in STI Management and Contraceptive Care 2022**

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

Learning objectives:

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

1. Apply Canadian PrEP Guidelines in high-risk, non-monogamous, cis-gendered females
2. Evaluate side effects of contraceptive methods in cis-women and trans men
3. Describe the management of urethritis and syphilis in cis-gendered males, integrating multiple STI guidelines

Description:

Drs Charlie Guiang and Hannah Feiner have a combined three decades of experience of focused practice in sexual health and family planning. Occasionally we come across cases where a careful study of guidelines leaves us without complete answers. This case-based presentation is intended for participants with experience in STI management and family planning. Cases will explore areas such as STI prevention and HIV pre-exposure prophylaxis for individuals in non-monogamous relationships. We will also explore a case of

managing non-specific urethritis. A semi-complex syphilis case will be addressed including consideration of contact treatment without titres; understanding the management of titres in the context of a history of syphilis, and a practical approach to genital ulcers. Contraceptive care will be explored with a sex-positive framework in cis-women and trans-men including consideration of menstrual suppression.

Saturday, November 12th (In-Person) **Session ID: 31**

15:15–16:15 (ET) **Central Sensitization and Multiple Unexplained Symptoms: Explaining the unexplainable**

Maureen Allen, CCFP (EM) (PC), FCFP

Learning objectives:

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

1. Define central sensitization (CS) and multiple unexplained symptoms (MUS)
2. Apply DSM-5 and ICD-11 classification for central sensitization, MUS and somatic symptom disorders (SSD)
3. Execute a 15-minute office based approach for patient's living with CS and MUS

Description:

Central sensitivity syndromes (CCSs) represent an assorted group of disorders that share common symptoms, with persistent pain being the most prominent feature. Although the origin and pathophysiology of CSSs are currently incompletely understood, central sensitization has emerged as one of the significant mechanisms. Central sensitization occurs when the central nervous system amplifies sensory input across many organ systems which results in multiple unexplained symptoms (MUS) that cannot be explained by diagnostic testing. Fibromyalgia syndrome (FM) is the most common central sensitivity syndrome (CSS) which affects over 10% of the population. Historically, individuals living with CSS and MUS were labeled as "psychologically disturbed" and often dismissed. Access to pain care was limited and as healers, primary care practitioners felt helpless to provide adequate care and support. As our knowledge has grown so has our ability to classify and identify an underlying biological mechanism to explain the unexplained more effectively. The following presentation will exam CSS and MUS through a primary care lens exploring present-day knowledge using the new ICD-11 classification system and DSM-5 to break down this complex disease. It will explore the assessment and management of CSS and MUS through a multidimensional lens and discuss clinical pearls clinicians can use in a 15-minute office visit.

Saturday, November 12th (In-Person) **Session ID: 244**

15:15–16:15 (ET) **Improving Mental Health Outcomes Through Better Collaboration**

Maria Patriquin, MD, CCFP, FCFP; Nick Kates MD, MCFP (hon), FRCPC;
Javed Aloo, MD, CCFP, FCFP; Nadiya Sunderji, MD, MPH, FRCPC

Learning objectives:

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

1. Explore collaborative approaches to enhance and improve care for patients with mental health problems
2. Understand what necessary components and required to ensure successful collaboration

3. Gain practical tips for family physicians to support collaborative care in their practice

Description:

In any given year, one in five Canadians experiences a mental health problem or illness.(1) Family practices are often the first point of access for patients seeking mental health care. Primary care is one of the most accessible health care settings for individuals, particularly in more rural and remote areas, and for marginalized and underserved populations. However, many family physicians currently do not have the necessary supports or resources to treat patients with mental health concerns or to meet service demands. The integration of mental health services within primary care can address this, providing a holistic approach to care and ensuring patients receive high-quality, comprehensive, timely and continuous care. Over the last 30 years, family doctors, psychiatrists and other mental health professionals have demonstrated how working collaboratively can provide better mental health care for patients. Family doctors provide comprehensive, full scope care to patients with an emphasis on continuity while psychiatrists and other mental health professionals provide the much needed and respected expertise to manage more complex cases. The integration of mental health professionals within primary care settings improves access to care, and positions family doctors to better engage in early detection, treatment, relapse prevention, and wellness promotion.

Saturday, November 12th (In-Person) **Session ID: 199**

15:15–16:15 (ET) **Reclaiming Your Time: Strategies to make paperworkless painful**

Joan Mackenzie Chan, MD, CCFP; X. Catherine Tong, MD, CCFP (EM), FCFP, DRCPSC

Learning objectives:

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

1. Critically assess allocation of their time spent documenting clinical encounters and processing messages
2. Leverage the principles of deep work and behavior science in their workflow
3. Reclaim and recover large blocks of time to enjoy life outside of work

Description:

In 2021, 72% of Ontario doctors surveyed reported symptoms of burnout, exacerbated by the prolonged challenges related to the pandemic. Time spent completing paperwork, including time spent at home on work-related tasks, and using electronic medical records, have been identified as major contributors to physician stress and burnout. In family medicine, completing documents for benefits, employment and insurance adds substantial administrative burden to the physicians. Multiple studies show that in the emergency medicine setting, frequent interruptions and attempts to multitask increase errors, reduce performance and lead to an unsatisfying work experience. Paperwork threatens to take over the experience of practicing medicine. How can we mitigate this phenomenon? In this 60 minute workshop, you will be invited to take a deep breath and commit to a more joyous practice experience. We will lead you in a critical review of your current state of workflow and efficiency. This process includes an assessment of allocation of your time spent in clinical, administrative and academic work. We will then lead you to apply the concept of deep work, a state of heightened productivity and performance described commonly in the personal effectiveness literature. You will focus on time spent on these particular tasks: documenting clinical encounters, processing inboxes, and managing their overall work schedule. A strengths-based goal setting approach will empower you to enact small achievable changes to your workflow, in spite of the brain's tendency to resist change. Together we will focus on how to overcome the discomfort of getting today's work

done before you head home, instead of resorting to usual coping strategies of procrastination and other brain-draining habits. Ultimately, our goal for you is to reclaim large blocks of time from your workday in order to enjoy your lives outside of work.

Saturday, November 12th (In-Person) **Session ID: 218**

15:15–16:15 (ET) **Teaching Multimorbidity: The chunk, cluster, coordinate framework**

Martina Kelly, MBBCh, PhD, CCFP; Kristy Penner, BSc, MD, CCFP;
Sonja Wicklum, MD, BSc (Hon), CCFP, FCFP; Aaron Johnston, BSc, MD, CCFP (EM), 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 family medicine expertise in management of multimorbidity
2. Demonstrate a structured approach to multimorbidity using chunk, cluster and coordinate
3. Apply the framework supported by provided teaching resource

Description:

Multimorbidity describes the co-occurrence in one patient of two or more concurrent chronic conditions. Approximately half of the patients seen in primary care have multimorbidity and numbers are rising; this is not only a reflection of an aging population, the absolute numbers of patients with multimorbidity are of working age. Despite the importance of multimorbidity, most medical education, across undergraduate, postgraduate and continuing medical education, focuses on single diseases. Clinical guidelines are largely created for single diseases and there is a scarcity of structured approaches to managing multiple illnesses. Learning to care for patients with multiple medical problems is a priority topic for certification by the College of Family Physicians of Canada. Family physicians as generalists are ideally placed to provide holistic, coordinated care for patients with multimorbidity. Despite a need for education, physicians have identified challenges caring for patients with multimorbidity, including lack of decision-making tools, managing multiple problems in time constrained consultations, and juggling polypharmacy. The workshop introduces a framework taught to family medicine clerkship students at the University of Calgary. The workshop will start with a brief overview of key literature on multimorbidity. The framework of 'chunk, cluster, and coordinate' will then be introduced using a case to illustrate the approach in a teaching family medicine practice. Participants will work in small breakout rooms to apply the framework, supported by a teaching resource. Following this, participants will discuss their experiences in a large group session. At the end, we will summarize take home messages and participants will be provided with teaching resources including: slide deck, access to a podcast outlining the framework, a blank table to apply using the framework in clinic and collated take home points that are generated in the session.

FMF Virtual Scientific Program

Tuesday, November 15th

Tuesday, November 15th (Virtual) **Session ID: 97**

8:00–16:30 (ET) **Mood Disorders: Comprehensive and realistic strategies for primary care**

José Silveira, MD, FRCPC, Dip ABAM; Chase McMurren, MD; Patricia Windrim, MD

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 24 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Identify strategies for management of mood disorders including acute risk, functional impairment, relapse and recurrence
2. Understand how to safely and confidently manage diagnostically uncertain mood disorders pending diagnostic clarification
3. Apply biological, psychological, physical, and social interventions organized in a stepped care model

Description:

Mood disorders are among the most common mental health illnesses and for family physicians managing these conditions can be challenging. This workshop helps you learn current best evidence and practical and realistic approaches and strategies that you can apply in your practice. Join faculty facilitators, psychiatrist and family physician, to get current best evidence and learn practical and realistic approaches and strategies that you can apply immediately in practice.

Tuesday, November 15th (Virtual) **Session ID: 145**

9:00–17:30 (ET) **Practising Wisely: Reducing unnecessary testing and treatment**

Peter Kuling, MD; Geneviève Bois, MD

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 21 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Identify opportunities to practise wisely, thereby helping to reduce over-medicalization
2. Consult up-to-date resources; critically assess clinical practice guidelines; adopt evidence-based courses of action
3. Implement shared decision-making within your practice and promote good stewardship

Description:

How can you "practise wisely"? With a focus on ordering tests and imaging according to clinical indicators, reducing over-diagnosis and over-treatment through clinically appropriate screening and prescribing, you'll learn about evidence-based and curated online resources that support individualized patient care and shared decision making. Active learning exercises such as case studies, individual reflection and group work will help you build communication skills to guide your patients through the shift from seeking sickness to enhancing health.

Tuesday, November 15th (Virtual) **Session ID: 5132**

10:00–16:30 (ET) **ECGs for Family Docs: A comprehensive review**

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

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 15 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Review the electrophysiology of ECG deflections
2. Understand the causes and morphology of common arrhythmias and ST changes
3. Apply a practical schema for treating patients with arrhythmias and ST changes

Description:

ECG interpretation is a core competence of Family Physicians but is often taught using pattern recognition that leads to difficulty with complex or atypical ECGs. This course explains the basics of electrophysiology using a simplified approach that is well suited to Residents and practicing Family Physicians. 4 hours of preparatory narrated PowerPoint slides on ECG basics, bradycardias, tachycardias and ST changes ensures that you need to know everything you need to know before you show up for the course. Once at the session, we do a brief review then spend the next 4 hours practicing ECG interpretation arranged by topic in order to build mastery of each ECG facet. We finish with a 60 min integrated interactive exam that allows you to test your knowledge and correct any lingering deficiencies.

Tuesday, November 15th (Virtual) **Session ID: 17**

13:30–17:00 (ET) **Decision-Making Capacity Assessment Level 1**

Lesley Charles, MBChB, CCFP (COE)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 6 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Recall aspects of the Adult Guardianship and Trusteeship and Personal Directives Acts (FM expert/health advocate)
2. Identify the guiding principles in decision-making capacity assessment (DMCA) (FM expert/health advocate)
3. Explore an interdisciplinary approach to capacity assessment (leader/collaborator/communicator)

Description:

As the life expectancy of Canadians and prevalence of complex chronic health conditions continue to rise, assessment of independent decision-making capacity emerges as an issue of increasing importance. Toward this end, the Decision-Making Capacity Assessment (DMCA) Model was developed to facilitate a process by which the least restrictive and intrusive means of support can be determined and offered to persons whose decision making has come into question. Many physicians do not feel prepared to assess capacity from their residency training. Physicians play a key role in capacity assessment as they are able to declare persons incapable. They thus often require additional training once in practice. An educational workshop has been developed on the DMCA process. There were increased costs of poorly conducted capacity assessments. The study identified a lack of knowledge, skill set, standardized method/tools/guidelines, coordination, and role definition, plus the issue of resource allocation. A process was proposed with front-end screening/problem solving, a well-defined standardized assessment, and definition of team members' roles. A care map was developed based on this process. Documentation was developed consisting of a capacity assessment database and patient interview for formal capacity assessment. Interactive workshops, administered to familiarize staff with the model, include concepts of capacity, the protocol, documents, and case studies. A feasibility study looking at three acute-care sites in Edmonton confirmed that this process addressed the issues of lack of knowledge, skill set, etc. This three-hour workshop is now offered to physicians. This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 6 Group Learning Credits. There is a level 2 3-hour workshop for physicians with some experience in DMCA which has been accredited for up to 9 Group Learning Credits.

Wednesday, November 16th

Wednesday, November 16th (Virtual) **Session ID: 229**

9:55–11:00 (ET) **Diagnosing FASD in Your Family Practice**

Kyle Sue, MD, MHM, GCPain, CCFP (PC)

Learning objectives:

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

1. Recognize FASD as a full-body diagnosis, not just a brain disorder
2. Formally diagnose FASD in your practice on your own
3. Improve communication/adherence, and screening & management of chronic health conditions for FASD patients

Description:

Fetal Alcohol Spectrum Disorder (FASD) affects up to 1.4 million patients in Canada despite significant underdiagnosis and under-recognition. While traditionally thought of as a diagnosis affecting brain function, it is now known that FASD can affect the development and functioning of every organ in the body. There are screening and monitoring considerations given earlier and more frequent development of chronic diseases, including dementia. Communication and adherence are areas requiring modified strategies. Therefore, FASD is relevant to every family doctor in any practice setting. This presentation will also guide you in making formal FASD diagnoses on your own, for patients of all ages, which can potentially avoid years-long waiting lists for "specialized assessments" (if available in your area) or the need for privately-funded assessments. Having a diagnosis of FASD will dramatically impact all aspects of medical care, and has been shown to improve patients' understanding of themselves, as well as improve access to appropriate supports and role models.

Wednesday, November 16th (Virtual) **Session ID: 268**

9:55–11:00 (ET) **Using COVID-19 as a Model For Successful Family Medicine CME**

Allan Grill, MD, CCFP (COE), MPH, FCFP; Michael Allan, MD, CCFP;
Elizabeth Muggah, MD, CCFP; Tara Kiran, MD, MSc, 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. Identify the resources required to create a successful CME event during a pandemic and beyond
2. Determine the metrics needed for ongoing evaluation and constructive feedback related to a CME project
3. Explore how an original CME idea can be expanded to account for different learning styles

Description:

The COVID-19 pandemic has brought with it many challenges for family physicians. The list includes navigating public health guidelines, transitioning to virtual care, and enhancing office infection prevention

and control measures, to name a few. Keeping up with the rapid pace of new information coming from a variety of sources (e.g. mainstream media, social media, provincial medical associations, local hospitals) while balancing a busy clinical practice has been very difficult, confusing, and a source of burnout for our colleagues. Recognizing the need for up to date, practical, on the ground dissemination of information in real time for their members, The College of Family Physicians of Canada (CFPC), Ontario College of Family Physicians (OCFP) and the Department of Family and Community Medicine at the University of Toronto (DFCM) quickly pivoted and prioritized the delivery of continuing medical education (CME) materials to their members at the national, provincial, and local levels in a creative and engaging way. To date, thousands of views of these resources have been recorded, with very positive feedback expressing a high degree of appreciation. There is great potential for this continuing professional development model to be adapted across Canada beyond the lifespan of the pandemic. This webinar will feature a panel of speakers representing the leadership of each of these organizations who were directly involved with these initiatives. Each will reflect on the leadership, quality improvement, and team-building skills that are required to deliver these valuable Mainpro + accredited resources and fill a much-needed knowledge gap. From the CFPC's 'COVID-19 Pivot' webinars and online CFPCLearn educational modules, to the collaborative efforts of the OCFP and DFCM to create a biweekly Community of Practice session and 'ConfusedAboutCovid' website, participants will gain a better understanding, through personal stories and feedback data, of the steps required to duplicate such efforts.

Wednesday, November 16th (Virtual) **Session ID: 41**

9:55–11:00 (ET) **Where Sex and Gender Mingle: Sexual health of transgender/gender diverse**

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

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

1. Describe the spectrum of sexuality within the TGD community
2. Explore the effects of hormones (HRT) and gender affirming surgeries on sexual function
3. Outline the special considerations of fertility, contraception and STI within this population

Description:

We are long past the trans health basic 101 sessions now. An ever growing list of transgender folks in your practice are asking questions and seeking answers about their sexual health and function whether this be fertility, contraception, safe sex practices and STI and beyond. Topics ranging from asexual to pansexual, monogamous to polyamorous, and solo to sex-trade will be discussed. This session will provide a safe and practical clinical approach to the sexual health needs of your trans/TGD patients. Expect a fast paced, interactive and novel session that may have you supporting the sexual health of your trans patients in a safe, non-judgemental and trans-competent manner. Dr Ted Jablonski (he,him) is a family physician in Calgary with longstanding expertise in sexual medicine and transgender and gender diverse (TGD) health. His sessions are always highest rated for their practical clinical pearls.

