FMF
Family Medicine Forum
Forum en médecine familiale

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

FMF 2023

Poster Presentations

November 8 to 11

Palais des congrès de Montréal

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Poster Presentations

This activity has not been formally reviewed by the CFPC; however, it is eligible for non-certified Self-Learning credits. Mainpro+® participants may also earn additional certified credits by completing a Linking Learning Exercise.

Poster # 501

Creating Learning Health Systems in Primary Care

Alexander Singer*, MB BCh BAO, CCFP

Learning objectives:

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

1. Describe the features a learning health systems model that are relevant to primary care
2. Identify family physician's role in defining, developing, implementing and refining learning health systems
3. Explore attendee opinions and expertise regarding how learning health systems can be implemented

Description:

The adoption and expansion of learning health systems (LHS) has been advocated as a means to modernize health service delivery and overcome challenges in implementing evidence-based care. Primary care's role in supporting cost effective, efficient, equitable health system outcomes that has been demonstrated in several international studies. The LHS model being implemented in Mississauga, Ontario has 3 key pillars which will support improved health care delivery. They are: (1) Optimizing team-based care (2) Advancing innovative approaches to health human resourcing, and (3) Enhancing access to care. Each pillar is crucial to encourage the development of evolving primary health care delivery that is emerging in the wake of the health care crisis accelerated by the COVID-19 pandemic and related response. The family physician shortage while exacerbated by the pandemic has existed for decades. We do not currently have and cannot conceivably train or recruit in the near or medium term enough family physicians to provide care to the whole population in Canada. The solution which has been advocated by organizations such as the College of Family Physicians continues to advocate for integrated team-based care in the "Patient Medical Home" and "Patient Medical Neighbourhood" Models. Both are key ingredients to a LHS approach which should permeate primary care and other parts of the health system. This workshop will explore the roles family physicians can and should play in defining, developing, implementing, and refining LHS. We will engage attendees in exercises generating discussions based on their expertise that will help experts in LHS promote their implementation in Ontario and beyond. The Delphi-like approach will be used to generate a report that will spur further development and adoption efforts in primary care settings.

Poster # 502

Standardizing Primary Care Clinical Decision-Making for Low Back Pain

Breda H.F. Eubank*, PhD, CAT(C); Sebastian Lackey, PhD; Gord McMorland, DC; Geoff Schneider, PhD, PT 4; Jason Martyn, MScPT; Jason Werle, MD, FRCSC4,5; Mel Slomp, MA; Ken Thomas, MD, FRCSC.

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Learning objectives:

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

1. Discuss challenges with managing low back pain in primary care
2. Explain clinical-decision making processes in primary care using our low back pain tool
3. Describe systematic consensus methods for developing provincial quality improvement initiatives

Description:

Objective: To build evidence-informed, provincial consensus in caring for patients presenting to primary care with low back pain (LBP) in Alberta. **Design:** Expert consensus methodology. **Setting:** A highly collaborative, province-wide effort between Alberta Health Services' Bone and Joint Health Strategic Clinical Network (BJH SCN) and the Alberta Bone and Joint Health Institute (ABJHI). **Participants:** Forty-seven expert panelists were purposively selected to represent stakeholder groups, a range of disciplines/expertise (e.g., family medicine, sports medicine, orthopaedic surgery, radiology, physiatry, chiropractic care, physical therapy, occupational therapy, public policy, and healthcare administration), and geographic health regions across Alberta. **Intervention:** A Delphi questionnaire was informed by a rapid review and circulated to the multidisciplinary expert panel via Research Electronic Data Capture (REDCap) software. Statements not meeting consensus (≥80%) were updated according to feedback and recirculated to the expert group for voting (2 rounds in total). A final virtual meeting was used to discuss and finalize certain complexities of the tool's decision tree approaches for managing LBP. This study was approved by the University of Calgary Ethics Review Board (REB22-0249). **Results:** An LBP primary care decision-making tool reached consensus. The tool consists of decision algorithms for managing acute, sub-acute, and chronic LBP. The tool also provides criteria for screening, history-taking, physical examination, risk stratification, diagnostic imaging ordering, orthopaedic surgical referral, and initial pain management. **Conclusion:** This tool is intended to facilitate assessment, triage, and management of patients presenting to primary care with LBP.

Poster # 503

COVID-19 Impacts on Young Im/migrant Women's Healthcare Access

Stefanie Machado, BSc, MPH; Reyna Villasin, BSc; Elmira Tayyar, BSc, MPH; Nicole S. Berry, BA, MA, PhD; Mei-ling Wiedmeyer*, MD, CCFP, MSc; Ruth Lavergne, BSc, MSc, PhD; Andrea Krüsi, BSc, MSc, PhD; Shira Goldenberg, BA, MSc, PhD

Learning objectives:

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

1. Describe how sexual and reproductive healthcare access is shaped by immigration and employment conditions
2. Explain how the COVID-19 pandemic shaped young immigrant women's access to healthcare
3. List factors to consider during in-person and virtual healthcare visits with young immigrant women

Description:

Context: Shifts in health service delivery during the COVID-19 pandemic impacted sexual and reproductive health (SRH) care access, yet little is published about young im/migrant women's experiences. **Objective:** To understand the impacts of shifts in health service delivery made early during the COVID-19 pandemic on young im/migrant women's access to SRH care. **Design:** We used purposive and snowball sampling to recruit participants and conduct qualitative interviews as part of the Evaluating Inequities in Refugee and Immigrant

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Health Service Access (IRIS) project - a community-based study of im/migrants' access to health services in British Columbia (BC), Canada. We drew from intersectionality theory and a reproductive justice framework to analyze interviews conducted from March 2020 to January 2021 using a team-based, thematic analysis approach. IRIS holds ethical approval from the Simon Fraser University and Providence Health Care/University of BC harmonized ethics review boards. **Setting:** Lower Mainland, BC, Canada **Participants:** Self-identified im/migrant women aged 15-30 (N=22) **Results/Findings:** Participants focused on pregnancy and contraception experiences. The transition to virtual services and restricted clinic-based care had different impacts based on im/migration and socioeconomic status, and access to social support and safe households. Virtual SRH services saved travel and childcare costs but offered little privacy and follow-up. Links between im/migration status, employment, and health insurance, as well as unjust working conditions, contributed to unplanned pregnancies, out-of-pocket payments, and immigration system distrust. Positive experiences were shaped by prior connections to a doctor, English fluency, and time spent in Canada. **Conclusion:** To facilitate SRH care access, our findings suggest that the Canadian government implement permanent sick days for all workers, and that health systems decouple health insurance from im/migration status. We also recommend that clinicians consider immigration status as a determinant of health; identify safety issues and ensure confidentiality for young immigrant women; and prioritize unmet SRH needs.

Poster # 504

A New Selection Test for Family Medicine

Keith Wycliffe-Jones*, MBChB, FRCGP, CCFP; Michelle Morros, MD, CCFP, FCFP; Lindsay Jantzie, MD, CCFP; Sarah Kinzie, MD, CCFP, FCFP; Alain Papineau, MD, CMFC, FCMF; Brent Wolfrom, MD, CCFP, FCFP; Ed Seale, MD, MDCM, CCFP (EM), FCFP; Tania Riendeau, MD, CFMC, FCMF; Melissa Washbrook, BSc (Hons), MSc; Fiona Patterson, PhD, CPsychol, FASS, FRCGP (Hon)

Learning objectives:

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

1. Evaluate the utility of a new SJT developed for use in FM residency selection
2. Describe the differences in performance in the SJT of different groups
3. Recognize how this new SJT might be used more extensively in FM selection in future

Description:

Context: Selection for Family Medicine (FM) residency training in Canada is high-stakes and current applicant assessment methods have low evidence supporting their use, especially for non-academic attributes. Situational Judgement Tests (SJTs) are an increasingly popular methodology in healthcare selection to assess non-academic attributes, with a wealth of validity evidence supporting their use. **Objective:** Evaluate the utility of a new SJT developed for use in FM residency selection. **Design:** A new, online SJT was contextualized and piloted for FM in Canada before being operationalized in the 1st round of the 2022 CaRMS cycle in 6 FM residency programs. Candidates were invited to complete an anonymous, demographic survey and a post-test evaluation. Research Ethics Boards' approvals were obtained. **Setting:** The SJT and surveys were delivered online. **Participants:** All Canadian medical graduates (CMGs) applying to any of the 6 participating programs and international medical graduates (IMGs) applying to 3 of the 6 were required to complete the test and invited to complete the surveys. **Main Outcome Measures:** Analyses were completed to evaluate overall test reliability, test difficulty, demographic group performance comparisons and candidate reactions. **Results/Findings:** 1835 candidates completed the test (1309 in English, 526 in French). Overall test reliability was good (alpha=.78) with a test difficulty of 74.5%. Statistically significant differences in performance were identified based on language, gender, ethnicity, and place of medical

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education. Those who completed the English version (p<.001) and were female (p<.05) performed better. White candidates (p<.05) and CMGs (p<.001) performed better than Asian candidates and IMGs, respectively. Post-test evaluation data confirmed generally positive reaction to the test. **Conclusion:** Overall, there is good initial evidence that this new SJT can differentiate between individuals, indicating the methodology is an effective method for selection into FM programs in Canada. Further evaluation of the observed group differences will continue in future cycles.

Poster # 505

Patient Perspectives on Same-Day, After-Hours Care Within a Medical Home

Martin Tieu*, MD

Learning objectives:

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

1. Describe where patients consider accessing care outside of traditional after hours
2. Recognize which diagnoses are most common warranting presentation to an after-hours clinic
3. Predict patient perspectives on the value of an integrated after-hours clinic

Description:

Context: Continuity of care and accessibility are important functions of a patient-centered medical home. Patients may seek care in emergency rooms or alternate providers if unable to access their medical home, potentially leading to overutilization of acute care services, and/or disjointed care. We offer an after-hours clinic to our patient population on a same-day appointment (not walk-in) basis. **Objective:** Characterize patient perspectives on how the availability of after-hours appointments influences where they seek care, as well characterize the presenting diagnoses. **Design:** A waiting-room, 5-item paper survey was offered to all patients who presented to our after-hours clinic. This was deemed to be a quality improvement project and exempt from ethics review. **Setting:** MacEwan University Health Centre (MUHC) in Edmonton, Alberta. MUHC has a unique service model, providing comprehensive primary care to a panel of ~6,500 community patients and over 20,000 university members. **Participants:** Patients who presented to the after-hours clinic from 1-Jan-2023 to 31-Mar-2023. **Main Outcome Measures:** Patients were asked where they would have considered accessing care (emergency room, walk-in clinic, waiting for next available appointment, foregoing care) if the after-hours clinic was unavailable, as well as the perceived value of the after-hours clinic. Diagnoses from after hours visits were aggregated. **Results:** 146 responses to the survey were collected from 415 appointments booked. If the after-hours clinic was not available, patients would have considered accessing the emergency room (27%), a walk-in clinic (52%), waited until the next available appointment (43%), or foregone care (19%). Over 95% of patients felt that the clinic was a valuable service. Of all 415 after-hours visits, the top 3 diagnoses were upper-respiratory tract infection, hypertension, and mental health. **Conclusions:** Patients find access to after-hours care valuable, and its availability may prevent utilization of acute care services, as well as enhance continuity of care.

Poster # 506

Exploring Faculty Attitudes and Knowledge Regarding Curriculum Implementation of Planetary Health at the Department of Family and Community Medicine (DFCM), University of Toronto

KitShan Lee, MSc, MD, CCFP; Elisabeth Abigail Ramdawar, MHSc; Rachel Adilman, MD; Azzra Mangalji, MD; Samantha Green, MD, CCFP

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Learning objectives:

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

1. Consider GIFT framework on planetary health curriculum development at postgraduate level in family medicine
2. Recognize that developing planetary health literacy and awareness in faculty is crucial
3. Consider multiple modalities for knowledge translation and skill building using adaptive and transformative learning theories

Description:

Background/Purpose: Climate change is the greatest threat to human health of this century1. Currently, no formal planetary health curriculum exists in postgraduate family medicine programs curriculum across Canada2. Moreover, as outlined by The College of Family Physician's Guides for Improvement of Family Medicine Training (GIFT report)2, many learners have illuminated the need for planetary health curriculum development and have provided recommendations and a framework for implementation. The purpose of this study was to determine current faculty attitudes and knowledge as a means to facilitate implementing this curriculum. **Methods:** We purposively sampled 13 key faculty informants (postgraduate program directors, faculty development leads, and central curriculum leads), who participated in one-on-one semi-structured Zoom video interviews from May – September 2022. Interviews were transcribed and coded by 3 members of the research team. Using thematic analysis, the research group held monthly debrief sessions to review the developed themes. **Results:** Preliminary findings suggest that overall, faculty perceive planetary health curriculum to be relevant to family medicine, as family physicians are often patient's first point of contact. However, some participants expressed concerns regarding the priority of planetary health in a saturated family medicine curriculum, professional boundaries, and difficulties in engaging in curriculum change. Moreover, overarching developing themes include curriculum development, implementation, attitudes, and barriers. **Conclusion:** As illuminated by the GIFT report, there is a need for planetary health to be implemented within the family medicine curriculum. Our study provides insight into the various factors that may aid in curriculum implementation of planetary health within family medicine training which include 1) Addressing gaps in faculty planetary health literacy is key to implementation of recommendations from the GIFT Report. 2) Development of leads across all sites to facilitate education, and 3) multi-modal educational tools using adaptive and transformative learning theories.

