



THE COLLEGE OF  
FAMILY PHYSICIANS  
OF CANADA



LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA



# FMF 2025

## Book of Abstracts

November 5-8, 2025  
Winnipeg (MB)

## Résumés des activités

5-8 novembre, 2025  
Winnipeg (MB)

[fmf.cfpc.ca](http://fmf.cfpc.ca)

## Welcome to FMF 2025!

On behalf of the College of Family Physicians of Canada (CFPC)'s Family Medicine Forum (FMF) Committee, we are thrilled to extend a warm welcome to FMF 2025 in Winnipeg, Manitoba!

We've been working hard behind the scenes to craft a scientific program that offers the gold standard in educational content. With a focus on delivering the highest quality of evidence-based education, our extensive scientific program is designed to enrich your learning, teaching, research, and clinical practice.

FMF provides the perfect setting for engaging discussions, networking opportunities with colleagues, and professional growth. Want to dive deeper into FMF content, catch up on missed sessions, and earn even more Mainpro+® continuing professional development credits? Register for on demand access, giving you the opportunity to watch select sessions anytime for 50 days after the conference!

This year, the heart of health care meets in the heart of Canada. Winnipeg is a diverse, vibrant city that offers a thriving food scene and an interesting history as well as opportunities to connect with nature. We invite you to take time to visit the world-class Canadian Museum of Human Rights, tour the historic Exchange District, and discover Winnipeg's vibrant arts and culture scene.

We hope you enjoy this year's conference and leave feeling renewed in your passion for family medicine.

Thank you for joining us at FMF 2025!

## Bienvenue au FMF 2025 !

Au nom du Comité du Forum en médecine familiale (FMF) du Collège des médecins de famille du Canada (CMFC), nous sommes ravis de vous accueillir au FMF 2025 à Winnipeg, au Manitoba !

Nous avons travaillé très fort en coulisse pour concocter une programmation scientifique qui propose un contenu éducatif exceptionnel. Cette programmation bien remplie, qui vise à offrir une formation de haute qualité fondée sur les données probantes, a été conçue pour enrichir votre apprentissage, votre enseignement, vos recherches et votre pratique clinique.

Le FMF est l'endroit idéal pour vous engager dans des discussions passionnantes, réseauter avec vos collègues et stimuler votre croissance professionnelle. Vous souhaitez approfondir le contenu abordé lors du congrès, rattraper les séances que vous avez manquées et obtenir encore plus de crédits de développement professionnel continu Mainpro+<sup>MD</sup> ? Ajoutez à votre inscription l'accès sur demande, qui vous permettra de visionner certaines séances à votre guise pendant 50 jours après le FMF !

Cette année, le cœur des soins de santé se retrouve en plein centre du Canada. Winnipeg est une ville pleine de vie et d'une grande diversité, où vous pourrez savourer une cuisine en plein essor, découvrir une histoire captivante et renouer avec la nature. Prenez le temps de visiter l'incroyable Musée canadien pour les droits de la personne, de découvrir le quartier historique de la Bourse et d'explorer la vibrante scène artistique et culturelle de Winnipeg.

Nous espérons que vous apprécierez le congrès de cette année et que vous repartirez avec une passion renouvelée pour la médecine de famille.

Nous vous remercions d'être parmi nous au FMF 2025 !

Cheryl Hunchak, MD, CCFP (EM), MPH, FCFP; Heather Murray, MD, MSc, FRCP

**Session ID: 136**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Analyze the current landscape of AI-driven solutions in primary care
2. Use a framework to evaluate medicolegal risks when using AI applications
3. Describe strategies that could reduce medicolegal risk when using AI to support clinical care

**Description:** The integration of artificial intelligence (AI) applications into family medicine practice presents opportunities and challenges. This session will provide a comprehensive overview of the current landscape of AI applications in family medicine, the potential medicolegal risks associated with their use, and strategies to help mitigate these risks to ensure safe and effective clinical care. By the end of this session, participants will have gained valuable insights and practical tools to navigate the complexities of AI in healthcare. Participants attending this session will explore types of AI supported technologies currently being utilized in family medicine, including use of AI scribes, diagnostic tools, predictive analytics, and the generation of patient information material. Using a CMPA framework we will examine these applications and assess potential for medicolegal risk. We will cover relevant issues such as data privacy, algorithmic bias, liability issues, documentation and patient consent. Using real-world examples, participants will examine the practical applications, potential benefits of AI and approaches that can reduce medico-legal risk related to AI applications in family medical practice.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Analyser le paysage actuel des solutions reposant sur l'IA dans le domaine des soins primaires
2. Utiliser un cadre d'évaluation des risques médico-légaux liés à l'emploi d'applications d'IA
3. Décrire des stratégies susceptibles de réduire les risques médico-légaux associés au recours à l'IA à l'appui des soins cliniques

**Description :** L'intégration des applications d'intelligence artificielle (IA) dans la pratique de la médecine de famille comporte des occasions et des défis. Cette séance donnera un aperçu exhaustif du paysage actuel des applications d'IA en médecine familiale, des risques médico-légaux possibles en lien avec leur utilisation et des stratégies d'atténuation de ceux-ci, afin d'assurer la prestation de soins cliniques sûrs et efficaces. À la fin de la rencontre, les personnes inscrites auront acquis de précieuses connaissances et des outils pratiques grâce auxquels elles pourront s'y retrouver dans les complexités de l'IA en santé. Elles feront plus ample connaissance avec les types de technologies soutenues par l'IA qui sont actuellement utilisées en médecine de famille, y compris les transcripteurs par IA, les outils diagnostiques, les techniques d'analytique prédictive et les applications servant à la production de matériel d'information destiné à la patientèle. Au moyen d'un cadre élaboré par l'Association canadienne de protection médicale (ACPM), nous examinerons ces applications et évaluerons les possibilités de risques médico-légaux. Nous traiterons de questions pertinentes, comme la confidentialité des données, le biais algorithmique, les enjeux liés à la responsabilité, la documentation et le consentement des patients et des patientes. À l'aide d'exemples concrets, le public examinera les applications pratiques, les avantages possibles de l'IA et des moyens susceptibles d'atténuer les risques médico-légaux associés aux applications d'IA dans la pratique de la médecine de famille.

## Antibiotics, Delirium, and UTIs: Separating Fact From Myth

Pil Joo, MD CM, CCFP (EM)

**Session ID: 185**

**Language of presentation:** English

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

1. Examine the current state of evidence regarding the relationship between delirium, asymptomatic bacteriuria, and urinary tract infections (UTIs)
2. Develop a structured approach to evaluating older patients with delirium, identifying when a diagnosis of UTI should be considered
3. Implement alternative strategies to assess contributing factors to delirium without routinely ordering urinary tests

**Description:** Antibiotic overuse is a major contributor to antimicrobial resistance, directly resulting in millions of deaths worldwide each year. Among older adults, the treatment of asymptomatic bacteriuria —defined as the presence of bacteria in the urine without accompanying genitourinary symptoms—in the context of confusion is one of the primary drivers of unnecessary antibiotic use. Previous studies have demonstrated that older patients with delirium or confusion who have a positive urinary testing are frequently treated with antibiotics, even in the absence of other clinical symptoms indicative of a genitourinary infection. However, multiple observational studies have cast doubt on the effectiveness of this practice, as none have demonstrated tangible, patient-oriented benefits. Moreover, some studies have identified an association between antibiotic use in this population and poorer functional outcomes. Current clinical guidelines recommend against the routine use of antibiotics in such cases, instead advocating for the investigation of alternative contributors of cognitive changes. In this presentation, we will examine the current state of evidence (or the lack thereof) regarding the relationship between delirium, urinary tract infections, and asymptomatic bacteriuria. We will discuss the rationale behind why routine urinary testing and subsequent antibiotic treatment in this population may fail to improve outcomes while increasing the risk of complications. Finally, we will present a practical approach to managing delirium in older adults that reflect current evidence and guidelines.

## Approach to Clinical Teaching for New Preceptors

Jillian Au, MD, CCFP, FCFP, MEd (HSE)

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

**Session ID: 245**

**Language of presentation:** English

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

1. Discuss strategies on how to set up your practice for your incoming learner
2. Review how to run your typical clinic day while incorporating clinical teaching
3. Discuss how to provide learner feedback and document this in the assessment narrative

**Description:** This session targets physician preceptors who are new to clinical teaching and is intended to provide a brief, high level overview and introduction to the various components of being a clinical supervisor in day-to-day practice. Attendees will develop a sequential approach to the various considerations when having a learner in their clinic for the first time. This

introduction includes discussion on how to develop a welcoming orientation for the learner and how to build a learning plan that sets expectations on how a typical clinic day might evolve. New clinical preceptors will discuss how learning objectives and knowledge of the structure of the MD Program or Residency program will assist clinicians in adjusting their teaching approach to the knowledge and competency level of the learner. Attendees will be provided an opportunity to compare and contrast two evidence-based and effective strategies for promoting clinical reasoning (SNAPPS and One Minute Preceptor) and discuss how each could be applied when managing a clinical encounter with a learner. Lastly, we will discuss tips on how to observe the learner, provide feedback in a psychologically safe manner on how to improve their approach and management of the patient. Furthermore, attendees will discuss how learner feedback could be formally documented in the narrative assessment that objectively describes learner performance.

### **Approach to PTSD in Primary Care**

Jon Davine, MD, FCFP, FRCP (C)

**Session ID: 45**

**Language of presentation:** English

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

1. Identify effective questioning to make the diagnosis of PTSD
2. Describe effective psychotherapeutic techniques that can be used in the primary care setting
3. Describe effective psychopharmacological therapies that can be used in primary care

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

### **Approach to Suicide in Primary Care**

Jon Davine, MD, FCFP, FRCP (C)

**Session ID: 47**

**Language of presentation:** English

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

1. Describe important screening questions in suicide assessment
2. Describe the essential elements of the certification form
3. Describe how to arrange a safety plan

**Description:** In 2015, there were 4,405 deaths by suicide in Canada. Primary care practitioners are in a unique position to help prevent suicide and to detect and manage suicidality. Of people who complete suicide, 45% saw a primary care practitioner in the month before their death. In this workshop, we will describe how to do an in-depth suicide risk assessment. This will involve which questions to ask, highlighting the ones that are most useful. We will then describe treatment options when dealing with a suicidal patient. This will include how to set up a proper safety plan. A number of these concepts will be illustrated around a case that will be presented. We will also discuss how to certify patients, using a certification form. Demographic factors that impact on suicide risk assessment will be presented. This will include those factors that may increase risk, along with those factors that can be protective. We will discuss some issues involving suicidal risk in the person with borderline personality disorder. We will also describe some specific situations when it may be important to consider assessing suicidal risk. Resources for practitioners as well as for patients and their families will also be presented.

### **Basics of Assessment: Key Principles for Assessing Learners**

Shelley Ross, PhD, MCFP (Hon); Kathy Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MCISc, CCFP, FCFP; Theresa Van Der Goes, MD, CCFP; Alison Baker MD, CCFP, FCFP; Nathan Turner, MD, CCFP; Jason Sutherland, MD, PhD, CCFP; Karen Schultz, MD, CCFP, FCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 191**

**Language of presentation:** English

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

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

**Description:** If you are involved in teaching, you are also involved in assessment. Assessment is fundamental to helping learners grow, yet many of us feel some uncertainty about how to approach assessment. Specific needs may vary by role: 1) Clinical preceptors need confidence and competence in assessment strategies to enhance day-to-day learning; 2) Site directors need their preceptors to understand, feel capable of, and effectively perform assessment of learners; and 3) Program Directors and Enhanced Skills Directors need to be confident that appropriate assessment of learners has been carried out and documented to ensure that learners are ready for promotion. However, there is a common element to all of these needs: they require both an understanding of the basic principles of assessment, and knowledge of how to apply those principles to create a culture of rigorous, accountable, and trust-worthy assessment of the learners. In this interactive introductory workshop, participants will learn the basic principles of assessment relevant to the context of Family Medicine. Participants will have the opportunity to work in small groups on case examples provided to give context to the theories and principles discussed. Participants are invited to bring examples or challenges from their own programs or experiences that they would like to share. The workshop will conclude with a summary of key learnings from the interactive portions, linked to the basic principles of assessment.



## Big Ideas Soapbox

**Session ID: 89**

**Language of presentation:** English

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

1. Acquire new perspectives on the scope of and approach to primary care practice, innovation, and research
2. Gain a critical understanding of new, leading-edge innovations that seek to address complex problems in family practice
3. Discuss ideas with national and international colleagues that touch on the breadth and scope of family practice and primary care

**Description:** The Big Ideas Soapbox session showcases ideas that could make a profound difference to clinical practice, faculty development, post-graduate or undergraduate education, patient care and outcomes, or health policy. This session offers a platform for innovators to present and share fresh ideas, innovative thinking, and fledgling developments with the potential to initiate change. The audience puts ideas to the test and decides which one takes home the prize. Get ready to vote!

### Bone Voyage: Navigating Comprehensive Osteoporosis Care

Divya Garg, MD, MCISc, FCFP; Emma Billington, MD, FRCPC

**Session ID: 194**

**Language of presentation:** English

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

1. Assess individual fracture and fall risk using evidence-based tools
2. Integrate nutrition, exercise, and pharmacotherapy to reduce fracture risk, applying clinical guidelines
3. Implement shared decision-making with patients to select personalized treatment plans and monitoring of bone health

**Description:** Canada is facing a considerable osteoporosis care gap, with over 2 million individuals affected, yet only 21% receive post-fracture pharmacotherapy. Osteoporosis-related fractures result in substantial morbidity, mortality, and healthcare costs, exacerbated by systemic barriers and time constraints in family medicine. Family physicians play a major role in evaluating fall and fracture risk and managing osteoporosis. Tailored decisions regarding pharmacologic and non-pharmacologic interventions require a shared decision-making approach. There are three new osteoporosis care and fracture prevention guidelines that differ in certain clinical recommendations and aspects of care. This highly rated presentation, developed by an osteoporosis specialist and a family physician, will deliver case-based and practical guidance on applying the new guidelines while considering individual patient context. We will also review tools and strategies to integrate fall prevention, nutrition, exercise, and pharmacotherapy advice for the busy clinician.

### Bringing Better Child Nutrition to Family Medicine

Matthew Orava, MD, MSc, BScH, CCFP; Chris Tomlinson, MB ChB, BSc, PhD

**Session ID: 250**

**Language of presentation:** English



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

1. Compare some of the clinical nutrition assessment tools available in primary care
2. List evidence-based health nutrition information resources that can be shared with families
3. Create a plan for social prescribing to help address food insecurity

**Description:** Family physicians are often provided with opportunities to address child nutrition in the clinic but are challenged with time limits, lack of patient education materials and poor access to healthy food. In Canada, 2.1 million children live in food insecure households. This workshop will use case-based presentations and allow for interactive audience participation using tools such as electronic audience polling. This will introduce participants to initiatives around clinical assessment of child nutrition, patient education resources and community-level advocacy efforts. Screening tools such as NutriSTEP® will be reviewed. A library of resources of evidence-based health nutrition information for families will be highlighted including culturally sensitive materials. Social prescribing approaches will be introduced to aid clinicians in assisting families with challenges accessing healthy food. A model for social prescribing for food insecurity will be described and participants will be asked to build a social prescription for their clinical environment. An example of a successful program linking pediatric patients to healthy food will be showcased. At the end of this workshop, participants will have further resources to bring to the clinic to efficiently assess child nutrition, provide patient education and advocate for healthy food.

