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

Mainpro+® Certified Program

FULL BILINGUAL VERSION

November 8th to 11th
Palais des congrès de Montréal

fmf.cfpc.ca

Programme certifié Mainpro+MD

VERSION BILINGUE INTÉGRALE

Du 8 au 11 novembre
Palais des congrès de Montréal

fmf.cfpc.ca/fr

@FamilyMedicineForum
@FamilyMedForum
@familymedforum

Welcome to FMF 2023!

On behalf of the College of Family Physicians of Canada (CFPC)'s Family Medicine Forum (FMF) Committee, we want to take this opportunity to let you know how excited we are about the 2023 scientific program and to welcome you to FMF 2023.

The FMF Committee has been working behind the scenes to provide you with the gold standard of educational content. The extensive scientific program delivers the highest quality, expertly vetted, evidence-based education to enhance your teaching, research, and clinical work.

- Over 180 sessions and workshops
- More than 25 clinical topics areas covered
- Teaching and faculty sessions for everyone from novice to expert
- Top research papers and posters from national and global perspectives
- Equity, diversity, inclusion, anti-racism, and Indigenous health will be featured

To make the most of your FMF experience join us in person in Montreal November 8th to 11th. Enjoy engaging plenaries, hot topics, appealing exhibits, scientific posters, convention centre coffee and snacks, and of course reconnecting with friends. Join us nightly for our prestigious evening events to celebrate achievements in research, teaching, and clinical practice. We can't wait to see you this November in Montreal!

FMF strives to be inclusive, accessible, and welcoming for all our attendees. Please join us for this year's conference and renew your passion for family medicine. Thank you for participating in FMF—you are all part of its success.

Bienvenue au FMF 2023!

Au nom du Comité du Forum en médecine familiale (FMF) du Collège des médecins de famille du Canada (CMFC), nous profitons de cette occasion pour réitérer combien nous sommes ravis de vous présenter le programme scientifique de 2023 et de vous accueillir au FMF 2023.

Le Comité du FMF a travaillé dans les coulisses pour vous offrir le meilleur contenu éducatif qui soit. Le programme scientifique bien rempli offre des activités de formation de grande qualité, revues par les experts et axées sur les données probantes afin de soutenir votre travail en enseignement, en recherche et en clinique.

- Plus de 180 séances et ateliers
- Plus de 25 sujets cliniques couverts
- Séances de formation en enseignement pour tous les niveaux — du débutant à l'expert
- Les meilleurs rapports et affiches de recherche d'un point de vue national et mondial
- L'équité, la diversité, l'inclusion, l'antiracisme et la santé autochtone au premier plan

Pour profiter au maximum de votre expérience au FMF, joignez-vous à nous en personne du 8 au 11 novembre à Montréal. Au programme : des plénières passionnantes, des sujets d'actualité, des expositions attrayantes, des affiches scientifiques, café et collations au Palais des congrès et des échanges entre amis. En soirée, ne manquez pas nos prestigieux événements célébrant des réalisations en recherche, en enseignement et cliniques. Nous avons bien hâte de vous retrouver en novembre à Montréal !

Nous nous efforçons de faire du FMF un événement inclusif, accessible et accueillant pour tous les participants. Soyez des nôtres pour le congrès de cette année et ravivez votre passion pour la médecine de famille. Nous remercions tous ceux et celles qui participent au FMF — vous faites tous partie de son succès.

FMF Committee Members | Membres du Comité du FMF

Dr. Leslie Griffin Co-chair | Nova Scotia
Dr Leslie Griffin Coprésident | Nouvelle-Écosse

Dr. Stephen Hawrylyshyn Co-chair | Ontario
Dr Stephen Hawrylyshyn Coprésident | Ontario

Dr. Ian Alexander Manitoba
Dr Ian Alexander Manitoba

Dr. Doug Archibald Section of Researchers
Dr Doug Archibald Section des chercheurs

Dr. Katherine Bell Rural | British Columbia
Dre Katherine Bell Colombie-Britannique | Rural

Dr. Kassandra Briand Section of Residents
Dre Kassandra Briand Section des résidents

Dr. Kiran Dhillon First Five Years in Family Practice | Alberta
Dre Kiran Dhillon Alberta | Cinq premières années de pratique

Dr. James Goertzen Section of Teachers
Dr James Goertzen Section des enseignants

Dr. Janice Harvey CFPC CPD Physician Advisor
Dre Janice Harvey CMFC Médecin-conseil, DPC

Dr. Moulay Jbala Quebec
Dr Moulay Jbala Québec

Dr. Sarah Kim Member Interest Groups Section
Dre Sarah Kim Section des groupes d'intérêt des membres

Dr. Taryn O'Neill New Brunswick
Dre Taryn O'Neill Nouveau-Brunswick

Dr. Amanda Tzenov Newfoundland and Labrador
Dre Amanda Tzenov Terre-Neuve-et-Labrador

Dr. Amanda Wang Alberta
Dre Amanda Wang Alberta

Dr. Matthew Wong Saskatchewan
Dr Matthew Wong Saskatchewan

FMF Schedule • November 8–11, 2023

This schedule takes place within the Palais des congrès de Montréal

TIME	EVENT	LOCATION
07:30 – 15:30	Registration	Level 2 Viger Hall
07:30 – 08:30	Ancillary sessions	Level 5
08:00 – 15:30	Exhibit Hall	Level 2 220 CDE
08:00 – 08:30	Light breakfast	Level 2
08:30 – 09:45	Keynote and Sessions	Level 5
09:45 – 10:15	Coffee break / Networking	Level 2
09:45 – 10:15	Exhibit and Poster Viewing	Level 2
10:15 – 11:15	Sessions	Level 5
11:30 – 12:30	Sessions	Level 5
12:30 – 14:00	Lunch / Networking	Level 2
12:30 – 14:00	Exhibit and Poster Viewing	Level 2
13:00 – 14:00	Ancillary sessions	Level 5
14:00 – 15:00	Sessions	Level 5
15:00 – 15:30	Coffee break / Networking	Level 2
15:00 – 15:30	Exhibit and Poster Viewing	Level 2
15:30 – 16:30	Sessions	Level 5
16:30 – 17:30	Ancillary sessions	Level 5

Times listed in Eastern Time (ET).
Please refer to the Non-Certified Program to view the full networking and social events schedule.

Programme du FMF • Du 8 au 11 novembre 2023

Tous les événements se dérouleront au Palais des congrès de Montréal

HEURE	ACTIVITÉ	LIEU
7 h 30 – 15 h 30	Inscriptions	Hall Viger — Niveau 2
7 h 30 – 8 h 30	Séances auxiliaires	Niveau 5
8 h – 15 h 30	Hall d'exposition	220 CDE — Niveau 2
8 h – 8 h 30	Déjeuner léger	Niveau 2
8 h 30 – 9 h 45	Plénière et séances	Niveau 5
9 h 45 – 10 h 15	Pause/Réseautage	Niveau 2
9 h 45 – 10 h 15	Hall d'exposition et exposition d'affiches	Niveau 2
10 h 15 – 11 h 15	Séances	Niveau 5
11 h 30 – 12 h 30	Séances	Niveau 5
12 h 30 – 14 h	Lunch/ Réseautage	Niveau 2
12 h 30 – 14 h	Hall d'exposition et exposition d'affiches	Niveau 2
13 h – 14 h	Séances auxiliaires	Niveau 5
14 h – 15 h	Séances	Niveau 5
15 h – 15 h 30	Pause/ Réseautage	Niveau 2
15 h – 15 h 30	Hall d'exposition et exposition d'affiches	Niveau 2
15 h 30 – 16 h 30	Séances	Niveau 5
16 h 30 – 17 h 30	Séances auxiliaires	Niveau 5

Les heures sont affichées à l'heure de l'Est (HE).
Voir le Programme non certifié pour l'horaire complet des activités de réseautage et sociales.

FMF On-Demand Schedule

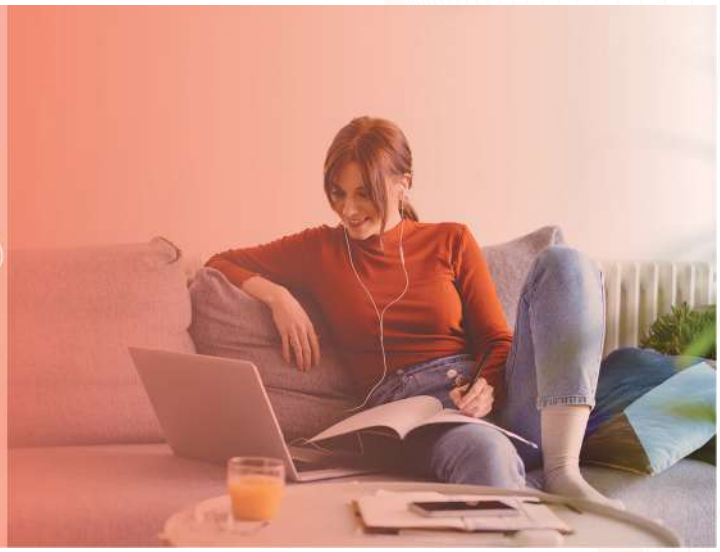
November 15, 2023, to January 5, 2024

Available 24/7 to watch sessions, continue to earn credits, download files, and post questions.

Horaire du FMF sur demande

Du 15 novembre 2023 au 5 janvier 2024

Vous pourrez visionner des séances en tout temps, continuer à obtenir des crédits, télécharger des fichiers et poser des questions.



Direct Credit Entry

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

Live streaming: Attendance will be tracked upon entering each live streamed session.

On demand: Attendance will be tracked upon entering each on-demand virtual session.

Direct credit entry (DCE): All credits will be added automatically to individual attendee's Mainpro+ holding area whether earned in person, via live steam, or on demand. These will be uploaded in February 2024. If you want to manually add credits before this please contact us at fmfinfo@cfpc.ca.

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

Are you a fan of virtual learning?

Here are two other ways to engage:

Live streaming: Can't quite squeeze Montreal into your schedule? Join us via the live stream, and participate and earn credits virtually in some of our most popular sessions.

On demand: In-person attendees can add on demand to their registration and gain access to approximately 30 additional sessions for 50 days following FMF. Live stream participants will also have access to sessions for 50 days.

Inscription directe des crédits

En personne : Toutes les séances certifiées auxquelles les participants auront assisté en personne seront enregistrées à l'aide de scanneurs de porte-noms.

Diffusion en direct : La participation sera enregistrée dès que les participants accéderont à une séance de formation diffusée en direct.

Sur demande : La participation sera enregistrée dès que les participants accéderont à une séance virtuelle sur demande.

Inscription directe des crédits (IDC) : Tous les crédits seront automatiquement ajoutés à la zone En attente du compte Mainpro+ du participant, qu'il s'agisse de séances en personne, diffusées en direct ou sur demande, en février 2024. Si vous souhaitez ajouter des crédits manuellement avant cela, veuillez communiquer avec nous à fmfinfo@cfpc.ca.

Exception pour les ateliers : Les crédits pour les ateliers donnant droit à deux et trois crédits par heure devront être inscrits par les participants après la réalisation de l'exercice de réflexion sur la séance que le fournisseur de l'atelier enverra à tous les participants.

Vous aimez l'apprentissage en ligne ?

Voici deux autres façons de participer :

Diffusion en direct : Vous ne pouvez pas venir à Montréal ? Grâce à la diffusion en direct, vous pourrez participer à certaines de nos séances les plus populaires et obtenir des crédits de façon virtuelle.

Sur demande : Les participants en personne peuvent ajouter les séances sur demande à leur inscription et accéder à environ 30 séances supplémentaires pendant les 50 jours qui suivent le FMF. Les personnes qui participent au contenu diffusé en direct auront également accès aux séances pendant 50 jours.

Why come to Montreal?

With its unique blend of European charm and North American energy, Montreal is the ultimate destination for adventure, culture, and excitement.

When you're not learning and connecting with friends and colleagues at FMF, immerse yourself in the city's rich history and culture:

- Notre-Dame Basilica and Old Port
- Cobblestone streets of Old Montreal
- Delectable cuisine from bagels to international fare

Pourquoi venir à Montréal ?

Mélange unique de charme européen et d'énergie nord-américaine, Montréal est la destination incontournable pour allier aventure, culture et enthousiasme.

Entre vos séances de formation et de réseautage avec vos amis et collègues au FMF, plongez-vous dans le riche patrimoine historique et culturel de la ville :

- La basilique Notre-Dame et le Vieux-Port
- Les rues pavées du Vieux-Montréal
- Une gastronomie exquise, des bagels à la cuisine internationale

FMF Schedule of Certified Sessions / Horaire des séances de formation certifiées du FMF

Monday, November 6 / Lundi 6 novembre

Virtual Workshops / Ateliers virtuels

8:00–12:30 **PAACT: Anti-Infective – 2023 Up-date**
Session ID: 99 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : Virtual – ZOOM Meeting

9:30–13:00 **Decision-Making Capacity Assessment Level 1**
Session ID: 16 | Mainpro+® certified workshop | Pre-registration required1
Room / Salle : Virtual – ZOOM Meeting

13:00–17:30 **PAACT: Respiratory (COPD/Asthma) 2023 up-date**
Session ID: 201 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : Virtual – ZOOM Meeting

13:30–17:00 **Decision-Making Capacity Assessment Level 2**
Session ID: 17 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : Virtual – ZOOM Meeting

Tuesday, November 7 / Mardi 7 novembre

Virtual Workshops / Ateliers virtuels

10:30–16:30 **ECGs for Family Docs: A comprehensive review**
Session ID: 75 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : Virtual – ZOOM Meeting

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Wednesday, November 8 / Mercredi 8 novembre

In-Person Workshops / Ateliers en personne

10:00–13:00 **How to do a MAiD Assessment**
Session ID: 143 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **519A**

14:00–16:00 **Assessment Foundations 1: Key principles for assessing learners**
Session ID: 196 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **519B**

Session time / Heure de la séance : 8:30–9:30

Evidence-Based Approach to Management of Common Chemotherapy Toxicities
Session ID: 213 | Clinical
Room / Salle : **510**

Session time / Heure de la séance : 8:30–9:45

Ian McWhinney Keynote Address: Igniting Change: Centering shared humanity and inclusive compassion – Towards greater social justice in medicine | Amorcer le changement : mettre l'accent sur l'humanité commune et la compassion inclusive : vers une plus grande justice sociale dans le domaine de la médecine
Session ID: 393 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Session time / Heure de la séance : 10:15–11:15

Eczema? Psoriasis? Or else? | De l'eczéma? Du psoriasis? Autre chose?
Session ID: 55 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Implementing Pharmacological Treatment of Stimulant Use Disorder in Community Programs
Session ID: 70 | Clinical
Room / Salle : **510**

L'ostéoporose; une maladie?
N° de la séance : 185 | Présentations cliniques
Room / Salle : **512ABEF**

Navigating Non-IgE-Mediated Food Allergy
Session ID: 159 | 🎬 | Clinical
Room / Salle : **517AB**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Outstanding Research: Spotlighting award-winning research articles and family medicine's researcher of the year
Session ID: 18 | Research
Room / Salle : **516C**

Team Primary Care: Interprofessional competencies (Part 1 of 2)
Session ID: 251 | Teaching | Preceptorship
Room / Salle : **516AB**

Session time / Heure de la séance : 11:30–12:30

Common Office Presentations: Adults with intellectual/developmental disabilities (IDD)
Session ID: 116 | Clinical
Room / Salle : **511**

Dépister avec soin : intégrer la décision partagée
N° de la séance : 151 | Présentations cliniques
Room / Salle : **512ABEF**

Introducing the New SOGC Induction of Labor Guidelines
Session ID: 175 | Clinical
Room / Salle : **510**

KidneyWise Update: Primary care essentials for managing CKD | Le point sur KidneyWise : principes fondamentaux des soins primaires pour la prise en charge de la néphropathie chronique
Session ID: 226 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Managing Insomnia in Your Practice
Session ID: 95 | 🎬 | Clinical
Room / Salle : **517AB**

Research Top Picks: Featured family medicine resident research award winners and top scoring free-standing papers
Session ID: 19 | Research
Room / Salle : **516C**

Team Primary Care: Interprofessional competencies (Part 2 of 2)
Session ID: 251 | Teaching | Preceptorship
Room / Salle : **516AB**

Session time / Heure de la séance : 12:45–13:45

Ask Me Anything Mainpro+ (Residents edition)
Session ID: 97 | Clinical
Room / Salle : **512ABEF**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Session time / Heure de la séance : 14:00–15:00

AFABulous Review: PEER presents an ode to women's health | PEER présente une ode à la santé des femmes
Session ID: 108 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Approach to PTSD in Primary Care
Session ID: 44 | 🎬 | Clinical
Room / Salle : **517AB**

Caring for Your Diabetic Patient in the Hospital
Session ID: 66 | Clinical
Room / Salle : **511**

Community Leadership and Advocacy in Primary Care
Session ID: 176 | Clinical
Room / Salle : **510**

Escape the Office: The use of virtual reality escape room as an alternative teaching strategy for QI principle in medical education
Session ID: 81 | Teaching | Preceptorship
Room / Salle : **516AB**

Free Standing Papers
Session ID: 252 | Research
Room / Salle : **516C**

Introduction to Educational Coaching: Listening (Part 1 of 2)
Session ID: 90 | Teaching | Preceptorship
Room / Salle : **519A**

Les prescriptions non pharmacologiques : antibiotiques et insomnie
N° de la séance : 187 | Présentations cliniques
Room / Salle : **512ABEF**

Session time / Heure de la séance : 15:30–16:30

Advanced Contraception Prescribing in Primary Care
Session ID: 171 | Clinical
Room / Salle : **510**

Beyond Burnout: Healing from work and the pandemic
Session ID: 139 | Teaching | Preceptorship
Room / Salle : **516AB**

Free Standing Papers | Présentations libres
Session ID: 253 | Research

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Room / Salle : **516C**

Introduction to Educational Coaching: Asking, and saying (Part 2 of 2)
Session ID: 90 | Teaching | Preceptorship
Room / Salle : **519A**

The New Canadian Pediatric Obesity CPG: What you need to know | Les nouvelles lignes directrices canadiennes de pratique clinique sur l'obésité pédiatrique : ce que vous devez savoir
Session ID: 244 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Top 15 Pearls for Helping Your Migraine Patients
Session ID: 9 | 🎬 | Clinical
Room / Salle : **517AB**

Top 5 Medico-Legal Tips for Your First Five Years
Session ID: 106 | Clinical
Room / Salle : **511**

Quel type de superviseur êtes-vous?
N° de la séance : 82 | Enseignement | Supervision
Room / Salle: **512ABEF**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Thursday, November 9 / Jeudi 9 novembre

In-Person Workshops / Ateliers en personne

7:30–18:00 **Airway Interventions and Management in Emergencies (AIME) Course 1**
Session ID: 49 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **516DE**

10:00–13:00 **Providing Medical Assistance in Dying**
Session ID: 142 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **519A**

Session time / Heure de la séance : 8:30–9:30

Approach to Mould and Housing-Related Health Problems
Session ID: 190 | Clinical
Room / Salle : **511**

Birds of a Feather: Understanding your work style
Session ID: 86 | Clinical
Room / Salle : **510**

Session time / Heure de la séance : 8:30–9:45

Co-Designing The Future of Primary Care With Patients and The Public | Concevoir l'avenir des soins primaires en collaboration avec les patients et le public
Session ID: 394 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Session time / Heure de la séance : 10:15–11:15

An Efficient Approach to Assessing Syncope | Approche efficace de l'évaluation de la syncope
Session ID: 10 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Climate Change and Family Medicine
Session ID: 39 | Clinical
Room / Salle : **510**

Devenir « Choisir avec soin » : l'amélioration continue de la qualité en actions
N° de la séance : 189 | Présentations cliniques
Room / Salle : **512ABEF**

Family Medicine Longitudinal Survey Data Can Help YOU

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Session ID: 200 | Research
Room / Salle : **516C**

Managing Anxiety Conditions With the Ottawa Anxiety Algorithm
Session ID: 89 | 🎬 | Clinical
Room / Salle : **517AB**

Supporting Implementation of Serious Illness Conversations in Primary Care
Session ID: 59 | Clinical
Room / Salle : **511**

Session time / Heure de la séance : 11:30–12:30

Breaking News: CFP Distilled! 2023 top clinically-relevant articles
Session ID: 43 | Clinical
Room / Salle : **510**

Dyspnea: How to assess and manage in the office | Dyspnée : comment l'évaluer et la prendre en charge dans le cabinet
Session ID: 34 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Examiner avec soins : les manoeuvres de l'examen physique les plus discriminantes
N° de la séance : 188 | Présentations cliniques
Room / Salle : **512ABEF**

Exploring Equity, Diversity, and Inclusion: Practical considerations
Session ID: 69 | Research
Room / Salle : **516C**

Incorporating a Palliative Approach Into Your Family Practice
Session ID: 41 | 🎬 | Clinical
Room / Salle : **517AB**

La vie après SICA - intégrer la méthode clinique centrée sur le patient dans votre enseignement
N° de la séance : 160 | Enseignement | Supervision
Room / Salle : **516AB**

UTIs: Soothing answers to burning questions
Session ID: 60 | Clinical
Room / Salle : **511**

Session time / Heure de la séance : 12:45–13:45

Professional Learning Plans (PLP): Optimize your CPD!
Session ID: 85 | Clinical

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Room / Salle : **516C**

Optimizing Patient-Centred Obesity Care: Approach, engage and manage
Session ID: 396 | Ancillary Session
Room / Salle : **517AB**

Session time / Heure de la séance : 14:00–15:00

Breast Cancer Survivors: Evidence-based recommendations
Session ID: 211 | Clinical
Room / Salle : **511**

Developing a Postgraduate Indigenous Health Curriculum
Session ID: 107 | Teaching | Preceptorship
Room / Salle : **516AB**

Faire mieux en faisant moins : situation canadienne
N° de la séance : 181 | Présentations cliniques
Room / Salle : **512ABEF**

Free Standing Papers
Session ID: 391 | Research
Room / Salle : **516C**

Managing ADHD in Adults in Your Practice
Session ID: 96 | 🎬 | Clinical
Room / Salle : **517AB**

PEER: What's new, what's true and what's poo? | PEER : nouveautés, vérités et faussetés
Session ID: 48 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Screening and Management of Social Needs in Pregnancy
Session ID: 157 | Clinical
Room / Salle : **510**

Session time / Heure de la séance : 15:30–16:30

Free Standing Papers | Présentations libres
Session ID: 392 | Research
Room / Salle : **516C**

Is This Skin Cancer?
Session ID: 56 | 🎬 | Clinical
Room / Salle : **517AB**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

New Math: Dose calculations for cannabinoids, nicotine, and alcohol
Session ID: 161 | Clinical
Room / Salle : **510**

Postgraduate Curriuclum Development: Contextualizing curricula across distributed sites
Session ID: 214 | Teaching | Preceptorship
Room / Salle : **512ABEF**

Somatizing: What every family physician needs to know | Somatisation : ce que tout médecin de famille doit savoir
Session ID: 45 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Teaching Strategies for New Clinical Preceptors
Session ID: 122 | Teaching | Preceptorship
Room / Salle : **516AB**

Friday, November 10 / Vendredi 10 novembre

In-Person Workshops / Ateliers en personne

7:30–18:00 Airway Interventions and Management in Emergencies (AIME) Course 2
Session ID: 50 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **516DE**

10:00–17:00 LEAP Core Hybrid
Session ID: 68 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **519A**

Session time / Heure de la séance : 8:30–9:30

How Mentoring Can Change Your Life?
Session ID: 109 | Clinical
Room / Salle : **510**

Reaching Out: Relevant and accessible clinical preceptor faculty development
Session ID: 71 | Teaching | Preceptorship
Room / Salle : **516AB**

Transitioning to Practice 101
Session ID: 222 | 🎬 | Teaching | Preceptorship
Room / Salle : **517AB**

Veteran Care: Beyond "thank you for your service"
Session ID: 147 | Clinical
Room / Salle : **511**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Session time / Heure de la séance : 8:30–9:45

Proud to Be Who We Are: Generalists! | Fiers d'être qui nous sommes : des généralistes !
Session ID: 395 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Session time / Heure de la séance : 10:15–11:15

A Refresher on Intrapartum Delivery Techniques
Session ID: 110 | Clinical
Room / Salle : **516C**

Breaking the Inertia: Developing characteristics of Indigenous allyship (Part 1 of 2)
Session ID: 183 | Clinical
Room / Salle : **510**

First Five Years: Essential snappers for early career physicians
Session ID: 166 | Clinical
Room / Salle : **511**

Hidden Complication of Diabetes and Obesity: Non-alcoholic fatty liver disease | Une complication cachée du diabète et de l'obésité : la stéatose hépatique non alcoolique
Session ID: 234 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

HIV 2023: PreP/PEP and other pearls
Session ID: 168 | 🎬 | Clinical
Room / Salle : **517AB**

Le trouble lié au jeu de hasard et d'argent
N° de la séance : 26 | Présentations cliniques
Room / Salle : **512ABEF**

Supporting Mentorship for New Leaders in Family Medicine
Session ID: 111 | Teaching | Preceptorship
Room / Salle : **516AB**

Session time / Heure de la séance : 11:30–12:30

A Competency-Based PGME Opioid Curriculum for Family Medicine
Session ID: 129 | Teaching | Preceptorship
Room / Salle : **516AB**

Breaking the Inertia: Developing characteristics of Indigenous allyship (Part 2 of 2)
Session ID: 183 | Clinical
Room / Salle : **510**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Cancer Screening Highlighting on Lung Cancer Screening | Dépistage du cancer, en particulier celui du poumon
Session ID: 36 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Career Options and Development in Family Medicine
Session ID: 117 | Teaching | Preceptorship
Room / Salle : **516C**

Investiguer avec soin : reconnaître les examens d'imagerie inutiles
N° de la séance : 192 | Présentations cliniques
Room / Salle : **512ABEF**

NB: A family physician's guide to non-binary gender diversity
Session ID: 8 | Clinical
Room / Salle : **511**

Choose Your Briefs: Audience-selected clinical topics from PEER's game board
Session ID: 193 | 🎬 | Clinical
Room / Salle : **517AB**

Session time / Heure de la séance : 12:45–13:45

Diabetes Insights for Your Practice: A Fireside Chat Series Module 3 – Clinical Advancements: Antihyperglycemic selection and longer acting insulin analogs
Session ID: 397 | Ancillary Session
Room / Salle : **517AB**

Session time / Heure de la séance : 14:00–15:00

Approach to Depression in Primary Care
Session ID: 38 | 🎬 | Clinical
Room / Salle : **517AB**

Big Ideas Soapbox
Session ID: 243 | Research
Room / Salle : **516C**

Enseigner avec soin : guider les apprenants dans leur réflexion critique
N° de la séance : 178 | Enseignement | Supervision
Room / Salle : **512ABEF**

First Five Years: Difficult patient conversations
Session ID: 165 | Clinical
Room / Salle : **510**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Sexual Health 2023: An update to the basics of STI and contraceptive care | La santé sexuelle en 2023 : mise à jour des notions fondamentales sur les ITS et les soins axés sur la contraception
Session ID: 119 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Tackling Barriers to Access in Primary Care
Session ID: 145 | Clinical
Room / Salle : **511**

Session time / Heure de la séance : 15:30–16:30

Choisir avec soin : pour le patient et pour l'environnement
N° de la séance : 186 | Présentations cliniques
Room / Salle : **512ABEF**

Inclusive Teaching Practices
Session ID: 134 | Teaching | Preceptorship
Room / Salle : **516AB**

Less is More! Let's talk bronchiolitis in primary care
Session ID: 51 | Clinical
Room / Salle : **510**

Social Medicine: Preferential care model
Session ID: 212 | Clinical
Room / Salle : **516C**

The Push and Pull of Sex in Cancer Survivors: What can we learn? | L'attrait et le dégoût du sexe chez les survivants du cancer : que pouvons-nous apprendre?
Session ID: 7 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Top 10 Family Medicine Articles That Could Change Your Practice
Session ID: 79 | 🎬 | Clinical
Room / Salle : **517AB**

Update on ECGs: Essential interpretation for family docs
Session ID: 31 | Clinical
Room / Salle : **511**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Saturday, November 11 / Samedi 11 novembre

In-Person Workshops / Ateliers en personne

8:00–12:30 **PAACT: Pain managment 2023 update**
Session ID: 202 | Mainpro+® certified workshop | Pre-registration required
Room / Salle : **519B**

8:30–15:30 **Les fondements du LEAP (hybride)**
N° de la séance : 194 | Atelier certifié Mainpro+[MD] | Préinscription requise
Room / Salle : **519A**

Session time / Heure de la séance : 8:30–9:30

Applying an Implementation Research Lens to Medical Education: Case studies from family medicine training programs in low- and middle-income countries
Session ID: 199 | Research
Room / Salle : **510**

Choosing Wisely in Long-Term Care (LTC) During and After COVID-19
Session ID: 138 | Clinical
Room / Salle : **511**

I Spy With My Little Dermatoscope | Je vois quelque chose dans mon petit dermatoscope
Session ID: 87 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Investiguer avec soin : reconnaître les examens de laboratoires inutiles
N° de la séance : 174 | Présentations cliniques
Room / Salle : **512ABEF**

Teaching Professionalism in the Clinical Setting: Four key questions
Session ID: 91 | Teaching | Preceptorship
Room / Salle : **516AB**

The 2023 PEER Simplified Lipid Guideline
Session ID: 64 | 🎬 | Clinical
Room / Salle : **517AB**

Session time / Heure de la séance : 10:15–11:15

Adaptive Expertise in Family Medicine: A practical introduction
Session ID: 198 | Teaching | Preceptorship
Room / Salle : **516AB**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Beyond the Basics of Breast Screening: What to do for young, old, dense and high-risk | Au-delà des notions fondamentales de dépistage du cancer du sein : quoi faire en présence de jeunes, de personnes âgées, de seins denses et de personnes à risque élevé
Session ID: 5 | 🎧 | 🎬 | Clinical
Room / Salle : **517CD**

Comment le mentorat peut changer votre vie?
N° de la séance : 84 | Présentations cliniques
Room / Salle: **512ABEF**

In the Clinic: Putting evidence into audience-selected cases
Session ID: 113 | 🎬 | Clinical
Room / Salle : **517AB**

Opioids During Pregnancy and Postpartum: What's a family physician to do!
Session ID: 128 | Clinical
Room / Salle : **510**

Treating Chronic Insomnia Without Medications in Primary Care
Session ID: 219 | Clinical
Room / Salle : **511**

Session time / Heure de la séance : 11:30–12:30

Pandemic Lessons for the Family Doctor
Session ID: 54 | Clinical
Room / Salle : **511**

Prescrire ... et déprescrire avec soin
N° de la séance : 180 | Présentations cliniques
Room / Salle : **512ABEF**

Psychedelic Assisted Therapy: A primer for family physicians
Session ID: 208 | 🎬 | Clinical
Room / Salle : **517AB**

Teaching 2SLGBTQIA+ Affirming Care to the Gen Z Learner
Session ID: 224 | Teaching | Preceptorship
Room / Salle : **516AB**

The Gender Gap in Medical Leadership
Session ID: 65 | Clinical
Room / Salle : **510**

Top 10 Emergency Articles That Could Change Your Practice | 10 principaux articles sur les changements dans la pratique en médecine d'urgence
Session ID: 78 | 🎧 | 🎬 | Clinical

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Room / Salle : **517CD**

Session time / Heure de la séance : 14:00–15:00

Dispelling the Myths of the Petulant Prostate | Démythifier la prostate
Session ID: 6 | 🎬 | Clinical
Room / Salle : **517AB**

Introduction to Advocacy and Organizing
Session ID: 40 | Clinical
Room / Salle : **510**

Surtraitement en pédiatrie : discriminer la normalité de l'état pathologique
N° de la séance : 182 | Présentations cliniques
Room / Salle: **512ABEF**

Session time / Heure de la séance : 15:30–16:30

CaRMS and Electives
Session ID: 220 | Teaching | Preceptorship
Room / Salle : **516AB**

Discuter de maladies graves : comment aborder les niveaux de soins
N° de la séance : 173 | Présentations cliniques
Room / Salle: **512ABEF**

Key Issues in Addiction for Primary Care
Session ID: 225 | Clinical
Room / Salle : **511**

Tips and Tricks to Expedite Cancer | Diagnosis Trucs et astuces pour accélérer le dépistage du cancer
Session ID: 32 | 🎬 | Clinical
Room / Salle : **517AB**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Available On-Demand Only / Offertes sur demande seulement

Iron Deficiency Anemia: Recognition and management
Session ID: 52 | Clinical

Update on Obesity Pharmacotherapy: Key aspects of the 2022 clinical practice guidelines update
Session ID: 231 | Clinical

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

FMF Scientific Program / Programme scientifique du FMF

Monday, November 6 / Lundi 6 novembre

Monday 6 lundi **Session ID: 99** **Room / Salle : Virtual – ZOOM Meeting**

8:00–12:30 **PAACT: Anti-infective – 2023 Up-date**

Frank Martino, MD, CCFP (EM), FCFP; Alan Kaplan, MD, CCFP (EM), FCFP

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Describe the principles of antibiotic resistance, how this impacts antibiotic prescribing and implications of COVID
2. Investigate and manage common infectious diseases including: upper/lower respiratory tract, skin and urinary tract infections
3. Use current clinical guidelines and patient tools to help implement antibiotic stewardship in your practice

Description:

PAACT Anti-infective – 2023 Up-date. An independent educational program developed by family physicians and based on the new 2023 Edition of the Anti-infective Guidelines for Community-acquired Infections. Cases are designed to highlight common infectious disease and include: Upper and Lower Respiratory Tract Infections; Skin Infections; Urinary Tract Infections (including LTC). Changes in the treatment of infectious disease in community practice post-COVID will also be addressed. Materials: New 2023 Anti-infective Guidelines ('orange book'); Participant manual; Viral prescription pads. Teaching method: interactive, case-based, small group.

Monday 6 lundi **Session ID: 16** **Room / Salle : Virtual – ZOOM Meeting**

9:30–13:00 **Decision-Making Capacity Assessment Level 1**

Lesley Charles, MBChB, CCFP (COE), FCFP

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

PRE-REGISTRATION REQUIRED

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Learning objectives:

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

1. Identify the guiding principles in decision-making capacity assessment (DMCA)
2. Appraise a DMCA process using capacity assessment worsheets
3. Integrate the above in assessment of capacity through case examples

Description:

There are complex and predictable clinical, ethical and legal implications when assessing decision-making capacity. These workshops will help the primary care provider navigate the process related to the Adult Guardianship & Trusteeship, Personal Directives and Enduring Power of Attorney Acts. These interactive workshops are designed for physicians and will include small group work and presentations. Two series workshops are offered (only once) and participants have a choice of engaging in the Level 1 and/or the Level 2 workshop. Level 1 covers the basic information to assess decision-making capacity and the interdisciplinary approach. Level 2 provides a deeper dive into the application of the basic information on decision-making capacity assessment (DMCA) needed for capacity interview.

Monday 6 lundi **Session ID: 201** **Room / Salle : Virtual – ZOOM Meeting**

13:00–17:30 **PAACT: Respiratory (COPD/Asthma) 2023 up-date**

Alan Kaplan, MD, CCFP (EM), FCFP; Frank Martino, MD, CCFP (EM), FCFP

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Apply evidence based and real world guidance to manage asthma, COPD and other respiratory conditions
2. Participate in small group case discussion with expert facilitators and fellow family physicians
3. Increase familiarity with recommended resources, 'practice pearls' and review role of available inhalers

Description:

An independent case-based, interactive small group education program developed by family physicians and based on the 2022 Respiratory (COPD/Asthma) Handbook for Family Medicine ('orange book'). Cases are designed to highlight respiratory conditions seen commonly in primary care and include: AECB/AECOPD, COPD, COPD,asthma differentiation, pediatric and adult asthma, inhaler review. Materials include: 2022 Respiratory ('orange book'), participant manual, patient and clinical management tools. Teaching Method: 100% interactive, case-based, small group.

Monday 6 lundi **Session ID: 17** **Room / Salle : Virtual – ZOOM Meeting**

13:30–17:00 **Decision-Making Capacity Assessment Level 2**

Lesley Charles, MBChB, CCFP (COE), FCFP

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Review the capacity assessment process, capacity assessment worksheets, forms and schedules in the process of decision-making capacity assessment (DMCA)
2. Learn about the significance, timing and key elements of capacity interview
3. Integrate the above in assessment of capacity through case examples

Description:

There are complex and predictable clinical, ethical and legal implications when assessing decision-making capacity. These workshops will help the primary care provider navigate the process related to the Adult Guardianship & Trusteeship, Personal Directives and Enduring Power of Attorney Acts. These interactive workshops are designed for physicians and will include small group work and presentations. Two series workshops are offered (only once) and participants have a choice of engaging in the Level 1 and/or the Level 2 workshop. Level 1 covers the basic information to assess decision-making capacity and the interdisciplinary approach. Level 2 provides a deeper dive into the application of the basic information on decision-making capacity assessment (DMCA) in terms of capacity interview.