Poster # 508

Replacing ICD-9 in Canadian Primary Care: Work-in-progress

Stephanie Garies, PhD; Kerry McBrien, MD, MPH, CCFP; David Campbell, MD, PhD; James A. Dickinson, MD, PhD, CCFP; Keith Denny, PhD; Noah Crampton, MD; Neil Drummond, PhD; Maeve O'Beirne, MD, PhD, CCFP, FCFP; Catherine Eastwood, PhD; Danielle A. Southern, MSc; Hude Quan, PhD; Alexander Singer, MB BAO BCh, CCFP; Terrence McDonald, MD, MSc, CCFP, FCFP; William Ghali, MD, MPH, FRCPC; Huib Ten Napel, MSc; Kees Van Boven, MD, PhD; Olawunmi Olagundoye, MPhil; Diego Schrans, MD, PhD; Matt Taylor; Michael Cummings, PhD; Aimie Lee; Dewdunee Himasara Marasinghe*, MScPH; Tyler Williamson, PhD

Learning objectives:

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

1. Describe three disease classification systems and their respective differences/similarities
2. Understand physician preferences and ease of coding among the three classification systems

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3. Critically appraise the feasibility of implementing a new classification system in Canada

Description:

Context: The International Classification of Diseases version 9 (ICD-9) was adopted in Canada in 1979 and is still used by physicians across Canada for submitting diagnostic codes to bill for medical services. ICD-9 is outdated, limited, and needs to be replaced. **Objective:** To evaluate family physician use and preferences of two new classification systems that could replace ICD-9 in Canada. **Design:** Mixed-methods study using an online coding exercise, post-coding survey, and qualitative component (focus groups, interviews). This work has been approved by the University of Calgary Research Ethics Board (REB22-0590). **Participants & Setting:** 225 family physicians across Canada will be recruited for the online coding exercise and post-coding survey through convenience sampling. 35 family physicians will be invited to participate in focus groups and 25 policymakers (e.g., health ministries, medical associations) for interviews using purposive sampling to obtain representation in relevant strata (e.g., gender, location). **Intervention:** Participants will first be given 5 patient vignettes (from a set of 30) to code diagnoses using ICD-9, ICD-11 and International Classification of Primary Care version 3. The post-coding survey will ask about the ease of use and satisfaction with these classification systems. **Main Outcome Measures:** The coding exercise and the post-coding survey will evaluate the average time to code vignettes by classification system, consistency of codes used, and physician-reported satisfaction measures related to the three systems. The qualitative analysis will explore in-depth perspectives related to implementing a new classification system. **Anticipated Findings:** Recruitment for the coding exercise and post-coding survey has started. Results will be available at the time of the conference. Focus groups and interviews will be conducted in the fall of 2023. **Conclusion:** This study will generate evidence about the preference and performance of potential replacements for ICD-9 to inform the adoption of a new, modern classification system for Canadian physicians.

Poster # 509

Interprofessional Primary Care Team Psychological Health and Safety

Sophia Myles, PhD; Melissa Corrente, PhD; Jelena Atanackovic, PhD; Magdalena Baczkowska, PhD; Ivy Lynn Bourgeault*, PhD

Learning objectives:

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

1. Identify primary care team relevant psychological health and safety tools
2. Recognize interprofessional competencies to incorporate within primary care curricula
3. Recognize interprofessional competencies to inculcate in primary care practice settings

Description:

Objective: A toolkit of psychological health and safety tools was built to (i) enhance competencies of primary care practitioners to work more collaboratively within interprofessional team-based environments, and (ii) integrate psychological health and safety competencies into pre-licensure training. **Design:** A systematic environmental scan methodology targeted academic and gray literature to identify relevant tools which were subsequently coded thematically; REB approval was exempt. **Setting:** Canadian and international interventions applicable to primary care team settings in Canada. **Participants:** Sources in English and French that provide evidence to support interventions inclusive of a diverse set of primary care practitioners published between 2018-2023 met eligibility criteria. **Intervention:** Addressed at least one of these dimensions for team optimization or curricula: communication, role clarification, skill recognition, workload balance, conflict resolution, team functioning, collaboration, hierarchy, resource access, and collaborative

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leadership. **Main Outcome Measures:** A multi-level categorization of tools addressed the team level (e.g., peer support, leadership, mentorship); system level (e.g., policies relevant to primary care teams psychological health and safety); and individual level (e.g., interface of individual practitioners and teams). **Findings:** Most psychological health and safety tools have not focused on primary care settings, and few focus on interprofessional teams or training. French or bilingual tools and resources are less prevalent than those in English. Team and training tools targeting individuals are more prominent than those targeting the team- or system-levels, but few focus on the interface of individuals within teams. System level interventions also neglect a focus on primary care teams and training relevant circumstances. **Conclusion:** Included tools support the development of primary care practitioners and team training to build supportive relationships and team culture. These findings form the first of a two phase study - toolkit development - which will inform toolkit implementation, evaluation and refinement by working with primary care teams across Canada.

Poster # 510

Field Note Use in the KHSC Emergency Department

Jaime-Lee Munroe*, MD, CCFP; Tara McGregor, MD, MSc, CCFP

Learning objectives:

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

1. Describe the use of Field Notes in assessment of learners on their Emergency Medicine rotation
2. Understand what Entrustable Professional Activities are being observed on Emergency Medicine rotations
3. Identify the level of entrustment that residents are given on Emergency Medicine rotations

Description:

Context: Field notes (FNs) are used by the Queen's University Family Medicine (FM) residency training program to document formative feedback on Entrustable Professional Activities (EPAs). EPAs are key tasks that define the work of family physicians. The Queen's FM program uses 36 EPAs to assess competence over the course of residency. FM residents are expected to collect FNs for specific EPAs relevant to Emergency Medicine (EM) during their EM rotations at Kingston Health Sciences Centre (KHSC). **Objective:** To quantify the frequency at which EM-specific EPAs are assessed through FNs being completed for FM residents on EM rotations. **Design:** A retrospective, quantitative review of electronic learner data extracted from the Elentra online learning platform. **Setting:** KHSC Emergency Department in Kingston, Ontario. **Participants:** FM residents completing an EM rotation at KHSC over a one-year period (N = 46). **Main Outcome Measures:** FNs were reviewed to determine the proportion that assessed learners on EM-relevant EPAs. The frequency at which learners were assigned to the different levels of the Entrustment Scale was also determined. **Results:** 421 FNs were completed in the KHSC Emergency Department. 367 (87.2%) assessed learners on EM-focused EPAs. 223 (60.8%) assessed the "Care of Adults with an Acute Serious Presentation" EPA. 234 (63.8%) FNs indicated that residents required "minimal supervision"; 130 (35.4%) indicated residents were "ready for independence; supervision for refinement"; and only 3 (0.8%) FNs labelled residents as "requires close supervision". **Conclusions:** The majority of FM residents are using the FN to document feedback on the intended EPAs for the EM rotation. Most residents are assessed as requiring minimal supervision or being ready for independence in the EM setting. These results must be interpreted with caution though when attempting to draw broader conclusions about the readiness of individual or groups of residents for independent practice in the EM setting.

Poster # 511

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A Social Accountability Impact Study of NOSMU's CFPC-EM Fellowship Residency Training Program

Brittany Best*, MSc; Jacob Belanger; Melanie Squarzolo, MD

Learning objectives:

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

1. Recognize the practice demographics of NOSMU CFCP-EM graduates
2. Examine NOSMU CFCP-EM Fellowship Residency Training Program's success in achieving the school's social accountability mandate
3. Conclude what physician characteristics correlate positively with practice in northern locations

Description:

Context: The Northern Ontario School of Medicine University (NOSMU) was created as a health equity strategy to address critical health workforce shortages in northern and rural communities. The NOSMU's College of Family Physicians of Canada Emergency Medicine (CFPC-EM) Residency Fellowship Program faces the task of addressing the critical shortage of emergency physicians in northern and rural locations. **Objective:** This study sought to determine the impact of the program in addressing physician shortages in northern emergency departments and the associated graduate characteristics with practice location. **Design:** This is a quality improvement study and was granted Research Ethic Board (REB) exemption by Health Sciences North REB. Findings were collected via a survey that included multiple-choice selection and open-ended responses. Logistic regression analysis was completed to determine what characteristics correlated with practicing in northern and/or rural communities after graduation. **Participants:** We surveyed all NOSMU CFPC-EM graduates from 2008-2021. **Main Outcome Measures:** Graduate demographics and practice locations. **Findings:** 54 respondents participated in the survey (response rate 60%). 83.9% of respondents are practicing in a northern community. Of those practicing in a southern community (16.1%), almost half (40.0%) are in rural locations. A statistically significant positive relationship with practicing in a northern community was found with respondents that spent their childhood in a northern community (coefficient 2.2513, p-value 0.002) and those with Indigenous health training (coefficient 1.1787, p-value 0.039). All respondents that completed their undergraduate medical training at NOSMU identified a primary practice location in a northern community. **Conclusion:** This study highlights the success of NOSMU's CFPC-EM residency in training physicians that hold a primary practice location in a northern and/or rural community. These findings have implications in addressing the current resource shortages in emergency departments.

Poster # 512

Implementing a New Canadian Resident Matching Service Dossier Tool at the Department of Family Medicine at the University of Ottawa

Sohil Rangwala*, MDCM, CCFP, FCFP; Edward Seale, MDCM, CCFP, FCFP; Chandra Landry, MSc; Kim Rozon

Learning objectives:

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

1. Understand what makes an ideal family medicine candidate
2. Understand how to best assess a dossier for selection
3. Demonstrate how to achieve interrater reliability when reviewing a dossier

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Description:

Background/Purpose: The Department of Family Medicine (DFM), University of Ottawa receives 850-1000 Canadian Resident Matching Service (CaRMS) applications each year. The DFM scores each dossier to determine which candidates receive an interview offer. The previous method for reviewing dossiers lacked interrater reliability. We created a standardized dossier review tool to achieve interrater reliability for 2022. **Methods:** A national survey and literature review allowed the creation of a survey that focused on dossier evaluators' perceived important dossier elements. The results were assessed for themes. Themes were used to create a second survey that asked dossier evaluators to rank thematic elements using a Likert scale. Using the Delphi method each element with >70% ranking agreement was considered to reach consensus. These were used to create a draft review tool. This was piloted in 2021, parallel to the actual dossier reviews process. Elements with 70% reliability were used to create a final dossier review tool. This tool was implemented for all dossier reviews in the 2022 selection process. 50 dossiers were reviewed three times, each by three distinct reviewers. The process was evaluated with a separate survey to evaluators. **Results:** Interrater reliability was established for 87% of the tool elements (13/15). Evaluators felt the tool was simple, focused, and reliable. This met out desired outcomes. Evaluators noted that the tool left out some room for dossier nuances and asked for more areas for comments in the future. **Discussion/Conclusion:** The tool we created is reliable between evaluators. Our next steps include reviewing our CaRMS 2022 match data, to determine if we feel the most appropriate family medicine candidates were selected. We will follow this cohort to determine possible outcomes such as lower rates of remediation or transfer requests. We plan to update the tool based on evaluator feedback and continue to use going forward.

Poster # 513

Addressing Learning Gaps in Central Family Medicine Residents

David Bradbury-Squires*, MD, MSc, CCFP (EM)

Learning objectives:

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

1. Describe the Central Family Medicine Residency Program
2. Describe how the theme of teaching is important to the Central Family Medicine Residency Program
3. Describe how geography and population are important to the Central Family Medicine Residency Program

Description:

Context: Research/Medical Education **Objective:** To assess self-identified learning gaps in past and present residents who are enrolled in or have completed Memorial University's Central Family Medicine (CenFam) residency program. **Design:** Qualitative descriptive study. Data was obtained through focus groups using a semi-structured interview design. Data was analyzed using a thematic analysis approach. **Setting:** Focus groups conducted online via Zoom. **Participants:** CenFam first- and second-year residents from the 2021-2022 academic year as well as CenFam Class of 2021 graduates. **Findings:** Two main themes were identified: 1) Teaching, and 2) Geography and Population. Within the teaching theme, teaching was identified as an an important part of residency education and residents wanted more formal and informal teaching. Three key sub themes emerged, each corresponding to different responsibilities regarding teaching by the overall program's stakeholders: the individual preceptors, the residents, and the program itself. Within the geography and population theme, the unique characteristics of each in Central Newfoundland created unique opportunities and challenges for residency education. Key sub themes included social challenges (which were influenced by the CoVID-19 Pandemic), patient challenges, and resident opportunities/challenges

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which were site-specific within the region. **Conclusion:** Within the CenFam residency program, each site has its own relative strengths and weaknesses based upon their geography, population, and services offered. Learning gaps exist in several areas and are influenced by modifiable and non-modifiable factors. Initiatives designed to target these learning gaps may help improve the overall teaching and learning of the CenFam stream.

