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

FMF 2024

Poster Presentations

November 6-8, 2024

Vancouver Convention Centre

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Poster Presentations

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

Wednesday, November 6

Wednesday, November 6 **Poster: 502**

Trends in Focused Practice in Ontario, Canada, 1993-2021

Hina Ansari*, PhD, MSc; Richard H. Glazier, MD, MPH; Susan E. Schultz, MSc; Michael E. Green, MD, MPH; Kamila Premji MD, PhD; Eliot Frymire, MA; Maryam Daneshvarfard, MScCH; Liisa Jaakkimainen, MD, MSc; Tara Kiran, MD, MSc

Learning objectives:

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

1. Compare the characteristics of family physicians in focused practice relative to other practice types
2. Examine time trends in focused practice relative to other practice types and population growth
3. Understand the most prevalent types of focused practice, and how this has changed over time

Description:

Context: Evidence suggests a growing trend in the proportion of family physicians choosing focused practice, with a potential to adversely impact the supply of family physicians who can provide comprehensive primary care to all those in need. **Objective:** (1) to examine trends in focused practice during 1993/94 to 2021/22, by sex, relative to other practice types and population growth; (2) to describe the types of services provided by focused practice family physicians. **Design:** A descriptive repeated cross-sectional population-based study using administrative data. **Setting:** Ontario, Canada. **Participants:** Family physicians classified into practice types, leveraging a published algorithm. **Results:** There were n=11,103 family physicians in 1993/94 (mean age 43 years, 28% female), and n=17,413 in 2021/22 (mean age 49 years, 49% female). The proportion of family physicians in focused practice increased from 7.7% (n=856) in 1993/94 to 19.2% (n=3351) in 2021/22. Between 1992/93 and 2021/22, Ontario's population increased by 38.5%, from 10.7 to 14.8 million. During this period, the total number of family physicians per capita increased by 14%, from 104 to 118 per 100,000; however, the number of comprehensive family physicians per capita decreased from 71 to 64 per 100,000. The increase in the number of family physicians per capita was largely accounted for by the growth in focused practice physicians. Moreover, a decrease in comprehensive practice was consistently observed across recent and less recent graduates. The three most prevalent focused practice types in 2021/22 were emergency medicine (37.0%), hospitalist medicine (26.5%), and addictions medicine (8.3%). **Conclusion:** Over the last 30 years, there has been a substantial increase in the proportion of family physicians doing focused practice and a corresponding decrease in the number of comprehensive family physicians per capita, with implications for workforce planning. Further research is needed to understand why family physicians are increasingly choosing focused practice.

Wednesday, November 6 **Poster: 504**

Experiences of Canadians Without a Primary Care Clinician

Danielle Brown-Shreves*, MBBS, CCFP, MSc.; Alexander Gabinet-Equihua, MD; Maryam Daneshvarfard, MScCH; Ri Wang, MMath; Alexander Beyer, PhD; Jasmin Kay, MA; Goldis Mitra, MD, CCFP; Mandy Buss, MD, CCFP; Amanda Condon, MD, CCFP; Alan Katz, MBChB, MSc, CCFP; Mylaine Breton, PhD, MBA; Neb Kovacina, MDCM, MHsc, CCFP; M. Ruth Lavergne, PhD, MSc; Katherine Stringer, MBChB, MCISc, CCFP; Peter MacLeod, MA; Clifton van der Linden, PhD; Tara Kiran, MD, MSc, CCFP

Learning objectives:

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

1. Describe the challenges facing Canadians without a primary care clinician
2. Compare the preferences of Canadians with and without a primary care clinician
3. Consider how these findings may support and inform primary care reform

Objective: To characterize the healthcare-seeking behaviours and preferences for system reform of Canadians without a primary care clinician. **Design:** We conducted an anonymous, online, national cross-sectional survey that was available from September to October 2022 in English and French. **Setting:** Canada. **Participants:** Canadian residents aged 18 years and older. 14,018 surveys were submitted; 9,279 (66.2%) were complete and included for analysis. Responses were weighted on sociodemographic factors to approximate the Canadian population. After weighting, 54.6% of respondents without a primary care clinician were men, 27.0% were aged 18-29, and 32.9% were from Quebec. **Intervention:** 79 questions were displayed across 20 webpages. The estimated completion time was 15 minutes. **Main Outcome Measures:** Primary care attachment (i.e., whether respondents reported having a regular family doctor or nurse practitioner [primary care clinician]), related healthcare seeking behaviours, and preferences towards reorganizing primary care. **Results:** 22.0% of respondents reported not having a primary care clinician. This was significantly more likely for those who identified as: men, younger than 65, residents of British Columbia, Quebec, or Atlantic Canada, French-speakers, college- or trade school- educated, making $30,000-$69,999, or having poor or fair health. 83.1% of respondents without a primary care clinician said they were looking for one. Men and those without private health benefits were significantly less likely to be looking. Significantly more respondents without a primary care clinician reported visiting a walk-in clinic in the last year (71.7% vs. 41.2%) and they were significantly less likely to be satisfied. Respondents without a primary care clinician were significantly more likely to respond favourably to system reforms that would expand team- and neighbourhood-based care. **Conclusions:** Canadians without a primary care clinician differ from their attached peers by sociodemographic characteristics, walk-in clinic utilization patterns, and preferences for system reform. Their experiences should be considered when designing primary care reforms.

Wednesday, November 6 **Poster: 505**

On-Call Experience and Scheduling for Saskatchewan FM Residents

Robert D. E. Henderson*, MD, MSc, MBA, PhD; Carolyn Augusta, MSc, PhD; Rhonda Bryce, MD, MSc; Jason Hosain, MD, CCFP

Learning objectives:

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

1. Assess the general nature of the family medicine resident primary care clinic call experience
2. Examine the relative distribution of call shifts among family medicine residents in Saskatchewan
3. Determine simple call schedule policy interventions that promote a positive resident experience

Context: All family medicine residents (FMRs) in Saskatchewan participate in on-call duties (at two urban sites, Saskatoon and Regina, and 6 rural/remote sites). Clinics are mandated in Saskatchewan to provide 24/7 call coverage. Typically, FMRs cover clinic call while on the family medicine service. At the two urban sites, call is generally by phone. **Objective:** We sought to evaluate the on-call experiences of FMRs, with a view to enhancing resident wellness and educational value. **Design:** We used two data sources: i) a survey, and ii) an analysis of call schedule data. The survey included Likert-style questions and open-ended comments. Demographics were collected to assess differences associated with family status. Schedule data were analysed over 2021-2023 for Saskatoon and Regina. This study received approval from our institution's Research Ethics Board. **Participants:** All active FMRs (100) at the University of Saskatchewan in early 2024 were surveyed (response rate 52%). Participants were stratified into three groups: the two large urban centres, and the rural/remote sites. **Findings:** Rural/remote residents were the most satisfied with the learning experience; Regina residents were markedly more dissatisfied than satisfied. Residents in Saskatoon were more positive about the general experience (e.g., reported less stress/fatigue); however, those with children reported greater fatigue and anxiety. Half of Regina residents reported coming into clinic every shift, while Saskatoon residents very rarely attend in person while on call. Call schedules were found to be unevenly distributed among residents in the urban centres, with some FMRs scheduled for an average of one shift every two weeks, while others had more than double that. **Conclusion:** There is a large variation in the primary clinic call experience among FMRs in Saskatchewan. The discovery of the uneven distribution of call shifts has prompted a re-evaluation of the call scheduling protocol at our institution.

Wednesday, November 6 **Poster: 506**

Collaborative Primary Care Research in Resource Limited Settings of LMIC

Aishana Joshi*, MD; Regan Shakya, MPT; Pankaj Pant, MD

Learning objectives:

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

1. Assess feasibility and effectiveness of collaborative intervention research approaches in LMIC
2. Identify key challenges associated with conducting collaborative intervention research in resource limited settings of LMIC
3. Recognize collaborative research models for evidence synthesis to ensure best practices in advancing primary care

Objective: To investigate efficacy and feasibility of collaborative intervention research in resource limited primary health care setting of low and middle income country (LMIC). **Design:** A pre-post intervention research was designed at a primary care hospital in Nepal. The intervention comprised of pulmonary rehabilitation in post-COVID patients in setting of primary hospital where rehabilitation services were not available. The intervention was designed in collaboration with expert from University Teaching hospital. The research was approved by Ethical Review Board, Nepal Health Research Council. Research intervention and feasibility were tested prior to commencement engaging local health care providers and mobilizing local resources. **Setting:** This research was conducted in resource constrained setting of primary government hospital in Namobuddha municipality, Kavrepalanchowk district of Nepal. **Participants:** 80 patients were included with 40 each in intervention and control group. **Intervention:** A structured pulmonary rehabilitation intervention was designed in collaboration with expert from University teaching hospital. Intervention group received pulmonary rehabilitation for 3 weeks while control group received conventional care. Pulmonary rehabilitation was delivered by trained rehabilitation specialist from academia in out-patient setting of primary hospital. Weekly supervision of patients was done to ensure continuation of rehabilitative measures and adherence to proper techniques. **Results:** This intervention research was found to be effective as well as feasible in resource constrained primary health care setting of LMIC through collaborative support from academia. The pulmonary rehabilitation intervention showed statistically significant improvement in

respiratory health and physical outcome; and health related quality of life with p-value< 0.05 in the intervention group as compared to the controlled group. **Conclusion:** Collaborative approach could be a powerful tool in fostering intervention research in resource limited primary health care settings of LMIC. Collaborative research endeavors would be beneficial in enhancing scientific rigor in primary care research to generate evidence for advancing sustainable primary health care.

Wednesday, November 6 **Poster: 507**

The Team is Breaking Down: Healthcare providers' lived experiences of teamwork in the rural emergency department: Work-in-progress

McTavish R*, BSN; Rymerson M, MSc; Hari K, MPH; Kim E, MPH; Bland A, MSc; Grzybowski S, MD

Learning objectives:

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

1. Describe teamwork in the rural emergency department
2. Examine possible barriers to team function in the rural emergency department
3. Identify the lack of data regarding team breakdown in rural emergency departments

Context: Rural Emergency Departments (EDs) across British Columbia (BC) have been closing at alarming rates due to staffing shortages. Cumulatively, rural BC EDs "were closed for [an] equivalent of around 4 months" throughout the year 20221. The team of healthcare professionals that these rural communities rely on is effectively breaking down. Throughout the literature it is largely agreed that teamwork is an important contributor to the functioning of rural healthcare centers and to overall provider job satisfaction and burnout prevention 2-6, but little research is available that discusses why the team breaks down or what can be done to fix it once this happens. **Objective:** The goal of this study is to explore BC physicians' and nurses' lived experiences with teamwork in the rural ED and to investigate what contributes to team breakdown and sustainability. **Design/Methods:** This is a qualitative study consisting of semi-structured interviews with physicians and registered nurses from four BC EDs. Approval has been obtained from the provincial research ethics board and local health authorities. **Setting:** Four rural BC EDs. **Participants:** Registered nurses and physicians currently working in one of the four rural EDs chosen for the project. **Main Outcome Measures:** Interviews will be analyzed to answer the question: What causes the rural ED team to break down and what contributes to its sustainability? **Results:** Data collection is currently ongoing. Once all interviews are completed, transcripts will be analyzed using a narrative analysis approach, with the goal of creating recommendations to improve healthcare team function and provider retention. **Conclusion:** Some of the areas this study will investigate include: Team dynamics in rural vs. urban practice; The effect of virtual care on team dynamics; How patient presentations impact team function; If team function could be improved through professional development or team building; If extreme weather/natural disasters have impacted teams.

Wednesday, November 6 **Poster: 508**

Virtual Primary Care for Opioid Use Disorder: Work-in-progress

Shawna Narayan*, MSc; Ellie Gooderham, MA; Sarah Muñoz-Violant, BA; Sarah Spencer, MSc, MPH; Rita K McCracken, MD, CCFP (COE), FCFP, PhD; Lindsay Hedden, PhD

Learning objectives:

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

1. Identify benefits and challenges of virtual modalities for managing opioid use disorder in primary care
2. Explore resources that facilitate the use of virtual primary care for managing opioid use disorder

3. Describe key needs of family physicians providing virtual primary care for managing opioid use disorder

Context: In 2020, British Columbia declared a dual public health emergency with the introduction of the COVID-19 pandemic to the pre-existing opioid-related overdose crisis. In response to COVID-19, family physicians rapidly introduced virtual modalities. The persistence of these modalities beyond the pandemic represents a shift in the provision of care that requires better understanding of its impacts, particularly among family physicians who play a crucial role in the care of people with opioid use disorder. **Objective:** This study aims to describe the experiences of family physicians in delivering virtual primary care to people with opioid use disorder. **Design:** Semi-structured interviews. **Setting:** British Columbia, Canada. **Participants:** Family physicians (n=12) who provide care for people with opioid use disorder. **Methods:** We used a purposeful maximum variation sampling strategy to recruit family physician with diverse personal and professional characteristics. Participants were invited to a one-hour interview via telephone or Zoom videoconferencing. We conducted interviews between March and May 2023. Informed by a qualitative descriptive approach, we inductively coded the transcripts of the interviews using NVivo 14. The study obtained approval from harmonised Research Ethics British Columbia. **Findings:** Our participants were predominantly female physicians (83%, n=10) with an average of 12.2 years of practice (range: 3-37 years) working in large urban areas (75%, n=9). Participants described positive and negative features associated with virtual primary care. Our ongoing thematic analysis explores the accessibility of providing virtual care for people of opioid use disorder, the management of opioid use disorder and other comorbidities in the primary care setting, and the impact of virtual care from the perspective of family physicians. **Conclusion:** The persistence of virtual modalities in primary care beyond the pandemic presents opportunities for family physicians to reduce barriers to care for people with opioid use disorder. Full results to be presented at the conference.

Wednesday, November 6 **Poster: 509**

Strengthening Primary Care in Saskatchewan: Insights from a Participatory World Café Study

Udoka Okpalauwaekwe*, MBBS, MPH; Lindsay Balezantis; Brian MacPhee; Vivian R Ramsden; Angela Baerwald

Learning objectives:

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

1. Learn the current barriers to recruitment/retention of medical students, residents, and primary care providers to practice family medicine in Saskatchewan
2. Gain valuable insights for enhancing primary care recruitment and retention in Saskatchewan
3. Learn the strides been made in the successful recruitment/retention of medical students, residents and primary care providers to practice family medicine in Saskatchewan

Context: Saskatchewan grapples with healthcare pressures due to an aging population with chronic conditions and a shortage of primary care providers (PCPs), highlighting the critical need for systemic health reforms. **Objective:** To explore gaps and learn insights that would inform practical and sustainable strategies to strengthening primary care in Saskatchewan. **Design:** A World Café participatory approach. **Setting:** Department of Academic Family Medicine, University of Saskatchewan. **Participants:** A transdisciplinary team of policy makers, PCPs, researchers, patient partners, medical residents, and medical students. **Intervention:** World Café discussions hosted across three distinct groups. **Main Outcome Measures:** knowledge gaps, and practical steps to addressing primary care gaps as it relates to recruitment and retention of medical students, medical residents, International Medical Graduates (IMGs) and PCPs in Saskatchewan. **Findings:** Knowledge gaps identified included: insufficient data to evaluate sustainable recruitment-retention strategies, lack of recognition of family medicine compared to other specialties, community disintegration, negative media portrayal of family physicians, harsh climate conditions, physician burnout, disconnection

between family physicians and other PCPs (e.g., nurse practitioners), systemic racism, inadequate mentorship for medical students/residents, and a lack of recognition or celebration of local champions. Next steps for strengthening primary care delivery included: building primary care research capacity, enhancing community engagement, coordinating primary care advocacy, providing professional support for PCPs (e.g., pensions and benefits, personal protected time), improving the primary healthcare system (e.g., implementing team-based care approaches), and enhancing medical education and training efforts for medical students and residents (e.g., tailored clerkship opportunities, prioritizing ties to SK in medical school applications, recruiting more family physician mentors). **Conclusion:** Valuable insights for enhancing primary care recruitment and retention in SK were obtained. The results of this study provide a foundation for ongoing research, active community engagement, and policy reform to bolster primary care, ensuring equitable access to healthcare for all residents.

Wednesday, November 6 **Poster: 511**

Recruiting Rural Dual-Physician Couples

Helen Tran*, MD; Sam Firouzli, MD; Esther Kim, MPH; Alexandra Bland, MSc; Stefan Grzybowski, MD

Learning objectives:

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

1. Explore initiatives to promote medical trainee couple recruitment to rural communities
2. Participate in initiatives to propose shared medical training for couples
3. Identify the drawing forces for dual-physicians to rural settings

Introduction: Rural communities across Canada face increasing challenges in recruiting and retaining physicians. Although spousal factors have been previously reported as a top five determinant for physicians when considering to practice rurally, no previous studies have attempted to understand the pros and cons as a dual-physician couple in rural settings. As a young couple in our final year of medical school with plans to practice rurally, we are interested in the benefits and challenges faced by dual-physician couples in rural practice ("dual-physician couples"). The aim of this review is to shed light on the experiences of dual-physician couples and promote policy and practice strategies that encourage other couples to consider rural recruitment. **Methods:** A review of articles was conducted through OVID, Medline, PubMed and JAMA. Key terms ("dual-physician", "married physician", "rural recruitment and retention") were used for selection of articles. Due to the limited availability of relevant articles, we included journals from 1995 onwards, and there were no limitations placed on inclusion criteria related to definitions of rural communities, stages of medical training, or by definition of dual-physician partnerships. **Results:** Dual-physician couples share a number of advantages including increased professional flexibility and job security. Dual-physicians can provide clinical support when working at the edge of their comfort zones. Partners also increase social support as they can more seamlessly integrate into social groups, which is associated with increased likelihood of career longevity in rural communities. However, disadvantages include child-care availability and coordinating shared time at home. **Discussion:** The lack of consideration for physician couples during medical school and residency should be addressed to improve rural recruitment and retention. We suggest changes to the rural elective selection and CaRMs application processes to further promote medical school couples to pursue a career in rural family medicine.

Wednesday, November 6 **Poster: 512**

Focus Groups for Informing Post-COVID-19 Condition Care: Work-in-progress

Andrea Vasquez Camargo*, MD, CFPC, MSc; Gary Groot, MD, PhD, FRCSC, FACS; Donna Goodridge, RN, PhD; James Barton, MD, FRCSC; Rejina Kamrul, MD, CFPC; Clara Rocha Michaels, MD, CFPC; Shivali Sood, MD; Jannat Ferdous, MD; Kholoud Alwan, MD; Carolyn Hoessler, PhD, CE

Learning objectives:

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

1. Describe the process of resident-clinician collaboration in conducting a focus group
2. Identify educational needs of clinicians, patients, and families on Post-COVID-19 Condition (PCC) in Saskatchewan
3. Describe their educational barriers and solutions to support PCC care

Context: Over 30,000 patients in Saskatchewan are affected by Post-COVID-19 Condition (PCC) for which management is not well understood. Lack of knowledge about this condition adds to the multiple barriers in caring for these patients. Building on a prior needs assessment results, new focus group interviews will be conducted to further inform educational offerings by asking about knowledge gaps and learner needs to create educational activities to support PCC care. **Objective:** To update the learning needs identified related to best practices for diagnosis and management of PCC through a clinician-resident collaborative research project. **Design:** Focus groups (in progress) utilize semi-structured interview questions to prompt discussion to identify barriers and learning needs for improved PCC care. Participants invited to the focus groups completed a PCC needs assessment survey in Fall 2022. Research Ethics Review board approval received (Beh-4371). **Setting:** Saskatchewan PCC care context. **Participants:** Family physicians, specialists, nurses, and other health care providers; patients and families who agreed to participate in the focus group interviews, after completing the Saskatchewan learning needs assessment survey in 2022. All participants will be 18 years old and older. **Results/Findings:** The focus group clinician-resident collaboration approach and results of the focus group will be described. **Conclusion:** Implications, based on the results of the focus group interviews, will assist in planning educational activities to address identified barriers to PCC care.