Tuesday, November 7 / Mardi 7 novembre

Tuesday 7 mardi **Session ID: 75** **Room: Virtual – ZOOM Meeting**

10:30–16:30 **ECGs for Family Docs: A comprehensive review**

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

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Understand the electrophysiological basis of ECG deflections
2. Use the above understanding to identify tachy and brady arrhythmias
3. Use the above understanding to identify ischemia

Description:

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

Wednesday, November 8 / Mercredi 8 novembre

Wednesday 8 mercredi **Session ID: 393** **Room / Salle : 517CD**

8:30–9:45 🎧 🎬 **Ian McWhinney Keynote Address: Igniting Change: Centering shared humanity and inclusive compassion – Towards greater social justice in medicine | Amorcer le changement : mettre l'accent sur l'humanité commune et la compassion inclusive : vers une plus grande justice sociale dans le domaine de la médecine**

Kannin Osei-Tutu, MD, CCFP, FCFP

Learning objective:

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

1. Understand the critical importance of social justice in healthcare and its impact on patient outcomes and satisfaction
2. Explore the components and principles of the new physician competency framework established upon foundational values of shared humanity and inclusive compassion
3. Recognize the relevance and potential implications of the framework within their own clinical practice and healthcare organizations
4. Gain practical strategies for advocating and leading change towards a more socially just healthcare system, utilizing the conceptual model as a guide

Description:

This keynote address "Igniting Change: Centering Shared Humanity and Inclusive Compassion - Towards Greater Social Justice in Medicine," will explore the critical need for greater social justice in medicine and challenge the audience to take action to address systemic barriers and healthcare disparities, while examining the role that physicians, medical leaders, and other healthcare professionals can play in driving meaningful societal change. By introducing an innovative model of a physician competency framework - one that captures his vision for a more inclusive and compassionate healthcare system – Dr. Osei-Tutu offers a practical and actionable conceptual model for addressing these complex issues within medical education and the broader healthcare system. By aligning core competencies with shared humanity and inclusive compassion, this new framework promotes a more equitable and humanity-centered approach to care.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Comprendre l'importance capitale de la justice sociale dans le domaine de la santé et son impact sur les résultats pour les patients et leur satisfaction
2. Explorer les éléments et les principes du nouveau référentiel de compétences pour les médecins qui s'appuie sur les valeurs fondamentales de l'humanité commune et de la compassion inclusive

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

3. Mesurer la pertinence du référentiel et ses impacts potentiels sur la pratique clinique et les organisations de la santé
4. Apprendre des stratégies pratiques pour promouvoir le changement et le rendre plus juste socialement dans le système de santé, en utilisant le modèle conceptuel comme référence

Description :

Cette plénière intitulée « Amorcer le changement : mettre l'accent sur l'humanité commune et la compassion inclusive : vers une plus grande justice sociale dans le domaine de la médecine » examinera le besoin critique d'une plus grande justice sociale en médecine et incitera les participants à agir pour éliminer les barrières systémiques et les disparités en santé. Elle abordera également l'importance du rôle que les médecins, les leaders du domaine de la santé et les autres professionnels de la santé ont à jouer dans la mise en œuvre d'un changement sociétal constructif. En présentant un modèle innovant du cadre de compétences des médecins — qui reflète sa perspective d'un système de soins de santé plus inclusif et plus compatissant —, le Dr Osei-Tutu propose un modèle conceptuel pratique et applicable permettant d'aborder ces questions complexes dans le cadre de l'enseignement médical et du système de santé au sens large. En harmonisant les compétences de base avec l'humanité commune et la compassion inclusive, ce nouveau référentiel met en avant une approche des soins plus équitable et plus centrée sur l'humanité.

Wednesday 8 mercredi **Session ID: 213** **Room / Salle : 510**

8:30–9:30 **Evidence-Based Approach to Management of Common Chemotherapy Toxicities**

Nureen Sumar, MD; Genevieve Chaput, MD, CFPC (PC)

Learning objectives:

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

1. Identify common chemotherapy adverse toxicities
2. Assess severity of common toxicities using CTCAE grading scale
3. Employ an evidence-based approach to the management of common chemotherapy toxicities

Description:

Using a case-based approach, this workshop will provide evidence-based approaches to the management of common chemotherapy toxicities. Common toxicities will include chemotherapy-induced peripheral neuropathy, cognitive dysfunction, fatigue, nausea, intimacy and sexual concerns, and fertility issues. Each case will present a common toxicity, along with an interactive question period regarding assessment and/or management. Updated evidence will be provided, along with clinical pearls for practice.

Wednesday 8 mercredi **Session ID: 143** **Room / Salle : 519A**

10:00–13:00 **How to do a MAiD Assessment**

Tanja Daws, MD, CCFP; Claude Rivard, MD

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

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Successfully prepare for and complete a MAiD assessment
2. Discuss the eligibility criteria for MAiD
3. Identify the differences in the assessment of patients whose natural death is/is not reasonably foreseeable

Description:

As patient inquiries about MAiD increase throughout Canada, we have designed this workshop to equip you to best assess patients for eligibility. This highly interactive session will address how to apply the criteria in various clinical scenarios. Designed by a multi-disciplinary group of clinicians engaged in MAiD work across Canada, and pre-tested for success, this workshop promises to be a valuable learning experience. Participants will leave feeling confident in offering MAiD assessments for their patients, and considering doing this in addition to regular practice. You will feel equipped to thoroughly and appropriately document if and when a patient would be eligible, and know whether MAiD is an option within their goals of care. A pre-workshop online module will be required for successful completion of the interactive workshop.

Wednesday 8 mercredi **Session ID: 55** **Room / Salle : 517CD**

10:15–11:15 **Eczema? Psoriasis? Or else? | De l'eczéma? Du psoriasis? Autre chose?**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, FRACGP, FCFP

Learning objectives:

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

1. Understand etiology and prevalence of eczema and psoriasis plus a few common rashes
2. How to differentiate between them and diagnose correctly
3. How to prescribe correctly and sensibly

Description:

Dermatological complaints composed of at least 15-20% of daily attendance to a family physician, and by far, rashes are the commonest complaints. But are all rashes eczema? Or are they hives? How about psoriasis? Do we just prescribe betamethasone 0.1% and surely will all settle? Or should we? In this talk, the presenter will share a logical approach for approaching, diagnosing and managing rashes that commonly present to a family physician's practice. Emphasis will also be placed on sensible and appropriate prescribing. Barriers to change of practice will be discussed with suggested solutions. Presentation will be supplemented by ample slides, mnemonics and flow-charts to deepen knowledge acquisition.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

1. Comprendre l'étiologie et la prévalence de l'eczéma, du psoriasis et de quelques éruptions cutanées courantes
2. Les différencier et établir un diagnostic exact
3. Prescrire correctement et judicieusement

Description :

Chaque jour, les plaintes de nature dermatologique expliquent au moins 15 à 20 % des cas pour un médecin de famille. Les éruptions cutanées constituent, de loin, la raison des plaintes les plus courantes. Cependant, s'agit-il d'eczéma dans tous les cas? Serait-ce plutôt de l'urticaire? Ou encore du psoriasis? Est-ce que nous nous contentons de prescrire de la bétaméthasone à 0,1 % en pensant que cette solution réglera sûrement le problème? Devrions-nous vraiment adopter cette solution? Lors de cette séance, le présentateur exposera une méthode logique d'examen, de diagnostic et de prise en charge des éruptions cutanées dont les cabinets de médecine familiale s'occupent le plus souvent. En outre, un accent sera mis sur une prescription judicieuse et adéquate. Le présentateur traitera des obstacles au changement de pratique et proposera des solutions. La séance sera accompagnée de multiples diapositives, trucs mnémotechniques et algorithmes pour approfondir l'acquisition des connaissances.

Wednesday 8 mercredi **Session ID: 70** **Room / Salle : 510**

10:15–11:15 **Implementing Pharmacological Treatment of Stimulant Use Disorder in Community Programs**

Scott MacDonald, MD; Heather Palis, PhD; Vitor Tardelli, MD; Sara Davidson, MD

Learning objectives:

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

1. Describe evidence supporting the efficacy and safety of agonist-based interventions for stimulant use disorder
2. Identify facilitators and barriers to the implementation of agonist-based interventions for stimulant use disorder
3. Explain considerations for integrating adjunctive behavioral interventions to improve retention

Description:

Stimulant use disorder (StUD) including amphetamine-type stimulants and cocaine remains a grave public health concern globally and is contributing to recent increase in drug overdose deaths in Canada and the United States. Current models of StUD treatment use a combination of psychosocial and educational interventions with modest success and difficulties in attracting and retaining patients. In contrast, the medical model of opioid use disorder (OUD) treatment with opioid agonists has proven to engage patients with strong evidence of effectiveness. No medication has been approved to treat StUD in Canada, however emerging evidence shows promise for effectiveness of agonist-type treatment of StUD, including prescription amphetamines. This webinar will provide a framework for the discussion of the psychostimulant-based intervention to be developed in parallel the current treatment model for OUD. Examples will be given how prescription psychostimulants fulfill many of the criteria for a suitable agonist medication. Presenters will summarize current evidence for efficacy and safety of agonist-based interventions for treatment of StUD using

recent systematic reviews and metanalyses of controlled trials. Consideration of dose and formulations, cardiac and psychiatric safety, as well as adjunctive behavioral intervention to improve retention will be discussed. Evidence from literature will be enhanced with personal experience from clinicians who have conducted clinical trials and implemented this treatment in programs located in Canada, Netherlands, Brazil and Australia. Results of recently completed clinical trials and experience from ongoing trials will be also included. The presentation will conclude with discussion of the evidence-informed design and the exploration of possibilities for a multicounty, community-based safety and effectiveness trials. The webinar will include a series of brief presentations. 25% of the session time will be used for interactivity between presenters and participants, with a focus on discussion of facilitators and barriers to implementation of agonist-based intervention.

Wednesday 8 mercredi **N° de la séance : 185** **Room / Salle : 512ABEF**

10:15–11:15 **L'ostéoporose; une maladie?**

Frantz-Daniel Lafortune, MD, CCMF; Guylène Thériault, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Expliquer la différence entre un facteur de risque et une maladie
2. Poser un regard critique sur le dépistage visant à diminuer les fractures de fragilité
3. Utiliser un outil d'aide à la décision partagée pour ce dépistage

Description :

La définition de l'ostéoporose n'est pas établie sur des bases cliniques mais sur des bases économiques. Le choix d'un niveau de score T et le choix d'un seuil spécifique pour recommander le traitement n'est pas basé sur des données cliniques et ne tient pas compte des valeurs et préférences des patients. A-t-on vraiment besoin de définir une maladie? Dans cet atelier nous réviserons la ligne directrice du GECSSP sur le dépistage visant à réduire les fractures de fragilité. Nous réviserons les différentes études sur le dépistage de « l'ostéoporose », discuterons des outils d'évaluation du risque et nous utiliserons des histoires de cas pour illustrer comment se servir de la ligne directrice et des outils qui en découlent. Il y a de bonnes chances que cet atelier change votre pratique.

Wednesday 8 mercredi **Session ID: 159** **Room / Salle : 517AB**

10:15–11:15 **Navigating Non-IgE-Mediated Food Allergy**

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

Learning objectives:

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

1. Explain the differences between IgE- and non-IgE-mediated food allergies
2. Differentiate the various medical conditions involving non-IgE-mediated food allergy
3. Identify opportunities to improve outcomes for patients managing these conditions

Description:

Food allergy occurs when someone has an immune response to a specific food; the two categories of food allergy include immunoglobulin E (IgE)-mediated and non-IgE-mediated. Many are familiar with an IgE-mediated food allergy, in which symptoms result from the body's immune system making antibodies called IgE. These IgE antibodies cause the immune system to trigger an allergic reaction when a specific food is eaten. Reactions typically occur quickly, and can potentially be life-threatening (anaphylaxis). In contrast, non-IgE-mediated food allergy is often less recognized and understood. With this category of food allergy, other parts of the immune system react, often causing gastrointestinal-related symptoms, without the involvement of IgE antibodies. Many non-IgE reactions are believed to be T-cell mediated, and reactions are often delayed by hours and sometimes days, although rarely are life-threatening. The more common non-IgE-mediated food allergy conditions include food protein-induced enterocolitis syndrome (FPIES), food protein-induced allergic proctocolitis (FPIAP), and eosinophilic esophagitis (EoE). Some of these conditions affect children more than adults, and individuals can have both IgE-mediated food allergy and non-IgE-mediated food allergy. Confusion about non-IgE-mediated food allergy can delay proper diagnosis and cause dietary restrictions which are unnecessary, having a negative impact on one's quality of life. Given this, the need for a greater understanding of this category of food allergy by the medical community is warranted. This session will review the clinical manifestations of medical conditions involving non-IgE-mediated food allergy, the actions that physicians can take to help improve the outcomes for patients living with these conditions, and highlight additional educational resources for these patients and their families.

Wednesday 8 mercredi **Session ID: 18** **Room / Salle : 516C**

10:15–11:15 **Outstanding Research: Spotlighting award-winning research articles and family medicine's researcher of the year**

Please join this year's research award recipients as they present some of the most relevant and impactful family medicine research in Canada. The session spotlights top-ranked published research and contributions of Canada's Family Medicine Researcher of the Year.

10:15–10:30 **Presentation by the recipient of the CFPC Outstanding Family Medicine Research Article**

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

Examining Access to Primary Care for People with Opioid Use Disorder in Ontario, Canada A Randomized Clinical Trial

Sheryl M. Spithoff, AM, CCFP

Learning objective:

1. Determine if family physicians are less likely to accept people with opioid use disorder as new patients than people with diabetes

Description:

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Importance: People with opioid use disorder are less likely than others to have a primary care physician. **Objective:** To determine if family physicians are less likely to accept people with opioid use disorder as new patients than people with diabetes. **Design, Setting, and Participants:** This randomized clinical trial used an audit design to survey new patient intake at randomly selected family physicians in Ontario, Canada. Eligible physicians were independent practitioners allowed to prescribe opioids who were located in an office within 50 km of a population center greater than 20 000 people. A patient actor made unannounced telephone calls to family physicians asking for a new patient appointment. The data were analyzed in September 2021. **Intervention:** In the first randomly assigned scenario, the patient actor played a role of patient with diabetes in treatment with an endocrinologist. In the second scenario, the patient actor played a role of a patient with opioid use disorder undergoing methadone treatment with an addiction physician. **Main Outcomes and Measures:** Total offers of a new patient appointment; a secondary analysis compared the proportions of patients offered an appointment stratified by gender, population, model of care, and years in practice. **Results:** Of a total 383 family physicians included in analysis, a greater proportion offered a new patient appointment to a patient with diabetes (21 of 185 physicians [11.4%]) than with opioid use disorder (8 of 198 physicians [4.0%]) (absolute difference, 7.4%; 95% CI, 2.0 to 12.6; P = .007). Physicians with more than 20 years in practice were almost 13 times less likely to offer an appointment to a patient with opioid use disorder compared with diabetes (1 of 108 physicians [0.9%] vs 10 of 84 physicians [11.9%]; absolute difference, 11.0; 95% CI, 3.8 to 18.1; P = .001). Women were almost 5 times less likely (3 of 111 physicians [2.7%] vs 14 of 114 physicians [12.3%]; absolute difference, 9.6%; 95% CI, 2.4 to 16.3; P = .007) to offer an appointment to a patient with opioid use disorder than with diabetes. **Conclusions and Relevance:** In this randomized clinical trial, family physicians were less likely to offer a new patient appointment to a patient with opioid use disorder compared with a patient with diabetes. Potential health system solutions to this disparity include strengthening policies for accepting new patients, improved compensation, and clinician anti-oppression training.

10:30–10:45 **Presentation by the recipient of the CFP Best Original Research Article**

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

Family Physician Practice Patterns During COVID-19 And Future Intentions. Cross-sectional survey in Ontario, Canada

Tara Kiran, MD, MSc, CCFP, FCFP

Learning objective:

1. Determine the extent to which family physicians closed their doors altogether or for in-person visits during the pandemic, their future practice intentions, and related factors

Description:

Objective: To determine the extent to which family physicians closed their doors altogether or for in-person visits during the pandemic, their future practice intentions, and related factors. **Design:** Cross-sectional survey. **Setting:** Six geographic areas in Toronto, Ont, aligned with Ontario Health Team regions. **Participants:** Family doctors practising office-based, comprehensive family medicine. **Main Outcome Measures:** Practice operations in January 2021, use of virtual care, and future plans. **Results:** Of the 1016 (85.7%) individuals who responded to the survey, 99.7% (1001 of 1004) indicated their practices were open in January 2021, with 94.8% (928 of

979) seeing patients in person and 30.8% (264 of 856) providing in-person care to patients reporting COVID-19 symptoms. Respondents estimated spending 58.2% of clinical care time on telephone visits, 5.8% on video appointments, and 7.5% on e-mail or secure messaging. Among respondents, 17.5% (77 of 439) were planning to close their existing practices in the next 5 years. There were higher proportions of physicians who worked alone in clinics among those who did not see patients in person (27.6% no vs 12.4% yes, P<.05), among those who did not see symptomatic patients (15.6% no vs 6.5% yes, P<.001), and among those who planned to close their practices in the next 5 years (28.9% yes vs 13.9% no, P<.01). **Conclusion**: Most family physicians in Toronto were open to in-person care in January 2021, but almost one-fifth were considering closing their practices in the next 5 years. Policy makers need to prepare for a growing family physician shortage and better understand factors that support recruitment and retention. The COVID-19 pandemic has placed inordinate stress on primary care, the front door of our health care system. Most family physicians in Canada and the United States are self-employed individuals running independent practices and were suddenly responsible for enacting numerous changes to keep themselves, their patients, and staff safe. To see patients in person safely, family physicians needed to adopt a range of measures including personal protective equipment, improved ventilation, enhanced cleaning, passive and active symptom screening, physical distancing in the waiting room, and reducing the number of providers and patients who were in the office at any one time. To accomplish the latter, they were asked to take a virtual-first approach and assess patients by telephone, video, e-mail, or secure messaging before bringing them into the office. At the same time, many saw a dramatic drop in practice income owing to total reduced visits in the first few months of the pandemic when patients were told to defer nonurgent care. Family physicians were also asked to support health system responses, for example, by staffing COVID-19 assessment centres and helping in long-term care homes, overcrowded emergency departments (EDs), and hospital wards, and later on by contributing to vaccination efforts. As a result of these dramatic changes, there were concerns that the front door to our health care system was temporarily closed to some patients. Regulatory colleges have indicated they received complaints from patients of family physicians not seeing patients in person months into the pandemic, and some within the profession, particularly those staffing EDs, have contended the same. Others have raised concerns that practices were closing altogether. However, there were limited data to validate these anecdotal observations or understand the extent of these problems and the underlying reasons. In Canada, studies using administrative data have found that, 1 year into the pandemic, approximately 60% of primary care visits were conducted virtually; it is unclear what proportion of these visits were conducted by telephone versus video, and there are no data on what proportions were conducted by e-mail or secure messaging. Patients seem to want virtual care to continue, but it is unclear whether physicians agree and what support physicians need to sustainably integrate virtual platforms into practice. We conducted a survey of family physicians in Canada's largest city, Toronto, Ont, to understand whether they had kept their practices open, especially to in-person visits, during the height of the second wave of COVID-19; possible reasons for practice closures; and associated physician and practice characteristics. We were also interested in family physician provision of virtual care, desired virtual care support, acceptance of new patients, and future plans for their practices.

10:45–11:15 **Presentation by the Family Medicine Researcher of the Year**

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

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Wednesday 8 mercredi **Session ID: 251** **Room / Salle : 516AB**

10:15–11:15 **Team Primary Care: Interprofessional competencies (Part 1 of 2)**

Ivy Oandasan, MD, CCFP

Learning objectives:

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

Description:

Wednesday 8 mercredi **Session ID: 116** **Room / Salle : 511**

11:30–12:30 **Common Office Presentations: Adults with intellectual/developmental disabilities (IDD)**

Ian Casson, MD, MSc, CCFP, FCFP; Jillian Achenbach, MD, CCFP; Marilyn Crabtree, MD, CCFP, FCFP; Fiona O'Sullivan MD, CCFP; Amanda Tzenov, MD, CCFP; Alicia Thatcher, MD, CCFP

Learning objectives:

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

1. Apply "clinical pearls" to assess common problems of adults with IDD in family practice settings
2. Use the "HELP" framework to understand the causes of behaviours that challenge
3. Recognize that Family Medicine principles and practice serve the needs of adults with IDD well

Description:

This session will provide participants with "clinical pearls" to help identify common problems of adults labelled with intellectual and developmental disabilities (IDD). Common issues include dental, hearing and vision problems, gastroesophageal reflux, aspiration, constipation, epilepsy, neuromuscular and mobility problems, mental health issues, behaviours that challenge inclusion in activities; managing pregnancy, counselling around relationships and sexuality, tolerating uncomfortable laboratory tests or screening maneuvers, and providing support for decision-making. Adults with IDD include, e.g., those with Down and other genetic syndromes, autism spectrum disorder, fetal alcohol spectrum disorder, cerebral palsy, as well as those with no specific associated condition or cause, but who still have lifelong difficulties in learning and living independently and can benefit from a special perspective in primary care. Brief case histories will be presented in this session by family doctors from across the country whose general practices, like almost all of ours, include patients with IDD. In addition to common problems, there are serious illness that may present atypically that will be noted. We will identify tools developed by Canadian family physicians for implementing guidelines in office practice in efficient and effective ways; some are adapted now for EMRs. Family physicians are the specialists in primary care of adults labelled with intellectual and developmental disabilities. The context and principles of family

practice (e.g., comprehensiveness, continuity, relationship-based care) serve adults with IDD well. Based on the prevalence of IDD in the population, an average family practice has about 15 adults with IDD; some may not be easily identified but have the same problems communicating and understanding as others who are recognized. It is a matter of equity for us to provide the extra time for communication and other accommodations to reduce the barriers to accessing health care, and the preventable morbidity and premature mortality faced by adults with IDD.

Wednesday 8 mercredi **N° de la séance : 151** **Room / Salle : 512ABEF**

11:30–12:30 **Dépister avec soin : intégrer la décision partagée**

Geneviève Bois, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Identifier les bonnes pratiques entourant le dépistage
2. Discuter des zones d'incertitudes en ce qui concerne le dépistage
3. Communiquer les bénéfices et risques en dépistage

Description :

Le dépistage est souvent vu comme quelque chose de bénéfique qu'il est difficile de remettre en question. Toutefois le dépistage à bel et bien des risques. Les connaissez-vous? Êtes-vous capable de discuter des bénéfices et préjudices potentiels des différents dépistages avec vos patients? Si non cet atelier est pour vous. Nous analyserons les données probantes et démontrerons l'utilisation d'outils d'aide à la décision. Nous discuterons aussi des controverses en répondant aux questions les plus souvent posées.

Wednesday 8 mercredi **Session ID: 175** **Room / Salle : 510**

11:30–12:30 **Introducing the New SOGC Induction of Labor Guidelines**

Hannah Shenker, MD, CCFP; Helen Mavromichalis, MD, CCFP

Learning objectives:

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

1. Describe the indications for induction of labor in the term and post term pregnancy
2. Discuss the management of term pre-labor rupture of membranes including the implications of GBS status
3. Examine various mechanical and pharmacological methods for cervical ripening

Description:

In this interactive session, participants will review the 2023 SOGC clinical practice guidelines for the induction of labor. Distinction will be made between term, late-term, and post-term pregnancies according to the SOGC definitions. Various indications for the induction of labor and the latest evidence to support this practice will be reviewed. Participants will also have the opportunity to review calculation of the Bishop score and how to apply

it to the selection of induction method. Finally, various techniques for cervical ripening will be reviewed as well as their use in the in-patient vs outpatient setting. Examples of materials used for cervical ripening including cervical balloon and prostaglandin E2 preparations will be available for demonstration and manipulation.

Wednesday 8 mercredi **Session ID: 226** **Room / Salle : 517CD**

11:30–12:30 **KidneyWise Update: Primary care essentials for managing CKD | Le point sur KidneyWise : principes fondamentaux des soins primaires pour la prise en charge de la néphropathie chronique**

Allan Grill, MD, CCFP (COE), MPH, FCFP

Learning objectives:

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

1. Implement a practical clinical algorithm for identifying and managing CKD patients in primary care
2. Differentiate patients with increased risk of advanced CKD using the Kidney Failure Risk Equation
3. Interpret blood pressure treatment targets and use of SGLT2 inhibitors for patients with CKD

Description:

Chronic Kidney Disease (CKD) affects approximately 2 million Canadians and is a recognized risk factor for cardiovascular disease and all-cause mortality. Patients that progress to end-stage renal disease (ESRD) experience significant morbidity and a reduced quality of life. Primary care providers (PCPs) can play an important role in the early detection and prevention of progression of CKD. This presentation is based on the peer reviewed article "Approach to the detection and management of chronic kidney disease: What primary care providers need to know" published in Canadian Family Physician, the official publication of the College of Family Physicians of Canada, in October 2018. It focuses on the KidneyWise Clinical Toolkit for Primary Care, an educational resource developed by the Ontario Renal Network, which consists of a practical clinical algorithm and an outpatient nephrology referral form. These materials can also be incorporated into Electronic Medical Records (EMRs) for ease of use. The toolkit was endorsed by the CFPC in 2019. The Kidney Failure Risk Equation (KFRE), a validated predictive model for progression of CKD to ESRD that includes age, sex, and readily available biomarkers – estimated glomerular filtration rate (eGFR) and urine albumin-to-creatinine ratio (ACR) will also be introduced. By using the KFRE, PCPs can stratify CKD patients according to their risk of progression and appropriately refer high-risk patients to nephrology, while safely monitoring lower-risk patients. Given that hypertension is one of the main risk factors for developing CKD, and optimal blood pressure control slows CKD progression and reduces co-morbid cardiovascular risk, updated blood pressure treatment targets for CKD patients in primary care will be reviewed. Recent studies focusing on the role of SGLT2 inhibitors and Finerenone that have shown significant cardiovascular and kidney protective benefits will be discussed. It is important for PCPs to consider incorporating these recommendations into their practice.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Utiliser un algorithme clinique pratique pour le repérage et la prise en charge des patients atteints de néphropathie chronique (NC) en soins primaires

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

2. Déceler les patients présentant un risque accru de NC avancée à l'aide de l'équation du risque d'insuffisance rénale
3. Interpréter les cibles thérapeutiques de l'hypertension et utiliser les inhibiteurs du SGLT2 chez les patients atteints de NC

Description :

Atteignant environ 2 millions de Canadiens, la néphropathie chronique (NC) constitue un facteur de risque reconnu de maladie cardiovasculaire et de mortalité toutes causes confondues. Les patients dont l'état évolue vers l'insuffisance rénale chronique au stade ultime (IRSU) connaissent une importante morbidité et un amoindrissement de la qualité de vie. Les fournisseurs de soins primaires (FSP) peuvent jouer un rôle important dans la détection précoce et la prévention de la progression de la néphropathie chronique. Cette séance repose sur l'article « Approach to the detection and management of chronic kidney disease: What primary care providers need to know », qui a été révisé par des pairs et est paru dans l'édition d'octobre 2018 du *Médecin de famille canadien*, publication officielle du Collège des médecins de famille du Canada. Elle met l'accent sur la trousse d'outils cliniques KidneyWise, ressource éducative conçue par le Réseau rénal de l'Ontario qui comprend un algorithme clinique pratique et un formulaire d'orientation pour une consultation externe en néphrologie. Cette documentation peut également être intégrée dans les dossiers médicaux électroniques (DME) pour en faciliter l'utilisation. Le CMFC a approuvé la trousse en 2019. La séance portera aussi sur l'équation du risque d'insuffisance rénale (Kidney Failure Risk Equation ou KFRE), modèle prédictif validé de la progression de la NC vers l'IRSU qui tient compte de l'âge, du sexe et de biomarqueurs facilement disponibles, à savoir le débit de filtration glomérulaire estimé (DFGe) et le rapport albumine/créatinine (RAC) urinaire. Au moyen de la KFRE, les FSP peuvent stratifier les patients atteints de NC selon leur risque de progression et orienter adéquatement les patients à risque élevé vers un néphrologue, tout en suivant les patients à plus faible risque en toute sécurité. Étant donné que l'hypertension représente l'un des principaux facteurs de risque de NC et que le contrôle optimal de la pression artérielle ralentit la progression de la maladie et réduit le risque cardiovasculaire comorbide, le présentateur indiquera les cibles thérapeutiques actualisées de la pression artérielle pour les patients atteints de NC en soins primaires. Il fera aussi part d'études récentes qui portaient sur le rôle des inhibiteurs du SGLT2 et de la finérénone et ont montré d'importants avantages protecteurs de ces médicaments pour le système cardiovasculaire et les reins. Il importe que les FSP envisagent d'intégrer ces recommandations dans leur pratique.

Wednesday 8 mercredi **Session ID: 95** **Room / Salle : 517AB**

11:30–12:30 **Managing Insomnia in Your Practice**

Nick Kates, MBBS, FRCPC, MCFPC (hon)

Learning objectives:

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

1. Understand the common causes of insomnia and how it may present in primary care
2. Learn a framework for the assessment of a sleep problem in primary care
3. Become familiar with the major approaches to managing sleep disorders in primary care

Description:

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

It has been estimated that up to 60% of Canadian adults do not get sufficient sleep and insomnia is one of the commonest problems encountered in primary care. Many factors can contribute to poor sleep including lifestyle, mental health problems, other general medical problems, medications, or primary sleep disorders. This workshop discusses the importance of sleep and the consequences of insufficient sleep and presents a framework for understanding, assessing and treating commonly encountered sleep problems. It summarizes the five stage sleep cycle, the circadian cycle and the sleep wake cycle and outlines the different ways in which changes in these can contribute to sleep problems. It differentiates between a primary sleep disorder (eg sleep apnoea, narcolepsy, restless leg syndrome, delayed sleep onset disorder) and primary or secondary insomnia, and the potential consequences of each of these. It then reviews the major causes of insomnia and presents simple questions that can be introduced into any health assessment. It outlines a comprehensive but relatively succinct framework for the assessment of a sleep problem in primary care, and presents some simple screening tools including a sleep log, to assist with this. It then describes the 4 major approaches to managing a sleep problem – sleep hygiene strategies, CBT for insomnia, the use of medications and the use of OTCs and reviews emerging non-pharmacological approaches as well as the optimal use of medication. Finally it outlines an approach to managing the four primary sleep disorders listed above in any primary care setting, and the criteria for referral to a sleep clinic.

Wednesday 8 mercredi **Session ID: 19** **Room / Salle : 516C**

11:30–12:30 **Research Top Picks: Featured family medicine resident research award winners and top scoring free-standing papers**

Canada's family medicine researchers contribute to a global body of scientific literature. Some of this research originates with scholarly work developed by residents during their family medicine training. Much of this research is presented by leading family medicine researchers at Family Medicine Forum. This session features the top studies among family medicine resident research and FMF free standing paper submissions. This session's two resident research presentations have been selected from all submissions to the 2023 Research Awards for Family Medicine Residents. Awardees are nominated by their academic institutions based on peer, teacher, and researcher review processes. An FMF research review panel selects two feature presentations for this session. This session also features the top two free-standing papers submitted to FMF 2023. These studies received the highest scores from conference abstract reviewers, and, like the featured resident research, they are the "best of the best".

11:30–11:45 **Research Award for Family Medicine Residents**

Interventions for Undergraduate and Postgraduate Medical Learners with Academic Difficulties: A BEME systematic review update: BEME Guide No. 56

Julie Montreuil, MD, CCFP

Learning objective:

1. Provide updated evidence-based recommendations for addressing academic difficulties among undergraduate (UG) and postgraduate (PG) medical learners, using the same methodology as 2019 Best Evidence Medical Education (BEME) review

---

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Description:

Background: Medical education must address the challenges of managing trainee underperformance to effectively prepare the future generation of physicians to work in today's complex healthcare system. **Objectives:** This study aims to provide updated evidence-based recommendations for addressing academic difficulties among undergraduate (UG) and postgraduate (PG) medical learners, using the same methodology as 2019 Best Evidence Medical Education (BEME) review. **Methods:** A systematic review was conducted by searching several databases including MEDLINE, CINAHL, EMBASE, ERIC, Education Source and PsycINFO, covering the period from December 2016 to December 2021. The search strategy employed in the previous BEME review was replicated. The inclusion criteria involved original research or innovation reports describing interventions for UG/PG medical learners with academic difficulties. Data extraction utilized Michie's Behavior Change Techniques (BCTs) Taxonomy and program evaluation models developed by Stufflebeam and Kirkpatrick. The quality of included studies was appraised using the Mixed Methods Appraisal Tool (MMAT). The extracted evidence was synthesized by adapting GRADE approach to formulate recommendations. **Results:** Eighteen articles met the inclusion criteria, primarily addressing issues related to knowledge (66.7%), skills (66.7%) and attitudinal problems (50%), or learners' personal challenges (27.8%). The most frequently employed Behavior Change Technique (BCT) was Feedback and monitoring. The quality appraisal of the included studies varied (MMAT 0–100%). This update included a total of nineteen interventions (UG: n=9, PG: n=12) of which twelve introduced new thematic content while seven complemented the thematic content from the 2019 review. The newly introduced thematic content addressed contemporary learning challenges such as academic procrastination through acceptance and commitment therapy. In addition, technology-enhanced learning resources were utilized to identify and address clinical reasoning difficulties. These interventions were added to the existing 109 interventions from the previous review, resulting in a total dataset of 121 interventions. **Conclusion:** This review offers additional evidence-based interventions for teaching, learning, faculty development, and research purposes when working with medical learners facing academic difficulties.

11:45–12:00 **Research Award for Family Medicine Residents**

Starting Out Rural: A qualitative study of the experience.es of family physician graduates transitioning to practice in rural Ontario

Kathleen Walsh, MD, CCFP

Learning objective:

1. ??

Description:

Background: New family medicine graduates are a promising group to recruit to underserved rural areas. This study aimed to understand the experiences of this group as they transitioned to practice in rural Ontario. **Methods:** A hermeneutic phenomenology approach was used. Purposive sampling was used to recruit participants who 1) graduated from a Canadian family medicine residency program, and 2) worked in a rural community in Ontario (RIO ≥40) for at least 1 year within the past 5 years. Participants completed an online demographic survey followed by a virtual semi-structured interview (May-August 2022). Interviews were video recorded and transcribed. Two researchers reviewed transcripts for codes, and then codes were reviewed in an interactive process to create themes. Transcripts, codes, and themes were reviewed by an independent researcher, and final themes were shared with participants to ensure reliability. **Results:** 18 family physicians

were included in the study. Eight themes and 18 sub themes were created. The themes identified as important to the experience of new graduates were: choosing rural practice; preparedness for practice; navigating work-life balance; navigating transition to practice; challenges during transition to practice; successes during transition to practice; locuming; and emergency medicine as part of rural generalist practice. **Interpretation:** Most physicians interviewed felt prepared for rural practice and enjoyed their work, however they faced unique challenges associated with being an early career physician in rural practice. This study identifies opportunities for improvements which can guide medical educators, rural communities and their recruiters, new graduates, and policy makers.