### **Building a Curriculum Collaborative in Family Medicine – Indigenous Health**

Christy Anderson, B. Comm; Janelle Syring, CCFP

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

**Session ID: 233**

**Language of presentation:** English

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

1. Build your awareness of and join this Community of Practice for Indigenous Health
2. Learn tips and tricks from peers already using the Indigenous Health Workbook and explore and discuss strategies and approaches that you can bring back to your program
3. Connect with and learn from peers, sharing new resources and ideas for curriculum improvement and integration of Indigenous Health

**Description:** This session is for those interested in curriculum development and Indigenous Health. Through the Outcomes of Training Project, the College of Family Physicians of Canada (CFPC) identified several important educational topic areas that represent gaps and/or present curricular challenges in residency education. We know that educational leaders and curriculum designers want more than a new box of materials. Consultation tells us that what is helpful are defined program expectations, peer guidance, resources and a clear curriculum renewal process. In response, the CFPC has launched a "Curriculum Collaborative" with 8 Curriculum Renewal Workbooks. This new community uses a quality improvement approach and is designed to support your local curriculum planning efforts and to connect you with others doing the same. This workshop is one in a 3-part series at FMF this year, each profiling a different educational topic. At this workshop, we will dive into the Indigenous Health Workbook. Whether the workbook is brand new or familiar, you will have something to share and learn. Through various interactive activities, you will hear more about the Community of Practice in Indigenous Health including an opportunity to register yourself and your colleagues, hear from peers who are already using the Indigenous Health workbook, have a chance to roll up your sleeves and actively engage in the workbook, and gather new resources,

ideas and connections. The Indigenous Health Workbook will be available in both English and French, with table work facilitated bilingually.

### **Building Better Teaching: Practical Tips for Sharing Feedback**

Shelley Ross, PhD, MCFP (Hon); Kathy Lawrence, MD, CCFP, FCFP; Cheri Bethune, MD, MCISc, CCFP, FCFP; Theresa Van Der Goes, MD, CCFP; Alison Baker MD, CCFP, FCFP; Nathan Turner, MD, CCFP; Jason Sutherland, MD, PhD, CCFP; Karen Schultz, MD, CCFP, FCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 193**

**Language of presentation:** English

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

1. Describe the characteristics of effective feedback
2. Apply practical tips to sharing feedback with learners in different contexts
3. Evaluate ways to improve their own teaching by incorporating theory-based approaches to sharing feedback

**Description:** It is a well-established fact that effective formative feedback is essential to learning. Various guidelines and models for integrating feedback into teaching have been proposed, some good (R2C2) and some outdated (the feedback sandwich). Yet there is a constant demand from clinical teachers for faculty development related to sharing feedback. While many preceptors – especially in family medicine – are natural teachers, sharing feedback in an effective way is a perennial challenge. Initiating effective feedback conversations has become even more challenging since 2020, as teaching dynamics have changed following the disruption of pandemic restrictions. Many teachers are finding that learners can misunderstand formative feedback as summative, resulting in learners who become fearful or angry when they perceive feedback as negative or critical, rather than beneficial to their learning. This workshop takes a very practical approach to sharing feedback. We will share concrete, practical tips about how to introduce feedback conversations into teaching, how to phrase feedback (both verbal and written), and how to adjust feedback depending on context. All tips are derived from learning and motivation theories and research findings. Participants will have the opportunity to actively practice sharing feedback using the different approaches presented. These activities will include debriefs to talk about both sides of the feedback conversations being practiced: how it feels to be the one sharing the feedback, as well as how it feels to be the one hearing the feedback. Participants will also be encouraged to share their own experiences or challenges as they try applying the tips. The workshop will conclude with a summary of key learnings from the interactive portions, linked to the basic principles of effective feedback.

### **Building Disclosure Skills for Early Career Family Physicians**

Cheryl Hunchak, MD, CCFP (EM), MPH, FCFP; Keleigh James, MD, MMed, CCFP, FCFP

**Session ID: 144**

**Language of presentation:** English

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

1. Describe the key elements of an effective disclosure conversation following a patient safety incident

2. Identify key potential impacts of patient safety incidents on early career family physicians
3. Explore approaches and resources to teach and support effective disclosure conversations to peers and medical learners

**Description:** Family physicians in their first five years of practice are skillful clinicians and communicators trained to provide high quality patient care. In spite of diligent efforts to optimize patient safety and care, safety incidents with resultant harm do inevitably happen. Many family physicians in their first five years of practice report a lack of formal training or experience in disclosing harm following patient safety incidents. Amidst the myriad pressures of early clinical practice - with many practicing in communities without formal avenues for mentorship or academic support – meeting the legal, professional and ethical obligations to disclose harm from an unanticipated patient safety incident can be indelibly stressful. This experience can significantly reduce clinical confidence, negatively impact overall well-being and threaten career sustainability. Brief training to develop the necessary medico-legal knowledge and communication strategies to disclose harm when required is crucial to support family physicians in their first five years of practice and promote resilience over the career span. For family physicians with teaching responsibilities, early career training in disclosure can also help promote learner exposure to and confidence with disclosure skills. Finally, destigmatizing patient safety incidents and fostering the vital role of peer support following patient safety incidents can also help promote well-being and career sustainability for family physicians in their first five formative years of practice.

### Care of Transgender and Gender-Expansive Adults: How to Diagnose, Support, Prescribe, Monitor

Robert Obara, MBBChBAO, MIPH, CCFP; Leon Wayne, MD

**Session ID: 43**

**Language of presentation:** English

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

1. Learn how to diagnose gender dysphoria
2. Learn how to initiate treatment and monitoring for gender affirming hormone prescribing
3. Learn how to support your transgender and gender diverse patients

**Description:** This session is by the medical director of Manitoba's Transgender Health Program. Learn how to diagnose gender dysphoria and support, prescribe for, and monitor your transgender and gender diverse patients. This is an adaptation of a presentation given at the WONCA World Family Medicine Conference as well as FMF 2024.

### CaRMS and Electives Q&A

Calista Lytle, MD

**Session ID: 141**

**Language of presentation:** English

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

1. Learn about various family medicine residency programs and streams across Canada
2. Obtain useful information related to CaRMS and electives preparation
3. Hear diverse perspectives from family medicine residents, including IMGs, and from family medicine program directors

**Description:** Medical students are an essential part of the future of family practice in Canada. This interactive session, facilitated by the Section of Residents of the CFPC, will help prepare medical students considering a future career in family medicine. The panel will consist of residents from different family medicine residency programs and streams (urban, rural, remote, bilingual, international), as well as program directors. The panelists will share helpful tips and tricks for those considering applying to family medicine. Topics will include choosing electives, what to consider when applying to family medicine, what to do if you are considering other specialities, and tailoring your CaRMS application towards family medicine. The panelists will also discuss their personal CaRMS journeys and residency experiences in different programs across Canada. The session will conclude with an opportunity to ask the panelists any questions related to family medicine.

### **CaRMS: Shifting the Focus From Selection to Recruitment**

Martin Tieu, MD, CCFP; Samantha Horvey, MD, CCFP; Jaclyn Wallace, MD, CCFP; Rachel Hamilton, MD; Mitchell Chorney, BSc

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

**Session ID: 24**

**Language of presentation:** English

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

1. Describe recruitment strategies to help address declining family medicine CaRMS match rates
2. Evaluate the impact of social media, events, and student engagement on recruitment
3. Develop proactive approaches to attract and inspire future family medicine applicants

**Description:** As family medicine CaRMS match rates decline and empty residency spots increase, it is critical to shift the conversation from selecting candidates to actively recruiting future family physicians. This interactive talk brings together the perspectives of a family medicine residency selection director, a current medical student, and a family medicine resident to explore innovative and practical recruitment strategies. We will examine a variety of recruitment tools and approaches, including the role of swag/small gifts, social media, and the effectiveness of virtual and in-person events in building connections with potential applicants. Additionally, we will highlight the importance of student engagement and leveraging the educational curriculum to showcase the values and opportunities within family medicine. Through real-world examples and open discussion, this session aims to inspire programs to adopt a proactive and collaborative approach to recruitment. Join us to explore creative solutions for attracting the next generation of family physicians and ensuring the continued strength of our specialty.

### **Celiac Disease at Any Age: The Challenges of Diagnosing Celiac Disease in Canada**

Dominica Gidrewicz, MSc, MD, FRCPC; Donald Duerksen, MD

**Session ID: 87**

**Language of presentation:** English

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

1. Identify classic and atypical symptoms in children and adults, as well as associated conditions with a high risk for celiac disease
2. Explain the diagnostic testing protocols in children and adults with celiac disease
3. Understand the importance of completing testing before starting a gluten free diet

**Description:** Celiac disease is a chronic autoimmune enteropathy triggered by eating gluten in genetically susceptible individuals. This common condition affects approximately 1% of children and adults, and epidemiology data from Alberta suggests that the incidence is rising. Diagnosis is confirmed by intestinal biopsy in both adults and children. In pediatrics some children may qualify for a serologic [ie. blood work] diagnosis based on select criteria after review by a pediatric gastroenterologist. Regardless, an accurate diagnosis can only be made if the patient continues to eat sufficient gluten while awaiting confirmation by biopsy or bloodwork. Performing a gluten challenge may jeopardize accurate diagnosis and results in diagnostic delay. Atypical presentations [ie without classic abdominal pain, diarrhea, weight loss] occur in over 50% of patients further contributing to diagnostic delays. In 2022, Celiac Canada conducted an online health survey and over 7,500 adults living in Canada with celiac responded. Although there is growing awareness of celiac disease among primary care physicians, the survey confirmed that adults with extra-intestinal manifestations experience long delays to diagnosis. The survey highlighted that > 50% of patients waited > 5 years from symptom onset to diagnosis, and ~ 40% of women reported a delay of 10 or more years. Furthermore, neurological symptoms were some of the most common [eg. migraines, depression, anxiety], and over 60% reported fatigue at the time of diagnosis. Extra-intestinal manifestations are also very more common in children. Appropriate management of a patient with possible celiac disease begins with correct identification of those that require further testing and/or subspecialty evaluation. These diagnostic challenges and the recent data from Celiac Canada will be reviewed, along with the current adult and pediatric celiac guidelines to assist the primary care physician in evaluating such patients.

### **CKD: Tips for the Busy Family Physician**

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

**Session ID: 215**

**Language of presentation:** English

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

1. Implement an updated clinical algorithm for identifying and managing CKD patients in primary care
2. Differentiate patients with increased risk of advanced CKD using the Kidney Failure Risk Equation
3. Interpret the appropriate use of SGLT2 inhibitors, GLP-1RAs and MRAs (e.g. Finerenone) in CKD

**Description:** Chronic Kidney Disease (CKD) affects approximately 2 million Canadians and is a recognized risk factor for cardiovascular disease and all-cause mortality. Patients that progress to end-stage kidney disease (ESKD) experience significant morbidity and a reduced quality of life. Primary care providers (PCPs) can play an important role in the early detection and prevention of progression of CKD. This presentation is based on the updated 2024 Kidney Disease Improving Global Outcomes (KDIGO) international peer reviewed evidence-based CKD Evaluation and Management guidelines. It also focuses on the updated 2025 KidneyWise Clinical Toolkit for Primary Care, an educational resource developed by the Ontario Renal Network, which consists of a practical clinical algorithm and an outpatient nephrology referral form. These materials can also be incorporated into Electronic Medical Records (EMRs) for ease of use. The toolkit was endorsed by the CFPC in 2019. The Kidney Failure Risk Equation (KFRE), a validated predictive model for progression of CKD to ESKD that includes age, sex, and readily available biomarkers – estimated glomerular filtration rate (eGFR) and urine albumin-to-creatinine ratio (ACR) will also be highlighted. By using the KFRE, now calculated and reported by most outpatient laboratories across Canada, PCPs can stratify CKD patients according to their risk of progression and appropriately refer high-risk patients to nephrology, while safely monitoring lower-risk patients. Multiple new medications are also recommended for treating patients with CKD, including sodium-glucose transport protein 2 (SGLT2) inhibitors, glucagon-like peptide-1 receptor agonists (GLP-1RAs), and mineralocorticoid receptor antagonists [MRAs (e.g. Finerenone)]. The latter all have a significant impact on both slowing CKD

progression and reducing cardiovascular risk, but knowing when to use them, in what sequence, and for which patient can be challenging. This talk will clarify the updated guidelines so that PCPs are more comfortable incorporating these new recommendations into their everyday practice.

### **Clinical Tools for ME/CFS, POTS, and Fibromyalgia Care**

Kathleen Walsh, MD, CCFP; Farah Tabassum, MD, CCFP

**Session ID: 198**

**Language of presentation:** English

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

1. Determine how to diagnose and prioritize management for ME/CFS, fibromyalgia, and POTS
2. Differentiate ME/CFS, fibromyalgia, and POTS from other common causes of chronic fatigue
3. Apply the tools from the Center for Effective Practice to support diagnosis, and management of ME/CFS, fibromyalgia, and POTS

**Description:** Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS), fibromyalgia (FM), and Postural Orthostatic Tachycardia Syndrome (POTS) are complex, chronic conditions that significantly impact patients' quality of life. However, primary care providers often face challenges in diagnosing and managing these conditions due to a lack of accessible clinical guidance. This is very relevant since these conditions are often seen in Post-COVID Condition (PCC), with more than 50% of PCC cases meeting the clinical criteria for ME/CFS. To address this gap, the Centre for Effective Practice (CEP), in collaboration with clinical experts and patient-partners, developed comprehensive clinical tools. This was under the Knowledge Translation in Primary Care Initiative, funded by the Ontario Ministry of Health. These evidence-informed resources provide practical, Canada-specific guidance on the recognition, assessment, diagnosis, and management of ME/CFS, FM, and POTS in adult patients. This interactive workshop will introduce these new tools, highlighting their key features, including management strategies tailored to Canada's healthcare system. Participants will engage in case-based discussions, applying the tools to real-world scenarios to enhance their clinical confidence and competence. By elevating the role of primary care in managing these challenging conditions, this session aims to enhance community-based care, and empower providers to deliver care closer to home.

### **Cognitive Strategies for New Family Physicians**

Janet Green, MD, MA, CCFP

**Session ID: 189**

**Language of presentation:** English

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

1. Identify key challenges in the transition from residency to independent practice
2. Implement habits during residency to prepare for uncertainty in independent practice
3. Develop strategies to plan and navigate practice scope and administrative burden

**Description:** Family medicine residency is an intense and broad training program that prepares residents for diverse clinical settings, but the transition to independent practice often comes with challenges. This session focuses on practical strategies to ease this critical transition while fostering confidence and competence. Through review of evidence along with the

reflections of a recent family medicine graduate, participants will be introduced to common stumbling blocks associated with transition to practice, ways to prepare during a busy residency program, and strategies to manage uncertainty and difficulties as a new family physician. Attendees will have the opportunity to reflect on tools to help make mindful choices to support sustainable careers and resilience in the first years of practice.