Free-Standing Papers

Wednesday, November 16th (Virtual) **Session ID: 374**

10:00–10:10 (ET) **Psychosocial Impacts on Pandemic Pregnancies**

Karen Fleming*, MD, MSc, CCFP; Susan O'Rinn; Tania Johannsen, MD, MSc; Cathy Kaixi Wang, MD, CCFP; Qinya Zhang MD, MPH; Aimee Santoro, RN (EC), MSc, PHCNP; Jon Barrett, MD, FRCOG, FRCSC

Learning objectives:

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

1. Describe the psychosocial impact of the COVID-19 pandemic on pregnant and postpartum individuals
2. Describe challenges and coping strategies used by pregnant and postpartum individuals during the COVID-19 pandemic
3. Describe ways to improve the pregnant and postpartum experience during a pandemic and beyond

Description:

Context: The COVID-19 pandemic has been associated with increased anxiety, depression, and stress in the general population. Pregnant and postpartum individuals may be more vulnerable due to compounding stressors arising from the pandemic and pregnancy/postpartum concerns, such as caring for their newborn or changes to medical care. **Objective:** To describe the psychosocial impact of the COVID-19 pandemic on pregnancy and postpartum experiences. **Design/Setting/Participants:** This qualitative study was guided by a phenomenological approach. Purposeful sampling was used to recruit pregnant and postpartum individuals from Sunnybrook Health Sciences Centre (SHSC) (Toronto, Canada) until saturation. Participants completed a demographic questionnaire and a semi-structured telephone interview. Interviews were recorded, transcribed, anonymized, and analysed thematically. This study was approved by SHSC's Research Ethics Board (#3235). **Main Outcome Measures:** The primary outcome was the psychosocial experience of pregnant and postpartum individuals during the COVID-19 pandemic. **Results/Findings:** A total of 15 interviews with pregnant and postpartum individuals were conducted between Mar-Jul 2021. Analyses revealed five main themes: 1) Impact of Social Isolation; 2) Decreased Mental and Physical Health; 3) Negative Impact of Changes to Pregnancy/Postpartum Healthcare; 4) Difficulty Adapting to a New Normal and 5) Resilience as a Coping Mechanism. While discussing their experiences, participants noted several factors that could have improved their experiences: better messaging from health and government; greater focus on maternal mental health from healthcare providers; and increased peer support, especially for first time parents. **Conclusion:** While the pandemic clearly disrupted family and social life, heightened psychosocial impacts, and changed the delivery of healthcare, no major high risk behaviours were discussed. Although participants described difficulties adjusting to their new normal, they developed effective coping strategies and demonstrated resilience. These results can be used to guide interventions to lessen psychosocial impacts during pregnancy and postpartum periods.

Wednesday, November 16th (Virtual) **Session ID: 319**

10:10–10:20 (ET) **Defining Patients With Cardiovascular Disease in Primary Care**

Riddhima D Thomas, BSc; Leanne Kosowan, MSc; Mary Pambid, MB, BCh, BAO; Alexander G Singer*, MB, BCh, BAO, CCFP

Learning objectives:

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

1. Describe patient characteristics associated with EMR-documented CVD in primary care

2. Demonstrate the effectiveness of the developed EMR-based case definition for CVD
3. Explain the value of case definitions for CVD surveillance and management in primary care

Description:

Objective: Cardiovascular disease (CVD) is a leading cause of death in Canada. Family physicians play an important role in diagnosing and managing CVD. This study validates a primary care-based electronic medical record (EMR) case definition for CVD to support disease surveillance in primary care settings. **Design:** Retrospective cross-sectional study. **Setting:** EMR data from 1,574 primary care 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-2017 and 31-Dec-2019 (N=689,301). **Outcome Measures:** A reference standard was created by reviewing medical records of a subset of patients (n=2,017) for coronary artery disease (CAD), cerebrovascular disease (CV) and peripheral vascular disease (PVD). Together these definitions produced a case definition for CVD. We estimate prevalence using an exact binomial test. Descriptive statistics, chi-squared and t-tests characterized patients with and without CVD. **Results:** The CVD case definition had a sensitivity of 68.5% (61.6-74.8%), specificity 97.8% (97.0-98.4%), positive predictive value (PPV) 77.7% (71.6-82.7%), and negative predictive value (NPV) of 96.5% (95.8-97.1%). The case definition for CAD was strong (sensitivity 91.6% (84.6-96.1%), SP 98.3% (97.6-98.8%), PPV 74.8% (67.8-80.7%), NPV 99.5% (99.1-99.7%)); however, CV and PVD had low sensitivity and PPV. We estimate the prevalence of CVD in patients seen in primary care settings is 11.2% (n=77,064), 7.7% CAD, 3.4% CV, and 1.7% PVD. Patients with CVD were significantly more likely to be male (55.4% vs. 42.3%, p=<.001), older (70.5 (SD14.4) vs. 50.0 (SD18.7), p=<.0001), have hypertension (61.7% vs 24.3%, p=<.001) and dyslipidemia (72.7% vs 34.6%, p=<.001). **Conclusion:** A low sensitivity and PPV suggest the case definitions may underestimate CVD within primary care. However, the strong specificity, NPV and patient characteristics suggest CVD is accurately captured by the algorithm. Understanding the prevalence and disease burden of patients with CVD can improve care.

Wednesday, November 16th (Virtual) **Session ID: 358**

10:20–10:30 (ET) **Supporting Vulnerable People With Diabetes During The Pandemic, Cape Town**

Klaus von Pressentin*, MD, MMed, FCFP, PhD; Bob Mash, MD, FCFP, PhD;
Natasha Moodaley, MPhil; Alaofin Omotayo, PhD; Neil David, MD, FCFP;
Leigh Wagner, MD, MMed, FCFP; James Porter, MD, MMed, FCFP; Haniem Salie, MD, PGDip; Beverley Schweitzer, MD, FCFP; Graham Bresick, MD, MPH, FCFP

Learning objectives:

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

1. Identify innovations to support people living with diabetes during the COVID-19 pandemic
2. Recognise the role of community health workers in enhancing access to care and health information
3. Evaluate the sources of health messaging accessible by vulnerable communities

Description:

Objective: The project aimed to evaluate innovations by the Cape Town Metro District Health Services in vulnerable communities to reduce COVID-19 associated complications amongst individuals living with type 2 diabetes. The innovations included home delivery of medication by community health workers, patient education to support self-management, as well as active screening for diabetic patients diagnosed with COVID-19. **Design:** A descriptive cross-sectional study. **Setting:** The study focused on people living with

diabetes who were receiving their usual chronic care at four primary care facilities. **Participants:** A total number of 269 persons living with type 2 diabetes with a mean age of 58.2 years (± SD 11.8), were surveyed using telephonic interviews between July and September 2021. Half of the participants were on insulin treatment (with or without oral medication), 155 (57.6%), and 159 (59.1%) had access to a glucometer. **Results:** Findings on key outcomes revealed that 30 (11.2%) of the participants had tested positive for COVID-19 infection, out of which 9 (30%) required hospitalization. Around two-thirds of participants, 173 (64.3%), reported receiving home delivery of pre-packaged medication and support from community health workers. Participants received information on diabetic self-management during the pandemic from their primary care health facility - 150 (55.8%), community health workers - 71 (26.4%) and the general media - 33 (12.3%). Sources of essential COVID-19 information were general media (radio, TV, newspapers) - 233 (86.6%), community health workers - 67 (24.9%), as well as WhatsApp messages - 26 (9.7%). **Conclusion:** The participants reported how they received support to self-manage their diabetes and mitigate the risk of contracting COVID-19 via access to community-based innovations. This was especially valuable as access to the in-facility services was significantly reduced during the early waves of the pandemic. Enhancing access to community-based services and health messaging are important interventions to strengthen diabetic self-management.

Wednesday, November 16th (Virtual) **Session ID: 357**

10:30–10:40 (ET) **Pediatric Hypertension Screening and Management in Primary Care**

Alexander Singer*, MB, BCh, BAO, CCFP; Leanne Kosowan, MSc; Allison Dart, MD, MSc; Michael Wu, BSc; Rahul Chanchlani, MD, MSc, FASN

Learning objectives:

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

1. Describe the impact of COVID19 on pediatric hypertension screening
2. Understand the impact of COVID19 on pediatric hypertension management
3. Explain the value of pediatric hypertension screening in primary care

Description:

Objective: This study assessed trends in pediatric blood pressure (BP) screening, follow-up and treatment in primary care before, and during the COVID-19 pandemic. **Design:** Retrospective cohort study using primary care electronic medical record (EMR) data. **Setting:** EMR data from family physicians, nurse practitioners and community pediatricians participating in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). **Participants:** Children (ages 3-18) from seven Canadian provinces with ≥1 encounter with a CPSSSN participating provider between January 1, 2011, and December 31, 2020. **Main Outcome:** Time series analysis tracked blood pressure documentation per child/year starting in 2011 and into 2019/2020. Secondary outcomes include follow-up BP's, follow-up laboratory results and antihypertensive prescribing. Prevalence of elevated BP defined as ≥90th%tile or >120/80 on at least 2 separate occasions. **Results:** From the 438,297 children evaluated, approximately 1.5% (n=6,560) had prevalent elevated BP. Documentation of BP increased each year from 13.3% in 2011 to 20.2% in 2019, however there was a significant decrease in BP screening in 2020 (13.3%) (p=0.007). In 2017/2018, 39.5% (SD 0.7) of children with elevated bp had a follow-up BP, this decreased to 23.0% (SD 11.3) in 2019/2020 (p=<.001). Laboratory testing for comorbidities increased from 13.0% in 2011 to 19.2% in 2018, then decreased in 2019 and 2020 (15.7% and 18.7%, respectively (p=<.001)). Prescriptions for antihypertensive medication increased between 2011-2018 (12.9%-26.4%), followed by a decrease in 2019 (19.4%) and an increase in 2020 (35.0%) (p=0.03).

Conclusion: Documentation of BP increased each year until predictable declines during the COVID-19 pandemic. Despite lower BP screening and follow-up in 2020, there has been a significant increase in prescription medications for hypertensive children. Understanding COVID-19's ongoing impact on hypertension screening and management may influence care improvements to meet the needs of pediatric patients.

Wednesday, November 16th (Virtual) **Session ID: 297**

10:40–10:50 (ET) **Management of Cough in Patients With ILDs in Primary Care**

Diana C. Sanchez-Ramirez*, PhD, MPH; Alexander Singer, MB, BCh, BAO, CCFP; Leanne Kosowan, MSc

Learning objectives:

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

1. Describe the frequency of cough-related consultations among ILDS patients in PC based on EMR
2. Describe the medications prescribed after cough-related consultations to patients with ILDs in PC
3. Identify potentially less effective medicines for the management of cough in ILDs patients

Description:

Cough is a common symptom in idiopathic interstitial lung diseases (ILDs), there is little information of its management in primary care. The objective of this study was to explore the frequency of cough-related consultations and the medications prescribed to patients with ILDs in primary care. **Methods:** This retrospective cohort study used electronic medical records (EMR) from Manitoba primary care providers participating in the Manitoba Primary Care Research Network repository (2014–2019). Cough-related consults and the subsequent medications prescribed to patients with ILDs were identified in the EMR. **Results:** 295 patients with ILDs were identified, 73 (25%) of them had 141 cough-related consultations (mean 1.9, SD 1.3) during the period studied. In 50 (35%) of the consultations, patients were prescribed one or more of the following: inhaled bronchodilators (34%), nasal corticoids (18%), codeine/opiates (18%), antibiotics (14%), inhaled corticoids (14%), proton pump inhibitors (8%), cough preparations (6%), antihistamines (4%), and oral corticoids (2%). 13 (26%) subsequent cough-related consultations were identified within 6 months, mainly among patients who were prescribed cough preparations, nasal corticoids, antihistamines, and antibiotics. **Conclusion:** One-quarter of patients with ILDs consulted primary care due to cough, and about a third of them received a prescription to address potentially underlying causes of cough. Although further studies are required to explore the effect of the medications prescribed, recurrent cough consultations suggested that cough preparations, nasal corticoids, and antihistamines are among the least effective treatments. More research is needed to understand the causes and optimal treatment of cough in patients with ILDs.

Wednesday, November 16th (Virtual) **Session ID: 321**

10:50–11:00 (ET) **Identification of Patients With Cirrhosis Within Primary Care**

Alexander Singer*, MB, BCh, BAO, CCFP; Leanne Kosowan, MSc; Nabiha Faisal, MD; Farhana Zulkernine, PhD, PEng; Hasan Zafari, PhD

Learning objectives:

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

1. Apply a validated case definition to capture cirrhosis within primary care electronic medical records
2. Understand the value of case definitions in the context of primary care practice
3. Describe estimated prevalence of cirrhosis within primary care electronic medical records in Canada

Description:

Objective: Develop and validate a case definition to identify adult patients with liver cirrhosis in primary care settings to provide accurate estimates of the prevalence. **Design:** This retrospective cross-sectional study assessed electronic medical records (EMR) in the Canadian Primary Care Sentential Surveillance Network (CPCSSN). **Setting:** There are 1,574 primary care family physicians, nurse practitioners, and community pediatricians in the dataset used for this study. **Participants:** A total of 689,301 patients that saw a primary care provider participating in CPCSSN between January 1, 2017, and December 31, 2019. **Main Outcome:** A subset of CPCSSN patients (n=17,440) constituted our reference standard. Patient medical records were reviewed by a family physician, hepatologist and medical residents to identify patients with and without cirrhosis. There were 2,455 positive cases and 14,985 negative cases in the cirrhosis reference set. **Results:** The most accurate case definition for liver cirrhosis was chosen, it included: ≥1 health condition (problem list entry), billing or encounter diagnosis for ICD-9 codes 571.2, 571.5, 789.59, or 571. The sensitivity was 85.6% (82.9-88.0%), specificity 99.9% (99.9-100%), positive predictive value 98.6% (97.4-99.3%), and negative predictive value of 99.2% (99.1-99.4%). Application of this definition to active patients in CPCSSN suggests a prevalence of 0.6% (0.61-0.64) in primary care settings. Among the patients with liver cirrhosis, 30.2% (n=1001/3316) had a diagnosis of alcoholic cirrhosis. **Conclusions:** The EMR-based case definition developed in this study accurately captured patients diagnosed with cirrhosis. Future work to characterize patients with liver cirrhosis and their primary care experiences can support improvements in identification and management of this condition in primary care settings.

Wednesday, November 16th (Virtual) **Session ID: 120**

11:30–12:30 (ET) **Decolonizing Cultural Safety Education Through Reciprocity and Making**

Sari Raber, MD, CCFP; Darlene McIntosh, Elder; Marlene Erickson, MA; Brenda Crabtree, MA; Connie Watts, IM; Zoe Laycock, IM; Violet Martin, IM; Caylee Raber, MDes;
Nadia Beyzaei, MRes; Jean Chisholm, MDes; Sari Raber, MD

Learning objectives:

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

1. Gain knowledge about the role of Indigenous methodologies in facilitating cultural safety education
2. Reflect on the role of design and material practice in cultural-safety education and decolonizing practices
3. Leave the session with an understanding of the role of relationships in community-based collaborations

Description:

The Aboriginal Gathering Place and Health Design Lab at Emily Carr University, and the College of New Caledonia have been collaborating on a project that explores Indigenous-led arts and material practice workshops as a form of cultural safety education by fostering dialogue between non-Indigenous healthcare students and Indigenous students in the Lheidli T'enneh and surrounding areas (Prince George, BC).

Uniquely, this project is led by an art and design university, integrating Indigenous material practices to consider an approach to cultural safety education that is not solely focused on the healthcare student or practitioner as the learner, but includes the community as key contributors to the learning experience. The workshops combine teachings about Indigenous histories, injustices, and the current state of systemic racism, with local and culturally relevant teaching and making activities; drum making, beadwork, moose hair tufting, and rattle making were led by Indigenous artists, with an intentional focus on engaging local artists and community members, where possible. The workshops invite participants into a community of individuals who have long-standing relationships with each other, creating moments for deep listening, connection or re-connection to culture, and immersion in cultural protocols and community. This presentation will highlight our learning in progress about reciprocity, the significance of Indigenous-led making in facilitating dialogue, and the importance of community-based approaches to decolonizing healthcare. Our team will also reflect on how the integrity of these workshops was maintained in an online format, responding to COVID-19 community safety needs. In the development and prototyping of this new approach to cultural safety education, our team has begun to consider how these workshops can be integrated into Health Education Programs and Health Authority training for professionals.

Wednesday, November 16th (Virtual) **Session ID: 143**

11:30–12:30 (ET) **Pain In The Neck: Office approach to the cervical spine**

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

Learning objectives:

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

1. Apply an efficient approach to assessment of neck pain/conditions
2. Detect serious pathology (degenerative cervical myelopathy) related to cervical conditions
3. Implement appropriate rehab approaches to neck conditions

Description:

Neck pain is very common and family physicians are a typical point of initial contact for patients who have neck pain. While many cases of neck pain will be due to benign cervical conditions and resolve quickly, others can be complex and chronic and there can be serious pathologies to be aware of. It can be challenging to assess the cervical spine in a typical office encounter, this case-based session will provide a practical approach to efficient office assessment of the neck. The session will provide an overview of Degenerative Cervical Myelopathy (DCM), a serious etiology not to be missed and lastly an overview of rehabilitative care will be presented. The session will be a collaborative perspective by presenters from Family Medicine, Neurosurgery and Physical Medicine and Rehabilitation faculties.

Wednesday, November 16th (Virtual) **Session ID: 233**

11:30–12:30 (ET) **What's Behind the Screen? Understanding preventive screening**

Viola Antao, MD, CCFP, MHSc, FCFP; Guylene Theriault, MD, CCFP; Raphael Rezkallah, MD; Roland Grad, MD, CM, MSc, CCFP, FCFP; Neil Bell, MD, SM, CCFP, FCFP;
James Dickinson, MB, BS, PhD ,Gu CCFP, FRAGP

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 "paradox of screening"
2. Utilize a case scenario to demonstrate challenges with teaching screening and preventive health care
3. Identify strategies to address challenges including knowledge translation tools that can be applied in teaching

Description:

Delivering preventive care is complex and teaching it is challenging. Many physicians, trainees and patients assume that all recommended screening investigations enable earlier diagnosis, more effective treatment, and thus prevent premature death. Reality check: Screening decisions involve a trade-off between potential harms and benefits and historically, the benefits have been oversold. A clear understanding of harms and benefits is essential for a truly informed decision. Multiple factors influence how clinician teachers can elect to address screening and preventive health care. Direct-to-patient provincial screening programs and time pressures at point of care make it easier to adopt a reflexive approach and screen all those who qualify. There are pros and cons to this approach. Direct-to-patient screening does not address each patient's values, assumptions and understanding of the interventions, and fails to address modifiable lifestyle risk factors that contribute to disease. This failure to "look behind the screen "is magnified at the clinician teacher-learner-patient interface; where factors such as perceived lack of time, statistical illiteracy, lack of critical thinking, fear of missing a diagnosis, fear of legal repercussions, and perceived patient preferences "to test just to make sure", all complicate the screening decision process for physician and learners alike. Physicians are faced with a major challenge on how to best apply and teach these skills and integrate them into routine practice. Patients, trainees and physicians who look behind the screening investigation will help patients arrive at a better decision.