12:00–12:15 **Top Scoring Free-Standing Paper**

Innovative Family History Strategy: A randomized controlled trial

June C Carroll*, MD, CCFP, FCFP; Michelle Greiver, MD, MSc, CCFP, FCFP; Sahana Kukan, MSc; Erin Bearss, MD, CCFP; Sakina Walji, MD, MPH, CCFP; Rahim Moineddin, PhD; Babak Aliarzadeh, MD, MPH; Noah Ivers, MD, PhD, CCFP; Sumeet Kalia, MSc; Judith Allanson, MB, ChB, FRCP, FRCPC; Eva Grunfeld, MD, DPhil; Karuna Gupta, MD, CCFP, ABFP; Ruth Heisey, MD, CCFP, FCFP; Doug Kavanagh, MD, CCFP; Raymond Kim, MD, PhD; Michelle Levy, MD, CCFP; Shawna Morrison, MS, CGC; Maria Muraca, MD, CCFP; Donatus Mutasingwa, MD, MPhil, PhD, CCFP; Mary Ann O'Brien, PhD; Joanne Permaul, MA; Frank Sullivan, MB, ChB, PhD, FRCGP; Brenda Wilson MB, ChB, MSc, MRCP

Learning objectives:

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

1. Assess the clinical utility of an innovative strategy for collecting and updating family history
2. Explore methods for implementing a family history strategy into practice
3. Explore the challenges of patient research recruitment through email

Description:

Objective: To evaluate an innovative strategy to collect family history (FH) with patient engagement and automatic upload to the electronic medical record (EMR) prior to clinic visit, to improve personalized primary care. **Design:** Matched-paired randomized controlled trial. REB approval obtained. **Setting:** Family practices affiliated with University of Toronto Practice-Based Research Network (UTOPIAN). **Participants:** Intervention group: family physicians (FP) from randomly selected practices using OCEAN emailing platform and PS Suite EMR, randomly selected patients of these FPs aged 30-69y (4/week/FP) seen over 6 months. Matched control physicians (1:1) and patients (5:1) from UTOPIAN database. **Intervention:** Multifaceted, including emailed patient invitation to complete validated FH questionnaire, automatic FH EMR upload, FP notification of completed FH, links to clinical support tools. **Outcome Measures:** New documentation of FH in EMR within 30 days of clinic visit using mixed effect logistic regression to compare intervention and control groups, accounting for clustering and physician\patient matching using random effects. Documentation of FH of various diseases was compared using Rao-Scott adjustment to chi-square test. Descriptive statistics used for FP follow-up actions and patient attitudes. **Results:** Fifteen FPs and 576 patients recruited from 3 family practices. Within 30 days of clinic visit, new FH documented in EMR for 16.1% (93/576) of intervention patients compared to 0.2% (5/2203) of control patients (OR=94.2; 95% CI 36.8,240.8). New documentation of cancer FH increased in the intervention group (7.8% vs 0.1% p< 0.01). No spillover effect for intervention FPs' patients who were not in study but seen during study. Of patients who discussed FH (n=296), 24% reported screening test recommended,

referrals to non-genetics specialist (7%), and to genetics (1.5%). Most patients (61%) found this FH strategy helpful. **Conclusion:** This study demonstrated significant improvement in collection/documentation of FH, a crucial step to improving personalized care. Work is needed to implement this strategy into routine practice.

12:15–12:30 **Top Scoring Free-Standing Paper**

Changes in Primary Care of Older Adults Since COVID-19

Shireen Fikree*, MSc; Michelle Howard, PhD; Abe Hafid, MPH; Jennifer Lawson, MLIS, MSc; Gina Agarwal, MBBS, PhD, CCFP, FCFP; Lauren E. Griffith, PhD; Liisa Jaakkimainen, MD, MSc, CCFP, FCFP; Dee Mangin, MBChB, DPH, FRNZCGP

Learning objectives:

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

1. Describe pandemic-related changes in routine preventative monitoring activities and regular prescriptions among patients aged 65+
2. Identify the patient characteristics that are associated with pandemic-related changes in primary care management
3. Recognize the applicability of telemedicine to address the chronic disease management needs of older patients

Description:

Objective: This study aimed to understand whether the shift from in-person to virtual care during the COVID-19 pandemic impacted the primary care management of older adults with common chronic conditions. **Design:** We conducted a retrospective closed cohort study (quasi-experimental, pre-post design) using a data subset from the McMaster University Sentinel and Information Collaboration (MUSIC) network. **Setting:** MUSIC contains patient-level clinical data from primary care electronic medical record systems within Hamilton, Ontario, Canada. **Participants:** We identified patients ≥ 65 years with diabetes, hypertension, and/or chronic kidney disease (n=658). Patient demographics, multimorbidity, clinician-assessed frailty status, encounters, and chronic disease management information were retrieved. **Main Outcome Measures:** We examined changes from 14 months pre- to 14 months since the pandemic (March 2020), describing the frequency of routine preventative monitoring activities and regular prescriptions. Regression models were used to understand if changes were associated with patient characteristics, including multimorbidity and frailty. **Results:** The mean age of patients was 75 years, with a mean of 4.4 diagnosed chronic conditions. 3.0% experienced high frailty levels. While the frequency of routine preventive and monitoring activities related to chronic conditions decreased, the mean values of disease monitoring parameters (e.g., lab results) did not considerably change. In the adjusted models, older patients, with increasing levels of frailty, and numbers of conditions tended to receive more care, however most associations were not statistically significant. Only one significant model demonstrated that when controlling for other variables, patients with 2 chronic conditions and those with ≥ 4 conditions were twice as likely to have reduced numbers of eGFR measures compared to those with 1 condition ((OR = 2.40, 95% CI [1.19, 4.87]); (OR = 2.19, 95% CI [1.12, 4.25]), respectively). **Conclusion:** Despite concerns about pandemic-related care disruptions, common elements of primary care among older patients with multimorbidity and/or frailty were not impacted.

Wednesday 8 mercredi **Session ID: 251** **Room / Salle : 516AB**

11:30–12:30 **Team Primary Care: Interprofessional competencies (Part 2 of 2)**

Ivy Oandasan, MD, CCFP

Learning objectives:

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

Description:

Wednesday 8 mercredi **Session ID: 97** **Room / Salle : 512ABEF**

12:45–13:45 **Ask Me Anything Mainpro+ (Residents edition)**

Melissa Lujan; Mainpro+ Manager; Sara Gambino, Mainpro+ Coordinator; Michèle Desjardins, Mainpro+/Cert+ Coordinator

Learning objectives:

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

1. Participate in an open discussion regarding the Mainpro+ platform, navigating the dashboard and credit reporting
2. Interact with Mainpro+ experts for discussion, questions and live demonstrations
3. Discuss the important carry-over credits process

Description:

Join CFPC staff to ask any and all of your Mainpro+ questions. This session will have a short presentation followed by an open forum for participant Q&A. Why should I report credits even though it is not mandatory for Residents? How do the carry-over credits work? Mainpro+ staff will be available live to answer your questions and use screen sharing to do platform demonstrations. We'll show how to report your credits and all other Mainpro+ information you need! This will prepare you for your five-year, active cycle as well!

Wednesday 8 mercredi **Session ID: 108** **Room / Salle : 517CD**

14:00–15:00 🎧 🎬 **AFABulous Review: PEER presents an ode to women's health | PEER présente une ode à la santé des femmes**

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

Learning objectives:

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

1. Describe treatments for nausea/vomiting in pregnancy, increasing breast milk supply, recurrent vulvovaginal candidiasis, and more
2. Summarize evidence around questions in women's health including contraception, anemia, hormone therapy, and sexual desire

---

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

3. Implement practical recommendations for common women's health issues using the best available evidence

Description:

This interactive session will be a fast-paced review of answers to common clinical questions in primary care: all about women's health! Audience members will be able to select from topics focused on women's health including pregnancy, menopause, contraception and more! The best available evidence, including a bottom-line summary and practical recommendations for practice will be described for every topic selected, each in less than five minutes! Presented by members of the PEER team and the College of Family Physicians of Canada.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire des traitements pour les nausées et les vomissements durant la grossesse, l'augmentation de l'approvisionnement en lait maternel, la candidose vulvovaginale récidivante et bien plus
2. Résumer des données sur des questions liées à la santé des femmes, y compris la contraception, l'anémie, l'hormonothérapie et le désir sexuel
3. Mettre en œuvre des recommandations pratiques sur des enjeux courants en matière de santé des femmes à l'aide des meilleures données probantes disponibles

Description :

Lors de cette séance interactive, les présentatrices passeront en revue à la vitesse de l'éclair les réponses à des questions cliniques courantes en soins primaires : tout sur la santé des femmes! Les membres de l'auditoire pourront choisir des sujets axés sur la santé des femmes, y compris la grossesse, la ménopause et la contraception, pour n'en nommer que quelques-uns! Les meilleures données probantes disponibles, y compris un résumé des conclusions et des recommandations pratiques, seront présentées pour chaque sujet choisi, le tout en moins de cinq minutes dans chaque cas! La séance est animée par des membres de l'équipe PEER et le Collège des médecins de famille du Canada.

Wednesday 8 mercredi **Session ID: 44** **Room / Salle : 517AB**

14:00–15:00 🎬 **Approach to PTSD in Primary Care**

Jon Davine, MD, FCFP, FRCP(C)

Learning objectives:

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

1. Describe screening questions used to make the diagnosis of PTSD
2. Describe effective psychotherapeutic treatments for PTSD that are deliverable in the primary care setting
3. Describe effective psychopharmacological treatments for PTSD that can be delivered by family physicians

Description:

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Post Traumatic Stress Disorder (PTSD) is a common psychiatric problem, having a lifetime prevalence of almost 10%. It often presents in the primary care setting, yet is often underdiagnosed. In this presentation, we discuss how to make the diagnosis of PTSD in a time efficient manner, using effective screening questions. We also present several standardized screening instruments for PTSD that may be useful in primary care. We identify risk factors for PTSD. We discuss common comorbid conditions, such as depression and substance use. We distinguish between PTSD and "complex" PTSD. We discussed the treatments for PTSD. This involves psychotherapeutic techniques that are applicable in the primary care setting, including imaginal exposure, stress management techniques, and systematic desensitisation. We discuss psychopharmacological treatments that are based on recent guidelines. We primarily use the 2014 Canadian Clinical Practice Guidelines for the Management of Anxiety, Post Traumatic Stress and Obsessive Compulsive Disorders, developed by Martin Katzman et al. We provide other recommendations from the guidelines for PTSD developed by the National Institute for Health and Care Excellence (NICE) from the U.K.

Wednesday 8 mercredi **Session ID: 196** **Room / Salle : 519B**

14:00–16:00 **Assessment Foundations 1: Key principles for assessing learners**

Shelley Ross, PhD, MCFP (Hon); Kathy Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MClSc, CCFP, FCFP; Theresa Van Der Goes, MD, CCFP; Keith Wilson, MD, PhD, CCFP, FCFP; Erich Hanel, MSc, MB, BAO, CCFP(EM); Karen Schultz, MD, CCFP

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 4 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Describe basic principles of assessment in the context of medical education
2. Apply the principles of assessment to choosing appropriate tools for various assessment settings
3. Evaluate how the principles of assessment can be applied in their home program

Description:

Clinical educators and academic faculty in multiple roles contribute to the assessment of learners. Assessment is fundamental to helping learners grow, yet many of us feel some uncertainty about our specific role in assessment. This feeling of uncertainty may be even more pronounced for those educators who are tasked with a more active role in assessment, or for those who are new to their roles. Specific needs may vary by role: 1) Clinical preceptors need confidence and competence in assessment strategies to enhance day-to-day learning; 2) Site directors need their preceptors to understand, feel capable of, and effectively perform assessment of learners; and 3) Program Directors and Enhanced Skills Directors need to be confident that appropriate assessment of learners has been carried out and documented to ensure that learners are ready for promotion. However, there is a common element to all of these needs: they require both an understanding of the basic principles of assessment, and knowledge of how to apply those principles to create a culture of rigorous, accountable, and trust-worthy assessment of the learners. In this introductory workshop, participants will learn the basic principles of assessment relevant to the context of Family Medicine. Case studies will be provided to

give context to the theories and principles discussed. Depending on format (virtual or in person), interaction will be incorporated in creative ways – either through facilitated small group discussions and activities (in person), or by utilizing the features of a virtual platform by using polls and chat to elicit questions and contributions from participants. Participants are invited to bring examples or challenges from their own programs or experiences that they would like to share. The workshop will conclude with a summary of key learnings from the interactive portions, linked to the basic principles of assessment.

Wednesday 8 mercredi **Session ID: 66** **Room / Salle : 511**

14:00–15:00 **Caring for Your Diabetic Patient in the Hospital**

Benjamin Schiff, MD CD, FCFP; Gabrielle Steiger-Levine, MD

Learning objectives:

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

1. Identify the challenges and pitfalls of managing diabetes in the hospital setting
2. Determine the appropriate goals of care with respect to diabetes in the in-patient setting
3. Apply the principles of Sliding Scale Insulin in the hospital setting

Description:

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

Wednesday 8 mercredi **Session ID: 176** **Room / Salle : 510**

14:00–15:00 **Community Leadership and Advocacy in Primary Care**

Gary Bloch, MD, CCFP; Vanessa Brcic, MD, CCFP; Allison Eady; Ginetta Salvalaggio, MD, CCFP

Learning objectives:

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

1. Describe community engagement and leadership as core components of advocacy within primary care
2. Examine community leadership in SDOH-related advocacy through the stories of projects in 3 provinces
3. Discuss approaches to feasibly integrating community-engaged advocacy into family medicine practice

Description:

This interactive workshop will explore experiences with, and approaches to, community-led advocacy initiatives. Over the past two years, the presenters collaborated with community partners to support and evaluate community-led advocacy initiatives that involved primary health care providers in Ontario, Alberta, and BC. This workshop will draw from the stories of those projects to critically analyze how communities and their lived experiences may be empowered to lead partnerships that engage primary care team members in community-level advocacy. Community engagement is an important element of family medicine practice, and community partnership is an essential component of effective health advocacy. Social accountability and advocacy are core responsibilities of family medicine, including within the CanMEDS-FM framework. Many family physicians, however, have not developed the skills or had adequate experience to participate effectively in advocacy. Furthermore, there is little specific practical guidance for people/communities and primary care providers who are interested in collaborating on community-led advocacy. This work therefore attempts to: 1) Build knowledge in this area by correcting traditional – and often oppressive – hierarchies within healthcare and by listening to and amplifying the knowledge and power within communities, and, 2) Engage and empower people with SDOH-related risks to health. We will explore the intersection between community engagement and advocacy for healthy change in social policies and social structures. We will ground this practical, skill-building, workshop in lived experience, through video-based stories from community advocates and leaders in addressing SDOH, and by sharing results of qualitative evaluations of three community-led advocacy projects. Participants will engage in critical discussion about how to build capacity for community-led advocacy partnerships that engage primary care. Participants will also learn how to embed community leadership and community development approaches to advocacy to address SDOH and social risks to health in our core conceptualizations of normal family medicine practice.

Wednesday 8 mercredi **Session ID: 81** **Room / Salle : 516AB**

14:00–15:00 **Escape the Office: The use of virtual reality escape room as an alternative teaching strategy for QI principles in medical education**

Kheira Jolin-Dahel, MD, MSc, CCFP

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

Learning objectives:

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

1. Explore gamification as an educational method in family medicine residency program
2. Participate a virtual reality escape room design to teach quality improvement principles
3. Recognize how gamification can be use to enhance skills outline in the CanMed roles

Description:

Many faculty and learners are intimidated or uninterested by scholarly work. Escape rooms are a growing phenomenon that can be leveraged for educational needs. In addition to reinforcing principles using problem solving skills, the escape room allows learners to develop team work, leadership and communication abilities. Members of the team must solve various puzzles that rely on the application of QI principles (identify gap, smart aim, root cause analysis tools, run charts) in order to complete the game and "escape". This fun way of applying knowledge can be easily delivered to medical students, residents and faculty both in an academic and community environments. Benefits includes increased knowledge retention as this is both interactive and fun. It will create a positive feeling toward QI and help increase engagement to further QI training and activities. After a brief didactic presentation, participants will get the chance to experience our virtual reality escape room to test their QI knowledge and teamwork skills.

Wednesday 8 mercredi **Session ID: 90** **Room / Salle : 519A**

14:00–15:00 **Introduction to Educational Coaching: Listening (Part 1 of 2)**

James Goertzen, MD, MClSc, CCFP, FCFP; Andries Muller, MBChB, M.Prax.Med, FCFP, PhD; Cathy MacLean, MD, FCFP, MCISc, MBA, CCPE

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

Learning objectives:

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

1. Describe the principles of a growth mindset and relevance to an inquiry based coaching approach
2. Practice listening, asking, and saying coaching skills
3. Identify resources to support post-session coaching skill development

Description:

Effective educational coaching is critical to successful competency based training which includes providing students and residents with life-long learning skills. Educational coaching is learner driven and focuses on the enhancement of learning, development of self-awareness, supporting self-directed learning, and guiding competency improvements. Coaches engage in an inquiry based approach, building psychological safety within their learner relationship. Upon the foundation of a growth mindset, three core coaching skills are active listening, asking powerful questions, and saying to expand possibilities. Within the context of a competency coach or coaching over time, attendees will discover key aspects of a growth mindset and practice the skills of active listening. This will be followed by opportunities to practice asking powerful questions which empower learners to find their own answers and probe for relevant issues. As saying is different than telling, this coaching skill will be practiced through small group case discussion. Since developing and refining educational coaching skills is best framed as life-long learning, additional resources to support post-session coaching skill development will be provided. You are welcome to join us for Part 1 or Part 2 of the Introduction to coaching sessions. Ideally plan to attend both as they will complement each other, although neither is a requirement to attend the other.

Mercredi 8 novembre **N° de la séance : 187** **Salle : 512ABEF**

14:00–15:00 **Les prescriptions non pharmacologiques : antibiotiques et insomnie**

Legend | Légende :

Simultaneous interpretation | Interprétation simultanée

Live-stream and on-demand | Virtuel et sur demande

Pierre-Luc Thériault, MD, CCMF; Guylène Thériault, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Utiliser la prescription virale et la prescription retardée
2. Utiliser la prescription non pharmacologique pour le sommeil
3. Repérer différents outils utiles sur le web

Description :

Il y a des situations qui reviennent souvent en pratique. On a besoin d'outils pour aider nos patients mais aussi pour appuyer nos messages. Qu'il s'agisse de ne pas prescrire un antibiotique ou de ne pas prescrire une benzodiazépine, Choisir avec soin a mis sur pied des outils pour faciliter ces discussions. Nous discuterons de ces demandes fréquentes en clinique et des stratégies pour les aborder. Des prescriptions non pharmacologiques ! Venez en apprendre plus sur ces sujets et réfléchir sur des changements potentiels de pratique. La présentation sera divisée entre ces deux thèmes.

Wednesday 8 mercredi **Session ID: 252** **Room / Salle : 516C**

14:00–15:00 **Free Standing Papers**

Wednesday 8 mercredi **Session ID: 294**

14:00–14:10 **Feasibility of Nutrition Risk Screening in Older Adults**

Marlis Atkins, RD; Catherine B. Chan*, PhD

Learning objectives:

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

1. know the prevalence of moderate to high nutrition risk in Canadian community-dwelling older adults
2. describe the benefits of screening for nutrition risk in older adults in primary health care
3. understand health system facilitators and barriers to implementing nutrition risk screening

Description:

Objective: Nutrition risk measures factors that cause poor nutrient intake, which in older adults can lead to malnutrition, frailty and loss of independence. The objective was to assess feasibility of nutrition risk screening and intervention. **Design:** Pilot study. **Setting:** Two Primary Care Networks (PCN) and one community-based organization in central Alberta. **Participants:** Adults aged 65+ years (n=276) were screened; Screeners (n=10, including nurses, social workers, outreach workers), organizational leaders (n=2) and dietitians (n=2) were surveyed. **Intervention:** Screening occurred at routine visits or by telephone. Risk scores and nutrition interventions were recorded. The feasibility survey was completed using REDcap. **Outcome Measures:** Nutrition risk was assessed using SCREEN-8, a validated tool. The survey to assess acceptability, appropriateness and feasibility of screening reported results on a 7-point scale, with 7 being "strongly agree." Open-ended

---

comments were collated. **Results:** 50% and 8% of 276 individuals screened were at moderate and high nutrition risk, respectively. Survey scores suggested that nutrition risk screening is feasible (overall mean score 6.2/7), acceptable (6.5/7) and appropriate (6.1/7). Scores were lower for items regarding availability of food-related community supports and screening conducted virtually (during COVID-19). 35% of those identified as moderate risk received a nutrition intervention referral, indicating the potential to prevent further deterioration of nutrition status. Partnerships between primary care, community organizations and provincial nutrition services facilitated screening and interventions in both community and PCN settings. A primary care RN said, "…support from the physicians was key to buy-in by the PCN…" and an organizational leader said, "…if we could educate organizations that have the opportunity to implement this tool, it would provide better outcomes for aging in community." Long-term sustainability would require incorporation of screening into established workflows and electronic medical records. **Conclusions:** Nutrition risk screening is required and feasible within a primary care setting.

Wednesday 8 mercredi **Session ID: 297**

14:10–14:20 **Taking a Step Towards Health Equity for People With Intellectual and Developmental Disabilities: The periodic health check**

Karen McNeil*, MD, CCFP, FCFP; Jillian Achenbach, MD, MSc, CCFP; Beverly Lawson, MSc; Alannah Delahunty-Pike, MSc

Learning objectives:

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

1. Identify barriers to implementing periodic health checks for people with intellectual and developmental disabilities
2. Identify what needs to change to promote periodic health checks in primary care practice
3. Describe the Behaviour Change Wheel components and the role in behavour change research

Description:

Objectives: 1.To understand barriers and facilitators that influence the conduct of periodic health checks (PHCs) for adults with intellectual and developmental disabilities (IDD) 2. To identify what needs to change to promote these visits. **Design:** This qualitative study used semi-structured interviews and focus groups to gather insights from five stakeholder groups involved in the conduction of PHCs. It employed the Behaviour Change Wheel and the Theoretical Domains Framework to determine what needs to change to successfully implement PHCs for people with IDD. **Setting:** This study took place at Dalhousie Family Medicine, Halifax, NS. **Participants:** Participants included nine family doctors, 2 nurse practitioners, ten adults with IDD, eight family members, seven disability support workers, and five primary care administration staff. **Main Outcome Measures:** PHC barrier and facilitator themes were identified. Themes were analysed using the three components of the Behavioural Change Wheel: Capability, Opportunity, Motivation. A behavioural diagnosis was developed to identify 'what needs to change'. **Findings:** Objective 1: Barrier and Facilitator Themes: Capability - Knowledge, communication, and management of complexity. Opportunity - Time, physically accessible space, sensory accommodation, relationship building, and team approach. Motivation - Emotion, support, and confidence in ability to complete the PHC. Objective 2: 'What needs to change': Capability- Education for all stakeholders on PHCs, optimal use of technology, and clear messaging across all sectors. Opportunity - Early training on interprofessional practice, physical and sensory supports in clinics, and nursing staff support for primary care

providers. Motivation - Training in inclusive language and trauma-informed care, recognition of implicit biases, and employment of the healthcare overseer. **Conclusion:** All stakeholders saw merit in PHCs, but there were many barriers. The breadth of "what needs to change" is wide and encompasses changes at the level of the patient medical home, the academic community, and government policy.

Wednesday 8 mercredi **Session ID: 359**

14:20–14:30 **Integrated Primary Care Workforce Planning in Toronto**

Sarah Simkin, MD, MSc; Henrietta Akuamoah-Boateng, MSc; Cynthia Damba, MD, MHSc; Joy Ikeh, MPH; Renata Khalikova; Nathalie Sava, MHSc; Ivy Lynn Bourgeault*, PhD

Learning objectives:

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

1. Describe the 4-step health workforce planning process
2. Interpret data visualizations about population health and utilization rates
3. Understand the interaction between workforce capacity and utilization

Description:

Objective: To support evidence-informed decision-making and equitable distribution of primary care human resources across the City of Toronto. **Design:** Using a participatory action research framework, we developed and operationalized a comprehensive regional-level primary care workforce planning process, toolkit, and dashboard. Research ethics approval was not necessary and was not sought. **Setting:** This research focuses on comprehensive primary care service provision within the City of Toronto. **Participants:** We engaged with a range of stakeholders (including clinicians across a range of disciplines, data stewards, analysts, local policy and health service decision-makers, and government) to identify, collect and display relevant health administrative data about population characteristics and health needs, and about the workforce availability and capacity (physicians and allied health providers). **Results/Findings:** The planning process unfolds in four steps: (1) horizon scanning of relevant trends, (2) scenario generation of most impactful trends, (3) population utilization and workforce capacity modeling, and (4) policy analysis of how to address where gaps arise in utilization and capacity. The toolkit builds a body of evidence around the current (and projected future) states of population health needs and primary care service provision at a neighbourhood level within the City of Toronto. The interactive dashboard is the interface between stakeholders and the planning toolkit and synthesizes the best available data to better support more evidence-informed planning and decision-making. **Conclusion:** Our approach leverages international leading practices in workforce planning and knowledge translation to make information accessible to a range of service and policy decision-makers. The toolkit and dashboard facilitate engagement with the planning process, synthesize information needed to understand the neighbourhood-level primary care and health workforce landscapes, and provides integrated support for evidence-informed decision-making.

Wednesday 8 mercredi **Session ID: 258**

14:30–14:40 **Management of Rheumatoid Arthritis in Primary Care Settings**

Anh N.Q. Pham*, MD, PhD; Cliff Lindeman, PhD; Neil Drummond, PhD; Claire Barber, MD, PhD; Jessica Widdifield, PhD; Scott Garrison, MD, PhD; Doug Klein, MD; Catherine A. Jones, PhD

Learning objectives:

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

1. Describe characteristics of patients managed and documented in primary care data
2. Recognize salient features of the clinical management of RA by community-based family physicians are used
3. Those interested: Explain a process of developing a case definition using a machine learning approach

Description:

Context: Although rheumatoid arthritis (RA) is predominantly managed by rheumatologists, prior research has raised concerns around the under-documentation of RA management in primary care. **Objective:** Our objective was to identify people with RA in primary care EMR data to estimate the prevalence of RA in primary care, and the management of RA based on structured EMR data fields. **Design:** Using deidentified electronic medical record (EMR) data, we applied a machine learning approach to develop and validate a case definition to identify patients with RA, then formed a cohort of patients with RA for epidemiological analysis. **Setting:** The Canadian Primary Care Sentinel Surveillance Network (CPCSSN) database contains EMR data from 245 primary care practices across Canada. **Participants:** As of 2020, CPCSSN had ~1.5 million deidentified records for people over the age of 19. All were eligible to be included in this analysis. A random sample of 5,500 EMR charts was selected for case definition development. **Results:** Two occurrences of 'rheumatoid' anywhere in a CPCSSN record OR one occurrence of 'rheumatoid arthritis' in the problem list/health conditions table identifies patients with sensitivity of 78.6%, specificity 99.1%, PPV 83.1%, NPV 98.8%. Use of this case definition identified an age-adjusted prevalence of 0.7%. RA was more common among females, those aged 60-79y, rural residents, and overweight or obese people. People with RA are more likely to have multi-comorbidities. Only 35.8% and 33.3% of patients had documentation of a methotrexate and prednisone, respectively. **Conclusion:** Our study identified a case definition with acceptable validation metrics for identifying RA in Canadian primary care EMR data. Although the epidemiology characteristics of RA was compatible with existing evidence (albeit lower prevalence), the under documentation of laboratory tests and RA medications raises concerns about the continuity of health information between rheumatologists and primary care.

Wednesday 8 mercredi **Session ID: 336**

14:40–14:50 **Environmental Scan of Canadian Primary Care Nurse Education**

Julia Lukewich, RN, PhD; Marie-Eve Poitras, RN, PhD; Crystal Vaughan*, RN, MN; Dana Ryan, MA; Robin Devey-Burry, RN, PhD; Treena Klassen, RN, DBA; Sheila Epp, RN, MN; Donna Bulman, RN, PhD; Mireille Guérin, MSc; Michelle Swab, MA, MLIS; Suzanne Braithwaite, RN, MNSc

Learning objectives:

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

1. Identify post-licensure education programs available for primary care nurses in Canada
2. Recognize the gaps in continuing education for primary care nurses in Canada
3. Compare the barriers and facilitators that influence continued education for primary care nurses in Canada

Description:

Learning Objective: Identify existing post-licensure education available to primary care (PC) nurses across Canada to inform the development of a continuing education program that aligns with the College of Family Physicians of Canada Patient's Medical Home (PMH) Model and the Canadian Family Practice Nurses Association (CFPNA) National Competencies for Registered Nurses in PC. **Background:** Nurses play an integral role in promoting health equity and improving access, continuity of care, patient satisfaction, and clinical outcomes in PC. While national competencies unique to PC nurses have been developed, there is a need for continuing education for PC nurses to enact these competencies and optimize care delivery. **Methods:** To identify eligible education programs, we conducted a literature review across two scholarly databases, and performed additional searches of relevant webpages (e.g., academic institutions, government/professional organizations). We included both English and French sources and screened 320 published and numerous grey literature sources. We sought individuals with expertise in PC nursing to identify additional eligible programs and/or verify findings. Also, we shared a web-based survey to PC nurses through the CFPNA and professional networks to retrieve information on additional education programs available for PC nurses. **Results:** Programs or courses identified (n=10) had a specific focus (e.g., health assessment, patient-centered care), were not informed by the PMH Model or the CFPNA competencies, were limited to select geographical regions/organizations (reducing the national reach), and/or included a preceptorship component that poses separate systematic challenges in PC. Survey findings included several institution-specific programs that focused mainly on micro-credentialing related to distinct tasks/activities that PC nurses carry out in their practice. No high-level, bilingual, nursing-specific continuing education programs are available for PC nurses in Canada. **Summary:** Findings will inform the development of an asynchronous post-licensure education program with an overall goal to develop a strong PMH nursing workforce in Canada.

Wednesday 8 mercredi **Session ID: 305**

14:50–15:00 **Public Perspectives on Primary Care: A national survey**

Nebojsa Kovacina*, MD; Tara Kiran, MD, MSc, CCFP, FCFP; Maryam Daneshvarfard, MScCH; Mylaine Breton, PhD; Amanda Condon, MD; Mike Green, MD, MPH; Linsday Hedden, PhD; Alan Katz, MBChB, MSc; Maggie Keresteci, MA, CHE; Ruth Lavergne, PhD; Danielle Martin, MD; Goldis Mitra, MD; Tia Pham, MD; Danielle Shreves-Brown, MD; Kath Stringer, MD

Learning objectives:

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

1. Describe the number and characteristics of people in Canada without family doctor or nurse practitioner
2. Discuss what aspects of primary care are most important to people in Canada
3. Describe the public's views on potential primary care reforms

Description:

Objective: To understand people's current experience with primary care and their values, needs, and preferences. **Design:** Cross-sectional survey. **Setting:** The survey was conducted online between September 20th to October 25th 2022. **Participants:** Aged 18 years and over and living in Canada. **Method:** The bilingual survey was conducted in partnership with Vox Pop Labs (VPL) and distributed in two ways. An anonymous link was distributed widely, and promoted through our partner networks, traditional media and social media. In addition, VPL sent a unique link to 63,552 people who were part of their proprietary panel, following up with two personalized reminders. Only completed questionnaires were analyzed. Survey responses from the two links

were combined and weighted via iterative proportional fitting according to estimates from the 2021 Statistics Canada Census. **Results:** We received 9279 completed surveys. Overall, 22% of respondents reported not having a family doctor or nurse practitioner but there were large regional differences (Ontario 13%, Quebec 31%, Atlantic region 31%). The attribute of primary care people thought was most important was that their primary care provider "know me as a person and consider all the factors that affect my health". 89% of people felt comfortable or very comfortable getting support from another member of the team if their family doctor or NP recommended it. 91% were willing to see the same NP consistently for most things and 76% were willing to see any family doctor or NP in the practice if they had access to their records. **Conclusion:** Almost one quarter of people living in Canada reported not having a family doctor or nurse practitioner. Respondents were generally open to new ways of organizing primary care but there was stronger agreement for proposals that maintained continuity with a single clinician.

Wednesday 8 mercredi **Session ID: 171** **Room / Salle : 510**

15:30–16:30 **Advanced Contraception Prescribing in Primary Care**

Hannah Feiner, MD, CCFP; Diana Hsiang, MD, CCFP; Sarah Warden, MD, CCFP

Learning objectives:

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

1. Prescribe hormonal contraception for treatment of menorrhagia, dysmenorrhea and menstrual suppression
2. Compare the efficacy, duration and side effects of LARCs (IUDs/implant), describe side effect management
3. Recognize hormonal culprits in contraceptive methods that impact mental health

Description:

Contraceptive provision in Canada becomes more complex each year. Prescribers have access to a plethora of contraceptive formulations from pills, patches, vaginal rings and injections to ultra effective long acting reversible contraceptives: IUDs and implants. We are also consulted about non-prescription methods such as condoms, diaphragms, withdrawal and fertility awareness. This guideline-based, trauma-informed presentation covers the intersection of contraception provision with primary care. Non-contraceptive uses of hormonal methods will be explored, including treatment of dysmenorrhea, menorrhagia and menstrual suppression. Menstrual suppression may be long-term such as in trans men or short term for example, skipping menses during vacations. Long acting reversible contraceptives (LARCs) will be explored in detail. We will compare the efficacy, duration and side effects of copper and hormonal IUDs and the implant. We will explore practical management of LARC side effects including irregular uterine bleeding. The mental health impacts of contraception are frequently encountered in primary care - from patients with pre-existing depression choosing a contraceptive option to patients concerned that their contraceptive may be the cause of new mood symptoms or decreased libido; we will address this with attention to hormonal formations (ie levonorgestrel is common to hormonal IUDs as well as some combined hormonal contraceptive pills). We will include interactive content, encouraging discussion around contraception that is relevant for day-to-day practice.

Wednesday 8 mercredi **Session ID: 139** **Room / Salle : 516AB**

15:30–16:30 **Beyond Burnout: Healing from work and the pandemic**

Stephanie Smith, MD, CCFP; Amanda Tzenov, MD, CCFP; Daniela Isfan, MD, CCFP

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

Learning objectives:

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

1. Recognize occupational hazards in medicine beyond burnout: moral distress, compassion fatigue, and secondary traumatic stress
2. Acknowledge the impact of our work and the pandemic as family physicians
3. Reflect on lessons learned moving forward collectively as a profession

Description:

Family physicians suffered higher rates of professional burnout than physicians in other specialties, even before the pandemic. The pandemic amplified the magnitude of burnout in family medicine, contributing to the primary care workforce shortage. In spite of many challenges, family physicians across the country demonstrate continued excellence in patient care and tireless devotion to serving their patients and communities. Many are now familiar with burnout as an occupational syndrome, whether in ourselves or colleagues, with increased education and resources made available during the pandemic. There is also recognition that burnout is one of many occupational hazards in medicine. Other well described occupational hazards include moral distress, compassion fatigue, and secondary traumatic stress. Join us for this interactive and engaging session to recognize the occupational hazards in medicine beyond burnout, including moral distress, compassion fatigue, and secondary traumatic stress. We invite family physicians to acknowledge the impact of our work and the pandemic, in a way that respects safety and confidentiality. Finally, we ask participants to reflect on lessons learned from their experiences to create a sense of collective healing. Participants will recognize the innate strength and resilience in each of us and learn we are not alone. Presented as part of the College of Family Physicians of Canada's Physician Wellness and Resiliency+ Initiative.

Wednesday 8 mercredi **Session ID: 253** **Room / Salle : 516C**

15:30–16:30 **Free Standing Papers**

Wednesday 8 mercredi **Session ID: 280**

15:30–15:40 **Culinary Medicine: Innovative nutrition training for resident physicians**

Jenny Xue*, MD, CCFP, ABLM; Joel Barohn, MS, RD; Lee Rysdale, MEd, RD

Learning objectives:

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

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

1. Recognize nutrition training as an essential component of standard medical curricula
2. Describe culinary medicine as a model to integrate nutrition and food literacy training among physicians

Description:

Objective: To evaluate the impact of an in-person culinary medicine lab on family medicine (FM) residents' nutrition counselling skills, attitudes toward nutrition care, and preferred mode(s) of nutrition training. **Design:** We piloted a 2.5-hour mandatory session for FM residents from Northern Ontario School of Medicine. This session was led by a family physician, registered dietitian (RD), and chef/RD. Residents learned culinary skills, prepared 12 recipes based on Canada's Food Guide, and engaged in a group discussion and shared meal, a process that contextualized the recipes with nutrition concepts and key messages for patients. Using Likert-scaled and open-ended questions, pre/post-surveys assessed change in nutrition counselling skills, attitudes, and confidence; the post-survey also assessed effectiveness of individual session components and further nutrition training needs among residents. **Setting:** High school teaching kitchen. **Participants:** Target of 20 PGY1+2 FM residents based in Sudbury, ON. **Results:** 18 completed the pre-survey, 14 attended the session, and 11 completed the post-survey. 65% of pre-respondents had no prior culinary medicine training. There was a positive shift in nutrition counselling skills, attitudes, and confidence after the session, with statistically significant improvements in confidence helping patients eat well on a limited budget (p=0.04) and motivational interviewing on healthy eating (p=0.001). All respondents noted improved competence in three relevant CFPC Priority Topic objectives, and all agreed (with 82% strongly agreeing) that doctors should understand nutrition and be comfortable helping patients learn about a healthy diet. Cooking and the shared meal were noted as the most enjoyable session components. **Conclusion:** Culinary medicine is effective and engaging for nutrition training, which remains limited in medical education. Since diet is a leading risk factor for disease, physicians should support patients with nutrition counselling. Given limited curriculum space in undergraduate MD programs, hands-on nutrition training targeting residents is a novel approach to addressing this gap.