### **Collaborative Care in Family Medicine: Medico-Legal Perspectives**

Eileen Bridges, MD, MSc, FCFP, Dip Sport Med, CPC(HC); Ivy F. Oandasan, MD, CCFP, MHSc, FCFP

**Session ID: 125**

**Language of presentation:** English

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

1. Differentiate healthcare providers' independent scope of practice from delegation and supervision of medical acts
2. Examine medico-legal issues for healthcare providers working in a collaborative setting
3. Identify key questions to address to reduce medico-legal risk in collaborative care

**Description:** **Target audience:** All healthcare professionals involved in collaborative care. **Background:** As demands on the healthcare system increase, new collaboration models are being explored to optimize use of resources. Whenever individuals are brought together in teams, however, questions arise about coordination of care and leadership. Because professional liability protection is not consistent for all healthcare professions across the country, medico-legal liability concerns have also been cited as barriers to collaborative care. This session, informed by CMPA case review analyses, will explore ways to reduce medico-legal risk while making optimal use of collaborative care. **Objectives:** At the conclusion of this activity, participants will be able to: 1. Differentiate healthcare providers' independent scope of practice from delegation and supervision of medical acts; 2. Examine medico-legal issues for healthcare providers working in a collaborative setting; 3. Identify key questions to address to reduce medico-legal risk in collaborative care. **Methods:** Learners will be able to master these objectives following a 45-minute case-based presentation led by a panel of experts, that will provide practical insights and actionable strategies, and a 15-minute Q&A. **Content Overview: Definitions and benefits:** The current landscape for collaborative care teams will be described, highlighting benefits and implications for practice. **Accountability:** Clear responsibilities and accountabilities among professionals in a collaborative care team are essential. Operating within the scopes of practices established by regulatory bodies, collaborative care teams must formally establish and agree on their own accountability arrangements. Patients must also understand the team's approach. **Liability Protection:** All team members have a responsibility to each other to confirm that they have adequate medical liability protection. Determination of adequacy is circumstance specific. **Conclusion:** Participants will have a deeper understanding of how they can effectively integrate other healthcare providers into their practice and reduce medico-legal concerns.

### **Conflicting Guidelines: What and How to Choose | Lignes directrices contradictoires : comment décider lesquelles suivre ?**

Donna Reynolds, MD, MSc, CCFP, FCFP, FRCPC; Guylene Theriault, MD, CCFP; Rene Wittmer, MD, CCFP

**Session ID: 98**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Identify features that suggest a quality clinical guideline relevant to practice
2. Critically and efficiently appraise guidelines for practice



### 3. Recognize why guidelines developed by specialty groups may differ from those by primary care clinicians

**Description:** Guidelines aim to improve patient care by providing clinicians with recommendations based on unbiased assessment of the evidence. They are particularly useful when they address controversial issues but often result in differences in recommendations that can be attributed to many factors such as disease epidemiology, funding, speciality groups, healthcare system delivery, access, advocacy, politics, and historical precedents. To improve the quality of guidelines and hope of reducing guidelines' biases and inconsistencies, the US Institute of Medicine and Canada's leadership in evidence-based medicine have developed standardize methods and "trustworthiness" criteria. High-quality, trustworthy guidelines are free of conflicts of interest and follow clear, systematic and transparent methods. Using recent preventive care guidelines as examples, we examine features that family physicians can look for that can affect the quality of guidelines and help understand differences in recommendations. This will help clinicians to make informed choices on guidelines to follow. We demonstrate the use of two tools developed by family physicians to critically and efficiently appraise the quality of guidelines: G-TRUST (Guideline Trustworthiness, Relevance, and Utility Scoring Tool) and the simplified G-TRUST. We will also compare recent preventive care guidelines produced by specialty groups from those led by primary care clinicians so that family physicians can recognize how differing perspectives about care may influence recommendations (e.g., disease-focused vs. holistic approach). Describing time-needed-to-screen/treat and opportunity costs will also help busy practitioners weigh implementation issues of differing guidelines in their practices. With these tools, family physicians will be better able to readily recognize and apply quality, trustworthy and relevant guidelines in their practice.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Recenser les caractéristiques d'une ligne directrice clinique de qualité pertinente pour la pratique
2. Évaluer d'un œil critique et efficacement les lignes directrices de pratique
3. Comprendre pourquoi les lignes directrices élaborées par les groupes de spécialistes peuvent être différentes de celles conçues par des médecins de soins primaires

**Description :** Les lignes directrices visent à améliorer les soins en fournissant aux cliniciens et aux cliniciennes des recommandations fondées sur une évaluation impartiale des données probantes. Elles sont particulièrement utiles pour les questions controversées, mais les recommandations diffèrent souvent en raison de facteurs comme l'épidémiologie, le financement, les groupes de spécialistes, les prestations des systèmes de soins de santé, l'accès, le plaidoyer, la politique et les précédents historiques. Voulant améliorer la qualité des lignes directrices et espérant réduire leurs biais et leurs incohérences, l'Institute of Medicine des États-Unis et des chefs de file canadiens de la médecine fondée sur des données probantes ont conçu des méthodes normalisées et des critères de « fiabilité ». Les lignes directrices fiables de haute qualité sont exemptes de conflits d'intérêts et suivent des méthodes claires, systématiques et transparentes. En prenant pour exemple des lignes directrices récentes en matière de soins préventifs, nous examinerons les caractéristiques à rechercher par les médecins de famille qui peuvent influencer la qualité des documents et nous aiderons à comprendre les différences entre les recommandations. Le personnel clinicien sera ainsi en mesure d'effectuer des choix éclairés sur les lignes directrices à observer. Nous ferons la démonstration de deux outils mis au point par des médecins de famille pour une évaluation critique et efficace de la qualité des lignes directrices : le G-TRUST (un outil d'évaluation de la fiabilité, de la pertinence et de l'utilité des lignes directrices) et le G-TRUST simplifié. En outre, nous comparerons des lignes directrices récentes sur les soins préventifs qui ont été élaborées par des groupes de spécialistes avec d'autres rédigées sous la direction de médecins de famille. Ainsi, les gens pourront comprendre comment des perspectives différentes, par exemple une démarche centrée sur la maladie par rapport à une approche holistique, peuvent influencer les recommandations. Enfin, la description du temps nécessaire pour dépister ou traiter et celle des coûts de renonciation aideront les médecins occupés à comparer les enjeux de la mise en œuvre de lignes directrices divergentes dans leur pratique. Avec ces outils, les personnes inscrites à la séance

seront mieux à même de reconnaître facilement et d'appliquer des lignes directrices de qualité fiables et pertinentes dans leur pratique.

### Connected Care and AI Use in Physician Practice

Bobby Gheorghiu, BBA, MHSc, CPHIMS-CA; Waldo Beausejour, MA

**Session ID: 207**

**Language of presentation:** English

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

1. Analyze digital health adoption among Canadian physicians, focusing on EMR use and interoperability challenges
2. Evaluate barriers to clinical interoperability and their impact on physician workload and burnout
3. Assess AI adoption in physician practice and determine key enablers to widespread adoption

**Description:** Clinicians and health systems have invested significantly in digital health technologies, with interoperability and AI playing key roles in clinical decision-making, care coordination, and patient experience. **Objective:** To understand digital health utilization and attitudes and barriers toward clinical interoperability and adoption of artificial intelligence tools.

**Design/Setting/Participants:** The 2024 National Survey of Canadian Physicians, conducted by an independent research firm in English and French, using multi-method promotion/recruitment strategies, gathered responses from 1,145 primary care, specialist and resident physicians. Weighting by region, age, and gender was applied for representation of the Canadian physician population. **Results:** Nearly all physicians (95%) use electronic medical records (EMRs) for patient records, yet information-sharing beyond their primary practice remains inconsistent. Most can access medication summaries and diagnostic tests, but only 29% can exchange comprehensive patient summaries (e.g., medical history, allergies) across care settings. On average, physicians spend 86 minutes searching for patient information and 107 minutes daily on EMRs after hours. Nearly half experience burnout, with 73% citing system integration issues as a barrier to maximizing digital health tools. AI use among physicians is growing, rising from 2% in 2021 to 7% in 2024. Among AI users, 79% stress the need for regulatory frameworks, while 77% highlight workforce education as crucial for widespread adoption. **Conclusion:** There is continued growth in digital health technologies adoption across the Canadian landscape. Despite widespread EMR use, limited data-sharing across care settings leads to inefficiencies and burnout for physicians. Addressing these challenges through policy changes and improving AI literacy among clinicians is key to optimizing healthcare delivery in Canada.

### Contraception and Safe Abortion Care: Key Principles

Cristina Nebunescu Schirliu, MD, CCFP; Ann Rothman, MD, CCFP

**Session ID: 101**

**Language of presentation:** English

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

1. Compare the key characteristics, mechanisms of action, and potential side effects of various contraceptive methods to guide evidence-based decision-making
2. Identify patient-specific factors to select and prescribe the most appropriate contraceptive method
3. Safely prescribe medical abortion, including understanding indications, contraindications, and follow-up protocols

**Description:** Access to comprehensive reproductive care remains a cornerstone of family medicine. However, challenges such as misinformation, stigma, and barriers to access continue to affect patients seeking contraception and abortion services. Family physicians are uniquely positioned to provide equitable, evidence-based care that empowers patients to make informed decisions about their reproductive health. This session will begin with an overview of contraceptive methods, including combined oral contraceptives (COCs), progestin-only pills (POPs), and long-acting reversible contraceptives (LARCs). We will discuss how to choose the most appropriate options based on patient needs, with a focus on newly available methods. When contraception fails or is not used, family physicians have the knowledge and tools to provide safe and effective medical abortion. This session will guide participants through the practical steps for prescribing mifepristone-misoprostol regimens, addressing potential complications, and ensuring comprehensive follow-up care. Attendees will leave with enhanced confidence and skills to support their patients' reproductive health in an increasingly complex landscape.

### **CTFPHC Update: Breast Cancer Screening – What's the Latest?**

Guylène Thériault, MD, CCFP; Donna L Reynolds, MD, MSc, CCFP, FCFP, FRCPC; Nathalie Slavtcheva, NP, MSc, DESS

**Session ID: 128**

**Language of presentation:** English

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

1. Confidently apply the new Canadian Task Force on Preventive Health Care's recommendations with patients
2. Recognize the controversies that impact breast cancer screening
3. Use knowledge translation tools to facilitate shared decision making with patients

**Description:** In May 2024, the Canadian Task Force on Preventive Health Care (CTFPHC) released the Draft Breast Cancer Update Screening guidelines following an expedited review. Systematic evidence reviews on the effectiveness of screening (benefits and harms), patient values and preferences and a modeling exercise provided the evidentiary basis. This was supplemented by interest holder engagement, an open portal for evidence submission, a knowledge exchange event as well as involvement of patients and clinical experts. After the release, additional feedback was gathered by a 3 month online public comment period. Final CTFPHC guideline recommendations due later this year will be presented. We will demonstrate who/how the guideline was developed, and the evidence supporting the recommendations. Many patient-important outcomes were examined on benefits such as improvements in mortality, morbidity and quality of life, as well as harm including additional tests/biopsies and overdiagnosis. The recommendations also looked specifically at information by age group, breast density, different screening modalities, persons at moderately elevated risk, diverse populations, and used evidence on patient values and preferences to better interpret findings. Case scenarios will be used to demonstrate application of the recommendations, including the use of knowledge translation tools to facilitate shared decision making. We will discuss some of the new and longstanding controversies that surfaced at the release of the guidelines, and touch on the use of disinformation and a multi-faceted campaign against the CTFPHC and its recommendations. The breast cancer screening guidelines resulted in the most comprehensive reviews in Canada and highlighted critical gaps for quality research particularly for diverse populations, individuals with dense breasts, overdiagnosis and research into knowledge translation tools.

## CTFPHC Update: Cervical Cancer Screening – HPV? Cytology? Both?

Donna Reynolds, MD, MSc, CCFP, FCFP, FRCPC; Jennifer Pillay, MHSc; Guylene Theriault, MD, CCFP

**Session ID: 103**

**Language of presentation:** English

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

1. Describe the key evidence on different cervical cancer screening strategies with HPV vs Cytology/Pap tests
2. Prepare for the upcoming release of the CTFPHC recommendations on cervical cancer screening
3. Compare the evidence for clinician-based HPV sampling with self-HPV sampling

**Description:** The Canadian Task Force on Preventive Health Care (CTFPHC) commissioned several systematic reviews to inform upcoming recommendations on screening for the prevention and early detection of cervical cancer in primary care. The reviews addressed questions on: a) screening effectiveness (especially, ages to start/stop) and comparative effectiveness; b) comparative test accuracy; c) patient values and preferences, and d) effectiveness of interventions to improve screening rates among under/never screened. Also, two existing reviews provided evidence on adverse pregnancy outcomes after conservative management of cervical intraepithelial neoplasia. Screening interventions included cytology/pap test alone, high-risk-HPV (hrHPV) testing alone, or triaging a positive result from an initial screening test to additional testing (i.e., positive pap to hrHPV testing, or positive hrHPV test to a pap). Patient important outcomes were broad and encompassed incidence of cervical cancer and precursors, mortality, overdiagnosis, false positives, referrals to colposcopy, biopsies and adverse pregnancy outcomes. GRADE (Grading of Recommendations, Assessment, Development and Evaluation) was used to determine the certainty of evidence for each outcome. We will present the key clinical evidence from the reviews, including benefits and harms of differing screening strategies relevant to Canada. Seventeen studies compared the effectiveness of screening with HPV to cytology, alone or in triage sequence, but most only included one round of screening. Studies were mostly in populations that had not received HPV vaccination or vaccination rates were low. Evidence on ages to start/stop screening, and screening intervals were largely from cytology studies. Information on self-sampling for HPV was limited but findings were generally similar to clinician-sampling, and its use may improve screening uptake among under/never screened individuals. With this information, family physicians will be able to more confidently discuss changes in cervical cancer screening with patients. This is especially important given the varied and changing cervical cancer screening programs across Canada.

## CTFPHC Update: Depression Screening – Sadly, No

Eddy Lang, MD CM, CCFP (EM), FCFP

**Session ID: 118**

**Language of presentation:** English

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

1. Confidently apply the new recommendations to practice
2. Describe the evidence and rationale for the recommendations
3. Use knowledge translation tools for implementation/de-implementation

**Description:** Depression is most often diagnosed, managed, and treated in primary care. The Canadian Task Force on Preventive Healthcare (CTFPHC) has released or will soon be releasing guidelines for family physicians on screening for

depression among children & youth (2025), individuals during the pre- and postpartum period (PPP) (2022), and adults more generally (2025). Depression screening refers to using an instrument (i.e., questionnaire) for all patients not known to have symptoms or suspected to have depression, and then using a cut-off score to determine who should be further evaluated. The CTFPHC guidelines provide evidence-based recommendations about instrument-based screening and are based on commissioned systematic reviews of the available evidence. The CTFPHC uses the Grading of Recommendations, Assessment, Development and Evaluation (GRADE) approach to determine the certainty of evidence for each outcome and strength of recommendations. Released in 2022, the CTFPHC recommended against screening for depression during the PPP (up to 1 year after childbirth), (conditional recommendation, very low–certainty evidence). The rationale included the uncertain evidence of additional benefits compared to usual care, resultant unnecessary referrals and impacts of false positives, false negatives, overdiagnosis and redirection of scarce mental health resources. For children, youth and adults, newly released recommendations, their evidentiary basis and rationale will be presented along with the PPP guideline. Suggestions for implementation and/or de-implementation will be described, including the knowledge translation tools that may be helpful for family physicians and their patients. Instrument-based depression screening recommendations assume that usual family medicine acumen continues and includes attention to patients' mental health and well-being.