Wednesday, November 6 **Poster: 513**

Post-COVID-19 Condition Educational Needs in Saskatchewan: Work-in-progress

Andrea Vasquez Camargo*, MD, CFPC, MSc; Gary Groot, MD, PhD, FRCSC, FACS; Donna Goodridge, RN, PhD; James Barton, MD, FRCSC; Rejina Kamrul, MD, CFPC; Clara Rocha Michaels, MD, CFPC; Shivali Sood, MD; Jannat Ferdous, MD; Kholoud Alwan, MD; Carolyn Hoessler, PhD, CE

Learning objectives:

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

1. Identify educational needs of Saskatchewan Clinicians, patients, and families on Post-COVID-19 Condition (PCC)
2. Describe educational barriers and solutions to support PCC care
3. Integrate new national CAN-PCC best practice guidelines for diagnosis and management of PCC

Context: Over 2 million Canadians are affected by Post-COVID-19 Condition (PCC) for which management is not well understood. Health care providers (HCPs), patients, and families struggle to keep pace with new evidence, and emerging guidelines for identification, diagnosis, and management of PCC. **Objective:** To identify clinicians', patients' and families' educational needs and design effective educational activities related to best practices for diagnosis and management of PCC. **Design:** This project includes: (1) learning needs assessment with surveys, representatives, and literature reviews in 2022-23 that identified the most common learning needs for PCC; (2) development of educational activities in 2023; (3) focus groups (in progress) to identify barriers and update the learning needs; and (4) knowledge mobilization activities (in progress) to disseminate information including new CAN-PCC Canadian Guidelines. The results of the project steps will be described. Approved by local Research Ethics Review board (Beh-4371). **Setting:** Saskatchewan PCC care context. **Participants:** Family physicians, specialists, nurses, and other health care providers; patients and families. **Results/Findings:** Surveys revealed 50% of six College of Medicine departments and

67% of 179 HCPs indicated that they did not have enough knowledge about PCC to provide adequate care to patients suffering from this condition. 37% of 174 patients/families indicated they did not have access to reliable information about PCC. The PCC Programming working group comprised of health care practitioners and patient representatives identified five themes based on the learning needs assessment results: Identification, symptoms, use of diagnostic resources, management, and complications. The 2023 educational webinar resulted in 83% of health care practitioner who provided feedback were considering or planning changes to practices; education on PCC remained a barrier for 40%. Focus group results and CAN-PCC knowledge mobilization implementation in progress. **Conclusion:** Continuing education and knowledge mobilization of emerging guidelines are needed to address educational barriers to PCC care.

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Wednesday, November 6 **Poster: 514**

Safety and Feasibility of Bedside Ultrasound-Guided Peripherally Inserted Central Catheter(PICC) by the Family Physician in Palliative Care for Terminal Ill Cancer Patients at a Single Center

Hak Ryeong Kim*, MD; Hwa Sun Kim, MD

Learning objectives:

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

1. Describe the safety and feasibility of procedures performed by family physicians
2. Assess the feasibility of immediate bedside versus moving to an intervention room in patients with critical medical conditions
3. Plan the role of family physicians in providing primary care within a palliative setting

Objective: Our research aimed to evaluate the safety and efficacy of bedside ultrasound (US)-guided Peripherally Inserted Central Catheter (PICC) insertion for terminal cancer patients in palliative care, reflecting the expanded use of PICC in palliative settings. **Design/Setting:** The study was a retrospective comparative study in a palliative ward from August 2023 to March 2024 at a single center. **Participants/Intervention:** The study included 73 terminal cancer patients, which study population was divided into two groups: bedside US-guided PICC by a family physician (Group 1, n=45) and fluoroscopy-guided PICC in an intervention room by a radiologist (Group 2, n=28). **Main Outcome Measures:** Assessed outcomes included PICC success rates, catheter use duration, tip locations, and failure causes. **Results:** PICC

success rates were similar (Group 1: 88.89%, Group 2: 89.29%; $p > 0.99$), favoring approach to right upper arm, and basilic vein. In Group 2, catheter tips were all adjusted in the SVC, whereas in Group 1, 4 cases in the RA and 3 cases were malpositioned. The average duration of catheter use for Groups 1 and 2 was 23.45 ± 14.06 days and 23.44 ± 19.2 days, respectively ($p > 0.99$). The most common duration of catheter use categorized was 10-20 days (32.5%) in Group 1, whereas it was less than 10 days (32%) in Group 2, also showing no significant difference ($p=0.111$). Causes of failure included puncture failure, no patient positioning, and malposition, similar across groups ($p=0.578$). The most common reason for catheter removal in all groups was death, followed by discharge, self-removal, and catheter-related bloodstream infections (CRBSI). **Conclusion:** This study underscores the role of family physicians in extending the boundaries of family medicine by successfully managing complex bedside procedures such as PICC insertions, thereby enhancing their contribution to patient care in palliative settings.

Wednesday, November 6 **Poster: 515**

Understanding Learner Mistreatment Amongst Family Medicine Residents

Michelle Lockyer*, MD; Peter Tzakas, MD, MEd, FCCFP; Abigail Ramdawar, BSc (Hons), MHSc; Sarah Wright, MBA

Learning objectives:

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

1. Describe incidents where postgraduate trainees feel mistreated
2. Categorize learner experiences of mistreatment
3. Plan education for learners and faculty to help with issues of mistreatment

Context: Learner mistreatment is difficult to define and sparsely recorded or reported with any detail. An understanding of the nature of these incidents could be key in helping to address and prevent the specific issues uncovered. **Objective:** this project aims to examine the issues that postgraduate learners would identify as mistreatment. **Design & Setting:** This study is in progress and has been approved by the University of Toronto's Research Ethics Review Board. The interview guide was designed by the project team and draws upon (and seeks to build upon) work that exists in this space. Participants will be individually interviewed by a research assistant with training in trauma-informed care. They will be asked to describe their own experiences of mistreatment or those they have witnessed in the learning environment. Interviews will be conducted over zoom. The findings will be analyzed using thematic analysis. **Participants:** 8-10 postgraduate trainees from the Family Medicine Training Unit at an Academic Community Hospital. **Main Outcome Measures:** This study will result in the synthesis of a qualitative dataset that will explore, describe, and categorize learner experiences of mistreatment. With this, we expect to theorize education avenues to learners, faculty, and system considerations to help with any identified mistreatment issues. **Results/Findings:** Interviews are currently being conducted. As the analysis will be conducted concurrently with the interviews, we anticipate having some preliminary findings to share for Family Medicine Forum. **Conclusions:** None drawn yet as the work is in progress. A qualitative approach like this (compared to surveys) should uncover more details surrounding learner experiences of mistreatment. With this information, we might begin to develop more intentional steps towards addressing learner mistreatment and improving the learning environment.

Wednesday, November 6 **Poster: 516**

An Aspirin a Day Keeps Pre-Eclampsia Away: QI Work-in-progress

Jordan Stariha*, MD, BSc (Hons.); Jeenan Kaiser, MD, BSc; Sanja Kostov, MD, CCFP, BSc (Hons)

Learning objectives:

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

1. Identify patients who would benefit from starting ASA at 12-16 weeks gestation
2. Identify barriers to initiation of ASA in early pregnancy when indicated
3. Apply strategies to improve early identification of pregnant patients for whom ASA is indicated

Context: Pre-eclampsia is a significant cause of materno-fetal morbidity and mortality, complicating 1-2% of pregnancies in Canada and 5% worldwide. The Society of Obstetrics and Gynecology of Canada (SOGC) emphasizes the importance of early identification and initiation of daily acetylsalicylic acid (ASA) in the first trimester ± calcium supplementation to prevent pre-eclampsia, and have outlined criteria to assist practitioners. Despite proven benefit, the uptake of this practice has been slow in Canada and has been speculated to be related to inaccessibility of early pregnancy care, especially in rural areas; moreover, emphasizing an important gap that could be filled by improved access to primary care providers, specifically family medicine obstetrics (FMOB) providers. **Objective:** Identify how well our group of FMOB providers are adhering to the most recent SOGC guidelines for starting ASA in pregnancy. **Design:** Retrospective chart review to collect baseline data for quality improvement study. Charts were excluded if the patients were transferred to another obstetrical provider for delivery. Exempt by the University of Alberta Research Ethics Review Board. **Setting:** Mom Care Docs FMOB clinic in Edmonton, Alberta. **Participants:** Perinatal patients delivered by the Mom Care Group from May 1st 2023 to April 30th 2024. **Intervention:** In patients referred to our group, appropriately identified those meeting either 1 high-risk criterion or ≥2 moderate-risk criteria thus indicating daily ASA, and counseled these patients to initiate preventative treatment from 12-16 weeks up to 36 weeks gestation. **Main Outcome Measures:** Documentation of counseling discussion, criteria met, dose recommended, and whether patient took ASA. **Results:** Twenty-five percent of the 302 postpartum patient charts reviewed met criteria for ASA initiation. Of these patients, 55% were seen prior to 16 weeks, leaving 45% of patients seen too late for timely intervention. When seen prior to 16 weeks, our group appropriately counseled 60% of patients to start ASA. Interestingly, we found that all the patients who were 'missed' met criteria for ASA due to pre-pregnancy BMI > 30. Armed with this information, our practice is working on strategies to address these gaps. These quality improvement strategies will be presented. **Conclusions:** Given the established benefits of preventing pre-eclampsia with daily ASA, perinatal care providers have an obligation to identify and treat at-risk patients early on in gestation, which could be facilitated by improved access to FMOBs

Thursday, November 7

Thursday, November 7 **Poster: 601**

Preparing or Deciding? Resident experiences with serious illness communication

Tavis Apramian,MD, PhD; Jill Dombroski*, PhD; Anish K. Arora, PhD; Jeff Myers, MD, MSEd

Learning objectives:

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

1. Understand the difference between 'preparing' and 'deciding' in serious illness communication
2. Describe barriers encountered by residents attempting to address 'preparing'
3. Consider supervisory strategies for mitigating barriers to relational advance care planning

Objective: Family physicians provide most outpatient care for Canadians with serious illness. Previous research suggests family medicine (FM) residents encounter complex sociocultural barriers when communicating about serious illness. Current tools to guide serious illness communication focus on decision-making in acute care. Teaching based on these tools has failed to show sustained improvement in serious illness communication in primary care. We explored resident experiences with serious illness communication to answer the following question: how do FM residents learn to approach preparing their patients for progressing illness? Our goal was to elicit grounded empirical analysis to help future serious illness communication educational tools used in primary care leverage the uniquely relational nature of family medicine. **Setting/Participants:** We recruited interviewees from FM residency programs across the country and conducted 10 semi-structured interviews. **Intervention/Methods:** We took a constructivist grounded theory approach using interviews and constant comparative analysis. Interview transcripts were analyzed using open, focused, and theoretical coding in Nvivo. Data collection ended when the team agreed in consensus that theoretical sufficiency had been achieved. **Findings:** Participants in our study navigated marked sociocultural complexity when attempting to engage patients in preparing for progressing illness. Participants found themselves balancing autonomy as family physicians and navigating the cultural landscape of serious illness. They placed value in actively building longitudinal relationships with their seriously ill patients. Recognizing the uncertainty in treatment and prognosis complicated their conversations; and participants found themselves grappling with their own emotions while trying to remain oriented to patient needs. **Conclusion:** Exploring the workplace experiences of FM residents regarding serious illness communication offers an opportunity to ensure teaching, learning, and assessment are grounded in empiric data. The findings of this work will inform primary-care focused communication education designed to best support family physicians helping seriously ill patients prepare for progressing illness.

Thursday, November 7 **Poster: 602**

Enhancing Generalism and EDI in Undergraduate Reproductive Medical Education

Kayla Bailey*, BSc (Hons); Sanja Kostov, MD, CCFP

Learning objectives:

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

1. Recognize the need for generalist and EDI content in Canadian UME curricula
2. Apply a worked model to incorporate generalist and EDI content into existing CBL curriculum
3. Navigate challenges encountered during CBL curriculum revision

Introduction: Canadians continue to face challenges accessing primary care and experience health disparities related to social/structural determinants of health (SSDOH). Published evidence shows that

revisions to undergraduate medical education (UME) curricula are needed to ensure that graduates can provide socially accountable care that aligns with the needs of their patients. Evidence supports the inclusion of generalist and equity, diversity and inclusion (EDI) content in curricula to foster such competency. While a process to revise EDI content in CBL curriculum exists, no studies have focused on reproductive medicine content and the unique challenges associated with this area of medicine. We aimed to enhance generalist and EDI content within the Reproductive Medicine and Urology Course (RMUC) case-based learning (CBL) curriculum. **Methods:** Five CBL cases in our UME RMUC curriculum were systematically revised for generalism and EDI using validated tools and processes. Throughout the revision process, challenges and insights gained were documented. Following curricular delivery, students (N=160) and CBL preceptors (N=20) provided formal program evaluation. Anecdotal comments were also documented. This feedback was further incorporated. **Results:** During the revision process several challenges were identified, including: (1) significant time and resources needed to accurately represent of SSDOH, (2) under representation of equity-deserving groups in media (e.g., stock photos), and (3) ensuring detection of subtly inappropriate content (e.g., paternalistic or inconsistent with a trauma-informed approach). Following curricular delivery program evaluation reflected increased student and preceptor satisfaction with the CBL curriculum. **Conclusions:** Our revision model demonstrates a systematic approach to addressing gaps in generalism and EDI within a UME RMUC CBL curriculum. In addition, other UME programs can benefit from challenges and lessons learned during the revision process.

Thursday, November 7 **Poster: 603**

Safer Prescribing in Elders Living With Polypharmacy

Lanting Cheng*; Shelby Elkes, MA; Sabrina Wong, PhD, MSc, BSN; Rubee Dev, PhD, MPH, BScN

Learning objectives:

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

1. Recognize and respond to the complex care needs of elderly patients living with polypharmacy
2. Apply the science of quality improvement to facilitate changes and measure impact to optimize patient care
3. Learn about the SPIDER study concepts and the opportunity to participate in BC

Context: More than 1 in 4 Canadians 65 years or older are prescribed 10+ medications per year, contributing to the risk of poor health, reduced quality of life and high system costs. **Objective:** To assess the impact of SPIDER (Structured Process Informed by Data Evidence and Research) compared to usual care in reducing potentially inappropriate prescriptions (PIPs) among patients aged ≥65 years on ≥10 medications. **Design:** This study is a two-arm pragmatic cluster randomized controlled trial. **Setting:** Canadian Primary Care Sentinel Surveillance Network (CPCSSN) participating in primary healthcare practices across BC. **Participants:** Primary care providers (family physicians or nurse practitioners) from the practices who contribute electronic medical record (EMR) data to the CPCSSN and must consent to participate in the study. **Intervention:** In the intervention arm (SPIDER), a physician and their healthcare team participate in learning collaborative workshops with a quality improvement (QI) coach. The QI coach will help identify care gaps and develop strategies. At the same time, EMR data from the CPCSSN informs the workshops, and the QI coach will use the information to help provide methods to help practices make desired changes in a local setting. In the control arm, practices perform their usual care (with no QI coach or access to detailed EMR data). At the end of the one-year study, surveys and interviews will be conducted to understand patient and provider perspectives and experiences. **Main Outcome Measures:** Primary outcome is the number of PIPs per patient. Secondary outcome includes patients' medication-related experience with care and providers' experience with learning collaboratives and deprescribing PIPs. Results and **Conclusion:** The results of other provinces indicate that the SPIDER method empowers patients and physicians to engage in meaningful

discussions about care decisions. Furthermore, the model has improved patients' quality of life and healthcare provider satisfaction. Our team hypothesizes similar findings in BC.

Thursday, November 7 **Poster: 604**

Improving Continuity of Care Within an Academic Family Health Team: Work-in-progress

Laura Cummings*, MD, CCFP

Learning objectives:

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

1. Describe patient and provider perspectives on continuity of care within family medicine
2. Discuss barriers to continuity of care, and identify change ideas to address these barriers
3. Appreciate how to apply quality improvement methods in your own practice to improve continuity of care

Context: Continuity of care (COC) is the cornerstone of safe, high-quality care—it leads to better health outcomes, improved patient quality of life, and greater provider satisfaction. Despite these benefits, maintaining continuity is challenging in academic family practice. **Objective:** To assess baseline continuity, patient and provider perspectives on continuity, barriers to continuity, and potential solutions to inform a quality improvement (QI) initiative (work-in-progress), **Design:** Chart audit of COC metrics, descriptive analyses of provider and patient surveys. **Setting:** The Ottawa Hospital Academic Family Health Team (TOHAFHT) in Ottawa, Ontario. **Participants:** Patients ≥18 years old; residents, staff physicians, and nurse practitioners (NPs) from one care team within TOHAFHT. **Main Outcome Measures:** Chart audit outcomes included average patient continuity of care index (COCI) and usual provider index (UPC). Patient survey measures included perceived satisfaction with continuity, access, and quality of care. Provider survey measures included perceived continuity and satisfaction with patient encounters. Both surveys included qualitative comments on perceived barriers to continuity and proposed solutions. **Results/Findings:** Randomly sampled charts from patients seen between January and December 2023 (n = 40) had an average COCI of 0.20 and UPC of 0.43. Surveyed patients (n = 25) were generally satisfied with their care, but expressed a lack of trust with unfamiliar providers, especially when discussing mental health or sensitive issues. Resident and NPs (n = 7) were less familiar and less satisfied with patient interactions relative to staff physicians (n = 4). Patients and providers agreed that COC is important, but limited by several barriers including inflexible appointment bookings, conflicting resident rotations, and access limitations. **Conclusion:** COC remains an important priority in primary care. This project provides baseline measures for a forthcoming QI initiative to improve COC and offers insights into root causes of poor continuity and solutions for change.

Thursday, November 7 **Poster: 605**

How Effective is a Virtual Osteoarthritis Education Program?