Wednesday 8 mercredi **Session ID: 337**

15:40–15:50 **Impact of COVID-19 on Early Career Family Physicians**

Sharon Bal*, MD, CCFP, FCFP; Judith Belle Brown, PhD; Cathy Thorpe, MA; Catherine George, MSc; Saadia Hameed Jan, MBBS, MClSc (FM), CCFP, FCFP, DipPDerm(UK); Maria Mathews, PhD; Kamila Premji, MD, CCFP, FCFP; Bridget L. Ryan, PhD; Amanda L. Terry, PhD

Learning objectives:

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

1. Describe the impact of COVID-19 on the training of family medicine residents in Ontario
2. Recognize the context of early career family physicians in practice during the pandemic in Ontario
3. Examine impact of COVID-19 on training and work opportunities, challenging the practice of comprehensive care

Description:

Objective: To explore the impact of COVID-19 on the training and practice of early career family physicians (FPs), and the influence on their decision-making process to practice comprehensive care. **Design:** Grounded theory study using in-depth interviews via Zoom, with individual and team analysis. **Setting:** FP practices in Ontario, Canada. **Participants:** 38 family physicians practicing in Ontario, who completed their residency

training within the last 5 years. **Findings:** Family Medicine (FM) residents experienced varying levels of COVID-19 related disruptions, including an abrupt change to virtual care and fewer in-person community and clinic opportunities during their training. The impact of COVID-19 on participants included feeling isolated from other residents and staff and having less exposure to in-person procedures (e.g. minor procedures, OB) which made them less confident to perform these skills on graduation. Conversely, some described an increased skillset in acute medicine through redeployment or additional hospital-based rotations. Concurrently, new graduates in the COVID-era experienced challenges in their workforce entry, often during locums where there was reliance on virtual care, less on-site support and adapting to a disrupted system. They were simultaneously exposed to focussed FM opportunities that were part of a larger call to action such as vaccine clinics and assessment centres which they noted to be relatively highly remunerated, lower stress, and often a positive environment in terms of appreciative patients and socialization with colleagues. **Conclusion:** Findings reveal the impact of COVID-19 on the training and early career experiences of new graduates at a critical juncture in professional identity formation. Disruptions in the health system presented challenges to comprehensive FM care and offered attractive focussed practice choices. The findings have implications for educators and health workforce planning as the impact of COVID-19 on early career physicians needs further exploration and remedy to ensure comprehensive FM remains a viable choice going forward.

Wednesday 8 mercredi **N° de la séance : 365**

15:50–16:00 **Explorer l'expérience de l'implantation d'une fiche d'observation - rétroaction patient au sein du programme de résidence en médecine de famille**

Isabelle Gosselin*, MD, CCMF; Lysiane Dallé, MD, CCMF; Tania Riendeau, MD, CCMF; Gabrielle Nadon, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Vérifier les étapes à la mise en place d'un outil de rétroaction par les patients
2. Reconnaitre la valeur ajoutée à l'implantation de la rétroaction par les patients
3. Identifier les défis à l'implantation de cet outil dans la formation des résidents

Description :

Lieu : Clinique universitaire de médecine de famille (CUMF) du programme de résidence en médecine de famille, Université de Montréal. **Participants :** Patients qui sont pris en charge par les résidents. Résidents et comité local de compétence. Après une revue de littérature sur l'évaluation multisource 360 par les patients dans le cadre de la formation d'étudiants en santé, le comité a développé un outil d'observation-rétroaction patient (FOR P) et mis en place les balises pour l'implantation dans les CUMFs. Le programme est actuellement dans l'implantation de cet outil d'évaluation formative dans l'ensemble de son réseau. En 2020-2021, le comité de compétence a collaboré a un projet sur les enjeux liés à l'implantation des patients dans l'évaluation multisource. Les conclusions ont permis d'identifier les principaux enjeux et des pistes de solutions pour faciliter l'implantation. Le programme a établit les balises de l'application et certains milieux ont déjà intégré cet outil dans leur processus d'évaluation. Les résidents et enseignants jugent la rétroaction des patients acceptable et pertinente dans le cadre du développement des compétences nécessaires. Cette rétroaction permet d'avoir les informations sur le vécu du patient lors de la consultation et sa perception de la relation médecin patient. Les principaux défis à l'implantation sont la charge administrative relié à l'application de

l'outil et au recrutement des patients. Cet outil permet une rétroaction sur des compétences essentielles, mais généralement moins abordées par les médecins superviseurs, notamment la collaboration, la communication et le professionnalisme. Il a également été observé, dans la littérature, que ce type d'évaluation avait un impact positif sur le développement des compétences de communication et de professionnalisme ainsi que sur l'approche centrée sur le patient. L'expérience du programme suite à l'implantation de la fiche d'observation-rétroaction patient est positive Les informations recueillies sont jugées pertinentes tant des superviseurs que des résidents.

Wednesday 8 mercredi **Session ID: 343**

16:00–16:10 **Advancing Generalism? A qualitative study in undergraduate family medicine**

Ann Lee, MD, MSc, CCFP; Maria Hubinette, MD, MMEd, FCFP; Nathalie Boudrealt*, MD, CCFP; Lyn Power*, MD, FCFP

Learning objectives:

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

1. Articulate core concepts of generalism
2. Describe the iceberg model of systems thinking
3. Appraise barriers and facilitators to support generalism in undergraduate medical education

Description:

Background: Despite decades of endorsement for generalism in medical education, across multiple professional organizations, what constitutes 'generalism' as taught and learned, in undergraduate (UG) curricula is vague. Defined as a philosophy of care, studies show a lack of consistent and universal understanding of generalism may hamper training. **Objectives/Questions:** To inform curriculum development on generalism, this study aimed to comprehensively describe how generalism is taught in undergraduate family medicine (FM) in Canada. **Methods:** Qualitative exploratory study; focus groups (n=17; participant n = 38) with FM leaders in 16 of 17 Canadian medical schools. French interviews (n=3) were translated and all interviews transcribed. Transcripts were analyzed thematically, using inductive coding. The team met regularly to refine coding and theme development, drawing reflexively on their own experience as undergraduate FM leaders. **Results and Findings:** The iceberg model from systems theory was used to interpret data. Multiple curriculum initiatives were described nationally, representing the 'above the waterline' visibility of generalism teaching (event level). While conceptualizations of generalism were shared, these were rarely explicitly stated in learning objectives. No schools assessed for, nor evaluated generalism as an outcome of learning. Patterns (curriculum renewal and leadership changes) and structural issues (systems-based teaching, preceptor support, governmental policies,) support or impede generalism in curricula. Mental models at individual and institutional level play key roles in how generalism is integrated into curricula. **Conclusions and Significance:** To advance generalism, curriculum planners need to move from policy statements to more explicit pedagogy, such as devising SMART learning objectives, linked to evaluation. Attention to curricula alone is insufficient; many structural barriers are hidden 'below the waterline' of the iceberg and require collaboration across different levels of leadership to support visible, viable and sustainable support of generalism in medical education.

Wednesday 8 mercredi **N° de la séance : 368**

16:10–16:20 **Perception des résidents en médecine de famille à la participation des patients formateurs dans les cours de troisième cycle : étude de cas rétrospective**

Layani G*, Deslauriers T *; Tremblay A; Riendeau T; Bihan H; Codsi MP; Leclerc M; Rouly G; Leclerc M

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Explorer le rôle des patients formateurs dans les cours de troisième cycle
2. Décrire une approche pédagogique innovante intégrant les patients formateurs
3. Reconnaitre la perception des résidents en médecine de famille concernant cette approche pédagogique

Description :

Objectif : Explorer la perception des résident(e)s en médecine de famille à l'implication d'un patient formateur dans le cadre du programme d'apprentissage basé sur la pratique (PABP) offerts dans les groupes de médecine de famille universitaire (GMF-U). **Type d'étude :** Devis mixte séquentiel explicatif. **Lieu :** GMF-U Notre-Dame, Montréal. **Participants :** Résidents en médecine de famille de première et deuxième année qui ont effectué leur doctorat/externat au Québec. Afin de participer à l'étude, les résidents devaient avoir participé à l'atelier du PABP engageant un patient formateur du GMF-U Notre-Dame. **Intervention :** Implication d'un patient formateur dans le cadre d'un atelier du PABP portant sur la maladie pulmonaire obstructive chronique (MPOC) et l'arrêt tabagique. **Principaux paramètres d'évaluation :** À la fin de l'atelier du PABP, un questionnaire validé explorant la perception des résidents à l'implication du patient formateur a été administré. Les données quantitatives ont été analysées de manière descriptive. Puis, un focus group a été réalisé avec des résidents. Les résultats ont été analysés par deux co-codeurs à l'aide du logiciel Dedoose. **Résultats :** Tous les résidents (n=16) ont répondu au questionnaire et 4 résidents ont participé au focus group. Majoritairement les résidents ont mentionné avoir amélioré leurs connaissances des soins offerts en partenariat avec les patients après l'atelier, sauf pour l'amélioration de leur compréhension des droits des patients. Les enjeux principaux rapportés par les résidents concernaient le manque de préparation du patient formateur, la clarification de son rôle, leurs difficultés à communiquer des points de vue différents que ceux du patient et à reconnaître son expertise. **Conclusion :** La contribution des patients formateurs à la formation des résidents en médecine familiale est prometteuse et pourrait être évaluée plus extensivement pour améliorer la qualité de la formation. Des pistes d'amélioration ont été soulevées par les résidents en médecine de famille.

Wednesday 8 mercredi **Session ID: 250**

16:20–16:30 **Clinic-Based Longitudinal Care: Current family medicine resident intentions**

Samantha Horvey*, MD, CCFP; Lauren Eastman, MD, CCFP; Tina Korownyk, MD, CCFP

Learning objectives:

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

1. Describe the perspectives of current family medicine residents regarding clinic-based longitudinal care
2. Identify contributing factors to the lack of family physician access from an educational view
3. Identify contributing factors to the lack of family physician access from a health policy view

Description:

Objective: Canada is in need of family physicians who will commit to clinic-based longitudinal care. It has been suspected that the newest generation of family physicians are more inclined to narrow their scope of practice and/or work in settings outside of clinic-based longitudinal care. The objective of this project was to determine the intentions for practice of family medicine residents including scope of practice and plans for providing clinic-based longitudinal care. **Design:** Online Survey Dec 2022. Approved by REB Pro00126545. **Setting:** University of Alberta family medicine residency program. **Participants:** 80 University of Alberta family medicine residents enrolled in the residency program as of December 2022. **Main Outcome Measures:** Self-reported data on family medicine residents' practice intentions and perceptions around pursuing a career involving clinic-based longitudinal care. **Results/Findings:** 80 (52.2%) residents responded to the survey, 67.6% were female. When asked to choose the top three areas of medicine that they were primarily interested in practicing, clinic-based longitudinal care was the most common (66.3%), followed by acute care/hospitalist (48.8%) and specialty/focused clinics (30%). 72.6% reported that prior to entering residency they had anticipated that they "definitely" or "probably" would take on a patient panel, however when asked about their intentions in the next five years, that number decreased to 38.8%. The top four factors drawing respondents away from clinic-based longitudinal family medicine were: (1) running a business, (2) financial compensation (3) paperwork, and (4) difficulty finding locum coverage. **Conclusion:** This study provides a real-time snapshot of the intentions and the perceptions of the incoming cohort of Family Physicians in Alberta. If seeking to recruit and retain family physicians in clinic-based longitudinal family medicine practice, attention should be paid to the perspectives of the newest incoming cohort.

Wednesday 8 mercredi **Session ID: 90** **Room / Salle : 519A**

15:30–16:30 **Introduction to Educational Coaching: Asking, and saying (Part 2 of 2)**

James Goertzen, MD, MClSc, CCFP, FCFP; Andries Muller, MBChB, M.Prax.Med, FCFP, PhD; Cathy MacLean, MD, FCFP, MCISc, MBA, CCPE

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

Learning objectives:

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

1. Describe the principles of a growth mindset and relevance to an inquiry based coaching approach
2. Practice listening, asking, and saying coaching skills
3. Identify resources to support post-session coaching skill development

Description:

Effective educational coaching is critical to successful competency based training which includes providing students and residents with life-long learning skills. Educational coaching is learner driven and focuses on the enhancement of learning, development of self-awareness, supporting self-directed learning, and guiding competency improvements. Coaches engage in an inquiry based approach, building psychological safety within their learner relationship. Upon the foundation of a growth mindset, three core coaching skills are active listening, asking powerful questions, and saying to expand possibilities. Within the context of a competency

---

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

coach or coaching over time, attendees will discover key aspects of a growth mindset and practice the skills of active listening. This will be followed by opportunities to practice asking powerful questions which empower learners to find their own answers and probe for relevant issues. As saying is different than telling, this coaching skill will be practiced through small group case discussion. Since developing and refining educational coaching skills is best framed as life-long learning, additional resources to support post-session coaching skill development will be provided. You are welcome to join us for Part 1 or Part 2 of the Introduction to coaching sessions. Ideally plan to attend both as they will complement each other, although neither is a requirement to attend the other.

Wednesday 8 mercredi **Session ID: 244** **Room / Salle : 517CD**

15:30–16:30 🎧 🎬 **The New Canadian Pediatric Obesity CPG: What you need to know | Les nouvelles lignes directrices canadiennes de pratique clinique sur l'obésité pédiatrique : ce que vous devez savoir**

Geoff Ball, PhD; Pierre-Paul Tellier, MD, CCFP, FCFP; Bradley Johnston, PhD; Katherine Morrison, MD, CCFP (EM)

Learning objectives:

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

1. Identify obesity as a chronic disease
2. Perform pediatric obesity assessments that identify root causes and care priorities through collaborative clinical approach
3. Review and select therapeutic approaches to help families develop personalized plans

Description:

Obesity is a prevalent, complex, progressive, and relapsing chronic disease characterized by abnormal or excessive body fat (adiposity) that impairs health. It is a highly stigmatized disease associated with increased morbidity and premature mortality. Since obesity is a heterogenous disease, there cannot be a one-size-fits-all treatment or strategy for children and families living with obesity. Obesity management strategies need to move beyond the stereotype of "eat less, move more," and, instead, address the root drivers of obesity. We have conducted systematic reviews with meta-analysis based on Cochrane methods on medical nutrition therapy, physical activity therapy, psychological and behavioural therapy, pharmacotherapies and surgery. These reviews will be used to promote evidence-informed decision-making based on current GRADE methods. include. New interdisciplinary approaches to the treatment of obesity and adiposity are changing options for families and children to manage their disease. The Pediatric Obesity Clinical Practice Guidelines (CPGs) aim to support the clinical practice of family physicians and primary care, interdisciplinary, clinical team members, and promote shared clinical decision-making that is ethical, evidence-informed and patient-centred. The Pediatric Obesity CPGs were developed by over 50 experts involved in clinical practice and research in the field of obesity medicine, and people living with overweight and obesity. The authors represent a diverse group, including family physicians, surgeons, pediatric specialists, researchers including methodologists, psychologists, registered dietitians, exercise specialists, and, importantly, families and adolescents with lived experience.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Identifier l'obésité comme une maladie chronique
2. Effectuer des évaluations de l'obésité pédiatrique qui font ressortir les causes profondes et établissent les priorités de soins par une approche clinique collaborative
3. Examiner et choisir des approches thérapeutiques afin d'aider les familles à élaborer des plans personnalisés

Description :

L'obésité est une maladie chronique prévalente, complexe, évolutive et récidivante qui se caractérise par du gras corporel anormal ou excessif (une adiposité) qui nuit à la santé. Cette maladie très stigmatisée est associée à une morbidité accrue et à une mortalité prématurée. Comme il ne s'agit pas d'une maladie hétérogène, il ne peut y avoir de traitement ni de stratégie unique pour les enfants et les familles vivant avec l'obésité. Les stratégies de prise en charge doivent aller au-delà du stéréotype « manger moins, bouger plus » et s'attaquer plutôt aux causes profondes de l'obésité. Nous avons réalisé des revues systématiques avec méta-analyse fondées sur les méthodes de Cochrane. Elles portaient sur le traitement par nutrition médicale, le traitement par l'activité physique, la thérapie psychologique et comportementale, les pharmacothérapies et la chirurgie. Ces revues serviront à favoriser la prise de décisions fondée sur des données probantes et les méthodes GRADE actuelles. De nouvelles approches interdisciplinaires du traitement de l'obésité et de l'adiposité changent les options disponibles pour les familles et les enfants aux fins de la prise en charge de leur maladie. Les lignes directrices sur l'obésité pédiatrique visent à soutenir la pratique clinique des médecins de famille et des membres des équipes cliniques interdisciplinaires en soins primaires, ainsi qu'à favoriser une prise de décisions cliniques commune qui soit éthique, factuelle et axée sur le patient. Elles ont été élaborées par une cinquantaine d'experts en pratique clinique et en recherche dans le domaine de la médecine de l'obésité et de personnes vivant avec un surpoids ou de l'obésité. Les auteurs font partie d'un groupe diversifié constitué de médecins de famille, de chirurgiens, de spécialistes pédiatriques, de chercheurs, y compris des méthodologistes, de psychologues, de diététistes autorisés, de spécialistes de l'exercice et, ce qui est important, de familles et d'adolescents avec une expérience concrète.

Wednesday 8 mercredi **Session ID: 9** **Room / Salle : 517AB**

15:30–16:30 **Top 15 Pearls for Helping Your Migraine Patients**

Alex Crawley, BSP, ACPR; Jackie Myers

Learning objectives:

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

1. Compare medications for acute migraine therapy and manage treatment failure
2. Compare medications for migraine prophylaxis, and individualize and optimize therapy
3. Identify patients with medication overuse headache and implement a patient-centred mangement strategy

Description:

RxFiles is Saskatchewan's academic detailing program, operating out of the University of Saskatchewan. In 2022, RxFiles undertook a comprehensive literature review on the topic of migraines, and provided continuing education on migraine management to over 750 health care providers in Saskatchewan. Topic development was done with the assistance of our physician advisory group as well as our internal team of editors. This resulted in hundreds of conversations (primarily with family physicians in their offices), and subsequent submitted evaluations. From this experience, we have distilled the top migraine practice-changing pearls, identified by our learners, into one presentation. These include how to "salvage" therapy after triptan failure or NSAID failure; the role of anti-emetics in migraines; what factors to consider when choosing migraine prophylaxis; the role of new medications on the market including CGRP-antagonists and CGRP-receptor blockers; new evidence on the best management of medication overuse headache; and how to convince patients that their overused acute migraine medication is causing, rather than treating, their migraines. This presentation will be delivered by two of our top academic detailer pharmacists, Alex Crawley and Tahirih McAleer. After this presentation, learners are expected to report many 'ah-ha' moments as they recognize how to optimize the 'old' drugs and when to start using the 'new' drugs. In general, this presentation will be highly medication focused (rather than diagnostic focused). RxFiles has experience presenting at the national level (for example, through our national annual Virtual Conference) and this presentation will be tailored to physicians from all provinces (for example, drug plan coverage of CGRP-antagonists will be presented for all provinces and territories). RxFiles does not receive funding from the pharmaceutical industry. This helps our presentations stay as objective as possible. To help mitigate conflicts of interest, our materials and messages are reviewed by our physician advisors.

Wednesday 8 mercredi **Session ID: 106** **Room / Salle : 511**

15:30–16:30 **Top 5 Medico-Legal Tips for Your First Five Years**

Katherine Larivière, MSc, MD, CCFP, FCFP; Christine De Maria, MD, CCFP

Learning objectives:

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

1. Identify the key medico-legal risks in the first five years of family medicine practice
2. Answer the most common practice management questions that physicians ask the CMPA
3. Describe ways in which clear communication skills support patient safety

Description:

A Family Physician's first five years in practice are a time of adjustment and exploration, and for consolidation of knowledge and habits gained during undergraduate training and residency. Data collected from CMPA medico-legal files identified three primary areas of risk during this time: diagnostic error, office management and patient communication. Leveraging this data, and information collected from thousands of advice calls from member physicians, this workshop will provide 5 tips selected for family physicians in their first five years in practice that aim to reduce their medico-legal risk. It will touch on themes including test result follow-up, starting and ending a patient-physician relationship, and knowing when to ask for help. We will also address where further information around patient safety and medico-legal risk may be obtained when challenging situations occur.

Wednesday 8 mercredi **N° de la séance : 82** **Room / Salle : 512ABEF**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

15:30–16:30 **Quel type de superviseur êtes-vous?**

Gabrielle Trepanier, MD, CCMF (MU), LL.M.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Se familiariser avec les principaux types de superviseurs cliniques
2. Utiliser des stratégies de supervision adaptées au niveau de formation du résident
3. Essayer des nouvelles stratégies de supervision lors de leur prochain quart de travail

Description :

Vous travaillez rarement seul en clinique. Vous supervisez régulièrement des apprenants de différents niveaux de formation; des externes, des résidents de médecine de famille, des résidents de spécialités, des juniors, des séniors, etc. Connaissez-vous votre profil de superviseur? Êtes-vous outillés pour adapter votre niveau de supervision aux résidents juniors et aux résidents plus avancés? Comment trouver l'équilibre entre l'apprentissage des résidents et la sécurité des patients à la Salle d'urgence? Au moyen de mises en situation, de court exposés interactifs, d'exercices réflexifs individuels et de partage d'expérience, les participants seront mieux outillés pour appliquer des stratégies de supervision efficaces et adaptées au niveau du résident le tout en fonction de leur profil de superviseur.

Thursday, November 9 / Jeudi 9 novembre

Thursday 9 jeudi **Session ID: 49** **Room / Salle : 516DE**

7:30–18:00 **Airway Interventions and Management in Emergencies (AIME) Course 1**

George Kovacs, MD, FRCPC

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 18 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Be more confident and comfortable in making acute care airway management decisions
2. Have acquired a practical staged approach to airway management
3. Choose the most appropriate method of airway management based on a variety of patient presentations

Description:

The Airway Interventions and Management in Emergencies (AIME) course has been providing valued and practical hands-on airway management learning experiences for clinicians around the world for over 21 years. This program is designed for physicians working in an acute care setting requiring them to competently manage patients in need of emergency airway management. AIME educators are experienced (and entertaining) clinical instructors who understand the varied work environments of practicing clinicians. Whether you work in a large, high volume centre or a small remote setting, AIME will provide a practical approach for airway management in emergencies.

Thursday 9 jeudi **Session ID: 190** **Room / Salle : 511**

8:30–9:30 **Approach to Mould and Housing-Related Health Problems**

Erica Phipps, MPH, PhD; Donald Cole, MD, DOHS, MSc, FRCP(C); Marg Sanborn, MD, FCFP

Learning objectives:

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

1. Recognize potential housing-related mould exposure and associated symptom clusters affecting patients
2. Assess patients with suspected or self-reported mould exposure using a focused exposure history
3. Identify community resources for patients with mould-related health problems in rental housing

Description:

One in three Canadians households experience substandard conditions or other form of housing need. Dampness and mould is one of the most common health and habitability concerns in housing. 6-10% of the general population, and up to 50% of atopic persons are allergic to mould. Mould grows in environments with

excess moisture, whether due to leaks in roofs or plumbing, poor ventilation, older windows, water damage or damp basements, in housing that is inadequately constructed or maintained. Unfit conditions in housing, disproportionately experienced by people living on low income or in other marginalizing circumstances, negatively affect physical and mental health. Strong evidence exists linking numerous respiratory health impacts with exposure to indoor dampness and mould, including: exacerbation/worsening of existing asthma, bronchitis, respiratory infections, and other respiratory problems, with children often at greatest risk. This case-based session will provide an approach to patients presenting with suspected or self-reported health problems from mould in housing, including the prevalence and impact of these conditions, their diagnostic criteria and effective intervention strategies. Practical strategies to support patients affected by mould, including physician tools and patient education materials will be provided. This session will highlight resources available to primary care providers and their patients to address mould in rental housing, including the work of RentSafe (RentSafe.ca), an intersectoral collaboration working to support the right to healthy housing with a focus on tenants on low income. Discussion will also explore the pivotal role that providers can play in initiating referral pathways, advocating for patient health, and catalyzing effective intersectoral responses to substandard housing, including collaboration with public health and legal aid.

Thursday 9 jeudi **Session ID: 86** **Room / Salle : 510**

8:30–9:30 **Birds of a Feather: Understanding your work style**

Daniela Isfan, MD, CCFP; Serena Siow, MD, CCFP; Stephanie Smith, MD, CCFP; Amanda Tzenov, MD, CCFP

Learning objectives:

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

1. Determine how they naturally prefer to work and communicate
2. Design their family practice setting to fit their work style
3. Apply the skills learned to better read, manage and lead others

Description:

The reality is that you likely work with many people, each with their own style and preferences. Some styles are highly compatible and others are less so. Conflict and misunderstandings can easily arise when others have a different approach to work and communication. Effective teams use the strengths of each person and their members understand and adapt to each other's natural communication and work preferences. DISC stands for Dominance, Influence, Steadiness, and Conscientiousness, which are also symbolized by the Eagle, Peacock, Dove and Owl. DISC is a tool for dialogue that can enhance many aspects of emotional intelligence: self-awareness, self-management, social awareness and social relating. During this session, you will discover which of the four main styles you belong to. Knowing this helps you to become more aware, for example, of your preferred pace, whether you are task-oriented or people oriented, how you like others to talk to you, how you influence others and how you respond to rules. Besides more self-awareness, you can use your understanding of the various DISC profiles to better read others. These new skills lead to more effective and harmonious work with others. During this interactive session, you will practice exercises with each other, using knowledge gained during the presentation about the four main styles and the corresponding dos and don'ts of communication. With DISC and its tools, you can not only improve relationships but also design your practice to better fit your natural work style. Moreover, DISC can be used in personal relationships too. After all, relationships and

professional fulfillment are key elements of your wellbeing. What type of bird are you? Presented as part of the College of Family Physicians of Canada's Physician Wellness and Resiliency+ Initiative.

Thursday 9 jeudi **Session ID: 394** **Room / Salle : 517CD**

8:30–9:45 🎧 🎬 **Co-Designing The Future of Primary Care With Patients and The Public | Concevoir l'avenir des soins primaires en collaboration avec les patients et le public**

Tara Kiran, MD, MSc, CCFP, FCFP

Learning objective:

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

1. Describe patient experiences with primary care in Canada and contrast these with their values, preferences and priorities for an ideal system
2. Discuss recommendations for a better primary care system that were put forward by informed members of the public in five Canadian provinces
3. Reflect on how we as family physicians can move forward positive systems change

Description:

In 2022, Dr. Kiran launched OurCare, the largest effort to engage the public on the future of primary care in Canadian history. She will present key findings from the OurCare national survey on patient's experiences, preferences and priorities for primary care. She will also share findings from in-depth public dialogues in each of five provinces and highlight common values and recommendations that the public agree on. She looks forward to engaging the audience in a lively discussion about how as a profession and system we can better meet the needs of people in Canada while finding our own joy in work.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire les expériences des patients en matière de soins primaires au Canada et les comparer à leurs valeurs, leurs préférences et leurs priorités dans un système idéal
2. Discuter des recommandations pour un meilleur système de soins primaires qui ont été formulées par des membres informés du public dans cinq provinces canadiennes
3. Réfléchir à la façon dont nous pouvons, en tant que médecins de famille, faire avancer un changement systémique positif

Description :

En 2022, la Dre Kiran a lancé NosSoins, le plus grand effort de consultation publique de l'histoire du Canada sur l'avenir des soins primaires. Elle présentera les principaux constats de ce sondage national sur les expériences, les préférences et les priorités des patients en matière de soins primaires. Elle partagera également les résultats des dialogues approfondis qui se sont déroulés avec le public dans cinq provinces et soulignera les valeurs et les recommandations communes sur lesquelles le public est tombé d'accord. La Dre Kiran est ravie à l'idée de faire

participer le public à une discussion animée sur le thème suivant : en tant que profession et système, nous pouvons mieux répondre aux besoins de la population canadienne tout en trouvant de la joie dans notre travail.

Thursday 9 jeudi **Session ID: 142** **Room / Salle : 519A**

10:00–13:00 **Providing Medical Assistance in Dying**

Tanja Daws, MD, CCFP; Claude Rivard

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Plan for a MAiD provision
2. Support the MAiD team, patient and family
3. Anticipate and manage adverse events

Description:

This session is focussed on clinicians who have already had some experience with assessing patients for assisted dying, but want to move one step further, and provide that assistance. We will discuss the art of this process, and the important clinical elements. This will include managing patient and family dynamics, assembling a MAiD team, developing and implementing the choreography of MAiD and offering bereavement support. We will also discuss oral and IV medications in this process and the required federal reporting structures. Lastly, we will discuss managing adverse events and unanticipated situations.

Thursday 9 jeudi **Session ID: 10** **Room / Salle : 517CD**

10:15–11:15 **An Efficient Approach to Assessing Syncope | Approche efficace de l'évaluation de la syncope**

Vu Kiet Tran, MD, FCFP (EM), MHSc, MBA, ICD.D

Learning objectives:

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

1. Enumerate the red flags for cardiovascular etiologies of syncope
2. Strategically plan for an effective investigation
3. Reduce waste in the investigation of syncope

Description:

As front line providers (physicians, residents, nurse practitioners), we see and assess a lot of patients with syncope. Unfortunately, there is no standardized approach. There is many inefficiencies and wastage in the

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

assessment of patients with syncope. This workshop aims at elevating provider's confidence, effieciency and effectiveness while reducing waste. This approach is for all providers who need to care for patients who present with syncope.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Énumérer les signaux d'alarme évocateurs des étiologies cardiovasculaires de la syncope
2. Planifier stratégiquement une exploration efficace
3. Réduire le gaspillage lors de l'exploration de la syncope

Description :

En qualité de fournisseurs de première ligne (médecins, résidents et infirmières praticiennes), nous voyons et évaluons beaucoup de patients atteints de syncope. Malheureusement, il n'y a pas d'approche normalisée. L'évaluation des patients atteints de syncope engendre beaucoup d'inefficacité et de gaspillage. Cet atelier vise à améliorer la confiance, l'efficacité et l'efficience des fournisseurs tout en réduisant le gaspillage. Cette approche intéressera tous les fournisseurs qui doivent prendre soin de patients qui se présentent avec une syncope.

Thursday 9 jeudi **Session ID: 39** **Room / Salle : 510**

10:15–11:15 **Climate Change and Family Medicine**

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

Learning objectives:

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

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

Description:

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

Thursday 9 jeudi **N° de la séance : 189** **Room / Salle : 512ABEF**

10:15–11:15 **Devenir « Choisir avec soin » : l'amélioration continue de la qualité en actions**

Stéphanie Castonguay, MD, MSc, FRCPC; Amanda Try, MD CM

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire les diverses programmes « Choisir avec soin »
2. Identifier les actions d'amélioration de la qualité de ces programmes
3. Illustrer les approches d'engagement et les défis menant à une désignation

Description :

Transfuser avec soin, Utilisation judicieuse des laboratoires, Désignation Hôpital Choisir avec soin : des programmes qui guident les intervenants dans la mise en place d'actions en amélioration continue de la qualité visant l'identification des soins inutiles et la pertinence des soins. Les participants seront initiés aux différents programmes et inspirés par un cas vécu de succès, la Cité de la santé, grâce au leadership et au travail d'équipe menant à une désignation Choisir avec soin et Transfuser avec soin.

Thursday 9 jeudi **Session ID: 200** **Room / Salle : 516C**

10:15–11:15 **Family Medicine Longitudinal Survey Data Can Help YOU**

Ivy Oandasan, MD, CCFP, MHSc, FCFP; Shelley Ross, PhD, MCFP (Hon.); Deena Hamza, PhD; Milena Forte, MD, CCFP; Lorelei Nardi, MSc; Mahsa Haghighi, MSc; on behalf of the Program Evaluation Advisory Group (PEAG)

Learning objectives:

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

1. Describe at least 3 potential uses of the FMLS data
2. Explain the process to access the FMLS data
3. Explore how the FMLS can specifically inform your work

Description:

As residency programs begin to explore options for the Curriculum Renewal stage of the Outcomes of Training Project, there is an increasing need for data regarding the experiences of family medicine residents before, during, and after residency. Additionally, education researchers and scholars with interests in family medicine often want to access data from beyond their home programs but lack the capacity to conduct cross-institutional data collection. There is a solution to both of these needs: the Family Medicine Longitudinal Survey (FMLS)! When the Triple C Competency-based Curriculum (Triple C) was introduced in 2010, the CFPC also launched a pan-Canadian program evaluation project. One of the data sources is the FMLS, a longitudinal survey designed to capture resident data related to perceptions about family medicine, Triple C learning experiences, and practice intentions. Residents self-report the data at entry (capturing data about family medicine learning experiences prior to residency), exit (graduation from a residency program), and three years post-graduation. With over 17,000 completed surveys currently in the database, the FMLS is a valuable source of family medicine learner and practice data in Canada. Findings from the FMLS can be used in multiple ways, including quality improvement initiatives, evaluation of social accountability mandates, and to inform recommendations for education reform. This dataset is available by request and is a great resource of Canadian family medicine

data for researchers, program evaluators, and residency programs. In this interactive workshop, we will first explore the capabilities of the FMLS data, how to access it, and how to use the data to answer important questions related to family medicine residency, curriculum evaluation, perceptions, intentions, and experiences. The remaining time will be a question and answer discussion to allow those using, receiving, or impacted by the FMLS to better understand how it can meet their organization's data needs.

Thursday 9 jeudi **Session ID: 89** **Room / Salle : 517AB**

10:15–11:15 **Managing Anxiety Conditions With the Ottawa Anxiety Algorithm**

Douglas Green, MD, FRCP (Psychiatry)

Learning objectives:

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

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

Description:

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

Thursday 9 jeudi **Session ID: 59** **Room / Salle : 511**

10:15–11:15 **Supporting Implementation of Serious Illness Conversations in Primary Care**

Janet Reynolds, MD, CCFP, FCFP; Amy Ma, Patient Partner - Choosing Wisely Canada

Learning objectives:

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

1. Describe the importance of serious illness conversations
2. Examine the relationship between advance care planning, serious illness conversations and resource stewardship
3. Plan a measurable quality improvement effort for primary care in advance care planning

Description:

Serious illness conversations between clinicians, families and patients can help elicit goals and wishes, ensuring patients receive the care they want, feel less distress, and avoid overly aggressive or potentially harmful treatments. Primary care physicians can support and promote these conversations by identifying patients with serious illness and beginning earlier conversations about their goals and wishes. Although communication about end of life goals and wishes for this period can be difficult for both clinicians and patients, using patient tested language and a structured conversation can help start the discussion. Communication strategies including active listening and culturally sensitive open-ended questions can help inform individuals with serious illnesses about risks, harms, and benefits of tests or treatments as well as quality of life considerations. The primary care practice setting offers an opportunity to begin a conversation, which may take place over a number of encounters and visits. These conversations can be supported outside of the clinic and reinforced through plain language tools and materials for patients and families to review. Ensuring patients discuss and document wishes and goals, as well as identify a substitute decision-maker can support evidence-informed and patient-centred care. This session will offer quality improvement approaches, tools and resources to integrate serious illness conversations into a primary care practice. Case studies and examples drawn from family health teams and the COVID-19 pandemic will illustrate how patients with serious illness, or who are close to the end of life period, can be identified through electronic medical records. Additionally, the session will present approaches to measure, monitor, and document serious illness conversations.

Thursday 9 jeudi **Session ID: 43** **Room / Salle : 510**

11:30–12:30 **Breaking News: CFP Distilled! 2023 top clinically-relevant articles**

Paul Dhillon, MBBChBAO, MSc, DM, MBA, CCFP (EM); Simon Moore, MD, CCFP

Learning objectives:

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

1. Integrate clinically-relevant and practice-changing content from articles published in Canadian Family Physician Journal in 2022-3
2. Appraise quality of the top clinically-relevant articles from Canadian Family Physician Journal in 2022-3
3. Inspire clinically-relevant primary care research from Canadian family physicians

Description:

Why do medical lectures have to be boring? CFP: Distilled is back! In the style of This Hour has 22 Minutes, remembering the top clinically-relevant articles from Canadian Family Physician Journal in 2022-23 will be a breeze after this unforgettable and energetic presentation. Just like previous year's highly-rated and humourous presentation, CFP: Distilled 2023 will feature dynamic skits, props, and stories to illustrate important clinical

concepts in a fun and fresh manner. Most importantly, however, CFP: Distilled is rigorously devoted to the accurate explanation and critical appraisal of the medical content from these articles.