Poster # 514

Escape Rooms for Quality Improvement in Medical Education

Rachel Weagle, MD; Jeffrey Puncher, MDTI, BCom; Kheïra Jolin-Dahel*, MD, MSc, CCFP

Learning objectives:

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

1. Explore the use of escape rooms for teaching quality improvement in medical education
2. Examine participant experiences of virtual escape room useability and validity

Description:

Context: Gamification is the use of game design and principles in non-game contexts. Virtual escape rooms, a form of gamified e-learning, can make digital education an engaging process through requiring participants to solve puzzles to advance further in the game. These concepts can be used to potentially reinforce quality improvement (QI) concepts for family medicine learners. **Objective:** To design a virtual escape room to review and reinforce basic QI principles, and evaluate participant experiences. **Design:** Qualitative semi-structured interviews following the intervention and think-aloud data collection throughout. **Setting:** Department of Medicine at the University of Ottawa. **Participants:** Undergraduate medical students, family medicine residents and faculty. **Intervention:** Participants had one hour to complete 10 puzzles as part of the virtual escape room, while applying knowledge gained from a 1-hour didactic lecture on QI. **Main Outcome Measures:** Participant experiences, useability, enjoyment, self-reported knowledge acquisition. **Results:** Twenty-seven participants took part in the escape room experience. Most (71.4%) reported the overall experience to be positive, with none reporting it to be negative. The majority (71.4%) of participants found the level of difficulty to be appropriate and helpful in consolidating QI knowledge. Suggested changes to the virtual escape room included length of game play, the need for a summary of the QI principles tested in each puzzle to facilitate learning, and the option for hints. Some participants reported nausea associated to the length of gameplay and player movements within the game and headset issues, which they perceived as a barrier to a positive experience. **Conclusion:** The data collected from participants identified several important features of gameplay and areas for improvement for the virtual escape room experience. The results validate the utility of the educational tool, and provides support for the wide-scale use of the tool.

Poster # 515

A Profile of FM Residents From 2017-2022, Who They Are and Their Perspectives: Work-in-progress

Mahsa Haghighi*, MSc; Dragan Kljujic, MA; Loreleil; Nardi, MSc; Steve Slade; Ivy Oandasan, MD, CCFP, MHSc, FCFP

Learning objectives:

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

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1. Describe family medicine residents' demographics
2. Describe trends in family medicine residents' perceptions of their specialty
3. Describe trends in family medicine residents' intentions for practice comprehensive care

Description:

Objective: To provide a profile of the learning experiences and practice intentions of Family Medicine residents and their perceptions of FM as a specialty in Canada. **Design:** Data from the Family Medicine Longitudinal Survey (FMLS) from 2017 to 2022 were analyzed. FMLS is a self-reported longitudinal survey that follows FM residents from entry into residency, at exit, and three years post residency. It is administered to FM residents across all 17 Canadian programs. Ethics approval/exemptions by local university Research Ethics Boards were obtained. Descriptive and weighted bivariate and trends analysis were performed to evaluate residents' demographics, perceptions, and intentions to practice. **Participants:** Approximately 6,000 FM residents at entry to residency and 3,170 at exit, participated in the survey from all 17 Canadian FM residency programs. **Main Outcome Measures:** FM residents' demographics, perceptions of FM specialty, and future practice intentions including intent to practice comprehensively. **Results:** Across all six years, at entry to residency, 90% of respondents on average were proud to become family physicians. A notable upward trend of participating residents, both at entry and at exit from residency, agreed/strongly agreed that medical specialists have little respect for family physicians and an increased preference to be in a specialty other than FM. A downward trend among residents who agreed/strongly agreed that the government perceives FM as essential to the health care system was noted. Respondents also reported less intention to practice comprehensive care. **Conclusion:** Perceptions by residents on how family medicine is valued by others provides a lens on how the specialty is perceived as a whole. The findings paint a picture that is concerning. It is important to explore why this change is happening and consider how to reverse the worrisome trends during a time when there is decreased interest by medical students choosing Family Medicine.

Poster # 516

Deprescribing in Older Patients, a Work-in-Progress RCT: SPIDER

Alex Singer*, MB, BAO, BCh, CCFP; Keri Harvey, MAHSR; Leanne Kosowan, Msc; Dewdunee Himasara Marasinghe, MScPH; Michelle Greiver, MD, MSc, CCFP, FCFP; Simone Dahrouge, PhD; Donna Manca, MD, MClSc, CCFP, FCFP; Celine Jean-Xavier, PhD

Learning objectives:

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

1. Explain the elements included in the SPIDER approach
2. Recognize the importance of safer deprescribing for complex geriatric patients
3. Explore how SPIDER approach could be used in different settings and primary care practices

Description:

Context: One quarter of Canadians over 65 years, are prescribed ten or more medications. This use of multiple medications; termed polypharmacy, is associated with persistently higher healthcare needs, reduced quality of life and increased health care costs. **Objective:** Presenting preliminary results of the Structured Process Informed by Data, Evidence and Research (SPIDER) randomized controlled trial on deprescribing in primary care for patients over 65 years experiencing polypharmacy. **Design:** 2-arm randomized controlled trial comparing the SPIDER approach to usual care. **Setting:** Primary care providers (PCPs) and their teams, participating in the Canadian Primary Care Sentinel Surveillance Network from eight Practice Based

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Research Networks (PBRNs). The study received Ethics Board approval in each region. **Participants:** 29 practice sites and 108 PCPs from 3 PBRNs have completed the intervention thus far. **Intervention:** SPIDER is a 12-month intervention including participation in Quality improvement (QI) training and learning collaboratives; support through QI facilitation and validated EMR data reports for audit and feedback. **Main Outcome Measures:** The primary outcome is prevalence of potentially inappropriate prescriptions (PIPs). We will also examine the proportion of patients with one or more PIPs. Patients completed surveys on their experiences with prescribing and impacts of medications on their quality of life. PCPs' surveys were collected for feedback from the intervention, including knowledge gains, development of QI plans and implementation of processes for deprescribing. **Results/Findings:** During the SPIDER intervention, PCPs developed contextually appropriate PIPs deprescribing strategies. This work is in progress; EMR data, PCPs' and patients' completed surveys are currently being analyzed. **Conclusion:** Evidence generated from this RCT will provide broadly generalizable evidence on effectiveness of a comprehensive QI approach for complex population. SPIDER approach could be replicated to improve care for different issues. If effective, policymakers could consider whether all elements should be supported as part of high functioning healthcare systems.

Poster # 601

Does French Translation of the SAMP Impact Performance?

Brian Hess*, PhD; Sonia Labbé, MSc; Tatjana Lozanovska, MEd; Ed Ziesmann, BScPT, MBA; Brent Kvern, MD, CCFP, FCFP

Learning objectives:

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

1. Describe the process CFPC uses to develop an equivalent French translation of the SAMP examination
2. Compare the performance of French and English candidates on the CFPC SAMP examination
3. Evaluate validity evidence for the SAMP component of the CFPC Certification Examination in Family Medicine

Description:

Context: Maintaining the validity of the Short Answer Management Problem (SAMP) component of the CFPC Certification Examination in Family Medicine requires a robust translation process. **Objective:** Do candidates completing the French translated SAMP examination perform similar to candidates completing the English version? **Design:** The written, case-based SAMP examination tests factual knowledge and clinical reasoning. A certified medical translator translates the approved English examination into Canadian French, and the CFPC translation team reviews for clarity. Then an independent native French-speaking bilingual family physician reviews to ensure acceptable Canadian French medical terminology is used. Final content is reviewed again by the CFPC translation team before being published. Statistical analyses compared the performance of English and French candidates on individual SAMP cases and questions, overall mean SAMP scores, and pass rates, controlling for covariates. **Setting:** 2022 SAMP component of the Certification Examination in Family Medicine. **Participants:** All residents from 17 Canadian family medicine residency programs completing the SAMP for the first time in Spring (English=1,039, French=368) and Fall 2022 (English=68, French=25). **Main Outcome Measures:** Mean SAMP scores and pass rates. **Findings:** In the Spring, six questions showed significant difference in performance between English and French candidates. The exam committee reviewed, declared no issue, and retained them for scoring. For the Fall examination, one of seven questions was removed from scoring. For the Spring examination, there was a very small but

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statistically significant difference in overall mean SAMP scores between English and French candidates. Similarly, language was a weak but statistically significant predictor of passing the examination. The passing rate for both language groups was above 90%. For the Fall examination, no statistically significant difference in mean scores or pass rates was observed. **Conclusion:** The French translation of the SAMP examination did not result in meaningful real-world performance differences between the two language groups.

Poster # 602

National Advanced Skills Training Program for Rural Practice: Work-in-progress

Sarah Lespérance*, MD, CCFP, FCFP; Jennifer Barr, SRPC COO; Brian Geller, MD; Elaine Blau, MD; Gavin Parker, MD; Isabelle Cochrane, MD; James Wiedrick, MD; Kristen Kluke; Lisa Hetu; Kàh enti:ne Maracle, MD; Sivaruban (Ruban) Kanagaratnam, MD; Sonja Poole, MD; Stuart Iglesias, MD; Daria Parsons, MSc;

Learning objectives:

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

1. Enhance care close to home by increasing access to training for practicing rural physicians
2. Increase rural physician retention
3. Enhance networks of care

Description:

Context: Equitable access to health care close to home is an ongoing concern for rural, remote and Indigenous communities. Needs are unique, extending beyond comprehensive primary health care to include emergency care, anesthesia, obstetrics, surgery, and mental health among others. Physicians are faced with limited opportunities for training once in practice. Physician retention, the development of networks of care, and reductions in patient transport are factors central to the provision of quality rural healthcare. **Objective:** To enhance care close to home by increasing access to advanced skills training for practicing rural physicians. **Design:** Self-designed advanced skills training programs, funded by the SRPC, as part of the Team Primary Care consortium, with durations of up to 30 days. **Setting:** A variety of settings across Canada, with preference for regional training to support mentorship and networks of care. **Participants:** Rural physicians from across Canada have been invited to participate in the program. **Methods:** A multi-pronged communication plan was implemented to engage rural physicians across Canada. REB was approved for this project. **Main Outcome Measures:** Measures include the number of rural physicians participating in the program, Indigenous and Francophone physicians, and provinces/territories represented. Types of training obtained by physicians, duration, and costs will also be analyzed. A survey at the end of training will evaluate impacts of the program on mentorship, teams, and networks of care. **Results/Findings:** Quantitative and qualitative analysis will be presented. Qualitative data will assess impact on physician retention in rural areas, whether local access to care has been improved, and whether physician confidence improves after enhancing their skills. **Conclusion:** The Program is a unique opportunity offered by the SRPC to enhance the quality of care provided in rural Canada, strengthening networks and ensuring equitable access to care close to home, for those living in rural, remote and Indigenous communities.

Poster # 603

Care of Adults With IDD: Forest Road Clinic Evaluation

Amanda Tzenoz*, MD, CCFP, MSc; Denise Cahill, NP; Katherine Stringer, MBChB, CCFP, FCFP, MClSc(FM)

Learning objectives:

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

1. Describe the role of the Forest Road Clinic for Adults with IDD
2. Evaluate the effectiveness of the Forest Road Clinic in meeting its stated outcomes
3. Explore the benefits of a primary care consult service for this population

Description:

Context: Individuals with intellectual and developmental disabilities (IDD) are a vulnerable population with higher rates of chronic and preventable illnesses. They also face greater challenges accessing primary care, visit emergency rooms more often, and their management is associated with higher health care costs. In response to the recognition of need, a consult clinic for the Primary Care of Adults with Developmental Disabilities, the Forest Road Clinic, was started in 2015. **Objective:** The objectives of this project are to evaluate the short-term outcomes of the clinic as defined by the Forest Road Clinic logic model. **Design:** This study uses a mixed methods approach, with quantitative and qualitative methodology (key informant interviews, surveys, environmental scans, chart review). This study has been exempt by the Health Research Ethics Authority. **Setting:** Forest Road Clinic, St John's, Newfoundland and Labrador. **Participants:** patients' caregivers and family physicians, clinic providers. **Main Outcome Measures:** To evaluate the short-term outcomes which include expanded interprofessional collaboration, improved patient and caregiver experience, and increased awareness, interest, and comfort in providing care for adults with IDD. **Results/Findings:** There was expanded interprofessional collaboration through increased referrals, interaction between allied health students and the clinic, and increased presentations on our clinic services. The results of the interviews show satisfaction with the caregivers' experience. The collaboration with family doctors who have referred patients to us note they have since used some of the information from our consults to help with their general approach to this population. **Conclusion:** The Forest Road Clinic provides an invaluable service to its patients, caregivers, and their family physicians. The results demonstrate that the clinic bridges a gap from pediatric to adult care for patients with IDD, providing a smoother transition to what is otherwise a fragmented and difficult to navigate adult health care system.