Wednesday, November 16th (Virtual) **Session ID: 536**

11:30–12:30 (ET) **Why is Your Patient Short of Breath?**

Alan Kaplan, MD, CCFP (EM), FCFP CPC (HC)

Learning objectives:

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

1. Review the common causes of dyspnea and how to investigate for them
2. Review some less common causes of dyspnea that you do not want to miss
3. Understand the pathophysiology and associations so we can institute newer therapies for refractory cough

Description:

It would be nice if patients present with a label on their forehead in our offices telling us what their diagnosis is. They don't. Patients present with symptoms as well as their fears and expectations that we have to wade through and investigate to lead to the first step in helping them, making the diagnosis. Only with the proper diagnosis, can we institute therapy and join our patient down a pathway to be the best they can be. This session will review patients who present with dyspnea. Dyspnea has many causes including biochemical, cardiologic, respiratory, psychologic and thrombotic. We will go through the diagnostic tests needed and deal with management strategies to optimize both current symptoms and long term health for many common

(and some uncommon) conditions causing dyspnea. At the end, we will leave you with an algorithm for how to approach your patients with this often disabling (and possibly life threatening) symptom complex.

Free-Standing Papers

Wednesday, November 16th (Virtual) **Session ID: 376**

11:30–11:40 (ET) **A Conceptual Model of Adaptability in Family Medicine**

Karen Schultz*, MD, CCFP, FCFP; Shelley Ross, MA, PhD, MCFP (Hon);
Kathrine Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MClSc, CCFP, FCFP;
Theresa van der Goes, MD, CCFP; Erich Hanel, MB, MSc, ABFM, CAC (EM);
Keith Wilson, MD, PhD, CCFP, FCFP

Learning objectives:

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

1. Describe the elements of adaptability in the context of family medicine education and practice.
2. Explain which aspects of adaptability can be taught and assessed.
3. Integrate at least one skill for adaptability in their teaching and/or practice.

Description:

Objective: The importance of adaptability – being flexible and able to adjust to changes, challenge, and novelty – is an integral part of family medicine. Whether the challenge comes from healthcare system issues, new scientific knowledge, or a pandemic, family physicians must be able to adapt quickly. Skills in adaptability have long been implicit in family medicine training and practice, but increasing rapidity of change has prompted the need to make adaptability an explicit focus. However, teaching and assessing adaptability requires a shared understanding of the construct of adaptability. This study looked to develop and disseminate a conceptual model of adaptability in family medicine practice and education to facilitate that shared understanding, an important first step toward incorporating teaching and assessment of adaptability in family medicine residency training. **Design:** Consensus development panel. **Setting:** College of Family Physicians of Canada. **Participants:** Nine assessment and education experts; one early career educator. (N=10) **Main outcome measures:** Consensus conceptual model of the construct of adaptability, highlighting elements that can be taught and assessed. **Results:** In phase 1, six panel members independently constructed concept maps. Following discussion the panel created one consensus concept map incorporating all agreed upon adaptability elements in the context of family medicine education and practice. The full panel then discussed this consensus concept map to identify potential targets for teaching and assessment. Two panel members compared the identified elements with the literature, and suggested revisions. The full panel discussed the proposed revisions until consensus was reached on the final conceptual model. Next steps include consultation with a broad spectrum of family medicine educators, learners, and practitioners to further refine the conceptual model. **Conclusion:** This model should facilitate development of a shared understanding of adaptability in family medicine, a first step to implementing teaching and assessment of adaptability into residency programs.

Wednesday, November 16th (Virtual) **Session ID: 375**

11:40–11:50 (ET) **The What, Why, and "So What?" of Adaptive Expertise**

Shelley Ross*, MA, PhD, MCFP (Hon); Nathan Cupido, MSc; Karen Schultz, MD, CCFP, FCFP; Kathrine Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MClSc, CCFP, FCFP;
Theresa van der Goes, MD, CCFP; Brian Hess, PhD; Erich Hanel, MB, MSc, ABFM, CAC (EM); Keith Wilson, MD, PhD, CCFP, FCFP

Learning objectives:

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

1. Define adaptive expertise and routine expertise
2. Explain why adaptive expertise is a valuable skill for generalists
3. Debate methods to teach and assess adaptive expertise in family medicine education and practice

Description:

Objective: Generalists in medicine are often faced with uncertainty as they navigate patient care. Additionally, generalist specialties, such as family medicine, are more likely to encounter novel situations or challenges where they must engage in problem-solving to find solutions. An emerging way to think about the needed skills for generalists is "adaptive expertise". However, while the concept of adaptive expertise is appearing at an increasing rate in the literature, there persists a need to be clear in defining adaptive expertise in healthcare contexts. Further, clarity is needed about how curriculum design can support development of skills in adaptive expertise. Our objective in this study was to explore definitions of adaptive expertise in medicine, and to investigate existing strategies to teach skills in adaptive expertise. **Design:** Narrative review. Setting: College of Family Physicians of Canada. **Intervention:** Databases used were MedLine, PubMed, ERIC, CINAHL, and PsycINFO. **Main outcome measures:** Search term was "adaptive expertise". **Inclusion criteria:** context of health professions education. **Results:** The search resulted in 212 articles; 58 met inclusion criteria. Adaptive expertise in the health professions is defined in relation to routine expertise, which is characterized by procedural fluency (mastery of knowledge, skills, and processes) as a medical professional. Adaptive experts are characterized by the procedural fluency, complemented by an understanding of why an approach works within a specific context, and even whether innovation is needed in a specific situation. This explicit conceptual understanding is what sets adaptive experts apart from routine experts as it permits adaptation to variability. Strategies to support the development of adaptive expertise are still very much in the early phases in medical education. **Conclusion:** Adaptive expertise is an important skill for generalists; however, more work is needed to determine how to incorporate strategies for the teaching and assessment of adaptive expertise into family medicine training.

Wednesday, November 16th (Virtual) **Session ID: 335**

11:50–12:00 (ET) **"Walking on Eggshells": Experiences of underrepresented women in medical training**

Parisa Rezaiefar*, MD, FCFPC, BSc; Yara Abou-Hamde, BSc, MD, CCFP; Farah Naz, MD;
Kori A. LaDonna, PhD

Learning objectives:

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

1. Identify implications of current ambiguous definition of underrepresented groups in medicine
2. Define otherness and its impact on identity dissonance in underrepresented women in family medicine residency

3. Develop an understanding of how unsupported identity dissonance impact family medicine residents' future career plans

Description:

Objective: Medicine remains an inequitable profession for women trainees and practicing physicians. Although challenges are compounded for women who are underrepresented in medicine, both the complex features of underrepresentation and how they intersect to influence women's career paths remain under-explored. The objective of this study was to examine the experiences of family medicine residents who self-identified as underrepresented women in medicine (UWiM), including how navigating underrepresentation influenced their envisioned roles within the profession. **Design:** Qualitative descriptive. **Setting:** One Canadian family medicine residency program. **Participants:** Ten family medicine residents. Data collection: Three semi-structured group interviews. **Data analysis:** Thematic analysis informed by feminist epistemology. **Results:** Participants identified as UWiM based on a large diversity of visible and invisible markers. Although the experience of otherness was the main finding shared by all participants, their experiences of overt and covert discrimination differed based on how markers of their identity intersected. In navigating otherness, participants spent considerable time and energy both anticipating discrimination and assuming defensive and protective behaviours against real or perceived threats. While they engendered empathy and altruism as a response to lived adversity by envisioning a career serving marginalized patients and mentoring underrepresented trainees, they were also motivated by a need for personal safety and inclusion. **Conclusions:** Equity, Diversity, and Inclusion initiatives in medical education risk being of little value without a comprehensive understanding of the breadth of visible and invisible identities represented by trainees and practicing physicians. UWiM trainees experience significant identity dissonance during their training that may result in unintended consequences if left unaddressed. Medical educators have an obligation to "do better" by creating a more inclusive educational environment. By sharing their experiences, participants generated the critical awareness required for faculty to both examine their biases, and to work toward making medicine a safer and more equitable profession for UWiM.

Wednesday, November 16th (Virtual) **Session ID: 359**

12:00–12:10 (ET) **Comprehensive Care Practice Intentions Trends Among FM Residents**

Ivy Oandasan*, MD, CCFP, MHSc, FCFP; Alix Holtby, MA

Learning objectives:

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

1. Describe the CFPC's Family Medicine Longitudinal Survey
2. Describe trends in family medicine residents' comprehensive care exposure, intention and their relationships
3. Consider the value of data in residency education and physician workforce planning

Description:

Objective: Concerns have been raised that the comprehensive scope of practice of family physicians is declining. Training experiences during residency are designed to expose residents to the domains of care that represent comprehensive broad based care. We explore family medicine residents' intention to practice comprehensive care over 5 years. **Design/Participants:** The Family Medicine Longitudinal Survey (FMLS) is a longitudinal, cross-sectional survey that collects data at entry to residency, at graduation and 3-years into practice. Secondary analysis of de-identified self-report aggregate survey data from family medicine residents

entering residency (T1) and exiting residency (T2) 2017-2021 was conducted. Average response rate was 66.5% (T1) and 58.2% (T2). Completed surveys returned were 5045 (T1) and 4295 (T2). **Results:** Using a 5-point Likert scale of intention (ranging from 1 "Very Unlikely" to 5 "Highly Likely") at entry to residency residents' intentions to practice in the domains of intrapartum care, palliative care, care in the home, and long term care very modestly declined ($r \geq -.05$) over time. Intentions to provide care for Indigenous populations increased ($r = .09$). Practice intention to provide office based clinical procedures, care in the home, and long term care at end of residency very modestly declined ($r \geq -.07$). Intentions to provide care for marginalized populations very modestly increased ($r = .05$). For many of these domains, intention to practice is significantly higher ($p \leq .001$) with higher exposure. **Conclusion:** Our findings suggest there may be a small decline over time in intention to practice comprehensive care at both entry to and exit from residency and that higher levels of exposure is related to higher levels of intention to practice in many comprehensive care domains. Improving exposure during training could be one factor for programs to address declining practice intention in identified domains of care.

Wednesday, November 16th (Virtual) **Session ID: 308**

12:10–12:20 (ET) **Competency Based Medical Education (CBME) in CCFP (EM) Programs**

Avik Nath*, MD, CCFP (EM), MPH, FCFP; Krishan Yadav, MD, MSc; Nicolas Chagnon MD; Warren J. Cheung, MD, MMEd

Learning objectives:

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

1. Identify how CCFP(EM) Programs are delivering major competency-based medical educational (CBME) components in their curriculum
2. Be able to explore the core CBME components programs have implemented
3. Identify where further development and innovation are needed to adapt CBME to a one-year program

Description:

Introduction: It is postulated that implementation of Competency by Design (CBD) in Royal College of Physicians and Surgeons of Canada (RCPSC) programs has helped enhanced skills programs in emergency medicine (CCFP(EM)) move towards a more competency-based residency. The objectives of the study were to identify major competency-based medical educational (CBME) components of CCFP(EM) programs across the country; and determine how programs are delivering these components. **Methods:** After a rigorous development process (expert content development, and pilot testing), a survey questionnaire was administered to all 17 CCFP(EM) program directors using a modified Dillman technique. Questions were structured and framed using the core components framework of CBME. The final survey included a total of 44 questions under six sections. **Results:** There was a 100% response rate. Only 65% of programs currently map their program's curriculum to an explicit outcomes-based framework. All but one program plan to map their program's curriculum to Core Professional Activities that were released by the College of Family Physicians of Canada (CFPC) in May 2021. In 35% of programs, a curriculum is organized around developmental competencies that support resident progression. Individual coaches or a coaching team follow residents longitudinally in 65% of programs. In 81% of programs, the program meets with a resident at regular, pre-defined intervals to discuss their progression. In terms of assessment: data from direct observations are incorporated 94% of the time; 29% of programs have specific criteria for advancement; and all programs have a Competence Committee. With the introduction of CBD in RCPSC programs, 71% of program directors felt there was less understanding of the unique needs of CCFP(EM) residents. **Conclusion:**

This study summarizes the current state of CBME in CCFP(EM) programs. While many components of CBME are incorporated, further development and innovation is needed to fully adapt CBME to a one-year training program.

Wednesday, November 16th (Virtual) **Session ID: 298**

12:20–12:30 (ET) **Adolescent Medicine Training in Family Medicine Residents: A scoping review**

Pierre-Paul Tellier*, MD, CCFP ; Rebecca Ataman, MSc, RKin; Marco Zaccagnini, MSc, RRT; Genevieve Gore, MLIS; Charo Rodriguez, MD, MSc, PhD

Learning objectives:

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

1. Describe the current training of adolescent medicine worldwide
2. List the most prevalent topics studied in adolescent medicine
3. Identify underrepresented competencies in adolescent training

Description:

Objective: Adolescents and young adults require age-appropriate healthcare services delivered by clinicians possessing expertise in adolescent medicine. Although family physicians are becoming the primary point for adolescent medical care, both residents and practicing family physicians report a low perceived self-efficacy and under-preparedness to deliver adolescent medical care. We conducted a scoping review to map current evidence about adolescent medicine training for family medicine residents. **Design:** We followed Arksey and O'Malley's 6-step framework and searched seven electronic databases, and key organizations' webpages from inception to September 2020. We included documents describing family medicine residents' competencies in adolescent medicine. Informed by the CanMEDS-FM, we analyzed the extracted data using numerical and qualitative content analysis. **Results:** We included 41 peer-reviewed articles and 6 adolescent health competency frameworks (n=47). Most competencies taught in family medicine programs were organized under the roles of family medicine expert (75%), communicator (12%), and professional (8%), while none related to the roles of scholar, leader, and health advocate. Although there was representation of all competency roles in the competency frameworks, we found a similar emphasis on the expert role and under-representation of the other roles. **Conclusion:** The omission of multiple competency roles in family medicine resident education on adolescents combined with them consistently reporting low perceived self-efficacy and under-preparedness to care for adolescent patients indicates that current training is insufficient to deliver optimal care to adolescents. There is an apparent disconnect between the holistic view of competency roles put forth by the CanMEDS-FM framework and what is currently being taught in family medicine residency programs concerning adolescent medicine. Researchers can optimize the curriculum by exploring under-represented competencies, including leader, health advocate, scholar and collaborator roles.

Wednesday, November 16th (Virtual) **Session ID: 40**

13:30–14:30 (ET) **Calm, Cool, Disgruntedly Collected: Female sexual interest / arousal disorder**

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

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

1. Define female sexual interest and arousal disorder (FSIAD) within the spectrum of sexual function/dysfunction
2. Review the incidence, pathogenesis, diagnosis and current treatment options of FSIAD
3. Provide a practical clinical approach to FSIAD in a busy family practice

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 low libido and arousal (Female sexual interest and arousal disorder or FIASD) which is the commonest female sexual health complaint. Expect a fast paced, interactive session which will give you a pragmatic clinical frame-work to approach this challenging area of primary care. Dr Ted Jablonski (he,him) is a family physician in Calgary with longstanding expertise in sexual medicine and transgender and gender diverse (TGD) health. His sessions are always highest rated for their practical clinical pearls.

Wednesday, November 16th (Virtual) **Session ID: 247**

13:30–14:30 (ET) **Managing Insomnia In Your Practice**

Nick Kates, MBBS, MCFP (hon), FRCPC

Learning objectives:

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

1. Understand the common causes of insomnia and how it may present in primary care
2. Learn a framework for the assessment of a sleep problem in primary care
3. Be familiar with the major approaches to managing sleep disorders in primary care

Description:

It has been estimated that up to 60% of Canadian adults do not get sufficient sleep and insomnia is one of the commonest problems encountered in primary care. Many factors can contribute to poor sleep including lifestyle, mental health problems, other general medical problems, medications, or primary sleep disorders. This workshop discusses the importance of sleep and the consequences of insufficient sleep and presents a framework for understanding, assessing and treating commonly encountered sleep problems. It summarizes the five stage sleep cycle, the circadian cycle and the sleep wake cycle and outlines the different ways in which changes in these can contribute to sleep problems. It differentiates between a primary sleep disorder (eg sleep apnoea, narcolepsy, restless leg syndrome, delayed sleep onset disorder) and primary or secondary insomnia, and the potential consequences of each of these. It then reviews the major causes of insomnia and presents simple questions that can be introduced into any health assessment. It outlines a comprehensive but relatively succinct assessment of a sleep problem in primary care, and presents some simple screening tools including a sleep log, to assist with this. It then reviews the 4 major approaches to managing a sleep problem – sleep hygiene strategies, CBT for insomnia, the use of medications and the use of OTCs. Finally it outlines an approach to managing the four primary sleep disorders listed above in any primary care setting, and the criteria for referral to a sleep clinic.

Wednesday, November 16th (Virtual) **Session ID: 236**

13:30–14:30 (ET) **Reducing Environmental Impact Through Changing Inhaler Prescribing Practices**

Debbie Elman, MD, CCFP, FCFP; Kate Stead, MD, CCFP; Susan Deering, MD, CCFP, FCFP

Learning objectives:

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

1. Describe the impact of metered dose inhalers on climate change
2. Apply quality improvement principles to explore how to mitigate greenhouse gas emissions in everyday practice
3. Implement simple practice changes to decrease environmental impact from inhalers

Description:

Medications - especially in primary care - are one of the greatest contributors to the Canadian healthcare system's 4.5% contribution to our national carbon footprint. For example, a metered dose inhaler (MDI) with 100 doses has the same impact as driving a car about 290 km. Family doctors work with patients in various settings through the life cycle, are often the first point of contact with the health care system, and have relationships built on trust with their patients. This makes family doctors well positioned to discuss issues on sustainability and environmental impact with their patients. Our Department of Family and Community Medicine is using quality improvement (QI) methodology in multiple settings to safely decrease the use of MDIs, both by appropriately deprescribing or by switching to dry powder inhalers (DPI). This project has proven to be feasible and successful in a community based family practice office, a hospital based family practice unit, and a long term care facility run by family doctors. This multi-site QI project uses resources adapted from the Centre for Sustainable Health Systems (CSHS). Through the model for improvement we have created easy to use templates, process maps, and scripts that are simple to implement in primary care. One of the strengths of the project is the multipronged approach to education. The tools allow for the engagement of primary care providers, pharmacists, as well as patients and their families - all of whom are important for achieving success. During this session we will discuss the impact of MDIs on the environment. We will describe the process and resources that we have been using and participants will be given opportunities to explore how to implement similar changes in their own practices.