Thursday 9 jeudi **Session ID: 34** **Room / Salle : 517CD**

11:30–12:30 **Dyspnea: How to assess and manage in the office | Dyspnée : comment l'évaluer et la prendre en charge dans le cabinet**

Alan Kaplan, CCFP (EM), FCFP

Learning objectives:

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

1. Review the common causes and investigations of dyspnea presentation in the office
2. Review some less common causes of dyspnea that you do not want to miss
3. Learn how to coordinate and institute treatments for a variety of these conditions

Description:

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

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Passer en revue les causes et les explorations courantes des manifestations de la dyspnée en cabinet
2. Passer en revue certaines des causes moins courantes de la dyspnée que l'on ne veut pas manquer
3. Apprendre à coordonner et à instaurer des traitements pour une variété de ces problèmes

Description :

Ce serait bien si les patients se présentaient à nos cabinets avec, sur le front, une étiquette qui nous révèle leur diagnostic. Mais ce n'est pas le cas. Les patients se présentent avec des symptômes ainsi qu'avec leurs craintes et leurs attentes que nous devons démêler et examiner pour parvenir à la première intervention visant à les aider, soit l'établissement du diagnostic. Ce n'est qu'avec le bon diagnostic que nous pouvons instaurer un traitement et accompagner notre patient dans son cheminement vers le meilleur état de santé possible. Cette séance se penchera sur des patients qui se présentent avec une dyspnée. Celle-ci comporte de nombreuses causes, notamment d'ordre biochimique, cardiologique, respiratoire, psychologique et thrombotique. Nous passerons en revue les tests diagnostiques nécessaires et traiterons de stratégies de prise en charge visant à optimiser à la fois les symptômes actuels et la santé à long terme des patients pour beaucoup de pathologies

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

courantes (et d'autres moins) qui causent la dyspnée. À la fin de la séance, nous vous fournirons un algorithme qui vous permettra d'aborder vos patients aux prises avec ce complexe de symptômes qui est souvent invalidant (et risque de mettre la vie en danger).

Thursday 9 jeudi **N° de la séance : 188** **Room / Salle: 512ABEF**

11:30–12:30 **Examiner avec soins: les manoeuvres de l'examen physique les plus discriminantes**

Marc-Antoine Turgeon, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Appliquer de manière clinique les différentes valeurs statistiques associées aux manoeuvres de l'examen physique
2. Reconnaître la faible valeur ajoutée de tests de l'examen physique et déterminer la pertinence clinique
3. Optimiser l'examen physique en utilisant des manœuvres de l'examen physique qui sont plus discriminantes

Description :

Dans cette présentation, nous ferons un survol de plusieurs manœuvres de l'examen physique qui sont utilisées quotidiennement dans la pratique. La notion de pratique basée sur les données probantes (EBM) fait souvent référence à des investigations et à des traitements, mais elle peut (et devrait) s'appliquer dès le questionnaire et l'examen physique. Plusieurs manoeuvres sont enseignés partout à travers le monde malgré la faible discrimination de ces tests. De plus, lorsque disponible, cette présentation vous permettra d'apprendre certains tests moins connus dans l'examen physique, qui ont tendance à être plus utiles dans la pratique.

Thursday 9 jeudi **Session ID: 69** **Room / Salle : 516C**

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

Moderator: Vivian Ramsden, RN, PhD, MCFP (Hon.), FCAHS

Guest Speaker Panel: Ghislaine Rouly, Co-director of the Canadian Research Chair in partnership with Patients and Communities and Canadian Primary Care Research Network Patient Partner; Dr. Antoine Boivin, The Chairholder of the Canada Research Chair in Partnership with Patients and Communities and a family physician; Dr. Udoka Okpalauwaekwe, Family Physician trained in Nigeria, a PhD Candidate at the University of Saskatchewan and an Associate Member of the CFPC

Learning objectives:

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

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

Description:

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

Thursday 9 jeudi **Session ID: 41** **Room / Salle : 517AB**

11:30–12:30 **Incorporating a Palliative Approach Into Your Family Practice**

Erin Gallagher, MD, CCFP (PC), MPH

Learning objectives:

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

1. Assess personal and system deficiencies in current applications of a palliative approach to care
2. Apply resources and strategies to improve patient identification, illness understanding, symptom management and future planning
3. Plan for efficient and effective integration of a palliative approach into day-to-day family practice

Description:

A palliative approach is when non-specialists adapt palliative care knowledge and expertise, integrate this knowledge into other systems and models of care, and apply it upstream in the care of patients with life-limiting illnesses. In Canada and elsewhere, it is recognized that family medicine is a specialty in which a primary palliative approach would be ideally situated due to the provision of comprehensive, continuous care across the lifespan. Unfortunately, medical training and comfort in providing a palliative approach is highly variable. Furthermore, it is often concentrated into practical skill-building programs or specialist rotations that do not reflect the realities or day-to-day considerations of family practice. As a result, family physicians often feel ill-equipped and overwhelmed by this type of care, despite our governing bodies' recognition of essential competencies related to the palliative approach. This session enforces how family physicians can work smarter, rather than harder, to implement a palliative approach within their practice. It is relevant to all practice types, from the solo-physician to larger academic Family Health Teams. Various tools, resources and strategies will be reviewed for: identifying patients; helping them to better understand their illness, whole-person symptom management, and planning for the future. Most importantly, the integration of the approach into your daily routine will be explored with an emphasis on proactive versus reactive care, in order to facilitate positive patient, family and system outcomes.

Thursday 9 jeudi **N° de la séance : 160** **Room / Salle : 516AB**

11:30–12:30 **La vie après SICA - intégrer la méthode clinique centrée sur le patient dans votre enseignement**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Lisa Graves, MD, CCFP, (AM), FCFP, MClSc; Douglass Dalton, MDCM, FCFP; Marlow Anduze, MD, CCFP; Pauline Desrosiers, MD, FCFP

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire la méthode clinique centrée sur le patient
2. Distinguer entre apprentissage profond de la Méthode Clinique Centrée sur le Patient et "gamification"
3. Planifier une occasion d'intégrer la méthode clinique centrée sur le patient dans l'enseignement

Description :

La méthode clinique centrée sur le patient (MCCP) est une méthodologie clinique fondée sur des données probantes qui sous-tend la formation en résidence en médecine familiale. Il est évalué au cours du processus de certification dans le cadre de l'examen EMS. Comme dans l'adage, « l'évaluation entraîne l'apprentissage », la préparation au processus d'examen peut conduire à un esprit de jeu qui diminue la compréhension des résidents du MCCP. Au cours de cet atelier interactif, les participants apprendront des techniques pour intégrer l'apprentissage en profondeur du MCCP aux activités d'enseignement quotidiennes. En utilisant le processus de certification comme moteur, cet atelier décrira les opportunités d'enseignement et de précepte quotidiens pour explorer l'expérience de la maladie, intégrer le contexte de développement social et trouver un terrain d'entente. À la fin de cette session, les participants seront en mesure de planifier un événement d'enseignement lié à l'enseignement MCCP du résident en médecine familiale.

Thursday 9 jeudi **Session ID: 60** **Room / Salle : 511**

11:30–12:30 **PEERs Presenting With UTI: Soothing answers to burning questions**

Jennifer Young, MD, CFPC (EM); Betsy Thomas, BScPharm; Michael Allan, MD, CCFP

Learning objectives:

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

1. Recognize the value of history and urinalysis in the diagnosis of urinary tract infections.
2. Apply appropriate management of symptomatic, simple, complicated and recurrent urinary tract infections.
3. Employ appropriate management of asymptomatic bacteriuria, with an emphasis on the elderly.

Description:

This presentation addresses the most straight forward yet potentially most perplexing common presentation that family physicians encounter – urinary tract infections. We attempt to simplify the diagnosis of uncomplicated UTIs and review the evidence for management addressing both antibiotic and non-antibiotic treatments. We will also discuss treatment of recurrent and complicated UTIs; and tease out what we know and don't know about "asymptomatic bacteriuria" and what to do when it presents in delirious elderly patients. For each topic, we will focus on the best available evidence, including a bottom-line summary and practical recommendations. Presented by members of the PEER team and the College of Family Physicians of Canada.

Thursday 9 jeudi **Session ID: 85** **Room / Salle : 516C**

12:45–13:45 **Professional Learning Plans (PLP): Optimize your CPD!**

Leonora Lalla, MD, CCFP, FCFP; Melissa Lujan

Learning objectives:

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

1. Describe the benefits of using a PLP for practice improvement
2. Describe how self-directed reflection can help identify practice gap
3. Apply PLP steps to your next CPD plan

Description:

Live Demonstration of the CFPCs new Professional Learning Plan (PLP)! The College of Family Physicians of Canada™ (CFPC) has developed a new interactive, online tool to help members identify opportunities for practice improvement and achieve CPD learning goals. The Professional Learning Plan (PLP) tool has been approved for up to 20 certified Mainpro+ Assessment credits and is available to all Mainpro+ participants. During this session, you will receive a demonstration of this user-friendly tool with relevant examples of how to put a PLP into practice. This interactive session will include an engaging case study, allowing you to assess your patient demographics, reflect on your practice needs or gaps, and take away tips on how to access the kind of data relevant to your practice. On-the-spot coaching and recommendations will be available from the meeting facilitators, as well as feedback from meeting participants. Attendees are asked to bring their laptops for the opportunity to create their own plan while participating in the demonstration. Join us and discover how the PLP can help you optimize your practice just as hundreds of your colleagues who have already successfully started a PLP have done!

Thursday 9 jeudi **Session ID: 396** **Room / Salle : 517AB**

12:45–13:45 (ET) **Optimizing Patient-Centred Obesity Care: Approach, engage and manage**

Alexandro R. Zarruk MD; M.Sc.; FRCP; FACP, Dipl.ABOM,Dipl.ABIM

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Cette présentation est une séance auxiliaire, parrainée et financée par un fournisseur de DPC qui pourrait avoir reçu un financement externe pour la conception du programme. Tout conflit d'intérêts sera entièrement divulgué sur les diapositives et mentionné verbalement au début de la présentation.

Learning objectives:

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

1. Determine an effective way to initiate a discussion with a patient with overweight/obesity
2. Assess the health of a patient with overweight/obesity based on current guideline recommendations
3. Individualize the management of obesity for a specific patient through a shared-decision process

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Description:

This program is designed to address several key barriers in the management of obesity care. Our goal is to empower clinicians with evidence-based strategies and practical tips, fostering a patient-centered approach to improved obesity care.

Thursday 9 jeudi **Session ID: 211** **Room / Salle : 511**

14:00–15:00 **Breast Cancer Survivors: Evidence-based recommendations**

Genevieve Chaput, BA, MA, MD, CAC (PC)

Learning objectives:

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

1. Integrate knowledge of the management of long-term effects of breast cancer and its treatments
2. Recognize the importance of healthy lifestyle promotion in the breast cancer survivor population
3. Implement evidence-based recommendations for cancer recurrence surveillance in patients with a breast cancer history

Description:

Breast cancer outcomes are improving, with survival rates of nearly 90% at 5 years relative to their peers. A strong shift to family physicians to provide follow-up care has also been observed, driven by a shortage in supply of specialists and by level I evidence demonstrating the effectiveness of post-treatment care by FPs. Family physicians have expressed the need for educational support and primary care guidelines to provide appropriate care to breast cancer survivors in their practices. This session will offer up-to-date survivorship follow-up care recommendations for breast cancer survivors summarized in 4 main categories: 1) surveillance for recurrence involving only annual mammography and screening for other cancers according to general population guidelines; 2) management of common late-effects of breast cancer and its treatments including chemotherapy-induced neuropathic pain, cancer-related fatigue and side effects of tamoxifen and aromatase inhibitors, as well as longer-term concerns related to cardiac and bone health; 3) promotion of healthy lifestyles with particular attention to routine physical exercise, and; 4) coordination of care amongst health providers with FPs as central providers to patients with a breast cancer history. The session's content will be based on a recently published review article in the Canadian Family Physician for which a MEDLINE literature search (2000-2016), and review of selected guidelines published by recognized national cancer organizations was performed. Levels I to III evidence will be outlined. This learning activity will be delivered primarily in a didactic format, self-directed learning format, and will include case-based presentations to engage participation and promote active learning. Focus will be made on real-time, applicable survivorship knowledge that can be incorporated into FPs' clinical practices.

Thursday 9 jeudi **Session ID: 107** **Room / Salle : 516AB**

14:00–15:00 **Developing a Postgraduate Indigenous Health Curriculum**

Russell Dawe, MD, CCFP, Mdiv; Elder Odelle Pike, Ba ONL SMIL; Françoise Guigné, MD, CCFP, MA; Jenna Poole, MD, CCFP; Susan Avery, MD, CCFP, FCFP

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

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

Learning objectives:

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

1. Explain best practices for engaging with Indigenous community partners during curriculum development
2. Describe perspectives of Indigenous partners (learner and community) during curriculum development processes
3. Apply principles from the "educational leader" domain of the FTA Framework to Indigenous community engagement

Description:

This 1-hour teaching session will include 10 minutes of didactic presentation, followed by 35 minutes of moderated panel discussion, and close with 15 minutes of open question and answer. The didactic presentation will review recent literature on best practices for community engagement, with a focus on Indigenous communities. Community engagement will be further contextualized in the setting of curriculum development using the CFPC's Fundamental Teaching Activities Framework. The panel discussion will represent diverse perspectives, experienced in postgraduate curriculum development in Indigenous Health. Panelists include faculty from Memorial University's Family Medicine Residency Training Program, a recent Indigenous graduate from the program (learner), and an Indigenous Elder (community partner). We will discuss the use of fundamental Indigenous values and practices to guide the conversation in the development of an Indigenous Health curriculum, and the importance of using appropriate protocols to begin meetings, privileging Indigenous voices and beliefs systems. As a case study, we will describe how we developed an Indigenous Health curriculum for Family Medicine residents at Memorial University, including a review of the enablers and barriers encountered. In particular, we will review what was involved to implement an annual Healing Circle led by an Indigenous Elder specifically for Family Medicine residents and the important role that was played by Indigenous Elder and learner feedback in establishing this learning experience. The session will focus on the FTA domain of "educational leader", but may overlap at times with "teachers outside the clinical setting" as the conversation will naturally be relevant to the design of teaching sessions, as well as the overarching curriculum. This session is most appropriate for experienced teachers, but all are welcome.

Thursday 9 jeudi **N° de la séance : 181** **Room / Salle : 512ABEF**

14:00–15:00 **Faire mieux en faisant moins : situation canadienne**

René Wittmer, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Nommer les différentes pratiques ou il y a eu une réduction des soins non judicieux
2. Décrire les grandes campagnes visant à diminuer les pratiques à faible valeur
3. Définir une action à mettre en place dans sa pratique

Description :

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

En 2017 l'Institut Canadien d'Information sur la Santé (ICIS) produisait un rapport intitulé « Les soins non nécessaires au Canada ». On y apprenait que jusqu'à 30% des tests et traitements étaient potentiellement inutiles. En 2022 l'ICIS a publié un nouveau rapport. Dans cet atelier nous discuterons de l'évolution de la situation depuis 2017. Quelles pratiques avons-nous améliorer? Quels sont les enjeux qui persistent? Quels sont les outils disponibles pour changer nos pratiques? Après avoir donné un aperçu du rapport, nous passerons en revue les recommandations et les campagnes de Choisir avec soin. Vous aurez la chance de discuter entre vous de l'utilisation de différents outils qui peuvent contribuer à augmenter la pertinence de nos pratiques quotidiennes.

Thursday 9 jeudi **Session ID: 391** **Room / Salle : 516C**

14:00–15:00 **Free Standing Papers**

Thursday 9 jeudi **Session ID: 314**

14:00–14:10 **SPIDER Feasibility: A structured approach to quality improvement**

Michelle Greiver*, MD, MSc, CCFP, FCFP; Simone Dahrouge, PhD; Patricia O'Brien, RN, MScCH; Donna Manca, MD, MClSc, CCFP, FCFP; Alex Singer MB, BAO, BCh, CCFP; Marie-Thérèse Lussier, MD, BSc, MSc, FCMF; Celine Jean-Xavier, PhD

Learning objectives:

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

1. Describe the approaches to planning and measuring feasibility of a QI approach to deprescribing
2. Describe outcomes of feasibility that were used for the SPIDER Randomized Controlled Trial of Deprescribing
3. Reflect on contextually appropriate improvement strategies concerning medication appropriateness

Description:

Objective: To report on the feasibility of the Structured Process Informed by Data, Evidence and Research (SPIDER) approach applied to the reduction of potentially inappropriate prescriptions (PIPs) in patients over 65 years old prescribed 10 or more medications. **Design:** SPIDER's Feasibility was evaluated in 3 Practice-Based Research Networks (PBRNs) in 3 provinces, conducted using a single-arm mixed methods approach. **Setting:** Practices participating in one of the 3 PBRNs and contributing data to the Canadian Primary Care Sentinel Surveillance Network (CPCSSN). **Participants:** Consenting primary care providers (PCPs), their interdisciplinary teams and patients. **Intervention:** The three pillars of the SPIDER approach engage PCPs in, 1) quality improvement (QI) Learning Collaboratives (LCs) sessions, 2) QI coaching/facilitation developed to support improvement and measure impact on quality of care, 3) validated CPCSSN EMR data for audit and feedback that prioritizes meaningful targets within each practice. **Main Outcome Measures:** SPIDER's Feasibility was measured in terms of acceptability, demand, implementation, adaptation, integration, practicality efficacy and evaluation. Researchers from all sites met to review feasibility when planning implementation of the RCT. **Findings:** SPIDER's approach was found to be feasible, with high rates of retention and acceptability to practices, as determined through participation, surveys and qualitative interviews. PIPs were identified in EMR data across

---

PBRNs. Practices accessed QI coaching and were given flexibility in developing contextually appropriate deprescribing strategies and action plans. Barriers included scheduling difficulties for providers' participation in multi-site LCs.Some practices had small numbers of eligible patients. Physicians and teams completed surveys; however, it was difficult to obtain them from patients. **Conclusion:** The SPIDER approach was found to be feasible, and its implementation can be applied across multiple practice settings in several provinces. It should be adapted to reflect the context and needs of practices. Additional efforts will be necessary to obtain patient reported measures.

Thursday 9 jeudi **Session ID: 307**

14:10–14:20 **The Journey to Practicing Comprehensive Family Medicine**

Judith Belle Brown*, PhD; Cathy Thorpe, MA; Sharon Bal, MD, CCFP, FCFP; Catherine George, MSc; Saadia Hameed Jan, MBBS, MClSc(FM), CCFP, FCFP, DipPDerm(UK); Maria Mathews, PhD; Kamila Premji, MD, CCFP, FCFP; Bridget L. Ryan, PhD; Amanda L. Terry, PhD

Learning objectives:

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

1. Identify and acknowledge the factors influencing early career family physicians' decision to practice comprehensive care
2. Recognize and explore contextual issues that are challenging the practice of comprehensive care
3. Describe perceived benefits of a 'hybrid' model of comprehensive care in family medicine

Description:

Objective: To explore early career family physicians' (FPs) decision-making process in their choice of whether to practice comprehensive care. **Design:** Grounded theory study using in-depth interviews via Zoom, with individual and team analysis. **Setting:** FP practices in Ontario, Canada. **Participants:** 38 family physicians practicing in Ontario, who completed their residency training within the last 5 years. **Findings:** Participants' stories revealed their journey in establishing a comprehensive care practice. Many participants began this journey doing locums. Reasons for locuming included: 'testing the waters' by experiencing different practice types; flexibility of hours worked with no responsibility for practice management and not being ready to commit to a patient roster. The next juncture in their journey was deciding to commit to a practice. For many participants, this settling into providing patient care from 'cradle to grave' took on a new definition, and was described as a 'hybrid model'. They had much smaller patient rosters, often working 3 days per week providing office-based comprehensive care and 2 days a week practicing in a specific area of interest (e.g. women's health, dermatology, hospitalist). The hybrid model of practice offered variety and for some mitigated burnout. Like any traveller on a journey, participants faced many contextual challenges that threatened the practice of comprehensive care. These included: the burden of administrative tasks; the deteriorating specialist-family physician relationship; lack of access to team-based models; inadequate remuneration; and a pervasive feeling that Family Medicine is undervalued. **Conclusion:** Findings reveal how the definition and practice of comprehensive care is currently under construction influenced by both individual needs and expectations of early career FPs as well as the current context in which they practice. The findings have implications for educators in curriculum planning and for health workforce planning as this 'hybrid model' of delivering comprehensive care evolves in Family Medicine.

Thursday 9 jeudi **Session ID: 355**

14:20–14:30 **Designing Programmatic Assessment Based on Self-Regulated Learning Theory**

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

Learning objectives:

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

1. Describe the core elements of self-regulated learning theory
2. Explain how self-regulated learning theory can be used to guide design of programmatic assessment
3. Evaluate the effectiveness of using theory to guide educational design in family medicine education

Description:

Objective: To explore and evaluate the use of self-regulated learning (SRL) theory in the design of programmatic assessment in family medicine residency training. In this presentation, we describe and present evaluation evidence for the case example of the Continuous Reflective Assessment for Training (CRAFT) model, where we used SRL theory to guide development of a competency-based programmatic assessment model intended to promote and facilitate the development of adaptive self-regulated learning behaviours. **Design:** Program evaluation using longitudinal surveys **Setting:** College of Family Physicians of Canada **Participants:** Residents who responded to the Family Medicine Longitudinal Survey (FMLS) from residents at 16 family medicine residency programs for the years 2014-2020 (N=6400). **Intervention:** The case example: The CRAFT model aligns with the phases of Zimmerman's original model of SRL, specifically Forethought/Planning, Performance, and Self-Assessment/Calibration, in an iterative approach to continuous learning and development of competence along a developmental trajectory. SRL skills are intentionally scaffolded and expanded through regular meetings with a continuous advisor (competence coach) to establish a foundation of adaptive lifelong learning. Evaluation evidence: The FMLS survey is administered to all family medicine residents at entry to, and graduation from, Canadian family medicine residency training programs. **Main Outcome Measures:** FMLS graduation survey responses to six items aligned with SRL elements of Forethought/Planning, Performance, and Self-Assessment/Calibration. **Results:** Mean responses for the Forethought/Planning item (able to identify learning needs and to tailor learning), Performance items (ability to problem-solve; understood expectations), and Self-Assessment/Calibration items (awareness of own progress; feedback) were >3.9/5 for all years, although there was variation between programs. **Conclusion:** Our case example acts as a proof of concept of the potential to use educational theory to guide the design of specific aspects of medical education programs. Resident responses to SRL-aligned survey items support that the CRAFT approach contributes to development of adaptive SRL behaviours.

Thursday 9 jeudi **Session ID: 356**

14:30–14:40 **Adaptivity as an Essential Skill in Family Medicine**

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

Learning objectives:

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

1. Describe the concept of adaptivity in the context of family medicine
2. Compare and contrast adaptivity and adaptive expertise
3. Evaluate how adaptivity can be taught and assessed

Description:

Objective: To explore the application of the construct of adaptivity in the context of family medicine. The practice of family medicine requires the ability to be flexible and adjust to challenge and novel situations. Family physicians must be able to respond effectively to changes in community or patient needs, and adjust their approach when faced with new diseases or changes to availability of resources. While ability to adapt to change has long been implicit in family medicine training and practice, there is increasing awareness of the need to better understand the ability to adapt so that it can become an explicit part of family medicine training. While there is increasing interest in training and assessing for adaptive expertise in family medicine, we propose that adaptivity (of which adaptive expertise is one component) is the essential skill that needs to be incorporated into family medicine training. **Design:** Narrative literature review informing a consensus development panel. **Setting:** College of Family Physicians of Canada. **Participants:** Panel of family medicine assessment and education experts (N=7). **Results:** In phase 1, a narrative review of published articles about adaptivity (N=14) informed a critique by two panel members of an existing model of adaptive expertise in family medicine. The resulting modified model was discussed by the full panel in phase 2. The recommendations from the full panel were then used in phase 3 by the original two panel members to further refine the model. In phase 4, the full panel critiqued and revised the model until consensus was reached on the final conceptual model. **Conclusion:** The conceptual model facilitates development of a shared understanding of adaptivity in family medicine education and practice. Next steps will be to carry out consultations with a broad spectrum of family medicine educators, learners, and practitioners to further refine the conceptual model.

Thursday 9 jeudi **Session ID: 295**

14:40–14:50 **A Tri-Partnership Virtual Handover Approach to Empower Family Physicians and Facilitate Transition to Adult Care for Youth with Medical Complexity**

Natasha Bruno*, MSc; Kayla Esser, BSc; Stephanie Lee, MD, FRACP, Msc; Susan Miranda, NP; Alene Toulany, MD, FRCPC, MSc; Chana Korenblum, MD, FRCPC; Dara Abells, MD, CCFP; Eyal Cohen, MD, FRCPC, MSc; Julia Orkin, MD, FRCPC, MSc

Learning objectives:

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

1. Recognize the unique context of transitioning youth with medical complexity to family medicine
2. Evaluate the benefits of and barriers to a tri-partnership virtual handover approach
3. Implement a tri-partnership virtual handover approach to facilitate transition to family medicine

Description:

Background: Transition to adult health care for youth with medical complexity (YMC) at age 18 is a labour-intensive and challenging process that requires collaboration between the paediatric team, family physician and family. **Objective:** To evaluate the feasibility of implementing a tri-partnership virtual handover between the paediatric team, family physician and family to facilitate transition for YMC. **Design:** Descriptive pre-post, mixed methods, prospective study. **Setting:** Complex Care program at a tertiary care paediatric hospital in Toronto, Canada. **Participants:** Caregivers of YMC transitioning from the Complex Care program (n=15), family physicians (n=15), and Complex Care team members (n=9). **Intervention:** The tri-partnership virtual handover involved a 45-60 minute meeting between the Complex Care nurse practitioner and pediatrician, caregiver, family physician, and other involved clinicians to prepare for transition. The handover included an overview of 1) the patient's medical summary, medications, and technologies, 2) sub-specialist referrals, 3) allied health and community resources, 4) funding applications, and 5) questions and action items. **Main Outcome Measures:** A post-handover questionnaire exploring the intervention's feasibility and acceptability was administrated to participants. Semi-structured qualitative interviews were also conducted with caregivers, family physicians, and Complex Care team members to understand perceptions of the intervention and the broader transition process for YMC. **Findings:** Tri-partnership virtual handovers were feasible, acceptable, accessible and valued among caregivers, family physicians and Complex Care team members. Five themes were identified from the interviews including: impact of the tri-partnership virtual handover, importance of involving the family, defining roles and setting expectations, gaps in adult care for YMC, and suggestions for improvement. **Conclusion:** Tri-partnership virtual handovers are a feasible way to enhance communication and foster mutual understanding among the paediatric team, family physician and family during transition for YMC.

Thursday 9 jeudi **Session ID: 346**

14:50–15:00 **AI for CVD Management: Primary care providers' perspectives**

Amrita Sandhu*; Kyle Vamvakas; Marie-Pierre Gagnon, PhD; Shahram Yousefi, PhD, PEng; Howard Bergman, MD, FCFP, FRCPC; Roland Grad, MDCM, MSc, FCFP; Pierre Pluye, MD, PhD; Isabelle Vedel, MD, PhD; Charo Rodriguez, MD, Msc, PhD; Samira Abbasgolizadeh-Rahimi, PhD

Learning objectives:

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

1. Describe current challenges for cardiovascular disease (CVD) management in female patients in primary healthcare
2. Identify primary care providers' needs and required features of an AI technology for CVD management
3. Elucidate primary care providers' ethical considerations and needs of such technology

Description:

Objectives: This work has a threefold purpose: 1) to describe current challenges for cardiovascular disease (CVD) management in female patients in primary healthcare; 2) to identify primary care providers' needs and required features of an AI technology for CVD management and; 3) to elucidate primary care providers' ethical considerations and needs of such technology. **Design:** Qualitative descriptive study. **Data Collection:** Semi-structured interviews. **Data Analysis:** Inductive thematic analysis. **Setting:** Primary healthcare centers affiliated with McGill University. **Participants:** Primary care providers i.e., family physicians, internists, and nurse practitioners (n=12) caring for female patients with or at higher risk of CVD. **Findings:** 1) Time constraints and misunderstanding of CVD risk factors among women emerged as challenges for primary care professionals.

Cultural differences and work-life balance were existing challenges for female patients, according to care providers. 2) Primary care providers expressed a need for more advanced, inclusive, and less-time consuming decision support tools to help them manage female patients' CVD. Required features included integration of tools for continuous monitoring of patients, and multi-lingual educational modules to address misconceptions. A simple, easy-to-use interface compatible with existing electronic medical records was also preferred. 3) Care providers highlighted several ethical principles that such technologies should prioritize including transparency and explainability, nonmaleficence, justice and accessibility. While concerns were raised about marginalizing patients without access to technology, the proposed tool was perceived as beneficial for others, such as patients with limited mobility. **Conclusion:** AI technologies could be effective to address existing challenges and assist primary care providers in CVD management among women. Health providers are open to using such tools in conjunction with their female patients. However, the development of such technology must integrate users' required features and needs and prioritize ethical principles to ensure the safe and effective use of AI-enabled tools for CVD management.

Thursday 9 jeudi **Session ID: 96** **Room / Salle : 517AB**

14:00–15:00 **Managing ADHD in Adults in Your Practice**

Nick Kates, MBBS, FRCPC, MCFPC (hon)

Learning objectives:

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

1. Understand the prevalence of ADHD in adults, and its impacts
2. Learn a framework for the assessment and management of ADHD in adults
3. Become familiar with the commonly used drugs and the indications for their use

Description:

Over 60% of children with ADHD will continue to have symptoms as adults, making it one of the most commonly encountered mental health problems seen in primary care but also one that is frequently overlooked. This workshop reviews the prevalence of Adult ADHD in primary care and the different ways it can affect an individual's life. It uses case examples to describe ways it can present in primary care, and how to recognize when it may be a comorbid condition, often accompanying a mood or anxiety disorder. It reviews the specific criteria required to make a diagnosis of ADD with or without hyperactivity, screening tools to detect its presence and a framework for its assessment. It presents an overview of treatment approaches including the importance of psychoeducation and support, providing structure and routine, family involvement, cognitive approaches and the use of medication. It outlines the different medication options and reviews guidelines for their initiation, monitoring and discontinuation, and the indications for each, and provides links to reading materials and resources that can be provided to patients.

Thursday 9 jeudi **Session ID: 48** **Room / Salle : 517CD**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

14:00–15:00 **PEER: What's new, what's true and what's poo? | PEER : nouveautés, vérités et faussetés**

Tina Korownyk, MD, CCFP; Michael Allan, MD, CCFP; Danielle Perry, MSc RN

Learning objectives:

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

1. Describe evidence of new diagnostic tests or therapies that should be implemented into current practice
2. Compare articles and evidence that may reaffirm currently utilized diagnostic tests, therapies or tools
3. Identify articles that highlight diagnostic tests, therapies or other tools that were misrepresented in studies/media

Description:

In this session, we will review top studies from the past year that have the potential to impact primary care. Topics will vary depending on recent studies. The presentations summarize the most impactful studies, condensed into one slide or at times rapid fire key findings from multiple studies. We will discuss whether the research implications of these studies are practice-changing or re- affirming or whether they should be ignored. Each will have clear and practical bottom-lines for implementation in to practice. Lastly, we'll add a few humorous studies and content - this is medicine and laughter is the best medicine.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire les données probantes sur les nouveaux tests diagnostiques ou traitements qui devraient être mis en œuvre dans la pratique courante
2. Comparer des articles et des données probantes susceptibles de confirmer des tests diagnostiques, des traitements ou des outils actuellement utilisés
3. Repérer les articles qui mettent en évidence des tests diagnostiques, des traitements ou d'autres outils qui ont été présentés sous un faux jour dans des études ou les médias

Description :

Lors de cette séance, nous passerons en revue les principales études publiées au cours de la dernière année qui sont susceptibles d'avoir une incidence sur les soins primaires. Les sujets varieront en fonction des études récentes. Les présentations résumeront les études les plus impactantes sous forme de diapositive unique ou, parfois, d'une énumération ultrarapide des principales constatations de plusieurs études. Nous indiquerons si les résultats des études ont pour conséquence de modifier ou de confirmer des pratiques ou s'il faut les ignorer. Chaque présentation sera accompagnée de conclusions claires et pratiques en vue d'une mise en œuvre concrète. Enfin, nous ajouterons des études et du contenu empreints d'humour, le meilleur remède qui soit dans notre domaine!

Thursday 9 jeudi **Session ID: 157** **Room / Salle : 510**

14:00–15:00 **Screening and Management of Social Needs in Pregnancy**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Jennifer Leavitt, MD, CCFP

Learning objectives:

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

1. Evaluate the evidence for screening for social determinants of health (SDOH) in pregnancy
2. Identify federal, provincial and local community resources to support pregnant persons
3. Integrate screening and referral for social needs into prenatal care

Description:

Negative social determinants of health (SDH) are established causes of poor health outcomes in pregnant persons and their infants. Pregnant people with poor SDH are more likely to experience complications of pregnancy (e.g. preterm labor, small for gestational age infants) and receive less prenatal care. They are more likely to experience substance use, domestic violence, and mental health concerns during their pregnancy. Their infants are more likely to have physical, mental, and developmental health problems. A child's limited access to SDH early in their life affects their whole life trajectory. The practice of screening for and referring patients to resources to improve SDH in pregnancy is best practice as suggested by ACOG, SOGC and some provincial perinatal pathways. Research on SDH screening in the prenatal care setting is minimal but there is a large body of research on screening for SDH in primary care and pediatric setting. Screening for SDH in pregnancy is insufficiently performed. Barriers to screening for SDH in pregnancy include lack of knowledge on how to screen for SDH and where to refer and lack of time. Data from existing pregnancy support programs suggest that we are missing pregnant persons who could benefit from referral. In this interactive session participants will evaluate the evidence for screening and referring for social needs in pregnancy and where evidence is not available in the prenatal setting, will apply what we are learning from research in primary care and pediatrics. Participants will explore evidence-based questions and tools to screen for SDH in pregnancy. The session will review examples of existing federal, provincial and local programs supporting SDH in pregnant persons. Participants will work in small groups and using case-based examples, examine how to implement screening and referral in their practices and teams.

Thursday 9 jeudi **Session ID: 392** **Room / Salle : 516C**

15:30–16:30 **Free Standing Papers**

Thursday 9 jeudi **Session ID: 375**

15:30–15:40 **Cost Display on Requisitions Impact Resident-Physicians Ordering Behaviour**

Dudhyaan Sri Rengansthan*, MD, MSc, BSc, CCFP; Matthew Orava, MD, MSc, CCFP; Anwar Parbtani, MD, PhD, FCFP, LM; Daniel Passafiume, MD. BSc, CCFP

Learning objectives:

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

1. Family Medicine residents respond with lower test ordering when test-costs are displsyed on requiring

---

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

2. Displaying test cost in the laboratory requisitions would have a positive health economic impact
3. There is a need to limit lipid testing when testing for HbA1C if not warranted

Description:

Objective: To assess whether displaying test-cost on laboratory requisitions impact test ordering pattern of family medicine residents. We close lipid test as it is a cost-sensitive test that is not routinely ordered for non-specific clinical presentation. **Design:** A time series analysis comparing difference in lipid tests ordered when test-cost were displaying on requisitions (2021) vs when cost were not displaying (2020). **Setting:** A family medicine teaching unit consisting of 10 PGY1 and 13 PGY2 residents. **Methods:** Data for the number of tests ordered (all tests, lipid and HbA1C - most concomittantly ordered test with lipids) from February to April 2020 vs 2021 was extracted from EMR charts. Patients' Sent, age, and residents' year of training were noted. **Statistics:** z-statistics was used for percentages. Logistic regression with variable cluster analysis was used to calculate probability of ordering lipid test, excluding impact of confpunders (HbA1C, patients' age, sex, a d residents training year). **Results:** Sample size was 379 for both years. There was no difference for number of males but there was a difference for females (57% in 2020 vs 64% in 2021; $p<0.001$). Logistic regression with variable cluster analysis shower a lower probability for lipid testing (-0.4) for 2021. **Conclusions:** The cost-display for lipid tests on laboratory requisitions resulted in reduced test ordering by family medicine residents irrespective of the year of training. While similar findings have been reported in general practice, it has not been studied in family medicine residency program

Thursday 9 jeudi **Session ID: 362**

15:40–15:50 **Scoping Review of COVID-19 Vaccination Models 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. Learn about the model of delivery of COVID vaccine to refugee population from literature
2. Learn about the model of delivery of other vaccine to refugee population from literature

Description:

Context: Refugees and migrants globally face inequities to healthcare and COVID-19 vaccination access, calling for tailored approaches to ensure equitable vaccine allocation. **Objective:** To review evidence on the models of delivery of COVID-19 and other vaccinations for refugee and migrant populations. **Design:** A scoping review was conducted according to PRISMA guidelines. Eleven electronic databases including SCOPUS, Embase, Medline, Web of Science and grey literature were searched using keywords Covid-19, vaccines/immunizations, and refugees/migrants. **Setting:** English and French studies from all countries and settings published between 2000 to May 2022. **Participants:** Studies with interventions targeting refugees, migrants, immigrants, or asylum seekers. **Main Outcome Measures:** Studies outlining models of delivery of COVID-19 vaccines or other vaccines for refugee or migrant populations. Editorials/reviews, policy analyses, and studies lacking evaluations were excluded. **Results:** Database searches identified a total of n=11,369 unique studies. After title/abstract screening, a total of n=222 full-texts were assessed for inclusion by two or three

reviewers in the case of conflict. A total of thirty (n=30) studies met inclusion criteria and were synthesized. Five studies (n=5) focused on the COVID-19 vaccine, with other studies focusing on influenza (n=6), HPV (n=4), Hepatitis B (n=2), multiple vaccines (n=8), and polio, cholera, Hepatitis A, and meningococcal vaccinations (n=1 each). Models of delivery were reviewed and thematically analyzed based on the National Academies' Framework for Equitable Allocation of the COVID-19 Vaccine. Among the COVID-19 vaccine interventions, all studies claimed success with strong adherence to the framework's fourth recommendation of incorporating communication and engagement strategies. Promising interventions included culturally-sensitive approaches, leveraging trusting partnerships, and providing accessible vaccination sites. **Conclusion:** Findings provide direction on the critical components of COVID-19 refugee vaccination models of delivery with actionable recommendations for academic, policy, clinical, and community audiences.