### **CTFPHC Update: Tobacco Cessation – What Works/Doesn't Work**

Donna Reynolds, MD, MSc, CCFP, FCFP, FRCPC; Brett Thombs, PhD; Greg Traversy, MSc D PHR; Stéphane Groulx, MD, CCFP, FCFP; Eddy Lang, MD CM, CCFP (EM), CSPQ; Peter Selby, MBBS, CCFP, FCFP, MHSc, dipABAM, DFASAM

**Session ID: 91**

**Language of presentation:** English

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

1. Apply the new CTFPHC recommendations to practice, knowing what works, doesn't work and maybe works
2. Describe the benefits, harms and role of e-cigarettes for cessation
3. Use knowledge translation tools to facilitate shared decision making

**Description:** In 2025, the Canadian Task Force on Preventive Health Care (CTFPHC) will release a new new guideline on interventions for tobacco smoking cessation in Canadian adults. The objective is to provide primary care clinicians with evidence-based recommendations on smoking cessation options for non-pregnant adults who smoke tobacco cigarettes. The recommendations are based on systematic reviews of benefits and harms of smoking cessation interventions including e-cigarettes, and an overview of Cochrane reviews for behavioural interventions, pharmacotherapy, and other interventions. We used GRADE (Grading of Recommendations, Assessment, Development, and Evaluation) to determine the certainty of evidence for each outcome and strength of recommendations. The CTFPHC guideline brings together the most up-to-date and comprehensive review of tobacco smoking cessation interventions for family physicians and their patients in Canada. We will provide evidence of the benefits and harms of the interventions, with a focus on e-cigarettes. From this, we examine what is recommended, what is not, and what may be recommended depending on specific circumstances. Rather than being proscriptive, this guideline recognizes individual patient preferences since many individuals will have previously tried to quit. Hence, a menu of evidence-based options to support smoking cessation is provided. It also suggests against some interventions given the lack of evidence or evidence of no benefit. Unique aspects around e-cigarettes were encountered given that e-cigarettes are sometimes preferred by patients but this option has distinctive concerns including unknown content of unapproved products, limited information on long-term health impacts, and potentially normalizing nicotine addiction, especially among youth. The menu approach places a strong emphasis on using shared decision-making to help guide individuals who smoke to options that are accessible to them and fit their values and preferences. Case scenarios will

demonstrate the application of the CTFPHC recommendations, including the presentation of knowledge translation tools to facilitate shared decision-making.

### **CTFPHC: Screening to Prevent Fragility Fractures – Not Osteoporosis**

Guylène Thériault, MD, CCFP; Donna Reynolds, MD, MSc, CCFP, FCFP, FRCPC

**Session ID: 160**

**Language of presentation:** English

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

1. Differentiate osteoporosis as a risk factor and fragility fractures as the illness
2. Describe the evidence and apply recommendations on screening to prevent fragility fracture in practice
3. Apply a shared decision-making tool with patients to facilitate screening to prevent fragility fractures

**Description:** In 2023, the Canadian Task Force on Preventive Health Care (CTFPHC) released new recommendations on screening for the prevention of fragility fractures for family physicians and other primary care clinicians. Months later, Osteoporosis Canada released guidelines that had some differences with those of the CTFPHC. Rather, than viewing osteoporosis as a disease, CTFPHC considered it is a risk factor for fragility fractures. Osteoporosis is based on bone mineral density (BMD) T-score values that apply arbitrary thresholds for recommending treatment, without accounting for patients' values and preferences. We will describe the systematically reviewed evidence on benefits and harms of screening for fragility fractures with different tools/approaches, predictive accuracy of screening tests, benefits and harms of treatment, and patient acceptability of screening and treatment. We include patient values and preferences from focus groups and engaged interest holders. The CTFPHC uses GRADE (Grading of Recommendations, Assessment, Development and Evaluation) to determine the certainty of evidence for each outcome and strength of recommendations. We present the evidence and rationale for the recommended “risk assessment–first”, and why it is limited to females 65+ years. This approach applies the Canadian clinical Fracture Risk Assessment Tool (FRAX) without an initial BMD. The FRAX result are used with patients to facilitate shared decision-making about possible benefits and harms of preventive pharmacotherapy. Patients who are considering preventive pharmacotherapy based on their individualized risk assessment are offered a BMD with the resultant T-score added to re-estimate FRAX. The re-estimated FRAX informs subsequent treatment decisions with patients. Given the lack of evidence, the CTFPHC recommends against screening females 40–64 and males 40+ years. The CTFPHC’s risk assessment-first approach is evidence-based, avoids unnecessary and repeated BMDs, and results in a favourable “time-needed-to-treat” for family physicians. Knowledge translation tools will be presented, including an online tool to use with patients.

### **Décoder l'Intelligence artificielle en médecine familiale**

Samuel Gareau-Lajoie, MD, FCMF

**No du résumé : 201**

**Langue de présentation :** Français

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Les participants seront en mesure de décrire les principes fondamentaux de l'intelligence artificielle et leur application en médecine



2. Les participants seront en mesure d'analyser les avantages et les limites des outils d'Intelligence Artificielle en médecine de famille
3. Les participants seront en mesure d'évaluer les enjeux éthiques, déontologiques et pratiques liés à l'intégration de l'IA en médecine de famille

**Description :** L'intelligence artificielle (IA) transforme rapidement la médecine, offrant des outils révolutionnaires pour supporter la prise de décision, automatiser la documentation et optimiser la gestion clinique. Mais comment un médecin de famille peut-il s'orienter dans cette révolution technologique sans se perdre dans le jargon technique ni adopter aveuglément ces solutions ? Cette session interactive et ludique vise à fournir aux médecins de famille canadiens les bases essentielles pour comprendre l'impact de l'IA dans leur pratique et poser un regard critique et informé sur ces outils émergents. À travers des exemples concrets, des démonstrations dynamiques et des mises en situation inspirées du quotidien clinique, les participants exploreront les applications actuelles de l'IA ainsi que ses futures applications potentielles. Loin d'une simple présentation théorique, cette session adopte une approche engageante et participative, combinant humour, narration et interactivité afin de permettre aux cliniciens d'approprier les notions essentielles ayant trait à l'IA. Ensemble, nous répondrons aux questions essentielles : Qu'est-ce que l'IA et comment fonctionne-t-elle réellement ? ; Quels sont ses avantages et ses limites en médecine de famille ? ; Comment évaluer les outils d'IA et évaluer leur fiabilité et leur conformité ? ; Comment l'IA peut-elle alléger la charge administrative ; Comment l'IA peut-elle améliorer la relation et la communication médecin-patient ? En intégrant des considérations éthiques, réglementaires et pratiques, cette session permettra aux médecins de prendre des décisions éclairées quant à l'intégration de l'IA dans leur travail quotidien. Plutôt que de subir la transformation numérique, ils deviendront des acteurs informés, capables d'exploiter le plein potentiel de l'IA tout en protégeant l'essence de la relation humaine dans les soins de santé.

#### **Decoding Diagnostics: New Imaging Guidelines at Your Service**

Candyce Hamel, PhD, MSc; Cathy MacLean, MD, FCFP, MCISc, MBA; Marty Heroux, MD, CCFP (EM, SEM), Dip Sports Medicine

**Session ID: 190**

**Language of presentation:** English

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

1. Describe these guidelines as a resource for DI referrals for common patient indications
2. Utilize effective strategies to create easy access to this point of care tool
3. List the benefits of referral guidelines tailored to your practice and priorities

**Description:** Between March 2021 and December 2024, 95 interdisciplinary physicians, a patient representative, and an epidemiologist and guideline methodologist from across Canada developed 13 diagnostic imaging referral guidelines. These guidelines were created using transparent and robust evidence synthesis and guideline development methodology and resulted in over 875 diagnostic imaging recommendations covering approximately 280 common clinical and diagnostic scenarios faced by family physicians, emergency physicians, specialty physicians, and nurse practitioners. These guidelines cover scenarios related to breast disease, cancer, cardiovascular, central nervous system, gastrointestinal system, genitourinary system, head and neck, musculoskeletal system, obstetrics and gynecology, pediatrics, spine, thoracic, and trauma. An interactive session will inform session participants about these freely available guidelines and will include a description of the evidence-based methods used to create these recommendations, how these guidelines can be used to enhance patient care and improved application for diagnostic imaging referrals (i.e., "the right test at the right time"), how they can be used in patient education and as a communication tool in shared decision-making, how they can reduce the



administrative burden family medicine physicians are experiencing, how they can reduce the environmental impact of diagnostic imaging and can contribute to a “greener” office, how they can be used as a teaching tool for medical studies and residents, and different ways they can be integrated into physician workflow. In addition to didactic presentations, an engaging case-based trivia game will be used to encourage participation and foster long-term learning.

### **Deprescribing in Complex Patients: From Knowledge to Practice**

Solveig Nilson, BSc. MD, CCFP; Brenda Schuster, BSP, ACPR, PharmD, FCSHP

**Session ID: 200**

**Language of presentation:** English

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

1. Engage patients, caregivers, and colleagues in collaborative deprescribing practices
2. Effectively use evidence-based deprescribing practice tools during brief interactions with patients and caregivers
3. Create deprescribing plans considering patient and medication specific factors

**Description:** Medication reassessment and deprescribing are often overlooked in a busy family practice — not for lack of importance, but due to time constraints, competing priorities, complexities of polypharmacy and sometimes the reluctant patient or caregiver. The session will work through real-world cases where deprescribing is appropriate but challenging. Using a practical and interactive approach integrating audience polling, this session will explore 1) how to engage patients and caregivers in medication reassessment conversations, with a focus on high-risk and/or highly utilized medications such as sedatives, gabapentinoids, opioids, proton-pump inhibitors, antidepressants and antipsychotics; 2) strategies to initiate and fit deprescribing into busy schedules; and 3) how to develop, implement, and monitor an interprofessional deprescribing plan. The presentation will address the realities of team-based care, and explore how deprescribing can also be accomplished within a non-team-based practice, such as with community pharmacists. Practical strategies, communication techniques, and evidence-based tools will be shared to make deprescribing a routine, impactful, and patient-centered part of care. Attendees will leave with actionable strategies to improve patient outcomes, enhance quality of life, and empowered to incorporate deprescribing into their practice.

### **Désintensifier le dépistage et le traitement: Quand s'arrêter chez la personne âgée**

Mathieu Pelletier, MD, FCMF

**No du résumé : 49**

**Langue de présentation :** Français

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Appliquer une approche préventive mieux adaptée aux aînés
2. Déterminer des objectifs de traitement des maladies chroniques mieux adaptés au patient aîné
3. Déprescrire les médicaments potentiellement inappropriés

**Description :** Cet atelier de 60 minutes permettra au participant de revoir les évidences (ou l'absence d'évidence) concernant le dépistage et le traitement des maladies chroniques chez l'aîné. Grâce à une approche interactive (avec questions et réponses de l'auditoire), le participant pourra revoir son approche de l'aîné afin d'intégrer à la fois les données de la science

mais également les valeurs, les préférences du patient ainsi que son pronostic et son âge fonctionnel. Il s'agit d'un atelier fondé sur les données probantes mais dans le respect d'une approche de type "Choisir avec soins".

### **Developing and Implementing Systems-Integrated, Virtually-Delivered, Chronic Pain Treatments**

Tina Hoang, MD, CCFP(PC), FCFP

**Session ID: 69**

**Language of presentation:** English

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

1. Define groups and organizations integral in developing virtual, integrated, systems-based, coordinated team-based care
2. Provide key messages, to patients and public, of the new conceptual understanding of chronic pain
3. Practice techniques to reduce patient distress in clinical interactions, to enhance change management

**Description:** Chronic pain affects 1 in 5 Canadians, continuing to be a common cause of loss of function, lower quality of life and increased healthcare costs. To improve patient outcomes, large-scale integration of information that changes people's conceptual understanding of chronic pain while providing access to interdisciplinary care is required. Across Canada, several provinces and territories currently attempt to achieve this integration. Alberta has led with a provincial, virtually-delivered, evidence-based chronic pain program, as part of a provincial pain strategy. This structure can be taken and adjusted to fit the chronic pain team-based care in any community. This session will discuss the key knowledge holders and users integral in the development of this coordinated shift, as well as the structure of the program that patient advocates and advisors have championed. We will outline a strategy to make this possible through collaboration with people with lived experience, health systems and primary care providers. Given that many people living with chronic pain and the population, in general, only know the outdated model of pain, a large-scale paradigm shift in the contextual understanding of chronic pain has been fundamental in helping patients feel understood and cared for, during clinical interactions and in their day to day lives. In addition, the functional use of the new concepts about chronic pain shifts people into readiness for the biopsychosocial model of treatments, which in turn reduces the focus on medications. To prepare and sustain change management for this chronic condition, we will examine key messages you can give to patients, and the community, to integrate this new paradigm into daily use. We will also provide practice on simple techniques to improve clinical interactions with people living with chronic pain.

### **Diabetes Canada Clinical Practice Guidelines (CPG) Update: Key Messages for Primary Care**

Sonja Reichert, MD MSc FCFP, ABOM Diplomate; Jeffrey Habert; Dylan Stapenhorst MacKay, PhD

**Session ID: 196**

**Language of presentation:** English

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

1. Identify Key Updates – Summarize the major updates in the 2025 Diabetes Canada Clinical Practice Guidelines (CPG) relevant to primary care
2. Integrate Evidence-Based Recommendations – Apply the updated CPG recommendations in primary care settings to enhance the prevention, treatment, and ongoing management of diabetes, with a focus on individualized patient care

3. Improve Patient Outcomes – Implement practical approaches to incorporating the latest CPG guidance into routine practice to optimize diabetes care, support shared decision-making, and improve patient outcomes

**Description:** This session aims to update primary care providers about the Diabetes Canada Clinical Practice Guidelines (CPG) updates. Primary care providers must stay informed about the latest evidence-based recommendations to enhance diabetes prevention, treatment, and long-term management. This session will provide a concise yet comprehensive overview of the most impactful updates, equipping healthcare professionals with the knowledge and strategies needed to implement these guidelines effectively in primary care settings. Key topics covered in this session will include: Pharmacotherapy Management for Type 2 Diabetes – The latest updates on glucose-lowering therapies, including new recommendations for individualized treatment approaches that prioritize cardiovascular and renal protection. Participants will gain insights into optimizing pharmacologic management based on patient risk factors and comorbidities. Type 1 Diabetes Across the Lifespan – Guidance on improving care for individuals with type 1 diabetes from childhood through older adulthood, emphasizing technology use (such as continuous glucose monitoring and hybrid closed-loop systems), psychosocial considerations, and transitions of care. Chronic Kidney Disease (CKD) and Diabetes – Updates on screening, early intervention, and treatment strategies aimed at reducing the progression of CKD in individuals with diabetes. This will include discussion on the role of SGLT2 inhibitors, lifestyle modifications, and multidisciplinary care approaches. Metabolic Dysfunction-Associated Steatotic Liver Disease (MASLD, formerly NAFLD) – The growing recognition of MASLD in diabetes care, including screening recommendations and management strategies to mitigate liver-related complications in at-risk patients. By the end of this session, attendees will have a clear understanding of these critical updates and how to integrate them into their clinical practice. This is an essential session for primary care providers seeking to align with the most current standards and deliver high-quality, individualized diabetes care.