Poster # 604

Measuring Comprehensive Family Practice for System Level Improvement

Steve Slade*; Asha Mohamed; Mahsa Haghighi, MSc; Lorelei Nardi, MSc; Dragan Kljujic, MA; Noor Abbas; Ivy Oandasan, MD, CCFP, MHSc, FCFP

Learning objectives:

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

1. Explore core professional activities of family medicine training/practice, using the CFPC Residency Training Profile
2. Assess data sources and health system measures related to family practice
3. Identify core professional activities and geographic areas for family practice improvement and support

Description:

Objective: To identify data sources and develop quantitative measures that can inform family medicine practice and education improvement at regional, provincial, and pan-Canadian levels. **Design:** Descriptive analysis of primary and secondary data sources. Study measures are based on core professional activities of The College of Family Physicians of Canada (CFPC) Residency Training Profile (RTP). **Setting:** Variably, based

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on data sources, metrics are reported at the regional, provincial, and all-Canada levels, covering the period 2000-2021. **Participants:** Independent practice family physicians are included in administrative billing data (CIHI National Physician Database) and in CFPC surveys of early career family physicians (Family Medicine Longitudinal Survey, 3-years into practice). Population samples are included in Statistics Canada survey data (Canada Canadian Community Health Survey). **Main Outcome Measures:** The percent of family physicians who participate in a range of core professional activities. Measures cover family physicians' provision of specific types of medical care (e.g., obstetrical deliveries, mental health care) and practice as a primary care provider for a group of patients. **Results:** In 2021, 80% of early career family physicians provided comprehensive care to a current group of patients over the long term (FMLS). This percentage increased from 72% in 2018. In 2020, 6% of family physicians billed for obstetrical deliveries, down from 16% in 2000 (NPDB). In 2019-20, across health regions, the percent of the population with a regular care provider ranged from 95% to 46% (CCHS). These are examples of a more extensive set of indicators reflecting broad professional activities and practice settings, to be presented during the session. **Conclusion:** Family physicians help keep the population healthy. Robust metrics, grounded in core professional activities of family medicine training and practice, can suggest how and where the provision of family medicine care can be improved and better-supported.

Poster # 605

Teachers' and Non-Teachers' Perspectives Toward Pregnancy Care: Work-in-progress

Sanja Kostov*, MD, CCFP; Olga Szafran, MHSA; Oksana Babenko, PhD; Helen Cai, MD

Learning objectives:

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

1. Describe experiences that family physicians have in family medicine obstetrics (FMOB) care
2. Identify family physicians' awareness and attitudes towards FMOB care
3. Describe how family physicians' experiences, awareness, and attitudes towards FMOB influence pregnancy care referrals

Description:

Context: In Canada, family physicians (FP) who do not provide intrapartum care (89.5%) routinely transfer care of pregnant patients to an intrapartum care provider such as a midwife, family medicine obstetrics (FMOB) physician, or obstetrician. Research has shown that FPs who do not provide intrapartum care also have a more interventionist view of birth and greater concerns about the potential consequences of vaginal birth as compared to FMOB physicians. These views can play a role in their decision-making when recommending a pregnancy care provider to patients. Evidence suggests that 90% of nulliparous patients would follow their provider's advice, even if it does not match their wishes. Such views also have the potential to influence medical learners (as part of a hidden curriculum) and, once established, may be difficult to change. Therefore, it is important to examine the views toward pregnancy care options of FPs who teach and those who do not teach learners (residents, medical students). **Objectives:** (1) To explore the experiences, awareness, and attitudes of FP teachers and non-teachers toward various pregnancy care options. (2) To examine how these attitudes influence their decision-making when counseling patients on choosing a pregnancy care provider and deciding to whom to refer patients for pregnancy care. **Setting:** Department of Family Medicine, University of Alberta (ethics Pro00126836). **Participants:** (1) FPs who educate and/or supervise family medicine (FM) residents. (2) FPs not involved in FM resident education/supervision. **Main Outcome Measures:** Interview questions will probe FPs' experiences, awareness, and attitudes toward various pregnancy care options available to patients in the Edmonton area.

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Four clinical vignettes will be presented and "What do you do next and why?" questions will follow each vignette to explore FPs' decision-making in relation to pregnancy care referrals. In addition, physicians' personal experiences with pregnancy care will be explored. **Results:** Pending. **Conclusions:** Pending.

Poster # 606

Learning By Assessment

Tania Riendeau*, MD, CCMF; Margaret Henri, MD, FRCPC; Geneviève Grégoire, MD, FRCPC; Véronique Phan, MD, FRCPC; J-François Gobeil, MD, FRCPC

Learning objectives:

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

1. Explore the experience of learning by allowing repeat-testing for clerkship physicianship assessment
2. Discover a new learning by assessment method
3. Explore a new assessment format

Description:

Objective: Explore the experience of learning by allowing repeat-testing for clerkship physicianship assessment **Design:** Program evaluation **Settings:** Assessment for learning was introduced in our undergraduate program using during clerkship "on-campus weeks" (OCWs). **Participants:** All students (a mean of 290) students took each OCW exams. **Intervention:** The material covered during OCWs is mostly centered on the development of transversal competencies and physician professionship. From Aug. 2020 on, we implemented a new examination process during 5 consecutive campus weeks. An at-home examination was open during 7 days after OCWs, and students could repeat the examination until they achieved a passing grade of 80%. After each take, the score was revealed. For some exams a rationale was provided for wrong answers. Students could take the exam again regardless of the initial grade. Before this change, the usual process was a one-time on-site MCQ exam administered at the end of each OCW. The passing grade was 60%. **Main Outcome Measures:** The number of trials per exam, the passing grade at first and final trials were analyzed. **Results:** A mean of 290 students took each OCW exams and a mean of 2 trials per exam was attempted (range 1,2 - 3,2) by students. The passing grade at first trial ranged from 78,6% to 91,2%. The mean final score increased from the first (84,3 %) to last trial (88,9%) for all exams. Overall, 8,1% to 11,3 % of students who passed chose to take extra trials. **Conclusion:** Allowing repeat-testing was successful during clerkship for OCW courses centered on transversal competencies and physicianship skills. We will study in the next few years if this approach fosters autonomy and self-improvement in students, and if retention of notions is enhanced.

Poster # 607

Rural Research: Barriers and the lessons we've learned

Cheri Bethune*, MD, MClSc, CCFP, FCFP, Wendy Graham, MD, CCFP, FCFP, FRRMS, Shabnam Asghari, MD, MPH, PhD

Learning objectives:

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

1. Articulate the common barriers and enablers to research faced by busy rural physicians

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2. Apply strategies to overcome barriers to rural research engagement
3. Integrate principles discussed into their own practice

Description:

Context: Barriers, like professional and geographical isolation, prevent rural physicians, the most knowledgeable and experienced players in rural medicine, from conducting locally-relevant research. Memorial University (Canada) developed a faculty development program called 6for6 to address this issue. The 6for6 program has successfully trained 38 rural and remote physicians, including an international participant from Nepal in 2022-23. During this time, the program has encountered multiple barriers, including the Canada-wide family physician shortage and COVID-19 pandemic. This work explores the barriers encountered and the lessons we've learned. **Objective:** To explore the barriers and challenges encountered by 6for6 program participants, the lessons we've learned, and solutions to move forward. **Design:** Qualitative descriptive design focusing on key informant interviews and focus groups. **Setting:** Memorial University's Centre for Rural Health Studies. **Participants:** Physicians enrolled in 6for6 between 2014 and 2022. **Intervention:** The 6for6 program. **Main Outcome Measures:** The main outcome will be the result of thematic analysis of key informant interviews and focus groups. **Results:** We expect that many of the barriers encountered by 6for6 participants will be similar due to their rural context, however, the solutions will change with the individual. Understanding the individual's barriers will help the 6for6 program administrators develop a comprehensive strategy to overcome research problems as they arise. **Conclusion:** The results of this work will highlight the similarities and differences between rural physicians completing 6for6. Many of the barriers to rural research will be felt by all 6for6 participants, but how the participants respond to these challenges will differ. Understanding what the participants need to progress, and when to suggest a different approach, will be crucial to improving the support provided to 6for6 participants by the program administrators.

Poster # 608

Patient Education: Switching from MDI to DPI inhalers

Qin Yuan (Alis) Xu*, MD; Nicola Colterjohn, MD; Anwar Parbtani, MD, CCFP, PhD; Matthew Orava, MD, CCFP, MSc

Learning objectives:

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

1. Patient empowerment about their treatment choices
2. Patients willingness to participate in environment betterment If appropriate education/information is provided
3. Importance of switching from MDI to DPI inhalers in appropriate patient population

Description:

Objective: To assess whether patient education on the environmental impact of metered dose inhalers (MDIs) would change attitude towards switching from MDI to dry-powder inhalers (DPIs). **Design:** Quantitative cross-sectional survey. **Setting:** In 2014, Canada's healthcare system contributed 4.6% of the country's greenhouse gas emission. One modifiable contribution involves the use of MDIs, containing hydrofluorocarbon which generates more greenhouse gases than any other pharmaceutical product. Alternatives, such as DPIs, should be encouraged. **Participants: Inclusion criteria:** one or more inhalers prescribed. Exclusion criteria were: <18 years old, severe asthma/COPD, no email address, inhaler prescribed by a physician outside of our Family Medicine Teaching Unit (FMTU). **Intervention:** An

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educational statement on MDI vs DPI environmental impact, and electronic surveys were sent out to patients of resident physicians at FMTU who met criteria. Survey was sent via email followed by a 2-week reminder email. **Main Outcome Measures:** Main outcomes included age, gender, and answering yes or no questions around reasonableness, environmental impact, opinion change, and change initiation. **Results:** 177 subjects met inclusion criteria. 37 completed survey (21% response rate). Of those who completed the survey, 54% identified as female and 46% were greater than 60 years old. 84% respondents agreed that switching from MDI to DPI was reasonable, and same percentage (84%) agreed that switching from MDI to DPI would have a positive environmental impact. 51% attested that the educational statement changed their opinion on MDI's environmental impact. 65% of respondents indicated that they would contact their physicians to initiate the inhaler change. There was no difference for these responses based on age or gender. **Conclusions:** Majority of the participants were receptive to switching from MDI to DPI and believed this would have a positive impact on the environment. Half of the patients confirmed that the educational statement impacted their opinion for inhaler change.

Poster # 609

Evaluation of a Program to Teach Essential Conversations

Alison Baker*, MD, FCFP; Marina Sadik, MA; Rebecca Clark, MSc; Ally Hoffman; Michelle Howard, PhD

Learning objectives:

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

1. Describe the benefits of a residency workshop to teach essential conversations in palliative care
2. Describe the effectiveness of the workshop in facilitating skills transfer of essential conversations
3. Describe the effectiveness of this workshop on residents' clinical practice following the training

Description:

Context: Essential conversations relate to end-of-life, goals of care, advance care planning, and palliative treatment options. Initiating these discussions early in the disease results in better patient outcomes, but many physicians feel inadequately prepared. In 2019, the Learning Essential Approaches to Palliative Care (LEAP) course from Pallium Canada was added as a longitudinal curriculum for McMaster Family Medicine residents. The Essential Conversations Module is taught separately at individual teaching sites. Lack of clinical exposure to palliative care is a significant limitation. Providing experience in clinical scenarios with essential conversations can be accomplished with simulation, an effective form of medical education training that has been used successfully to promote communication skills. **Objective:** To evaluate the effectiveness of a simulation workshop using essential conversation scripts and validated surveys from Pallium Canada in facilitating skills transfer and confidence around palliative care discussions and impact on clinical practice. **Design:** Half-day workshop with four simulations of essential conversations using faculty as patients; exempt by the local Research Ethics Review Board. **Participants:** McMaster Family Medicine residents at the Grand Erie Six Nations teaching site. **Intervention:** Resident-completed pre- and post-workshop surveys. **Main Outcome Measure:** Self-reported Likert scales on awareness and confidence around a palliative care approach and commitment-to-change (CtC) statements regarding future clinical practice. **Results:** All residents agreed that the workshop was worthwhile, would recommend it, and want it incorporated into the curriculum. Confidence increased post-workshop and remained higher than pre-workshop at 4 months. Participants were better able to identify appropriateness of palliative care post-workshop. All residents were able to identify at least two CtC statements for future practice. **Conclusions:** This workshop increased confidence, awareness, and facilitated behaviour change in family medicine residents that continued 4

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months later. We conclude this workshop is effective and should remain as part of the LEAP curriculum at McMaster University.

Poster # 610

The Impact of the COVID-19 Pandemic on Family Medicine Resident Well-Being and Social Networks

Julia Avolio, BHSc, MBDC; Yasmin Dini, BA; Laura Diamond, MSc; Kulamakan Kulasegaram, PhD; Milena Forte*, MD, CCFP

Learning objectives:

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

1. Describe the factors negatively impacting family medicine resident well-being during the pandemic
2. Understand the perceived impact on resident mental health and social networks
3. Consider mitigation strategies to implement at local sites and at the programmatic level

Description:

Objective: To determine the impact of the COVID-19 pandemic on family medicine resident well-being and social networks. **Design:** We utilized generic descriptive analysis to categorize opened ended survey responses into themes. **Setting:** Our survey was distributed to family medicine residents at all 14 sites at the University of Toronto, one of the largest family medicine residency training programs globally. **Participants:** The survey was sent to a total of 638 residents from four different cohorts over two years, including 154 graduating (July 2021), 165 incoming (September 2021), 150 graduating (July 2022), and 169 incoming (September 2022) residents. We received 511 responses corresponding to a response rate of 80.1%. **Intervention:** The key instrument of our study is the FMLS, a validated survey designed by the College of Family Physicians of Canada to evaluate the implementation of the national, Triple-C Curriculum across the 17 Canadian training programs. It shows adequate validity for evaluation purposes and has been used in a number of evaluative studies. We added context-specific COVID-19 experience items. **Main Outcome Measure:** The impact of the COVID-19 pandemic on resident well-being and social networks. **Findings:** 43.5% of incoming and 62.7% of graduating residents agreed the COVID-19 pandemic had negative impacts on their mental health and well-being. In addition, there were a total of 213 short-answer survey responses from which we derived the following three themes: (1) social isolation and loss of interpersonal relationships, (2) lack of opportunity to meet wellness needs, and (3) occupational stress and burnout. **Conclusion:** Our findings build on existing literature by highlighting the enduring negative impact of COVID-19 on the well-being and social networks of family medicine residents. These results may serve to inform programmatic initiatives to mitigate these impacts.