Thursday 9 jeudi **Session ID: 341**

15:50–16:00 **Chronic Pain Waiting Room Survey**

Clare Liddy*, MD, MSc, CCFP, FCFP; Rola Hashem, MSc; Tracy Deyell, PhD; Amin Zahrai; Alexander Singer, MB BCh BAO, CCFP; Gabrielle Logan, MSc; Geoff Bellingham, MD, FRCPC, ASRA-PMUC; Jennifer Anthonypillai; Tess McCutcheon, MI; Lynn Cooper; Marie Vigouroux; Melissa Milc; Norman Buckley, MD, FRCPC; Pablo Ingelmo, MD; Patricia Poulin, PhD; Regina Visca, MBA; Zahra Sepehri

Learning objectives:

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

1. Compare the wait times experienced by patients with chronic pain in different Canadian regions
2. Recognize the quality-of-life implications and the role of PCPs for chronic pain patients
3. Evaluate the unique needs and experiences of Canadians living with chronic pain

Description:

Objective: To assess the unique needs and experiences of Canadians waiting to access specialty care for their chronic pain. **Design:** Cross-sectional survey. **Setting:** Six chronic pain clinics in three Canadian provinces (MB: Winnipeg, QC: Montreal adult and pediatric sites, ON: London, Hamilton, and Ottawa). **Participants:** New patients attending or waiting to attend a chronic pain appointment within one week. **Intervention:** Participants completed a 20-item survey with questions pertaining to wait times and impact of chronic pain. **Main Outcome Measures:** Wait times were collected by asking how long patients had been waiting for their appointment since being referred. The survey also asked questions related to quality-of-life implications of chronic pain and explored the role of healthcare professionals, including primary care providers (PCPs), by asking participants about other healthcare professionals seen while waiting. **Results:** 595 patients completed the survey between February 2020 and September 2022. 56.9% (n=337) reported wait times under 6 months, 23.1% (n=137) between 6 and 12 months, and 18.6% (n=110) reported waiting over a year. Chronic pain was found to increase worry (48.1%, n=270), limit normal daily activities (58.6%, n=336), and affect participation in usual social recreational activities (60.0%, n=344) "quite a bit" or "extremely". The most visited healthcare professionals while waiting for a chronic pain clinic appointment were PCPs (68.7%, n=409), medical specialists (49.6%, n=295), and physiotherapists (47.6%, n=283). **Conclusion:** PCPs play a critical role in the management of chronic pain patients, and these findings underscore the importance of their involvement in addressing wait times. These findings provide real-time regional snapshots into wait times and access issues experienced by Canadians living with chronic pain. Understanding the patient experience is critical for understanding which

regions require modifications to existing services and informing the creation of tailored chronic pain services, such as eConsult, in each region.

Thursday 9 jeudi **Session ID: 255**

16:00–16:10 **Improving Access to Osteoporosis Specialists Using Electronic Consultations**

Claire Sethuram*; Warren Brown, MBBS, FRCPC; Gurleen Gill, MD; Clare Liddy, MD, MSc, CCFP, FCFP; Amir Afkham; Erin Keely, MD, FRCPC

Learning objectives:

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

1. List three most commonly asked osteoporosis-related questions by family physicians
2. Identify scenarios where sending an eConsult on behalf of a patient is beneficial
3. Integrate eConsult into the practice of family physicians

Description:

Objective: To identify the types of osteoporosis-related questions being asked by PCPs and describe the impact of the advice provided by osteoporosis specialists using eConsult. **Design:** We performed a cross-sectional study of osteoporosis-related eConsults submitted to endocrinologists between January 2018 and December 2020. **Setting:** The Champlain eConsult BASE™ Service in Ontario, Canada. **Main Outcome Measures:** Each eConsult was coded according to clinical question and answer type through consensus between two authors, based on pre-determined taxonomies established by the reviewers. We analyzed eConsult utilization data, including response times, PCP satisfaction, and referral outcomes, which were collected via PCP surveys following completion of the eConsult. **Results:** Of the 2528 eConsults sent to endocrinologists during the study period, 408 (16%) were specific to osteoporosis. The most common questions asked by PCPs were regarding whether or not to start treatment (35%), the initial therapy choice (25%), and how often to complete bone mineral density scans (15%). The most common responses from specialists included recommendations for bone mineral density scanning (34%), recommendation to start therapy (24%), and recommendation to treat using a bisphosphonate without the dose specified (23%). The median response interval was 3.1 days, and the median time spent by endocrinologists responding to the eConsult was 10.0 minutes. Eighty-four percent of cases were resolved without requiring an in-person referral. A course of action that PCPs already had in mind was confirmed in 42% of cases. Clear advice for a new course of action for PCPs to implement was provided in 54% of cases. **Conclusion:** Osteoporosis eConsults provide timely access to valuable specialist advice while avoiding unnecessary face-to-face clinic visits. Further, we identified commonly recurring osteoporosis questions asked by PCPs, which can be used to inform planning of future continuing professional development events.

Thursday 9 jeudi **Session ID: 351**

16:10–16:20 **"I Feel as if I Am Being Put Down For Being an Older Addict" – A scoping review and interpretive synthesis of older people's experience in opioid agonist therapy**

Lara Nixon*, MD, CCFP (COE); Megg Wylie, MD; Megan Sampson, MA; Martina Kelly, MbBCh, PhD, CCFP

Learning objectives:

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

1. Describe the lived experiences of older people receiving opioid agonist therapy (OAT)
2. Identify practice change opportunities to improve the experiences of older people in OAT
3. Identify policy change opportunities to improve the experiences of older people in OAT

Description:

Context: Growing numbers of older people are experiencing serious health and social consequences from opioid misuse. The benefits of Opioid Agonist Therapy (OAT) are well-established but existing literature provides limited information about the experiences of older people. This lack of direct inquiry hampers provider and planner response to the growing need for integrated addiction and aged care. **Objective:** To explore the lived experiences of older adults receiving opioid agonist therapy. **Design:** Scoping review methodology to identify and organize literature. Phenomenology-informed interpretive synthesis, grounded in verbatim accounts of older people receiving OAT reported in included studies. **Participants:** Empirical studies of 1) opioid agonist therapy, 2) older adults, and 3) patient experiences. Articles with primary data (direct first-person quotations) by older people on OAT (age >50 years) were included. **Intervention:** We systematically searched 6 databases. Studies were reviewed independently by 2 reviewers. Data extraction included study characteristics, including context, and all direct quotations. Researchers collaboratively and reflexively interpreted the qualitative data to develop a synthesis of older people's experiences in OAT. Citizen and practitioner stakeholder consultations helped to consolidate and enhance the review. **Results:** Of the 3235 reports identified, 237 underwent full-text review; 11 studies were included, providing 159 quotations reflecting (n=82) older adults' experiences in OAT. Participants reported multiple losses (health and relational), negative self-image, and wanting a different life, free of addiction. Many described their lives as "saved" by OAT, especially if accompanied by supportive friends, family, and care providers and care models. Some participants, however, expressed deep regret related to OAT, stemming from multidimensional stigma (intervention, interpersonal, and/or structural) in care and social relationships. For some, the processes and demands of participating in OAT further undermined their identities. **Conclusion:** OAT can be very positively experienced by older people when grounded in principles of patient-centred and inclusive aged care.

Thursday 9 jeudi **N° de la séance : 373**

16:20–16:30 **Développement de la collaboration intersectorielle entre les équipes de soins de santé primaire et les associations communautaires, par la recherche participative pour améliorer le soutien à l'autogestion des personnes vivant avec le diabète**

Géraldine Layani*, MSc, MD; Brigitte Vachon, PhD; Arnaud Duhoux, PhD, MD; Claire Gosselin; Mégane Pierre; Marie-Thérèse Lussier, MD, MSc; Isabelle Brault, PhD; Marie-Claude Vanier ,B.Pharm, MSc; Isabel Rodrigues, MSc, MD; Aude Motulsky, PhD; Janusz Kaczorowski, PhD; Pierre-Marie David, PhD; Alex Battaglini, PhD; Hélène Bihan PhD

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire une approche de soins innovante intersectorielle
2. Identifier les conditions favorables à la mise en oeuvre d'une intervention intersectorielle

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

3. Explorer des outils innovants soutenant l'autonimisation des personnes vivant avec le diabète

Description :

Objectif : Décrire 1) le processus de mise en œuvre d'une trajectoire de soins communautaire innovante par la collaboration intersectorielle pour améliorer l'autonomisation des personnes diabétiques et 2) la perception des intervenants engagés à l'implantation de cette trajectoire. **Type d'étude :** Recherche action participative. **Lieu :** Laval (Québec). **Participants :** patients partenaires, professionnels de deux groupes de médecine de famille universitaires et du centre du diabète, gestionnaires, organisateur communautaire, responsable d'un organisme communautaire et chercheurs. **Intervention :** 1) Co-création et implantation d'une trajectoire de soins communautaire innovante pour soutenir l'autonomisation des personnes qui vivent avec le diabète, 2) évaluation de la perception des partenaires engagés pour identifier leur acceptabilité de cette intervention. **Principaux paramètres d'évaluation :** Un comité principal et plusieurs sous-comités impliquant les participants ont été créés et se sont réunis régulièrement pendant 12 mois. Les réunions ont été enregistrées et des notes de terrain ont été prises pour documenter le processus de recherche participative. Des entretiens individuels ont été menés avec des membres du comité principal pour évaluer leur perception. L'analyse des données qualitatives a été réalisée de manière déductive par le cadre de Bilodeau. **Résultats :** Développement d'une trajectoire de soins innovante intersectorielle impliquant un organisme communautaire pour soutenir le parcours de vie des personnes diabétique. Création de modalités de références, d'outils de soutien à l'autonomisation et d'un comité intersectoriel. Les participants ont reconnu que la collaboration intersectorielle contribuait à une meilleure compréhension des rôles complémentaires des intervenants et à une approche de santé globale innovante pour les personnes diabétiques. **Conclusion :** L'approche intersectorielle optimise la mise en œuvre d'une approche de soins innovante centrée sur les besoins de la personne et de ses déterminants de la santé, mais implique un changement de culture organisationnelle. Un processus structuré et des conditions favorables sont nécessaires pour l'opérationnaliser.

Thursday 9 jeudi **Session ID: 56** **Room / Salle : 517AB**

15:30–16:30 **Is This Skin Cancer?**

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, FRACGP, FCFP; Horace Yu, MD, CCFP (EM)

Learning objectives:

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

1. Common skin cancers: categories, prevalence and etiology
2. How to differentiate and diagnose with appropriate tools
3. Options of management

Description:

"Is it skin cancer?" remains as a ever-resounding question raised by family medicine patients and also, by the family doctors themselves. Instead of making an instant dermatological referral for any dark or red spot seen and commit the patient to a 3-6 months' wait, it will be more ethical and fruitful to arrive at an initial impression which will greatly benefit clinical triage and management. This talk will provide a systemic and pragmatic

---

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

approach to address common skin cancers as seen in family medicine, reviewing their categories, etiology, prevalence before moving onto diagnoses and their differentials, and finally options of management. Ample slides will be shown plus useful mnemonics and flow-charts for deepening knowledge acquisition. Last but not least, barriers to change in practice will be discussed with suggested solutions.

Thursday 9 jeudi **Session ID: 161** **Room / Salle : 510**

15:30–16:30 **New Math: Dose calculations for cannabinoids, nicotine, and alcohol**

Lisa Graves, MD, CCFP (AM), FCFP, MClSc; Launette Rieb, MD, MSc, CCFP (AM), FCFP, DABAM, CCSAM, FASAM

Learning objectives:

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

1. Identify available formulations and delivery modes for cannabis/cannabinoids, nicotine, and alcohol
2. Determine amounts of active ingredients per unit and calculate daily dosages for the substances identified
3. Plan clinical shared decision-making for various product forms, integrating low risk dosing recommendations

Description:

In recent years there has been an explosion of available cannabis/cannabinoid products on the Canadian market including liquids for vaping and edibles. Patients and clinicians are often confused about dosing these products. Similarly, a shift from smoked tobacco to vaping nicotine has spawned an industry offering a wide variety of products and potencies, bewildering many. Standards for alcohol concentration for beer, wine and spirits have also changed from a decade ago, leading to the need for a focus on dose calculations in order to align advice with the newly released Canadian Guidance on Alcohol. Thus, family physicians find themselves engaging in a new math: Dose calculations to provide advice to patients related to risks, benefits and adverse reactions. Through a series of case-based vignettes, participants will work through this “new math” to better inform both themselves and their patients for this emerging conversation.

Thursday 9 jeudi **Session ID: 214** **Room / Salle : 512ABEF**

15:30–16:30 **Postgraduate Curriuclum Development: Contextualizing curricula across distributed sites**

Amie Davis, MD; Danielle O’Toole, MD

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

Learning objectives:

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

1. Explore integrating curriculum objectives utilizing the Core Professional Activities and CANMEDs Roles

2. Through case-based example, participants will contextualize a clinical curriculum to reflect geographical and clinical realities
3. Examine the role of integrating faculty development and education research into curricula development

Description:

In postgraduate family medicine training nationally, most programs include distributed training sites across a variety of clinical and geographic settings which means that delivery of clinical curriculum is often operationalized with differing resource needs between distributed sites. However, training outcomes are the same across a program, meaning that implementation of curricula must define resources and gaps for both faculty and learners to support the meeting of educational goals within a site and a program. Using a case example from the McMaster Department of Family Medicine, we will explore how a workshop based approach can help close that gap, and provide transparency for learners, faculty and clinical teachers. Over the past two years, we have developed and evolved a Longitudinal Indirect Patient Care Activities (IPCAs) curriculum in Family Medicine, which was adapted to meet the needs of varying sites across our distributed program. We will explore using our interactive workshop techniques, how this curriculum was adapted to meet local site resources, while providing faculty development and maintaining cohesive training outcomes related to the Core Professional Activities as articulated by the College of Family Physicians. IPCAs include activities such as documentation, billing, ordering and managing investigations, maintaining the chart, filling out forms, and prescription renewal. They occupy up to 50% of a family physicians work and its increasing volume has been linked to physician burnout. We will also explore how curriculum development provided faculty development opportunities to support faculty and learners in the implementation of a new curriculae and discuss how involvement of educational research and quality improvement modalities ensured cohesive implementation and ongoing development across sites and the entire educational program. We will also include some thoughts and suggestions as to how this approach has been modified to apply to block based curricula as well.

Thursday 9 jeudi **Session ID: 45** **Room / Salle : 517CD**

15:30–16:30 **Somatizing: What every family physician needs to know | Somatisation : ce que tout médecin de famille doit savoir**

Jon Davine, MD, FCFP, FRCP(C)

Learning objectives:

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

1. Describe the relevant DSM-5 diagnoses that make up the somatoform disorders
2. Describe the range of conscious and unconscious mechanisms involved in these disorders
3. Describe treatment modalities for these disorders, both psychopharmacological and psychotherapeutic

Description:

Family doctors often see patients who present with persistent somatic symptoms that seem to have no apparent medical basis. These situations can be challenging. Some studies have shown that up to 30% of patients that present to the doctor have no adequate physical cause to account for them. In this presentation, we define somatization and discuss an overview of somatoform disorders, using DSM-5 criteria. We focus on several diagnostic entities, including Somatic Symptom Disorder, Conversion Disorder, Illness Anxiety Disorder, Body

Dysmorphic Disorder, Factitious Disorder, and Malingering. We distinguish between conscious and unconscious mechanisms involved in these categories. We discussed the comorbidity between somatizing and other psychiatric illnesses, such as Major Depressive Disorder, Generalized Anxiety Disorder, Obsessive Compulsive Disorder, and Delusional Disorder. We summarize how to make a mind body link in a respectful and timely manner, that can be more easily heard by the patient who somatizes. We focus on treatment modalities, both psychopharmacologic and psychotherapeutic, that are seen as useful in the primary care setting.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire les diagnostics de troubles somatoformes du DSM-5
2. Décrire la gamme de mécanismes conscients et inconscients en jeu dans ces troubles
3. Décrire les modalités de traitement psychopharmacologique et psychothérapeutique de ces troubles

Description :

Les médecins de famille voient souvent des patients qui présentent des symptômes somatiques persistants qui semblent ne pas voir de fondement médical apparent. Ces situations peuvent se révéler difficiles. Selon certaines études, jusqu'à 30 % des patients qui consultent un médecin ne présentent aucune cause physique adéquate qui justifie leur visite. Dans cette présentation, nous définissons la somatisation et donnons un aperçu des troubles somatoformes à l'aide des critères du DSM-5. Nous nous concentrerons sur plusieurs entités diagnostiques, y compris le trouble à symptomatologie somatique, le trouble de conversion, la crainte excessive d'avoir une maladie, le trouble de dysmorphie corporelle, le trouble factice et la simulation. Nous établirons des distinctions entre les mécanismes conscients et inconscients en jeu dans ces catégories. Nous aborderons la concomitance de la somatisation et d'autres maladies psychiatriques, comme le trouble dépressif caractérisé, l'anxiété généralisée, le trouble obsessionnel-compulsif et le trouble délirant. Nous résumerons la manière d'établir, avec respect et en temps opportun, une relation entre l'esprit et le corps qu'un patient qui somatise puisse plus facilement entendre. Nous nous concentrerons sur les modalités de traitement, tant psychopharmacologiques que psychothérapeutiques, qui sont perçues comme étant utiles dans le contexte des soins primaires.

Thursday 9 jeudi **Session ID: 122** **Room / Salle : 516AB**

15:30–16:30 **Teaching Strategies for New Clinical Preceptors**

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

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

Learning objectives:

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

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

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Description:

Goal of the session is to introduce educational theories including the Kolb's experiential learning cycle and the adult learning theories which will allow preceptors to help learners become self-directed and facilitate growth mindset. We will also introduce the clinical teaching framework and discuss how it will help in providing effective clinical teaching in busy clinical practices. Finally, we will talk about tools that help enhance both teaching and providing feedback in a clinical setting as well as briefly address supporting a learner in difficulty.

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Friday, November 10 / Vendredi 10 novembre

Friday 10 vendredi **Session ID: 50** **Room / Salle : 516DE**

7:30–18:00 **Airway Interventions and Management in Emergencies (AIME) Course 2**

George Kovacs, MD, FRCPC

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 18 Mainpro+ credits.

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Be more confident and comfortable in making acute care airway management decisions
2. Have acquired a practical staged approach to airway management
3. Choose the most appropriate method of airway management based on a variety of patient presentations

Description:

The Airway Interventions and Management in Emergencies (AIME) course has been providing valued and practical hands-on airway management learning experiences for clinicians around the world for over 21 years. This program is designed for physicians working in an acute care setting requiring them to competently manage patients in need of emergency airway management. AIME educators are experienced (and entertaining) clinical instructors who understand the varied work environments of practicing clinicians. Whether you work in a large, high volume centre or a small remote setting, AIME will provide a practical approach for airway management in emergencies.

Friday 10 vendredi **Session ID: 109** **Room / Salle : 510**

8:30–9:30 **How Mentoring Can Change Your Life?**

Dominique Deschênes; MD, CCFP, FCFP; Éveline Hudon, MD, MCISc, CCFP, FCFP; Marie-Claude Moore, MD, MCISc, CCFP; Sophie Juignier, BA

Learning objectives:

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

1. Identify the basics of family medicine mentorshop based on the Quebec experience
2. Recognize how this unique type of support meets personal and professional needs
3. Implement the keys to a successful mentoring relationship

Description:

Demystify mentoring, an effective means of personal and professional development based on a voluntary, free, and confidential interpersonal relationship. At the end of the presentation, you will understand the basics of this

unique support method and how it can concretely help you optimize your well-being in your practice and in your personal life. We will present the keys to success and the tools for a fulfilling and profitable relationship for both the mentee and the mentor.

Friday 10 vendredi **Session ID: 395** **Room / Salle : 517CD**

8:30–9:45 🎧 🎬 **Fiers d'être qui nous sommes : des généralistes ! | Proud to Be Who We Are: Generalists!**

Marie-Dominique Beaulieu,C.M., C.Q., M.D., M.Sc., FCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. D'estimer l'impact des grandes tendances de l'évolution de la médecine et des systèmes de santé sur la pratique des médecins de famille et les attentes à leur égard
2. De reconnaître ce qui constitue l'expertise clinique unique des médecins de famille dans l'écosystème de la santé
3. D'identifier les conditions de succès à mettre en place pour que la pratique de la médecine de famille atteigne son plein potentiel pour les patients et soit gratifiante pour nous

Description :

Alors que la médecine et les systèmes de santé sont en transformation, la question de la contribution des médecins de famille est encore posée. Cette conférence propose une réflexion sur ce qui constitue et constituera l'expertise unique des médecins de famille.

Learning objectives:

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

1. Estimate the impact of major trends in medicine and health system developments on family physician practice and expectations of them
2. Recognize what constitutes the unique clinical expertise of family physicians in the health ecosystem
3. Identify the conditions for success to be put in place so that the practice of family medicine reaches its full potential for patients and is rewarding for us

Description:

While medicine and health systems are changing, the question of the contribution of family physicians is still being raised. This presentation offers a reflection on what constitutes and will constitute the unique expertise of family physicians.

Friday 10 vendredi **Session ID: 71** **Room / Salle : 516AB**

8:30–9:30 **Reaching Out: Relevant and accessible clinical preceptor faculty development**

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

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

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

Learning objectives:

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

4. Describe best practices for distributed faculty development
5. Explore several examples of successful distributed faculty development
6. Integrate the principles discussed into their own distributed faculty development program

Description:

Every medical school faces the challenge of providing faculty development opportunities for distributed clinical teachers. There are various models and modes of delivery of faculty development, each with strengths and limitations. The evidence suggests "mixed methods" are essential to address the many challenges that include geography, time constraints, funding, and human resource challenges and motivations. This workshop will provide opportunity for those who plan/implement faculty development and for the many distributed community based clinical faculty (preceptors) who wish to enhance their abilities as teachers, researchers, leaders and change makers in our complex health care system. Using our successful longitudinal rural faculty development program in research skills as a foundation, we will explore the evidence and engage the experience of the participants in models of successful distributed faculty development. The CFPC Fundamental Teaching Activities framework (FTA) will provide a shared mental model of clinical teacher competencies. Participants will actively problem solve the challenges they face in the provision of faculty development and emerge from the workshop with innovative ideas to apply to their own context.

Friday 10 vendredi **Session ID: 222** **Room / Salle : 517AB**

8:30–9:30 **Transitioning to Practice 101**

Kassandra Briand, MD

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

Learning objectives:

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

1. Introduce skills and resources to facilitate smooth transition into practice
2. Discuss various job opportunities across the country and how to choose
3. Offer diverse perspectives of new FM physicians; tips and challenges upon transitioning to independent practice

Description:

Second year Family Medicine residents are often anxious and indecisive when considering future career pathways after graduation. Guidance, resources, and advice from our peers through firsthand experiences has shown to reassure many residents/FFYP. This interactive session, facilitated by the Section of Residents of the CFPC, will consist of a diverse panel of newly practicing family doctors from across the country who will identify essential information through their personal experiences as well as tips and strategies in choosing the

right job, different types of practices (shared health, salary, fee for service, focused practices, hospital medicine, full spectrum practice etc.), what to expect when transitioning to practice and dealing with daily obstacles/stress. The session will conclude with an opportunity to ask questions related to transitioning to practice.

Friday 10 vendredi **Session ID: 147** **Room / Salle : 511**

8:30–9:30 **Veteran Care: Beyond "thank you for your service"**

Burton McCann, MD, JD, CCBOM, FCFP; Brent Wolfrom, MD CCFP FCFP

Learning objectives:

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

1. Recognize Veterans in your practice
2. Integrate Veteran lived experience and cultural competence into your patient's care
3. Apply Veteran care tools and resources

Description:

Veterans' Week and Family Medicine Forum correspond for 2023. It is an ideal time to reflect upon the gaps in care for a surprisingly under-recognized and under-serviced group. This highly interactive session will begin with a quick review of the magnitude of Veteran Health in comprehensive family practice, followed by distilled key points for Family Physicians from Canadian and international research on the health conditions affecting the women and men who have served in the Canadian Armed Forces. The session will then explore Veteran lived experience and how to heighten Family Physician's associated "cultural competence" to assist in pushing through barriers to change. Practical care tips and Veteran care practice tools and resources will be shared. At the conclusion of the session Family Physicians will have have a better understanding of Veterans in their practice and an enhanced confidence in their ability to provide high quality care to this key patient group.

Friday 10 vendredi **Session ID: 68** **Room / Salle : 519A**

10:00–17:00 **LEAP Core Hybrid**

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Describe the palliative care context and benefits of implementing a palliative care approach
2. Initiate essential discussions related to palliative and end-of-life care in daily work
3. Assess and manage pain; delirium; gastrointestinal symptoms, hydration, and nutrition; and respiratory symptoms

Description:

LEAP Core is a facilitated online learning program that provides family physicians and residents with the essential skills and competencies of the palliative care approach. LEAP Core includes 17 interactive, self-learning online modules and 6 hours of webinars led by LEAP facilitators who are experienced palliative care clinicians and educators. LEAP Core is ideal for any family physician or resident who would like to complete training in palliative care at their own pace and who provides care for patients with life-threatening and progressive life-limiting illnesses. The online, self-learning modules include Taking Ownership; Advance Care Planning; Goals of Care and Decision-Making; Pain Assessment; Pain Management; Delirium Assessment; Delirium Management; Depression, Anxiety, and Grief; Dyspnea; Hydration and Nutrition; Gastrointestinal Symptoms; Palliative Sedation; Request to Hasten Death; Suffering, Spiritual Care, and Maintaining Hope; and Last Days and Hours.

Please ensure you have enough time to complete 3 Pre-Course Activities (1 to 2 hours of work) and 16 self-learning online modules (8 hours of work) before the start of your first LEAP Core (online) webinar. This two-credit-per-hour Group Learning program meets the certification criteria of the College of Family Physicians of Canada and the Quebec College of Family Physicians and has been approved for 24 Mainpro+® credits under the condition that the ethical standards are met.

Friday 10 vendredi **Session ID: 110** **Room / Salle : 516C**

10:15–11:15 **A Refresher on Intrapartum Delivery Techniques**

Sanja Kostov, MD, CCFP; Milena Forte, MD, CCFP, FCFP; Susan Avery, MD, CCFP, FCFP; Kali Gartner, MD, CCFP (AM); Hannah Shenker, MD, CCFP

Learning objectives:

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

1. Discuss indications, contraindications, benefits, risks, and steps involved in common intrapartum procedures
2. Demonstrate current evidence-based delivery technique, including the 2-step delivery of shoulders
3. Demonstrate intrapartum skills including: vacuum-assisted birth, managing shoulder dystocia, maneuvers for a tight nuchal cord

Description:

This popular, interactive and practical “hands on” session using manikins will provide participants with an opportunity to develop knowledge and skills in intrapartum care. In small groups, participants will have the opportunity to review and practice crucial intrapartum skills such as evidence-based vaginal birth (including the “2-step” delivery of the shoulders), vacuum-assisted birth, management of shoulder dystocia, and maneuvers (including the somersault maneuver) when encountering a tight nuchal cord. Additional skills such as management of postpartum hemorrhage may also be offered as part of the session as time permits. Participants will feel more confident in their ability to perform intrapartum care at the conclusion of this session.

Friday 10 vendredi **Session ID: 183** **Room / Salle : 510**

10:15–11:15 **Breaking the Inertia: Developing characteristics of Indigenous allyship (Part 1 of 2)**

Veronica McKinney, MD; Christy Anderson

Learning objectives:

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

1. Apply competencies from Indigenous Health Supplement within teaching/clinical practice to address systemic racism, heath inequities
2. Demonstrate how developing allyship characteristics enhances physicians' ability to care for and support Indigenous patients
3. Learn concrete steps to developing characteristics of Indigenous allyship to support cultural humility and agility

Description:

The CanMEDS-FM Indigenous Health Supplement was developed to address the need for family physicians to learn the link between how the historical and contemporary impacts of colonization, racism and oppression continue to create gaps in health outcomes for Indigenous people; to gain competency in providing culturally safe care to Indigenous patients, and; to address health inequities in clinical practice, advocacy work, and teaching. Building on the principles and competencies outlined in the Indigenous Health Supplement, this session supports participants to develop characteristics of Indigenous allyship. Many people report that it is fear that prevents them from engaging with Indigenous communities. The discovery of 215 unmarked graves at Tk'emlups (Kamloops) residential school in May of 2021 brought strong emotions for Indigenous and non-Indigenous people alike. Many Canadians have a desire to participate in reconciliation, yet often report that they are afraid to engage out for fear of saying or doing the wrong thing. The session will offer a path out of inertia and highlight some simple approaches to developing characteristics of Indigenous allyship. We will touch on preparing residents and family physicians to work in Indigenous communities, making land acknowledgements meaningful, and enhancing relational practice with Indigenous patients. Part of this session will utilize a traditional talking circle, highlighting that we are all in the process of reconciliation together. In the circle we are all equal, and we are part of something bigger than ourselves. We are not alone in this work of reconciliation and each one of us has something to contribute. Join the session to experience how physicians can develop characteristics of Indigenous allyship. This session will be a rewarding experience to enhance your work to better serve Indigenous patients and communities.

Friday 10 vendredi **Session ID: 166** **Room / Salle : 511**

10:15–11:15 **First Five Years: Essential snappers for early career physicians**

Kiran Dhillon, MD, MEd, CCFP; Brady Bouchard, BSEE, MBBS, CCFP, CCSAM; Megan Clark, MD, CCFP; Anna Schwartz, MD, CCFP

Learning objectives:

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

1. Recognize common clinical challenges encountered by new-in-practice family physicians

2. Implement specific strategies and tools to address practice management issues frequently faced in early career
3. Apply the actionable methods and phrases discussed when similar situations arise in day-to-day practice

Description:

This snappers-style session will focus on common areas of concern for early career physicians in brief 10-minute presentations on key topics identified by family doctors in their first five years of practice. The topics will range from clinical questions to practice management challenges. The presenters will identify a challenge commonly encountered by new family physicians, share their personal experience, and offer concrete approaches to manage it in day-to-day practice. The suggestions offered will be specific and actionable to provide attendees with the confidence to tackle difficult situations as they begin practicing family medicine. Over the course of an hour, established family physicians will share their strategies to address concerns that often arise during the first five years in practice in a series of highly informative but bite-sized presentations, followed by an opportunity for questions.

Friday 10 vendredi **Session ID: 234** **Room / Salle : 517CD**

10:15–11:15 **Hidden Complication of Diabetes and Obesity: Non-alcoholic fatty liver disease | Une complication cachée du diabète et de l'obésité : la stéatose hépatique non alcoolique**

James Kim, MBBCh, PgDip; Akshay Jainn, MD, FRCPC, FACE, CCD, ECNU, DABIM, DABOM

Learning objectives:

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

1. Explain the significant health related impacts of NAFLD
2. Apply simple screening tools available for NAFLD for non-hepatologist
3. Examine the suggested treatment options for NAFLD including the new recommendations from Diabetes Canada

Description:

Non-alcoholic fatty liver disease (NAFLD) can lead to devastating cardiovascular and hepatic consequences and it is estimated that 8 million Canadians are affected by NAFLD while 55% of people living with type 2 diabetes are affected by this condition, but it has often been neglected and overlooked by the health care providers (HCPs) due to lack of appreciation of its existence and consequences. NAFLD is slowly overtaking the other hepatic conditions as number one cause for liver transplant with significantly worse prognosis. This is a condition that is developed primarily due to insulin resistance with diabetes and obesity being the main risk factors. For this reason, it is plausible to believe that this is a condition which will be managed mostly by the primary care providers and endocrinologists in the future. Although handful of suggested algorithms are available, unfortunately they are not well disseminated, or thought to be complex, nor there are Health Canada approved treatments available, as lifestyle remains the only known therapy in treating NAFLD. However, recent studies have shown some promises with medications that are often used in managing diabetes which may help in managing NAFLD. This session will cover the proposed screening algorithm and potential treatment options available for NAFLD in our non-hepatology clinic, including the recommendations from Diabetes Canada.

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Expliquer les répercussions significatives de la NAFLD sur la santé
2. Appliquer des outils de dépistage simples de la NAFLD qui sont disponibles pour les non-hépatologues
3. Examiner les options thérapeutiques suggérées pour la NAFLD, y compris les nouvelles recommandations de Diabète Canada

Description :

La stéatose hépatique non alcoolique (NAFLD) peut entraîner des conséquences cardiovasculaires et hépatiques dévastatrices. On estime que 8 millions de Canadiens en sont atteints, y compris 55 % des personnes vivant avec le diabète de type 2. Les fournisseurs de soins de santé (FSS) ont souvent négligé et ignoré cette maladie à cause d'une méconnaissance de son existence et de ses répercussions. La NAFLD est en train de remplacer lentement les autres pathologies hépatiques comme principale cause de transplantation du foie, avec un pronostic significativement pire. Elle est surtout causée par l'insulinorésistance, le diabète et l'obésité constituant les principaux facteurs de risque. Voilà pourquoi il est plausible de croire qu'il s'agit d'une pathologie qui sera prise en charge principalement par les fournisseurs de soins primaires et les endocrinologues à l'avenir. Quelques algorithmes suggérés sont disponibles, mais, malheureusement, ils ne sont pas bien diffusés ou ils sont jugés complexes. En outre, il n'existe pas de traitement homologué par Santé Canada. Les changements de style de vie demeurent donc le seul traitement connu de la NAFLD. Cependant, selon des études récentes, des médicaments souvent utilisés pour la prise en charge du diabète pourraient se révéler prometteurs pour celle de la NAFLD. Cette séance traitera de l'algorithme de dépistage proposé et des options thérapeutiques disponibles pour la NAFLD dans notre clinique non spécialisée en hépatologie, y compris les recommandations de Diabète Canada.

Friday 10 vendredi **Session ID: 168** **Room / Salle : 517AB**

10:15–11:15 **HIV 2023: PreP/PEP and other pearls**

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

Learning objectives:

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

1. Describe an approach to using HIV prevention tools (PrEP, PEP) applicable to the clinical setting
2. Describe steps to initial management of a patient with new HIV positive serology
3. Review common medications used in initial HIV management, including common side effects and interactions

Description:

As patients infected with HIV are living longer, more and more Primary Care Providers (PCPs) may have an opportunity to provide some aspect of care for this distinct group of patients. PCPs can also play a crucial role in the delivery of preventative care. HIV prevention for individuals at-risk is a role we as family physicians and PCPs can all participate in. From counseling to biomedical approaches to HIV Prevention - including HIV Pre-

exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) - PCPs are in the ideal position to provide this part of preventative care. The presenters are family physicians that belong to one of the largest Academic Family Health Teams (FHT) in Canada. Within their FHT located in urban Toronto, they care for over 1500 HIV+ patients, from those that are marginalised or under-housed, as well as those that come from a variety of socioeconomic backgrounds. With valuable feedback from popular FMF sessions of the past, we developed this session with you in mind! This session is aimed for those PCPs that have none or few HIV patients in their practice, or those that have patients at risk for HIV. At the conclusion of this session aimed at PCPs including family medicine residents/learners, nurses, nurse practitioners, and family physicians, participants will gain more confidence managing their patients living with HIV, or those at risk for HIV. The presenters will cover topics we believe are essential to basic, contemporary HIV care and prevention. We will be providing opportunities to explore the unique issues and challenges related to these topics in an interactive format.