#### **Don't Sweat It: Consulting RxFiles for Menopause Management**

Taisa Trischuk, BSP, PharmD; Debbie Bunka, BSc Pharm

**Session ID: 162**

**Language of presentation:** English

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

1. Examine available evidence to address patient questions around symptom and treatment expectations during perimenopause
2. Individualize systemic menopause hormone therapy regimens, and utilize non-hormonal therapy options when appropriate
3. Discuss a personalized approach when choosing treatment options for genitourinary syndrome of menopause

**Description:** Through case-based discussion, RxFiles pharmacists will provide clinical tips on menopause management for primary care providers. This session will incorporate practical, patient-centered, comparative and evidence-based approaches, giving attendees confidence in both counselling and prescribing. Key topics include addressing patient questions around menopause symptoms, discussion of available evidence for individualizing hormone therapy regimens, personalizing approaches for management of genitourinary syndrome of menopause, and selecting non-hormonal therapy for treating vasomotor symptoms. This session will also provide examples of navigating challenging scenarios and patient concerns where evidence is limited and evolving, as well as utilization of clinical tools for patient education and shared decision making. By the end of this session, participants will have explored issues related to efficacy, safety, tolerability, product selection, dosing,

and enhance patient and family centered care for people going through the menopause transition. Participants will be better equipped to navigate the nuances of menopause management in primary care.

### **Ear You Go: Navigate Through Acute Otitis Media**

Marlys LeBras, BSP, ACPR, PharmD; Alesha Bloor, BSP

**Session ID: 60**

**Language of presentation:** English

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

1. Discuss evidence and tools to support watchful waiting strategies
2. When indicated, individualize an antibiotic prescription based on patient factors (e.g. age, resistance patterns)
3. Use penicillin allergy risk stratification tools (e.g. PENFAST) to identify low-risk candidates for possible delabeling

**Description:** This case-based clinical session will incorporate evidence and practice pearls for managing acute otitis media in primary care. While data shows antibiotics for acute otitis media are often overprescribed, implementing strategies to reserve their use and educating patients is challenging and time-consuming. RxFiles Academic Detailing will provide participants with clinical tools and explore practical approaches to enhance patient care. By the end of this session, participants will be better equipped to navigate acute otitis media in primary care.

### **Easing Workload Burden Through Choosing Wisely Recommendations**

Janet Reynolds, MD, CCFP, FCFP; René Wittmer, MD

**Session ID: 139**

**Language of presentation:** English

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

1. Describe how reducing low-value care can alleviate workload burden
2. Identify low-value tests or treatments in primary care practices
3. Develop effective strategies for discussing unnecessary tests and treatments with patients

**Description:** Workload in primary care practices across Canada seems to be relentlessly growing. This increase encompasses both clinical and administrative tasks. This workshop will discuss the concept of unnecessary clinical tasks as a mostly unexplored part of the workload burden. Choosing Wisely Canada recommendations can help in highlighting the impact of overuse - unnecessary tests, procedures, and treatments - and its link to clinician burnout, patient harm, and reduced system effectiveness. Tackling unnecessary clinical tasks burden involves recognizing that low-value care while providing little or no benefit to patients has negative effects on workload burden. By leveraging Choosing Wisely recommendations, clinicians can reduce these unnecessary tasks, reclaim time for evidence-informed care, and improve overall system efficiency. The Quebec Choosing Wisely TNT (time needed to treat) calculator provides estimations of the time saved when low-value care is avoided, further supporting efforts to address workload burden in primary care. This session will emphasize the interconnected effects of unnecessary clinical tasks burden on clinicians, patients, and society. For clinicians, excessive low-value care limits time for meaningful patient interactions and can lead to burnout. For patients, overuse may contribute to underuse of high-value care, reduced access to evidence-informed care, and adds burdens such as unnecessary travel, costs, or false-positive results. On a societal level, these inefficiencies result in the reduced cost-effectiveness of a publicly funded

care system while also having implications for planetary health. Participants will learn to use Choosing Wisely recommendations as a practical tool to streamline workflows, enhance patient-centered care, and reduce unnecessary demands on primary care teams.

### **Eat, Poop, Sleep, and Pray: Pediatrics With PEER | Mange, prie, fait caca, dort : soins pédiatriques avec le groupe PEER**

Jen Potter, MD, CCFP; Samantha Moe, PharmD ACPR; Betsy Thomas, BScPharm

**Session ID: 132**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Summarize the evidence around common pediatric clinical issues, including use of proton pump inhibitors for crying babies; baby-led weaning; sleep training; preventing peanut allergy, and acne management
2. Discuss recent clinical trials relevant to caring for the pediatric population
3. Apply up to date evidence in managing pediatric presentations

**Description:** Caring for kids—whether as a parent or a clinician—can be equal parts rewarding and bewildering. In this lively and informative session, the PEER team will tackle common pediatric clinical issues. Should we prescribe proton pump inhibitors for fussy babies? Does baby-led weaning really make a difference when transitioning to solids? Is sleep training cruel or crucial? What's the latest on peanut allergy prevention and acne management? Using real-world patient cases and their signature blend of humor and evidence-based insights, the PEER team will also highlight recent clinical trials that may influence how we manage pediatric presentations. Expect practical, bottom-line recommendations that cut through the noise and provide clear, actionable takeaways. By the end of this session, you'll not only be up to date but will also feel empowered to apply the latest evidence in your practice—all while enjoying a well-deserved dose of nature's best medicine: laughter.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Résumer les données probantes sur des problèmes cliniques courants en pédiatrie, notamment l'utilisation d'inhibiteurs de la pompe à protons pour les bébés qui pleurent, l'alimentation autonome du bébé, l'apprentissage du sommeil, la prévention de l'allergie aux arachides et la prise en charge de l'acné
2. Discuter de récents essais cliniques en lien avec les soins à la population pédiatrique
3. Appliquer les données probantes à jour à la prise en charge des manifestations pédiatriques

**Description :** Prendre soin des enfants — que ce soit à titre de parent ou de médecin — peut être à la fois gratifiant et déconcertant. Lors de cette séance animée et instructive, l'équipe PEER abordera des problèmes cliniques courants en pédiatrie. Devrions-nous prescrire des inhibiteurs de la pompe à protons aux bébés difficiles? L'alimentation autonome du bébé change-t-elle vraiment les choses lors de la transition vers la nourriture solide? L'apprentissage du sommeil est-il cruel ou crucial? Quoi de neuf sur la prévention de l'allergie aux arachides et la prise en charge de l'acné? En s'appuyant sur des cas réels et sur son mélange caractéristique d'humour et de connaissances fondées sur des données probantes, l'équipe PEER mettra également en lumière des essais cliniques récents susceptibles d'influencer la manière dont nous prenons en charge les manifestations pédiatriques. Attendez-vous à des recommandations pratiques et concrètes qui vont à l'essentiel et fournissent des solutions claires et exploitables. À la fin de cette séance, vous serez non seulement à jour, mais vous vous sentirez également capable d'appliquer les données les plus récentes dans votre pratique, tout en profitant d'une dose bien méritée du meilleur remède de la nature : le rire.

## Eczema? Psoriasis? Or Else?

Koon Chit Lawrence Leung, MBBChir, DipPractDerm, FRACGP, FRCGP, CCFP, FCFP

**Session ID: 170**

**Language of presentation:** English

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

1. How to approach a red rash
2. Common diagnosis for a red rash and pitfalls

**Description:** Dermatological complaints composed of at least 15-20% of daily attendance to a family physician, and by far, rashes are the commonest complaints. But are all rashes eczema? Or are they hives? How about psoriasis and lichen planus? Do we just prescribe topical corticosteroids and surely will they all settle? Or should we use steroids at all? In this talk, the presenter will share a logical approach for differentiating, diagnosing and managing common rashes as encountered in family medicine settings. Ample slides with dermatoscopic views will be presented.

## Elevating Family Medicine Education with Health Professional Educators

Payal Patel, BSc (Pharm), ACPR, PharmD.; Jill Berridge; Louis-François D'Allaire, MSW; Todd Hill, PhD, RPsych; Sheila Renton, MPH, OT Reg.(Ont.); Bethany Rolfe, RN, BSN

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 230**

**Language of presentation:** English

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

1. Describe the settings, content, and methods used by HPEs-FM to teach FM learners. [CanMEDS Roles: Medical Expert, Scholar]
2. Summarize the benefits of HPE-FM teaching in team-based education. [CanMEDS Roles: Collaborator, Scholar, Communicator]
3. Identify local HPE-FMs and suggest ways to support their teaching role. [CanMEDS Roles: Leader, Collaborator, Scholar]

**Description:** Health Professional Educators in family medicine (HPEs-FM) are an integral component of team-based primary care and provide substantial training and education for undergraduate and postgraduate FM learners in Canada. Increasingly, primary care teams are taking advantage of the clinical expertise of HPE-FMs but may be missing opportunities for education and training from and with HPE-FM colleagues. Beyond their contributions to clinical care, HPEs-FM foster collaboration in both teaching and practice, reinforcing the lifelong CanMEDS core competency of being a 'collaborator.' Within the context of family medicine, HPE-FMs can enhance the education of medical students, family medicine residents and can provide valuable continuing professional development. This workshop will offer examples of this from select Canadian FM programs and provide tips and tools to facilitate effective team-based teaching in family medicine. The session will include steps to identify HPE-FMs, and specific recommendations for engagement and collaboration with HPE-FMs in your clinic will be provided. Practical scenarios where HPE-FMs are integrated into FM teaching will be demonstrated including examples from:

nursing, occupational therapy, pharmacy, physiotherapy, psychology and social work, although the steps and techniques are applicable to any HPE-FM in your community. Challenges associated with team-based teaching will also be discussed. This session will engage the audience through both didactic and small group learning. Attendees will leave with actionable steps to strengthen interdisciplinary collaboration and optimize the role of HPEs-FM in their clinical teaching environments.

### **Embedding Proactive Interprofessional Comprehensive Geriatric Assessment Into Primary Care**

Sarah Gimbel, MD; Adam Morrison; Chantelle Mensink, NP; George Heckman, MD, FRCPC

**Session ID: 175**

**Language of presentation:** English

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

1. Apply the prerequisites to create a work environment fostering interprofessional care for older adults with complex needs
2. Learn how to integrate self-report electronic assessment instruments into efficient care processes for primary care-based CGA
3. Recognize the advantages of integrating geriatric specialists into primary care-based models of care

**Description:** Older adults today have complex health needs reflecting multimorbidity, frailty, and cognitive decline. For them and their caregivers, healthcare is highly fragmented and difficult to navigate, making ageing at home difficult. As a result, these older adults face high rates of acute care use, often with lengthy hospital stays leading to premature institutionalization. While many of these older adults could have benefited from a Comprehensive Geriatric Assessment (CGA), community access to CGA is limited by a shortage of specialized geriatric services, usually with lengthy wait times. Calls have been made for more proactive primary care-based CGA in the community, though the optimal approach to operationalize, spread, and sustain this remains undetermined. At the conclusion of this activity, participants will be able to:

1. Apply the prerequisites to create a work environment fostering interprofessional care for older adults with complex needs;
2. Learn how to integrate self-report electronic assessment instruments into efficient care processes for primary care-based CGA;
3. Recognize the advantages of integrating geriatric specialists into primary care-based models of care.

We will share results from the ongoing evaluation of a primary care based interprofessional care team for older adults in Southwestern Ontario, demonstrating improved prescribing and community referral rates, greater primary care and specialist capacity to accept new patients, and a 50% reduction in emergency department visits. We will present the results of a systematic review of experimental and quasi-experimental studies examining models of shared care involving specialist geriatricians working within primary care settings. We will use interactive presentation software to engage participants in a group care planning exercise using the outputs of the interRAI Check Up, a standardized self-report geriatric assessment instrument. All research presented in this session will have been approved by the Office of Research Ethics of the University of Waterloo.

### **Essential Snappers**

Dr. Frantz-Daniel Lafortune, Quebec representative, First Five Years in Family Practice Committee

Topic: Choosing suitable clinical practice guidelines (CPG) for your practice

Dr. Pier-Maude Lanteigne, Representative from the Territories – Nunavut, First Five Years in Family Practice Committee

Topic: How to build alliances with our patients in difficult situations.

Dr. Anna Schwartz, Chair, First Five Years in Family Practice Committee (Manitoba)

Topic: Choosing a practice that allows for a good work-life balance



## Session ID: 96

**Language of presentation:** English

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

1. Recognize common clinical challenges encountered by new-in-practice family physicians
2. Implement specific strategies and tools to address practice management issues frequently faced in early career
3. Apply the actionable methods and phrases discussed when similar situations arise in day-to-day practice

**Description:** This snappers-style session will focus on common areas of concern for early career physicians in brief 15- minute presentations on key topics identified by family doctors in their first five years of practice. The topics will range from clinical questions to practice management challenges. The presenters will identify a challenge commonly encountered by new family physicians, share their personal experience, and offer concrete approaches to manage it in day-to-day practice. The suggestions offered will be specific and actionable to provide attendees with the confidence to tackle difficult situations as they begin practicing family medicine. Over the course of an hour, established family physicians will share their strategies to address concerns that often arise during the first five years in practice in a series of highly informative but bite-sized presentations, followed by an opportunity for questions.

### Evidence-Based Gender-Affirming Care: A New Quality Standard

Sarah McTavish, MSc

## Session ID: 124

**Language of presentation:** English

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

1. Describe what Ontario Health Quality Standards are, their development, and how to access them
2. Identify improvement opportunities in their own practice to improve gender-affirming care for gender-diverse individuals
3. Access tools and resources to support clinical practice and empower gender-diverse people

**Description:** In this interactive session, presenters will use case studies to illustrate important opportunities to improve gender-affirming care for adults, as described in Ontario Health's new Gender-Affirming Care for Gender-Diverse People: Care for Adults quality standard. Participants will also learn about educational and clinical resources they can leverage to build their clinical and cultural competency in gender-affirming care. **Background:** Significant opportunities exist to improve primary care for gender-diverse people. The 2021 Canadian census indicated that approximately 1 in 300 people in Ontario identified as transgender or nonbinary, and the need for gender-related care within the primary care system is growing. Gender-diverse people face barriers to accessing health care and experience lower rates of health screening compared to cisgender people, and surveys suggest they experience marginalization and discrimination that negatively affect the quality of care they receive in primary care. **Methods:** The Gender-Affirming Care for Gender-Diverse People: Care for Adults quality standard was released in October 2024. The development process included recruiting an advisory committee with clinical and lived expertise, analyzing Ontario data to help prioritize outcomes and key topic areas, developing quality statements and indicators, identifying tools and resources to support implementation as well as key barriers and enablers. Quality statements and indicators were developed through an environmental scan, guideline review, and public feedback. **Results:** The quality standard addresses five areas for improvement: gender-affirming education and training for health care teams, gender-affirming primary care, gender-affirming hormone therapy, gender-affirming mental health care, and gender-affirming health

care environments. To support implementation, the quality standard is accompanied by indicators for local and provincial quality improvement and resources for clinicians and gender-diverse people. **Conclusions:** The quality standard is an evidence-based resource that primary care clinicians can use to improve care for gender-diverse people.

### Facilitated Poster Session on Family Medicine Research

**Session ID: 10**

**Language of presentation:** English

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

1. Engage in meaningful discussions with researchers about the latest findings in family medicine, exploring a variety of topics relevant to primary care and community health
2. Examine innovative research methodologies and their applications in family medicine to enhance patient care and practice outcomes
3. Analyze the impact of cutting-edge research on the future of family medicine and the advancement of evidence-based practices
4. Foster collaboration and networking opportunities between researchers, practitioners, and scholars to promote interdisciplinary exchange and knowledge sharing
5. Identify key trends and challenges in family medicine research, particularly those that aim to improve healthcare delivery and address pressing issues in Canadian communities

**Description:** This facilitated poster session provides a platform to explore cutting-edge family medicine research and engage in meaningful discussions with the researchers behind the studies. Participants will have the opportunity to interact with presenters and delve into a diverse range of topics, including primary care, patient-centered practices, community health, and innovative approaches in family medicine. The session highlights research that addresses critical issues in health care, with a focus on improving outcomes, advancing evidence-based practices, and addressing the evolving needs of Canadian communities. Through this interactive format, attendees will gain valuable insights into the latest trends, methodologies, and findings in family medicine research, while fostering collaboration and networking among practitioners, researchers, and scholars.