Roshani Puri, BN; Teresa DeFreitas*, MD, CCFP; Marni Wesner, MD, CCFP; Kristin Anstey, MD, CCFP; Ben Greidanus, MD, CCFP; Isabel Hedayat, MD, CCFP; Adam Keough, MD, CCFP; Olesia Markevych, MD, CCFP; Mariia Morar, BSc; James Xu, MD, CCFP; Constance Lebrun, MD, CCFP

Learning objectives:

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

1. Evaluate the efficacy of a physician led seminar in improving patient's self-efficacy in managing their osteoarthritis

2. Evaluate the effectiveness of a virtual group seminar for knowledge translation regarding treatment options for osteoarthritis
3. Describe indications for the use of Arthritis Self Efficacy score inpatients with osteoarthritis

Context: Osteoarthritis (OA) is the third most common self-reported chronic condition in Canada. The non - surgical care of OA includes patient education and treatment decision making. A team of sport and exercise medicine physicians developed a virtual education seminar for patients with OA. **Objective:** To evaluate the efficacy of a physician led seminar in improving patient's self-efficacy and knowledge of OA. **Design:** Prospective Program Evaluation. Participants were asked to complete baseline surveys including the Arthritis Self Efficacy Score (ASE), Hip Disability Score (HOOS), Knee Disability Score (KOOS). Participants then attended the virtual seminar. They were then asked to rate their knowledge of specific aspects of OA, and at 3 months post seminar asked to repeat the ASE, HOOS and KOOS surveys. **Setting:** A University Sport and Exercise Medicine Clinic. **Participants:** Adults ages 30 to 85 referred to the OA seminar with a diagnosis of knee and or hip osteoarthritis. (n=41). **Main Outcome Measures:** ASE, KOOS, HOOS, and patient satisfaction survey. **Results:** At baseline majority of patients responses (61%) indicated "a little" or adequate knowledge to different aspects of OA, post seminar this improved to 88% reporting adequate or significant knowledge. ASE Subsections all improved: Pain (baseline 5.36 vs at 3 months 6.54 p=0.0013). **Other Symptoms:** (baseline 6.63 vs 3 month 7.32, p =0.008. Function: 8.53 vs 3-month 8.85 p=0.0038. KOOS: Quality of Life (baseline 38.09 vs 3 month 44.7) p=0.02. HOOS: Sport and recreation (baseline 27.34 vs 3 month 42.19) p=0.0032, Pain (baseline 46.09 vs 3 month 54.69) p=0.0032. Function of Daily living (baseline 51.38vs 3 month 59.28) p=0.0032. **Conclusions:** This seminar on OA increased patients' knowledge, and improvement in patient reported self-efficacy. This study offers quality evidence supporting the effectiveness of a virtual physician led patient education seminar on OA

Thursday, November 7 **Poster: 606**

The Family Medicine Enhanced Skills Chronic Pain Residency

Ted Findlay*, DO, CCFP, FCFP

Learning objectives:

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

1. Describe the burden of chronic pain in the Canadian population
2. Describe the recommendations of the National Pain Strategy with respect to training physicians to manage this condition
3. Describe the new Family Medicine Chronic Pain Enhanced Skills R3 program at the University of Calgary

Context: An estimated 7.6 million, or one in five people live with chronic pain, many of whom report it adversely affecting some or most daily activities. Pain impacts all demographics in Canada, although not equally. It is more common as we age, with approximately one in three people over 65 experiencing chronic pain. As Canada's population ages, the prevalence of chronic pain and its impacts are expected to grow. **Intervention:** In response, the National Pain Strategy established GOAL #3: People living with pain and health professionals have the knowledge, skills, and educational supports to appropriately assess and manage pain based on population needs. The broader community understands pain as a legitimate, biopsychosocial condition and stigma is reduced. Empower leadership from University and College programs to create sub-specializations in pain management across all relevant health care professions. Expand post-graduate positions (e.g., residencies, post-doctoral fellowships) to train health professionals as pain specialists. **Conclusion:** In response to the Canadian Pain Task Force Report and its call for post-graduate training positions for pain specialists, and in keeping with physician requirements anticipated by the Alberta Pain Strategy, the Department of Family Medicine at the Cumming School of Medicine (University of Calgary) has

established an Enhanced Skills program for family medicine residency graduates. This is a one year program that will be based at the Calgary Chronic Pain Centre. The first resident will begin training in July 2025.Ref: Canadian Pain Task Force Reports 2019, 2020, 2021

Thursday, November 7 **Poster: 607**

The Power of Narrative in Student Career Choice: Using a living library approach

Aaron Johnston*, MD; Grace Perez, MSc

Learning objectives:

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

1. Describe the importance of novel approaches to supporting medical student career choice
2. Summarize the Living Library modality
3. Discuss how Living Library might be used in their education setting

The objective of this project was to evaluate the effectiveness of the living library approach in i) fostering favourable attitudes towards rural medical practice, ii) in changing perceptions of learners about rural life and practice. The concept originated as a strategy to challenge prejudice, using volunteers as 'human books' to interact with people 'readers' and engage in meaningful dialogue. We adapted the model in a medical education context through our program "Library of Life", conducting three living libraries in 2020, 2022, 2023. We recruited physicians and other professionals in rural practice with engaging stories as Human Books, to present and discuss life experiences with student readers. Before the Library of Life, most students (82%) were unfamiliar with rural medicine and the majority (56%) felt "rural medical practice would not be a good fit". After the events, almost all (96%) felt that "rural physicians play a vital role in the community", and 71% indicated that they "could see themselves in a similar rural practice". Further, we observed statistically important improvements in: (i) perception about personality match to rural medicine ($p=0.009$), (ii) appreciation of rural life and work ($p=0.013$), (iii) recognizing need for rural physicians ($p<0.001$) and (iv) rural practice consideration ($p=0.001$). Students reported that the Library of Life allowed them to see "rural" under a fresh and newfound light, allowed self-reflection, and that the format of the event helped them to gain a sense of personal growth and consider their own individual capacities and interests. Our results suggest that the power of narrative facilitates and fosters more favourable attitudes towards rural medical practice among our students. The living library can be an effective learning tool in medical education to provide information and inspiration to learners to consider a career in rural medicine.

Thursday, November 7 **Poster: 608**

Using Focus Groups to Inform Geriatric Psychiatry Modules

Elliot Lass*, MD, MSc, CCFP (COE); Kirolos Milio, MD, CCFP; Vyshnave Jeyabalan, MHIS; Kristina Powles, MD, CCFP; Virginia Wesson, MD, MSc, FRCPC; Irina Nica-Graham, MD, FRCPC

Learning objectives:

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

1. Demonstrate student preferences with respect to online learning modules
2. Identify the gaps in teaching with respect to family medicine resident learning in geriatric psychiatry
3. Describe resident preference for content in a supplemental online module in geriatric psychiatry

Context: Family doctors are often the first point of contact when older adults present with psychiatric conditions. Therefore, education during family medicine residency needs to adequately prepare residents with both clinical and supplemental psychiatric content, such as through educational modules. **Objective:** To determine the opinions of family medicine residents with respect to gaps in teaching and preferred modes of

delivery of clinical and supplemental content related to a geriatric psychiatry education. **Design:** A focus group was held, and responses were coded through inductive thematic analysis. A summary of the themes derived with supporting quotes will be displayed. **Setting:** The focus group was held on March 22, 2023, to help inform the content of educational modules provided to family medicine residents during their geriatric psychiatry sessions at Mount Sinai Hospital, University of Toronto Department of Family and Community Medicine. This work has been approved by the Sinai Health System Research Ethics Board. **Participants:** A member of the research team, who was a Care of the Elderly Resident in a non-evaluative role, facilitated a focus group with 12 PGY1 and PGY2 residents at Mount Sinai. **Intervention:** A thematic analysis was completed through codifying of themes that were elicited through the focus group. **Results:** There is limited exposure to geriatric psychiatry education in residency and students are open to online learning modules. Gaps in teaching and resident preferences were derived. The type of content that residents were hoping to learn included collaborative care and dementia. **Conclusions:** A focus group for family medicine residents can help determine the content included in supplemental online geriatric psychiatry modules. Family medicine residents are interested in and would benefit from online geriatric education to supplement clinical teaching, including for practical skills.

Thursday, November 7 **Poster: 609**

Developing and Evaluating a Postgraduate Education CQI Program

Gurpreet Mand*,MBBS, MScCH, CCFP, FCFP; Patricia O'Brien, RN, MScCH; Paul Krueger, PhD; Chris Meaney, MSc; Stu Murdoch

Learning objectives:

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

1. Describe the DFCM's CQI program components
2. Identify key program evaluation results
3. Highlight proposed CQI initiatives and future directions

Context: The Postgraduate Program at the Department of Family & Community Medicine (DFCM) - University of Toronto, initiated a Continuous Quality Improvement (CQI) Program in the fall of 2021. The CQI program aims to create a culture of continuous educational improvement in the residency program. An evaluation of the program was initiated in 2023, the results of which will be discussed in this poster. **Objectives:** 1. Describe the DFCM's CQI Program components. 2. Identify key program evaluation results. 3. Highlight proposed CQI initiatives and future directions. **Design:** This was a quantitative study using a survey as the tool. The questions consisted of both Likert scale and text questions. **Participants:** This evaluation survey was distributed to all site program directors and the site administrators. **Main Outcome Measures:** To understand impact of the CQI Program in the DFCM and understand areas for improvement. **Results/Findings:** The survey was completed by 26 participants with a response rate of 72%. Some of the key findings included an increased awareness of CQI at the sites, initiation of CQI site-based projects and demonstration of good use of some support tools (CQI survey, CQI consultations). The data also showed areas where the program can be a better resource for sites. **Conclusion:** Whilst the CQI program originally was designed to meet the requirement of the College of Family Physicians of Canada (CFPC) Accreditation Standard 9.1, the Postgraduate Program has also successfully created a culture of improvement. There are many improvement initiatives underway centrally and at sites based on data collected through CQI initiatives including the development of a foundations block in year 1. The program has become a collaborative process between the Central program, the sites, and residents. The program has also been shared with other PG programs at the University of Toronto.

Thursday, November 7 **Poster: 610**

Resident Transcripts: Finding the signal in the noise

Kendall Noel*, MDCM, FCFP, MEd

Learning objectives:

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

1. Demonstrate the feasibility of using historical (or contemporary) quantitative, evaluation data to assess resident performance and program expectations
2. Describe individual resident advantages to obtaining comparative data describing their performance
3. Describe the benefits for large residency programs to utilize basic statistical analysis as part of their "Program of Assessment"

Somewhere between the beginning of our pre-med undergraduate degrees and the awarding of certification in family medicine, medical learners lose some of the basic tenets of the education system: the importance of frequent formative tests, the benefits of a proper course syllabus and orientation and the beauty of a cumulative transcript. At the University of Ottawa, we have prototyped a resident transcript, using our rotation specific evaluations (ITERs) as the unit of measure. A statistical review of our historical ITER data provided the basis for expected mean scores for each ITER. These historical means, and their standard deviations, then allowed us to 'z-score' a resident's performance on the ITER. In this poster we provide a theoretical basis for the feasibility and validity of tracking the data necessary to generate a resident transcript. The benefits at both the micro and macro levels of medical education will be discussed, with reference to the use of a similar approach at Harvard Medical School.

Thursday, November 7 **Poster: 612**

How Resident Physicians Navigate Direct Observation and Feedback

Heather Waters, MD, CCFP, CFFP; Cassandra Kuyvenhoven, PhD; Jonel Miklea, MD, MEd, CCFP, FCFP; April Kam, MD, MScPH, FRCPC; Alim Pardhan, MD, MBA, FRCPC; Elif Bilgic, PhD; Danielle O'Toole, MD, MSc, CCFP, FCFP; Bojana Babic, MD, FRCPC, FAAP; Mohammad Zubairi, MD, MEd, FRCPC; Njideka Sanya, MD, MPH; Meredith Vanstone, PhD

Learning objectives:

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

1. Compare resident physician experiences of direct observation and feedback across settings and situations
2. Explore factors impacting on resident seeking and avoidance behaviours related to direct observation and feedback
3. Idenfity aspects of the learning environment to support effective direct observation and feedback for learning

Background/Objectives: While medical education evidence clearly indicates the importance of feedback and coaching for the development of competencies, understanding learner perceptions and behaviours regarding feedback from direct observation of clinical care remains a gap in the literature. Our study explored how medical learners in three residency programs—Family Medicine, Emergency Medicine, and Pediatrics—navigate feedback opportunities through direct observation, a cornerstone of competency-based learning. Effective incorporation of direct observation for feedback is essential to support learner development while preserving their sense of independence and efficiency. **Design:** We conducted a constructivist grounded theory study with two phases of research; the first incorporated multiple non-participant etic observations

paired with individual interviews, and the second was homogenous focus groups of residents and faculty within each program. Data collection and analyses were iterative and refined through progressive stages of research. **Settings/Participants:** We conducted 36 observations (>145 hrs) and 18 interviews with 18 residents working in Family Medicine, Pediatrics, and Emergency Medicine at one university; we conducted 6 homogeneous focus groups which included a total of 21 residents and educators from all three specialty areas. **Findings:** Findings emphasize an uncertainty among learners regarding what constituted feedback, as their interactions with preceptors often blended direct observation, teaching, perceived evaluation, and feedback. This uncertainty was sometimes associated with an emotional and cognitive load that made some feedback feel uncomfortable or threatening. Learners trying to avoid direct observation reported time constraints (i.e., prioritizing efficient workflows over feedback), the need for emotional self-management (i.e., avoiding negative emotions associated with being 'wrong'), and interpersonal conflict (i.e., feeling disrespected or untrusted by their preceptor/supervisor). Educators were more likely to conceptualize feedback as formative, aimed at learner growth and development. Many learners described an ever-present summative aspect, and this provoked some of the uncertainty and negative emotions. Specialty differences emphasized the importance of a culture of direct observation and regular feedback in facilitating meaningful, formative feedback. **Discussion and Conclusion:** This study highlights complex and interwoven factors within the learner and the clinical environment that influence their decisions to seek or avoid direct observation and feedback. It underscores the need for a nuanced approach to feedback in medical education to address these complex dynamics effectively.

Thursday, November 7 **Poster: 613**

Simulations Strengthen Team Based Primary Care Dietetic Competency

Serena Beber*, RD, MScCH, CDE; Denis Tsang, MSc, MAN, RD, CDE; Jane Tyerman, RN, PhD, CCSNE; Jaclyn Adler, RD, MAN; Mary Anne Smith, PhD, RD; Wendy Madarasz, MPE, RD, CDE; Raphaëlle Laroche-Nantel, RD, MSc; Joie Shaw, RD, MSc(c); Isabelle Giroux, RD, PhD, PHEc, FDC

Learning objectives:

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

1. Describe the increasingly complex learning needs to practice in interprofessional comprehensive primary care settings
2. Discuss the successes and challenges of interprofessional comprehensive primary care settings that include dietitians
3. Recognize learning opportunities and strategies including virtual simulation to support enhancing interprofessional competencies

Context: "Team Primary Care (TPC)–Training for Transformation" was a national initiative to enhance the capacity of primary care practitioners through improved training, team supports and planning tools. **Objective:** To identify key practice competencies required by dietitians in Interprofessional Comprehensive Primary Care (CPC); to develop an innovative interprofessional collaboration educational tool kit featuring asynchronous virtual simulation-based learning modules; and to evaluate the toolkit. **Design:** A literature review informed survey development by an expert team of RDs in TBPC and/or Dietetic Education before online national distribution. Survey results and other key resources like the Integrated Competencies for Dietetic Education and Practice and the Canadian Interprofessional Health Collaborative Competencies guided the topics for development of three bilingual virtual simulations using the standardized CAN-sim scenario template. Simulations developed included TBPC nutrition related topics of culturally sensitive pre-diabetes care, eating disorders, diabetes with renal insufficiency. Evaluation of the simulations is continuous using a questionnaire at the end of each simulation module. **Setting:** Canadian CPC settings.Participants: Canadian CPC RDs. **Results:** Between September 2023 and February 2024, 73 RDs working in TBPC participated in the survey. Participants identified skills to improve, including cultural safety (61.6%),

counseling (56.2%), navigating the primary healthcare system (46.6%) and the nutrition care process (46.6%). Dietitians felt less confident for referrals including eating disorders (58.9%), mental health disorders (43.8%), bariatric nutrition support (42.5%) and pediatrics (26.0%). Respondents desired more training in team disagreement processing (68.5%), role clarification and negotiation (38.4%), and collaborative relationship-focused care and services (34.3%). Development of simulation modules is complete, with ongoing dissemination. **Conclusion:** Many practical competency learning needs for Canadian RDs working in CPC were identified, guiding the development of education tools for RDs pre- and post-licensure. Virtual simulations can be effective tools to enhance the important contributions of RDs in broader interprofessional CPC settings.

Thursday, November 7 **Poster: 614**

Engaging Early Medical Learners in Data-Driven Equitable Care

Karen Weyman*, MD, M.Ed, CCFP, FCFPR; Ryan Banach, MD, CCFP, FCFP; Azi Moaveni, MD, CCFP, FCFP; Melissa Nutik, MD, M.Ed; Vyshnave Jeyabalan, MHIS; Anna Loi, M.Ed, CPCD; Reza Talebi

Learning objectives:

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

1. Describe a novel community-based longitudinal enrichment opportunity for early medical learners to family medicine
2. Explore the experiences of learners and community family physicians involved in the program
3. Propose modifications for future iterations of the program

Context: In response to decreasing interest of medical students in choosing family medicine and addressing the impact of the pandemic on clinical care, the University of Toronto Department of Family and Community Medicine Undergraduate Education and Office of Health System Partnerships, with support from OntarioMD, created a new pilot program to provide early medical learners with a community-based longitudinal enrichment opportunity (FM-CLLEO). **Design:** To better understand the program feasibility and experiences of the students and preceptors who participated in this novel program, a formal program evaluation of both students and preceptors through survey completion, student focus groups and preceptor interviews took place. REB exemption was received. **Setting, Participants and Intervention:** Nine 1st and 2nd year medical students were placed with a family physician working in an underserved community during their summer break following a one-week family medicine immersion week. Students were taught how to search EMR data and generate a list of patients who were missing important preventative health, such as immunizations and cervical cancer screening, which were identified as Ontario Health priorities. Learners acquired the required procedural skills through simulations in a non-clinical setting. The students then actively assisted the community physicians with catch-up in one of the physician-selected preventative health interventions over a minimum of 3 days in the clinic. **Findings:** Medical students and preceptors reported beneficial and positive experiences resulting from participation in the program. Students who had not considered family medicine residency reported at the end of the program that it was now being considered as a future career path. **Conclusion:** The findings support the feasibility of placing early learners during their summer break with community family physicians to support pandemic clinical catch-up using practice derived data. Further study is planned to assess feasibility and impact on running an expanded program during the academic year.

Thursday, November 7 **Poster: 615**

Reshaping City-Wide Migraine Treatment Access and Improving Management: Work-in-progress

James Kim*, MBBCh, PgDip, MScCH

Learning objectives:

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

1. Describe the limitation of the access to migraine care in Calgary, Alberta
2. Identify areas in how the primary care physicians can assist in improving the migraine care access
3. Demonstrate the effectiveness of utilizing the primary care physicians in Calgary's migraine pathway

Cross-sectional studies have demonstrated that Canada has the worst access to specialty care among the first-world nations. In Calgary, about 2000 patients are waiting to be seen by the neurologists at the University of Calgary, and another 2500 patients are waiting to be seen by the community neurologists. Surprisingly, it is estimated that about 70% of them are migraine patients. 10 primary care physicians with a special interest in migraine were identified, and put through several training modules, and the group has been incorporated into Calgary's migraine pathway where the patients who have failed in 2-3 prophylactic treatments without red flag symptoms will be seen by this primary care group. This is a work in progress, but we are expected to see an improvement in access to migraine care with patients receiving the optimal management in a more timely manner while reducing direct and indirect healthcare costs.