Wednesday, November 16th (Virtual) **Session ID: 204**

13:30–14:30 (ET) **The Role of Adaptive Expertise in Family Medicine**

Shelley Ross, PhD, MCFP (Hon); Nancy Fowler, MD, CCFP, FCFP; Nathan Cupido, MSc; Kathrine Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MClSc, CCFP, FCFP; Theresa Van Der Goes, MD, CCFP; Keith Wilson, MD, PhD, CCFP, FCFP; Martin Potter, MD, MSc, CCFM, FCFM; Karen Schultz, 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. Define adaptive expertise in the context of family medicine
2. Describe the interaction between routine and adaptive expertise in the context of novel situations
3. Identify opportunities to integrate adaptive expertise into approaches to family medicine training and practice

Description:

Background: Adaptive expertise is a multifaceted construct which emphasizes a balance between the efficient use of previous knowledge and innovative problem solving in emergent or complex situations, enabling an individual to use their existing expertise in new ways in response to novel problems. It involves the integration of elements of motivation, disposition, cognition, and metacognition. While adaptive expertise is necessary for most physicians, it is an absolute requirement for family physicians, who are at the forefront in their provision of patient-centered generalist care in a rapidly evolving environment. The COVID pandemic has highlighted the crucial role of family physicians in ensuring the health of their individual patients as well as their communities. This session is intended to spark thinking about adaptive expertise in the context of family medicine. Session content: We will introduce participants to the concept of adaptive expertise, and show how adaptive expertise applies across the continuum of family medicine training and practice. Drawing from a recent scoping review conducted by the presenters, we will give examples from the literature that illustrate how adaptive expertise has been taught and assessed in different contexts. Prompted by questions and case examples, participants will actively engage in identifying how adaptive expertise might look in family medicine training and practice. Participants will be further prompted to debate what aspects of adaptive expertise might be applicable to undergraduate, postgraduate, and continuing medical education. Implications for faculty development and lifelong learning will be discussed, with ample time for participant suggestions and critiques. Our goal is to "prime the pump" by giving participants information and ideas about adaptive expertise in the context of family medicine. Participants will leave this session prepared to explore how they could integrate the construct of adaptive expertise into their approaches to teaching, learning, and practice.

Free-Standing Papers

Wednesday, November 16th (Virtual) **Session ID: 332**

13:30–13:40 (ET) **CCEDARR Canada: Enhancing rural community resilience to ecosystem disruption**

Stefan Grzybowski*, MD, MCSIc; Anna de Waal, MScPH; Alexandra Bland, MSc

Learning objectives:

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

1. Describe strategies and innovations supporting rural community resilience during the COVID-19 pandemic
2. Explore opportunities to support rural physician engagement with youth and Indigenous communities
3. Determine CCEDARR study implications for rural family practice to support resilience to future ecosystem disruptors

Description:

Objective: To identify strategies and innovations supporting rural community resilience to the COVID-19 pandemic that may facilitate adaptation to climate change and future ecosystem disruptions. **Design:** A qualitative exploratory thematic analysis was implemented. **Setting:** Participants were recruited from 22 rural communities in four Canadian provinces (Alberta, British Columbia, Saskatchewan, and Ontario). **Participants:** Semi-structured virtual interviews were conducted with participants (n = 64) following snowball sampling via seed contacts from the Society of Rural Physicians of Canada (SRPC) and CCEDARR study co-investigators. Participants included 27 rural family physicians, 8 rural health care team members and 29 rural community members. 6 community forums were completed to return study findings to participants and seek

community input on the thematic analysis. **Findings:** Resilient rural communities were characterized by longitudinal relationships grounded in trust and effective communication between physicians, patients, community organizations, and with health authorities. Rural family physicians identified continuity of care, team-based primary care, virtual care provision, and culturally competent health services delivery as integral to supporting community-level resilience during the COVID-19 pandemic. Salaried and blended capitation physician payment models were endorsed as supporting social accountability and capacity to contribute to pandemic response activities. Indigenous community members emphasized the need to support land-based healing and address the social determinants of health in effective wellness planning. The COVID-19 pandemic furthermore highlighted the need for expanded access to mental health services for rural youth. **Conclusion:** Rural family physicians are well-positioned to provide leadership in responding and adapting to future challenges posed by climate change and ecosystem disruption. Community-level resilience to ecosystem disruptors requires multifaceted strategies, including longitudinal relationship-building, employing diverse communication channels, and provision of culturally competent care. Recommendations include policy changes to support alternative physician payment models that encourage social accountability in rural settings.

Wednesday, November 16th (Virtual) **Session ID: 305**

13:40–13:50 (ET) **Recreating The Village: The patient experience with group perinatal care**

Anne Biringer,* MD, CCFP, FCFP; Natalie Morson, MD,CCFP, MScCH;
Sakina Walji, MD, CCFP, MPH; Tutsirai Makuwaza, BSc, MA; Alison Meikle, RN;
Susannah Merrett, BSc, RM; Natalie Tregaskiss, RN, RM, IBCLC*; Milena Forte, MD, FCFP

Learning objectives:

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

1. Describe how group perinatal care impacts the pregnancy journey and fosters impactful relationship building
2. Describe an innovative model of group perinatal care co-facilitated by family medicine residents and midwives
3. Describe how social network theory may explain some positive outcomes of group perinatal care

Description:

Context: Group perinatal care (GPC) offers a "one stop" approach to clinical care and perinatal education. It has been shown to be associated with high levels of patient satisfaction and improved clinical outcomes. Co-facilitation of GPC (including postpartum care) by midwives (MW) and family medicine residents (FMR) in a family health team (FHT) has not been previously assessed. **Objective:** To explore the experience of participants in the academic FHT model of GPC. **Study design:** Descriptive qualitative study using semi-structured telephone interviews with participants who had completed GPC. Interviews were audio-recorded and transcribed verbatim. Thematic analysis was conducted by team members. **Setting:** Academic family health team (FHT), Toronto, Canada. **Participants:** 18 patients who had participated in GPC at the Mount Sinai Academic FHT who delivered between November 7, 2016 and October 26, 2018. **Findings:** The major theme was the value of the relationships established and the positive consequences of those relationships. Participants describe relationships with health care providers that were built on comprehensiveness, continuity and credibility. Relationships with other GPC participants were facilitated but also developed organically, continued outside the structure of GPC and persisted well beyond perinatal care. The consequences of these relationships included creating support networks, shared knowledge and experience

with their partners, improved self-confidence during the pregnancy and labour journey, decreased anxiety and extended commitment to breastfeeding. **Conclusions:** Participants in GPC at the Mount Sinai Academic FHT, in essence, became part of a social network for their labour, birth and early parenting journey by developing relationships with their healthcare providers, partners and fellow participants through the group process. This resulted in informational and emotional support which positively affected their experience. In particular, the contributions to self-confidence and decreased anxiety deserve further exploration.

Wednesday, November 16th (Virtual) **Session ID: 318**

13:50–14:00 (ET) **Saskatchewan's TRANS Peer Health Navigator Project**

Gwen Rose, BA; Stéphanie Madill, PhD; Megan Clark*, MD, CCFP

Learning objectives:

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

1. Discuss healthcare for people who are transgender and gender diverse (PTGD) in Saskatchewan
2. Describe the role of a peer health navigator
3. Describe the impact of peer health navigators for PTGD in Saskatchewan

Description:

Objective: To assess the impact of peer health navigators for PTGD in Saskatchewan and to identify ways to improve PTGD's healthcare. **Design:** In this mixed-methods, community-driven study, we conducted two baseline focus groups with participants who are TGD to assess experiences with healthcare access in Saskatchewan. We also piloted two peer health navigators for PTGD, evaluating with descriptive statistics on satisfaction surveys, requested services, and client demographics. **Setting:** The study was community-based: the focus groups were conducted remotely; the navigators were based in Regina and Saskatoon at partnering community 2SLGBTQ+ organizations, working both online and in-person. **Participants:** PTGD aged 16-48 (n=19) participated in the focus groups. PTGD, their support people, and healthcare providers (HCPs) were eligible to contact the navigators for service. **Intervention:** The navigators helped PTGD obtain appropriate healthcare referrals, change their legal name and/or gender markers, and through advocacy. They provided HCPs with services including educational sessions and connections to more knowledgeable HCPs. **Main outcome measures:** Key outcomes included focus group themes, client service requests/services provided, post-service satisfaction, services provided to HCPs, and the number of educational presentations. **Findings:** Focus group participants reported negative experiences with HCPs lacking knowledge about TGD identities and healthcare needs, and long wait times for gender specialists, but positive experiences with affirming, knowledgeable HCPs. 240 clients used the navigator service, predominantly (50.1%) when they requested support. Post-service surveys (n=58) indicated users were overwhelmingly satisfied, with very few suggestions for improvement, all related to presentations (n=4). The navigators connected individually with 56 HCPs and gave 39 presentations to 1777 people. **Conclusion:** We found that even though gender-affirming healthcare is lacking in Saskatchewan the navigators were able to help PTGD access the healthcare they needed. Our study concludes that establishing permanent peer health navigators in the province would positively impact people who are TGD.

Wednesday, November 16th (Virtual) **Session ID: 282**

14:00–14:10 (ET) **COVID-19's Impact on Access to Care For Seniors**

Grace Cheung*, MSc; Sandra Milicic, PhD; Farzana Haq, MSc; Emma Keil-Vine, MA; Liudmila Husak, MD, MPH

Learning objectives:

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

1. Describe how access to care in Canada compares internationally for seniors
2. Describe the impact of COVID-19 on access to care for Canadian seniors
3. Describe how the use of virtual care in Canada compares internationally for seniors

Description:

Objective: To examine the impact of the COVID-19 pandemic on access to primary care for Canadian seniors. **Design:** Survey data from the Commonwealth Fund (CMWF) International Health Policy Survey of older adults in 11 countries. **Setting:** Community **Participants**: Data from 2014, 2017 and 2021 were used for comparisons over time. Seniors age 65+ were randomly selected in 11 countries: Australia, Canada, France, Germany, Netherlands, New Zealand, Norway, Sweden, Switzerland, United Kingdom and United States. **Intervention:** In Canada, the survey was administered via landline, and the number of seniors included were 3,147, 4,549 and 4,484 in 2014, 2017, and 2021 respectively. Data were weighted by age, gender, education, knowledge of French and English, and geographical distribution. Significance tests were performed to compare Canadian results with the average of the 11 countries, and between years. **Main outcome measures:** Mode of access and timeliness of access. **Results/findings:** In 2021, more Canadian seniors (71%) reported having a virtual appointment in the previous year compared to the CMWF average (39%). Despite the use of virtual appointments, timely access to primary care continued to be a challenge for Canadian seniors. Fewer Canadian seniors were able to get a same or next day appointment when compared to other countries (Canada: 32%, CMWF average: 51%), and when compared with 2014 (45%) and 2017 (41%). Similarly, fewer Canadian seniors found that it was easy to get medical care after-hours when compared to other countries (Canada: 42%, CMWF average: 52%), and when compared with 2017 (38%). During the pandemic, more Canadian seniors reported having an appointment cancelled or postponed when compared to other countries (Canada: 29%, CMWF average: 19%). **Conclusion:** During the pandemic, despite many Canadian seniors being able to access care virtually, timely access to care remained difficult.

Wednesday, November 16th (Virtual) **Session ID: 363**

14:10–14:20 (ET) **Comparison of Patient-Perceived Patient-Centredness Between Virtual and In-Person Encounters**

Helena Piccinini-Vallis*, MD, CCFP, FCFP, PhD; Joanna Zed, MD, CCFP, FCFP; Julie Easley, PhD

Learning objectives:

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

1. Describe one of the values of virtual care
2. Compare patient-perceived patient-centredness in virtual and in-person clinical encounters
3. Consider one's own patient-perceived patient centredness with unfamiliar patients

Description:

Objective: To compare patient-perceived patient centeredness, as measured by the Patient-Perceived Patient-Centredness Questionnaire-Revised (PPPC-R), between in-person and virtual clinical encounters during the

COVID-19 pandemic. **Design:** Cross-sectional study with approval by the local Research Ethics Review board. **Setting:** This study took place at two Canadian urban academic family medicine teaching clinics. One of these clinics serves a more vulnerable population. **Participants:** Patients scheduled for an in-person or a virtual (telephone) clinical encounter over a two-month period were contacted by phone and asked to complete an online anonymous questionnaire pertaining to that encounter. Each patient was only contacted once. **Main outcome measures:** The main outcome variable was the PPPC-R total score; other outcome variables included the factors of the PPPC-R score: "healthcare process", "context and relationship", and "roles". **Results:** 72 patients participated in the study. There was no difference in the mean ranks for PPPC-R total scores between participants who received in-person and those who received virtual care. However, the mean rank for the PPPC-R total score and for all three PPPC-R factors was significantly higher for patients who saw their usual family physician compared to patients who saw another physician, and the mean rank for the PPPC-R total score and for the "roles" score were significantly higher for participants in the higher SES group compared to participants in the lower SES group. Linear regression analysis showed that the most parsimonious model to predict the PPPC-R total score was the one containing "usual provider", 'SES" and "mental health discussed". **Conclusion:** This study showed no difference in patient-perceived patient-centredness between participants who had virtual encounters and those who received in-person care. These results are reassuring and support offering virtual care when deemed appropriate by the patient and family physician.

Wednesday, November 16th (Virtual) **Session ID: 337**

14:20–14:30 (ET) **Ensuring Equitable Access to Primary Care in a Virtual World**

Debbie Elman*, MD, CCFP, FCFP; Erica Li, MD, CCFP; Payal Agarwal, MD, CCFP; Kirsten Eldridge; Christopher Meaney, MSc; Tara Kiran, MSc, MD, CCFP

Learning objectives:

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

1. Participants will understand how patients perceive virtual care
2. Recognize that different patient populations may have different levels of access to care
3. Recognize that different patient populations may have different comfort levels with virtual care

Description:

Objective: To better understand the patient experience of receiving care during the pandemic across the Department of Family and Community Medicine at the University of Toronto. **Design:** A core set of patient experience questions was developed with input from quality improvement program directors, patients, and researchers. The survey was administered via an anonymized survey link sent by email. **Setting:** This survey was administered across all 14 academic primary care practices affiliated with the University of Toronto in June 2020. **Participants:** All registered patients with an email address on file, targeted by birth month (n=32307). **Main outcome measures:** In total, 7482 patients responded to wave 1 of the survey (response rate of 23.2%). The majority (78%) of patients reported receiving care during the COVID-19 pandemic. **Results:** The majority (>80%) of patients were able to get an appointment within a reasonable time, felt involved in their care decisions and treatment plan, and would recommend their clinic. The majority (>80%) received virtual care (phone or video) and would like to continue doing so. Only 65% of those who needed urgent care were able to book an appointment the same day or the next day, often due to difficulty contacting the clinic or lack of appointments. Patients with poorer health, difficulty making ends meet, or born outside of Canada were less likely to receive urgent care if needed and were more likely to have discomfort with virtual

care. **Conclusions:** A common patient experience survey implemented across multiple primary care sites captured information about the patient experience, showing that most patients want virtual care to continue but there are differences in virtual care comfort by sociodemographic characteristics.

Wednesday, November 16th (Virtual) **Session ID: 192**

15:00–16:00 (ET) **BED in Diabesity**

James Kim, MBBCh, PgDip

Learning objectives:

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

1. Describe the prevalence and pathophysiology of Binge Eating Disorder
2. Define the diagnostic criteria and risk factors for BED
3. Review treatment goals and treatment options

Description:

Binge eating disorder (BED) is now the most common eating disorder with many more patients still undiagnosed. Identifying and screening for the BED patients can be difficult, since most of the BED patients most often do not present to the clinic with the binge eating symptoms. The ramifications of untreated BED are immense and can be devastating in patient's mental and physical health. This program is designed to help identifying the patients who are at risk of developing BED by applying the validated screening tools, and will be discussing the various pharmacological and non-pharmacological treatment options of managing BED.

Wednesday, November 16th (Virtual) **Session ID: 58**

15:00–16:00 (ET) **Big Ideas Soapbox**

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!

Wednesday, November 16th (Virtual) **Session ID: 5269**

15:00–16:00 (ET) **Choosing Wisely: Pediatric sport and exercise medicine recommendations**

Laura Purcell, MD, FRCPC; Erika Persson, MD, FRCPC; Kristin Houghton, MD, FRCPC

Learning objectives:

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

1. Identify unnecessary investigations in certain pediatric sport and exercise medicine conditions
2. Determine appropriate investigations and management of certain pediatric sport and exercise medicine conditions
3. Critically appraise the evidence for the choosing wisely recommendations

Description:

A small working group created by the Canadian Academy of Sport and Exercise Medicine (CASEM) developed a list of pediatric-specific sport and exercise medicine (SEM) recommendations based on existing research, experience and common practice patterns. A national electronic survey was conducted with CASEM's membership to solicit feedback for each recommendation. There was greater than 80% agreement with all of the proposed items. The final 8 items included: imaging recommendations for Osgood Schlatter's disease, shoulder and knee injuries, back pain, scoliosis, spondylolysis, distal radial buckle fractures, minor head injury/concussion, and management of chronic pain syndromes. Following CASEM Board final approval, the list was accepted by Choosing Wisely Canada (CWC). Using a case-based interactive format, participants will become familiar with several opportunities for quality improvement in the care of children presenting with SEM concerns.

Wednesday, November 16th (Virtual) **Session ID: 174**

15:00–16:00 (ET) **Fireside Chat Discussing Current Educational Challenges, Successes and Opportunities**

Aaron Johnston, BSc, MD, CCFP (EM), FCFP; James Goertzen, MD, CCFP, FCFP; Ivy Oandasan, MD, CCFP, MHSc; 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.