Friday 10 vendredi **N° de la séance : 26** **Salle : 512ABEF**

10:15–11:15 **Le trouble lié au jeu de hasard et d'argent**

Magaly Brodeur, MD, MA, PhD, CCMF; Andrée-Anne Légaré, PhD

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Détecter le trouble lié au jeu de hasard et d'argent
2. Identifier les habitudes de jeu à moindre risque
3. Nommer les traitements reconnus du trouble lié au jeu de hasard et d'argent

Description :

Les jeux de hasard et d'argent (JHA) occupent une place majeure dans les habitudes de consommation de la population canadienne. Alors que la majorité des personnes s'adonnant aux JHA présentent des habitudes de jeu à faible risque et ne subissent pas de conséquences néfastes associées à leur pratique des JHA, d'autres présentent un trouble lié au jeu de hasard et d'argent (TJHA). Le TJHA est généralement peu connu des médecins de famille et de nombreux médecins rapportent se sentir démunis vis-à-vis un patient présentant un TJHA. L'objectif de cette présentation est de présenter le nouveau guide intitulé « Approche pratique sur le trouble lié au jeu de hasard et d'argent destiné aux médecins de famille » qui sera publié en 2023 par le Collège des médecins de famille du Canada. Ce guide inspiré du document « Approche pratique des troubles liés à l'usage de substances à l'intention des médecins de famille » publié en 2021 par le Groupe d'intérêt des membres en médecine des toxicomanies du Collège des médecins de famille du Canada vise à aider les médecins de famille canadiens à reconnaître et à traiter le TJHA ainsi qu'à offrir des soins et services de qualité aux personnes présentant un TJHA ainsi que leurs proches. Ce projet a été soutenu par la Section des groupes d'intérêt des membres, Département des programmes et du soutien à la pratique du Collège des médecins de famille du Canada.

Friday 10 vendredi **Session ID: 111** **Room / Salle : 516AB**

10:15–11:15 **Supporting Mentorship for New Leaders in Family Medicine**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Alison Baker, MD, CCFP, FCFP; Molly Whalen-Browne, MD, MSc, DTM&H, CCFP; Viola Antao, MD, CCFP, MHSc, FCFP; Deborah Kopansky-Giles

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

Learning objectives:

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

1. Identify enablers and barriers to a successful mentoring relationship
2. Propose potential next steps to address their mentorship needs
3. Respond to their leadership challenges by strengthening and diversifying their mentoring relationships

Description:

The success of Family Medicine (FM) education depends on effective leadership. FM academic leaders may start an educational leadership position with little knowledge or guidance and learn experientially how to navigate a complex system with multiple responsibilities. Mentorship is a strong enabler in helping strengthen leadership development and can impact identity formation, career trajectory, wellness, and job satisfaction. A good quality mentoring relationship can benefit both the mentor and mentee. A strong leadership foundation involves mentorship, peer support, coaching, and a Community of Practice. Polling activities will engage participants to reflect on their specific mentoring needs. Through reflective exercises participants will actively apply mentorship concepts to leadership challenges. In this session, we will explore challenges for FM leaders and offer practical tips on leadership development strategies through mentorship. This session is suitable for both early and established FM leaders and will provide information relevant to mentors and mentees.

Friday 10 vendredi **Session ID: 129** **Room / Salle : 516AB**

11:30–12:30 **A Competency-Based PGME Opioid Curriculum for Family Medicine**

Lisa Graves, MD, CCFP (AM), FCFP, MClSc; Nicholas Cofie, MA, MPhil, PhD; Nancy Dalgarno, MEd, PhD; Robert Van Hoorn, MA; Jeanne Mulder, PhD; Richard van Wylick, MD, FRCPC

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

Learning objectives:

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

1. Demonstrate knowledge about the content and scope of the new PGME curriculum
2. Identify the learning objectives and competencies of the new curriculum
3. Apply the new curriculum in family medicine education

Description:

Residency education in pain management and substance use disorder in Canada is rarely delivered as a formal course unit. Often, it appears in fragments across multiple sessions, rotations, and specialties. This fragmentation of standardized training and the challenge of the opioid crisis have led to the development and implementation of a new competency based postgraduate medical education (PGME) curriculum for opioid use by the Association of Faculties of Medicine of Canada (AFMC). This session will present a review of the AFMC

curriculum and demonstrate its applicability/potential for family medicine postgraduate education. We will examine the content of the curriculum, its learning objectives, and delineate key competencies based on the CanMEDs-FM framework. We will also present selected findings from a pilot evaluation study that examined the impact of the new curriculum. The content of the PGME curriculum includes 1) Building Relationships with Individuals: Navigating Difficult Conversations about Opioids, 2) Opioid Stewardship: Prescribing and Management, 3) Opioid Stewardship: Rotation and Deprescribing, 4) Opioid Use Disorder Assessment & Management, 5) Management of Chronic Pain in Diverse Patient Populations, 6) Cancer-Related Pain, 7) Advanced Knowledge of Pain and Management, and 8) Management of Chronic Pain. Each module is presented as an online, bilingual, asynchronous learning module. In addition, simulation cases will be introduced as an addition to the curriculum. Methods to integrate the curriculum into family medicine postgraduate teaching form one of the interactive components of this session. This curriculum has the potential to bridge the knowledge gap in pain management and substance use disorder in family medicine residency training across Canada.

Friday 10 vendredi **Session ID: 183** **Room / Salle : 510**

11:30–12:30 **Breaking the Inertia: Developing characteristics of Indigenous allyship (Part 2 of 2)**

Veronica McKinney, MD; Christy Anderson

Learning objectives:

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

1. Apply competencies from Indigenous Health Supplement within teaching/clinical practice to address systemic racism, heath inequities
2. Demonstrate how developing allyship characteristics enhances physicians' ability to care for and support Indigenous patients
3. Learn concrete steps to developing characteristics of Indigenous allyship to support cultural humility and agility

Description:

The CanMEDS-FM Indigenous Health Supplement was developed to address the need for family physicians to learn the link between how the historical and contemporary impacts of colonization, racism and oppression continue to create gaps in health outcomes for Indigenous people; to gain competency in providing culturally safe care to Indigenous patients, and; to address health inequities in clinical practice, advocacy work, and teaching. Building on the principles and competencies outlined in the Indigenous Health Supplement, this session supports participants to develop characteristics of Indigenous allyship. Many people report that it is fear that prevents them from engaging with Indigenous communities. The discovery of 215 unmarked graves at Tk'emlups (Kamloops) residential school in May of 2021 brought strong emotions for Indigenous and non-Indigenous people alike. Many Canadians have a desire to participate in reconciliation, yet often report that they are afraid to engage out for fear of saying or doing the wrong thing. The session will offer a path out of inertia and highlight some simple approaches to developing characteristics of Indigenous allyship. We will touch on preparing residents and family physicians to work in Indigenous communities, making land acknowledgements meaningful, and enhancing relational practice with Indigenous patients. Part of this session

will utilize a traditional talking circle, highlighting that we are all in the process of reconciliation together. In the circle we are all equal, and we are part of something bigger than ourselves. We are not alone in this work of reconciliation and each one of us has something to contribute. Join the session to experience how physicians can develop characteristics of Indigenous allyship. This session will be a rewarding experience to enhance your work to better serve Indigenous patients and communities.

Friday 10 vendredi **Session ID: 36** **Room / Salle : 517CD**

11:30–12:30 **Cancer Screening Highlighting on Lung Cancer Screening | Dépistage du cancer, en particulier celui du poumon**

Alan Kaplan, CCFP, EM, FCFP

Learning objectives:

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

1. Define current cancer screening practices in Canada, with some key highlights
2. Review the criteria for lung cancer screening
3. Review how to deal with the lung cancer reports

Description:

Lung cancer is now the most common cancer in Canada. Because it is often found late, outcomes are not very good, although newer biologic targeted therapies have changed this landscape. We will touch on highlights regarding the current screenings for breast, cervix, colon and prostate but highlight how to approach screening in your practice. Lung cancer screening availability is different across the country and we will review how this should be approached in your practices.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Définir les pratiques actuelles de dépistage du cancer au Canada, avec quelques points saillants
2. Passer en revue les critères de dépistage du cancer du poumon
3. Passer en revue la manière de donner suite aux rapports de dépistage du cancer du poumon

Description :

Le cancer du poumon est maintenant l'un des cancers les plus courants au Canada. Parce qu'il est souvent détecté tardivement, les issues ne sont pas très bonnes, bien que des traitements biologiques ciblés plus récents aient changé la donne. Nous nous intéresserons aux tests de dépistage actuels des cancers du sein, du col de l'utérus, du côlon et de la prostate, mais nous mettrons l'accent sur la manière d'aborder le dépistage dans votre cabinet. La disponibilité du dépistage du cancer du poumon varie à travers le pays. Nous examinerons la façon dont vous devriez réagir à cette situation dans vos cabinets.

Friday 10 vendredi **Session ID: 117** **Room / Salle : 516C**

11:30–12:30 **Career Options and Development in Family Medicine**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Aaron Jattan, MD, MMEd, CCFP; Amanda West, MD, CCFP

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

Learning objectives:

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

1. Recognize the variety of clinical and non-clinical roles available to family physicians
2. Contrast clinical and non-clinical roles with regards to factors such as scheduling and remuneration
3. Examine strategies to incorporate variety into ones' primary clinical practice

Description:

In this session, geared towards community family physicians, residents and physicians in their First Five Years of Practice, we discuss the myriad of clinical and non-clinical options available to family physicians. By highlighting the diversity in clinical and non-clinical practice (e.g. leadership, academia, research, advocacy), we hope to highlight ways in which physicians can diversify their practice. We will discuss some of the primary differences in non-clinical work including scheduling, administration and remuneration. Furthermore, we will identify strategies for physicians to develop skills to prepare themselves for roles for which they may have had little training (e.g. mentorship, professional degrees). We hope that participants who are eager to broaden their work as a family physician will be able to develop strategies for how to achieve their goals.

Friday 10 vendredi **N° de la séance : 192** **Salle : 512ABEF**

11:30–12:30 **Investiguer avec soin : reconnaître les examens d'imagerie inutiles**

Pascale Breault, MD, CCMF; Guylène Thériault, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Prescrire l'imagerie de façon appropriée en lombalgie
2. Utiliser les examens d'imagerie de façon appropriée pour les cas de céphalée
3. Réfléchir à l'usage judicieux de l'imagerie afin de réduire les incidentalomes

Description :

Ce n'est qu'une petite radiographie après tout! Impossible de nuire au patient non? Force est de constater que les examens d'imagerie sont fréquemment surutilisés au Canada et ce particulièrement en première ligne. Au-delà des coûts engendrés, ces examens inutiles ont des risques bien réels pour les patients. Les risques de faux positifs, d'incidentalomes et de surtraitement sont des enjeux à connaître afin de favoriser une saine utilisation des tests en imagerie. Heureusement, nos conférenciers ont pensé à vous et vous ont préparé une petite trousse de survie pour cliniciens voulant se départir de leur tendance à prescrire des tests « au cas ou ».

Friday 10 vendredi **Session ID: 8** **Room / Salle : 511**

11:30–12:30 **NB: A family physician's guide to non-binary gender diversity**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

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

1. Define gender diversity and non-binary gender identities
2. Evaluate the options of medical transition in non-binary persons
3. Develop a practical approach to supporting your gender diverse patients

Description:

What do I do when my patient presents with a gender identity that I may never have heard of? Do all gender diverse / non-binary persons require hormones? Need surgery? What is available in 2023 and how does this all work if a binary transition is not desirable. As FP has become increasingly involved in the management of medical transition, this group further challenges our understanding and expertise. This session is going to give you a better understanding and approach to this patient population which is growing exponentially. Being "trans-friendly" is not enough. Expect to improve on your overall gender diverse medical competency. Dr Ted Jablonski (he,him) is a family physician in Calgary with longstanding expertise in sexual medicine and transgender and gender diverse (TGD) health. His sessions are always highest rated for their practical clinical pearls.

Friday 10 vendredi **Session ID: 193** **Room / Salle : 517AB**

11:30–12:30 **Choose Your Briefs: Audience-selected clinical topics from PEER's game board**

Michael Kolber, MD, CCFP, MSc; Adrienne Lindblad, BSP, ACPR, PharmD; Samantha Moe, PharmD, ACPR

Learning objectives:

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

1. Summarize high level evidence for a number of clinical questions
2. Incorporate best evidence for common primary care questions in patient care
3. Differentiate between interventions with minimal benefit and strong evidence for patient-oriented outcomes

Description:

This talk will be presented by PEER, and is a fast-paced review of answers to common clinical questions in primary care. The audience will select the questions from a list of possible topics and then one of the presenters will review the evidence and provide a bottom-line, all in less than 5 minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.

Friday 10 vendredi **Session ID: 397** **Room / Salle : 517AB**

12:45–13:45 **Diabetes Insights for Your Practice: A Fireside Chat Series Module 3 – Clinical Advancements: Antihyperglycemic selection and longer acting insulin analogs**

Stavroula Christopoulos, MD

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Cette présentation est une séance auxiliaire, parrainée et financée par un fournisseur de DPC qui pourrait avoir reçu un financement externe pour la conception du programme. Tout conflit d'intérêts sera entièrement divulgué sur les diapositives et mentionné verbalement au début de la présentation.

Learning objectives:

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

1. Discuss the methods of improving glycemic control in people with type 2 diabetes not reaching A1C target with basal insulin
2. Determine the benefits and risks of adding an SGLT2i, DPP-4i or GLP-1 RA in people with type 2 diabetes on basal insulin
3. Address common issues that arise when adding antihyperglycemic agents to patients with type 2 diabetes using basal insulin

Description:

Managing type 2 diabetes has become more complicated for family physicians and allied primary care health care professionals, who continue to see the majority of patients in Canada. This session will focus on clinical advancements made in antihyperglycemic selection and longer acting insulin analogs and how to set appropriate glycemic targets for our patients to reduce microvascular and macrovascular complications by utilizing both the guidance from landmark trials and incorporating the latest advancements by GLP-1RA and SGLT2i that also reduce body weight, blood pressure, and cardio-renal complications (independent of their effect on lowering blood glucose).

Friday 10 vendredi **Session ID: 38** **Room / Salle : 517AB**

14:00–15:00 **Approach to Depression in Primary Care**

Jon Davine, MD, FCFP, FRCP(C)

Learning objectives:

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

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

Description:

Depression is a common psychiatric disorder that family physicians often see in their office. In Canada, about 5% of people have experienced depression in the past year. In the first part of the session, we will look at how family physicians can make a differential diagnosis of the sad state, by asking specific questions. This differential

will include adjustment disorder with depressed mood, bipolar disorder depressed phase, and major depressive disorder, among others. We discuss the different treatments for each of these diagnoses. In the second part of the talk, we focus on pharmacologic treatment of major depressive episode. We discuss how to choose, start, increase and switch antidepressants. We discussed relevant side effects. We discuss augmentation techniques, when a second medication is added to the first antidepressant to increase efficacy. We base our recommendations on the 2016 CANMAT Depression Guidelines, the 2009 (amended 2022) NICE guidelines from the UK, and the 2018 Cipriani et al. meta analysis. We will touch on other treatments for depression, including electroconvulsive therapy (ECT), and transcranial magnetic stimulation (TMS). The use of antidepressants in the under 18 population will also be discussed.

Friday 10 vendredi **Session ID: 243** **Room / Salle : 516C**

14:00–15:00 **Big Ideas Soapbox**

Learning objectives:

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

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

Description:

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

Friday 10 vendredi **N° de la séance : 178** **Salle : 512ABEF**

14:00–15:00 **Enseigner avec soin : guider les apprenants dans leur réflexion critique**

Guylène Thériault, MD, CCMF; Frantz-Daniel Lafortune, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Utiliser différents outils guidant les apprenants dans leur réflexion sur la gestion saine des ressources
2. Guider les apprenants face aux demandes des patients pour une gestion saine des ressources
3. Enseigner la décision partagée

Description :

L'enseignement est une passion avec ses défis et ses complexités. Nous devons savoir adapter ce que l'on enseigne aux différents niveaux des apprenants tout en utilisant des stratégies qui reflètent notre compréhension de l'apprentissage à l'âge adulte. Un des buts importants de l'enseignement est de stimuler la réflexion critique et le désir chez nos étudiants d'en savoir plus, mais comment faire? A travers des histoires de cas nous explorerons comment intégrer les principes d'une utilisation judicieuse des tests et des traitements dans nos enseignements. Nous nous inspirerons d'outils qui viennent de la médecine factuelle, de la campagne Choisir avec soin, du Groupe d'étude canadien pour les soins de santé préventifs en réfléchissant sur la façon de les intégrer à notre pratique. Les considérations en lien avec une gestion responsable des ressources peuvent sembler nouvelles pour certains et ne sont pas si faciles à enseigner. Augmenter la valeur de nos soins, considérer l'impact environnemental de nos choix ainsi que les coûts d'opportunités sont tous des thèmes importants. Développer une approche face à certaines demandes, de patients ou de collègues, qui s'écartent de ces principes est un des thèmes qui sera abordé et développé. Comment favoriser un regard critique chez nos apprenants est un enjeu qui revient constamment lorsqu'on enseigne. Nous viserons à partager des outils pour vous appuyer dans cette démarche. Nous verrons aussi comment enseigner la décision partagée car c'est un incontournable à bien des égards lorsque l'on parle de soins pertinents. Nous réviserons les étapes de la décision partagée et les notions centrales à ce processus et suggérerons différentes façons de l'enseigner. Vous repartirez de cette rencontre avec des outils et des idées pour enseigner avec soin.

Friday 10 vendredi **Session ID: 165** **Room / Salle : 510**

14:00–15:00 **First Five Years: Difficult patient conversations**

Eileen Bridges, MD, MSc, CCFP, Dip. Sport Med.

Learning objectives:

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

1. Recognize common clinical scenarios that result in 'difficult' patient conversations
2. Implement a communication approach to prevent or de-escalate conflict in a clinical setting
3. Apply tips and strategies discussed when difficult conversations arise in day-to-day practice

Description:

All physicians experience difficult patient interactions in their practice. Examples of such interactions include disclosing error, managing requests for specific investigations or treatments, and managing patient expectations, to name a few. Being able to navigate these conversations in a professional and confident manner can not only decrease the likelihood of patient dissatisfaction, but may in fact strengthen the doctor-patient relationship. During this session, we will identify common factors and tensions that lead to difficult patient conversations. We will also discuss patient-centered communication strategies that may help to increase mutual understanding and decrease conflict in such encounters. Participants will also have the opportunity to apply or observe some of the strategies discussed. The session will conclude with an opportunity for participants to ask questions and provide feedback. This session is being presented in partnership with the Canadian Medical Protective Association (CMPA).

Friday 10 vendredi **Session ID: 119** **Room / Salle : 517CD**

14:00–15:00 🎧 🎬

Sexual Health 2023: An update to the basics of STI and contraceptive care | La santé sexuelle en 2023 : mise à jour des notions fondamentales sur les ITS et les soins axés sur la contraception

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

Learning objectives:

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

1. Explore approaches to STI screening and common STI symptoms
2. Demonstrate a patient-centered approach to starting contraception
3. Prepare a plan for emergency contraception

Description:

Sexual health, especially contraception and sexually transmitted infections (STIs), can change quickly with the times! But sometimes, going back go the basics can give us a strong foundation in our clinical practices. Drs Charlie Guiang and Hannah Feiner have a combined over three decades of experience in focused practice on sexual health and family planning. Learning from participant feedback from prior presentations, we recognize that getting back to the basics has broad appeal. So we've decided to do just that…revisit the basics to the approach to common clinical scenarios related to STI and contraceptive care. No zebras here! This talk is for medical students, residents, physicians and allied health providers who want to review the basics of STIs and contraception. We see a lot in our practices but we will assume you do not! We will cover an approach to, and the basics of, STI screening as well as reviewing approaches to common STI symptoms such as dysuria, discharge and skin lesions. An approach to starting contraception will be covered as well as prescribing emergency contraception. Guideline based applications and websites will be highlighted as tools for clinical decision making and patient education. We will include time-tested interactive content, allowing the audience to ask questions around contraception and STIs that are relevant for day-to-day practice.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Examiner des approches relatives au dépistage des ITS et aux symptômes courants de ces infections
2. Faire la démonstration d'une approche axée sur le patient de l'amorce de la contraception
3. Élaborer un plan de contraception d'urgence

Description :

La santé sexuelle, en particulier la contraception et les infections transmissibles sexuellement (ITS), peut évoluer rapidement au fil du temps! Mais, parfois, un retour à l'essentiel peut nous permettre d'établir nos pratiques cliniques sur des bases solides. Les D[rs] Charlie Guiang et Hannah Feiner possèdent ensemble une trentaine d'années d'expérience axée sur la santé sexuelle et la planification familiale. À la lumière des commentaires des participants lors de présentations antérieures, nous sommes conscients que le retour à l'essentiel est très populaire. C'est donc ce que nous avons décidé de faire : réexaminer les notions fondamentales entourant les scénarios cliniques courants relatifs aux ITS et aux soins axés sur la contraception. Rien de sorcier! Cet exposé s'adresse aux étudiants en médecine, aux résidents, aux médecins et aux fournisseurs de soins de santé apparentés qui veulent passer en revue les notions fondamentales sur les ITS et la contraception. Nous voyons

plein de choses dans nos cabinets, mais nous supposerons que ce n'est pas le cas pour vous! Nous traiterons d'une approche et des notions fondamentales du dépistage des ITS et passerons en revue des façons d'aborder les symptômes les plus courants de ces infections, comme la dysurie, les écoulements et les lésions cutanées. Nous parlerons aussi d'une approche de l'amorce de la contraception et de la prescription d'une contraception d'urgence. Nous présenterons des applications et des sites Web fondés sur des lignes directrices comme outils pour la prise de décisions cliniques et l'éducation des patients. Nous utiliserons un contenu interactif éprouvé, ce qui permettra à l'auditoire de poser, sur la contraception et les ITS, des questions en lien avec la pratique quotidienne.

Friday 10 vendredi **Session ID: 145** **Room / Salle : 511**

14:00–15:00 **Tackling Barriers to Access in Primary Care**

Allison Paige, MD, CCFP

Learning objectives:

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

1. Explore how change management, quality improvement, and team building concepts can improve patient access
2. Recognize the value of team-based care in access improvement
3. Describe lessons learned from the pilot workshops

Description:

One of the foundational principles of relationship-based comprehensive family medicine and the patient medical home model is appropriate access to primary care. It is becoming increasingly difficult for a patient to access the right care, at the right time, and at the right place in a primary care setting. Addressing issues related to patient access therefore requires a flexible and tailored approach. As such, the Access Improvement Model (AIM) program focuses on improving patient access in primary care by integrating three paradigms: quality improvement, change management, and team building. By encouraging a multi-disciplinary team approach, primary care clinics will gather the knowledge and skills necessary to develop a shared understanding of where inefficiencies may exist, implement lasting change within their practice in order to better meet their patient needs, and improve the overall well-being of the clinic team. Our session will explore the AIM program in greater details, outline lessons learned from pilot clinics, moreover, describe how clinics can adopt and integrate quality improvement, change management, and team building to make meaningful changes in their practices.

Friday 10 vendredi **N° de la séance : 186** **Salle : 512ABEF**

15:30–16:30 **Choisir avec soin : pour le patient et pour l'environnement**

Maxine Dumas Pilon, MD, CCMF; Caroline Laberge, MD, CCMF, FCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

1. Discuter des impacts environnementaux liés aux soins de santé au Canada
2. Utiliser divers outils de la campagne Choisir avec Soin pour réduire l'impact de nos soins
3. Exercer un changement rapide en limitant l'utilisation des aérosols doseurs (HFA)

Description :

Le système de santé contribue de façon significative aux émissions de GES des pays industrialisés. La demande en soins de santé semble en croissance infinie, notamment en raison de la croissance et du vieillissement de la population, de l'augmentation de la morbidité et de la complexité croissante des méthodes diagnostiques et thérapeutiques. Il est paradoxal d'offrir des soins tout en nuisant au milieu de vie, alors que l'OMS nous prévient en 2021 que « la crise climatique représente la plus grande menace à la santé du 21e siècle. » La campagne Choisir avec soin prône la réduction des examens et des traitements inutiles en santé en encourageant la discussion, la décision partagée basée sur des données probantes; on peut ainsi réduire l'utilisation des quelque 30 % d'examens, traitements et interventions au Canada qui sont potentiellement inutiles et nuisibles. Cet atelier outillera les cliniciens à utiliser différentes ressources, notamment la discussion du niveau de soins en fin de vie, la prévention de la maladie cardio-vasculaire et l'utilisation judicieuse des inhalateurs.

Friday 10 vendredi **Session ID: 134** **Room / Salle : 516AB**

15:30–16:30 **Inclusive Teaching Practices**

Amy Gausvik, MD, CFPC, FCPF, MScTMIH; Meera Anand, MD, CCFP

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

Learning objectives:

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

1. Explain the concept of inclusive teaching and impact of non-inclusivity on perpetuating biases and harm
2. Identify key principles: patient-centered and inclusive language, increasing diversity in teaching materials, challenging biological determinism
3. Integrate strategies to voice the lived experiences from community partners and patients

Description:

Medical institutions have a responsibility to train physicians to serve the needs of all members of their communities, especially those with the greatest health disparities. Inclusive teaching serves the needs of all medical learners and subsequently patients. But how do we do it? Learning diverse perspectives, stimulating rich discussion and expanding traditional teaching approaches has benefits by increasing motivation and engagement with material, reducing bias and harm to equity deserving groups and countering stereotypes that lead to oppression. Key principles on inclusive teaching include the language we use and how we consider the patient perspective, as well as challenging our own biases and unlearning some of the medical knowledge we did not even realize was oppressive. Decentering ourselves as experts in what patients and communities need for their own health, and allowing patients and community partners themselves to be collaborators and co-educators in the training of future physicians is not only socially accountable but more engaging for learners.

This session will give the participant a starter package on how to incorporate some of these tools into their teaching sessions.

Friday 10 vendredi **Session ID: 51** **Room / Salle : 510**

15:30–16:30 **Less is More! Let's talk bronchiolitis in primary care**

Jennifer Young, MD, CFPC (EM); Maria Jose Conjero Muller; Karen Karagheusian; Claire Seaton; Michelle Bailey; Olivia Ostrow

Learning objectives:

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

1. Describe current trends in resources utilization in bronchiolitis and its impact on outcomes
2. Identify drivers of non-evidence-based management of bronchiolitis in their practices and identify opportunities for improvement
3. Apply strategies to reduce overutilization across settings through a quality improvement lens

Description:

Bronchiolitis in infants is a common presentation across practice settings with a varied degree of illness severity. Clinicians are often faced with a compelling need to order therapeutic interventions, yet, routine pharmacotherapy, chest radiography, laboratory testing and other options have no proven benefit. While the standard of bronchiolitis care consists of oxygen therapy, airway support and hydration, uptake of this evidence into clinical practice across settings is lagging, leading to undue patient morbidity and a significant burden on our health care system. Reducing unnecessary medical interventions is a global priority, enhanced by the current pandemic crisis. A recent report from the Canadian Institute For Health Information demonstrated that 30% of infants with bronchiolitis continue to receive a chest x-ray. This has been directly linked to incorrect diagnoses, increased antibiotic use and hospitalisations; independent of bronchiolitis severity. Quality improvements initiatives such as audit and feedback and group-facilitated feedback sessions can significantly reduce overuse. This session will address the systems and provider specifics barriers leading to unnecessary interventions in bronchiolitis care including challenges with disease recognition and diagnostic uncertainty, discomfort with doing 'nothing', and caregiver expectations. Strategies in care optimization and clinical tools will be discussed, including ways to engage families and methods to integrate evidence-based interventions in primary care

Friday 10 vendredi **Session ID: 212** **Room / Salle : 516C**

15:30–16:30 **Social Medicine: Preferential care model**

Andrew Boozary, MD, MPP, SM, CCFP; Pauline Pariser, MD, CCFP, FCFP

Learning objectives:

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

1. Describe the elements of preferential care in addressing health inequities for complex patients

2. Demonstrate the importance of trusted relationships with community partners for successful continuum of care
3. Demonstrate learnings and best practices on a preferential model of care for complex patients

Description:

Despite its universal health system, Canada continues to observe significant health disparities across populations. Health inequities, often closely linked to social determinants of health (SDOH), produce avoidable adverse health outcomes and significantly impact health systems. Utilizing a social medicine approach, health practitioners can adopt a preferential model of care. A preferential model accelerates traditional medical models that typically address physical conditions and may or may not include care for people with mental health and substance use. This model does so by targeting key SDOH and underlying health inequities and following through with wrap-around, comprehensive supports. Preferential care seeks to improve health outcomes, the patient experience, and health system performance at large. The session will outline fundamental best practices when implementing a preferential care model focusing on the example of a stabilization site for underhoused inebriated patients who would ordinarily present at a hospital ED. Participants will learn about establishing partnerships with community organizations that have built trust among patients with high medical and social complexity, leveraging existing infrastructure and delivering collaborative, team-based care that provides patient-centered, tailored care through co-design. Additionally, participants will review early program outcomes and impacts. The presentation will also highlight existing hospital-based, social medicine preferential care programs among patients with higher acute care utilization, and extrapolate program impact at an individual- and systems-level. At the conclusion of this session, participants will be equipped to describe the preferential care model, and acquire tangible takeaways on how to implement social medicine practices across various healthcare settings.

Friday 10 vendredi **Session ID: 7** **Room / Salle : 517CD**

15:30–16:30 **The Push and Pull of Sex in Cancer Survivors: What can we learn? | L'attrait et le dégoût du sexe chez les survivants du cancer : que pouvons-nous apprendre?**

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

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

1. Review the effects of cancer and cancer therapies on sexual function
2. Evaluate common primary care presentations relating to sexual dysfunction in cancer survivors
3. Develop a practical approach to encouraging and supporting sexual health in these patients

Description:

Many of your family practice patients are cancer survivors. These are patients with significant medical co-morbidities and complexities related to their cancers or the "life saving" treatments. Amidst their legitimate fears and anxieties, lists of medications, persistent side-effects and pain, they are humans with sexual lives. Sexual health and function can be significantly impacted by cancer. The challenges to recover a positive and healthy sex life are real, but not insurmountable. This session will be a review of common presentations and practical approaches to encourage and support your cancer survivor's sexual health - physically, mentally and spiritually

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

(and all within a busy family practice). Dr Ted Jablonski (he,him) is a family physician in Calgary with longstanding expertise in sexual medicine and transgender and gender diverse (TGD) health. His sessions are always highest rated for their practical clinical pearls.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Passer en revue les effets du cancer et des thérapies anticancéreuses sur la fonction sexuelle
2. Évaluer, dans le contexte des soins primaires, les manifestations courantes de la dysfonction sexuelle chez les survivants du cancer
3. Élaborer une approche pratique visant à encourager et à soutenir la santé sexuelle de ces patients

Description :

Dans nos cabinets de médecine familiale, beaucoup de patients ont survécu à un cancer. Ces personnes présentent d'importantes comorbidités et complexités médicales en lien avec leur cancer ou les traitements censés sauver leur vie. Éprouvant des craintes et des anxiétés légitimes et devant composer avec des listes de médicaments, des effets secondaires persistants et la douleur, ce sont des êtres humains avec des vies sexuelles. Le cancer peut entraîner de profondes répercussions sur la santé et la fonction sexuelles. Le retour à une vie sexuelle positive et saine peut se révéler difficile, mais le problème n'est pas insurmontable. Cette séance passera en revue les manifestations courantes de la dysfonction sexuelle et des approches pratiques qui vous permettront d'encourager et de soutenir la santé sexuelle des survivants du cancer sur les plans physique, mental et spirituel (le tout dans un cabinet de médecine familiale achalandé). Le Dr Ted Jablonski (il/lui) est un médecin de famille de Calgary qui possède depuis longtemps une expertise en médecine sexuelle et en santé des personnes transgenres et de diverses identités de genre. Ses séances ont toujours une excellente cote en raison de leurs astuces cliniques pratiques.

Friday 10 vendredi **Session ID: 79** **Room / Salle : 517AB**

15:30–16:30 **Top 10 Family Medicine Articles That Could Change Your Practice**

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

Learning objectives:

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

1. Become familiar with 10 potentially practice changing papers
2. Learn the evidence for a 10 practice changes through a critical appraisal approach
3. Weigh the evidence and decide if they should change their practice

Description:

The Top 10 Family Medicine Articles is a popular, recurring session at FMF. It typically draws 200-400 participants. The session has been highly rated in past years. The Papers presented change every year. Each article is critically appraised for less than 5 minutes. The option to change practice is then offered to the

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

audience based on the evidence. Time is allowed for interaction and questions at the end of the session. This session is valuable to Family Physicians in Clinical Practice.

Friday 10 vendredi **Session ID: 31** **Room / Salle : 511**

15:30–16:30 **Update on ECGs: Essential interpretation for family docs**

Simon Moore, MD, CCFP; Paul Dhillon, MBBChBAO, MSc, DM, MBA, CCFP (EM)

Learning objectives:

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

1. Identify common and life-threatening ECG abnormalities relevant to primary care
2. Initiate appropriate and up-to-date evidence-based initial management
3. Differentiate between common ECG mimickers

Description:

This presentation covers common primary care ECG rhythms and abnormalities to know. Using interactive and energetic teaching techniques, as well as multiple photos, attendees will learn the ECG vitals they need to know in primary care and how to manage them.

Saturday, November 11 / Samedi 11 novembre

Saturday 11 samedi **Session ID: 202** **Room / Salle : 519B**

8:00–12:30 **PAACT: Pain managment 2023 update**

Frank Martino, MD, CCFP (EM), FCFP; Alan Kaplan, MD, CCFP (EM), FCFP

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

PRE-REGISTRATION REQUIRED

Learning objectives:

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

1. Apply evidence based and real world guidance to manage common presentations of pain
2. Describe recommended management options for chronic lower back pain, neuropathy, fibromyagia, MSK and migraine pain
3. Increase familiarity with various clinical and patient resources that are available

Description:

An independent educational program developed by family physicians and based on the first edition of the Pain Management Handbook for Family Medicine. Cases are designed to address common presentations of chronic and acute pain in family practice and their management including: Chronic lower back pain; Peripheral neuropathy; Fibromyalgia; MSK; Migraine pain. Materials include: 2023 Pain Handbook for Family Practice ('orange book'), participant manual, patient management tools. Teaching Method: 100% interactive, case-based, small group.

Saturday 11 samedi **N° de la séance : 194** **Salle : 519A**

8:30–15:30 **Les fondements du LEAP (hybride)**

Ce programme d'apprentissage en groupe certifié par le Collège des médecins de famille du Canada permet d'obtenir jusqu'à 24 crédits Mainpro+.

PRÉINSCRIPTION REQUISE

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire les avantages de la mise en œuvre d'une approche de soins palliatifs
2. Entamer des discussions essentielles liées aux soins palliatifs dans le cadre du travail quotidien
3. Évaluer et prendre en charge la douleur, les symptômes gastro-intestinaux, l'hydratation et la nutrition

Description :

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Les fondements du LEAP (en ligne) est un programme d'apprentissage en ligne dirigé qui permet aux permet aux médecins de famille et aux résidents d'acquérir les aptitudes et compétences essentielles de l'approche palliative. Les fondements du LEAP comprend 17 modules en ligne, autodiriges et interactif, et 6 heures de webinaires en ligne dirigés par des animateurs du LEAP qui sont des formateurs et des cliniciens expérimentés en soins palliatifs. Les fondements du LEAP est idéal pour tout médecin de famille ou résident qui souhaite suivre une formation en soins palliatifs à son propre rythme et qui soigne des patients atteints de maladies potentiellement mortelles ou évolutives limitant leur espérance de vie. Les modules d'auto-apprentissage en ligne comprennent : la prise de conscience, la prise en charge, la prise de décision, les problèmes gastro-intestinaux, la nutrition et l'hydration, la planification préalable des soins, le délirum, les symptômes respiratoires, les soins psychosociaux et spirituels, le deuil, les conversations essentielles, les derniers jours et les dernières heures, la sédation palliative, les ressources et l'amélioration de la qualité.

Veillez à disposer de suffisamment de temps pour réaliser 3 activités préalables au cours (1 à 2 heures de travail) et 16 modules d'auto-apprentissage en ligne (8 heures de travail) avant le début de votre premier webinaire. Ce programme d'apprentissage en groupe deux crédits par heure répond aux critères de certification du Collège québecois des médecins de famille, organisme pleainement agréé en développement professionnel continu par le Collège des médecins du Québec, et donne droit à 28 crédits Mainpro+[MD].