Thursday, November 7 **Poster: 616**

Balancing Patient Eating Habits and Planetary Health - QI

Eileen M. Wong*, MD, CCFP, FCFP; Stephanie Maclean, RD

Learning objectives:

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

1. Describe how to objectively evaluate patient food experience through measurements like visual estimation method, surveys
2. Apply quality improvement approach to address issues of greatest concern to patients i.e. food experience
3. Consider implementing these methods to health care setting/s to improve food experience, reduce food waste

Objective: The primary objective of this Quality Improvement project was to determine if offering vegetarian lunch entrees would decrease patient food waste as part of improving patient health and planetary health. **Design:** In-patient food consumption over one week for all three meals was measured using Visual Estimation Method (VEM). Attitudes and knowledge about vegetarian meals were assessed through voluntary patient surveys. **Setting:** Urban geriatric rehabilitation centre in Vancouver BC. **Participants:** Study population was Rehabilitation in-patients, mostly male (62.5%), average age 74.5 years, average length of stay 33 days, with 65 participants in the intervention period. **Intervention:** During the "Vegetarian Week" pilot intervention, the existing core menu was used, substituting four vegetarian (non-animal protein) entrées out of 14 lunch choices. Breakfast and dinner were unchanged. **Main Outcome Measures:** Food waste was measured using the Visual Estimation Method (VEM). Patients' attitudes and knowledge about vegetarian meals were assessed with voluntary surveys. **Results:** Comparing pre- and post-intervention periods, overall food wastage increased at: breakfast (22% to 32%), lunch (22% to 32%), and dinner (20% to 25%) with p values 0.000. Considering lunch entrées only, wastage increased from 17% to 38%, with vegetarian entrees wasted (46%) more than non-vegetarian ones (34%). Vegetarian patients wasted (37%) as much as non-vegetarians (39%). Survey response rate pre-intervention was 45% with most patients (76%) reporting eating an omnivorous diet, prior awareness of personal and planetary health benefits of vegetarian diets (59%) and previously trying vegetarian dishes (62%). Post-intervention survey response rate was lower (22%) with only 57% willing to try vegetarian dishes again. **Conclusion:** Through evaluation of the patient food experience with Visual Estimation Method and surveys, the very complex issue of food satisfaction was explored in older adults.

Although food waste was not decreased during this "Vegetarian Week" pilot, improving patient and planetary health requires ongoing efforts.

Thursday, November 7 **Poster: 617**

A Multidisciplinary Approach to Deprescribing Potentially Inappropriate Prescriptions (PIPs) – A SPIDER protocol

Rosy Zafar*, MD, CCFP, FCFP; Yali Gao, RPh BScPhm; Faten Hassaan, M.Sc QIPS; Sima Sajedinejad, MD, MPH, PhD, PMP; Mila Ellard, RPh

Learning objectives:

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

1. Enhance patient safety by deprescribing PIPs in the older population who are at risk of drug therapy problems due to polypharmacy by using SPIDER Protocol
2. Engage members within the multidisciplinary team who can address PIPs
3. Utilize the EMR to track patient progress and analyze data to assess efficiencies and effectiveness

Polypharmacy is common in older adults and can be associated with elevated risks of poor health, reduced quality of life, high care costs, and persistently complex care needs. This project targets medications where the potential risks may outweigh the benefits and where deprescribing should be considered. We focused on the following therapeutic classes with established evidence-based deprescribing tools: proton pump inhibitors, benzodiazepines, antipsychotics, and sulfonylureas. **Design and Setting:** 1. Engaged members within the multidisciplinary team who can address PIPs. 2. Identified patients who are taking PIPs using UTOPIAN and EMR query. 3. Implemented an appropriate strategy for safe deprescribing of PIPs. 4. Utilized the EMR to track patient progress and analyze data to assess efficiencies and effectiveness. **Participants:** Within a one-year time frame, our multidisciplinary team consisting of physicians, pharmacists, and quality improvement specialists identified eligible patients 65 years and older with ten or more medications using UTOPIAN and our EMR system. We performed chart reviews and patient interviews to assess their eligibility for deprescribing PIPs. Patients were initiated on a deprescribing protocol based on eligibility with regular follow-ups. **Results:** Our team identified 14 eligible patients rostered to one physician practice from the EMR search. The team reviewed each patient's chart and contacted 11 of those patients to assess the appropriateness of the use of proton pump inhibitors, benzodiazepines, antipsychotics, and sulfonylureas. Five patients successfully stopped taking one of the PIPs, and five patients trialled a reduced dose. **Conclusion:** By deprescribing PIPs, we mitigate potential drug therapy problems such as drug interactions, adverse drug reactions, prescribing cascades, and increased drug utilization costs. Our project focused on the older adult population, who are often more vulnerable, have higher health care needs, and are at higher risk of polypharmacy, resulting in drug therapy problems.

Friday, November 8

Friday, November 8 **Poster: 701**

Weight-Inclusive Care in Family Medicine

Erika Crowley*, MD, MSS, MSc; Katarina Wind

Learning objectives:

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

1. Describe weight-inclusive care and the harms of a weight-centric approach
2. List ways to incorporate weight-inclusive care into their practice
3. Identify resources for education and further review

Context: Weight-inclusive care prioritizes overall well-being and healthy behaviours without stigmatizing body weight. This perspective challenges traditional methods, such as medicalizing obesity and prescribing weight loss, that, although widespread, are associated with adverse outcomes. Many allied health care providers are embracing weight-inclusive care. Physicians may lag due to a lack of resources and education that addresses them specifically. **Objective:** We aimed to create a learning medium for the weight-inclusive care framework and utilization in in medical practice. **Design:** We conducted a narrative literature review and utilized knowledge translation to create an easy-to-read pamphlet for education of healthcare providers on weight-inclusive care. **Setting:** The work was completed in British Columbia, Canada and will be widely available for distribution. **Participants:** Medical students, residents, and healthcare providers across Canada will be engaged. **Findings:** Dr. Katarina Wind created a workshop series for medical students that reviews up to date medical literature about weight-inclusive care and dispels common myths. Medical students that attended this workshop went on to complete projects to further educate their colleagues. Erika Crowley (MD Class of 2024) created an easily readable pamphlet to educate physicians and medical students in weight-inclusive care. The pamphlet also contains recommendations and resources for providers who are interested in further learning. **Conclusion:** We support a weight-inclusive care approach in medicine and share educational materials as a learning medium for healthcare professionals. Future work will involve continued quality improvement of the pamphlets and widespread distribution throughout the medical community to promote a paradigm shift towards this evidence-based, patient-centered, healthcare approach.

Friday, November 8 **Poster: 702**

Optimizing Diagnosis in Canadian Cancer Care

Martin Dawes*, MD, MB.BS, DRCOG, FRCGP;Leah Stephenson, MA; Kathy Barnard, ECCE; Louise Binder, BA Hon, LLB; Alexandra Chambers, MA; Martine Elias, MSc; Fred Horne, MBA; Rachael Manion, BSc Hon, JD; Josée Pelletier, BA; Jennifer Rayner, PhD; Amy Rosvold, BA; Tina Sahay, MA; Antonella Scali, MSW; Michael Smylie, MBChB, FRCPC; Rebecca Turner, MSW; Eva Villalba, MBA, MSc; Suzanne Wait, PhD; Sophie Wertheimer, PhD

Learning objectives:

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

1. Understand the barriers, inefficiencies, and opportunities in cancer diagnoses in Canada
2. Ensure swift, accurate, and appropriately delivered diagnoses throughout the country
3. Understand the themes that are involved in the cancer diagnosis journey

Context: All.Can is an international non-profit working to improve cancer care efficiency; 2018, All.Can Canada (ACC) was established. ACC is a multi-stakeholder group working to improve cancer care efficiency

in the symptom investigation stage. **Problem:** The Canadian healthcare system is burdened by delays in cancer diagnoses, delays which also increase mortality. Garaszczuk et al. projected that in 2021, $26.2 billion dollars was spent on cancer care in Canada (2022). Further, research suggests that the removal of wasteful interventions could lead to an average gain of ~two years of life expectancy in industrialized countries, and that delays in cancer treatment are correlated with increased mortality for seven cancer types (Wait, 2017; Hanna et al., 2020). **Objectives:** Based on these problems, ACC undertook research to understand the barriers, inefficiencies, and opportunities in cancer diagnoses in Canada, with the aim to ensure swift, accurate, and appropriately delivered diagnoses throughout the country. **Design and Participants:** A contracted independent researcher conducted a structured literature review, including 30 qualitative interviews with cancer survivors across Canada and a survey of healthcare providers, to understand the diagnosis landscape in Canada. ACC's multi-stakeholder, patient-led Steering Committee oversaw the research methodology, implementation, and interpretation of findings. **Findings:** Based on the feedback offered by participants, ACC developed the "Current State of Cancer Diagnosis in Canada" infographic, which illustrates the non-linear and often burdensome experience of being investigated for cancer. Further, ACC designated three different phases within the diagnosis process: the early phase (first interaction with a healthcare provider), middle phase (investigation of the suspicion of cancer), and the final phase (arrival at the cancer facility to a confirmed diagnosis). **Conclusion:** Three outcomes emerging from this research promise to improve the experience of cancer diagnosis for Canadian patients: (1) the need for identification of systemic issues during cancer diagnoses and inherent in equity gaps; (2) the need to determine specific solutions and opportunities practices to optimizing diagnoses; (3) the need to mobilize this information through relationships with stakeholders, including government and healthcare providers.

Friday, November 8 **Poster: 703**

Own Your Bones: A pilot of a novel multi-disciplinary shared medical model for osteoporosis management

Divya Garg*, MD, MClSc, CCFP, FCFP; Vishal Bhella, MD, MClSc, CCFP, FCFP; Julia Maclaren, RD; Janine Payne, RD; Candice Stapleton, PT; April Matsuno, MSc, RD; Jane Bowman, RN, MN; Emma Billington, BSc, MD, FRCPC

Learning objectives:

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

1. Discuss outcomes from application of a shared medical model for osteoporosis management in primary care
2. Review strategies to incorporate nutrition and exercise interventions to reduce fracture risk
3. Apply a shared decision making model with patients in choosing an individualized treatment plan for managing osteoporosis

Context: Own Your Bones (OYB) is a multidisciplinary program for osteoporosis designed to support behaviour change and shared decision making around interventions for fracture risk reduction. **Objective:** To assess program acceptability and change in health behaviors as they relate to bone health. **Design:** This is a prospective pilot study and has received approval by the University of Calgary Research Ethics Board. **Setting:** OYB was piloted at Department of Family Medicine Teaching Clinics at the University of Calgary in 2023-2024. **Participants:** A total of 26 participants were enrolled in the program (median age 70.7 years). Participants over the age of 50 with a ten-year risk of osteoporosis-related fracture ≥10% or a personal history of prior low trauma fracture were eligible to participate in the study. **Intervention:** Patients participated in a 4-week (2h/week) program, facilitated by an osteoporosis specialist, family physician, dietitians, and physiotherapist including hands-on culinary medicine training and supervised exercise. **Outcomes:** Program acceptability was determined using components of the Theoretical Framework of Acceptability. Pre- to post-program planned changes in health behaviours, and confidence in making changes were compared on self reported questionnaires. **Results:** All participants agreed (60%) or strongly agreed (40%) that the program

improved their ability to manage their bone health. Behavioural change was noted in both frequency and duration of exercise with participants reporting being engaged in moderate-to-vigorous activity a median of 5 days a week after attending the program. Additionally, all participants "agreed" or "strongly agreed" to better understanding their fracture risk with 55% more participants reporting having increased knowledge around risks and benefits of pharmacotherapy. **Conclusion:** Shared medical model can support behaviour change and shared decision making around interventions for bone health. Learnings from this pilot will be used to expand program delivery and create bone health resources for wider application in primary care.

Friday, November 8 **Poster: 704**

Supportive Experiences of Refugees and Asylum Seekers During Childbirth

Lynn Hammoud*, MD; Fanny Hersson-Edery, MD, CCFP, FCFP; Valerie Perrault, RM, MSc, OSFQ; Millie Tresiera, doula; Gabrielle Paquette, RN, MSc, OIQ; Lisa Merry, RN, PhD, OIQ

Learning objectives:

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

1. Describe particular barriers to optimal care for refugees and asylum seekers in pregnancy and childbirth
2. Identify strategies to improve the quality of intra-partum care for refugee and asylum-seeking birthing persons
3. Recognize the role that doulas can play in an inter-professional team-based approach to perinatal care

This original qualitative study explores the barriers and facilitators to high quality care for refugee and asylum seekers in pregnancy and labor from multiple perspectives, including that of refugee and asylum seeker (RAS) women, a diversity of perinatal health care providers (including Obstetrics, Family Medicine, Social Work, and Midwifery), as well as community doulas practicing in a large urban setting who care for RAS patients. Snowball sampling recruited 23 participants who were divided into 8 discussion groups. An iterative thematic analysis of transcribed discussions yielded 3 overarching themes with rich subthemes. The 3 themes included access and navigation of the health care system, the experience of childbirth, and interprofessional teamwork organization. A subtheme included the challenges and emotional toll of caring for patients who present with complex social and medical needs in pregnancy and labor. Strategies for addressing identified challenges and optimizing the care for this vulnerable population of RAS were explored.

Friday, November 8 **Poster: 705**

Provision and Teaching of Medical Abortion

Arielle Springer, MD; Fanny Hersson-Edery*, MD, CFPC, FCFP

Learning objectives:

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

1. Compare the demand for medical abortion and the provision by family medicine teaching clinics
2. Identify 3 barriers to the provision of medical abortion among clinician teachers at urban teaching clinics
3. Understand how these barrier factor impact teaching of medical abortion to residents

Context: Family Medicine Residency programs are mandated to train future family physicians to provide comprehensive care. Contraception planning, pregnancy care and abortion care are integral to the health care of reproductive aged women, as more than one in four pregnancies is unplanned and roughly one in three Canadian women has had at least one abortion. Since 2015, the introduction of Mifegymiso (mifepristone and misoprostol) has added a significantly more accessible alternative to surgical abortion.

Objective: To examine the provision of medical abortions by clinician teachers and the teaching of medical abortion to postgraduate learners in urban Family Medicine teaching clinics. **Design:** A mixed methods study included a bilingual (French/English) survey of clinician teachers. **Setting:** Nine Family Medicine teaching clinics at a Quebec University. **Participants:** Family Medicine academic physicians. **Main Outcome Measure:** Descriptive statistics on medical abortion provision and perceived barriers to the provision of medical abortion. **Main Findings:** 60.0% of participants had patients who had required or asked about medical abortion, but only 15.1% of participants had provided medical abortion. The most common barriers to providing medical abortion were lack of training or experience, the presence of abortion services nearby, and the lack of adequate resources in the participants' clinics. Only 62.8% of clinician teachers (54/86) had offered any teaching to residents about abortion. 36.0% (31/86) had provided teaching during patient encounters and 39.5% (34/86) had taught residents to refer to resources outside of the teaching clinic. Identified barriers to providing teaching about medical abortion included the personal inability to provide reliable abortion care, working in a traditional or historically religious institution, personal beliefs about abortion, lack of experience and lack of resources at the unit. **Conclusion:** There was limited provision of office-based medical abortion in the teaching clinics, despite higher patient demand. Barriers need to be addressed to increase the offer of medical abortion and, in consequence, the clinical exposure and teaching of medical abortion to Family Medicine residents

Friday, November 8 **Poster: 706**

Evaluating the Impact of Gross Hematuria on Patients and the Cypress Regional Hospital: Work-in-progress

Damien Spilchen*, MD; Elizabeth Hansen*, MD; Adam Clay MSc; Emmett Harrison, MD, CFPC (EM); Francisco Garcia, MD, FRCSC

Learning objectives:

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

1. Recognize current practices in the management of gross hematuria
2. Describe the outcomes associated with different treatment options for hematuria in the ED
3. Reflect upon practice patterns in the Cypress Regional Hospital and compare to their local practices

Context: In the Emergency Department (ED) setting, gross hematuria is a common presentation. A novel treatment for gross hematuria involves the instillation of intravesicular tranexamic acid. It is unclear if this novel treatment is more effective than continuous bladder irrigation (CBI), manual bladder irrigation (MBI), or both. Few studies have been completed in Canadian centers, and more data is required on practice patterns to inform research and implementation of tranexamic acid for gross hematuria in smaller Canadian hospitals. **Objective:** We plan to gather information about current presentations of gross hematuria to the Cypress Regional Hospital (CRH), the treatments implemented, and patient outcomes. **Design:** A five-year retrospective chart review will be completed for patients presenting to the ED or admitted to hospital with the initial presentation of gross hematuria. Descriptive statistics (counts, percentage, median and interquartile range) will be calculated. This project was approved by the USask Biomedical Research Ethics Board (REB) via delegated review. **Setting:** Data will be extracted from the medical records of a rural/regional hospital in Saskatchewan. **Participants:** Patients over the age of 18 presenting with gross hematuria to an emergency room or inpatient ward in the CRH. **Main Outcome Measures:** Variables include treatment type (MBI, CBI, observation), urologist involvement, need for cystoscopy, length of hospital stay, length of remission, frequency of ED presentation, frequency of representation within 7 days and need for blood transfusion. **Results/Findings:** This study will provide information about practice variation, as well as "ED Inertia"; whether outpatient and inpatient outcomes are affected by ED management. This study also lays a foundation for future investigation into this area, such as a local RTC comparing treatment options.

Friday, November 8 **Poster: 707**

The Impact of Dexamethasone on Hospitalization and Mortality in Long-Term Care Residents With COVID-19: An interrupted time series study

Amy T. Hsu*, PhD; Kednapa Thavorn, PhD; Anna Clarke, MSc; Danielle Cruise, MSc; Danielle Sinden, MA; Benoit Robert, MD

Learning objectives:

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

1. Describe the prevalence of clinical use of dexamethasone for long-term care residents with COVID-19
2. Understand the impact of dexamethasone use for long-term care residents with COVID-19
3. Understand the utility and limitations of an interrupted time series study design

Objective: To examine the clinical use of dexamethasone for long-term care residents with COVID-19 respiratory illness and to explore the heterogeneity in prescribing patterns and treatment outcomes. **Design:** Retrospective study using interrupted time series analysis. **Setting:** Long-term care homes in Ontario. **Participants:** Residents in Ontario long-term care homes with an incident SARS-CoV-2 infection between March 1, 2020 and December 5, 2020. **Intervention:** Since July 2020, Health Canada has stated that clinicians should strongly consider the use of dexamethasone for patients who have COVID-19 and require oxygen or mechanical ventilation. This recommendation is largely based on the practice-changing results of the Randomized Evaluation of COVID-19 Therapy (RECOVERY) trial conducted in the UK. In the RECOVERY study, which was published in July 2020, administration of 6 mg of dexamethasone daily for up to 10 days was associated with a reduction in 28-day mortality in patients receiving oxygen only or mechanical ventilation. The effect of dexamethasone use in long-term care residents with COVID-19 has not been extensively studied. **Main Outcome Measures:** Rates of all-cause and COVID-19-related hospitalizations, all-cause and COVID-19-related emergency department visits, and mortality. **Results/Findings:** A total of 7,919 incident SARS-CoV-2 infections in long-term care residents were identified between March 1, 2020 and December 5, 2020. Prior to July 2020, there were few prescriptions (0.24 claims per 100 long-term care residents) of corticosteroids, including dexamethasone, in long-term care residents with COVID-19. Following the publication of results from the RECOVERY trial, prescription of dexamethasone (7.21 claims per 100 long-term care residents with COVID-19) and other corticosteroids (2.67 per 100 long-term care residents with COVID-19) increased significantly. In these same timeframes, rates of COVID-19-related hospitalizations (from 4.98 to 3.24 per 100 long-term care residents with COVID-19) and mortality (from 8.78 to 3.63 per 100 long-term care residents with COVID-19) decreased significantly. **Conclusion:** For long-term care residents with COVID-19, early administration of dexamethasone was associated with significantly reduced rates of hospitalization and mortality. These results suggest potential benefits to the continued use of dexamethasone in frail long-term care residents with COVID-19.