### Facilitated Poster Session on Family Medicine Research

**Session ID: 281**

**Language of presentation:** English

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

1. Engage in meaningful discussions with researchers about the latest findings in family medicine, exploring a variety of topics relevant to primary care and community health
2. Examine innovative research methodologies and their applications in family medicine to enhance patient care and practice outcomes
3. Analyze the impact of cutting-edge research on the future of family medicine and the advancement of evidence-based practices
4. Foster collaboration and networking opportunities between researchers, practitioners, and scholars to promote interdisciplinary exchange and knowledge sharing

5. Identify key trends and challenges in family medicine research, particularly those that aim to improve healthcare delivery and address pressing issues in Canadian communities

**Description:** This facilitated poster session provides a platform to explore cutting-edge family medicine research and engage in meaningful discussions with the researchers behind the studies. Participants will have the opportunity to interact with presenters and delve into a diverse range of topics, including primary care, patient-centered practices, community health, and innovative approaches in family medicine. The session highlights research that addresses critical issues in health care, with a focus on improving outcomes, advancing evidence-based practices, and addressing the evolving needs of Canadian communities. Through this interactive format, attendees will gain valuable insights into the latest trends, methodologies, and findings in family medicine research, while fostering collaboration and networking among practitioners, researchers, and scholars.

### **Faster ITARs, Better Outcomes: Shaping Tomorrow's Family Doctors**

Sasha Sealy, MD, CCFP, FCFP; Keith Wilson, MD, PhD, CCFP, FCFP

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

**Session ID: 223**

**Language of presentation:** English

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

1. Recognize key barriers and facilitators to providing timely ITAR feedback for residents
2. Apply principles of Backwards Design and Quality Improvement to enhance feedback timeliness and effectiveness
3. Develop practical strategies to address feedback delays within their own programs

**Description:** Timely feedback is essential for resident growth and competency development, yet many family medicine programs across Canada struggle with delays in completing In-Training Assessment Reports (ITARs). This interactive session will explore practical solutions to this challenge using the principles of Backwards Design and Quality Improvement. Through an engaging case example, participants will examine common barriers to timely feedback and learn how a structured approach can lead to meaningful improvements. Using a hands-on application of Backwards Design, attendees will generate and discuss potential solutions to real-world feedback challenges. Following a debrief, participants will have the opportunity to reflect on their own programs, identify obstacles, and explore how a systematic framework can drive change. The session will conclude with insights from the presenters' experiences, including real data demonstrating how these approaches have successfully improved the feedback process in a training program. Participants will leave with actionable strategies to enhance the timeliness and impact of ITAR feedback in their own institutions.

### **Featured Presentations: Spotlight on Top-Scoring Free-Standing Papers and Published Family Medicine Research**

**Session ID: 12**

**Language of presentation:** English

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

1. Become aware of new research in family medicine
2. Apply family medicine research to current practice
3. Foster enthusiasm and curiosity for family medicine research

**Description:** Family medicine is a discipline that embraces science and charts its path through scholarship led from within the profession. This session features newly published, highly relevant, peer-reviewed family medicine research. It is an opportunity to engage with the investigators who are leading family medicine's most talked-about research studies and publications. The session also spotlights the three top-scoring free-standing research papers submitted to FMF 2025. These top-scoring papers focus on the challenges, discoveries, and innovation that are happening in family medicine today.

#### **Featured Presentations: Spotlight on Top-Scoring Free-Standing Papers and Published Family Medicine Research**

**Session ID: 379**

**Language of presentation:** English

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

1. Become aware of new research in family medicine
2. Apply family medicine research to current practice
3. Foster enthusiasm and curiosity for family medicine research

**Description:** Family medicine is a discipline that embraces science and charts its path through scholarship led from within the profession. This session features newly published, highly relevant, peer-reviewed family medicine research. It is an opportunity to engage with the investigators who are leading family medicine's most talked-about research studies and publications. The session also spotlights the three top-scoring free-standing research papers submitted to FMF 2025. These top-scoring papers focus on the challenges, discoveries, and innovation that are happening in family medicine today.

#### **Five Leadership Tips for Family Physicians Working in Team-Based Primary Care**

**Session ID: 155**

James Goertzen, MD, MCISc, CCFP, FCFP; Ivy Oandasan, MD, CCFP, FCFP; Sarah Newbery, MD, CCFP, FCFP

**Language of presentation:** English

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

1. Describe five family physician leadership tips that will support effective primary care teams in 2025
2. Demonstrate five leadership development priorities to support effective primary care teams
3. Identify post-session resources to support primary care team leadership development

**Description:** Across Canada, the expansion of team based care is being proposed and implemented to address the crisis in family medicine, provision of primary care services, and patient access. When done right, team based care provides patients with access to family physicians and a range of health professionals who share complementary expertise, enhance care coordination, and optimize the patient experience. Research demonstrates that team-based primary care can improve health outcomes, reduce family physician burnout, and increase clinicians joy in their work. Optimal integrated clinical teams require a shift from previous command and control leadership models to leading through connecting, collaborating, and co-creating within the team setting. This session will highlight five family physician leadership tips and corresponding leadership development priorities to support effective primary care teams in 2025. Priorities will be highlighted with case examples, short videos, and literature findings. The leadership tips have been gleaned from the primary care, business, healthcare, and leadership development literatures. Session will be relevant to all primary care team members including family physicians in early practice, developing and experienced family physician leaders, and other healthcare professionals.

## Free-Standing Papers Session 1

**Session ID: 90**

**Language of presentation:** English

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

1. **Comprehensive Understanding:** Gain an in-depth comprehension of diverse research methodologies and findings across various facets of family medicine
2. **Critical Analysis Skills:** Develop the ability to critically evaluate and assess the implications, strengths, and limitations of presented research papers, honing skills in discerning high-quality research
3. **Enhanced Engagement:** Foster an interactive learning environment by engaging in discussions with presenters and peers, facilitating the exchange of ideas, perspectives, and potential applications of research in clinical practice or academia

**Description:** Innovation, reflection, research, evaluation, and quality improvement are part of the fabric of family medicine. The facilitated free-standing paper session is an opportunity to hear from and talk with colleagues who are leading studies that have been selected for presentation through peer review. These sessions are an exciting opportunity to learn from and engage in the study of family medicine education and practice.

## Free-Standing Papers Session 2

**Session ID: 92**

**Language of presentation:** English

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

1. **Comprehensive Understanding:** Gain an in-depth comprehension of diverse research methodologies and findings across various facets of family medicine
2. **Critical Analysis Skills:** Develop the ability to critically evaluate and assess the implications, strengths, and limitations of presented research papers, honing skills in discerning high-quality research
3. **Enhanced Engagement:** Foster an interactive learning environment by engaging in discussions with presenters and peers, facilitating the exchange of ideas, perspectives, and potential applications of research in clinical practice or academia

**Description:** Innovation, reflection, research, evaluation, and quality improvement are part of the fabric of family medicine. The facilitated free-standing paper session is an opportunity to hear from and talk with colleagues who are leading studies that have been selected for presentation through peer review. These sessions are an exciting opportunity to learn from and engage in the study of family medicine education and practice.

## Free-Standing Papers Session 3

**Session ID: 93**

**Language of presentation:** English

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

1. **Comprehensive Understanding:** Gain an in-depth comprehension of diverse research methodologies and findings across various facets of family medicine
2. **Critical Analysis Skills:** Develop the ability to critically evaluate and assess the implications, strengths, and limitations of presented research papers, honing skills in discerning high-quality research
3. **Enhanced Engagement:** Foster an interactive learning environment by engaging in discussions with presenters and peers, facilitating the exchange of ideas, perspectives, and potential applications of research in clinical practice or academia

**Description:** Innovation, reflection, research, evaluation, and quality improvement are part of the fabric of family medicine. The facilitated free-standing paper session is an opportunity to hear from and talk with colleagues who are leading studies that have been selected for presentation through peer review. These sessions are an exciting opportunity to learn from and engage in the study of family medicine education and practice.

#### Free-Standing Papers Session 4

**Session ID:** 94

**Language of presentation:** English

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

1. **Comprehensive Understanding:** Gain an in-depth comprehension of diverse research methodologies and findings across various facets of family medicine
2. **Critical Analysis Skills:** Develop the ability to critically evaluate and assess the implications, strengths, and limitations of presented research papers, honing skills in discerning high-quality research
3. **Enhanced Engagement:** Foster an interactive learning environment by engaging in discussions with presenters and peers, facilitating the exchange of ideas, perspectives, and potential applications of research in clinical practice or academia

**Description:** Innovation, reflection, research, evaluation, and quality improvement are part of the fabric of family medicine. The facilitated free-standing paper session is an opportunity to hear from and talk with colleagues who are leading studies that have been selected for presentation through peer review. These sessions are an exciting opportunity to learn from and engage in the study of family medicine education and practice.

#### Fresh Beats in Cardiology With PEER | Les dernières données pour garder le rythme en cardiologie avec le groupe PEER

Jamie Falk, PharmD; Caitlin Finley, MD, MSc, CCFP; Adrienne Lindblad, BSP, ACPR, PharmD

**Session ID:** 117

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Describe recent practice changing or reaffirming papers related to cardiology topics relevant to primary care
2. Apply new evidence in anticoagulation, heart failure, hypertension, and post-MI care to individual patient management

**Description:** The stream of clinical research in cardiology flows at a very rapid pace, requiring a continuous look at advancements in evidence-based care related to cardiovascular disease. This session will highlight key updates in the

prevention and treatment of cardiovascular diseases that can be integrated into everyday primary care practice. We will review the latest findings from major clinical trials that reshape, refute, or confirm our approach to the management of a variety of conditions including coronary artery disease, heart failure, atrial fibrillation, and hypertension. A key focus of the session will be on the implications of this evidence for family practice and direct application to individual patients, navigating the fundamental questions of when to intensify, when to step back, and most importantly, why. This session aims to equip primary care clinicians with the latest evidence and tools necessary to improve patient care.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Décrire des rapports de recherche récents qui modifient ou réaffirment la pratique cardiologique en soins primaires
2. Appliquer les nouvelles données probantes en matière d'anticoagulation, d'insuffisance cardiaque, d'hypertension et de soins postinfarctus à la prise en charge individuelle des malades

**Description :** Le flux de la recherche clinique en cardiologie s'écoulant à un rythme très rapide, il faut constamment examiner les progrès réalisés dans les soins fondés sur des données probantes en lien avec les maladies cardiovasculaires. Cette séance mettra l'accent sur les principales nouveautés en matière de prévention et de traitement des maladies cardiovasculaires qui peuvent être intégrées dans la pratique quotidienne des soins primaires. Nous passerons en revue les derniers résultats des principaux essais cliniques qui modifient, réfutent ou confirment notre approche de la prise en charge d'une variété de pathologies, y compris la coronaropathie, l'insuffisance cardiaque, la fibrillation auriculaire et l'hypertension. La rencontre se concentrera en particulier sur l'incidence de ces données probantes sur la médecine familiale et l'application directe aux individus, en examinant des questions fondamentales, comme le moment propice à l'intensification et à la diminution des interventions et, surtout, les raisons de celles-ci. Cette séance vise à fournir aux médecins de soins primaires les données probantes et les outils les plus récents qui sont nécessaires à l'amélioration des soins.

#### **From Black to Green: The New Colour of Death**

Myles Sergeant, P.Eng., MD, FCFP; Erin Gallagher, MD

**Session ID: 126**

**Language of presentation:** English

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

1. Identify key components of end of life and serious illness treatment where family physician engagement can both improve patient care and reduce health care related emission production
2. Explain how patient centered end-of-life care aligns with sustainable health care practices
3. Incorporate improvements to their approach in advanced care planning and palliative care strategies

**Description:** End-of-life (EOL) care is often the most medically intensive period of a person's life, involving extensive hospital stays, numerous tests, and various treatments. This makes it one of the costliest and highest greenhouse gas-emitting times for the healthcare system. Our presentation will delve into the necessity of sustainability in EOL care, highlighting how aligning patient care with their treatment goals and values can lead to more sustainable healthcare delivery and a more peaceful dying process, whether in a hospital or at home. We will discuss the significant environmental impact of healthcare, which contributes 4.4% of global net carbon emissions, with hospitals being particularly resource-intensive. This interactive session will explore emissions related to healthcare in a patient's last year of life, where healthcare use and associated emissions increase exponentially due to hospital admissions, often conflicting with patients' values and preferences. Participants will learn about potential solutions, such as facilitating advanced care plans to ensure EOL wishes are clear,



initiating palliative care interventions earlier, deprescribing unnecessary medications, and enhancing access to low-intensity community care settings like hospices. These strategies not only reduce emissions and resource usage but also improve patient care and physician satisfaction. Through case studies and practical examples, attendees will gain the knowledge and skills to confidently facilitate advanced care planning discussions and initiate difficult EOL conversations. They will also understand the role of compassionate communities and how to engage with them effectively. By the end of this session, participants will be equipped to advocate for and implement sustainable practices in their own healthcare settings, contributing to a more sustainable and effective healthcare system.

### **Get a Move On: Integrating Kinesiology Into Practice**

Cathy MacLean, MD, FCFP, MCISc, MBA; Bart Arnold; Austen Zentner, BSc Kin; Sahya Bhargava, BSc. Kin, MD

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 231**

**Language of presentation:** English

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

1. Describe the value of exercise counselling in day-to-day family practice and the role of Kinesiology students in doing this counselling
2. List barriers and facilitators for integrating Kin students into family medicine settings including brainstorming some approaches to problems that can be anticipated
3. Create a plan of action to get moving yourself on integrating exercise more effectively in practice having kin on your team and modeling this to other learners.

**Description:** We have completed a literature review, environmental scan and completed a qualitative study looking at the readiness of patients, residents, faculty and kin students to have kinesiology learners in a family medicine clinic. We have now had two rotations of students doing a practicum in kinesiology as exercise counsellors in our teaching unit. We are keen to share this experience - what's worked, where we need to improve, some of the challenges and some of the lessons learned. Evidence for exercise as a therapeutic intervention for chronic disease management, mental health, prevention and health promotion is well established. Kin students have a lot to offer our patients and we have a lot to learn from them and vice versa. Come and have some fun learning about a member of the primary care team who is often overlooked and yet has so much to contribute.