Wednesday, November 16th (Virtual) **Session ID: 568**

15:00–16:00 (ET) **Hearing Health in Adults: A primer for family physicians**

Lorienne Jenstad, PhD, RAud; Jason Hosain, MD, CCFP; Salima Jiwani, PhD, Reg. CASLPO

Learning objectives:

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

1. Articulate the importance of hearing health to overall health care
2. Determine if patient can communicate during clinic visit and provide support for those who can't
3. Describe their role in hearing health care and determine when to refer patient to audiologist

Description:

Family physicians are often a first point of contact by adults who have concerns about their hearing. There is, on average, a ten-year gap between the time an adult notices hearing loss and the time that treatment is sought. Family physicians can play a significant role in shortening this delay by encouraging adults with hearing loss to seek and receive help. Untreated hearing loss, present in about 65% of older adults, affects health-related quality of life. It is correlated with up to 3x increased risk of social isolation, up to 5x increased risk of cognitive decline, and about 3x increased risk of falls. Physicians have identified a knowledge gap when it comes to providing appropriate assessment and referral for adult hearing loss. Through this session we aim to address the current need of family physicians for information on how to assist patients with issues related to hearing loss. We will provide an overview of the evidence regarding the consequences of untreated hearing loss in adults, with specific focus on risk of falls, cognitive decline, and social isolation. We will discuss the implications of hearing loss for clinical practice, including negative impact on patient outcomes due to poor patient-physician communication. We will provide practical tips for strategies to recognize and mitigate the impacts of hearing loss in the clinic visit and evidence-based guidelines for when patients should be referred for further assessment and management of their hearing. The session will include discussion of the evidence behind several of the most common hearing screening tests and tools available for physicians and provide recommendations for which screening tests to use.

Thursday, November 17th

Thursday, November 17th (Virtual) **Session ID: 5172**

9:55–11:00 (ET) **Buprenorphine/Naloxone In Chronic Pain**

Radhika Marwah, MBBS, MD, MSc-AMH, CCFP; Katelyn Halpape, BSP ACPR PharmD BCPP

Learning objectives:

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

1. Explain an approach to manage opioid use disorder in chronic pain patients including buprenorphine/naloxone microdosing
2. Discuss communication strategies for chronic pain patients that developed OUD on prescribed opioids
3. Explain the risks of concomitant CNS depressant medications especially as related to opioid toxicity

Description:

One in five Canadians live with chronic pain. Historically, opioids were a mainstay therapy in chronic pain management, however, there is now a clear understanding that opioids therapy has a limited role to play in chronic pain management. Additionally, a proportion of patients on prescribed opioids for chronic pain long-term will develop opioid use disorder (OUD), which further complicates treatment. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain provide specific recommendations on how to reduce the risk of opioid related harms including limiting opioid use to select cases and reducing the quantify of opioids patients are on. However, the guidelines do not provide specific information regarding strategies to reduce the opioid overload of patients with chronic pain. One strategy to reduce opioid overload is to utilize opioid agonist therapy, specifically buprenorphine/naloxone. Buprenorphine/naloxone does have an improved safety profile compared to full opioid agonists, and its prolonged half-life can be useful to taper overall opioid doses. However, given the partial agonist properties of buprenorphine, it can be challenging to initiate in patients on full opioid agonists. This presentation will utilize patient cases to illustrate approaches to buprenorphine/naloxone initiation in patients living with chronic pain, including an overview of the use of buprenorphine/naloxone microdosing initiation regimens. Additionally, this presentation will include a discussion on the need to review/optimize CNS depressant overload of medications that patients with chronic pain may be on and will provide strategies to address this. The diagnosis of OUD in chronic pain patients on prolonged prescribed opioids requires sensitive communication to effectively convey this diagnosis to patients. Once done, additional patient education and counselling is required to gain the patient's acceptance of the use of OAT for chronic pain. This presentation will include a discussion on strategies to approach these challenging conversations.

Thursday, November 17th (Virtual) **Session ID: 211**

9:55–11:00 (ET) **Patient and Person Centered Virtual Care**

Batya Grundland, MD, MEd CCFP; Lindsay Herzog, MD, CCFP; Bridget Ryan, PhD; Jacquelin Forsey; Moira Stewart, PhD

Learning objectives:

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

1. Apply the patient-centered clinical method to the virtual care environment
2. Enact strategies to mitigate potential challenges to the therapeutic relationship in the virtual environment
3. Reflect critically on the potential patient care impact of common assumptions in virtual care

Description:

The patient centered clinical method is foundational to the way family physicians are trained to provide care to their patients. This clinical approach has been shown to lead to strong therapeutic relationships, better patient health and lower costs of care. The related principles of person centered care enhance the patient centered clinical method by focusing on the respect and empowerment of patients as experts in their own lived experience. With the onset of the COVID-19 pandemic and the imperative for physical distancing, family physicians rapidly pivoted to providing virtual care for their patients. It has become clear that virtual care is likely going to remain a mainstay of care options for patients even beyond the pandemic. As we move to practices that incorporate more virtual care, it is prudent to consider how the well-established principles of patient centered and person centered care can be adapted to the virtual environment, particularly when looking at synchronous telephone or video patient assessments. This session will help participants to apply the patient-centered clinical method to the virtual care environment. It will also challenge the reader to critically reflect on their assumptions and implicit biases, and understand their potential impact on patient care, with a particular focus on the virtual care environment.

Thursday, November 17th (Virtual) **Session ID: 5113**

9:55–11:00 (ET) **Red and Itchy: How to approach common skin complaints**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

Learning objectives:

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

1. Know how to approach red and itchy skin
2. Be aware of 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.

Thursday, November 17th (Virtual) **Session ID: 56**

9:55–11:00 (ET) **Teaching Strategies for New Clinical Preceptors**

Divya Garg, MD, MClSc, CCFP; 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. Guide learners through self-directed learning by application of the Kolb's experiential learning cycle
3. Apply tools that facilitate and enhance both teaching and providing feedback in a clinical setting

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 using the clinical teaching framework and utilizing the principles of adult learning. Multiple teaching strategies will be discussed including effective questioning, SNAPPS and one-minute preceptor. The session will also focus on models for providing effective feedback.

Thursday, November 17th (Virtual) Session ID: 115

11:30–12:30 (ET) **Developing Primary Care Capability to Act on Climate Change**

Edward Xie, MD, MSc, CFPC (EM); Sandy Buchman, MD; Fiona Miller, PhD;
Courtney Howard, MD, MSc

Learning objectives:

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

1. Examine the impact of climate change on primary care and the communities we serve
2. Explore teaching aimed at addressing climate change within health care
3. Propose responses to climate change by family physicians at local, regional, and national levels

Description:

This session explores the role of family physicians and primary care providers in addressing the health impacts of climate change. We focus on faculty development and capacity-building by reviewing the evidence on climate change and health, discussing projects under way in Canada and internationally, and exploring options for curriculum development. Last fall, Canada joined the COP26 WHO Health Programme to develop a climate resilient health system, recognizing the strong relationships between the health of communities and global climate change. Given the dangerous and rising health impacts of climate change and the unique roles of family physicians and primary care providers, our opportunities for intervention require deeper examination, especially in response to the needs of marginalized populations.In order to spread and scale existing initiatives, faculty development, curriculum co-design, and self-directed learning can all be beneficial. In this session, we will examine the current and projected health impacts of climate change and explore opportunities for Canadian family physicians to avert or address harms within and beyond the health system. We discuss potential approaches at macro, meso, and micro levels where the evidence exists for effective action to capture health co-benefits and consider ways to build capacity for teaching, learning, and practising in family medicine.

Thursday, November 17th (Virtual) Session ID: 135

11:30–12:30 (ET) **First Five Years: Essential snappers for early-career**

Annelise Miller, MD CM, CCFP

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 to 15-minute presentations on key topics identified by family doctors in their first five years of practice. Topics will range from emerging clinical questions and practice management challenges, to managing difficult patient interactions. Each presenter will identify a challenge commonly encountered by new family physicians, share essential information and their personal experiences, and offer concrete strategies to manage the challenge 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.

Thursday, November 17th (Virtual) **Session ID: 545**

11:30–12:30 (ET) **LIFEHACK-ER: Unique bedside tips and tricks for the ER and clinic**

Simon Moore, MD, CCFP; Paul Dhillon, MD, CCFP (EM)

Learning objectives:

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

1. Apply unique clinical techniques to manage common emergency, hospitalist, and primary care situations
2. Describe methods from the published medical literature to improve clinical efficiency using readily-available equipment
3. List factors that comprise a suitable "lifehack" while maintaining patient safety as a top priority

Description:

What are the latest and greatest ER and clinic tips, tricks, and lifehacks? A “lifehack” is a “a strategy or technique adopted in order to manage one's time and daily activities in a more efficient way.” As presented as a keynote presentation at the 2021 BC Rural Health Conference, Lifehack-ER will feature dynamic clinical techniques to approach common problems in a fun and fresh manner, with input from the published literature on the topic.

Thursday, November 17th (Virtual) **Session ID: 106**

11:30–12:30 (ET) **Virtual Competency-Based Academic Half-Days: How to make them shine!**

Aisha Husain, MD, CCFP, FCFP; Alice Kam MD, FRCPC, MScCH (HPTE)

Highlights experienced concepts for teachers outside the clinical setting.

Learning objectives:

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

1. Identify evidence-based teaching strategies to support competency acquisition in a virtual setting
2. Apply competency-based principles to academic half-day teaching
3. Implement interactive tools to your future competency-based interactive academic teaching

Description:

Competency-based medical education supports theories of social constructivism and guided self-reflective learning. However, the delivery of these theory-based practices and evidence-based strategies are not consistently used in academic teaching. It is particularly challenging in a virtual setting. Didactic style of teaching is often used in academic half-days. In this workshop participants will first explore the barriers and benefits of e-learning. Then strategies to overcome challenges will be explored. Through peer discussion and gamification, participants will learn how to craft their virtual teaching using evidence-based strategies. At the end of the workshop, participants will appreciate the benefits of teaching virtually, gain confidence in variety of interactivity tools and recognize the rationale of employing competency-based principles.

Thursday, November 17th (Virtual) **Session ID: 155**

11:30–12:30 (ET) **What Family Physicians Need to Know About ME/CFS**

Kathleen Walsh, MD; Daisy Fung, MD

Learning objectives:

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

1. List the key features required to diagnose myalgic encephalomyelitis
2. Implement a basic approach to management of myalgic encephalomyelitis and its co-morbidities
3. Debunk common misconceptions associated with myalgic encephalomyelitis

Description:

Myalgic Encephalomyelitis (ME), formerly known as chronic fatigue syndrome (CFS), is a devastating, chronic, complex, multi-system disease that afflicts approximately 600,000 Canadians. These patients have some of the lowest quality of life, and they are often misdiagnosed. Management of ME does not fit under any single specialist and there are limited places to refer patients in Canada. This means that diagnosis and management falls to family physicians. This session introduces interactive case examples to help family physicians to feel more confident in ME diagnosis and management. We use the latest biomedical research evidence to challenge some of the common misconceptions in this fascinating disease.

Thursday, November 17th (Virtual) **Session ID: 119**

13:30–14:30 (ET) **2022 Update on Diabetes Canada Guidelines: Focus on glucose monitoring**

Akshay Jain, MD, FRCPC, FACE, CCD, ECNU, DABIM, DABOM;
James Kim, MBBCh, PgDip(Diabetes)

Learning objectives:

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

1. Review the different methods of glucose monitoring glucose currently available in Canada
2. Discuss the latest updated guidelines on glucose monitoring by Diabetes Canada
3. Explore practical tools/online resources to aid in-office diabetes management in Primary Care

Description:

Technology in diabetes is evolving at a very fast pace and primary care may sometimes find it overwhelming on deciding how to incorporate it in routine in-office diabetes management. In 2021, Diabetes Canada Guidelines updated its Glucose monitoring chapter. We will be discussing the recommendations including: deciding which glucose monitoring device to use for your patients, differences in the various continuous glucose monitoring sensors and targets for most people living with diabetes as well as special populations. We will also be discussing various factors that can cause lab A1c to falsely high or low and how to proceed if there is a seeming discrepancy between lab-measured A1c and home glucose readings. As part of Primary Care Interest Group within Diabetes Canada, this session will be used to explore some of the practical tools and online resources which can aid the office visits in patients with diabetes.

Thursday, November 17th (Virtual) **Session ID: 5197**

13:30–14:30 (ET) **Addressing The Social Determinants in Primary Care Through Social Prescribing**

Dominik Nowak, MD, MHSc, CCFP; Sonia Hsiung

Learning objectives:

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

1. Explain what social prescribing is and how it is practiced in various clinical settings
2. Understand how addressing the SDOH in clinical settings impact health outcomes
3. Gain confidence in addressing social needs by accessing or referring to avenues of social prescribing

Description:

The COVID-19 pandemic has shone a light on the importance of the social determinants of health (SDOH) on wellbeing. Family physicians are caring for people with increased food and housing insecurity, isolation and loneliness, and declines in mental health, and at the same time, are often left feeling underprepared and unsupported in addressing social needs. This interactive session will provide family physicians and health professionals with practical knowledge and tools to better identify and address social needs within the clinical setting through social prescribing. Social prescribing brings together the social and medical models of health, and care for people in a way that is more careful and caring by shifting the lens from, "What's the matter with you?", to "What matters to you?" The session will start by exploring a high level overview of the interaction between the various social determinants, particularly in the context of the pandemic, on health, and explore how integrating health and social care through social prescribing can be a highly effective intervention. Participants will then have the opportunity to engage with and hear about social prescribing in practice in different settings and across different provinces, including solo practice and within primary care teams in British Columbia and Ontario. Finally, participants will have the opportunity to discuss case

scenarios in small breakout groups and consider how they can apply the principles of social prescribing within their own practices, and reconvene to share insights gained and ask questions. The session will close with evaluative findings from various social prescribing models and invite participants to consider how to implement performance and outcome indicators to measure the impact of addressing SDOH on health and wellbeing.

Thursday, November 17th (Virtual) **Session ID: 566**

13:30–14:30 (ET) **A Little Rourke Baby Record: Pandemic, paediatrics and preventive care**

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

Learning objectives:

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

1. Explore emerging evidence on preventive health care in infants and young children
2. Examine i) care/health challenges during COVID, ii) cannabis exposure/safety issues, and iii) SIDS prevention strategies
3. Implement new Rourke Baby Record resources for healthcare providers and parents/caregivers

Description:

The Rourke Baby Record (RBR) is a widely used knowledge mobilization tool that helps clinicians and parents optimize the well-being of infants and young children by providing evidence-based recommendations and resources for preventive healthcare up to five years of age. It is updated regularly based on evidence review. In this interactive case-based session, we will share new research pertaining to paediatric preventive care for infants and young children that has emerged since the release of the 2020 edition of the RBR. These include topics such as: i) The impact of COVID-19 on the health of young children and the impact of changes in primary care delivery (including virtual care) on them; ii) Cannabis exposure and safety issues since its legalization in 2018; and iii) Implications for sudden infant death syndrome (SIDS) prevention guidance given current data. Pearls for practice will help participants maximize the effectiveness of the care for their patients and answer parents' questions more effectively. This session will appeal to all primary healthcare providers caring for infants and young children (including family physicians, paediatricians, nurse practitioners, family practice nurses, and community/public health nurses), as well as to medical learners and teachers, and to parents of young children.

Thursday, November 17th (Virtual) **Session ID: 181**

13:30–14:30 (ET) **CaRMS and Electives**

Christine Miller, MD, MPH

Learning objectives:

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

1. Discuss various family medicine residency programs and streams
2. CaRMS preparation tips and tricks
3. Offer diverse perspectives of residents who matched to family medicine

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.

Thursday, November 17th (Virtual) **Session ID: 221**

13:30–14:30 (ET) **Mentorship in Medicine: Importance and impact**

Giovanna Sirianni, MD, CCFP (PC), FCFP, MScCH; Viola Antao, MD CCFP, MHSc., FCFP; Abir Hussein, MBBCH, 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. Identify key concepts and best practices in mentoring including definition, roles and stages
2. Describe the attributes of a productive mentoring relationship and identify strategies to overcome challenges
3. Explore opportunities and resources to support diverse mentorship communities

Description:

Good mentorship has been shown to have a significant impact on physician job satisfaction as well as career rank. This session will explore the importance and impact of mentorship in the career trajectory of medical learners and faculty. Through a combination of didactic and interactive case-based elements, the group will explore the definition of mentorship, common roles, and stages in a mentoring relationship, from the perspective of both mentors and mentees. The characteristics of a successful mentor and the responsibilities of an engaged mentee will be discussed. The workshop will explore building and supporting diverse mentorship relationships. Potential challenges that may arise in mentorship relationships will be discussed in a case-based format. Strategies for addressing those challenges will be discussed and co-created with workshop participants.

Thursday, November 17th (Virtual) **Session ID: 551**

15:00–16:00 (ET) **2SLGBTQ+ Affirming Pregnancy Care**

Robyn Moxley, MD, CCFP

Learning objectives:

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

1. Recognize heteronormativity, heterosexism, homophobia and transphobia in the context of prenatal services and intrapartum care
2. Reflect on their own biases impacting the provision of affirming care to the 2SLGBTQ+ community
3. Communicate with 2SLGBTQ+ pregnant patients using inclusive language and correct pronouns

Description:

There are limited prenatal services that are explicitly 2SLGBTQ+ affirming. The 2SLGBTQ2+ childbearing community reports insensitivity from obstetrical care providers. However, providers themselves often do not perceive any problems with their care of this population. Prior research has found that lesbian and bisexual women are dissatisfied with physician services during pregnancy and postpartum. Transgender men and gender non-conforming people seek providers who accept their gender identity. 2SLGBTQ+-focused education of obstetrical care providers can increase competency and allow providers to be affirming to diverse sexual and gender identities. This session is intended for family physicians and other healthcare providers who provide prenatal and intrapartum obstetrical care and would like to offer safe and affirming services to this community.