Friday, November 8 **Poster: 708**

Hyperprolactinemia and Tuberculosis: An atypical presentation

Tariq Jagnarine*, MD, CCFP

Learning objectives:

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

1. Highlight pitfalls in prolactin testing
2. Elucidate the impact of tuberculosis on the pituitary gland
3. Underscore the significance of considering tuberculosis as a cause of prolactinomas,particularly in endemic regions

Hyperprolactinemia diagnosis can be challenging due to various potential causes. Commonly, a prolactin level above 200-250 ng/mL indicates prolactinomas. However, this may not always apply, as other causes, including tuberculosis affecting the pituitary, can lead to elevated prolactin levels. Tuberculosis-induced pituitary involvement is rare and mainly detected through precise imaging, particularly in tropical tuberculosis-endemic areas. Misidentification as a pituitary adenoma can result in delayed diagnosis and treatment, causing enduring damage to both the endocrine and nervous systems. This case study, a rarity in Guyana, was identified via histopathological studies, initially escaping detection in advanced radiological assessments without signs of extrapulmonary or pulmonary tuberculosis. **Objective:** To highlight pitfalls in prolactin testing. To elucidate the impact of tuberculosis on the pituitary gland. To underscore the significance of considering tuberculosis as a cause of prolactinomas, particularly in endemic regions. **Methodology:** This case study reviews relevant research papers, emphasizing the importance of considering tuberculosis as a cause of prolactinomas, especially in endemic areas. It explores common causes of hyperprolactinemia and potential pitfalls in laboratory findings of prolactin levels. **Results:** Endocrine and metabolic manifestations due to tuberculosis are infrequent but can be severe and complex. Although the advanced treatment of Mycobacterium tuberculosis reduces endocrine gland involvement, it can affect any endocrine structure. Symptoms affecting the endocrine and metabolic systems may arise from the infection, treatment, or physiological processes. Some patients may experience immunosuppression, increasing susceptibility to tuberculosis. Symptoms often resolve with anti-tuberculosis medication, while others may require hormonal therapy. **Conclusion:** Diagnosing pituitary tuberculosis is challenging, often relying on histological or post-mortem discoveries. Clinicians should consider pituitary tuberculosis in patients with pituitary dysfunction, especially from endemic areas or with a positive TB diagnosis. Early recognition and treatment are crucial to prevent lasting endocrine and nervous system damage.

Friday, November 8 **Poster: 709**

Promoting Hearing Health for Adults in Primary Care

Lorienne M. Jenstad*, PhD, RAUD; Brenda T. Poon, PhD; Danielle Lafleur, MSc, RAUD; Craig Stevenson, BFA; Nardia Strydom, MBChB, CCFP

Learning objectives:

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

1. Describe their role as agents of change for patients seeking hearing healthcare
2. Identify barriers to promoting hearing healthcare for older adults in primary care
3. Identify practices to promote hearing healthcare access

Context: Often the first contact for adults with hearing concerns is their primary care provider (PCP). **Objective:** Determine PCPs' behaviour, attitudes, and knowledge of hearing health. Identify barriers and facilitators for PCPs to champion their patients' hearing healthcare. **Design:** (1) online survey of open and closed-ended questions about hearing healthcare; (2) virtual focus group using the nominal group technique to identify priorities for hearing health practices. **Setting:** Data collected virtually in British Columbia, Canada. **Participants:** 370 PCPs responded to the survey. Eleven PCPs participated in the focus group. Both samples included a mix of primary care physicians and nurses, and recently retired practitioners. **Main Outcome Measures:** Survey outcomes included degree of agreement with statements about hearing health and qualitative responses about practices, barriers, and facilitators. Focus group outcomes included a prioritized list of recommended PCP hearing health practices. **Results/Findings:** 71% of survey respondents agreed they play an important role in their patients' hearing healthcare. PCPs reported that their in-clinic practices regarding hearing health include advising patients on hearing protection and recommending that they seek further hearing health care with an audiologist or otolaryngologist. Barriers to providing hearing health included patient-related (e.g., finances) and PCP-related (e.g., time constraints) factors. From the focus group, the prioritized recommendations for PCP practice regarding hearing health were: 1) obtain a thorough

hearing history; 2) educate the patient; 3) audiology and ENT referral; 4) consider patient's resources (financial); 5) follow up with the patient. **Conclusion:** Primary care providers hold an important role in promoting hearing healthcare for older adults; yet they encounter multiple barriers to providing optimal hearing health. Promoting hearing health access and use for patients will require coordinated approaches that recognize and address multiple intersecting barriers at knowledge, practice, and broader systemic levels.

Friday, November 8 **Poster: 710**

An Educational Toolkit for Healthcare Providers Serving the Incarcerated Who are Placed in Isolation

Claire Bodkin, MD, CCFP; Ruth Elwood Martin*, MD, FCFP, MPH; Michael Menconi, JD, MS, MPH, HEC-C; Baijayanta Mukhopadhyay, MD, CCFP, MA, DTM&H; Jenna Webber, MD, MPH, CCFP

Learning objectives:

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

1. Provide education about isolation and solitary confinement in the carceral setting in Canada
2. Provide tools to contribute to reducing the potential health effects of isolation and explore solitary confinement
3. Provide tools to facilitate ongoing system transformation towards reduction or abolition of isolation and solitary confinement

Context: Solitary confinement (SC) is an umbrella term that encompasses isolation, segregation, seclusion, separation, or cellular confinement in which incarcerated persons are isolated for 22 hours or more per day without meaningful human contact. The reported associated effects of SC include: onset/exacerbation of mental illness; worsened chronic medical conditions; increased risk of suicide during isolation; and increased risk of death from non-natural causes after release from custody. United Nations rules, 2016 CFPC position statement, and Canadian courts all call for the abolition or decreased use of SC. There is no current pan-Canadian educational resource for healthcare providers (HCPs) who work in carceral environments. This toolkit aims to fill these gaps by providing a resource for HCPs working with people who are detained in SC. **Design:** We collaboratively drafted this toolkit, based on a literature search and the CanMEDS framework, with ongoing incorporation of feedback from diverse external reviewers. The toolkit is supported by a CFPC MIGS grant. **Setting:** The toolkit audience is Canadian HCPs working in federal/provincial/territorial carceral settings. **Participants:** Member of the interest group of prison health at CFPC, people with incarceration experience, legal experts, external healthcare experts and an Indigenous Elder gave reviewer feedback, which was incorporated into the toolkit. **Intervention:** We will launch the toolkit in 2025 and mail copies to the clinic of every Canadian correctional facility. **Main Outcome Measures:** The number of toolkit webpage downloads and qualitative feedback from HCPs utilizing the toolkit. **Results/Findings:** The toolkit is a 10-page document, including a one-page clinical hand-out, and a learner's toolkit. Two journal articles are planned. **Conclusion:** This unique toolkit provides a resource for HCPs about the potential and reported associated risks of SC and promotes their participation in system redesign towards consistent replacement of SC option with clinically appropriate infrastructure units.

Friday, November 8 **Poster: 711**

Family Medicine-Obstetrical Care in NL: A chart audit

Victoria McClintock*, MD; Susan Avery, MD, CCFP, FCFP; Nicholas Fairbridge, PhD; Russell Dawe, MD, MDiv, CCFP

Learning objectives:

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

1. Describe maternal outcomes of interest in low-risk obstetrical care
2. Describe neonatal outcomes of interest in low-risk obstetrical care
3. Compare low-risk obstetrical outcomes between a Family Medicine-Obstetrical care model (i.e., Family-Centred Maternity Care) and obstetricians

Context: Family-Centred Maternity Care (FCMC), a group of family physicians affiliated with Memorial University's (MUN) Discipline of Family Medicine in St. John's, NL, provides prenatal, intrapartum, and postpartum low-risk obstetrical (LRO) care. Canadian literature asserts that family physicians provide care associated with maternal and neonatal outcomes comparable to obstetricians' (OBS). **Objective:** Compare outcomes of LRO care patients from FCMC vs. OBS providers. **Design:** Chart audit as component of a program evaluation with ethics exemption from the Health Research Ethics Authority in St. John's, NL. Eligible patients were identified and relevant data collected from their electronic medical records. **Setting:** Three academic Family Medicine clinics affiliated with MUN in St. John's, NL. **Participants:** 120 FCMC-LRO patients (estimated date of delivery [EDD] July 1, 2017 – Jan 30, 2019) from FCMC's patient database, and 130 OBS-LRO patients (EDD July 1, 2018 – Jan 3, 2020) from a practice search of three academic Family Medicine clinics, were selected by convenience sampling using exclusion criteria identified by FCMC in conjunction with the literature. **Main Outcome Measures:** 21 intrapartum interventions and maternal and neonatal outcomes, including labour and delivery modes, medication and analgesia rates, maternal postpartum complications, and neonatal outcomes in hospital, including breastfeeding. **Results:** FCMC- and OBS-LRO patients generally had similar demographics, interventions, and maternal and neonatal outcomes. Statistically significant differences included more FCMC patients exclusively breastfed in hospital postpartum (two-sided p value = 0.009) and participated in delayed cord clamping (two-sided p value = 0.011) compared to OBS patients. **Conclusion:** LRO care by FCMC demonstrates similar outcomes to those of OBS care providers. This suggests that family physicians provide high quality LRO care.

Friday, November 8 **Poster: 712**

Return Rate of In-Clinic FIT Distribution

Nicole Oszust*, MD; Stephanie Balko, RN, MSc; Kaili Hoffart, MD, CCFP; Roni Kraut, MD, CCFP, MSc

Learning objectives:

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

1. Barriers of colorectal cancer screening
2. FIT to screen for colorectal cancer
3. Options for improving colorectal cancer screening rates

Context: Only half of eligible adults participate in Alberta's colorectal cancer screening program (fecal immunochemical test [FIT]). Historically patients pick up FIT kits at the lab or order online. FITs have recently become available to family medicine clinics in Alberta to distribute directly. **Objective:** To determine the return rate of in-clinic FIT distribution at a family medicine clinic. **Design:** Observational study. University of Alberta Ethics (Pro00141238). **Setting:** An Edmonton family medicine clinic. **Participants:** Average risk patients, 50-74 years old, have not had a FIT test in at least a year, and ≥30 days between receiving the FIT kit and data extraction. **Intervention:** FITs were opportunistically provided to patients between September 2023 and March 2024 by physicians and staff. Data was extracted from the clinic EMR. **Main Outcome Measure:** Return rate and days to return, aggregate and by subgroup: "regular" (last screening ≤3 years ago), "overdue" (last screening >3 years ago), and "never" (no prior screening results available). **Results:** One hundred and nineteen patients, seen by 10 different family physicians, were given FIT kits and 96 (66% female, median age 59) were eligible for analysis. The aggregate return rate was 53%, and the median days to return was 9 (IQR 2-18). Regular subgroup (43 patients, 70% female, median age 62): 65% return rate, 7 days to return (IQR 2-14). Overdue subgroup (21 patients, 61% female, median age 59): 43% return rate, 12 days to return

(IQR 10-14). Never subgroup (32 patients, 63% female, median age 55): 44% return rate, 12 days to return (IQR 6-26). **Conclusion:** In-clinic distribution of FIT kits in a family medicine clinic appears effective. Follow-up is needed to determine if the return rate variation between subgroups is a true effect, if in-clinic FIT distribution improves the clinic's overall colorectal cancer screening rates, and patient and physician preference.

Friday, November 8 **Poster: 713**

Enhancing Accessibility in iOAT: A clinical prospective on the experiences of patients with disability

Liam Quinn*, BHSc; Scott MacDonald, MD; Eugenia Oviedo-Joekes, PHD

Learning objectives:

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

1. Understand the obstacles confronted by patients undergoing Injectable Opioid Agonist Treatment (iOAT) and alternative opioid treatments
2. Analyze the positive impacts of enhanced independence with take-home iOAT
3. Recognize the intersectional relationship between disability and opioid use in the context of iOAT and alternative opioid treatments

Context: The ongoing opioid epidemic presents a significant public health crisis, necessitating a comprehensive response from healthcare providers, including family medicine doctors. As primary care providers, family doctors play a crucial role in the provision of appropriate care for substance use disorders and associated comorbidities. **Objective:** This study evaluates the impact of take-home Injectable Opioid Agonist Treatment (iOAT) and advocates for the inclusion of alternative opioid treatments within the existing continuum of care options for family medicine doctors. **Design:** A qualitative descriptive study was conducted, involving semi-structured interviews with take-home iOAT clients to capture their experiences and the benefits of this treatment approach. Data was analyzed through a critical realist approach, utilizing an abductive coding framework. **Participants:** Twenty-three (N=23) clients receiving take-home iOAT were recruited through purposive sampling from community-based clinics in Vancouver, Canada. The mean age of participants was 54.7 (± 7.3) years, the majority of clients self-identified as having a disability (n=20, 87.0%). **Results/Findings:** Interviews with take-home iOAT clients reported enhanced autonomy and substantive benefits related to their treatment. Take-home iOAT has made care more accessible for Disabled clients by recognizing the intersectional needs of Disabled experiences while supporting the agency, dignity, and freedom of Disabled people to manage their own care. **Conclusion:** Expanding access to take-home iOAT, and incorporating alternative opioid treatments into the continuum of care for family medicine doctors, aligns with harm reduction principles and person-centred care. These evidence-based approaches can facilitate engagement with marginalized populations distrustful of healthcare systems while providing comprehensive care for chronic illnesses and addressing the diverse and fluctuating needs of this population. By normalizing and integrating take-home iOAT and alternative opioid treatments, family doctors can play a vital role in mitigating the risks of the ongoing opioid epidemic and supporting individuals with substance use disorders and associated comorbidities.

Friday, November 8 **Poster: 714**

Family Physicians on Call for Advice

Elaine Rose*, MPH, HD, MSc; Laura Payant, RN; Brian Andrews, CHIM; Qian Yang, MSc; Gary Garber, MD, FRCPC

Learning objectives:

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

1. Identify family physicians' medico-legal challenges resulting in calls to the CMPA for advice
2. Evaluate differences in medico-legal needs between family physicians' TOW, years of practice, and region
3. Incorporate their understanding of medico-legal challenges into their practice to help mitigate medico-legal risk

Objective: Identify medico-legal challenges faced by family physicians through analysis of calls for advice to the Canadian Medical Protective Association (CMPA). **Design:** We performed a retrospective descriptive analysis of advice calls from family physicians to the CMPA. Ethics approval was obtained from the Canadian ethics review panel of the Advarra Institutional Review Board (Pro00020829). **Setting:** Advice calls from family physicians in Canada captured by physician advisors and advice call analysts from September 1, 2023, to March 25, 2024, were included. **Participants:** During the study period, there were 5,794 calls, of which 3,221 were analyzed. Calls were received by physician advisors from consenting CMPA members practicing family medicine. Some family physicians also practiced obstetrics, anaesthesia, surgery, or emergency medicine. **Main Outcome Measures:** The study outcomes were physicians' practice region, type of work (TOW), years of practice, and their medico-legal concerns that prompted the need for advice. **Results:** The most common reasons for seeking medico-legal advice included administrative questions (n=1,518), legal and regulatory issues (n=1,501), and challenging patient interactions (n=1,029). More specifically, the most frequent sub-categorized reasons for calling concerned medical records (n=794), termination of the physician-patient relationship (n=547), and the business of medicine (n=510). Reasons for calling significantly varied by region ($p<0.001$), years of practice ($p<0.001$), and TOW ($p=0.02$). Within the study period, 9% of Canadian family physicians called the CMPA for advice, with the highest relative proportion among Ontario physicians (10%). **Conclusion:** Between September 1, 2023, and March 25, 2024, family physicians sought medico-legal advice about administrative questions, legal and regulatory matters, and concerns regarding challenging patient interactions. Increased understanding of these medico-legal challenges enables the CMPA to support members' needs by preparing learning resources tailored to family physicians and address specific medico-legal concerns for which they most frequently seek advice.

Friday, November 8 **Poster: 715**

Achieving Effective Patient Care: The opportunity to partner with patients in family medicine

Dana Arafeh*, MSc; Melanie Henry, MD, CCFP; Patricia Obrien, RN, MScCH

Learning objectives:

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

1. Explore viable approaches to facilitate patient engagement in family medicine
2. Describe the contributions of patient partners to improving quality of care through a department of family medicine
3. Describe patient reflections on partnering with faculty, staff and learners at DFCM

Context: The Department of Family & Community Medicine (DFCM) at University of Toronto prioritized patient engagement, emphasizing building collaborative relationships with patients and community as a key goal in the 2022-2027 strategic plan. In 2022, the DFCM's established the inaugural Patient Family Advisory Committee (PFAC). The PFAC meets 8 times per year and is supported by the Patient & Family Engagement Specialist with faculty leadership from our Vice-Chair, Community & Partnerships. In addition to the PFAC, a database of patient partners representing our 15 academic sites has been developed to support the work of the PFAC and other patient partnership opportunities. **Objective:** This poster will showcase approaches to effective patient engagement by offering insights, experiences, and practical tools for improving quality of care in primary care. **Design:** This poster will feature patient stories illustrating how patient partners were involved in improving the patient experience, quality of care, and education of family medicine residents at

DFCM teaching clinics. Patient stories will be featured along with the mechanisms of engagement, including quotes on the impact of each of the experiences from our patients and primary care providers. Tips, lessons learned, and reflections from our team members will be shared. **Setting:** DFCM academic sites. Participants: family medicine faculty, staff, learners, patient partners from 15 DFCM teaching clinics who are either members of the University of Toronto Family Medicine Patient Advisory Committee or the patient pool. **Main Outcome Measures:** Improved patient partner experience, improved faculty/staff experience, perception of impact on clinical experiences, viability of informing process improvement at the department and academic site level. **Results/Findings:** This poster will showcase patient and primary care team member's reflections, contribution to improvements, offering insights into the benefits of collaborative patient partnership, & lessons learned for future improvement of the program. **Conclusion:** This poster will highlight the ongoing efforts to effectively achieve patient centered care by authentic partnering with patients. By sharing examples and lessons learned (stories), we aim to inspire others to engage with patients in ways that improve efficiency, enhance provider satisfaction, and integrate patient perspectives seamlessly into clinical practice.