Poster # 611

Seasonal Variation of Field Note Completion in a Family Medicine Program

Tanvi Ojha*; Micheal Geurguis*; Aleah Krish; Grace Zhou; Shakeel Subdar; Stephanie Park

Learning objectives:

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

1. Describe the role of Field Note (FN) assessment tools in competency-based medical education

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2. Identify seasonal factors that may lead to inconsistencies with FN use
3. Implement effective program-wide changes to improve consistency in its completion during seasons of marked decrease

Description:

Context: Field notes (FN) is a competency based medical assessment tool that helps residents reflect on their clinical practice. Previous data reveals a large seasonal variation in the number of FN completed per month at the University of Toronto (UofT) Department of Family and Community Medicine (DFCM). Reasons for this variation are unclear. **Objective:** This study aims to investigate perceptions about FN, and factors that influence its seasonal variation amongst DFCM residents and preceptors. **Design:** This qualitative study consisted of in-depth interviews that were analyzed using a structured thematic analysis approach. Approval was received from the UofT Research Ethics Board. **Participants/Setting:** DFCM residents and preceptors were recruited via a department email. Consented participants took part in 30-minute interviews. **Main Outcome Measures:** Audio recordings were transcribed verbatim. Transcripts were analyzed using inductive codes and consolidated into thematic categories. **Results:** Several themes emerged from this study. FN surges starting in July and peaking towards the winter season were associated with the steep learning curve at the start of a new academic year. Surges also occurred around the time of 6 month review, and when residents were on their family medicine block. Increased motivation to initiate FN followed new years and summer, or near the PGY2 application season. FN lows were associated with the end of the academic year as residents transitioned to practice or required time for exam preparations. Decreases in the summer and winter were thought to be due to vacation. It was also deemed that as the academic year progresses, residents gain more independence and require less assistance from FN. Suggestions included creating regular reminders during peak seasons, improving the FN platform's accessibility, and clarifying expectations around completion. **Conclusion:** This study highlights resident and preceptor's perceptions on seasonal variations with FN use and proposes ideas on improving its consistency.

Poster # 612

Increasing Breastfeeding Rates: A quality improvement initiative: Work-in-progress

Lauren Eastman*, MD, CCFP; Sanja Kostov, MD, CCFP; Taryn Wicijowski, MD; Yvonne Efegoma, MBBS, MPH, MSc; Ashton Cox, MD; Agnieszka Zurek, MD, PhD; Bailey Adams, MD, IBCLC; Mirella Chiodo; Rose Yeung, MD, FRCPC, MPH; Khalid Aziz, MBBS, FRCPC, MEd, MA

Learning objectives:

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

1. List the benefits of breastfeeding on family and infant outcomes
2. Describe the impact of antenatal breastfeeding education including antenatal colostrum expression on breastfeeding rates
3. Apply a community-based quality improvement strategy to increase rates of breastfeeding

Description:

Context: Breastfeeding has profound benefits for both parent and infant. The World Health Organization recommends exclusive breastfeeding for the first 6 months of life and continued breastfeeding for at least 2 years. Educating families antenatally on infant feeding is an established best practice. Specifically, antenatal colostrum expression (ACE) has evidence for increasing breastfeeding rates, decreasing time to establish breastfeeding and increasing confidence in breastfeeding. **Objective:** Increase breastfeeding rates by providing antenatal education on infant feeding and ACE. **Design:** Retrospective chart review as part of an

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ongoing quality improvement project. Exempt by the University of Alberta Research Ethics Review Board. **Setting:** A family medicine obstetrics (FMOB) team in Edmonton, Alberta. **Participants:** Parent-infant dyads seen for postpartum care. (N=100 dyads per audit cycle). **Intervention:** Multi-method approach to educating families on infant feeding and ACE implemented in July 2022: 1) materials posted in patient rooms, 2) free kits to collect antenatal colostrum offered, 3) physicians reviewed information and techniques at 36 week gestation appointment. **Main Outcome Measures:** Documented infant feeding strategy: any, or exclusive, breast milk. **Results:** Audit cycle 1: 100 postpartum patient charts (November 2021-April 2022) were reviewed. Charts were excluded if no postpartum visit occurred, or if the visit record did not include infant feeding data. At the first postpartum visit (n=88, infant age M=28 days) 83.15% of infants were receiving any amount of breast milk and 15.73% were receiving exclusive breastmilk. At the second postpartum visit (n=45, infant age M=43 days) 75.56% of infants were receiving any amount of breast milk and 20% were receiving exclusive breast milk. Audit cycle 2 and analysis of breastfeeding rates following implementation of the quality improvement initiative is underway. **Conclusions:** Given the established benefits for breastfeeding, there is much work to be done to increase breastfeeding rates in a FMOB practice in Edmonton.

Poster # 613

Improving Osteoporosis Screening Rates With Plan-Do-Study-Act Methodology: Work-in-progress

Haniah Shaikh*, MD; Sabrina Lin, MD; Margaret Hess, MD, CCFP

Learning objectives:

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

1. Examine the use of Plan-Do-Study-Act methodology to improve primary prevention screening
2. Explore causes of suboptimal osteoporosis screening rates in a Family Health Team setting
3. Identify effective interventions to be implemented to improve osteoporosis screening at the clinic level

Description:

Context: Canadian guidelines for osteoporosis recommend that all individuals above age 65 should receive a baseline bone mineral density (BMD) test due to moderate fracture risk. However, the rate of osteoporosis screening for eligible Ontarians remains low. Within the St. Michael's Hospital Academic Family Health Team (SMHAFHT), the rate of BMD testing for eligible patients aged ≥65 years in the past 5 years is 39%. Although higher than provincial standards, this rate of testing remains suboptimal. **Objective:** To increase osteoporosis screening rates by ≥10% for adults aged ≥65 years at SMHAFHT. **Design:** This study is a QI initiative that employs a Plan-Do-Study-Act (PDSA) methodology. It was deemed exempt from Research Ethics Board approval by institutional authorities at Unity Health Toronto. **Setting:** SMHAFHT **Participants:** Patients of the SMHAFHT aged ≥65 years who have not completed a BMD test in the past 5 years. SMHAFHT staff family physicians. **Intervention:** Our first PDSA cycle involved the implementation of BMD testing reminders within the electronic medical records of eligible patients. Our second PDSA cycle involved providing family physicians with personalized data of their roster's BMD testing rates alongside an email template to approach patients for testing. **Main Outcome Measures:** 1. Rate of change of BMD testing completed for patients pre- and post-intervention; 2. Rate of change of BMD testing requisitions given to patients pre-and post-intervention. **Results:** Prior to our study, the number of BMD requisitions given to patients at SMHAFHT was 35 per month. Following our first PDSA, this measure increased to 57.8 per month. **Conclusion:** Our QI study indicates that effective interventions to improve screening for osteoporosis involve decreasing the cognitive burden involved in both the identification of and communication with,

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patients eligible for screening. Future iterative changes may involve coupling automated communication tools and testing reminders to further optimize this process.

Poster # 614

Perceptions, Opportunities and Challenges of 3-Year Family Medicine Residency Implementation at the University of Toronto

Qinyuan (Alis) Xu*, MD; Kulamakan Kulasegaram, PhD; Allia Karim, MA; Abi Sriharan, Dphil, MSc, PCC, FRSPH; Stu Murdoch, MD, CCFP; Risa Freeman, MD, CCFP, MEd, FCFP

Learning objectives:

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

1. Evaluate the feasibility of a 3-year family residency at U of T
2. Explore opportunities presented by 3-year family residency
3. Identify challenges associated with the implementation of 3-year family residency

Description:

Context: In 2022, CFPC proposed to increase the length of Family Medicine Residency in Canada from 2 years to 3 years. **Objective:** We aim to examine the need for change management by studying the perceptions, opportunities, and challenges regarding the implementation of a 3-Year Family Medicine Residency across diverse training sites at the University of Toronto. **Design:** Focus-group interviews were conducted. Both fully-affiliated academic hospital sites and community-affiliated hospital sites were invited to participate. Qualitative thematic analysis was conducted using the constant comparative method. **Setting:** Sites represented the diversity of training including academic affiliation, training models, and geography at the University of Toronto. **Participants:** Ten participating hospital residency site directors and site administrators in the Department of Family and Community Medicine. **Main Outcome Measures:** Main outcome measures were structured in five areas: general perceptions, positive outcomes, resources needed, model of training, and data endpoints. **Results/Findings:** While most participants recognized the educational value of this change, many were concerned about logistical challenges. Resources needed included clinical space, teachers, administrative and financial support. A horizontal training model was endorsed for high quality of resident education centered in Family Medicine, but the challenges regarding scheduling led to site administrators favouring block-based scheduling. Main outcomes and discussions were structured around general perceptions, positive impacts, resources needed, model of training, and suggestions regarding data endpoints for future studies. **Conclusion:** Our data show that there was a mix of positive perceptions with recognition of the benefits and negative perceptions with significant logistical concerns for the introduction of a 3-year Family Medicine residency at the University of Toronto. Leadership from site directors and site administrators is essential for the success of implementing this new program. Achieving local endorsements may require adequate preparation, gradual transition, and increased logistical resources which calls for new funding and a feasible timeline.

Poster # 615

Collaboration With Occupational Therapists to Screen At-Risk Drivers

Brigitte Vachon*, PhD, OT; Sandrine Brière-Dulude, OT; Lucas Melgares, OT; Justine Labourot, OT, Géraldine Layani, MD, MSc; Tania Deslauriers, OT; Isabelle Gélinas, PhD, OT

Learning objectives:

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

1. Assess one's own level of competence to conduct at-risk driver assessments in primary care
2. Increase intention to collaborate with occupational therapists to conduct at-risk drivers assessments

Description:

Objectives: The objectives of this study were to: 1) describe the level of perceived competencies of physicians to assess at-risk drivers in primary care and 2) document their needs and attitudes about working in closer collaboration with occupational therapists. **Design:** A cross-sectional online survey design was used. **Context:** The study was conducted in the province of Quebec. **Participants:** 46 family physicians, practicing for at least 6 months in a group of family physicians, were recruited to fill out the survey. The majority of participants were women (84.8%). They had a mean of 15.7 years of experience. **Survey Characteristics:** The survey consisted of 30 questions assessing physicians' attitudes and habits regarding the assessment of at-risk drivers and their perspectives on the role of occupational therapists in supporting them to conduct this task. **Results:** The results of this study show that, despite a certain comfort level in assessing and screening at-risk drivers, physicians do not consider themselves to be the best-qualified professionals to do this. Nearly 65% of physicians sometimes, rarely, or never screen for at-risk drivers themselves, and 60% of respondents to the questionnaire prefer to refer their patients to another professional. **Conclusion:** Family physicians recognized they are not the most qualified professionals to screen at-risk drivers and demonstrate positive attitudes toward collaborating more closely with occupational therapists if they were integrated within family medicine groups.

Poster # 616

Virtual Interprofessional (VIP) Education, a Family Medicine-Occupational Therapy-Physiotherapy Collaborative Experience: The perspectives of patients, learners and providers on the opportunities and challenges

Joanna Zed*, MD, CCFP, FCFP; Lynn Shaw, PhD, MSc(OT), OT reg(Ont.); Danielle Domm, OT reg(N.S.), MSc(OT); Helena Piccinini- Vallis, MD, PhD, CCFP, FCFP; Katherine Stringer, MBChB, CFPC, FCFP, MCISc(FM), Department Head

Learning objectives:

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

1. Illustrate opportunities for a VIP collaborative experience with family medicine, occupational therapy and physiotherapy
2. Illlustrate challenges implementing a VIP model with family medicine, occupational therapy and physiotherpay
3. Describe experiental learning outcomes and benefits of VIP in FM

Description:

Background: This study examined the experiences of patients, Occupational Therapy (OT), Physiotherapy (PT) and Medicine learners, Providers, and Faculty in implementing a Virtual Interprofessional (VIP) education initiative in two Family Medicine (FM) collaborative clinics. **Methods:** A qualitative descriptive study drew on a strength-based approach as part of the evaluation of the interfaculty VIP initiative. Participants involved in VIP care were convienently sampled. Interviews were conducted with 4 patients, and focus groups were held with a total of 16 providers, preceptors and student learners in OT, PT and Medicine. Data was analyzed using content analysis and managed using NVivo12. **Results:** Three main

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categories emerged: 1) Challenges in implementing VIP care in FM; 2) Facilitatiors of VIP care in FM; and 3) Experiential Learning Outcomes and Benefits of VIP care in FM. **Discussion:** This innovation supported knowledge and insights on interprofessional competencies gained acquired in the midst of practice; provided inclusive and comprehensive access to care for patients, and identified opportunities to enhance medical, OT and PT education in VIP care in FM. **Conclusion:** A collaborative interfaculty approach in FM can provide ongoing opportunities for VIP care for patients, and foster IP learning and enactment of competencies for medicine, OT and PT learners and providers.

