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### 2024 PROGRAM

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## FMF LOVED Program

FMF LOVED shares the best of FMF—curated and recorded sessions from our renowned in-person event. Dive into a treasure trove of medical knowledge, expert insights, and groundbreaking discussions, all available at your fingertips! Embrace the future of medical learning with FMF LOVED. Whether you're a seasoned FMF attendee or considering FMF for the first time, this is your chance to access the excellence of FMF from anywhere in the world.

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.

### 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.

### 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, efficiency and effectiveness while reducing waste. This approach is for all providers who need to care for patients who present with 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.

### 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.

## 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.

## 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.

**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 its "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.

## 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.

## 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.

### **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, MCISc, 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 dermatoscope. 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.

#### **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.

## 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 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.

## 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.

## **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](http://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.

**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.

#### **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.

#### **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.

## **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.

### **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.

### **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 management 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 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 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.