Friday, November 8 **Poster: 716**

Program Evaluation of Momma Moments Medical Services: Work-in-progress

Hiliary Hasan*, MD, CCFP; Elaine Xie*, MD, CCFP

Learning objectives:

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

1. Describe how the Momma Moments Program provides care to at-risk mother-child dyads
2. Evaluate the current setup for delivery of medical services in the Momma Moments Program
3. Discuss and share ideas about the delivery of medical services to at-risk mother-child dyads

Context: The Momma Moments Program is a referral based, peer-to-peer community program that is part of Choices for Youth, a non-profit organization that supports at-risk youth in St. John's, NL. Since its start in 2003, the Momma Moments Program has supported and advocated for vulnerable young mothers experiencing barriers to parenthood, as well as their children. These barriers include limited or no social support, poverty, housing insecurity, complex mental health, intimate partner violence and substance use disorders. The program has grown significantly since its inception. Currently, the program offers weekly recreational activities, case management, family-oriented therapy, affordable housing units, and medical services to its participants. Dedicated medical services were added to the program in 2018. Both authors are the current family physicians working with the program. To our knowledge, since the introduction of medical services, a formal program evaluation has not been conducted on the efficacy and outcomes resulting from the addition of these medical services. The program has recently undergone a significant change in leadership, and we feel this is an ideal time to gather this information in order to continue to optimize the care provided. **Objective:** To perform a program evaluation of medical services in the Momma Moments Program in order to identify areas that can be formalized, modified and/or optimized. **Design:** Mixed-method program evaluation through qualitative and quantitative modalities. Qualitative including individual interviews and open-ended surveys. Collection of quantitative data around usage of medical services by program participants. As this is a program evaluation, local Research Ethics Review is not required. **Setting:** In-person, virtual. **Participants:** Staff working within and alongside the Momma Moments Program at Choices for Youth, who have knowledge of the medical services; previous family physicians who have worked with the program**. Intervention/Main Outcome Measures**: NA **Results/Findings, and Conclusion**: In-Progress

Friday, November 8 **Poster: 717**

Primary Care Setting : Pain management for IUD insertion: Work-in-progress

Annie LA Nguyen*, MD; Ariane Lamoureux*, MD, Nathalie Bettez, MD; Olivier Pothier-Piccinin, MD; Véronique Côté, MSc; Valérie Lemieux, IPSPL; Marie-Pier Groleau, MD; Marie-Dominique Poirier, Andrée-Anne Cormier; Andréa Lessard, MD, MSc

Learning objectives:

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

1. Learn main recommendations for analgesic strategies for IUD insertion
2. Gather tools to better discuss analgesic options with patients
3. Gather tools to better document IUD procedure

Objective: To improve clinical practices at the Chicoutimi University Family Medicine Group (U-FMG) by adhering more closely with current recommendations regarding pain management during intrauterine device (IUD) insertion. Specifically, ensuring by April 2024 that: 1. Discussion about pain management during IUD insertion is documented in at least 70% patient files. 2. At least 90% of documented pain management strategies align with current recommendations. **Design:** Quality improvement project, exempt by the local Research Ethics Review board. Setting: Chicoutimi U-FMG, Quebec. **Interventions:** A literature review was conducted in August 2023 to identify key recommendations for both nonpharmacologic and pharmacologic analgesic methods during IUD insertion. A retrospective file review of 31 patients (June 2023-September 2023) assessed current clinical practice at the U-FMG. An internal survey gathered insights into obstacles to recommendation adherence. A continuous quality improvement committee, composed of family medicine residents, a family doctor, a nurse practitioner, a continuous quality improvement agent and patient partners, selected methods to implement in the clinic, including strategies to facilitate patient discussion on pain management. Implementation efforts entailed introducing the lidocaine spray and raising awareness of existing options such as the EMLA cream among clinic staff. Tools were developed to facilitate discussions on analgesia during IUD insertion, such as standardized electronic medical records templates, alongside a visual decision aid for patients. These tools and methods were disseminated to all healthcare practitioners through meetings. **Results:** An initial subsequent file review of 7 patients (February 2024-March 2024) revealed an increase in discussion of pain management during IUD insertion from 10% to 57%, and an increase in the use of effective pharmacological interventions from 50% to 88%. Data collection will continue to further analyze the trends. **Conclusion:** Effective discussion on pain management and use of recognized pharmacological methods are essential for optimal patient care during IUD insertion.

Poster # 801

Advancing Medical Education: Integrating First-Year Medical Students into Health Textbook Authorship

Authors: Baraa Alghalyini*; Abdul Rehman Zia Zaidi*

Affiliations: Department of Family and Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: Traditional health promotion projects at Alfaisal University have evolved to include first-year medical students authoring chapters for health-related textbooks, addressing gaps in Sustainable Development Goals (SDGs) and social determinants of health, areas often neglected in Saudi medical education. **Methods:** This initiative involved rigorous training in literature review and research writing. Students participated in a continuous assessment process that included structured feedback, a research walk-in clinic for personalized mentorship, and diverse creative presentation formats such as poetry and podcasts, encouraging innovative expressions of their research findings. **Results:** The project culminated in the creation of comprehensive, well-researched textbook chapters. The process significantly enhanced students' engagement and understanding of complex health topics. Notably, students displayed improved research skills and creativity in presenting their work, demonstrating a deeper grasp of the material. **Discussion and Conclusion:** This pioneering educational strategy marks a substantial advancement in the GCC region's medical education, aligning with Saudi Arabia's Vision 2030. It underscores the effectiveness of incorporating research-based learning and diverse pedagogical approaches into medical curricula, preparing students more robustly for future healthcare challenges. **Take-home Message:** Alfaisal University's novel approach in empowering first-year medical students as textbook authors has proven to be a successful model of innovative medical education, promoting critical thinking and diverse learning modalities.

Poster # 801

Advancing Medical Student Competencies in Refugee Health Education

Authors: Baraa Alghalyini*; Zainab Ifthikar; Racha Khaled; Fatima Mohammed Kebir Adem; Abdul Rehman Zia Zaidi*

Affiliations: Department of Family and Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: The escalating global refugee crisis necessitates tailored medical education to address the unique healthcare needs of refugees. We developed and implemented a comprehensive module on refugee health, covering social determinants of health, cultural competence, trauma-informed care, and specific medical conditions prevalent among refugees. The module was delivered through lectures during their primary care, community health, and public health course. **Objective:** This study evaluates the impact of integrating refugee health education into the curriculum of a medical school in a mid to high-income country, aiming to enhance students' clinical skills and cultural competence. **Method:** Pre- and post-module

surveys were administered to measure changes in students' knowledge, attitudes, and perceived clinical preparedness. The surveys were uniquely developed by our team with consultation from subject matter experts to ensure relevance and comprehensiveness. **Participants:** The module was implemented for the entire third-year class of 120 medical students at Alfaisal University. Students were required to participate as part of their core curriculum. **Results:** Preliminary feedback indicates a positive shift in students' understanding of and empathy towards the health issues facing refugees. Detailed analysis of the survey results is pending, but initial data suggests an improvement in both knowledge and clinical preparedness. Preliminary findings also suggest that this approach may enhance students' empathy towards global health challenges and their readiness to work in diverse clinical settings. **Conclusion:** Incorporating refugee health into the medical curriculum may improve students' ability to diagnose and manage health conditions unique to refugees.

Poster # 803

Comparative Analysis of Repetitive Strain Injury Awareness and Prevalence Among Medical and Non-Medical Students

Authors: Baraa Alghalyini*; Madiha Jamal; Adeeba Sajid; Anam Hashmi; Maryam Ateeq; Momo Arai; Ola Abdulmoula; Raniya Rafeeq; Zainab Khan; Abdul Rehman Zia Zaidi*

Affiliations: Department of Family and Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: Repetitive Strain Injuries (RSI) pose significant health risks in academic environments, exacerbated by increasing technology usage. This study examines the awareness and prevalence of RSI symptoms among medical and non-medical students at Alfaisal University, Riyadh, Saudi Arabia, highlighting the heightened health risks associated with increased technology usage in academic settings. **Methods:** This cross-sectional study was conducted from February to June 2023 and engaged undergraduate students exclusively from Alfaisal University in Riyadh, Saudi Arabia. A structured online survey assessed demographics (such as age, gender, and academic year), awareness of RSI symptoms, and self-reported RSI symptoms in each person's home environment. Regression analysis is currently being performed to further evaluate the data. For comparing awareness and prevalence of RSI symptoms, we used t-tests and chi-square tests. **Results:** Preliminary analysis of responses from 353 students, of whom 70.3% (248 students) were from the College of Medicine, indicated a marked disparity in RSI awareness and symptom reporting between medical and non-medical students. Medical students exhibited a higher awareness (63% vs. 34%, $p < 0.001$) and reported prevalence of RSI symptoms (mean severity score 5.22 vs. 4.89, $p = 0.119$), likely due to their curriculum and sedentary study behaviors. Final results from regression analysis, which aims to determine significant predictors of RSI awareness and symptomatology such as academic discipline, gender, and study habits, are pending. **Conclusion:** The findings suggest a crucial need for integrating RSI awareness and prevention strategies within all academic programs, not just medical curricula. Recommended initiatives include ergonomic training sessions, regular breaks during study hours, and workshops on safe technology use. Enhanced educational initiatives could significantly reduce RSI incidence and promote healthier study practices among students. **Ethics Statement:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments.

Poster # 804

Determinants of Organ Donation Willingness and Registration in Riyadh, Saudi Arabia

Authors: Baraa Alghalyini*[1]; Abdul Rehman Zia Zaidi*[2]; Zainudheen Faroog[3]; Mohammad Salman Khan[4]; Saad Rahman Ambia[5]; Golam Mahamud[6]; Hala Tamim[7]

Affiliations: [1]Department of Family & Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [2]Department of Family & Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [3]College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [4]College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [5]College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [6]College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [7]Department of Family & Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: In Riyadh, the disparity between available organs and the demand for transplantation is growing, intensified by chronic disease prevalence. This study examines the awareness and sociodemographic factors affecting willingness to donate organs among Riyadh residents. **Objective:** To identify key factors influencing the willingness to donate organs and the rates of actual donor registration among adults in Riyadh. **Methods:** A cross-sectional survey was conducted among 645 adult residents using convenience sampling. Participants were invited through in-person solicitations in public areas and via social media platforms. The questionnaire assessed demographic details, awareness, willingness to donate, and influences on attitudes toward organ donation. Multivariable logistic regression analyzed the impact of various factors on these attitudes. **Results:** Overall, 56.4% of participants expressed willingness to donate organs, but only 9.5% were registered donors. Higher educational levels significantly predicted organ donor registration (OR=36.8, 95% CI: 14.7-91.9, $p<0.001$). Awareness of organ donation centers also correlated with increased willingness to donate (OR=1.5, 95% CI: 1.1-2.5, $p<0.001$). Participants were predominantly young adults (68.1% aged 21-30), female (63.4%), and had lower than master's degree education (77.0%). The study highlighted a significant gap between willingness to donate and actual registration, suggesting barriers such as religious beliefs and lack of information. **Conclusions:** The study highlights a significant willingness among Riyadh residents to engage in organ donation, predominantly influenced by educational attainment and awareness of donation centers. Despite high altruistic motivation, actual registration rates are low, indicating the need for targeted educational and awareness campaigns to improve organ donation registration. Future policies might also consider implementing an opt-out system to potentially increase donation rates. **Ethics Statement:** Ethical approval granted by the Institutional Review Board of Alfaisal University. Informed consent was obtained from all participants.

Poster # 805

Enhancing Global Health Education: Incorporating SDGs into the medical curriculum

Authors: Baraa Alghalyini*; Abdul Rehman Zia Zaidi*; Racha Khaled; Zainab Iftikhar; Fatima Adem; Aliyah Abdulmohsen Alabdulqader; Zainudheen Faroog; Ameen Alswes

Affiliations: Department of Family and Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia (for all)

Background: The integration of Sustainable Development Goals (SDGs) into medical education is crucial to prepare healthcare professionals for addressing global health challenges. This study evaluates the impact of SDG-related content on medical students' perspectives in a mid to high-income country. **Methods:** A cross-sectional survey was administered to 350 medical students (response rate: 70%) assessing their awareness

and attitudes towards SDGs within the curriculum and gathering input on curriculum development through Likert-scale and open-ended questions. The survey consisted of 20 items and was pre-tested for reliability. Convenience sampling was used with only first year medical students. **Results:** Preliminary results show strong student support (85%) for continuing SDG-focused educational initiatives. Most participants (75%) advocated for the practical application of SDGs in clinical settings. Despite high overall awareness of SDGs, detailed knowledge of specific goals was limited (60%), indicating a need for enriched curriculum content to improve understanding and application in medical practice. Survey response rate was 70%, with 268 students participating. Participant demographics: 64.2% female, 35.8% male, and representation across all academic years. **Conclusion:** Students value the inclusion of SDGs in their education and recognize its importance for their professional growth. Feedback calls for curriculum enhancements to foster practical skills and expand global health knowledge. **Take-home Message:** Effective integration of SDGs into medical education is essential for preparing physicians capable of tackling global health dilemmas. Ongoing curriculum revisions, guided by student feedback, are key to embedding SDGs meaningfully into medical training. **Ethics Statement:** All procedures performed in studies involving human participants were in accordance with the ethical standards of the institution and with the 1964 Helsinki declaration and its later amendments. IRB Approval was taken from Alfaisal University

Poster # 806

Evaluating Health Literacy Among Adults in Riyadh: Insights and implications for public health

Authors: Baraa Alghalyini[1]; Tasnim Abbad[2]; Shaza Khalid[2]; Lena Abdelmajed[2]; Zahraa Alsultan[2]; Maryam Ba Sowid[2]; Abdul Rehman Zia Zaidi*[1]

Affiliations: [1]Department of Family and Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [2]College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: Health literacy is essential for enabling individuals to make informed health decisions. Despite its importance, little is known about health literacy levels in Riyadh, Saudi Arabia. **Objective:** This study assesses the health literacy levels among adults in Riyadh using the Health Literacy Instrument for Adults (HELIA) and explores demographic correlations. **Methods:** We conducted a cross-sectional survey with 300 randomly selected adults in Riyadh. Participants completed a questionnaire that assessed demographic characteristics and health literacy using HELIA. **Results:** Our findings revealed that 38% of participants had problematic health literacy, 15% inadequate, 38.3% sufficient, and 8.7% excellent. Women generally had higher literacy rates than men, especially in older age groups. There was no strong correlation found between education level and health literacy scores, indicating that higher education does not necessarily equate to higher health literacy. **Conclusions:** The study highlights significant variations in health literacy levels among adults in Riyadh, emphasizing the need for public health strategies to enhance health literacy. Tailored educational programs are recommended to improve health literacy across all societal segments to reduce healthcare burdens and improve population health outcomes. **Ethics Statement:** The study adhered to the ethical standards of the Helsinki Declaration, with informed consent obtained from all participants.

Poster # 807

Evaluation of a Social Determinants of Health Framework for Diabetes Risk Assessment in Saudi Arabia

Authors: Baraa Alghalyini*[1]; Abdul Rehman Zia Zaidi[1]; Hashem Ahmad Thalaj[2]; Afnan Hussam AlSayed Ahmed[2]; Alanood Ahmed Alqerainees[2]; Deya Ali Basha[2]; Mahmoud Ziad Shream Daseh[2]; Shahed Kamal Arnous[2]; Hala Tamim[1]

Affiliations: [1]Department of Family and Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; [2]College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: The rising prevalence of type 2 diabetes in Saudi Arabia necessitates a more comprehensive approach to risk assessment. Traditional clinical predictors like age, gender, and BMI are crucial, but the inclusion of social determinants of health (SDOH) may enhance the accuracy and effectiveness of diabetes screening and prevention efforts. **Objective:** This study aims to develop and validate a novel pre-appointment screening tool that incorporates SDOH alongside traditional clinical predictors to assess diabetes risk within the Saudi population. The tool is designed to offer a more holistic understanding of risk factors, enabling earlier and more targeted interventions. **Methods:** A cross-sectional study was conducted across various regions of Saudi Arabia, involving a diverse sample representing different socio-demographic backgrounds. Participants completed a comprehensive survey that included questions on socio-demographic factors, health-related behaviors, and a range of SDOH indicators. The data were analyzed to evaluate the predictive ability of the tool in identifying individuals at high risk for diabetes. **Results:** In addition to traditional risk factors such as age, gender, and BMI, the analysis revealed that lack of social support is a significant SDOH contributing to increased diabetes risk. The tool also identified a higher prevalence of diabetes among older, married, and employed individuals with elevated BMI and blood pressure. Furthermore, the study highlighted significant regional disparities, suggesting that geographical and cultural factors significantly influence diabetes prevalence and risk profiles across different areas of Saudi Arabia. **Conclusion:** The validated diabetes risk assessment tool, which integrates SDOH, offers a more comprehensive and accurate approach to identifying individuals at risk for diabetes. This tool underscores the importance of considering both traditional health indicators and SDOH in public health strategies, emphasizing the need for region-specific interventions to mitigate diabetes risk and improve health outcomes across Saudi Arabia. **Ethics Statement:** Ethical approval was secured from the relevant institutional review boards, ensuring all participants provided informed consent.

Poster # 808

From Theory to Practice: Evaluating the impact of a student-led community-engaging health promotion project on knowledge translation skills in med stud

Authors: Baraa Alghalyini[1]; Abdul Rehman Zia Zaidi[1]; Racha Khaled[1]; Fatima Adem[1]; Mohammad Amin Alswes[1]; Bushra Hafez[1]; Fatima Zia Zaidi[1]

Affiliations: [1]Department of Family & Community Medicine, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia

Background: Engaging medical students in community-based health promotion projects is critical for skill development and effective knowledge translation, yet tools to evaluate these outcomes are underdeveloped. **Objective:** This study aimed to create and validate a survey tool that assesses medical students' knowledge translation skills and the educational impact of a student-led health promotion project. **Methods:** We developed a survey with robust validity and reliability checks, including exploratory factor analysis and Cronbach's alpha assessments. The survey was distributed to participants of a Health Promotion Project Exhibition at Alfaisal University, capturing perceptions across multiple domains of skill and knowledge application. **Results:** The survey consisted of 33 items spanning four key domains: preparation and organization, public education and communication, personal and professional development, and overall experience. Reliability was excellent across domains (Cronbach's alpha 0.871 to 0.968). Students reported positive impacts on their abilities in literature review, evidence-based practice, and public health communication, confirming the project's role in enhancing educational outcomes in medical training. **Conclusions:** The validated survey tool effectively measures the impact of health promotion projects on

medical students' skill development. These projects not only enhance knowledge translation abilities but also contribute significantly to the professional growth of future healthcare providers. The tool offers a potential annual metric for academic and skill development in community medicine and public health education. **Ethics Statement:** Approved by the Alfaisal University IRB, informed consent was obtained from all participants.