Poster # 617

Artificial Intelligence Assisting Family Physicians

Masoud Aghsaei Fard*, MD

Learning objectives:

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

1. Family physicians do not confidently perform direct ophthalmoscopy
2. Describe the use of artificial intelligent for ocular fundus photography in the emergency department
3. Improve detection of optic disc abnormalities of the ocular fundus relevant to emergency-department care

Description:

Design: A deep-learning system was trained, validated, and externally tested to classify optic discs as normal or abnormal using 183 digital color fundus photographs. Our algorithm removed the redundant information from the images using an optic disc segmentation (OD-SEG) network, following which we performed transfer learning with various pre-trained networks. Finally, we calculated sensitivity, specificity, and precision to show the performance of the discrimination network in the validation data set. **Results:** For classification, the algorithm with the best performance was DenseNet121, with a sensitivity of 92.36%, precision of 93.35% and specificity of 96.69%. **Conclusion:** The proposed algorithm for the differentiation normal from abnormal optic disc yields results that have a high precision, and its application for family physicians thus is extremely promising.

Poster # 701

Canadian Adaptive Platform Trial of Treatments for COVID in Community Settings (CanTreatCOVID): Protocol

Andrew D. Pinto*, MD, CCFP, FRCPC, MSc; Amanda Condon, MD, CCFP, FCFP; Bruno da Costa, PhD, MScPT, BScPT, MScMedStat; Peter Daley, MD, MSc, FRCPC, DTM&H; Michelle Greiver, MD, MSc, CFPC, FCFP; Corinne Hohl, FRCPC, CCFP, MHSc, MDCM; Benita Hosseini, PhD; Peter Juni, MD, FESC; Todd Lee, MD, MPH, FIDSA; Kerry McBrien, MD, MPH, CCFP; Emily McDonald, MD, MSc, FRCPC; Srinivas Murthy, MD, MHSc; Peter Selby, MBBS, CCFP, FCFP, MHSc, DipABAM, DFASAM

Learning objectives:

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

1. Understand the rationale for large adaptive platform trials in primary care
2. Understand how CanTreatCOVID is the most efficient way to identify treatments for COVID

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3. Understand how to engage in the Canadian Primary Care Trials Network

Description:

Background: Effective and affordable therapeutics for COVID-19 that can be easily used in community settings are needed. Treatments should support recovery, prevent hospitalizations and deaths, and minimize the development of “ong COVID. We describe a master protocol that will evaluate the clinical effectiveness and cost-effectiveness of therapeutics for SARS-CoV-2 in non-hospitalized patients. **Methods and Analysis:** CanTreatCOVID is a Canada-based, national, multi-centre, open-label, adaptive platform randomized controlled trial. Eligible participants must be symptomatic in the community with positive SARS-CoV-2 test (PCR or RAT), within 5 days of symptom onset and either (1) aged 50 years and over or (2) aged 18-49 years with relevant comorbidities. CanTreatCOVID uses numerous approaches to recruit participants to the study, including a multi-faceted public communication strategy and outreach through primary care, out-patient clinics, and emergency departments. Participants will be randomized to receive usual care (i.e., supportive care and symptom relief) or a study therapeutic, which will be determined by the Canadian COVID-19 Out-Patient Therapeutics Committee. **Discussion:** The results of this study will help Canada and other countries in deciding which treatments are most effective in reducing emergency department visits, hospitalization, and death among patients with COVID-19, while also being cost-effective, adding to our current knowledge on medications and therapeutics during the COVID-19 pandemic. Our findings will directly influence standards of care for COVID-19 infection in community settings in Canada and around the world. Trial registration number: NCT05614349

Poster # 702

Did Chronic Condition Care Change Since COVID-19? Work-in-progress

Michelle Howard, PhD*; Neil Drummond, PhD; John Queenan, PhD; Kris Aubrey-Bassler, MD, CCFP (EM); Marie-Therese Lussier, MD, MSc, FCMFC; Kathryn Nicholson, PhD; Meredith Vanstone, PhD; Amanda Ramdyal, MD, CCFP; Abe Hafid, MPH; Karla Freeman, MSc; Jennifer Lawson, MLIS, MSc; Rebecca Clark, MSc; Dee Mangin, MBCHB, DPH, FRNZCGP.

Learning objectives:

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

1. Describe whether the COVID-19 pandemic resulted in changes to primary care for chronic conditions
2. Identify specific patient groups and areas of primary care most affected by the pandemic
3. Become familiar with the use of Canada’s electronic medical record surveillance system for research

Description:

Context: Disruptions to primary care during the COVID-19 pandemic may have reduced access, comprehensiveness and appropriateness of primary care, especially for patients with chronic conditions. Gaps in care for these patients may result in negative public health outcomes, including increased morbidity and mortality. **Objective:** The objective is to investigate changes in access, comprehensiveness, and appropriateness of primary care for chronic conditions, during the pandemic compared to pre-pandemic. We will also investigate whether specific conditions or patient demographics are associated with changes to these domains. **Design:** A retrospective, single-arm, pre-post analysis using data from the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) is underway. This study was approved by the Hamilton Integrated Research Ethics Board (HIREB # 14782). **Setting:** CPCSSN is a research network underpinned by a database of electronic medical record data collected from across Canada, comprising data from

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approximately 1500 physicians and 2 million patients. **Participants:** Our cohort (n = 875, 934) includes patients aged 18-105 with =/>1 clinic encounter during the pre-pandemic period. Patients with missing birth year or sex were excluded. **Intervention/Exposure:** The exposure is the pandemic itself. Outcomes will be compared pre- and since the pandemic. **Main Outcome Measures:** Selected outcomes include: number of encounters (access); diagnoses addressed, referrals, and vaccines (comprehensiveness); and monitoring encounters and investigations (appropriateness). Outcomes specific to two exemplar conditions, type 2 diabetes and heart failure, will also be measured. **Results:** We will compare outcomes from pre-pandemic (June 2018-March 2020) and peri-pandemic (March 2020-December 2021) timeframes. Subgroup analyses based on patient demographics will be performed. Analysis is underway. Results will be available for presentation. **Conclusions:** The COVID-19 pandemic has strained primary care. By describing changes to access, comprehensiveness and appropriateness, we can identify gaps in care for chronic conditions, and pinpoint areas and patient groups that may benefit from targeted recovery measures.

Poster # 703

Epidemiology of Diabetes Complications in Primary Care: Work-in-progress

Dewdunee Himasara Marasinghe*, MScPH; Jason Black, MSc; Peter A. Senior, MD, PhD; James W. Kim*, MD; Tyler Williamson, PhD; Sonia Butalia, MD, FRCPC, MSc; Kerry McBrien, MD, MPH, CCFP; Michael Cummings, PhD; Neil Drummond, PhD

Learning objectives:

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

1. Describe the prevalence of diabetic complications in Canadian primary care settings
2. Determine the sociodemographic and clinical characteristics of people living with microvascular complications of diabetes
3. Define diabetes complications in primary care electronic medical records data

Description:

Context: Neuropathy, retinopathy and nephropathy are common microvascular complications of diabetes. Primary care providers have the challenging task of managing diabetes and one or more of these complications as the disease progresses. To date, there is limited information about the prevalence and epidemiology of diabetes complications in primary care. **Objective:** To better understand the epidemiology of microvascular diabetes complications in people visiting primary care clinics across Canada. **Design:** A retrospective cohort study of people living with diabetes. This study received approval from the University of Calgary Conjoint Research Ethics Board (REB23-0267). **Setting:** De-identified data from electronic medical records (EMRs) of primary care providers participating in the Canadian Primary Care Sentinel Surveillance Network, held by the Diabetes Action Canada National Diabetes Repository (DAC-NDR). **Participants:** People living with diabetes that had at least one encounter with their primary care provider within the two years prior to the data extraction date. People living with microvascular complications will be defined based on a combination of text words, ICD-9 codes and lab values in participants' EMR data. **Main Outcome Measures:** The prevalence of neuropathy, retinopathy and nephropathy in the study population, and the sociodemographic and clinical characteristics associated with these diabetes complications will be assessed using descriptive analysis and multivariable logistic regression respectively. **Anticipated Results/Findings:** This work is in progress: Approximately 130,857 de-identified health records of people living with diabetes across Canada are available for this analysis within DAC-NDR. Preliminary results for the outcome measures are expected by Fall 2023. **Conclusion:** This study will assess the epidemiology of three common and important diabetes complications in a Canadian primary care population. We anticipate that the study results

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will provide a comprehensive and contemporary understanding of diabetes complications across Canada and ultimately better assist care provision processes for those living with diabetes.

Poster # 704

Models of COVID-19 Vaccine Delivery for Refugees

Fariba Aghajafari*, MD, PhD, CCFP, FCFP; Alyssa Ness, MD, CCFP; Laurent Wall, MA; Amanda Weightman, MA; Dorota Guzek, RN, MScIH; Caitlin McClurg, MLIS; Huzaifa Kamal; Annalee Coakley, MD, CCFP; Krishna Anupindi, MPH; Deidre Lake, MA

Learning objectives:

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

1. Determine the models of COVID-19 vaccine delivery to refugees in Calgary, AB
2. Study the success of the models of COVID-19 vaccine delivery to refugees in Calgary

Description:

Objective: This project explored the experiences of new refugees in Calgary, Canada, across different COVID-19 vaccine delivery models. The purpose was to understand the barriers and strengths of each model to support access to COVID-19 vaccination for refugees. **Design:** The project used a mixed method approach that included secondary vaccination data of refugees and primary interview and focus group data. A mixed method data analysis approach was adopted to explore the research questions, and thematic analysis was conducted on qualitative data. **Setting:** This study examined vaccination systems and experiences of refugees in the Calgary area who moved through local vaccination systems. **Participants:** A database of refugee COVID-19 vaccinations was used to inform findings. Qualitative data was collected with settlement and healthcare organizations stakeholders (N=13), refugee sponsors (N=3) and refugees (N=45). Interview and focus group participants were identified through purposive and snowball sampling. Findings: The research explored COVID-19 models of vaccine delivery for refugees, including: mobile vaccine clinics, temporary based community clinics, on-site vaccination clinics in refugee processing hotels, mainstream vaccination clinics and pharmacies. Models of vaccination delivery were not static. They evolved as a result of contextual factors, such as refugee needs, shifts in demographics, changes in public health policy and funding mandates. As a result, the impact on refugee health also evolved. Most models provided services in a culturally responsive manner and also served newcomers. Models created positive and culturally safe contexts through partnerships where barriers were mitigated and patients could access vaccinations. Partnerships provided health navigators, outreach, translation, built trust and helped models form new partnerships to address the emerging needs of patients. **Conclusion:** This project demonstrated that public health systems can adapt through partnerships and provide culturally responsive ways delivering vaccines. This has implications for the approach to health care service delivery for specialized populations.

Poster # 705

Family's Health Cadre Empowerment Program, an Innovation for Chronic Disease Management during COVID-19 Pandemic in Low- and Middle- Income Countries; Lessons learned from Indonesia

Ichsan ichsan*, MD, MSc, SpKKLP; Amanda Yufika, MD, MSc; Zahratul Aini, MD, M.Si., SpKKLP; Syahrizal, MD, M.Si.,SpKKLP

Learning objectives:

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

1. build bridges between family physicians and patients with chronic illness in remote areas of Aceh, Indonesia
2. Increase quality of care of chronic diseases in pandemic era
3. Establish a better community approach

Description:

The pandemic of COVID-19 has taken its toll on the healthcare system worldwide. As countries focus more on outbreak management, chronic disease has somehow been neglected. Due to social distancing measurements, healthcare workers, including family doctors, try to minimize contact with patients, results in reduced services for people with chronic disease, especially in Low-Middle-Income countries. Access to primary care in rural areas is an ongoing challenge that was exacerbated by the COVID-19 pandemic and by the inequitable availability of vaccines. People with chronic disease face worse outcomes from both COVID-19 infection and reduced access to care. Moreover chronic diseases such as diabetes, hypertension, and tuberculosis are usually found in people above 40s, who are classified as a high- risk group of getting infected with COVID-19, making them feel scared to go out and visit the health centers. These circumstances affect the condition of people with chronic diseases who need long-term management and continuous care. **Objective:** to build bridges between family physicians and patients with chronic illnesses living in remote areas of Aceh, Indonesia. **Design:** New program implementation and evaluation. This program conducted in 6 districts of Aceh Province of Indonesia; Banda Aceh, Aceh Besar, Pidie, Aceh Utara, Aceh Tamiang, Aceh Singkil. The program participated by 18 family physicians, 54 cadres coordinator which mostly women, 540 family health cadres that will support 540 tuberculosis, hypertension, and diabetes-affected households. A set data of quantitative pre- and post-intervention of family health cadres for evaluation. **Results/Findings:** Establishment of a new approach of chronic disease care by creating strong bridges between family physician, family member and patients has significantly improved the knowledge of chronic disease of the patients from 23% to 88% in post- survey. The establishment of family medicine health cadres in the family member has improved the quality of care in pandemic era.

