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Available from February 14, 2024, to August 31 ,2024. You must complete a post-reflective survey for each session and your credits will be uploaded directly into your account in September 2024. This one-credit-per-hour Self-Learning program has been certified by the College of Family Physicians of Canada (CFPC) for up to 36 Mainpro+ credits.

Vidéothèque interactive d'apprentissage du FMF Programme

VIA FMF propose le meilleur du FMF : des séances soigneusement sélectionnées et enregistrées lors de notre événement phare qui s'est tenu en personne. Plongez dans un océan de connaissances médicales, découvrez les points de vue d'experts et participez à des discussions novatrices, le tout à portée de main ! Laissez-vous immerger dans l'avenir de la formation médicale avec VIA FMF. Que vous ayez déjà participé au FMF ou que vous songiez à y participer pour la première fois, ce programme vous offre l'occasion de profiter de l'excellence du congrès, où que vous soyez dans le monde.

Ce programme est offert du 14 février au 31 août 2024. Vous devez remplir un questionnaire de réflexion pour chaque séance visionnée pour que les crédits soient directement ajoutés à votre compte en septembre 2024. Ce programme d'autoapprentissage d'un crédit par heure a reçu la certification du Collège des médecins de famille du Canada (CMFC) et donne droit à jusqu'à 36 crédits Mainpro+.

1. AFABulous Review: PEER presents an ode to women's health

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
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.

PEER présente une ode à la santé des femmes

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

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.

2. An Efficient Approach to Assessing 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 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.

Approche efficace de l'évaluation de la syncope

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

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.

3. 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.

Prise en charge de la dépression en première ligne

Jon Davine, MD, FCFP, FRCP(C)

Objectifs d'apprentissage :

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

1. Décrire le diagnostic différentiel de la tristesse
2. Décrire comment sélectionner un antidépresseur, l'instaurer, augmenter la dose et changer de médicament
3. Décrire les recommandations récentes concernant les techniques de potentialisation

Description :

La dépression est un trouble psychiatrique courant que les médecins de famille voient souvent durant leurs consultations. Au Canada, environ 5 % des gens ont souffert de dépression dans la dernière année. Durant la première partie de cette séance, nous jetterons un coup d'œil à la façon dont les médecins de famille peuvent formuler un diagnostic différentiel de tristesse en posant des questions précises.
Ce diagnostic différentiel comprend entre autres le trouble d'adaptation avec humeur dépressive, la phase de dépression du trouble bipolaire et le trouble dépressif majeur. Nous parlerons des différents traitements de chacun de ces diagnostics. Durant la deuxième partie de cette séance, nous nous concentrerons sur le traitement pharmacologique d'un épisode dépressif majeur. Nous décrirons la marche à suivre pour sélectionner un antidépresseur, l'instaurer, augmenter la dose et changer de médicament. Nous parlerons des effets indésirables pertinents. Nous aborderons aussi les techniques de potentialisation, c'est-à-dire l'ajout d'un deuxième médicament au premier antidépresseur pour en augmenter l'efficacité. Nos recommandations reposent sur les lignes directrices CANMAT 2016 sur la dépression, les lignes directrices 2009 (modifiées en 2022) de NICE au R.-U. et la méta-analyse de Cipriani et coll. réalisée en 2018. Nous parlerons brièvement d'autres traitements de la dépression, dont l'électroconvulsivothérapie (ECT) et la stimulation magnétique transcrânienne (SMT). Nous traiterons également de l'emploi des antidépresseurs chez les patients de moins de 18 ans.

4. 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:

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.

5. Beyond the Basics of Breast Screening: What to do for young, old, dense and high-risk

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.

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

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
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.

6. Cancer Screening Highlighting on Lung Cancer Screening

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.

Dépistage du cancer, en particulier celui du poumon

Alan Kaplan, CCFP, EM, FCFP

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.

7. 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.

8. Co-Designing The Future of Primary Care With Patients and The Public

Tara Kiran, MD, MSc, CCFP, FCFP ; Elly Grabner

Learning objectives:

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.

Concevoir l'avenir des soins primaires en collaboration avec les patients et le public

Tara Kiran, MD, MSc, CCFP, FCFP ; Elly Grabner

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.

9. 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

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.

10. Dyspnea: How to assess and manage in the office

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.

Dyspnée : comment l'évaluer et la prendre en charge dans le cabinet

Alan Kaplan, CCFP (EM), FCFP

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 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).

11. Eczema? Psoriasis? Or else?

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.

De l'eczéma? Du psoriasis? Autre chose?

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

Objectifs d'apprentissage :

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

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.

12. Hidden Complication of Diabetes and Obesity: Non-alcoholic fatty liver disease

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.

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

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.

13. 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.

14. I Spy With My Little Dermatoscope

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.

Je vois quelque chose dans mon petit dermatoscope

Saadia Jan, MBBS, FCFP, MClSc, DipPDerm(UK); Lynn Fong, MD, CCFP, DipPDerm(UK)

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.

15. Igniting Change: Centering shared humanity and inclusive compassion – Towards greater social justice in medicine

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.

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

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
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.

16. 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 situajab;pmslo 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.

17. 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 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.

18. KidneyWise Update: Primary care essentials for managing CKD

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.

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

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

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.

19. 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.

20. 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.

21. 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:

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.

22. 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.

23. 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
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.

24. PEER: What's new, what's true and what's poo?

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.

PEER : nouveautés, vérités et faussetés

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

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!

25. Preparing for the New Canadian Pediatric Obesity CPG: What you need to know

Pierre-Paul Tellier, MD, CCFP, FCFP; Mélanie Henderson, MD, FRCPC, PhD

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 heterogeneous 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 are conducting 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. New interdisciplinary approaches to the treatment of obesity and adiposity are changing options for families and children to manage their disease. The soon to be released 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 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.

Préparation aux nouvelles lignes directrices canadiennes de pratique clinique sur l'obésité pédiatrique : ce que vous devez savoir

Pierre-Paul Tellier, MD, CCFP, FCFP; Mélanie Henderson, MD, FRCPC, PhD

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 qui paraîtront bientôt 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. Les auteurs de ces lignes directrices 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.

26. Proud to Be Who We Are: Generalists!

Marie-Dominique Beaulieu,C.M., C.Q., M.D., M.Sc., FCMF

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.

Fiers d'être qui nous sommes : des généralistes !

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.

27. 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.

28. Somatizing: What every family physician needs to know

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.

Somatisation : ce que tout médecin de famille doit savoir

Jon Davine, MD, FCFP, FRCP(C)

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.

29. 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.

30. The 2023 PEER Simplified Lipid Guideline

Adrienne Lindblad, BSP, ACPR, PharmD; Nicolas Dugré, PharmD, MSc; Michael Kolber, MD, CCFP, MSc

Learning objectives:

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

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

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.

31. The Push and Pull of Sex in Cancer Survivors: What can we learn?

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 (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.

L'attrait et le dégoût du sexe chez les survivants du cancer : que pouvons-nous apprendre?

Ted Jablonski, MD, CCFP, FCFP

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.

32. 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.

33. Top 10 Emergency Articles That Could Change Your Practice

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.

10 principaux articles sur les changements dans la pratique en médecine d'urgence

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

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.

34. 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 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.

35. 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.

36. Transitioning to Practice 101

Kassandra Briand, MD

All teachers, students, and residents are 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
4. **Description:**
5. 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 Legend | Légende : ″Simultaneous interpretation | Interprétation simultanée •Live-stream and on-demand | Virtuel et sur demande Family Medicine Forum: Mainpro+ Certified Program | Forum en médecine familiale : Programme certifié Mainpro+ 100 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.