Poster # 809

Navigating Vaccine Hesitancy: Perspectives of Syrian Refugee Parents in Canada

Authors: Baraa Alghalyini*[1]; Abdul Rehman Zia Zaidi*[1]; Safoura Zangiabadi[2]; Akm Alamgir[3]; Hala Tamim[24]

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Context: Vaccine hesitancy is a pressing public health challenge, especially significant among Syrian refugee parents in Ontario, Canada. This group encounters unique socio-cultural and systemic barriers that influence their health behaviors, particularly their willingness to accept vaccinations. Published data show lower vaccine acceptance rates among Syrian refugees compared to the general population, highlighting the urgency of addressing this issue. **Objective:** This study aims to elucidate the multifaceted determinants of vaccine hesitancy among Syrian refugee parents, with an emphasis on socio-demographic factors, migration experiences, personal health assessments, and healthcare system interactions. **Design:** A cross-sectional study design was employed. **Participants:** The study involved 540 Syrian refugee parents living in Ontario, recruited through local service organizations and interviewed via telephone between March 2021 and March 2022. Participants had at least one child under 18 years old and had resettled in Canada after 2015. **Methods:** Data were collected using a structured questionnaire developed specifically for this study. The questionnaire assessed participants' intentions to accept the COVID-19 vaccine and included items on socio-demographic characteristics, migration experiences, health assessments, and healthcare access. Responses were categorized as 'hesitant' (indicating 'No' or 'Unsure') or 'non-hesitant' ('Yes' or 'Vaccine already received'). Multivariable logistic regression analyzed the impact of various factors on vaccine hesitancy. **Results:** Approximately 15% of the participants expressed hesitancy towards COVID-19 vaccination. Notably, positive self-reported mental health significantly reduced the odds of hesitancy (OR = 0.46, 95% CI: 0.27-0.80). Lack of a family doctor and inadequate interpreter services significantly increased vaccine hesitancy, underscoring the importance of accessible and culturally competent healthcare services. **Conclusions:** The study highlights a complex interplay of individual, community, and systemic factors influencing vaccine decisions. Culturally attuned, multifaceted public health strategies are essential to enhance vaccine uptake among Syrian refugees, supporting their integration and health equity in Canadian society. **Ethics Statement:** The study was conducted in accordance with ethical standards, with approval from the York University Research Ethics Board. All participants provided informed consent.

Poster # 810

Perceptions and Knowledge of Bariatric Surgery Among Saudi Adults: A Call for Enhanced Public Education

Authors: Baraa Alghalyini*; Abdul Rehman Zia Zaidi*; Abdulghaffar Khateeb; Mohamad Aljejakli; Najib Fares Garad; Muaadh Shariff Muhammad Nyroze; Muhammad Usaid Ejaz; Mustafa Khedr; Mohamed Yousif

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Background: With the rising prevalence of obesity in Saudi Arabia, bariatric surgery is increasingly recognized as an effective treatment for severe obesity. However, public understanding and acceptance of these procedures vary, impacting the willingness to consider such treatment options. **Objective:** This study assesses the current level of awareness and attitudes towards bariatric surgery among the Saudi population, aiming to identify educational gaps and misconceptions. **Methods:** A descriptive cross-sectional survey was distributed to a diverse demographic within Saudi Arabia, collecting data on participants' knowledge of and attitudes towards bariatric surgery. Participants were primarily recruited via WhatsApp messages and emails. The survey contained 33 close-ended questions and one optional open-ended question. Questions addressed basic understanding, perceived risks, and the acceptance of surgical interventions for obesity management. The survey was conducted from April 14 to May 14, 2023. **Results:** The survey included responses from 313 adults, showing moderate knowledge of bariatric surgery's benefits and risks. While 62.9% recognized surgery as a treatment for morbid obesity, misconceptions about its safety and effectiveness persisted, with only 21.4% understanding its potential cancer risk reduction benefits. Notably, respondents with higher body mass indexes were more likely to view bariatric surgery positively. Additionally, it was found that 72.2% were unaware of the risks or complications associated with the surgery. **Conclusions:** Although there is a reasonable level of awareness regarding bariatric surgery, significant gaps in comprehensive understanding and substantial misconceptions were observed. These findings suggest a strong need for targeted educational initiatives to better inform the public about the benefits and risks of bariatric surgery, potentially improving acceptance and appropriate utilization. Enhanced education efforts in primary care and family medicine settings could bridge these gaps, supporting more informed decision-making by individuals considering these treatments. Understanding the perspectives of primary care practitioners on bariatric surgery could also provide valuable insights for future educational programs. **Ethics Statement:** Approval was obtained from the Institutional Review Board at Alfaisal University, with informed consent provided by all participants.

Poster # 811

Tobacco Use and Policy Perspectives Among High-School Students in Addu City, Maldives

Authors: Saifudheen Faroog[1]; Zainudheen Faroog[2]; Abdul Rehman Zia Zaidi*[3]; Baraa Alghalyini*[4]

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Background: Tobacco use significantly affects contributes to the burden of diseases in the Maldives. Despite rigorous anti-tobacco policies, smoking rates among youth remain a concern. **Objective:** This study examines the prevalence and behaviors of smoking and attitudes towards anti-smoking regulations among high-school students in Addu City, Maldives, to inform targeted policy enhancements. **Methods:** We conducted a cross-sectional survey among 335 high-school students using a self-administered questionnaire. The sample included students aged 15-18 from urban and rural backgrounds, with varied income levels. **Results:** The survey revealed 22.8% of students had tried smoking, with 4.74% identifying as current smokers, primarily males. E-cigarette experimentation was reported by 32.2% of students. The susceptibility to initiate smoking was high at 44.2%. Among smokers, 20% expressed a desire to quit, with 70% deterred by cigarette costs. Non-smokers predominantly supported anti-smoking measures (73%), compared to 12.5% of smokers. Additionally, 70% of smokers reported symptoms of smoking dependency, with significant gender differences (75.4% males vs. 33.3% females, $p<0.05$). **Conclusions:** While the prevalence of cigarette use in Addu high-school students is below the national average of 11.4%, the high rate of experimentation and interest in both

smoking and e-cigarette use suggests a potential future increase in tobacco use. The disparity in support for anti-smoking policies between smokers and non-smokers highlights the need for policy makers to closely monitor trends and find better ways to curb tobacco use among youth. **Ethics Statement:** Approved by relevant ethical review boards; informed consent obtained from all participants.

Poster # 812

Trends and Perceptions in Utilization of Primary Care and Family Medicine Services in Saudi Arabia

Authors: Abdul Rehman Zia Zaidi*; Raffi AlMutawa, Raiyan Sharief; Mohammed Ameer Adil; Youssef Mohamed Yasser Al Jallad; ElRashid Hussameldin Osman Haroun; Abdulhadi Abo Nofal; Sami Qattea; Baraa Alghalyini

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Background: In line with Saudi Arabia's Vision 2030 to enhance primary healthcare, understanding the utilization and public perception of Family Medicine and Primary Care Physicians is crucial. This study assesses these aspects to identify areas for improvement in healthcare delivery. **Methods:** We conducted a cross-sectional survey of 417 residents in Saudi Arabia using a validated questionnaire. The survey explored demographic characteristics, opinions on Family Medicine, and utilization patterns. A regression analysis is currently being conducted to further explore predictors of utilization. **Results:** Preliminary results reveal a gap in knowledge and trust regarding Family Medicine. Over 60% of respondents showed neutrality or lack of trust in Family Medicine, and about 70% expressed a preference for emergency services over primary care for their medical needs. Detailed regression analysis results are pending and will provide insight into demographic and social factors influencing these trends. **Conclusion:** The study highlights significant underutilization and misconceptions about Family Medicine in Saudi Arabia. Enhanced public education and targeted health policy interventions are recommended to improve the awareness and utilization of primary care services, which could lead to better health outcomes and more efficient use of healthcare resources.
Keywords: Family Medicine, Primary Care, Healthcare Utilization, Saudi Arabia, Public Perception. **Ethics Statement:** All procedures performed were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments.

Poster # 813

Understanding HPV Vaccine Awareness and Cervical Cancer Knowledge Among College Students in Saudi Arabia

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Background: Human Papillomavirus (HPV) is a significant cause of cervical cancer, which remains a leading health concern worldwide. HPV vaccination and regular cervical cancer screening are crucial preventive measures. However, awareness and knowledge of these measures vary among populations. **Objective:** To explore the levels of awareness about HPV and cervical cancer, and to assess the acceptance and knowledge

regarding HPV vaccination among Saudi college students. **Methods:** A cross-sectional survey was conducted from May to September 2023, involving 442 college students from Riyadh, Saudi Arabia. Sample size was computed using a confidence interval of 95% and a margin of error of 5%. Inclusion criteria included being a current college student aged 18-30. Stratified random sampling ensured representation from various colleges. Data were collected through a structured online questionnaire assessing HPV and cervical cancer awareness, and vaccine acceptability. Data analysis included descriptive statistics and logistic regression to identify factors associated with vaccine awareness. **Results:** Awareness levels of HPV and cervical cancer among the students were 54.1% and 66.5%, respectively. Only 36.2% were aware of the HPV vaccine, and 10% had received it. Significant knowledge gaps were noted, particularly in understanding Pap smears and their relevance in cancer screening. Logistic regression highlighted a critical lack of vaccine knowledge, especially among males, and a correlation between higher educational levels and improved understanding of HPV vaccination. **Conclusions:** There are substantial gaps in knowledge and awareness of HPV, its vaccine, and cervical cancer among college students in Riyadh, Saudi Arabia. Educational campaigns targeting both male and female students are essential to improve awareness and uptake of HPV vaccination and screening measures. **Ethics Statement:** Approved by the Alfaisal University IRB, informed consent was obtained from all participants.

Poster # 814

10 Years: The Toronto Addis Ababa FM collaboration

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Introduction: High-quality primary care, which includes family medicine, is fundamental to achieving health for all. The Toronto Addis Ababa Academic Collaboration in Family Medicine (TAAAC-FM) was launched in 2013 as a capacity-strengthening partnership to support the inaugural Family Medicine residency training program in Ethiopia at Addis Ababa University (AAU). Over 10 years, TAAAC-FM has brought Department of Family and Community Medicine (DFCM) and AAU Family Medicine colleagues, learners, and program supporters together to develop strong academic teaching, faculty development, and leadership opportunities. A critical achievement of TAAAC-FM has been the facilitation and transfer of leadership and ownership of the program to local Ethiopian family physician graduates. Built on collaboration with AAU leadership, TAAAC-FM is a strong model for academic global health partnerships in family medicine. **Purpose:** Together as counterparts, this poster will highlight the ongoing capacity-strengthening goals and aims of the TAAAC-FM partnership. **Objectives of the Poster #** 1. Describe the goals and aims of the program's collaborating partners and its evolution. 2. Identify key challenges, strategies, processes and successes encountered in building the partnership, and approaches undertaken to enable this strong global health partnership. **Methods:** Information for this overview was collected through review of collaborative TAAAC-FM annual reports, academic conference/knowledge dissemination presentation activities, informal leadership reflections from all AAU-FM faculty, and meeting minutes. **Results:** TAAAC-FM has engaged over thirty DFCM faculty in more than thirty teaching trips to AAU, with a focus on immersive clinical and didactic teaching based on AAU-FM's expressed curriculum needs. During the COVID-19 pandemic, teaching trips were paused, and TAAAC-FM pivoted to deliver an active virtual curriculum designed to supplement family medicine resident education. AAU-FM celebrates over 60 graduates of the program and welcomes an increasing number of family medicine trainees every year. TAAAC-FM partnership offerings will be outlined in brief with both education deliverables, faculty development offerings, and leadership advancement strategies. **Conclusion:** Academic global health partnerships such as TAAAC-FM can support the development and strengthening of

family medicine in settings where it did not exist through a focused capacity-strengthening education approach.

Poster # 815

Equity-Focused Global Health Partnerships Can Strengthen and Transform African Health Systems

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Introduction: As part of the Africa Higher Education Health Collaborative (AHEHC) initiative, the Department of Family and Community Medicine (DFCM) at the University of Toronto (U of T) in Canada was invited into a ten-year collaboration with Kwame Nkrumah University of Science and Technology (KNUST) in Ghana. This North-South partnership aims to co-create and co-deliver continuing education programs to augment the proficiency of primary care practitioners in Ghana, which is critical in achieving Sustainable Development Goal 3. This partnership is based on ethical principles including solidarity, humility, cultural sensitivity, respect, equity, reciprocity, and shared accountability. **Design:** Through extensive stakeholder engagement across Ghana, KNUST undertook a needs analysis to identify gaps in Ghana's healthcare delivery system. In 2023, seven DFCM and KNUST faculty teams co-created and co-facilitated five inaugural in-person short courses in Palliative Care (7 days across 2 modules), Quality Improvement for Health Professionals (9 days across 2 modules), Prehospital Emergency Care (3 days), Community Emergency Care (4 days), and Emergency Preparedness and Response to Epidemic-Prone Diseases (4 days). A robust monitoring, evaluation, learning, and adaptation plan which included end-of-course evaluation surveys, teacher interviews, and learner focus groups was co-created. **Results:** End of course evaluation data showed that participants highly valued the learning experience, course content, and faculty, with over 90% of participants reporting satisfaction with courses meeting learning objectives (101 participants with a 99% response rates to evaluation surveys across all short courses). Respondents were near unanimous in expressing interest in further training and recommending courses to their peers. Themes from the learner focus groups identified that the progression across modules enabled retention and application of course content. Learners expressed a desire for continued connection with course faculty and contextualization of course content to their practical work setting. Interviews with faculty identified flexibility and adaptability in both the design and delivery process as key drivers of success. Co-creation challenges included coordinating virtual meetings across time zones and misalignment between teacher and learner expectations.
Conclusions: This equity-focused, practical, needs-responsive North-South partnership holds excellent potential to strengthen primary health care, lever sustainable change, catalyze SDGs, and establish platforms leading to health transformation for Africa. This model can be replicated to harness the power of primary care and family medicine to promote global health equity.

Poster # 816

Adherence Level for Antiretroviral Therapy Among Adolescents Living with HIV in a PHC Centre in Jos, North-Central Nigeria (in Progress)

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Background: For adolescents living with HIV (ALHIV), the transition from childhood into adulthood is saddled by a chronic and stigmatizing disease. Studies have reported that three-fourths of the ALHIV reside in sub-Saharan Africa. In Nigeria, the HIV prevalence among adolescents is estimated to be 3.5%, which is the highest rate among countries in West and Central Africa. There is a lower rate of adherence to antiretroviral therapy (ART) among adolescents compared to adults and younger children, which leads to poorer viral suppression outcomes and high mortality. **Objectives**: 1) To determine the level of adherence to ART among ALHIV in Jos South Local Government Area of Plateau State, North-central Nigeria. 2) To identify factors that influence adherence to ART among ALHIV. **Methodology**: A mixed study will be conducted, comprising a quantitative cross-sectional survey and a qualitative one-on-one interview with ALHIV. A Primary Healthcare (PHC) Centre in Jos South providing ART services will be randomly selected for this study. Subjects will be persons between the ages of 10 and 19 years. Using the Leslie-Kish formula for cross-sectional studies, with a proportion of 3.5%, the minimum sample size for this study will be 52. A systematic sampling method will be used to recruit participants, utilizing the list of adolescents accessing care at the selected PHC Centre as the sample frame. For the quantitative survey, a modified structured questionnaire and the 8-item Morisky Medication Adherence Scale (MMAS-8) will be used to determine subjects' ART adherence levels and sociodemographic characteristics. The qualitative one-on-one interview will be used to identify factors influencing adherence to ART. Blood samples will be collected from the participants to measure their viral load. Ethical approval to conduct this study will be obtained from the Health Research Ethics Committee of Bingham University Teaching Hospital, Jos. **Results**: A descriptive presentation of the subjects' sociodemographic characteristics and the levels of ART adherence will be provided. Thematic areas containing questions on patient-centered factors, drug-based factors, and facility-based factors will be used to present the analyzed data on viral suppression and factors influencing adherence to ART. **Conclusion**: Findings from this study will highlight methods aimed at improving and supporting ART adherence among adolescents.

Poster # 817

Needs Assessment for the 'Doctors as Educators' Program of the West African College of Physicians 'Work in Progress'

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Background: The West African College of Physicians in collaboration with the Royal College of Physicians organises a virtual program on medical education, the 'Doctors as Educators' (DAE) workshop aimed at equipping doctors with required teaching skills. Some objectives of the DAE program include educating physicians on how to plan teaching sessions, conduct a workplace assessment, evaluate teaching sessions, and supervise trainees. The medical profession requires more physicians to be educators; medical education and clinical training are professional obligations of doctors. Yet, in recent times, there has been a relative decline in medical educators despite an increase in professionalisation. There is also a concern that doctors' clinical and educational roles are presently seen as separate and conflicting entities. **Aim:** This study aims to identify the gaps and strengths of the 'Doctors as Educators' program through a needs assessment, to inform strategies for improving Family Doctors' medical education and training skills in academic settings and communities. **Methodology:** An online cross-sectional study will be conducted among Family Physicians who have participated in the DAE program and resource persons of the DAE program across the West African region. A modified standard questionnaire containing the characteristics of the respondents and their level of professional

training will be administered. Questions to assess the gaps and strengths of the DAE program will be used to collect the data. Ethical approval to conduct this study will be obtained from the Health Research Ethics Committee of Bingham University Teaching Hospital, Jos, Nigeria. **Results:** A minimum of 100 respondents are anticipated to participate in this survey. A descriptive presentation of the participants' characteristics will be provided. The gaps and strengths of the DAE program will be identified and described. **Conclusion:** The study findings will provide information on the strategies to promote, improve, and strengthen the teaching skills of Family Doctors.

Poster # 818

Attitude and Knowledge of Nurses Towards Palliative Care at Selected Private Hospitals in Addis Ababa, Ethiopia

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Background: Good knowledge and favorable attitudes among nurses and physicians are crucial to the quality of palliative care services. Numerous studies have demonstrated that nurses and other healthcare personnel are insufficiently prepared to give patients palliative care. **Objective**: The objective of this study was to assess the knowledge, attitude, and associated factors of nurses towards palliative care among those working at private hospitals. **Methods**: An institution-based cross-sectional study was conducted among 196 nurses at a selected private hospital in Addis Ababa from March 1- 30, 2023. Simple random sampling was used to select study participants. The knowledge and attitude of nurses towards palliative care were measured using questionnaires which are adopted and modified from the Palliative Care Quiz for Nursing and Frommelt Attitude toward Care of the Dying scale respectively. Epinfo and SPSS version 26 software were applied for data entry and analysis respectively. Binary logistic regression was used to identify factors associated with the outcome variables. A P-value of 0.05 was used as a cut-off value to declare a statistically significant association in the final model which is multivariable logistic regression. **Results:** A total of 196 nurses were included in the study with a response rate of 95.6%. The overall good knowledge and favorable attitude about palliative care was 47.4% with a 95% CI: 40.5 - 54.45 and 47.4% with 95% CI: 40.5 - 54.45, respectively. Organizations where nurses are currently employed and attending formal palliative care training at colleges or universities (AOR=2.03, 95% CI=1.03-4.01) were associated with good knowledge of palliative care. On the other hand organizations where nurses are currently employed, working in OPD (AOR= 0.22, 95% CI = 0.08-0.64) compared to emergency, being in the age groups of 25-35 years (AOR=0.34, 95% CI=0.16, 0.70) compared to less than 25 years, and being male (AOR=2.90, 95% CI=1.04, 8.09) were associated with favorable attitude **Conclusion and Recommendation**: In this study, about one in two nurses reported having good knowledge of and a favorable attitude towards palliative care. Public health initiatives should offer meaningful and effective ways to promote knowledge of and a positive attitude towards palliative care. Palliative care education should be a part of nursing curricula in universities and colleges.