Poster # 706

COVID-19 Vaccine Hesitancy and Vaccination Barriers for Refugees

Fariba Aghajafari*, MD, PhD, CCFP, FCFP; Alyssa Ness, MD, CCFP; Laurent Wall, MA; Amanda Weightman, MA; Dorota Guzek, RN, MScIH; Caitlin McClurg, MLIS; Huzaifa Kamal; Annalee Coakley, MD, CCFP; Krishna Anupindi, MPH; Deidre Lake, MA

Learning objectives:

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

1. Understand COVID-19 vaccine hesitancy in new arrived refugees in Calgary, AB
2. Understand barrier to access COVID-19 vaccine new arrived refugees in Calgary, AB

Description:

Objective: This project explored new refugee experiences in Calgary, Alberta, across different COVID-19 vaccination delivery models, with a focus on vaccine hesitancy and barriers to vaccination. The purpose was to understand the barriers and strengths of each model to support access to COVID-19 vaccination for refugees. **Design:** The project used a mixed-method approach that included secondary vaccination data and primary qualitative data. A mixed-method data analysis approach was adopted to explore the research

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questions and thematic analysis was conducted on qualitative data. **Setting:** This study examined local vaccination systems and experiences of refugees in the Calgary. **Participants:** A database of refugee COVID-19 vaccinations was used to inform findings. Interview and focus group data was collected with settlement and healthcare organizations stakeholders (N=13), refugee sponsors (N=3) and refugees (N=45). Participants were identified through purposive and snowball sampling. **Findings:** Multiple factors affected vaccine uptake: individual (COVID-19 knowledge, personal philosophies), community (socio-cultural factors, media) and structural factors (public health approaches, vaccine supply and demand, the specific wave of COVID-19). These factors, along with barriers to vaccination, had a non-linear impact on vaccine uptake. The research demonstrated that vaccine confidence, hesitancy, uptake and vaccination intent are not mutually exclusive. Researchers explored how vaccine hesitancy and barriers to vaccination were mitigated through targeted actions and partnerships with other organizations. Strategies to address barriers included timely and credible information in first languages, on-site translation by medically trained personnel, transportation, on-site vaccinations and extended hours of services. These strategies simultaneously addressed vaccine hesitancy. **Conclusion:** This project explored the complexities of vaccine hesitancy and identified individual, community and structural factors that affected hesitancy, as well as barriers to vaccination. It demonstrated that decisions to vaccinate are not straightforward paths. Systems must address issues at multiple levels, which include partnerships and barrier mitigation strategies.

Poster # 707

Understanding Immigration of Older Refugee Women to Canada and Their Barriers to Accessing Healthcare

Jillian Conway*, MD, MSc; Mackenzie Carnes*, MD, MSc; Alison Eyre MDCM, CCFP, FCFP

Learning objectives:

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

1. Identify perceived barriers to accessing healthcare for refugees
2. Identify motivations for refugees coming to Canada
3. Hear narrative stories about woman refugees coming to Canada

Description:

Objective: To better understand the personal and medical histories of senior women that have come to Canada as refugees from African nations in order to identify barriers to healthcare and specific service needs. **Design:** Qualitative research study using semi-structured interviews to identify common themes pertaining to life in country of origin, healthcare in country of origin, journey to Canada, life in Canada, and healthcare in Canada. **Setting:** Interviews took place in a non-clinical and voluntary setting in a private room at Centretown Community Healthcare Centre (CCHC) in Ottawa, Ontario. **Participants:** Nine refugees connected with CCHC who are over the age of 60, identify as female, come from an African nation, and have no cognitive or communication impairment. **Methods:** Participants provided informed consent prior to beginning the interview. Semi-structured interviews were conducted in the interviewee's language of choice, using cultural interpreters to translate into English. Interviews were recorded, transcribed and uploaded into NVivo TMsoftware for data analysis. Interviews were coded using a matrix and common themes were identified. **Main Findings:** These educated and previously employed women fled their countries due to violence. Participants had pre-existing medical conditions that were primarily treated in private healthcare systems in their country of origin. The interviewees chose Canada to live, as many had family already living here, and Canada is viewed as a country of peace. In Canada, difficulty accessing primary care and wait times were common themes, however, participants were appreciative of Canadian healthcare. Many women

only see people of a similar cultural background at church or by interacting with family. All of these women access some form of social services in Canada, including housing and financial support. **Conclusion:** Senior refugee women may require trauma-informed care and support with navigating primary care and social services that aim to connect them to the broader community.

Poster # 708

Nowhere to Go: Shelter service restrictions' health impacts: Work-in-progress

Claire Bodkin, MD, CCFP; Robin Lennox, MD, CCFP; Tim O'Shea, MD; Stephanie Di Pelino, MPH; Kathryn Chan, MD; Fiona Kouyoumdjian, MD; Larkin Lamarche, PhD; Amanda Lee, MD; Olivia Mancini, MSW; Rachel Liu; Avital Pitkis*; Marcie McIlveen; Denene Furman; Jammy Pierre; Jill Wiwcharuk, MD; Suraj Bansal

Learning objectives:

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

1. Recognize the characteristics of shelter users who are most at risk of being service-restricted
2. Describe common experiences and health consequences faced by individuals who are service restricted
3. Identify strategies going forward to mitigate the health impacts of homelessness and shelter restrictions

Description:

Context: For individuals deprived of housing (IDOH), a significant barrier to accessing emergency shelter and associated supports is the practice of service restriction: limiting or denying access to emergency shelter for a set period of time. Reasons for service restriction can include possession of illicit drugs or harm reduction supplies, or violating shelter policies. Shelter restrictions prevent people from accessing critical housing and health supports, which may increase the risk of negative health outcomes. **Objective:** To identify the health impacts of shelter service restrictions on IDOH. **Design:** Mixed methods study. Structured qualitative interviews were conducted and transcribed, followed by reflexive thematic analysis. Retrospective chart reviews will examine healthcare utilization, morbidity, and mortality. This study has been approved by the Hamilton Integrated Research Ethics Board. **Setting:** The study takes place in Hamilton, Ontario. Interview data was collected June-July 2022. Chart reviews began in October 2022 and completion is anticipated in April 2023. **Participants:** 20 participants experiencing homelessness in Hamilton who utilized city shelters and had previously experienced at least 1 service restriction were included. Age range was 26-69. 15 self-identified as male, 5 as female. Most participants self-identified as white, 6 as Indigenous, and 1 as Black and Indigenous. Participants had accessed shelters from 4 months to 20 years, with service restrictions ranging from 24 hours to indefinite. **Findings:** Preliminary thematic analysis revealed significant impacts on mental and physical health, difficulties accessing care, and basic human needs frequently being unmet. Participants proposed many solutions, including implementing more harm reduction principles in shelters and establishing a clear and transparent process for service restrictions. The chart reviews are in progress at the time of abstract submission. **Conclusion:** Shelter service restrictions can carry severe health consequences, and it is vital to create healthcare and shelter systems that meet the unique needs of IDOH.

Poster # 709

Physician's Guide to Lubricants for Sex: Work-in-progress

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Ryleigh Vanderschee*; Sanja Kostov, MD, CCFP

Learning objectives:

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

1. Recognize patients who may benefit from lubricant use during sexual activity (LUDSA)
2. List the benefits and drawbacks of different classes of LUDSA
3. Incorporate patient-specific recommendations for LUDSA into clinical practice

Description:

Context: Lubricant use during sexual activity (LUDSA) has numerous benefits, minimal harms, and can play a role in managing common concerns in primary care. However, navigating evidence-based conversations about LUDSA can be challenging. As a result, physicians rarely ask about LUDSA, and can only offer anecdotal advice. **Objective:** To review published literature on LUDSA to inform development of a user-friendly evidence-based practice tool that will help family physicians (1) identify patients who may benefit from LUDSA and (2) incorporate patient-specific recommendations into clinical practice. **Design:** We conducted a scoping review of peer-reviewed literature using Arksey and O'Malley's framework. Using relevant keywords, we searched two electronic databases, one search engine, and reference lists for articles published in 2003 and onward. Articles generated were manually reviewed for relevance with further inclusion criteria: (1) identifies patient populations most likely to benefit from LUDSA, (2) addresses benefits and drawbacks of different lubricant classes, or (3) describes properties or ingredients found in certain lubricants that may cause harm. No restrictions were placed on the country of participation or the age, gender, or sexual orientation of participants. To validate our findings, family physicians, psychologists specializing in sexual concerns, and sexual health educators provided iterative review. **Results:** At the time of abstract submission, 19 articles were deemed eligible for inclusion. Preliminary results show LUDSA to be especially beneficial for patients who (1) experience dryness and pain during any type of sex, (2) experience symptoms associated with sexual dysfunction, (3) are at higher risk of STI transmission (by reducing genital epithelial damage and condom breakage), and (4) are trying to prevent pregnancy (by reducing condom breakage). Silicone-based and water-based lubricants without glycerin are recommended over other types. **Conclusion:** This scoping review provides evidence for the creation of our practice tool to help family physicians counsel patients on LUDSA.

Poster # 710

CervixCheck: Digital approaches to HPV-based self-collected cervical screening

Amy Booth, MPH; Laurie W Smith, RN(C), BN, MPH; C. Sarai Racey, PhD, MPH; Nadia Mithani, MPH; Brenda Smith; Marette Lee, MD, MPH, FRCS; Nazia Niazi, MD; Dirk van Niekerk, MB. ChB, Mmed, FRCPC; Gina S Ogilvie*, MD, MSc, FCFP, DrPH

Learning objectives:

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

1. Assess the benefits of offering HPV-based self-collected cervical screening in a family practice
2. Describe the barriers to cervical screening that may be alleviated by self-collection
3. Identify future priorities for cervical screening, especially among low uptake regions and communities

Description:

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Context: Human papillomavirus-based self-collection (HPV-SC) for cervical screening is highly accurate with the potential to increase screening coverage, while reducing the number of in-clinic visits. The World Health Organization (WHO) and Canadian Partnership Against Cancer (CPAC) calls for action to eliminate cervical cancer (ECC) encourage innovative screening approaches to achieve the ECC goals. In British Columbia (BC), an innovative digital approach to HPV-SC, CervixCheck, was developed in partnership with family physicians (FPs), and piloted in communities with low screening uptake. **Objective:** Assess the feasibility, acceptability, and uptake of a digital approach for HPV-SC and adherence to follow-up care. **Design:** An observational study to evaluate a digital approach to HPV-SC (UBC Research Ethics approved). **Setting:** Commencing April 2019, CervixCheck was piloted in eight FP practices serving predominantly South Asian patient populations. **Participants:** Eligible participants were 25-65 years of age and ≥3 years since last cervical screen. **Intervention:** FPs invited patients to register for HPV-SC through the CervixCheck website. Eligible participants were mailed an HPV-SC kit. They collected the sample and mailed completed kits to the lab for HPV testing. Result notification occurred online. Participants were invited to complete a feedback survey. **Main Outcome Measures:** Number of registrations, HPV-SC uptake rates, and acceptability of HPV-SC and CervixCheck. **Results:** Of 341 registrants, 250 were eligible and sent kits. Of those, 171 (68%) were returned, and 63 (25%) are considered non-responders (kit unreturned). Of those recommended for follow-up, 91% attended. The survey was completed by 40/173 (23%), with 91% reporting the digital HPV-SC approach as acceptable overall. **Conclusions:** CervixCheck is an innovative digital approach to increase cervical screening uptake and reduce the burden of in clinic screening for FPs. Our findings demonstrate this is an acceptable and feasible alternative to clinician-performed screening. Exploration of provider perspectives and the barriers to returning self-collection kits continues.

Poster # 711

Complex Case Management in Acute Care

Lesley Charles*, MBChB, CCFP (COE); Lisa Jensen, MBA; Jorge Mario Añez Delfin, MD, CCFP; Erin Norman, MSc; Bonnie Dobbs, PhD; Peter George Jaminal Tian, MD, MSc; Jasneet Parmar, MBBS, MSc, MCFP (COE)

Learning objectives:

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

1. Be able to describe complex case management
2. Identify factors affecting length of stay
3. Recognize the importance of complex case management

Description:

Background: Improving transitions in care is a major focus of healthcare planning. Prior work has shown that by identifying patients who are at high risk for readmission early in their acute care stay, these patients' length of stay can be reduced by four days. **Purpose:** To describe and evaluate the nature of complex case management and discharge planning versus other factors that may have brought about the decreased LOS. **Design:** This was a quality improvement study using retrospective chart reviews. **Setting:** Grey Nuns Community Hospital (tertiary care hospital). **Participants:** 221 patients who had undergone complex case management (intervention group) compared with a historical group of 223 patients who received usual care (control group). **Main Outcome Measures:** LACE index, disciplines involved, team conference conducted, rapid rounds conducted, disposition, equipment requested, home care services, system case manager involvement, family/caregiver involvement, goals of care documented, family physician documentation. **Results:** In the intervention group where the LACE was on the chart during the patient's admission, it was found on chart review that more patients had a family physician documented 81/87 (93.1%) versus 66/74

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(89.2%). More patients in the intervention group lived at home and more significantly were discharged home 74/85 (87.1%) compared with the control group 58/74 (78.4%). More patients in the intervention group had a caregiver involved 39/87 (44.8%) compared to 31/74 (41.9%). **Conclusion:** Risk stratification decreased LOS by prompting earlier case management and discharge planning during rapid rounds. However, this was adding to other factors of having a FP, home, discharge home and a caregiver that also impacted LOS.