### **Global Journeys, Local Care: Enhancing Communication and Clinical Skills in Refugee and Migrant Health**

Annalee Coakley, MD, CCFP, DTM&H; Gabe Fabreau, MD, MPH, FRCPC; Seyi Akinola, MBChB, MScPH, CCFP; Madura Sundareswaran, MD, CCFP

**Session ID: 51**

**Language of presentation:** English

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

1. Demonstrate an approach to providing patient-centred care for refugee and migrant patients, including strategies for effective communication and cultural considerations

2. Identify common health issues and screening needs for refugees and migrant patients, including chronic diseases, infectious diseases, and mental health concerns
3. Utilize available tools and resources to assess and address the health needs of refugee and migrant patients

**Description:** This course will provide family medicine practitioners with the knowledge and skills to delivery high-quality, patient-centred care for refugee and migrant patients. Participants will first explore the key contextual factors that impact the health and wellbeing of these populations, including social determinants of health, pre-migration experiences, and the resettlement process. With this foundational understanding, the course will then focus on developing effective communication strategies to overcome language and cultural barriers. Participants will learn practical skills for working with interpreters, eliciting the patient's illness narrative, and incorporating cultural beliefs and practices into the care plan. Special attention will be given to creating a welcoming, trauma-informed environment that promotes trust and engagement. This course will also equip participants with the clinical knowledge to address the unique health needs of refugee and migrant patients. This will include identifying and managing common chronic diseases, infectious diseases, and mental health concerns, as well as adhering to recommended screening guidelines. Learners will have the opportunity to explore case studies and discuss evidence-based approaches to complex presentations. Finally, the course will introduce participants to valuable tools and resources to support the provision of comprehensive, culturally-responsive care. Learners will discover clinical decision support aids, patient education materials, and community referral pathways tailored to refugee and migrant health and wellbeing. By the end of the course, family medicine physicians will be better equipped to meet the unique needs of refugee and migrant patients, ensuring equitable access to high-quality primary care services. The skills and knowledge gained will empower learners to advocate for their patients and collaborate with community partners to address the multifaceted determinants of health.

### Goals of Care in Long-Term Care: Lessons Learned

Alena Hung, MD; Bailey Hollister, MSW

**Session ID:** 81

**Language of presentation:** English

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

1. Describe an evidence based approach to common goals of care scenarios in long term care
2. Name 3 tools to support goals of care conversations in long term care
3. Appreciate the potential role of a team based approach to these conversations

**Description:** Goals of care conversations in long-term care are a communication process with health care teams, residents, and their families to explore a resident's values, goals, and treatment preferences. An integral part of these conversations is discussing the plan for escalation of care when a resident's health status changes. While these conversations should happen early and often in a resident's admission, they are often avoided due to the challenging nature of the topics discussed, time restrictions, and issues of role clarity. This workshop will provide a brief introduction to the topic of goals of care in long-term care and review the evidence that supports the value of these conversations. We will review a team based approach to goals of care conversations, practical tools that can support your practice, as well as common scenarios. We will also conduct a 30 minute simulation based learning session focusing on practical tips for navigating goals of care conversations in the context of long-term care.

## Harnessing Teams to Deliver Effective Chronic Pain Care

Lori Montgomery, MD, CCFP, CHE; Christopher Waller, MD, CCFP

**Session ID: 57**

**Language of presentation:** English

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

1. Explore a new way of delivering efficient and effective chronic pain care
2. Describe a primary care-driven model for improving access to team-based speciality care
3. Identify tools to enable spread of this model in your community

**Description:** ECHO (Extensions for Community Healthcare Outcomes) is a virtual learning community of primary care providers, aimed at increasing capacity to deliver evidence-based care in their own communities and reducing healthcare disparities. It has a strong evidence base across various disease conditions, but has been traditionally driven by specialist services in an attempt to manage access. The Alberta College of Family Physicians and the South Zone Primary Care Networks in Alberta have adapted the model to be driven by primary care, responding to changing needs in the community. One of the greatest needs currently identified by family physicians in Alberta is access to team-based care for people with chronic pain. In particular, the South Zone Primary Care Network has identified a need to support better pain care for Indigenous patients. The ECHO model allows primary care teams to participate together to learn from a speciality team and Indigenous elders, as well as to present a clinical case for discussion and recommendations. Participants leave with enhanced pain skills and knowledge, tips for culturally safe care, and concrete suggestions for a care plan. A CIHR-funded study is underway to examine implementation of the ECHO model for pain across Canada. One of the outcomes of the study will be a “playbook” for those who would like to implement this model in their own communities. We will provide data from phase 1 of the study, as well as suggestions for those who would like to access an existing ECHO program or build one of their own.

## Health Professional Educators: Essential Ingredients in Medical Education

Deborah Kopansky-Giles, sBPHE, DC, MSc; Serena Beber, RD, CDE, MScCH; Viola Antao, MD, CCFP, FCFP; Judith Peranson, MD, CCFP, FCFP

All teachers welcome. Highlight’s novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 130**

**Language of presentation:** English

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

1. Recognize the important role that HPEs play in family medicine training
2. Describe a model program for strengthening the roles of HPEs in family medicine education
3. Identify opportunities for HPE integration at their family medicine training sites

**Description:** The transformation of primary care in Canada to team-based care has created opportunities for Health Professional Educators (HPEs) to assume more significant roles as educators in Family Medicine (FM). Broadening family medicine training to include HPE integration in team teaching and enhancing the diversity of FM faculties will ensure the development of well-rounded, collaborative medical residents. In 2015, the Department of Family and Community Medicine

(DFCM) at the University of Toronto launched an innovative initiative within our faculty development program to formally recognize, better integrate and enhance supports for non-physician Health Professional Educators (HPEs) contributing to medical education. A multipronged strategy was used to facilitate recruitment of HPEs to a Community of Practice, increase faculty appointments, enable participation in resident assessment and conduct research on this initiative. This program was recognized by the CFPC as a leading practice nationally during CFPC accreditation. In this session, we will describe the strategies used to develop and evolve this program. Additionally, the workshop will outline challenges faced, opportunities enabled and practical tips for others to consider at their sites. Polling activities will be used to learn about participants' own teaching experiences. Through reflective exercises and group sharing, participants will be able to identify approaches that may be effective at their sites to optimize the integration of HPEs as interprofessional teachers both in resident education as well as team faculty development. This session is suitable for all family medicine teachers and educational leaders. Session agenda to include: 1. Introduction, COI declaration, session objectives; 2. Interactive participant polling; 3. Sharing of specific strategies to develop and evolve this program; 4. Small and large group discussion; 5. Snowball activity

**Hot Flashes, Cold Facts, and a Lukewarm Evidence Base: PEER's Evidence-Based Menopause Management | Bouffées de chaleur, froides vérités et données probantes mitigées : la prise en charge de la ménopause fondée sur les données probantes par le groupe PEER**

Tina Korownyk, MD, CCFP; Samantha Moe, PharmD, ACPR; Betsy Thomas, BScPharm

**Session ID: 133**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Summarize the risks and benefits of hormone therapy, non-hormonal therapy, (e.g., gabapentin, SNRI), neurokinin-3 receptor antagonists (eg., fezolinetant) and others
2. Recognize the challenges and limitations of clinical evidence related to menopause management
3. Identify an approach to symptoms of menopause and key counselling tips for patients

**Description:** Menopause: the only time in life where "breaking into a sweat" requires zero physical effort. Family physicians are tasked with helping patients navigate the firestorm of menopause symptoms while sifting through an ever-evolving evidence base. Should we embrace hormone therapy or fear it? What exactly is a neurokinin-3 receptor antagonist—besides a mouthful to pronounce? In this session, we'll take a practical (and slightly irreverent) look at menopause management, summarizing the risks and benefits of hormone therapy, non-hormonal options, and newer treatments like fezolinetant. We'll also discuss the often frustrating limitations of clinical evidence. Beyond the science, we'll explore real-world approaches to symptom management with an emphasis on practical counselling strategies. What do patients really need to know? How do we cut through the misinformation? By the end of this session, you'll be equipped with evidence-based insights, pragmatic counselling tips, and hopefully a few laughs.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Résumer les risques et les bienfaits de l'hormonothérapie, du traitement non hormonal (p. ex., la gabapentine, les IRSN), des antagonistes du récepteur de la neurokinine 3 (p. ex., le fézolinetant) et d'autres solutions
2. Reconnaître les défis et les limites des données probantes cliniques liées à la prise en charge de la ménopause
3. Présenter une approche des symptômes de la ménopause et des conseils clés destinés aux patientes.

**Description :** La ménopause : le seul moment de la vie où « transpirer » ne demande aucun effort physique. Les médecins de famille ont pour tâche d'aider leurs patientes à faire face à la tempête de symptômes de la ménopause tout en examinant une base de données probantes en constante évolution. Faut-il adopter l'hormonothérapie ou la craindre? Qu'est-ce qu'un antagoniste du récepteur de la neurokinine 3, outre le fait qu'il est difficile à prononcer? Lors de cette séance, nous jetterons un regard pratique (et légèrement irrévérencieux) sur la prise en charge de la ménopause, en résumant les risques et les bienfaits de l'hormonothérapie, des options non hormonales et des nouveaux traitements comme le fézolinétant. Nous discuterons également des limites souvent frustrantes des données probantes cliniques. Au-delà de la science, nous explorerons des approches concrètes de la prise en charge des symptômes, en mettant l'accent sur des stratégies de counseling pratiques. Qu'est-ce que les patientes ont vraiment besoin de savoir? Comment démêler le vrai du faux dans la désinformation? À la fin de cette séance, vous aurez acquis des connaissances fondées sur des données probantes et reçu des conseils pragmatiques avec, espérons-le, quelques rires à la clé.

### **How to Build Psychological Safety in Medical Education**

Lillian Au, MD, CCFP, FCFP, MEd (HSE)

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

**Session ID: 257**

**Language of presentation:** English

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

1. Define psychological safety and its importance in medical education
2. Discuss the specific barriers of psychological safety embedded in the culture of medical training
3. Apply strategies on how to improve and develop psychological safety in the clinical environment

**Description:** This session targets all physicians who teach medical students and residents in the clinical setting. Teaching in clinical environments may result in an uncomfortable juxtaposition of providing optimal patient care while scrutinizing student competencies and providing performance feedback to learners. Attendees of this session will define psychological safety and why this is particularly important in medical education. Barriers and promoters of psychologically safe learning environments will be discussed. Clinicians will discuss how the teaching environment can shift from an emphasis on learner evaluation and grading to that of focusing on gaining knowledge and skills. Preceptors will review teaching strategies that build psychological safety. This would include creating a safe learning environment, teaching with appropriate probing questions and providing learner feedback that conveys the message of a growth mindset, emphasizing curiosity and learning as opposed to failure and incompetency.

### **How Will Artificial Intelligence Impact Teaching Family Medicine?**

Alexander Singer, MB BCh BAO, CCFP, FCFP; Kirstin Hildahl, MD, CCFP

All teachers welcome. Highlight's developing concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 180**

**Language of presentation:** English

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

1. Examine and describe how AI tools might influence teaching environments
2. Compare and contrast lessons from past technology changes to understand how to implement AI tools
3. Appraise the mitigating approaches to ensure high quality training inclusive of AI clinical tools

**Description:** Recent months have seen much hype, hope and expectations regarding the adoption of Artificial Intelligence (AI) tools in medicine. Applications termed “AI scribes” can create chart notes based on the ambient recording of the interaction between patients and primary care providers are already being used in many primary care settings. Early evaluations of AI scribes demonstrate they can reduce documentation burden by up to 70%, reduce cognitive load and that users were receptive to adopting additional AI tools to support their practice. Undoubtedly, ongoing developments in AI are already leading to major changes in how family medicine is practiced. Thus, training environments, curricula, supervision processes and faculty development will need to change to include the use of AI. Perhaps the reduction of “cognitive load” is not desirable for a learner attempting to acquire clinical reasoning skills? Previous recent technology adoption (i.e. EMRs or virtual care) offer ideas on how new technology impacts educational environments. But AI presents some unique risks that without careful consideration risk resulting in highly variable competencies of those practicing family medicine. The ideal application and use of AI in teaching environments must be better understood and articulated to ensure the development of consistently competent learners able to use AI tools safely. Is it appropriate for an early learner at the “reporter” stage to use a tool that composes their note and suggests a differential diagnosis and/or management plan? How will AI tools negatively impact the development of clinical reasoning skills? We propose a workshop to engage Family Medicine Teachers to consider the implications, mitigation strategies, processes and expectations related to use of AI tools in learning environments. We expect that this workshop will lead to a manuscript and/or curricular materials as the beginning of activity to contribute to addressing this crucial change in Family Medicine practice.

### **Immunotherapy-Related Adverse Events: Clinical Pearls for Family Physicians**

Ovie Albert, MD, CCFP, ISAM, ABPM; Genevieve Chaput, MD, MA, CAC (PC), FCFP; Benjamin Schiff, MD, FCFP

**Session ID: 181**

**Language of presentation:** English

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

1. Identify common and severe immune-related adverse events (irAEs) associated with immunotherapy
2. Differentiate between immune-related adverse events and other causes of patient deterioration
3. Apply evidence-based guidelines for the diagnosis and management of immune-related adverse events

**Description:** Immunotherapy has become a cornerstone of cancer treatments. Patients with metastatic cancers, once linked to a poor prognosis, are now receiving immunotherapy treatments that may extend survival. However, approximately 20% of patients receiving these treatments experience immune-related adverse events (irAEs). Common irAEs include pneumonitis, colitis, hypothyroidism, adrenal insufficiency, rash, hepatitis, and myocarditis. These adverse events can vary from mild to life-threatening, requiring early identification and adequate management to improve patient outcomes. Many patients experience these adverse events outside of an oncology setting, so family physicians must be able to identify immunotherapy-related issues in their offices, on hospital wards, or in emergency departments. Timely recognition of these issues can significantly improve patient outcomes and help avoid further complications. Due to the wide range of irAEs, their variable onset and nonspecific symptoms, family physicians must be able to recognize and identify these adverse reactions in patients receiving immunotherapy, both in outpatient and inpatient settings. This presentation will focus on the clinical presentations of common immunotherapy-related issues, strategies for early detection, and the critical role of family

physicians in managing these adverse events. Practical guidance on when to start treatment or refer to a specialist will also be covered, giving family physicians the tools they need to manage immunotherapy-related issues effectively in their practice.

### **Implementing a Quality Improvement Project in Your Practice**

Nick Kates, MBBS ,FRCPC, MCFP (hon)

**Session ID: 209**

**Language of presentation:** English

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

1. Understand the key principles that should guide a quality improvement project
2. Learn a framework for implementing a quality improvement project in your practice
3. Become familiar with commonly used QI tools

**Description:** Quality Improvement Projects are a requirement not only for family residents, but increasingly of provincial regulatory Colleges, but many family physicians are not well prepare to conduct such a project in their practice. This workshop outlines the core components of quality improvement and the key elements of successful projects and how these can contribute to improvements in Office Practice. It defines what quality care is, and presents the National Institute of Health's 6 domains of Quality – Care that is timely, effective, equitable, person and family-centred, safe and efficient – how these can support the concept the concept of the quadruple aim and the components of “Improvement Science”. It proposes a 5 step framework for identifying, assessing and improving a problem in any of these areas – the DMAIC. These steps are to DEFINE a problem, to MEASURE your current performance, to ANALYSE what you have learnt to enable you to identify IMPROVEMENTS that can be introduced and tested, and then CONTROLLED or Standardised so that they can be sustained. It outlines guiding principles to assist with any QI project and uses the DMAIC framework to walk through the development of a Quality Improvement project, drawing on examples from successful projects. It describes a series of easy to use tools including the Improvement Model and PDSA cycles, mapping processes, using the patient experience, ways to organise problems identified, or to determine what are root causes, that can enhance most QI projects.