Thursday, November 17th (Virtual) **Session ID: 39**

15:00–16:00 (ET) **Approach to Bipolar Disorder in Primary Care**

Jon Davine, MD, CCFP, FCFP

Learning objectives:

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

1. Describe how to make a diagnosis of bipolar disorder in a time efficient manner
2. Describe how to use psychopharmacology to treat bipolar disorder, using current guidelines
3. Describe issues concerning psychopharmacology and pregnancy in bipolar disorder

Description:

Bipolar disorder affects millions of people in North America. It can now be diagnosed and treated in the primary care setting. In this presentation, we will discuss how to make the diagnosis of bipolar disorder in a time efficient manner. We will define the different types of Bipolar Spectrum Disorders, including Bipolar Type 1, Bipolar Type 2, and Cyclothymic Disorder. We go on to describe current psychopharmacological treatment of bipolar disorder. We will look at what medications are useful for bipolar manic state, bipolar depressed state, and the prevention of future episodes. We will use current guidelines, based on The Canadian Network for Mood and Anxiety Treatments (CANMAT) 2018 guidelines for bipolar disorder. We will also comment on the National Institute for Health and Care Excellence (NICE) guidelines for bipolar disorder. We will focus on Lithium, Valproic Acid, Lamotrigine and Quetiapine in our discussion of medications. We discuss the workup for each of these medications, along with the pertinent side effects, and

dosing. We discuss issues with pregnancy and the use of these bipolar medications. We discuss issues of disability, as related to bipolar disorder.

Thursday, November 17th (Virtual) **Session ID: 71**

15:00–16:00 (ET) **C-CHANGE 2022 Guideline Update: Approach to cardiovascular prevention and management**

Rahul Jain, MD, CCFP, MScCH (HPTE); Sheldon Tobe, MD, MScCH (HPTE), FRCPC, FACP, FAHA

Learning objectives:

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

1. Identify the 2022 C-CHANGE Guideline Update recommendations for the prevention and management of cardiovascular disease
2. Implement recommendations for multimorbidity in a single patient
3. Reflect how the C-CHANGE recommendations can help older adults live at home longer and healthier

Description:

This interactive workshop will provide participants the opportunity to learn about the Canadian Cardiovascular Harmonized National Guideline Endeavour (C-CHANGE) 2022 Guideline Update related to the prevention and management of cardiovascular disease. The goal of the C-CHANGE process is for all Canadian healthcare providers to have easy access to a comprehensive and practical set of harmonized guidelines. This workshop will be a case-based review of a patient with multiple cardiovascular co-morbidities presenting to a primary care clinic and illustrate (through audience polling) how the harmonized C-CHANGE Guidelines can be used to effectively manage this patient to reduce residual cardiovascular risk.

Thursday, November 17th (Virtual) **Session ID: 261**

15:00–16:00 (ET) **Teach Your Learners Through Assessment**

Eric Wong, MD, MClSc (FM), CCFP, FCFP, CFD, COI, CPP;
Jamie Wickett, MD, MClSc (FM), 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 key assessment principles for learning in the clinical workplace
2. List and explain assessment strategies that will promote learning in the clinical workplace
3. Develop your own approach to teaching based on principles of assessment

Description:

How do you know that your learner is actually learning on your watch? Do your teaching strategies actually promote learning? These are key considerations for any clinical supervisor. In this workshop, participants will review and discuss what learning is, generally accepted principles of learning and the concept of "utility of assessment" that includes validity, reliability, educational impact, cost-effectiveness, and acceptability. Using

these frameworks, participants will then identify assessment strategies that can maximize learning in the workplace and as a group develop consensus of the most useful assessment strategies to be used in clinical supervision.

Thursday, November 17th (Virtual) **Session ID: 232**

15:00–16:00 (ET) **Two-Eyed Seeing: Competencies, cases and collaborations in Indigenous health**

Darlene Kitty, MD, CCFP

Learning objectives:

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

1. Apply principles/competencies from the Indigenous Health CANMEDS-FM Supplement to case studies featuring Indigenous patients
2. Demonstrate how these competencies can help physicians better support, care for, advocate for Indigenous patients
3. Identify actions physicians can take in teaching/clinical practice to address systemic racism and health inequities

Description:

First Nation, Métis, and Inuit Peoples of Canada have experienced over a century of poorer health in all health indicators. Family physicians are important contacts to the health care system for Indigenous populations, often acting as the interface to the health care system. Family physicians who develop a 'two-eyed seeing' model of care are able to use their clinical knowledge and skills, paired with an appreciation of Indigenous contexts utilizing Indigenous cultures, strengths, and resilience to help improve their overall health. Through collaborative and respectful therapeutic relationships they are able to provide culturally safe care. The CanMEDS-FM Indigenous Health Supplement was developed to address the need for family physicians to learn the link between how the historical and contemporary impacts of colonization, racism and oppression continue to create gaps in health outcomes for Indigenous people, to gain competency in providing culturally safe care to Indigenous patients, and to address health inequities in clinical practice, advocacy work, and teaching. The session will also introduce additional resources prepared since the initial launch of the publication in 2020. Throughout the session, participants will be presented with unique case studies and asked to apply the competencies and principles from the Supplement to understand how physicians can use the CanMEDS roles in their work to better serve Indigenous patients and communities.

Thursday, November 17th (Virtual) **Session ID: 396**

16:00–17:00 (ET) **Sleepy Patients in Primary Care**

Ronald Cridland, MD, CCFP

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. Assess a patient presenting with excessive daytime sleepiness (EDS)
2. Review sleep disorders that can cause EDS
3. Discuss appropriate management strategies, including referral practices, for patients presenting with EDS

Description:

Excessive daytime sleepiness (EDS) is common with an estimated prevalence of 10-25% in the general population. Despite being a common symptom, it can be difficult for primary care physicians to recognise, diagnose and treat as most physicians receive very little training in sleep medicine and there are no Canadian guidelines specific for EDS to which they can refer. The goal of this learning activity is to help primary care providers better identify and screen patients presenting with EDS and to review the sleep disorders that can cause EDS. In this case-based activity, participants will learn how to assess and conduct a differential diagnosis of sleep disorders that can cause EDS to identify those patients who can be managed in primary care and those who require expert assessment and management (i.e. referral to a sleep specialist). This session concludes with a review of basic EDS management principles.

Friday, November 18th

Friday, November 18th (Virtual) **Session ID: 87**

9:55–11:00 (ET) **How to Implement Social Interventions in Primary Care**

Gary Bloch, MD, CCFP; Janet Rodriguez

Learning objectives:

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

1. Identify multiple interventions into social determinants of health being implemented in primary care
2. Explore the feasibility and implementation requirements of social interventions in primary care settings in Canada
3. Examine and refine an approach to transforming primary care practices to include social interventions

Description:

The link between the social conditions in which we live and health outcomes is well known. Health provider action to address the social determinants of health, however, is an emerging area of practice innovation and research. Over the past few years, there has been a huge increase in innovative program development aimed at addressing social risks to health in primary care. This rise in front line experience is accompanied by an explosive increase in the literature describing and examining outcomes of these interventions. Social interventions vary widely. Individual-focused interventions address material social conditions including income, access to justice, literacy, employment, transportation, food security and housing. Community-focused interventions seek to forge partnerships with community agencies, realize the potential of community health workers and support community development. An emerging area of intervention focuses on an analysis of equity-impacting structures within health teams. The shape of these interventions is informed by increasing attention to the intersectionality of health inequities and how they impact individuals and communities.In this interactive, evidence- and experience-based presentation, we will explore the practicalities of implementing inclusive, accessible social interventions in varied primary care settings in Canada. The presenters have developed, implemented and benefited from numerous social interventions. A model for incorporating social interventions will be discussed, built on a deep analysis of the literature, qualitative exploration of these issues with Canadian primary care providers, and examination with lived experience expert advisors. In discussion with participants in the session, the feasibility and limitations of this approach to implementation of social interventions will be explored, including its relevance to particular practice settings.

Friday, November 18th (Virtual) **Session ID: 219**

9:55–11:00 (ET) **Integrating Climate Change And Health Into Curriculum - Foundations**

Sonja Wicklum, MD, CCFP, FCFP; Clark Svrcek, MD, CCFP, PEng MEng; Kate Nuique, BHSc; Martina Kelly, MBBCh, PhD, FCRGP, 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. Define the Intergovernmental Panel on Climate Change (IPCC) goals for reducing greenhouse gas emissions
2. Identify implications specific to Canada and relevant to healthcare educators
3. Explore how to implement a Climate Change and Health (Planetary Health) curriculum into Family Medicine

Description:

Climate change presents a real and imminent threat to the health of the planet and our patients. As physicians we have eco-anxiety, we want the future to be bright for our grandchildren but we are unsure of our role. Come join us for this session to share your experiences and get equipped with some of the tools you need to address climate change and planetary health for the benefit of your patients, your community and your learners. We will get you thinking and talking about "CO-BENEFITS" – when it is good for your patient AND good for the planet. The session will begin with an overview of the IPCC goals and the concepts of planetary health so that attendees gain comfort in explaining to learners and patients where 'Net Zero by 2050' gets its origins. This will include a more in depth look at Canada, the role of the Canadian healthcare system in the creation of greenhouse gases, and education regarding climate change mitigation at three levels: 1) the physician visit with individual patients; 2) as clinic owners or community leaders - exploring concepts of sustainable practices, eco-anxiety and advocacy; and 3) as medical educators – exploring best practices, core competencies and collaboration. We will review a teaching strategy applied to FM clerkship for the last 2 years. If you have been active incorporating CO-BENEFITS please come share!!!

Friday, November 18th (Virtual) **Session ID: 5258**

9:55–11:00 (ET) **Pregnancy: A window to future cardiovascular health**

Karen Fleming, MD, MSc

Learning objectives:

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

1. Review pregnancy complications associated with future cardiovascular disease
2. Review short and long term adverse cardiovascular outcomes associated with pregnancy complications
3. Discuss relevant postpartum guidelines and future management of cardiovascular risk factors

Description:

Cardiovascular disease is the leading cause of death of all Canadians, unfortunately women remain under investigated, treated and referred for cardiac rehabilitation. The development of common pregnancy complications [gestational diabetes, hypertensive disorders of pregnancy, obesity, excessive gestational weight gain, intrauterine growth restriction, idiopathic preterm birth and stillbirth] are early warnings of pregnant people and their offspring's risk of premature cardiovascular disease and type 2 diabetes. These complications impact 20% of pregnant people in Ontario. Recommendations have evolved to address gaps in transfer of care between obstetrical care providers and primary care. Once pregnancy history is captured and documented by health care providers evidence based guidelines can be utilized to counsel about risk factor modification such as : returning/maintaining normal body weight, meeting Canadian physical activity guidelines of 150 minutes of moderate exercise weekly, quitting smoking, managing lipids and hypertension. Postpartum clinic implementation will be discussed along with transition back to primary care. Recommended ongoing care across the lifespan will be discussed highlighting relevant guidelines.

Friday, November 18th (Virtual) **Session ID: 105**

9:55–11:00 (ET) **Supporting Implementation of Serious Illness Conversations for Primary Care**

Janet Reynolds, MD; Karen Born, PhD

Learning objectives:

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

1. Describe the importance of serious illness conversations and importance of ascertaining patients goals and wishes
2. Examine the relationship between advance care planning, serious illness conversations and resource stewardship
3. Plan measurable quality improvement for primary care in serious illness conversations and advance care planning

Description:

Serious illness conversations between clinicians, families and patients can help establish what patients goals and wishes are. While the vast majority of Canadians wish to die in a home or palliative care setting, many die in the hospital setting. Knowing about patients goals and wishes can help avoid potentially harmful or overly aggressive tests and treatments, and ensure access to high quality care. Primary care physicians can support and promote these conversations with patients by identifying patients with serious illness and beginning conversations about their goals and wishes. Communication about end of life and goals and wishes for this period can be difficult for both clinicians and patients, but using patient tested language and a structured conversation can help begin this conversation. Through active listening and culturally sensitive open-ended questions, goals and wishes for end of life can be elicited. The primary care practice setting and encounter offers an opportunity to begin a conversation which may take place over a number of encounters and visits. These conversations can be supported outside of the clinic and reinforced through plain language tools and materials for patients and families to review. Ensuring patients discuss and document wishes and goals, as well as identify a substitute decision-maker can support evidence-informed and patient-centred care. This session will offer quality improvement approaches, tools and resources to integrate serious illness conversations into a primary care practice. Case studies and examples drawn from family health teams and the COVID-19 era will illustrate how patients with serious illness or who are close to the end of life period can be identified through electronic medical records. Implementation of measurement approaches to monitor and measure serious illness conversations, and promote documentation of these conversations is important.

Friday, November 18th (Virtual) **Session ID: 144**

9:55–11:00 (ET) **Taking Action: Addressing system factors to improve physician wellness**

Serena Siow, MD; Amanda Tzenov, MD, CCFP; Stephanie Smith, MD, CCFP;
Daniela Isfan, MD, CCFP

Learning objectives:

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

1. Recognize systemic causes of burnout and barriers to change
2. Review strategies for organization and culture change from the literature

3. Develop an action plan to address systemic factors in your workplace

Description:

Physician wellness, resiliency, burnout, self-care… these words have become part of our everyday vocabulary as we look to improve health care in Canada. The pandemic has exposed the critical need to prioritize physician wellness. Often there is a focus on what we can do as individuals to be more resilient, when in reality the system in which we work greatly challenges our ability to be well. Physicians constantly express frustration that root issues in our work and practice environments are not addressed. Systemic challenges include funding and payment models, the lack of representation at management levels, or electronic medical records that were created to help us. The professional culture of medicine also challenges our ability to be well, including a mindset that rewards perfectionism and discourages vulnerability, adding to a sense of isolation. In this presentation we focus on addressing systemic factors to improve physician wellness. We hope to help you recognize systemic causes of burnout, review strategies for organization and culture change from the literature, and help you to develop a plan to address systemic factors in your own workplaces. There will be an emphasis on discussion around barriers to change. Join us to discuss these factors and help create solutions to improve physician wellness where it all starts to unravel. Presented as part of the College of Family Physicians of Canada's Physician Wellness and Resiliency Initiative.

Friday, November 18th (Virtual) **Session ID: 5244**

11:30–12:30 (ET) **Improving Mental Health Outcomes Through Better Collaboration**

Maria Patriquin, MD, CCFP, FCFP; Nick Kates MD, MCFP (hon), FRCPC;
Javed Aloo, MD, CCFP, FCFP; Nadiya Sunderji, MD, MPH, FRCPC

Learning objectives:

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

1. Explore collaborative approaches to enhance and improve care for patients with mental health problems
2. Understand what necessary components and required to ensure successful collaboration
3. Gain practical tips for family physicians to support collaborative care in their practice

Description:

In any given year, one in five Canadians experiences a mental health problem or illness.(1) Family practices are often the first point of access for patients seeking mental health care. Primary care is one of the most accessible health care settings for individuals, particularly in more rural and remote areas, and for marginalized and underserved populations. However, many family physicians currently do not have the necessary supports or resources to treat patients with mental health concerns or to meet service demands. The integration of mental health services within primary care can address this, providing a holistic approach to care and ensuring patients receive high-quality, comprehensive, timely and continuous care. Over the last 30 years, family doctors, psychiatrists and other mental health professionals have demonstrated how working collaboratively can provide better mental health care for patients. Family doctors provide comprehensive, full scope care to patients with an emphasis on continuity while psychiatrists and other mental health professionals provide the much needed and respected expertise to manage more complex cases. The integration of mental health professionals within primary care settings improves access to care, and positions family doctors to better engage in early detection, treatment, relapse prevention, and wellness promotion.

Friday, November 18th (Virtual) **Session ID: 537**

11:30–12:30 (ET) **Is Mild Asthma Really Mild; and if not, so what?**

Alan Kaplan, MD, CCFP (EM), FCFP, CPC (HC)

Learning objectives:

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

1. Review the definition of mild and very mild asthma
2. Understand that mild asthmatics do have severe exacerbations
3. Review how to assess and manage patients who only have 'mild' asthma

Description:

Calling Asthma 'mild' does your patient a potential disservice. Mild Asthmatics do have severe exacerbations that can be scary and life threatening. Uncontrolled asthma can lead to long term consequences. Recent Canadian Thoracic Society and Global initiative for Asthma guidelines have tackled this topic because of these concerns. Often patients use their reliever, a short acting beta agonist (SABA), as the only treatment for their asthma. This puts them at risk for symptoms, exacerbations, loss of lung function and even death. We will review the evidence behind why SABA over-reliance is dangerous and give you some tools to help you counsel your patients to manage their condition with therapies that control the underlying inflammation. Even patients with mild asthma have underlying inflammation, even if they are just using bronchodilators. Both you and your patients have choices in what to do next, all of which we will review. Managing Asthma with a SABA alone is dangerous to you and your patient; we will give you the ammunition to make the change to treating the underlying inflammation and not just chase the symptoms.

Friday, November 18th (Virtual) **Session ID: 184**

11:30–12:30 (ET) **Lemonade From Lemons: Building an academic career in family medicine**

Lisa Graves, MD, CCFP (AM), FCFP; Tara Mcgregor, MD, 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. Identify aspects of their current roles supporting an academic career
2. Integrate the principles of academic promotion
3. Plan the next step in their career journey

Description:

Family physicians are known for their versatility and often apply these skills to meet the challenges of academia when called upon to take leadership roles in clinical and medical education. The secrets of success to academic recognition and promotion can seem mysterious as there is lack of formal and informal instruction on how to develop one's academic curriculum vitae and teaching dossier. During this workshop, suggestions for success will be reviewed, including concepts such as the importance of mentorship, "the double dip" (i.e., applying opportunities in day-to-day work to scholarly work), and collaboration for mutual success. Participants will be encouraged to participate actively sharing successes and challenges. Family physicians actively engaged in mentoring of colleagues will develop resources to support emerging leaders.

Friday, November 18th (Virtual) **Session ID: 5215**

11:30–12:30 (ET) **Professional Learning Plans: Ready, set, start!**

Janice Harvey, BSc, MD, CCFP (SEM), FCFP; Zarreen Warsi

Learning objectives:

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

1. Confidently navigate the Professional Learning Plan (PLP) tool
2. Explore how a PLP can be leveraged to bridge their professional learning gaps
3. Utilize a PLP to support their goals via professional development offerings from the tool

Description:

Live Demonstration of the CFPCs new Professional Learning Plan (PLP) The College of Family Physicians of Canada™ (CFPC) has developed a new interactive, online tool to help members identify opportunities for practice improvement and achieve CPD learning goals. This user-friendly, online tool supports family physicians in creating a plan for their CPD. It prompts them to actively consider the scope of their practice, data about their medical practice and patients, and the needs of the communities they serve. The PLP tool is now available to all Mainpro+ participants and can be accessed in English and French through the Mainpro+ portal. The PLP has been approved for up to 20 certified Mainpro+ Assessment credits.