Saturday 11 samedi **Session ID: 199** **Room / Salle : 510**

8:30–9:30 **Applying an Implementation Research Lens to Medical Education: Case studies from family medicine training programs in low- and middle-income countries**

SumeetSodhi, MD, MPH; Rifka Chamali; Trinidad Rodriguez; Patricia Eseigbe; Lala Soavina Ramarozatovo; Clayton Dyck; David Ponka

Learning objectives:

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

1. Describe the principles of implementation research
2. Develop an approach to incorporating implementation research principles to medical education
3. Recognise perspectives, strengths & challenges of conducting medical education activities from different global contexts

Description:

This session aims to provide knowledge, tools, and real-world examples that highlight innovative ways to incorporate implementation science within medical education research, with a goal to improve planning and delivery of family medicine education activities. We will do this through sharing experiences from the Besrour Centre for Global Family Medical Education Research Fellowship program. This year, we have three Fellows that are working on capacity building for family medicine training in Chile, Nigeria, and Madagascar. In Chile, the Fellow is developing a capacity building initiative to improve care of infants, children and adolescents through multi-disciplinary primary care teams. In Nigeria, the Fellow is conducting a needs assessment to assess gaps and strengths of a "Doctors as Educators" program, which hopes to promote and strengthen teaching skills for family doctors in both communities and academic centres. In Madagascar, a country where the discipline of Family Medicine does not even exist, the Fellow is working on supporting her team in advocating for and building a new Family Medicine residency program. All the Medical Education Research Fellows have an

element of implementation research in their projects. Implementation research is essentially a framework that aims to promote the systematic uptake of evidence-based practices to improve quality and effectiveness of an intervention. Implementation research may have an important role in Family Medicine around the world, especially in emerging Family Medicine contexts, as it can enable paths for innovation, address health inequities, identify constraints, and help to mitigate actions that may prevent desired results from being achieved. Implementation research can also create space for piloting new initiatives or strategies and comparing them to existing ones. Using a case-based approach, this session will cover the what, why and how of implementation research, and show how implementation research can support high quality medical education research.

Saturday 11 samedi **Session ID: 138** **Room / Salle : 511**

8:30–9:30 **Choosing Wisely in Long-Term Care (LTC) During and After COVID-19**

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

Learning objectives:

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

1. Describe Choosing Wisely Canada recommendations for LTC residents
2. List approaches to avoiding potentially harmful medications for LTC residents
3. Demonstrate approaches to avoid unnecessary hospital transfers and encourage goals of care conversations

Description:

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

Saturday 11 samedi **Session ID: 87** **Room / Salle : 517CD**

8:30–9:30 🎧 🎬 **I Spy With My Little Dermatoscope | Je vois quelque chose dans mon petit dermatoscope**

Legend | Légende :
🎧 **Simultaneous interpretation | Interprétation simultanée**
🎬 **Live-stream and on-demand | Virtuel et sur demande**

Saadia Jan, MBBS, FCFP, MClSc, DipPDerm(UK); Lynn Fong, MD, CCFP, DipPDerm(UK)

Learning objectives:

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

1. Discover what the dermatoscope is, how it works and its types
2. Learn an approach to dermoscopy of pigmented and non-pigmented lesions
3. Explore how to incorporate dermoscopy in primary practice

Description:

Dermoscopy is a non-invasive diagnostic tool that allows for detailed examination of the skin's surface and subsurface structures using a handheld device called a dermoscope. It is increasingly being used in primary care settings to aid in the diagnosis of pigmented skin lesions, such as melanoma and other types of skin cancer. Dermoscopy can also be used to aid in the diagnosis of other skin conditions, such as psoriasis, eczema, and acne. The use of dermoscopy in primary care can improve diagnostic accuracy and reduce the need for unnecessary biopsies, leading to improved patient outcomes. This session will provide attendees with basic competence in triaging suspicious pigmented skin lesions.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Décrire le dermatoscope, son fonctionnement et ses types
2. Se familiariser avec une méthode de dermatoscopie des lésions pigmentées et non pigmentées
3. Examiner la façon d'intégrer la dermatoscopie dans la pratique des soins primaires

Description :

La dermatoscopie est une méthode diagnostique non invasive qui permet un examen détaillé des structures de la surface et de la sous-surface de la peau à l'aide d'un appareil portatif appelé dermatoscope. On y recourt de plus en plus dans des milieux de soins primaires afin d'aider le diagnostic des lésions cutanées pigmentées, comme le mélanome et d'autres types de cancer de la peau. La dermatoscopie peut aussi servir au diagnostic d'autres affections cutanées, comme le psoriasis, l'eczéma et l'acné. Son utilisation dans les soins primaires peut améliorer l'exactitude diagnostique, réduire le besoin de biopsies inutiles et, ainsi, rendre les résultats meilleurs pour les patients. Lors de cette séance, les participants acquerront des compétences de base en triage de lésions cutanées pigmentées suspectes.

Saturday 11 samedi **N° de la séance : 174** **Salle : 512ABEF**

8:30–9:30 **Investiguer avec soin : reconnaître les examens de laboratoires inutiles**

Samuel Boudreault, MD, MSc, CCMF, FCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Énumérer les facteurs expliquant la prévalence des soins de faible valeur, ainsi que leurs conséquences

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

2. Identifier des investigations à faible valeur ajoutée mais encore couramment utilisées
3. Adopter des stratégies de communication afin de freiner la surutilisation

Description :

Ce n'est qu'une petite prise de sang après tout! Impossible de nuire au patient non? Et pourquoi pas ajouter deux ou trois analyses puisqu'on y est? Force est de constater que les examens de laboratoire sont fréquemment surutilisés au Canada et ce particulièrement en première ligne. Une étude canadienne montrait en 2015 qu'environ 60 % des dépenses en laboratoires provenaient de la première ligne alors que ceux-ci représentaient 45 % des prescripteurs. En moyenne, le médecin de famille moyen prescrivait pour 27 895 $ en examens de laboratoire! Mais au-delà des coûts engendrés, ces examens inutiles ont des risques bien réels pour les patients. Les risques de faux positifs, d'incidentalomes et de surtraitement sont des enjeux à connaître afin de favoriser une saine utilisation des tests en laboratoire. Heureusement, nos conférenciers ont pensé à vous et vous ont préparé une petite trousse de survie pour cliniciens voulant se départir de leur tendance au vampirisme médical.

Saturday 11 samedi **Session ID: 91** **Room / Salle : 516AB**

8:30–9:30 **Teaching Professionalism in the Clinical Setting: Four key questions**

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

Aaron Johnston, MD, CCFP (EM), FCFP; James Goertzen, MD, MClSc, CCFP, FCFP

Learning objectives:

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

1. Describe effective strategies for teaching professionalism during clinical placements
2. Demonstrate four key questions to identify professionalism teachable moments and address learner professional lapses
3. Identify preceptor resources to address learner professional lapses

Description:

In the clinical setting, preceptors have important roles teaching professionalism. Unfortunately, preceptors tend to be silent about learner professional expectations and may rationalize or bemoan learner professional lapses. Consistent with student and resident professional identity formation, learner professional lapses are to be expected and provide opportunities for preceptor – learner conversations and further learning. Four key questions that can assist preceptors in their teaching roles will be demonstrated. 1. What behavior did you observe? 2. What principle did the behavior risk, violate, or demonstrate? 3. What was the real or potential impact of the learner behavior to the patient or patient's family, the learner, the healthcare team, or the profession? 4. What could the learner do differently next time? Clinical teaching cases will be woven throughout the presentation including breakout group case discussions and application of the four key questions. Relevant medical educational literature and practical preceptor tips will be highlighted. Preceptor resources to address learner professional lapse will be provided to support post-session learning.

Saturday 11 samedi **Session ID: 64** **Room / Salle : 517AB**

8:30–9:30 **The 2023 PEER Simplified Lipid Guideline**

Adrienne Lindblad, BSP, ACPR, PharmD; Nicolas Dugré, PharmD, MSc; Michael Kolber, MD, CCFP, MSc

Learning objectives:

1. Determine what investigations and monitoring tests are required to manage dyslipidemia
2. Describe the appropriateness of lipid-lowering therapies in specific populations such as persons with diabetes
3. Explain the primary prevention evidence for statins, PCSK-9's, omega-3's and others on cardiovascular outcomes

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

Description:

In 2015, the original PEER Simplified Lipid Guideline transformed the landscape of dyslipidemia management in primary care, and remains one of the most accessed articles in Canadian Family Physician, with more than 2600 views per month. Now, the guideline has been reimagined. This engaging and lively session will highlight what family physicians need to know about the management of dyslipidemia in 2023. Developed in partnership with the College of Family Physicians of Canada, and the Alberta, Saskatchewan, and Ontario chapters, this guideline continues to push boundaries, using the highest standards with practical application centered on patients and the realities of primary care.

Saturday 11 samedi **Session ID: 198** **Room / Salle : 516AB**

10:15–11:15 **Adaptive Expertise in Family Medicine: A practical introduction**

Karen Schultz, MD, CCFP; Shelley Ross, PhD, MCFP (Hon); Nancy Fowler, MD, CCFP, FCFP; Nathan Cupido, MSc; Kathrine Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MClSc, CCFP, FCFP; Theresa Van Der Goes, MD, CCFP; Keith Wilson, MD, PhD, CCFP, FCFP; Erich Han

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

Learning objectives:

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

1. Define adaptive expertise in the context of family medicine
2. Describe the interaction between routine and adaptive expertise in the context of novel situations
3. Identify opportunities to integrate adaptive expertise into approaches to family medicine training and practice

Description:

Background: Adaptive expertise is a multifaceted construct which emphasizes a balance between the efficient use of previous knowledge and innovative problem solving in emergent or complex situations, enabling an individual to use their existing expertise in new ways in response to novel problems. It involves the integration

of elements of motivation, disposition, cognition, and metacognition. While adaptive expertise is necessary for most physicians, it is an absolute requirement for family physicians, who are at the forefront in their provision of patient-centered generalist care in a rapidly evolving environment. The COVID pandemic has highlighted the crucial role of family physicians in ensuring the health of their individual patients as well as their communities. This session is intended to spark thinking about adaptive expertise in the context of family medicine. Session content: We will introduce participants to the concept of adaptive expertise, and show how adaptive expertise applies across the continuum of family medicine training and practice. Drawing from a recent scoping review conducted by the presenters, we will give examples from the literature that illustrate how adaptive expertise has been taught and assessed in different contexts. Prompted by questions and case examples, participants will actively engage in identifying how adaptive expertise might look in family medicine training and practice. Participants will be further prompted to debate what aspects of adaptive expertise might be applicable to undergraduate, postgraduate, and continuing medical education. Implications for faculty development and lifelong learning will be discussed, with ample time for participant suggestions and critiques. Our goal is to "prime the pump" by giving participants information and ideas about adaptive expertise in the context of family medicine. Participants will leave this session prepared to explore how they could integrate the construct of adaptive expertise into their approaches to teaching, learning, and practice.

Saturday 11 samedi **Session ID: 5** **Room / Salle : 517CD**

10:15–11:15 **Beyond the Basics of Breast Screening: What to do for young, old, dense and high-risk | Au-delà des notions fondamentales de dépistage du cancer du sein : quoi faire en présence de jeunes, de personnes âgées, de seins denses et de personnes à risque élevé**

Anna Wilkinson, MSc, MD, CCFP, FCFP; Jean Seely, MD, FRCPC

Learning objectives:

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

1. Review recommendations for breast screening for women with dense breasts
2. Understand what qualifies women for high-risk screening
3. Appreciate the nuances of breast screening outside the age of organized breast screening programs

Description:

When it comes to breast screening, one size does not fit all. There are many situations which require discussion with patients to ensure appropriate screening that respects patient risks, values and preferences. This talk presents the most up to date literature for breast screening practices for women who are high risk, younger than 50, older than 74, or who have dense breasts or implants. "Beyond the Basics of Breast Screening" will equip primary care providers to have evidence-based discussions with their patients around breast screening.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Passer en revue les recommandations relatives au dépistage du cancer du sein chez les femmes aux seins denses

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

2. Comprendre les critères d'admissibilité des femmes à un dépistage pour risque élevé
3. Apprécier les nuances du dépistage du cancer du sein chez les femmes qui ne font pas partie du groupe d'âge visé par les programmes organisés

Description :

Il n'existe pas de solution unique pour le dépistage du cancer du sein. De nombreuses situations exigent une discussion avec les patientes afin d'assurer un dépistage approprié qui tienne compte de leurs risques, de leurs valeurs et de leurs préférences. Cet exposé présente la littérature la plus récente sur les pratiques de dépistage du cancer du sein chez les femmes à risque élevé, les femmes de moins de 50 ans ou de plus de 74 ans, ou les femmes qui ont des seins denses ou des implants mammaires. Grâce à l'atelier « Au-delà des notions fondamentales de dépistage du cancer du sein », les fournisseurs de soins primaires seront en mesure d'avoir avec leurs patientes des discussions fondées sur des données probantes au sujet du dépistage du cancer du sein.

Saturday 11 samedi **N° de la séance : 84** **Salle : 512ABEF**

10:15–11:15 **Comment le mentorat peut changer votre vie?**

Dominique Deschênes, MD, CCMF, FCMF; Éveline Hudon, MD, MClSc, CCMF, FCMF; Marie-Claude Moore, MD, MSc, CCMF; Sophie Juignier, BA, DESS

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Nommer les rudiments du mentorat en médecine de famille grâce à l'expérience du Québec
2. Intégrer ce type d'accompagnement unique pour répondre à ses besoins personnels et professionnels
3. Mettre en pratique les clés du succès d'une relation mentorale

Description :

Venez démystifier le mentorat, un moyen efficace de développement personnel et professionnel basé sur une relation interpersonnelle volontaire, gratuite et confidentielle. À l'issue de la présentation, vous comprendrez les rudiments de cette méthode d'accompagnement unique ainsi que la manière dont elle peut concrètement vous aider à optimiser votre bien-être dans votre pratique et dans votre vie personnelle. Nous vous présenterons les clés du succès et les outils pour une relation épanouie et profitable tant pour la personne mentorée que pour la personne mentore.

Saturday 11 samedi **Session ID: 113** **Room / Salle : 517AB**

10:15–11:15 **Peer in the Clinic: Putting evidence into audience-selected cases**

Jennifer Young, MD, CCFP (EM); Emelie Braschi, MD, CCFP; Jessica Kirkwood, MD, CCFP (AM)

Learning objectives:

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

1. Approach common office-based presentations in an evidence informed way

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

2. Formulate patient centered plans for common clinical conditions
3. Use tools and resources to assist shared decision making

Description:

In this interactive hour, the audience selects from twelve cases to review, laid-out like a typical patient list for a morning clinic. These cases are common clinical presentations, and the case simulates a typical fifteen minute office encounter with multiple audience questions to encourage reflection and interaction. Clinical conditions such as congestive heart failure, long covid, hypertension and urinary tract infections and issues such as dementia and driving and smoking cessation are among the topics offered. Cases are derived from clinical encounters familiar to practitioners, while answers are a combination of evidence, guidelines, and experience. Each case ends with a formulation of a plan, resources to improve care/efficiency and tools for shared decision making are presented where available. Presented by members of the PEER team and the College of Family Physicians of Canada.

Saturday 11 samedi **Session ID: 128** **Room / Salle : 510**

10:15–11:15 **Opioids During Pregnancy and Postpartum: What's a family physician to do!**

Suzanne Turner, MD, MBS, CCFP (AM), DABAM; Lisa Graves, MD, MClinSci, CCFP; Jocelyn Cook, PhD; Courtney Green, PhD

Learning objectives:

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

1. Identify current recommendations for care related to opioid use during pregnancy
2. Describe options for management of opioid use disorder in pregnancy
3. Manage opioid use during pregnancy and postpartum

Description:

As the world continues to struggle with the opioid epidemic, studies suggest an increasing trend of opioid use among pregnant women worldwide. Overdose is a leading cause of maternal death, yet most health care providers do not receive specific training in evidence-based substance use disorder screening or treatment, especially related to pregnancy and the post-partum period. During this session the evidence informed recommendations geared toward family physicians caring for pregnant/post-partum patients will be presented. Case based presentations with a focus on trauma informed care will be used to create an interactive and practical session. Emphasis in the session will follow the recommendations carefully weighing the risks and benefits of opioid agonist therapy for pregnant women, and acknowledging that comprehensive programs that offer prenatal care, opioid treatment and psychosocial interventions are best for pregnant women with opioid use disorder. Specific recommendations related to treatment of opioid-responsive chronic pain, opioid agonist therapy for opioid use disorder, epidurals for women with opioid use disorder, universal screening for substance use, and referral to integrated care programs will be explored. Opioid use by women, especially during pregnancy and in the postnatal period, presents a unique set of complex challenges, necessitating specific expertise and counseling for clinical management (i.e., methadone treatment, pain management during labour, neonatal opioid withdrawal syndrome, nutritional status, and maternal withdrawal). Exploring opioid use through a trauma-informed approach provides the family physician and patient with an opportunity to build a

strong, collaborative, and therapeutic alliance. Family physicians need to understand the impact opioids can have on pregnant women and support them to make knowledgeable decisions about their health.

Saturday 11 samedi **Session ID: 219** **Room / Salle : 511**

10:15–11:15 **Treating Chronic Insomnia Without Medications in Primary Care**

Judith Davidson, PhD; Shayna Watson, MD; David Gardner, PharmD, MSc CH&E; Erin Desmarais, MSW; Katherine Fretz; Stephanie Lynch, PharmD; Eileen Sloan, MD, FRCPC

Learning objectives:

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

1. Describe their learning needs for using CBT-I as their first-line treatment of chronic insomnia
2. Record the next step toward increasing CBT-I use in their practice
3. Explore professional development options that enable CBT-I use in primary care settings

Description:

Transforming insomnia care from the routine use of sedatives to evidence-based, first-line cognitive behavioural therapy for insomnia (CBT-I) requires an innovative, interdisciplinary solution. Access to CBT-I is uneven and inequitable and use of sedatives remains high across Canada despite guidelines, education campaigns, and policy interventions discouraging their use. However, interest in CBT-I is growing and its implementation is well-suited to Interprofessional primary care teams. Over the past four years, our interdisciplinary group (representing family medicine, social work, psychology, pharmacy, and psychiatry) has collaborated on numerous knowledge translation efforts aimed at bolstering first-line insomnia treatment capacity among healthcare providers. Our collective goal is to make CBT-I practicable as the go-to treatment for chronic insomnia in primary care. We have developed and evaluated live and on-demand versions of an online CFPC-accredited insomnia interventions training program. Our training uses a stepped care model and takes a team approach to supporting CBT-I use and sedative deprescribing in primary care. Our interactive session will prioritize the sharing of experiences by participants. We will use reflective activities and facilitated discussion to enable the efficient sharing of successes and challenges by session attendees managing insomnia in primary care. This information will be used to prioritize and direct the discussion with the goal of enabling each participant to identify their own next steps (based on the framework provided) by the end of the session. All presenters will contribute to the session by sharing their perspectives, experiences, and clinical pearls, especially regarding the team-based approach to CBT-I and deprescribing in primary care. Participants will receive a handout that includes a brief overview of CBT-I, a sleep diary, and lists of recommended resources for using CBT-I in an interprofessional primary setting. The handout has a section for notes and for creating an individualized plan for increasing the use of CBT-I.

Saturday 11 samedi **Session ID: 54** **Room / Salle : 511**

11:30–12:30 **Pandemic Lessons for the Family Doctor**

Magbule Doko, MD, CFPC

Learning objectives:

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

1. Examine how the pandemic changed family medicine
2. List ways to continue integrating virtual care in your family practice
3. Prepare your family practice for future pandemics

Description:

This talk will review the presenter's experience as a family doctor during and after the pandemic. The talk will explore how adaptations were required during the pandemic in order to see or virtually speak to patients. The presenter will discuss their experiences which include using PPE to see essential in-person visits, doing parking lot vaccine clinics for childhood vaccines and adulthood vaccines, keeping patients up to date on preventative care screening, extending their role to the community by working in Covid assessment centres and Covid vaccination centres, running Covid vaccine pop-up clinics and doing covid testing at their family practice office. The presenter will discuss how the family doctor's practice has changed and how virtual care can continue to be integrated in family practice. Lastly, tips will be given to help prepare your family practice for future pandemics.

Saturday 11 samedi **N° de la séance : 180** **Salle : 512ABEF**

11:30–12:30 **Prescrire ... et déprescrire avec soin**

Géraldine Lachance Fortin, MD, CCMF, DipABLM; Caroline Laberge, MD, CCMF, FCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Reconnaître les opportunités de déprescription en clinique
2. Développer une approche à la déprescription basée sur les données probantes
3. Mettre en place des stratégies non-pharmacologiques Soutenir l'évaluation de la polypharmacie par des outils cliniques

Description :

La polypharmacie est un problème courant dans la pratique quotidienne des médecins de famille, en particulier chez les aînés. De fait, les statistiques nationales en matière de réclamations de médicaments indiquent qu'une personne de 65 ans et plus sur deux consomme au moins un médicament reconnu comme étant potentiellement inapproprié (MPI), tel un somnifère ou un inhibiteur des pompes à protons sans indication reconnue (ICIS, 2018). Les femmes, les individus résidant en milieux ruraux ou encore ceux issus de quartiers à faible revenus sont plus à risque d'être exposés aux MPI. Cette session, basée sur la présentation de courtes vignettes cliniques, présentera la déprescription comme stratégie efficace afin de répondre aux problématiques de surprescription et de polypharmacie. Des perles cliniques seront présentées pour faciliter le processus de déprescription des médicaments à toutes les étapes, incluant : l'identification de situations propices à la déprescription, le développement et la mise en œuvre du plan de déprescription, la gestion du sevrage, comment aborder la déprescription avec les patients et les proches, les façons d'impliquer toute l'équipe multidisciplinaire, et l'utilisation de thérapies non pharmacologiques appropriées. Des outils basés sur les données probantes seront présentés pour guider ce processus à toutes les étapes.

Saturday 11 samedi **Session ID: 208** **Room / Salle : 517AB**

11:30–12:30 **Psychedelic Assisted Therapy: A primer for family physicians**

Kathy Do, MD, MSc, CCFP

Learning objectives:

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

1. Recognize the role for psychedelic assisted therapy in medicine
2. Review current evidence around psychedelic assisted therapy
3. Understand how to have informed conversations with patients about psychedelic assisted therapy

Description:

Psychedelic assisted therapy (PAT) is a promising approach to the treatment of various mental health conditions. PAT combines an integrative psychotherapy model with psychedelic medicines such as 3,4-methylenedioxymethamphetamine (MDMA), psilocybin ("magic mushrooms") and ketamine in a controlled, clinical setting. Research describes a psychological mechanism that facilitates states of heightened introspection, potentially allowing patients to readily access and process challenging emotions and traumatic memories. This appears to produce significant changes in patients' mental and emotional states resulting in lasting improvements in some mental health conditions such as PTSD and MDD. With the growing interest in and use of psychedelics for therapeutic purposes, it is increasingly important for family doctors to be knowledgeable about this rapidly evolving field. This presentation will provide an introductory overview of PAT including its history, mechanism, indication, and safety. This knowledge will equip family doctors with the necessary tools to hold informed conversations with patients.

Saturday 11 samedi **Session ID: 224** **Room / Salle : 516AB**

11:30–12:30 **Teaching 2SLGBTQIA+ Affirming Care to the Gen Z Learner**

Sanja Kostov, MD, CCFP; Ashton Cox, MD

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

Learning objectives:

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

1. Communicate more accurately using inclusive language as related to gender and sexuality
2. Explore techniques for creating safe and affirming professional spaces for colleagues, staff, learners and patients
3. Incorporate practical tips for teaching 2SLGBTQIA+ affirming care into clinical practice

Description:

It comes as no surprise that many family medicine clinical teachers feel apprehensive about teaching 2SLGBTQIA+ affirming care to Gen Z learners. These learners, currently 11 - 27 years old, belong to a deeply socially conscious generation - inclusivity is integrated into their culture and vocabulary. With this challenge in

mind, we completed a needs assessment, informed by both clinical teachers and medical students. Teachers expressed a lack of competence and confidence in their ability to deliver it in a culturally appropriate manner. Student feedback supported the need for faculty development. In consultation with sex and gender health advocacy student leaders, we developed and delivered a highly reviewed Mainpro-certified faculty development session at our institution. In this interactive and practical session, case-based scenarios and small group discussion will be used to help family medicine educators gain competence and confidence in teaching 2SLGBTQIA+ affirming care to their Gen Z learners. The session will begin with a review of current terminology relating to gender and sexuality. Participants will practice using inclusive language to communicate more accurately and effectively with colleagues, learners and patients. Techniques for creating affirming professional spaces, and practical pearls for incorporating 2SLGBTQIA+ affirming care into clinical teaching will be shared. This session is meant to be a safe and vulnerable space where we will discuss our own challenges and lessons learned (lesson #1: have humility and self compassion when things do not go as expected). We will welcome participants to ask questions and share their own experiences. Participants will leave the session empowered to teach 2SLGBTQIA+ affirming care to their Gen Z learners. This session will appeal to all family medicine educators, learners and individuals who interact with Gen Zers.

Saturday 11 samedi **Session ID: 65** **Room / Salle : 510**

11:30–12:30 **The Gender Gap in Medical Leadership**

Marie-Claude Moore, MD, CCMF, MSc

Learning objectives:

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

1. Describe the gender based inequities in medical leadership and their consequences on health systems
2. Assess the factors underpinning the gender gap in medical leadership
3. Explore potential strategies to increase women's participation in medical leadership

Description:

Family medicine is a profession that has become increasingly feminized in the last decades in Canada, reflecting a global trend. However, leadership roles, especially at the highest levels, are still mostly held by men. This gender gap creates not only inequities for female physicians, but can also have negative consequences on healthcare systems performance. This presentation will draw from the current literature and from interviews with female leaders to analyse some of the factors explaining this gender gap. Persistant social norms and gender stereotypes around motherhood and leadership styles will be presented as majors barriers to women's progression in leadership. Finally, potential strategies to overcome these barriers will be discussed, acknowledging the need for a major cultural shift within medicine to allow women to be fully integrated in our profession.

Saturday 11 samedi **Session ID: 78** **Room / Salle : 517CD**

11:30–12:30 **Top 10 Emergency Articles That Could Change Your Practice | 10 principaux articles sur les changements dans la pratique en médecine d'urgence**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Jock Murray, MD, CCFP (EM); Constance Leblanc, MD, MSc., FCCP, CCFP (EM); Ryan Hennebery, MD, CCFP (EM); Mike Clory, MD, CCFP (EM); Matt Clarke, MD, CCFP (EM)

Learning objectives:

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

1. Become familiar with 10 potentially practice changing papers
2. Learn the evidence for a 10 practice changes through a critical appraisal approach
3. Weigh the evidence and decide if they should change their practice

Description:

The Top 10 Emergency Articles is a popular, recurring session at FMF. It typically draws 200-400 participants. The session has been highly rated in past years. The papers presented change every year. Each article is critically appraised for less than 5 minutes. The option to change practice is then offered to the audience based on the evidence. Time is allowed for interaction and questions at the end of the session. This session is valuable to physicians spend time practicing in any emergency or acute care setting.

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Connaître 10 articles susceptibles de modifier la pratique
2. Connaître les données probantes à l'appui de 10 modifications de la pratique en adoptant une approche d'évaluation critique
3. Examiner les données probantes et décider s'ils devraient modifier leur pratique

Description :

Lors du FMF, la séance sur les 10 principaux articles relatifs à la médecine d'urgence est courue et offerte régulièrement. Attirant habituellement de 200 à 400 participants, elle a été bien cotée par le passé. Les articles abordés changent d'une année à l'autre. Chacun fait l'objet d'une évaluation critique en moins de 5 minutes. Les membres de l'auditoire se voient ensuite présenter l'option de modifier leur pratique en fonction des données probantes. À la fin de la séance, une période est réservée aux discussions et aux questions. Cette rencontre sera utile pour les médecins qui travaillent au service d'urgence ou dans une unité de soins aigus.

Saturday 11 samedi **Session ID: 6** **Room / Salle : 517AB**

14:00–15:00 **Dispelling the Myths of the Petulant Prostate**

Ted Jablonski, MD, CCFP, FCFP

Learning objectives:

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

1. Review the basic anatomy and function of the prostate gland
2. Evaluate common primary care presentations relating to prostate health and their practical management
3. Explore and dispel the top 5 myths related to the prostate gland

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Description:

Prostate related issues are common. This is a challenging area of primary care with a myriad of clinical questions and unfortunately a lot of confusing answers. The spectrum of problems is broad including a wide variety of diagnoses and issues ranging from urologic and sexual function to infections and cancer. So what exactly does a prostate do and how do we manage all of is "complexities". This will be a fast paced clinical approach to "all things prostate" as we dispel myths and come up with a pragmatic game plan for this secretive gland. Dr Ted Jablonski (he,him) is a family physician in Calgary with longstanding expertise in sexual medicine and transgender and gender diverse (TGD) health. His sessions are always highest rated for their practical clinical pearls.

Saturday 11 samedi **Session ID: 40** **Room / Salle : 510**

14:00–15:00 **Introduction to Advocacy and Organizing**

Samantha Green, MD, CCFP; Ritika Goel, MD, CCFP

Learning objectives:

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

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

Description:

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

Saturday 11 samedi **N° de la séance : 182** **Salle : 512ABEF**

14:00–15:00 **Surtraitement en pédiatrie : discriminer la normalité de l'état pathologique**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Caroline Laberge, MD, CCMF, FCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Identifier les présentations cliniques en pédiatrie à risque de surdiagnostic
2. Éviter les traitements pour lesquels les données probantes ne démontrent pas une balance risques/bénéfices favorable
3. Communiquer avec les parents en utilisant des termes freinant la surmédicalisation

Description :

On parle de plus en plus de surdiagnostic, de surtraitement et de surutilisation des soins. Toutefois les exemples les plus discutés sont souvent en lien avec des pathologies adultes. Dans cet atelier nous donnerons des exemples de surutilisation des soins en pédiatrie. Que l'on pense aux tubes transtympaniques ou au reflux gastro-œsophagien chez le bébé, plusieurs exemples seront discutés. Une réflexion critique sera proposée pour outiller les participants à reconnaître la surmédicalisation des soins aux enfants.

Saturday 11 samedi **Session ID: 220** **Room / Salle : 516AB**

15:30–16:30 **CaRMS and Electives**

Kassandra Briand, MD

All teachers, students and residents welcome. Highlight's novice concepts for educational leaders.

Learning objectives:

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

1. Discuss various family medicine residency programs and streams
2. CaRMS preparation tips and tricks
3. Offer diverse perspectives of residents who matched to family medicine

Description:

Medical students are an essential part of the future of family practice in Canada. This interactive session, facilitated by the Section of Residents of the CFPC, will help prepare medical students interested in matching to family medicine. A panel of residents from different family medicine residency programs and streams (urban, rural, remote, bilingual) will identify essential information for those considering applying to family medicine. Topics will include relevant electives, what to consider before applying to FM and tailoring your CARMS application towards Family Medicine. The panelists will also discuss their personal CARMS journeys and residency experiences in different Family Medicine programs. The session will conclude with an opportunity to ask questions related to matching to family medicine.

Saturday 11 samedi **N° de la séance : 173** **Salle : 512ABEF**

15:30–16:30 **Discuter de maladies graves : comment aborder les niveaux de soins**

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

Mireille Aylwin, MD; Geneviève Bois, MD, CCMF

Objectifs d'apprentissage :

À la fin de cette activité, les participants seront en mesure de :

1. Maitriser les informations pertinentes à la discussion sur la réanimation cardio-vasculaire
2. Intégrer l'utilisation de formulations qui favorisent la compréhension des patients et leurs proches
3. Éviter les pièges courants dans l'établissement d'un niveau de soin

Description :

La planification préalable par rapport au niveau d'intervention thérapeutique permet la réalisation de soins concordants avec les objectifs de vie des patients. Malgré tout, l'établissement d'un niveau de soin dans la pratique quotidienne se heurte à de nombreux obstacles. Le niveau de compréhension des patients par rapport aux manœuvres dites de réanimation est souvent insuffisant pour procéder à une décision éclairée sans discussion bien structurée. Les médecins de famille, par leur capacité à centrer les soins sur leurs patients, sont idéalement placés pour initier des conversations sur les maladies graves et sur le niveau d'intervention thérapeutique. Dans cette séance, les participants se familiariseront avec une structure de discussion favorisant la compréhension. Ils adopteront également des formulations propices à une décision éclairée quant au niveau de soin. Les pièges fréquemment rencontrés seront abordés et les outils de la campagne Choisir avec soin seront discutés.

Saturday 11 samedi **Session ID: 225** **Room / Salle : 511**

15:30–16:30 **Key Issues in Addiction for Primary Care**

Jennifer Wyman, MD, CCFP, DABAM, MPH; Katie Dunham, NP

Learning objectives:

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

1. Recognize the impact of stigma and trauma in people with substance use disorders
2. Outline evidence-based harm reduction strategies and treatments for alcohol and opioid use disorders
3. Identify the principles of trauma-informed care with regard to people who use substances

Description:

People who use substances experience stigma, marginalisation and poor health outcomes. Primary care can be an ideal setting to identify and treat problematic substance use due to the longitudinal relationships and opportunities for comprehensive care. Effective evidence based treatments for alcohol and opioid use disorder are within the scope of family physicians. This presentation will cover the basics of managing alcohol withdrawal, use of anti-craving medications, and the role of opioid agonist therapies (buprenorphine, methadone and slow-release oral morphine) in the primary setting. We will review resources to support primary care providers and their teams in optimising care for their patients.

Saturday 11 samedi **Session ID: 32** **Room / Salle : 517AB**

15:30–16:30 **Tips and Tricks to Expedite Cancer Diagnosis**

Anna Wilkinson, MSc, MD, CCFP, FCFP

Learning objectives:

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

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

Description:

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

Available On-Demand Only
Offertes sur demande seulement

VIRTUAL ONLY **Session ID: 52**

Iron Deficiency Anemia: Recognition and management

Yulia Lin, MD

Learning objectives:

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

1. Recognize iron deficiency anemia
2. Prescribe treatment for iron deficiency anemia
3. Manage patients with iron deficiency anemia in the emergency department

Description:

Iron deficiency anemia (IDA) is the most common cause of anemia worldwide. The prevalence of iron deficiency anemia has been found to be as high as 4% in women, 16% of pregnant people in the 3rd trimester and 6% in elderly patients. However, IDA is underrecognized and undertreated. In severe cases, patients are often referred to the emergency department for red blood cell transfusion. The first objective is to learn how to recognize iron deficiency anemia. Anemia is defined as hemoglobin less than 120 g/L in women and 130 g/L in men. Iron deficiency is defined as a ferritin less than 30 ug/L OR a ferritin less than 100 ug/L with a transferrin saturation less than 20%. A mean cell volume (MCV) less than 80 fL when previously documented as normal may also be an indicator of IDA. Causes of iron deficiency anemia will be reviewed. The second objective is to learn how to prescribe treatment for iron deficiency anemia. The available oral iron formulations will be discussed along with their side effects. Indications for intravenous iron and their side effects will also be presented. The final objective will be to learn about a quality improvement project aimed at improving the management of patients with IDA in the Emergency Department. An algorithm will be presented on how to decide whether or not to transfuse a patient with IDA. The risks of transfusion will also be discussed; including the risks of alloimmunization (formation of red blood cell antibodies), which in people of childbearing age increases the risk of hemolytic disease of the newborn in future pregnancies. A case-based approach will be used to increase interaction with the audience.

VIRTUAL ONLY **Session ID: 231**

Update on Obesity Pharmacotherapy: Key aspects of the 2022 Clinical Practice Guidelines Update

Akshay Jain, MD, FRCPC, FACE, CCD, ECNU, DABIM, DABOM; James Kim, MBBCh, PgDip

Learning objectives:

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

1. Review latest data on the safety, efficacy and contraindications of obesity medications approved in Canada

Legend | Légende :
Simultaneous interpretation | Interprétation simultanée
Live-stream and on-demand | Virtuel et sur demande

2. Discuss the effects of pharmacotherapy on other obesity comorbidities (including Diabetes, Hypertension, Dyslipidemia, PCOS etc.)

Description:

There has been a significant amount of new scientific literature that has emanated on various pharmacotherapy options currently available for the management of obesity. The Obesity Canada guidelines were recently updated in October 2022 to reflect this information. We will be discussing the key updates that have been made in this version of the guidelines. We will also be focusing on the various nuances (including efficacy, safety, costs, contraindications etc.) of the different approved medications for obesity. We seek to provide evidence-based tips on how these different medications will also affect other obesity-related comorbidities including Type 2 Diabetes, Hypertension, Dyslipidemia, PCOS, Obstructive Sleep Apnea, Heart Failure, Osteoarthritis, GERD etc. Finally, we will discuss tips on incorporation of pharmacotherapy for the busy primary care practitioner.