Poster # 819

Cross-Cultural Adaptation of The General Functioning Subscale of The McMaster Family Assessment Device for Indonesia "In Progress"

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Background: Indonesia is currently undergoing Transformation of Primary Care by developing Integrated Primary Care services which focused on the family health and life cycle. Families strongly influence the health of the communities and individuals across the life course. However, no validated measure of family function exists in Indonesia. Thus, it becomes imperative to look into the family functioning and how the resources are utilized and their effects on the health. The objective of this study is to conduct cross-cultural adaptation and validation of the general Functioning Subscale (GF12) of the McMaster Family Assessment Device (FAD) into Bahasa Indonesia language to measure family functioning in the Indonesian population. **Methods:** The translation and adaptation procedure of the Indonesian GF12 will be based on the dual-panel methodology. This involved conducting a bilingual panel, which consist of professionals with expertise in family health and clinical psychology, who will provide the initial translation into Bahasa Indonesia. This will ensure that the translation maintains the integrity of the original scale. Following this, a lay panel, comprising community members, will assess the items for comprehension and acceptability to ensure the tool is culturally relevant and easily understood. The research is currently in the preparation and translation phase, with plans to progress to the validation stage within 6 months. The validation phase will involve administering the translated Gf-12 to a diverse sample of Indonesian families to test its validity and reliability. **Expected Results:** The study will provide the Indonesian GF12 Subscale as a family assessment instrument to assess family function that tailored to the Indonesian context and setting. The instrument offers the potential to assess family function and validating the instrument among multiple family members and collecting longitudinal data to develop databases on the well-being of families. **Conclusion:** This study will contribute to the enhancement of primary healthcare services in Indonesia by promoting healthy family functioning. The validated GF-12 Subscale will provide a crucial tool for assessing family function, positively impacting individual outcomes. A culturally adapted and validated tool will help healthcare providers better understand and support family dynamics, ultimately improving health outcomes for individuals and communities.

Poster # 820

Evolution of Patients Receiving Home Visits in a Family Medicine Residency Program in Haiti from 2015 to 2023

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Context: Home visits in family medicine offer a unique opportunity to provide optimal care to patients by addressing unmet health care needs through a holistic and personalized approach. An increasing number of homebound patients are requesting home visits; evolution and prognosis of patients during home visits need to be analyzed in depth. We aimed to determine the evolution and prognosis of patients receiving home visits organized by the Family Medicine Residency Program (FMRP) at Saint-Nicolas Hospital of Saint-Marc (HSN). **Setting & Participants:** A retrospective cohort study was conducted including patients visited at home at least twice from March 2015 to June 2023 by a multidisciplinary team (faculty, resident, nurse, psychologist) of the FMRP at HSN, Haiti. **Methods**: A checklist adapted from Unwin & Jerant provided a framework for assessing patients' functional status and home environment. Descriptive statistics and relative

risk were calculated for patient characteristics, prognosis, changes in functional status and home environment using Epi Info 7. **Results:** The median age of the 84 patients was 70 years (IQR 65-81), 73.8% of them were female, 58.3% had hypertension, 34.5% diabetes, 23.8% stroke sequelae, 16.7% arthritis, 9.5% mental disorders, 9.5% blindness, and 6.0% cancer. At their first visit, 68.1% had a normal nutritional status, 32.8% were independent in terms of mobility, 69.6% lived in a salubrious environment, 60.0% lived in a safe environment, 4.3% lived alone, 86.4% received spiritual support. The percentages that improved or maintained good nutritional status, good mobility, a salubrious environment, a safe environment, companionship, and spiritual support were respectively 84.0%, 40.5%, 80.0%, 54.3%, 95.7%, and 85.5%. The median number of visits per participant was 4.5 (IQR 3-6). After a median follow-up duration of 19 months (IQR 6-27), 62.6% of patients were still alive. The risk of death was higher in patients with cancer (RR 2.3, 95% CI 1.3-3.8), lower in those with hypertension (RR 0.6, 95% CI 0.3-0.9) and improving or maintaining good mobility (RR 0.4, 95% CI 0.2-0.9), compared to their counterparts. **Conclusions:** About two-thirds of the patients who received home visits were still alive at the end of their follow-up. Eight out of ten were successful in improving or maintaining a good nutritional status and a salubrious home environment. Good mobility, a diagnosis of hypertension or cancer were associated with mortality. **Learning objectives:** 1) Identify the most common diseases and conditions for which patients receive a home visit. 2) Understand the critical role of health determinants in patient management and follow-up. 3) Apply a comprehensive global health approach during home visits. 4) Determine the evolution and prognosis of patients receiving home visits in a Family Medicine Residency Program. **Research topic:** Chronic Care Management **Relevance statement:** Home visits in family medicine offer a unique opportunity to provide optimal care to patients by addressing unmet health care needs through a holistic and personalized approach. An increasing number of homebound patients are requesting home visits. This study aims to determine the evolution and prognosis of 84 patients receiving home visits by a multidisciplinary team (faculty, resident, nurse, psychologist) of the Family Medicine Residency Program at Saint-Nicolas Hospital of Saint-Marc, Haiti, from March 2015 to June 2023. Most of the patients who received home visits had chronic diseases. About two-thirds of the patients were still alive at the end of their follow-up. Eight out of ten were successful in improving or maintaining a good nutritional status, a salubrious home environment, companionship, and spiritual support. Improving or maintaining independence in terms of mobility and a diagnosis of hypertension were associated with lower mortality, a diagnosis of cancer was associated with higher mortality. Greater emphasis should be placed on home visit in primary care.

Poster # 821

Feasibility and Acceptability of Screening for Adverse Childhood Experiences in Prenatal Care

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Context: Adverse childhood experiences (ACEs) are prevalent among pregnant women and are associated with several negative perinatal outcomes as well as negative health outcomes that can be transmitted from one generation to the other. **Objective:** To assess the feasibility and acceptability of screening for ACEs during prenatal care in a primary care center. **Design:** A four-month pilot study was conducted, during which ACEs screening was implemented for pregnant women in their second trimester. Prior to this, the team of midwives received training on ACEs, psychological first aid, and available referral networks. Acceptability was evaluated through semi-structured telephone interviews with the patients, and an online survey and in-person focus group with the midwives. **Participants:** Pregnant women in their second trimester receiving prenatal care at primary care center that serves vulnerable population, and midwives working at that center. **Methods:** This is a mixed-

methods study, with a parallel convergent design. Participants were recruited by midwives at the usual prenatal visits and then contacted by phone by a member of the research team to conduct the interview. As for the participating midwives, they were contacted at the primary care center. Since this was a pilot study, no sample size calculation was performed. Quantitative data were analyzed using descriptive statistics with SPSS software, and qualitative data from both focus groups and semi-structured interviews were analyzed using thematic analysis with NVivo software. **Results:** 21 women completed the ACEs survey and 85.7% of them (N=18) responded to the semi-structured telephone interview. Among the surveyed patients, 33.3% reported 0 ACEs, 33.3% reported 1-3 ACEs, 28.5% reported 4 or more ACEs, and 4.9% did not have their ACEs score reported in the file. In the semi-structured interviews, most patients referred they felt comfortable completing the questionnaire (88%) and discussing their ACEs with their midwife (78%). On the other hand, the midwives reported in the focus groups that training on ACEs prior to the implementation of the screening is extremely important. They also expressed strong agreement that ACEs have a high impact on health and that all women should be screened for ACEs as part of prenatal care as early as possible. In terms of feasibility, the screening was incorporated into regular prenatal care, requiring little extra time for its application. **Conclusions:** Screening for ACEs is feasible and acceptable for both midwives and pregnant women attending prenatal care in a primary care center. The screening should not be carried out as a standalone action, but as part of a care strategy that includes training and a clear referral workflow.

Poster # 822

Implementing an Integrated Undergraduate Medical Education Curriculum: Case Study of Aga Khan University, East Africa (In progress)

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Introduction: Against the backdrop of a significantly low doctor-to-patient ratio in Kenya and East Africa, AKU identified the pressing need to establish a new undergraduate medical program to bridge this gap. Drawing on extensive stakeholder engagements spanning over a decade, AKU developed this integrated curriculum and in September 2023, the university opened its doors to the first cohort of undergraduate students. **Background:** The provision of quality medical education is paramount in addressing the ever-evolving healthcare landscape and improving patient outcomes. Curricular planning in medical education now emphasizes integrating content across disciplines and connecting basic science knowledge to clinical case experiences. This focus on integrating biomedical sciences shaped the design of this curriculum, unlike traditional regional curriculums where these courses were taught independently. **Innovative Integrated Teaching Strategies:** The MBChB curriculum embodies modern medical education principles and an integrated learning approach. It is divided into three phases, blending foundational knowledge, early clinical exposure, and terminal competencies acquisition. Innovative teaching methodologies, including flipped classrooms, problem-based and case-based learning, reflective and self-directed learning, are central to its success. Technology plays a pivotal role, with virtual learning environments, eLearning platforms, and artificial intelligence enhancing the learning experience. Clinical simulations using advanced technology help develop critical thinking and practical skills. Introducing an integrated approach in the undergraduate medical curriculum requires moving away from traditional, disconnected courses. Implementation challenges include ensuring active student participation, providing adequate clinical experience, and conducting effective assessments. Strategies to address these challenges include interactive teaching methods, structured clinical rotations, and robust assessment frameworks. The success of this curriculum will also be determined by the preparedness of the faculty to deliver it. Faculty will receive training through workshops, and feedback mechanisms will be established for them to share experiences and challenges, ensuring continuous curriculum improvement. **Conclusion:** The introduction of AKU's undergraduate medical curriculum

exemplifies a forward-thinking approach to medical education aimed at addressing healthcare challenges in East Africa. By emphasizing integrated learning and innovative teaching methods, AKU aims to produce competent healthcare professionals equipped to meet the region's medical needs effectively and sustainably.

Poster # 823

Knowledge, Attitude and Practices on Travellers' Diarrhoea Among Short-Term Travellers to Kenya

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Context: Traveller's diarrhoea is the most common travel-related disease with almost 40 million cases reported every year leading to losses from related healthcare costs and change in travel plans. **Objective:** To assess the level of knowledge, attitudes and practices on TD among short-term travellers to Kenya. **Design:** Cross-sectional study. **Setting:** International departure lounges at Jomo Kenyatta International Airport (Nairobi, Kenya). **Participants:** Three-hundred and ninety-seven (397) English-speaking, adult, non-resident from Asian or Western countries, in Kenya for less than 6 months were included in the final analysis. **Intervention:** Self-administered mobile-based/hardcopy exit survey. Main outcome measures: Knowledge, attitudes and practices scores. **Results:** Majority were male, less than 30 years, of French, English, American, Dutch and German nationalities. Only 10% presented with a history of illness. The most commonly stated symptoms of TD were stomach ache (19%), diarrhoea (19%) and bloating (12%). The most common food item implicated in TD was tap water, however more than a quarter of respondents mentioned foods considered to be somewhat safer. About 23% believed travel-related vaccines were not essential while 11% considered them unsafe. Only 19% spent more than 10 weeks planning for their trip but a majority (71%) sought travel health advice, mainly from the internet, general practitioner or family/friends. A small proportion (1.52%) ate from street vendors while 94% had high self-rating of handwashing practices. Only 18% carried self-treatment drugs for TD. **Conclusion:** There was a low incidence of self-reported travel-related illness. However, obvious gaps in knowledge, attitudes and practices on TD were reported calling for promotion of family physician-led consultations before, during and after travel.

Poster # 824

Partnering With Communities to Co-design Humanitarian Health Strategies: The CommunityFirst Framework

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Context: Vulnerabilized communities around the world are facing intersecting and complex crises that will continue for decades to come, with economic, social, geopolitical and environmental disruptions affecting health. Despite increased funding and reach, today's humanitarian systems are unable to respond to the

growing needs of people facing crisis. **Objective:** Communities have at times been regarded as beneficiaries with a passive role in designing strategies and solutions for health interventions. Our goal is to change this traditional humanitarian approach and advocate for the sector better engage crisis-affected people as active agents in their health and wellbeing. Our objective is to improve community engagement in humanitarian response and healthcare services to help address some of the structural limitations encountered in delivering humanitarian responses, including socioeconomic, political and environmental contexts (present and historical), as well as inequalities based on ethnicity, disability, socioeconomic status, age and SOGIESC (sexual orientation, gender identity, gender expression and sex characteristics). **Intervention:** The CommunityFirst framework is a practical tool for co-designing humanitarian responses with the community. It was developed by SeeChange in cooperation with Doctors Without Borders/Médecins Sans Frontières (MSF) teams and communities in Sierra Leone, Venezuela, and Peru, and is inspired by community-based participatory action research. The framework consists of a cycle of four phases: Connect, Engage, Activate, and Reflect. During these phases, teams work together with communities to facilitate a process by which community members lead their own analysis of the public health challenges they are facing, identify the community's priority areas, design initiatives that build on the strengths of communities and complement existing local solutions, and engage in monitoring and evaluation that is driven by the communities' own view of success. **Discussion:** Based on reflection and program evaluation, the key impacts of our work in Sierra Leone, Venezuela and Peru were found to be the following: Programs were designed to be better aligned with communities' local priorities; Community members felt activities were impactful for health and wellbeing; Collaboration led to improved skills development among community members; Humanitarian teams felt they had a pragmatic model to support good community engagement practices.

Poster # 825

Teaching Cultural Safety in Residency Programs

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Context: In CanMEDS-FM (2017), the College of Family Physicians of Canada (CFPC) emphasizes cultural safety as an important feature of care provided by family physicians and as part of the required competencies. Likewise, the Association of Faculties of Medicine of Canada Joint Commitment to Action on Indigenous Health emphasized the importance of incorporating cultural safety into medical schools' curriculum to promote equitable delivery of care to Indigenous populations and arguably to all patients. This flags the importance of cultural safety and the related concept of cultural humility in Family Medicine training. In light of the CFPC's Outcomes of Training Project and Residency Training Profile, and the subsequent call for the redesign for postgraduate Family Medicine curricula in Canada, this project seeks to explore how cultural safety is taught in residency programs and compile a literature review of current evidence to inform Family Medicine (re)design on this topic. **Research Question:** How do residency programs teach cultural safety? **Methods:** This rapid review searched PubMed and Embase, using terms for medical education, curriculum, and either cultural safety or cultural humility. Articles referring to the older concept of cultural competency without reference to safety or humility were excluded. All methodologies were accepted as long as the article described or made recommendations for postgraduate medical education in cultural safety or cultural humility. The search included studies published in English from 1992 onwards in Canada, USA, Australia, and Europe. Primary screening and abstract review were conducted using Covidence. Thereafter, full text reviews and thematic analysis were conducted. **Results:** Our research identified six relevant articles (N = 6). Analysis of these articles identified 6 themes describing curriculum content topics (e.g., reflexivity, Indigenous culture) as well as themes for interprofessional learning and 3 didactic (e.g., lectures, panel discussions), 3 discussion group (e.g., video discussions, book discussions), and 5 immersive

(e.g., community visits, home visits) curriculum delivery methods. **Conclusions:** The curricular topics and teaching methods identified contribute to a growing body of knowledge on educational initiatives in cultural safety and can help inform existing and future curricula in Family Medicine and other postgraduate training programs.

Poster # 826

The use of Do's and Don'ts of Diabetic Foot Care to decrease the prevalence of DFU at Mekedonia (In progress)

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Introduction: Diabetes, along with its associated complications such as foot ulcers, poses a significant global public health challenge, contributing significantly to morbidity and mortality rates. Foot ulcers are a common long-term complication of diabetes mellitus, often leading to infections and the need for lower extremity amputations. Among diabetic patients, the lifetime risk of developing diabetic foot ulcer (DFU) stands at 15% and is more than 20% in elderly care organizations. In Ethiopia, the prevalence of foot ulcers in diabetic patients is recorded at 12.98%. Despite the significant number of individuals affected by diabetes and foot ulcers, there is currently no precise data available regarding the prevalence of diabetes or DFU nor is there a dedicated diabetic foot care facility in Mekedonia. Established in January 2010, Mekedonia Charity Association (Mekedonia) is a non-governmental organization in Ethiopia dedicated to supporting individuals with disabilities, mental illness, and the elderly through housing, clothing, food, healthcare, and counseling. Over 10,000 people are served annually at its facility. The Mekedonia Medium Clinic provides both inpatient and outpatient medical care. **Program Description:** The printed posters and leaflets of the lists of Do and Don'ts of diabetic foot care in local languages were used to train and create awareness for staffs and patients at Mekedonia. The program has opened a foot clinic for patients to visit, and to coordinate this comprehensive care. **Objective:** To assess the effectiveness of Do and Don'ts of diabetic foot care in reducing the prevalence of DFU at Mekedonia by 50% within the time frame of May 1st to September 30th, 2024. **Method:** A multidisciplinary team was established to implement the Plan-Do-Study-Act (PDSA) quality improvement methodology. All diabetic residents in Mekedonia are participants of the Quality Improvement Project. The impact of the QI initiative will be evaluated through a comparison of DFU rates before and after the intervention. **Results:** The pre-intervention prevalence of diabetic foot ulcer is 37% among diabetic patients. Post-intervention will be assessed. **Conclusion**: This outcome is expected to underscore the importance of continuous awareness using Do and Don'ts of diabetic foot care in managing and preventing DFU.

Poster # 827

Une boussole pour l'avancement de la médecine de famille : L'exemple de Madagascar

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Introduction : La médecine familiale ou médecine communautaire de première ligne est une des solutions pour améliorer la santé de la population à Madagascar. La création de la filière médecine familiale permettra de soutenir la politique de santé de Madagascar, selon les directives du président de la république en devenant le fondement des soins de première ligne. **Méthodes et développement :** La faculté de médecine d'Antananarivo entame actuellement la réforme de la formation médicale et va développer un département de médecine familiale en son sein. Avec cette volonté politique et académique et grâce au soutien financier acquis de la Banque Mondiale, les conditions gagnantes pour l'implantation de ce grand projet sont créées. Il sera nécessaire d'établir une collaboration solide et étroite avec ces acteurs ainsi que préciser les accords et les alignements réels requis essentiels, pour la réalisation réussie de ce projet. Il est nécessaire de créer un noyau de professeurs formés à la première ligne et aux méthodes pédagogiques reconnues, de mettre en place des sites de formations universitaires de premières lignes (CSB-U), d'intégrer cette nouvelle discipline et sa reconnaissance par le ministère de la santé. Les premières démarches ont été entamées avec la collaboration et le soutien de la faculté de médecine de l'Université Laval et la fondation BESROUR pour acquérir les bases solides de ce processus. La banque Mondiale apporte aussi son appui par le biais de financement dans le cadre du projet PPSB. A la faculté de médecine d'Antananarivo, les bases de la formation en médecine familiale de première ligne sont en cours de développement. Le rôle de coordination et de développement est assuré par la boursière BESROUR qui fera aussi le suivi et le monitorage en collaboration avec les partenaires internationaux. **Résultats attendus :** Madagascar souhaite se positionner en tant que pionnier dans le domaine de la médecine familiale en Afrique et la synchronisation structurelle et pédagogique avec les autres pays francophones est nécessaire pour l'établissement de cette nouvelle discipline. À cet égard, une boussole sera développée. Cette boussole retracera les principales étapes pour le développement et une implantation réussie de la médecine de famille dans un pays. Elle pourrait devenir un outil pour guider les pays souhaitant amorcer cette transition et permettre d'avoir une vision et établir une planification.