During this interactive session, a continuing professional development (CPD) facilitator will demonstrate how to create and work through a PLP with a family physician. This visually engaging tool will guide participants through 4 steps that will end with the creation of a CPD plan:

1. Reflection on the scope of their medical practice
2. Defining learning needs based on their patient population and practice
3. Setting CPD learning goals to address their identified learning needs
4. Determining a plan to achieve their learning goals (which will include relevant CPD activities generated for them based on their individual identified goals)

Attendees will be asked to bring their laptops for the opportunity to create their own plan while participating in the demonstration.

Friday, November 18th (Virtual) **Session ID: 5196**

11:30–12:30 (ET) **The Diagnosis and Management of Endometriosis**

Jamie Kroft, MD, MSc, FRCSC; Liane Belland, MD, MSc, FRCSC; Philippa Bridge-Cook, PhD; Kate Wahl

Learning objectives:

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

1. Validate the pain that patients with endometriosis experience and recognize its impact
2. Identify patients with endometriosis and choose appropriate tests when endometriosis is suspected
3. Recognize when to refer to gynaecology and understand evidence-based management strategies

Description:

This session will provide an up-to-date, practical summary of the patient experience, diagnosis and management of endometriosis for the primary care provider. This important condition affects about 10% of women and an unknown number of trans and gender diverse individuals. Endometriosis can cause significant pain and infertility, negatively impacting quality of life and productivity. The average time to diagnosis is unfortunately about 9 to 10 years, and some patients wait upwards of 20 years. This session will provide the primary care practitioner with a patient perspective about what it is like to live with endometriosis and the positive qualities and impact of patient-centered care for endometriosis. The session will outline the key components of history, physical exam, bloodwork and imaging when endometriosis is suspected. Tips on when and why a patient should be referred to a specialist will be explored, and overview of surgical treatment approaches will be provided so that you can advocate for your patients when they are seeking surgical management. Evidence-based management strategies that can be initiated by the primary care provider will be discussed.

Friday, November 18th (Virtual) **Session ID: 169**

13:30–14:30 (ET) **Changing The Story: Youth to adult healthcare transitions**

Marilyn Crabtree, MD, CCFP, FCFP; Sterling Renzoni, MD; Afsana Lallani, MD

Learning objectives:

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

1. Describe what Ontario Health quality standards are, their development, and how to access them
2. List the six statements that describe high-quality care for youth transitioning to adult healthcare services
3. Identify improvement opportunities in their own practice to better support youth through the care transition

Description:

Description: This session will provide an overview of, and practical strategies to apply, the Transitions From Youth to Adult Health Care Service quality standard, emphasizing key areas for improvement by clinicians and health system organizations. Young people with lived experience will share their stories and reflect on how implementing the standard could improve transitions to adult health care services. Using these stories, the speakers will give attendees a vision of how they can operationalize the quality standard in their work with young people. **Background:** In 2022, Ontario Health released the Transitions From Youth to Adult Health Care Service quality standard, developed in partnership with the Provincial Council for Maternal and Child Health. The transition from youth to adult health care is a critical time for young people as they adapt to new services, people, and processes. These transitions are often poorly coordinated, leaving young people and their caregivers alone to organize care in a complex health system. This may lead to worsening health during this period. This quality standard aims to help specialists, primary care clinicians, and health organizations provide a consistent source of support for young people as they move to adult health care services, preventing problematic gaps in care and improving health outcomes. **Methods:** The quality standard was developed using a multifaceted approach that considered clinical guidelines, input from stakeholder engagement, and expert consensus. The advisory committee prioritized six areas for improvement: early identification and transition readiness, information-sharing and support, transition plans, coordinated transition, introduction to adult services, and transfer completion. **Conclusions:** This quality standard provides an evidence-based resource outlining what high-quality care looks like so that young people and

their parents/caregivers understand what to expect from clinicians and health care organizations and to encourage these same clinicians and organizations to prioritize improvement efforts and measure success.

Friday, November 18th (Virtual) **Session ID: 414**

13:30–14:30 (ET) **Coerced Sterilization**

Unjali Malhotra, MD, CCFP

Learning objectives:

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

1. Acknowledge and reflect on the historical and present context of coerced sterilization
2. Recognize when coercion can take place in health care
3. Identify where and how trust can be built, and shared decision-making embedded

Description:

It is a truth that Indigenous women are, at times, afraid to seek medical care, especially if it means leaving their home communities. If a woman does not have a strong advocate, if she doesn't understand the forms she is presented with, or if she is unfamiliar with her health care provider, there is fear. As recently as 1973, there was a Sexual Sterilization Act in BC that disproportionately impacted Indigenous women. The act gave the BC Eugenics Board the right to make decisions to sterilize people without their consent – and sometimes even without their knowledge. In more modern-day scenarios, women can be coerced into making decisions surrounding sterilization based on fear, being threatened, forced to make decisions under duress or stress such as childbirth, or while under sedation, or not being given time to think about this life-changing decision. As well, women have experienced coercion in being unable to change their minds, not being told the truth surrounding the medical procedure, not having an advocate, or receiving biased care or information. A shared decision-making document that changes how people provide consent for contraception has been created. This means the system has to shift in its thinking of consent. The decision to have or not have contraception is led by patient choice, and that choice could simply mean “no." The goal is to create accountability, empower choice, create safe spaces and dialogue, ensure that the people receiving care are leading it, and consider someone's entire life journey and not just present circumstances.

Friday, November 18th (Virtual) **Session ID: 65**

13:30–14:30 (ET) **Heart Failure Medications Demystified: Simplified, patient-centered approach**

Ricky Turgeon, PharmD

Learning objectives:

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

1. Describe the pharmacotherapeutic approach to heart failure (HF) & how to apply in primary care
2. Summarize the evidence for HF medications, including benefits and harms
3. Identify resources to facilitate shared decision-making regarding HF medications

Description:

Heart failure (HF) affects about 750,000 Canadians, impairs quality of life, and has a lower survival than most common cancers. The management of HF is complex and rapidly evolving, with current guidelines

recommending standard therapy with at least 4 core medications, followed by dose titration and subsequent consideration of ≥6 additional medications based on patient-specific clinical factors. This presentation will summarize recent evidence for HF medications, and describe an approach to optimize HF pharmacotherapy in primary care. The session will provide strategies to manage common issues related to HF medications and scenarios seen in primary care, as well as tools to engage patients in shared decision-making regarding their HF medications.

Friday, November 18th (Virtual) **Session ID: 90**

13:30–14:30 (ET) **Role of Coaching in Competency Based Medical Education**

Divya Garg, MD, MClSc, CCFP; 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. Examine the role of educational coaching in guiding performance, competency and career progression
2. Identify strategies to build an educational alliance with learners that enables effective coaching
3. Apply effective coaching skills to partner with learners in guided self assessment and goal setting

Description:

Coaching starts with an educational alliance to facilitate a growth mindset. As competency coaches we guide learners with actionable suggestions to improve clinical skills to achieve the next level of competence. This session will focus on a effective coaching skills that are important for a learner centered developmental approach to competency acquisition. We will also focus on the GROW model to facilitate learner engagement in a guided self assessment and goal setting.

Friday, November 18th (Virtual) **Session ID: 54**

15:00–16:00 (ET) **Climate Change and Family Medicine**

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

Friday, November 18th (Virtual) **Session ID: 522**

15:00–16:00 (ET) **Fatal Headaches You Need to Be Aware of**

Vu Kiet Tran, MD, MHSc, MBA, CHE, ICD.D

Learning objectives:

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

1. Enumerate headaches that can kill your patient
2. List the risk factors on history
3. List additional investigations beyond the CT scan

Description:

This is a case-based presentation where we will review key salient features of some fatal headaches presenting to you emergency department and walk-in clinic. Beyond the intra-cerebral bleeds and tumors, what else are there? and can you recognize them? If you don't, your patients will die.

Friday, November 18th (Virtual) **Session ID: 5137**

15:00–16:00 (ET) **HIV Primary Care and Prevention 2022: Top 10 clinical pearls**

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

Learning objectives:

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

1. Explore HIV testing in the context of primary care
2. Describe HIV prevention tools (PrEP/PEP) applicable to the clinical setting
3. Review recommendations for the management and treatment for those living with HIV

Description:

As patients infected with HIV are living longer, more and more Primary Care Practitioners (PCPs) may have an opportunity to provide some aspect of care for this distinct group of patients. PCPs are in an ideal position to care for those living with HIV as most comorbid conditions are issues most PCPs deal with on a daily basis, from exploring preventive care, to cardiovascular health, to managing STIs, mental health conditions, and aging. The presenters are family physicians that belong to one of the largest Academic Family Health Teams (FHT) in Canada. Within their FHT located in urban Toronto, they care for over 1500 HIV+ patients, from those that are marginalized or under-housed, as well as those that come from a variety of socioeconomic backgrounds. This session is aimed at those PCPs that have few HIV patients in their practice, or those that have patients at risk for HIV. We have chosen 10 succinct HIV-related topics PCPs care about. At the conclusion of this session aimed at PCPs including family medicine residents/learners, nurses, nurse practitioners, and family physicians, participants will gain more confidence managing their patients living with HIV, or those at risk for HIV. The presenters will cover topics we believe are essential to basic,

contemporary HIV care. We will be providing opportunities to explore the unique issues and challenges related to these topics in this webinar-based format.

Friday, November 18th (Virtual) **Session ID: 5251**

15:00–16:00 (ET) **Improving Dementia Care in Family Medicine**

Sid Feldman, MD, CCFP (COE), FCFP; Vivian Ewa, MBBS, CCFP (COE), MMedEd, FCFP, FRCP (Edin); Saskia Sivananthan, PhD; Keith Barrett

Learning objectives:

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

1. Recognize the key role of the family physician in supporting patients living with dementia/care partners
2. List improvement opportunities in dementia care with a focus on communication and culturally diverse needs
3. Apply tools that other family physicians have identified as useful in dementia care

Description:

The Alzheimer Society of Canada estimates that more than 500,000 people in Canada are living with dementia and that this number is expected to grow significantly, with over 75,000 new cases diagnosed every year. Costs to our health care system are on average over five times higher for a person living with dementia (PLWD) than one who is not. More important than financial costs, though, are the challenges that PLWDs and their care-partners need to address. The role of the family physician is critical-we can make an enormous difference at every step along the journey from prevention to palliation. At our best, we walk with our patients and their care partners with empathy, providing knowledgeable support, anticipatory guidance, active management and appropriate connections to support our patients to have lives that continue to be filled with meaning, joy and purpose. At our worst, we leave our patients feeling abandoned, frustrated, and confused. The College of Family Physicians of Canada Members Interest Group in Care of the Elderly and the Alzheimer Society of Canada have completed a national survey of people living with dementia, care partners and family physicians, to identify key areas of opportunity for practical improvement as well as stories of exceptional care by family physicians. We also asked for key resources and tools that family physicians use to support care of people living with dementia. This session will be co-led by a person living with dementia, members of the ASC and of the CFPC COE MIG. Together, we will present key findings from this survey. The focus will be on participants sharing with each other best practices in care of persons living with dementia/care partners and identifying potential solutions to concerns raised by our patients.

Friday, November 18th (Virtual) **Session ID: 156**

15:00–16:00 (ET) **Layered Learning: Teaching tips for residents, early career preceptors, and community preceptors**

Lyn Power, MD, CFCP, FCFP; Robbie McCarthy, 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. Identify challenges associated with precepting or teaching in a multi-level learner setting
2. Describe and utilize teaching techniques useful for residents and early career preceptors involved in teaching multi-level learners
3. Describe opportunities for mentorship in teaching for residents and early career preceptors

Description:

Are you a resident or early career preceptor interested in teaching multi-level learners? This talk's for you! As a resident, assuming the role of teacher is expected in multiple areas, including in-patient wards, emergency rooms and community-based clinical settings. This expectation arises both as an accreditation standard for residency training and is an important contribution to the supervision of junior learners and helps residents develop as teachers. As an early career preceptor, your experience with teaching or supervising multi-level learners maybe limited. The concept of "layered learning" is sometimes met with resistance and/or apprehension amongst Family Medicine preceptors and residents. "Layered learning" refers to the process of having multilevel medical or healthcare l learners (i.e. medical student, clinical clerk, nurse practitioner student, or resident) in a clinical setting at one time. These learners may all be supervised by the same preceptor. In this context, residents are often expected to assume teaching roles. Having training and mentorship as resident teachers helps facilitate and foster these teaching encounters. The purpose of this workshop is to explore perceived barriers/challenges for residents and early career preceptors in teaching multi-level learners and to stimulate discussion around strategies/solutions to this concept. Furthermore, we will offer teaching tips based on the literature and personal experience to help residents and preceptors feel more comfortable in their role as a teacher. Opportunities to teach, effective feedback and mentorship are key concepts in developing residents and early career preceptors as teachers.

Saturday, November 19th

Saturday, November 19th (Virtual) **Session ID: 32**

9:55–11:00 (ET) **Chronic Pain and Activity: Is it time to rethink pacing?**

Maureen Allen, CCFP (EM) (PC), FCFP

Learning objectives:

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

1. What is activity and is it the same as exercise?
2. What are they goals of activity for individuals living with chronic pain?
3. Describe different models that promote activity when experiencing pain

Description:

Activity pacing (AP) is central to many chronic pain principles and treatments. It uses methods of energy conservation and operant conditioning that modify activity by reducing overactivity-underactivity cycling. AP encourages a graded exercise program that uses principles of cognitive-behavioral therapy. Third-wave psychological therapies such as acceptance commitment therapies (ACT) however are challenging traditional approaches to chronic pain by employing principles of cognitive defusion which encourages psychological flexibility. The following presentation will challenge participants of this presentation to rethink activity pacing and consider concepts and principles of cognitive defusion in their approach to activity promotion for individuals living with chronic pain.

Saturday, November 19th (Virtual) **Session ID: 245**

9:55–11:00 (ET) **Ideas to Actions: "Health equity as a human right"**

Maria Patriquin, MD, CCFP, FCFP

Learning objectives:

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

1. Learn what issues relating to health equity are in the forefront of practicing family medicine
2. Explore how determinants of health relate to health equity, social justice, oppression and human rights
3. Consider how we can galvanize ideas to actions and impact equitable access to primary care

Description:

This session will begin with an exploration and brief overview of how the socially constructed determinants of health lead to health inequities. We will use the time to reflect, gain awareness and share how this has manifested in the care of patients in primary care. Covid has created further divides that can only be addressed through advocacy and action based on the shared understanding that health equity is a human right. We will identify opportunities and challenges we face in addressing these issues on a practical level in the office setting for individual patients and their families. We will also address our potential role in advocating for structural change at a systems level so we can have a positive impact on the communities we care for and ultimately contribute to a trajectory of positive health outcomes and health equity for all.

Saturday, November 19th (Virtual) **Session ID: 548**

9:55–11:00 (ET) **Mixing and Matching: Layering psychiatric medications for family physicians**

Jon Davine, MD, CCFP, FCFP

Learning objectives:

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

1. Describe how to augment a partial response in a depressed patient
2. Describe how to combine medications when treating anxiety disorders
3. Describe how to combine medications when treating PTSD

Description:

Family doctors deliver the majority of mental health care to Canadians. The mental health care will often include the use of psychiatric medications. It is often necessary to use several different psychiatric medications at the same time. In this session, we will discuss different examples of combining psychiatric medications. We will discuss choosing and optimizing psychiatric medications for unipolar depression. We discuss augmenting techniques, where a second medication is added to the first to boost a partial response of depression. We will address combining psychiatric medications to deal with insomnia in primary care. We discuss using medications to treat bipolar disorder in the depressed phase. Combining medications in the manic phase of bipolar disorder will be reviewed. The combination of psychiatric medications for the treatment of anxiety disorders, specifically generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and post traumatic stress disorder will be presented. We will discuss when not to mix drugs due to problematic interactions. We will be using recent studies and guidelines as much as possible to support our recommendations. This will include the Canadian Network for Mood and Anxiety Treatments (CANMAT) guidelines for depression and bipolar, the Martin Katzman et al 2014 Anxiety Guidelines, and the National Institute for Health and Care Excellence (NICE) guidelines for depression, bipolar, and anxiety disorders.

Saturday, November 19th (Virtual) **Session ID: 241**

9:55–11:00 (ET) **Teaching Communication And Compassion**

Erin Berss, MD, CCFP (EM); Cheryl Hunchak, CCFP (EM); Sev Perelman, CCFP (EM)

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

Learning objectives:

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

1. Explain and role model 'equal valuing' of the non-medical expert roles in patient care
2. Identify opportunities for teaching non-medical expert skills and employ techniques in educating learners
3. Constructively provide feedback on non-medical expert skills to learners

Description:

Medical Education often places strong emphasis on the Medical Expert role, according less value to the other CanMEDS roles. However, significant research supports the assertion that "Social Intelligence" including empathy, social cognition, engagement and communication have a positive impact on patient outcomes

such as Hemoglobin A1c and mortality and also a positive/protective effect on physician health and wellness. Compassion and communication are aspects of care that have medico-legal, psychological and emotional ramifications for physicians when practiced well or poorly. The pervasive over-emphasis on teaching the Medical Expert role can partially be attributed to the perception that the non-medical expert skills are harder to teach, or perhaps "innate" in learners (or not), and thereby less malleable and more challenging to change. There is good data to suggest, however, that teaching effective communication and empathy is not only possible, but it works. This workshop will present evidence supporting the importance of the non-medical expert skills in medicine and provide strategies for teaching them in the clinical environment.