Poster # 712

A Scoping Review on the Diagnosis and Management of Vascular Parkinsonism

Jean Triscott*, MD, CCFP(COE); Peter George Jaminal Tian, MD, MSc; Naheed Rajabali, MD, MSc; Bonnie Dobbs, PhD; Shovana Shrestha, MSc; Judith Cerna, MLIS; Thane Chambers, MLIS

Learning objectives:

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

1. Present published diagnostic criteria for vascular parkinsonism
2. Present published management approaches for vascular parkinsonism
3. Highlight the importance of vascular parkinsonism

Description:

Background: Vascular parkinsonism (VP) is a form of secondary parkinsonism resulting from cerebrovascular disease. The relatively uncommon presentation of parkinsonism in primary care practice often leads to missed or delayed diagnosis. **Objective:** The objective of this scoping review is to identify the diagnostic criteria and management approaches for vascular parkinsonism as reported in literature. **Design:** Scoping Review. **Procedure:** We searched Ovid MEDLINE, EMBASE, CINAHL, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, and Web of Science for articles published until December 31, 2021. A title-abstract screening and full-text screening were done independently by two authors. We included articles that specified a criteria for diagnosis of VP and/or management approaches. Data extraction was done by one reviewer and verified by another reviewer. **Results:** We screened 2480 citations and included 61 articles. 51 articles specified 20 different diagnostic criteria; 20 articles specified management approaches. Of the 20 diagnostic criteria, the most commonly cited was Zijlmans (2004) criteria which included parkinsonism, cerebrovascular disase, and a relationship between the two. The latest proposed criteria were by Rektor (2018) which specified categories of findings (i.e., obligatory findings, supportive findings, non-supportive findings) and three types of VP (i.e., acute/subacute post-stroke VP, insidious VP, and mixed neurogenerative parkinsonism and cerebrovascular disease). The management approaches in the articles had the following themes: (1) Imaging may be helpful but not specific; (2) Levodopa may not be helpful; (3) Control of cardiovascular risk factors and co-morbidities is recommended; (4) Multidisciplinary management is suggested. **Conclusion:** Awareness of VP and its diagnostic criteria and management approaches will be helpful in primary care.

Poster # 713

GLP-1 Agonists for Weight Loss in Patients Without Diabetes

Claire Sethuram*, BSc; John-Peter Bonello, MSc; Elaine Cheng, MD, CCFP, FCFP

Learning objectives:

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

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1. List the approved pharmacological options for weight loss in Canada
2. Describe the efficacy of semaglutide and liraglutide for weight loss in non-diabetic and pre-diabetic patients
3. Compare the efficacy of semaglutide versus liraglutide for weight loss in this population

Description:

Context: Obesity is one of the most common chronic health conditions in Canada and is a leading risk factor for premature death. There are few pharmacological options for weight loss approved in Canada, with the Glucagon-Like Peptide-1 (GLP-1) receptor agonist medications most recently approved. **Objective:** To review the efficacy of liraglutide and semaglutide for weight loss in adult non-diabetic patients. **Design:** A literature search was performed using the key words: "Obese" or "obesity" or "overweight" AND "semaglutide" or "liraglutide" or "glp1 agonist" or "GLP-1 agonist" or "Wegovy" or "Ozempic" or "Saxenda". **Setting:** The search was conducted through MEDLINE and Embase databases. **Participants:** Articles were included if they were randomized controlled trials, compared a GLP-1 agonist medication to placebo or another GLP-1 agonist, involved adults without diabetes who were obese (BMI >30) or overweight (BMI >27) with at least one weight-related comorbidity, and had a follow-up period of 1+ year. **Intervention:** GLP-1 receptor agonist medications. **Main Outcome Measures:** Percentage of body weight loss. **Results:** Nine articles met inclusion criteria for this review. Four articles studied liraglutide versus placebo, three studied semaglutide versus placebo, and two compared semaglutide versus liraglutide. The average body weight loss with semaglutide (16%) was almost double that of liraglutide (8.2%). With liraglutide, weight loss plateaued at 36-40 weeks and was sustained with up to 3 years of treatment. With semaglutide, weight loss was achieved at 60 weeks and was sustained with up to 2 years of treatment. **Conclusion:** Semaglutide was found to be most effective in achieving weight loss in non-diabetic overweight and obese patients. Both liraglutide and semaglutide were found to be safe, with minimal side effects. These findings may help guide decision-making of family physicians when considering weight loss medications in non-diabetic patients. Further studies are needed investigating long-term safety and follow-up after treatment discontinuation.

Poster # 714

Nerve Blocks in Patients With Chronic Headaches, Neck, and Low Back Pain: Preliminary results of an interventional study at pain care clinics In Ontario

Rifat Rehmani*, MD, MSc, FRCS; Hany Demian MD, MBBCH, CCFP, MCFP, CEUSIP,

Learning objectives:

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

1. Recognize that nerve blocks provide better relief in study patients
2. Recognize that nerve blocks provide improved function in study patients
3. Recognize that nerve blocks are effective in study patients

Description:

Aims: To evaluate the effectiveness of nerve blocks in improving pain and function among adults with chronic headaches, neck pain, and low back pain. **Methods:** The study was conducted prospectively at Pain Care Clinics in Ontario. A one-group pretest and post-test design to determine the analgesic and functional effects of 8- treatments of bupivacaine injection in patients with chronic low back pain, headaches, and chronic neck pain. A sample size of 597 subjects was calculated by using PASS software. Primary outcomes were assessed utilizing the numeric pain rating scale and disease-specific functional status questionnaires. Secondary outcome measures were studied by Brief Pain Inventory, Pain Disability Index, Anxiety and

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Depression by Hospital Anxiety and Depression Scale, and Short Form 36 (SF-36) physical and mental health component scores. Descriptive statistics was performed. The difference amongst the pretest and post-test groups was analyzed by two-sided paired t-test. **Results:** To date, 343 patients completed the study. Of those, 271 had back pain, 61 has neck pain and 11has chronic headaches. 80% of the patients were females. The numeric pain rating scale was 7.2 ± 0.6 in the pretest while it was 2.1 ±0.5 in the post-test group (P = < .001). There was also significant improvement in the disease-specific functional status scores. The analyses of secondary outcome also revealed functional status improvement (P = < 0.001) in the Brief pain inventory (BPI), Pain disability index (PDI), Hospital Anxiety and Depression Scale (HADS) and the SF-36 was 42.5 ±12.1 in the pretest while it was 54.4 ±13.5 in the post-test group. **Conclusion:** In this preliminary analyses, 8-treatments of bupivacaine injection in patients with chronic low back pain, headaches and chronic neck pain provide a greater reduction in pain and improve function.

Poster # 715

Dementia and Polypharmacy Near the End-of-Life: Work-in-progress

Catherine Richer*, MD, CCFP; Isabelle Vedel, MD-MPH, PhD; Caroline Sirois, B.Pharm, PhD; Louis Rochette, MSc; Victoria Massamba, PhD; Shanna Trenaman, BScH, BScPharm, MAHSR, ACPR; Jasmine Mah, MD, MSc; Abby Emdin, MSc; Claire Godard-Sebillotte, MD, PhD

Learning objectives:

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

1. Explore the prevalence of polypharmacy in the last year of life in people with dementia
2. Compare the prevalence of polypharmacy between people with dementia and people without dementia
3. Describe most frequently use medications in the last year of life in people with dementia

Description:

Context: The prevalence of polypharmacy is higher among people living with dementia (PWD). Yet, this population is at greater risk of suffering from its negative impacts (drug interactions, hospitalization, decline in autonomy). Few studies have looked at polypharmacy in the last year of life of PWD where the benefits of many medications, especially those with preventive purposes, is uncertain. **Objective:** To describe and compare the prevalence of polypharmacy and the most prescribed medications in the last year of life of PWD and people without dementia. **Design:** Retrospective cohort study. **Participants:** Community-dwelling individuals aged 67 years and older, with or without dementia, whose death occurred between January 1, 2019, and December 31, 2020. **Data:** Provincial database linking 5 Quebec administrative health databases. **Main Outcome Measure:** Prevalence of polypharmacy and most prescribed medications are measured in the 90 days before death and one year before death. Polypharmacy is defined as taking 5+, 10+, 15+ and 20+ different medications on the 90 days period and is identified using the anatomical therapeutic chemical (ATC) classification system. The project was approved by the ethic board of the Institut de la statistique du Québec. **Findings and Analysis:** Preliminary results of a descriptive analysis with direct age standardization will be presented, as well as an analysis of sex differences. **Anticipated Impact:** This study represents a first provincial picture of the problem of polypharmacy in the last year of life of PWD. The results will raise awareness among clinicians of the extent of the polypharmacy problem and the need for action, as well as guide policymakers in implementing policies to support deprescribing interventions.

Poster # 716

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Evaluation of Vaccine Clinics Operated by Lay Providers

Ryan Yee*, BMSc; Cécile Raymond, RN, MHSc; Meredith Strong, BSc; Lori Seeton, MHA; Akash Kothari, HBSc; Victor Lo, MASc; Emma-Cole McCubbin, MEd; Alexandra Kubica, MPH; Anna Subic, MPH; Anna Taddio, PhD, MSc; Mohammed Mall, BSc; Sheikh Noor Ul Amin, MD, CCFP (SEM), FCFP; Monique Martin, MD, CCFP; Aaron M. Orkin, MD, PhD, CCFP (EM), FCFP

Learning objectives:

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

1. Describe and evaluate the potential of a lay vaccination corps to serve population immunization needs
2. Integrate health professionals and lay health workers to optimize transdisciplinary teams
3. Identify strategies to engage lay and volunteer providers to deliver priority health services

Description:

Context: The COVID-19 pandemic exposed the need for massively scalable human resources to immunize populations without disrupting existing health services. **Objective:** We aimed to demonstrate that lay providers with minimum essential training can operate vaccine clinics under supervision to support population immunization needs and protect health care service continuity. **Design:** We conducted an ethics board approved survey of patients and providers using Likert scales and open-ended questions to gather perspectives on the clinical service. **Setting:** Between July 2022 and February 2023, we operated 11 influenza and COVID-19 immunization clinics throughout downtown and Western Toronto, ON. **Participants:** 27 university students received in-person and virtual training on confirming eligibility, administering intramuscular vaccines, and documenting in the electronic record. A physician, nurse, or pharmacist was on site to supervise vaccinators, prepare vaccines, and if needed, vaccinate special populations or address emergencies. **Main Outcome Measures:** Patient safety and reported comfort levels were our primary outcome measures. **Findings:** Our vaccinators administered 293 COVID-19 and 79 influenza vaccines with no medication errors or adverse events. We received 155 survey responses (81.3% patients), with 90.5% agreeing to feeling comfortable with lay providers administering vaccines under professional supervision. 95.9% of respondents indicated they have no concerns with lay vaccinators, while 98.5% indicated they would attend another clinic operated by lay providers. The clinic staff reported no concerns working in transdisciplinary teams. Themes from 59 open-ended responses highlighted the clinic's accessibility, professional and friendly vaccinators, overall improved experience, and the essentiality of training, supervision, and access to regulated providers. **Conclusion:** Lay providers can be trained to deliver vaccines safely and satisfactorily. Rather than redeploying scarce and highly trained health professionals, task shifting strategies could position a lay vaccination corps to serve population needs, reduce pressures on existing health human resources, improve vaccine experiences and engage communities in vaccine uptake.

Poster # 717

A Virtual Mental Health Triage and Care Model

Sophia Siedlikowski, MSc; Teresa Simão, PhD; Stephanie Anne Moynihan*, MD; Marc Robin, MD, CCFP; Kylie Bennett, PhD

Learning objectives:

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

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1. Describe a virtual mental health triage and care model
2. Explain and report on stratification to care based on symptom severity and functioning
3. Measure score improvement in patients who have received virtual mental health care following stratification

Description:

Objective: Report on a virtual mental health service that includes stratification to care based on symptom severity and functioning. **Design:** Program evaluation. The University of Montreal Research Ethics Board considers the project exempt from review. **Setting:** A virtual healthcare service in Canada. **Participants:** 6,398 individuals aged 14 and above who requested a mental health consultation between 1 June and 30 November 2022. **Intervention:** Triage and assessment, virtual care consultations (coaching, therapy, pharmacological treatment), and out-referral. **Main Outcome Measures:** Stratification to care based on triage using the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder Assessment (GAD-7), and Work and Social Adjustment Scale (WSAS). PHQ-9 and GAD-7 scores at 30 and 60 days (for participants with moderate-to-severe symptoms who underwent treatment). **Results:** Of 6,398 participants, 131 were provided immediate assistance, and the 4,499 eligible remaining participants who completed triage were classified as having mild (n=1,533), moderate (n=1,470), or severe (n=1,496) symptoms. Mean (S.D.) scores were: [mild: PHQ-9: 6.3 (3.2), GAD-7: 5.9 (3.2)]; [moderate: PHQ-9: 13.1 (3.4), GAD-7: 10.5 (3.4)]; and [severe: PHQ-9: 18.5 (4.4), GAD-7: 16.6 (3.0)]. Following assessment, 30.7% were booked for coaching, 32.3% for therapy, 5.9% with a medical practitioner, and 29.6% were not treated within the service. On average, participants attended 5 treatment sessions, and 26.7% consulted with more than one type of practitioner. Participants with moderate-to-severe symptoms (n=2,137) showed a decrease of 40.8% and 36.1% in PHQ-9 and GAD-7 scores respectively after 30 days (n=692, n=674), and 46.6% and 45.8% in PHQ-9 and GAD-7 scores respectively after 60 days (n=503, n=492). **Conclusion:** A virtual mental health service with stratification to care is a safe and efficient model for individuals seeking mental health support.

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