Saturday, November 19th (Virtual) **Session ID: 5250**

9:55–11:00 (ET) **Top 10 Emergency Articles to Change Your Practice**

Jock Murray, MSc, MD, FCFP, CCFP (EM); Constance Leblanc, MD, MSc., FCCP, CCFP (EM); Mike Clory, MD, CCFP (EM); Hana Weimer, MD, CCFP (EM)

Learning objectives:

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

1. Learn 10 potential practice changes based on recent articles
2. Draw their own conclusions about the quality evidence for practice change
3. Decide if they should change their practice based on these articles articles

Description:

This is a popular and highly rated, recurring, session which presents ten recent Emergency Medicine articles. These articles are critically appraised to determine the quality of evidence to change practice. Participants will then be asked to decide how their practices will change after this session. The articles are chosen to be relevant to the majority of Family Doctors who work in Emergency or Urgent Care Departments. The papers focus on controversial, surprising and counterintuitive conclusions. There is a significant portion of the presentation available at the end of the session to discuss audience questions and consider participant input.

Saturday, November 19th (Virtual) **Session ID: 110**

11:30–12:30 (ET) **ABCs of Dermatoscopy**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

Learning objectives:

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

1. Understand the theory and applications of dermatoscopy in family medicine
2. Be familiar with dermatoscopic findings for benign lesions
3. Be familiar with dermatoscopic findings for malignant lesions

Description:

Dermatological conditions comprise of up to 1/7 of all consultations in family medicine. Diagnosing dermatological conditions with naked-eye inspection can be challenging, if not prone to errors that may led to detrimental management. Dermoscopy is a bed-side diagnostic skill that requires basic affordable

equipment, and when coupled with appropriate dermatological knowledge and simple algorithms, can significantly improve dermatological workflow and outcomes for patients. The presenter will cover the fundamental principles of dermoscopy, and illustrate with abundant slides plus interactive Q&As, how dermoscopy can enhance diagnostic accuracy for both benign and malignant skin conditions commonly encountered in family medicine settings.

Saturday, November 19th (Virtual) **Session ID: 117**

11:30–12:30 (ET) **Obesity: A family affair**

Akshay Jain, MD, FRCPC, FACE, CCD, ECNU, DABIM, DABOM;
James Kim, MBBCh, PgDip (Diabetes); Anita Federici, PhD, CPsych

Learning objectives:

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

1. Understand the psychology of eating and physiology of weight loss and weight regain
2. Discuss family influence on behaviors, resilience and mindfulness related to weight management
3. Provide evidence based strategies for helping families manage weight and emotions during and post pandemic

Description:

Rates of obesity are increasing across all ages and population groups in Canada. This has been further compounded by the pandemic in recent times. We will be discussing the psychology of eating as well as physiologica factors that lead to weight regain in individuals that may have successfully lost weight. We will also elaborate various behaviours affecting weight management in families and how to counsel patients effectively on mindfulness eating and urge control using dialectical behavioral therapy (DBT). We seek to illustrate various options for pharmacotherapy available in Canada for both- adult and pediatric patients suffering from obesity, as an adjunct to nutritional therapy and exercise.

Saturday, November 19th (Virtual) **Session ID: 209**

11:30–12:30 (ET) **Prescribing … and Deprescribing Wisely**

Caroline Laberge, MD, CCFP; Camille Gagnon

Learning objectives:

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

1. Recognize opportunities for clinical deprescribing
2. Develop an evidence-based approach to deprescribing
3. Support the assessment of polypharmacy using clinical tools

Description:

Polypharmacy is a common problem in the day-to-day practice of family physicians, particularly among the elderly. In fact, national statistics on drug claims indicate that one in two people age 65 and older uses at least one medication that is recognized as being potentially inappropriate (PIM), such as sleeping pills or proton pump inhibitors without a recognized indication (CIHI, 2018). Women, individuals living in rural neighbourhoods and those from low-income neighbourhoods are at greater risk of exposure to PIMs.

This session, which is based on the presentation of short clinical vignettes, will present deprescribing as an effective strategy for responding to the issue of overprescribing and polypharmacy. Clinical pearls will be presented to facilitate the process of deprescribing medications at all stages, including:

- Identifying circumstances that are conducive to deprescribing
- Developing and implementing a deprescription plan
- Managing withdrawal
- How to talk about deprescribing with patients and loved ones
- Ways of involving the entire multidisciplinary team
- Implementing appropriate non-pharmacological therapies

Evidence-based tools will also be introduced to guide the process at every stage.

Saturday, November 19th (Virtual) **Session ID: 52**

11:30–12:30 (ET) **Scrotal Health: It's all in the bag**

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

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

1. Review basic anatomy and function of all components of the scrotum
2. Evaluate common presentations relating to scrotal health and its management
3. Assess features of scrotal pain and masses that require urgent investigation and referral

Description:

Scrotal concerns are common. Patients can be embarrassed and reluctant to be seen and assessed. This is a challenging area of primary care with a myriad of clinical questions and unfortunately a lot of confusing answers. How do you approach patient concerns in a clinical setting? Scrotal mass or pain: what are the RED FLAGS and issues that you cannot miss? Who is at risk for testicular cancer, should it be screened and is self-examination to be taught and encouraged? How do you investigate acute or chronic testicular pain? How do you sort out and treat skin conditions in this anatomic region? Expect a fast paced, interactive and novel session that will provide a practical clinical approach to "all things scrotal" in your busy family practice. Dr Ted Jablonski (he,him) is a family physician in Calgary with longstanding expertise in sexual medicine and transgender and gender diverse (TGD) health. His sessions are always highest rated for their practical clinical pearls.

Saturday, November 19th (Virtual) **Session ID: 86**

11:30–12:30 (ET) **Teaching and Assessing Health Advocacy: Problems and possibilities**

Renate Kahlke, PhD; Maria Hubinette, Kori LaDonna, Ian Scott, Teresa Van der Goes

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

Learning objectives:

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

1. Define health advocacy

2. Discuss challenges that impact fair and effective teaching and assessment of health advocacy
3. Identify strategies to overcome the challenges to health advocacy teaching and assessment

Description:

Health advocacy is a core component of family physicians' practice, and is firmly entrenched in the CanMEDS-FM competency framework. This aspect of our work allows us to redistribute health resources, and support robust care for Canada's most underserved populations. Arguably, health advocacy is the cornerstone of our practice as change agents in the fight for health equity. However, the teaching and assessment of health advocacy have been fraught with battles ranging from conflict over its very definition to the ethics of teaching and assessing this construct. Because of these challenges, trainees and family physicians alike feel ill-prepared to engage in this important work. Given that health disparities affecting our patients' health are widening, we urgently need to discuss the roadblocks that impede effective teaching and assessment of this important role. To address this need, we—a multi-disciplinary team of physicians and PhD scientists who research (and engage in) health advocacy— will lead a brief panel discussion, outlining 4 key areas that continue to plague health advocacy teaching and assessment: 1)definitional tensions that prevent cohesive educational practices, 2)practical issues in fair assessment, 3)structural barriers to health advocacy among learners, and 4)ethical issues in health advocacy teaching and assessment. Drawing on our shared research programs on health advocacy and our experience in its teaching and assessment, this panel session will begin with brief "primers" from each of our 5 panelists (5min each), focusing on unique issues in each of the above areas (25 min total). We will then offer a facilitated (large group) discussion, drawing on participants' experiences to brainstorm potential solutions (25 min). Finally, we will debrief and respond to final questions from participants (10 min). This session will be relevant to novice and experienced educators and educational leaders interested in supporting advocacy teaching and learning in their clinics and programs.

Saturday, November 19th (Virtual) **Session ID: 5195**

13:30–14:30 (ET) **Family Physicians as Specialist Generalists**

Hannah Feiner, MD, CFPC; Jill Bailey, MD, CFPC; Adam Pyle, MD, CFPC;
Sarah Warden, MD, CFPC

Learning objectives:

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

1. Describe personal and professional characteristics of family physicians in Canada without formal family practices
2. Explore career changes while taking CFPC's Principles of Family Medicine into account
3. Describe family medicine career modification for circumstances such as illness, caregiver duties or professional interests

Description:

I am a family physician with a malignant brain tumour that was diagnosed soon after completing residency. I have required multiple medical leaves and part-time locum coverage for the past decade. I transferred my family practice to another physician in March 2022 in order to ensure continuity of care for my patients and follow my oncologist's recommendation to reduce my workload. I continue part-time practice in early pregnancy care, sexual and inner city health as well as medical education. This change has led me to contemplate the meaning of being a family physician without a family practice. Three additional family

physicians with focused practices will reflect on their experiences. One pivoted to emergency medicine following five years of academic family practice. He challenged the EM board certification exam by applying CME-related ER training and experience. The second physician transitioned into GP psychotherapy and mindfulness facilitation following 14 years of family practice. She completed CBT Canada's Fellowship in medical CBT and mindfulness based stress reduction teacher training/practicum at the Toronto Center for Mindfulness Studies. The third is a physician at an urban sexual health clinic where she leads the medical abortion program. Her student health practice includes the care of transgender patients. She also performs sonohysterograms at an imaging clinic. The landscape of family physicians in Canada without formal family practices will be explored in terms of practice type and characteristics such as location (ie urban versus rural, hospital versus clinic) as well as physician characteristics such as motivation for not having a family practice, the receipt of extra training, experience with a prior family practice and personal circumstances such as illness or caregiver duties. This presentation will address whether family physicians without family practices are able to maintain the CFPC's Principles of Family Medicine.

Saturday, November 19th (Virtual) **Session ID: 210**

13:30–14:30 (ET) **Lessons From Lead Residency: Successes, mistakes, pandemics and beyond**

Anmol Lamba, MD, MMSc, G. Dip (Clin Epi), CCFP; Monika Wojtera, MD; Ana Boskovic, MD

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 the experiences of recent resident leads in navigating advocacy during the COVID-19 pandemic
2. Discussing common themes in resident advocacy that permeated multiple generations of residents
3. Facilitating a sharing of successes and failures in conducting advocacy efforts among co-presenters and attendees

Description:

University of British Columbia's Family Medicine program is the largest family medicine residency program by resident size in North America. It's enriched by a distributed model where a single program serves the entirety of Canada's third-largest province by population. Program Lead (formerly, "Program Chief") residents are mandated to advocate for every resident within this model. In this meeting, the 3 most recent lead residents (2019/2020, 2020/2021, 2021/2022) of UBC's family medicine program collaborate and share the key themes and lessons they learned from their time in resident representation and advocacy that may carry relevance beyond British Columbia. This resident- and educator-centered discussion hopes to be an honest discussion between co-presenters and attendees of mistakes made, and ideas generated. The years represented are set against the backdrop of the COVID-19 pandemic, and crisis-specific management of large diverse groups will be explored.

Saturday, November 19th (Virtual) **Session ID: 5217**

13:30–14:30 (ET) **New 2022 Osteoporosis Canada Clinical Practice Guidelines**

Sid Feldman, MD, CCFP (COE), FCFP; Suzanne Morin, MD

Learning objectives:

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

1. List diet and exercise strategies to prevent fractures
2. Decide who to assess with DXA, and how to identify those at highest risk
3. Decide who to treat, choice of drug, and when to pause/stop therapy

Description:

Osteoporosis-related fractures are a major cause of death and disability in Canada. During their lifetime, at least one in three women and one in five men will suffer a broken bone from osteoporosis; one in twelve women over the age of 50 will fracture their hip. Men are not immune, and account for over one-quarter of the 30,000 hip fractures that occur in Canada each year. Following hip fracture, 40% of women will need assistance walking, 20% enter long-term care and one-quarter die within one year of fracture. The economic burden on the health care system from osteoporotic fractures is almost 5 billion dollars annually. Osteoporosis Canada has recently published new guidelines for the assessment and management of osteoporosis, the first major revision since 2010. These evidence-based guidelines, using the GRADE approach, were developed collaboratively by patients, family physicians and osteoporosis experts, with strict attention to the management of conflict of interest. Common issues to be explored during this session include: reducing fracture risk through diet and exercise; who should have DXA screening and how are these results used to assess fracture risk; who should be treated, with which agents and for how long. Join us for a discussion of the key recommendations to help prevent fractures in our patients.

Saturday, November 19th (Virtual) **Session ID: 5216**

13:30–14:30 (ET) **Respiratory Tract Infections in Children and Adults: Using antibiotics wisely**

Allan Grill, MD, CCFP (COE), MPH, FCFP, CCPE; Olivia Ostrow

Learning objectives:

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

1. Identify priority areas for reducing unnecessary antibiotic prescribing in the community setting
2. Examine drivers of antibiotic overuse in their own practices and opportunities for improvement
3. Apply tools to encourage conversations about appropriate antibiotic use

Description:

There are estimates that up to 30-50% of antibiotics prescribed for respiratory tract infections in primary care are unnecessary. Common illnesses in primary care that result in antibiotic overuse when prescribing for both adults and children include uncomplicated otitis media, pharyngitis, sinusitis, pneumonia, acute exacerbation of chronic obstructive pulmonary disease (COPD), influenza-like illness, bronchitis/asthma and COVID-19. This workshop will explore common drivers of antibiotic overuse in the outpatient primary care setting including diagnostic uncertainty, time pressures and perceptions of patient expectations. Choosing Wisely Canada, in collaboration with the College of Family Physicians of Canada, has developed a number of tools and resources to address these barriers, support decision-making, and help clinicians engage in conversations with patients to improve antibiotic stewardship practices. The workshop will demonstrate how to integrate these, like the viral prescription and delayed prescription pad into primary care practices, and incorporate them into electronic medical records. Patient-tested language and behavioral science optimized tools to support shared decision making with patients will also be shared.

Saturday, November 19th (Virtual) **Session ID: 182**

13:30–14:30 (ET) **Transitioning to Practice 101**

Christine Miller, MD, MPH

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.

Saturday, November 19th (Virtual) **Session ID: 46**

15:00–16:00 (ET) **Fire Up Your Lectures and 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 multiple medical conferences.

Saturday, November 19th (Virtual) **Session ID: 5108**

15:00–16:00 (ET) **Managing Anxiety Conditions With The Ottawa Anxiety Algorithm**

Douglas Green, MD, FRCP

Learning objectives:

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

1. Describe the prevalence and impact of anxiety conditions in primary care
2. Describe the most common anxiety conditions seen in primary care
3. Apply the Ottawa Anxiety Algorithm in managing the common anxiety conditions seen in primary care

Description:

Anxiety conditions [generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive-compulsive disorder, and post-traumatic stress disorder] are the most common psychiatric disorders and have a high prevalence in primary care. They are associated with substantial functional impairment, greater use of healthcare services and costs, decreased work productivity and increased risk of suicide. Despite the prevalence and the impact of these conditions the evidence indicates that they are often underrecognized and undertreated in primary care settings. This session will review the prevalence and impact of these conditions and review briefly their diagnostic criteria and management including with medication and psychotherapy. Much of the session however will be spent learning about the Ottawa Anxiety Algorithm [www.ottawaanxietyalgorithm.ca] and how to apply it to assist with the management of these conditions. This tool is based on the chronic care and the stepped care models which will also be described briefly. It contains screening questions and rating tools to assist with the diagnosis of these anxiety conditions. In addition, it contains a substantial patient resource section with tools and relevant websites to assist the patient in managing his or her anxiety condition and learning more about it. It also contains a treatment algorithm with information guiding the choice of appropriate treatment and information about medication management [including for refractory cases] and links to resources for psychotherapy. Contained also within the algorithm is guidance related to managing suicide risk. This tool is a companion to the Ottawa Depression Algorithm (www.ottawadepressionalgorithm.ca) which has been assessed and found to be relevant to and acceptable in primary care settings in managing depressive disorders.

Saturday, November 19th (Virtual) **Session ID: 5111**

15:00–16:00 (ET) **Odd and Scary: How to manage unusual skin conditions**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

Learning objectives:

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

1. Understand and adopt an efficient approach to skin conditions in Family Medicine
2. Be aware of skin conditions that are odd and scary
3. How to arrive at differentials and diagnoses with the most appropriate management plan

Description:

Dermatological conditions comprise up to 1/7 of all consultations in family medicine. When confronted with skin lesions that are odd and scary, practising family physicians can be at a lost as to how and where to start, let alone making a diagnosis and prescribing treatment. This may lead to either unnecessary dermatological referrals, inappropriate prescriptions or delay of management for malignant conditions. This presentation will give a bird's eye view to common odd and scary skin conditions that can be seen in family medicine. Presenter will illustrate with ample sildes and interactive Q&As, and share with attendees a pragmatic approach for diagnosing and managing these uncommon skin conditions. Barriers to change will be addressed when appropriate.

Saturday, November 19th (Virtual) **Session ID: 5198**

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

Lisa Del Giudice, MD, CCFP, MSc; 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 in primary care
2. Identify patients presenting with 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. In the past two years, 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 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.

Saturday, November 19th (Virtual) **Session ID: 5222**

15:00–16:00 (ET) **Stigma and Secrecy: Addressing addiction in older adults**

Lara Nixon, MD, CCFP (COE), FCFP; Mariez Morcos, PharmD;
Martina Kelly, MBBCh, PhD, CCFP; Cathy Scrinshaw, MD, CCFP

Learning objectives:

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

1. Describe and recognize consequences of substance use disorder in older adults
2. Critically reflect on older people's experiences in accessing appropriate pain management supports, pharmacological and nonpharmacological
3. Apply strategies to minimize substance use related harms with older adults and their care teams

Description:

Older people are the largest growing demographic in Canada. While the prevalence of substance use in older people is lower than younger age groups, the risks of harm are greater. In addition to population aging, the number of older people using substances (alcohol, cannabis, prescription medication) is growing due to higher reported rates of substance use amongst aging Baby Boomers. Presently of Canadians over 55 yoa, 10.5% smoke, consuming an average 91 cigarettes weekly; 11% report daily or almost daily drinking and 13% binge drink monthly or more frequently. Family physicians are uniquely positioned to support older adults with substance use disorder, but symptoms of impairment are often dismissed as symptoms of old age. Older adults hesitate to disclose substance use due to fear of being judged, the stigma associated with use or the risk of bringing conflict into remaining relationships. The aim of this session is to help family physicians identify and collaboratively support older adults using substances. The session will open with a brief didactic overview of the scale and consequences of problematic substance use in older adults (10 mins). Participants will then be invited to brainstorm strategies to identify substance use-related problems and possible barriers older people may face raising this issue (10 mins). Using cases based on patient journeys, participants will then work in small groups to identify strategies to minimize harm related to substance use and support older adults in the community (15 mins). Pearls for practice will be fed back to the large group (10 mins) for discussion and sharing. The session will include a list of resources for participants to bring back to their clinical settings.