### **Implementing Accommodations for Family Medicine Learners: Practical Tips**

Samantha Horvey, MD, CCFP; Joanne Baergen, BSc, MD, MEd (HSE), CCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 79**

**Language of presentation:** English

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

1. Identify common reasons for accommodations in family medicine learners and frequently requested accommodations
2. Discuss how to implement accommodations for learners
3. Discuss strategies to balance learner needs with core competencies, patient care responsibilities and program requirements



**Description:** In this practical and interactive talk, we will explore the process of implementing accommodations for family medicine learners. Drawing from real-world examples and the latest guidelines and evidence, this session will equip participants with the tools needed to navigate common and complex scenarios involving learner accommodations. We will begin by addressing the common reasons for accommodations. Participants will gain insight into frequently requested accommodations, such as hour and call restrictions, and strategies for adjusting schedules and curriculum to meet individual learner needs. A focus will be understanding the duty to accommodate, ensuring accommodations align with legal and ethical standards. We will discuss how to match learners' varying abilities with appropriate supports, emphasizing the importance of maintaining a pathway to achieve core competencies while accommodations are in place. Through case-based discussions, we will explore challenging scenarios, such as balancing patient care responsibilities with learner needs, managing team dynamics, and addressing potential conflicts. These cases will be complemented by success stories that illustrate how accommodations can ensure learner development and foster a supportive educational environment.

### **Improving Allyship and Accessibility for Doctors With Disabilities**

Samantha Lavitt, MD CM, CCFP

**Session ID: 208**

**Language of presentation:** English

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

1. Identify barriers to clinical work faced by doctors who are disabled or chronically ill
2. Assess clinical work environments and systems to determine the level of accessibility available to physicians
3. Explore potential accommodations and how the benefit both disabled and non-disabled colleagues

**Description:** All healthcare facilities are accessible, right? Maybe not as much as you think! While many facilities and organizations are designed to be easily accessible for patients seeking care, accessibility for staff is often overlooked. To begin this session, we'll explore attitudes and other factors that contribute to barriers in performing direct clinical work for physicians with disability or chronic illness. Through a series of demonstrative photos and a "spot the barrier" game with participants, we will assess a standard clinic environment for accessible features. Expanding beyond physical accessibility, we will review how clinical work is structured through scheduling, staffing, and organizational systems and how these factors can impair or assist the performance of clinical care for physicians needing medical accommodations. Finally, through paired or small group discussion, participants will explore physical or organizational changes they can implement in their own work environments that can benefit physicians in their groups, regardless of disability status, followed by group reflection and an open question and answer period. Come ready to learn how accessibility benefits everyone and UN-learn internalized bias! While this session is intended to boost allyship from non-disabled physicians, doctors experiencing any level of health-related impairment are warmly invited to join the discussion.

### **Improving Pathways to CCFP Certification for International Medical Graduates**

Nancy Fowler, MD, CCFP, FCFP; Brent Kvern, MD, CCFP, FCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 183**

**Language of presentation:** English

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

1. Understand how IMGs are currently training and working in Canada by learning about existing routes to licensure and certification, demystifying terms and definitions, and examining quantitative and qualitative data and research
2. Elevate the perspectives and lived experience of learners, teachers, preceptors, clinicians and IMGs by understanding current challenges, sharing success stories, and identifying strategies to better support and integrate IMG's on educational pathways to certification and practice
3. Learn about and influence the CFPC's Re-IMGiNe initiative by brainstorming ways that we can support instead of block the expediency, expansion and transformation of certification pathways for IMG's

**Description:** In these interactive sessions, participants will gain a data and evidence-informed understanding of the current landscape and heterogeneity of International Medical Graduates (IMG's) training and working as family physicians in Canada and will learn about work underway at the CFPC to better support licensed and awaiting-to-be-licensed IMG's. Relying on the diverse experience and expertise of the learners, teachers, preceptors, clinicians and IMGs in the room, we will ask everyone to roll up their sleeves, think big, and share knowledge and ideas about improvements that will make a difference. The College of Family Physicians of Canada (CFPC) has established four key educational priorities, one of which focuses on improving educational support and integration of IMG's into Canada's family physician workforce. This is multi-dimensional and involves examining organizational culture, as well as definitions and processes of education, assessment, and requirements for Certification. This is a 2-hour workshop delivered as two standalone but related 1-hour sessions, with a short break between. While you are encouraged to attend both sessions, each session is designed for flexible attendance. Presentations and table work will be facilitated bilingually.

### **Improving Outcomes for Your Patients With Allergic Rhinitis**

Alan Kaplan, MD, CCFP (EM), FCFP, CPC (HC)

**Session ID: 17**

**Language of presentation:** English

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

1. Review how to improve the diagnosis and management of Allergic Rhinitis
2. Update on the treatment of AR with a focus on long-term symptoms management
3. Learn an algorithm for the non-allergist prescription and administration of sublingual immunotherapy

**Description:** Allergic rhinitis is a common cause of morbidity and reduced quality of life. It is also a very common comorbidity in patients with asthma. Patients suffer with their symptoms, even with our treatments and are not very happy about it, but learn to live with them. We will review steps to diagnose and manage in primary care. Newer CSACI recommendations highlight the need to consider the etiology of the rhinitis and to consider modifying the immune response with immunotherapy. Wait times for allergists are very long in many parts of our country, so we will learn an approach to the appropriate and safe prescribing of immunotherapy by primary care. Your patients will be very grateful that you have learned how to do this.

## In the Clinic With PEER | In the Clinic avec le groupe PEER

Jessica Kirkwood, MD, CCFP (AM); Jennifer Young, MD, CCFP (EM)

**Session ID: 229**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Employ practical evidence-based approaches to common medical presentations that can be implemented in everyday family practice
2. Engage in shared decision-making by using real-life cases to explore patient-centered care strategies and tools for effective communication
3. Develop clear, actionable management plans for each case, ensuring that participants can confidently implement solutions tailored to individual patient needs

**Description:** Get ready for an interactive and dynamic session like no other! Join two PEER team members and hosts of the popular CFPC podcast “In The Clinic” as we bring the daily challenges of a family clinic to life. Ever wish you could take the time to do a deep dive into the evidence for a common clinic presentation? Don’t worry, we have! Audience members will have the chance to choose from 6 cases, each featuring a different common medical condition, just like your typical busy clinic morning. In this session, we’ll dive into diagnosis, management, and shared decision-making with patients for each condition—backed by the latest evidence, of course! Our goal? To make sure you leave with practical tools and strategies that you can immediately apply in your practice, and as PEER tries to do, serve that evidence with a bit of laughter!

**Objectifs d’apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Utiliser, à l’égard de manifestations courantes, des approches pratiques fondées sur des données probantes qui peuvent être mises en œuvre dans la pratique quotidienne de la médecine familiale
2. À l’aide de cas réels, participer à la prise de décisions communes afin d’examiner des stratégies de soins axés sur les gens et des outils de communication
3. Élaborer des plans de prise en charge clairs et réalisables pour chaque cas afin que les participants et les participantes puissent mettre en œuvre avec confiance des solutions adaptées aux besoins de chaque personne

**Description :** Préparez-vous à une séance interactive et dynamique à nulle autre pareille! Animateurs du populaire balado « In the Clinic » du CMFC, deux membres de l’équipe PEER mettent en lumière les défis quotidiens d’une clinique de médecine familiale. Avez-vous déjà souhaité prendre le temps pour examiner de façon approfondie les données probantes sur un tableau clinique courant? Ne vous inquiétez pas, nous l’avons fait! Le public pourra choisir parmi six cas, chacun portant sur une pathologie courante susceptible d’être rencontrée au cours d’une matinée typique dans une clinique achalandée. Lors de cette séance, nous étudierons de près le diagnostic, la prise en charge et la prise de décisions communes avec les patients et les patientes... avec les données probantes les plus fraîches à l’appui, bien entendu! Notre objectif? Nous assurer qu’à la fin de la rencontre, vous disposez d’outils et de stratégies pratiques que vous pouvez immédiatement en œuvre dans votre cabinet et, comme l’équipe PEER tente de le faire, présenter les données probantes avec un brin d’humour!

## Incorporating a Palliative Approach Into Your Day-to-Day Family Medicine Practice

Erin Gallagher, MD, CCFP (PC), MPH

**Session ID: 75**

**Language of presentation:** English

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

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

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

## Indigenous Feminism: A Primary Care Toolkit

Janelle Syring, MD, CCFP; Veronica McKinney, MD, CCFP, LMCC; Ojistoh Horn, MD, MSc, CCFP; Mandy Buss, MD, CCFP

**Session ID: 239**

**Language of presentation:** English

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

1. Examine rights-based documents that support effective advocacy for Indigenous women, girls and two-spirited persons
2. Implement approaches to meaningfully respond to the needs of Indigenous women, girls and two-spirited patients
3. Describe the impacts of intersectionality, social location, and structural competency using Indigenous frameworks

**Description:** As leaders in primary care who work at frontlines throughout the country, family doctors are uniquely positioned to advocate for justice for Indigenous women, girls, and two-spirit patients across Turtle Island while also enhancing care. Following a more than two-year national inquiry into all forms of violence against First Nations, Inuit, and Métis women, girls, and 2SLGBTQIA people across Turtle Island, a final report was released in 2019. Reclaiming Power and Place was the final Murdered and Missing Indigenous Women and Girls report which included 231 Calls to Justice to address the disproportionately high rates of violence, disappearances, and murders within these communities. Led by members of the

CFPC's Indigenous Health Committee who are Indigenous women and family physicians, this session will focus on gaining a deeper understanding of the structural and social circumstances that have led to disproportionate rates of violence against Indigenous women, girls, and two spirit people. Using a mix of didactic and case studies, participants will learn how to implement approaches to meaningfully respond to the needs of patients of this population, including how to connect them to necessary resources. The presenters bring their lived experience and expertise to this important topic and offer approaches to better understanding of the broader circumstances that might impact our patient's wellbeing. Join this session to learn about approaches and connect to resources to better respond to the needs of Indigenous women, girls and two-spirited patients.

### **Innovative Peer Coaching Models for Family Medicine**

Catherine Jarvis, MD; Catherine Jarvis, MD, CCFP; Mylene Arsenault, MD, CCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 237**

**Language of presentation:** English

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

1. Describe the strengths of peer coaching as a faculty development strategy
2. Examine 5 elements of peer coaching models, weighing their challenges and benefits
3. Identify opportunities for peer coaching in family medicine

**Description:** Peer coaching is an innovative faculty development approach well suited for the health professions. It is a dynamic and flexible strategy, drawing upon shared expertise and experience, authentic work-based learning, and the development of collaborative and supportive peer relationships. Strengths of this approach include its interpersonal nature, the prominence of individualized feedback, and the promotion of self-reflective goals and practices. Like mentorship, peer coaching supports faculty in their academic roles. While mentorship involves guidance from a more experienced colleague, peer coaching is a reciprocal relationship that fosters mutual learning between colleagues of similar experience levels. Peer coaching can assist faculty members in the fulfillment of their multiple academic roles. A recent review of the literature on peer coaching provides evidence regarding the flexible and practical nature of peer coaching and its effectiveness as a faculty development strategy. The review offers insights to the innovative ways peer coaching in the health professions is being adapted in a variety of settings and for a variety of purposes. Examples of how five intersecting elements can be used to describe and categorize new peer coaching models will be explored. These intersecting elements may be useful to consider when developing peer coaching models for faculty development in family medicine. Learning Plan: Relevant medical educational literature regarding peer coaching will be reviewed. Examples of various peer coaching models will be highlighted, specifically addressing 5 intersecting elements that can be used to categorize these models. Application of various peer coaching models to faculty development in family medicine will be discussed. Participants will have an opportunity to create a peer coaching model for their specific setting.

## Intégration de l'intelligence artificielle dans l'enseignement de la médecine de famille

Mathieu Pelletier, MD, FCMF

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**No du résumé : 50**

**Langue de présentation :** Français

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Maîtriser les bases de l'art de la requête dans l'utilisation des robots conversationnel comme outil de soutien à l'enseignement
2. Utiliser de façon critique des outils de réponse à des questions cliniques basés sur l'intelligence artificielle
3. Discuter des avantages, inconvénients et aspects médico-légaux des outils de support à la pratique clinique

**Description :** Cet atelier interactif explore l'intégration de l'intelligence artificielle (IA) dans l'enseignement de la médecine familiale, en mettant l'accent sur l'utilisation de l'IA pour enrichir l'apprentissage clinique. Les participants découvriront les fondements de l'IA et de l'intelligence générative, acquerront des compétences pour formuler des requêtes efficaces dans les robots conversationnels, et apprendront à évaluer de manière critique les outils de réponse clinique basés sur l'IA. En parallèle, les aspects pratiques et médico-légaux de ces technologies seront abordés afin de garantir une utilisation réfléchie dans le soutien à la pratique clinique. Cet atelier vise à équiper les professionnels de la santé d'outils concrets pour intégrer l'IA dans leur enseignement auprès des résidents en médecine familiale.

## Interoperable Health Data Will Save Lives (and Money)

Alexander Singer, MB BCh BAO, CCFP, FCFP; Abdul Razaq Sokoro

**Session ID: 184**

**Language of presentation:** English

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

1. Examine and describe how and why interoperable health data is essential to improve patient safety
2. Evaluate and appraise several concepts and approaches from the recent Choosing Wisely Canada Conference
3. Appraise approaches for learning health system design that support stewardship and reduced administrative burden

**Description:** Everyday across Canada patients are harmed and unnecessary tests are ordered because of the lack of interoperability within the health system. The urgent need to adopt interoperable health data is described in dozens of Canadian reports in the last decade. In 2024 Health Canada's "The Time to Act is Now" and Canada Health Infoway's, "Digital Health Interoperability Task Force Report" both called on using lessons learnt during the COVID-19 pandemic to finally move forward. Overuse, patient safety lapses and extraneous costs caused by disconnected and siloed health information are as common as they are completely preventable. In other industries, the benefits of moving away from paper-based record keeping and communication clearly outweighed the costs. Yet despite the widespread adoption of electronic medical records, we continue to transmit information using paper-based technologies and our record systems are siloed and typically inaccessible between different physical locations. Innovations and concerted efforts by clinicians and administrators from all parts of healthcare delivery are needed to adopt interoperable health data. We propose framing this as essential to reduce

unnecessary care, advancing more equitable delivery, while reducing administrative burden on family physicians. We will start with a brief review of some of the most promising programs and ideas that were presented at the Choosing Wisely Canada conference to be held in Winnipeg several months prior to FMF. Given the ethos of Choosing Wisely, we will first identify some of the “low hanging fruit” in terms of exchanging health data that could serve as stepping stones for fully interoperable system. We will then engage the participants to consider various use cases for adopting interoperable systems in inpatient and outpatient settings. By articulating the benefits to family physicians and funders we hope to support the use of learning health system frameworks, to engage participants understand why interoperable health data is essential.

### **Investiguer avec soin : Volet endocrinologie**

Samuel Boudreault, MD, M.Sc., FCMF

**No du résumé : 221**

**Langue de présentation :** Français

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Repérer les évaluations à faible valeur ajoutée, mais encore couramment utilisées
2. Communiquer au patient les risques associés à la surutilisation des tests
3. Être conscient des coûts des tests diagnostiques

**Description :** Prescrire des analyses biochimiques et des imageries est une partie importante de la pratique des médecins de famille. Dans la suite des formations Investiguer avec soin présenté au FMF lors des dernières années, cette formation traitera de l'utilisation judicieuse des tests mais avec un focus sur l'endocrinologie. Il sera discuté lors de cette formation : la prescription de la TSH, l'échographie thyroïde, l'ostéodensitométrie, le dosage de testostérone sérique en terminant par un survol du dosage de la vitamine D sérique et du c-telopeptide. Les participants en ressortiront avec plusieurs outils permettant de choisir ses examens avec soin.

### **Is This Skin Cancer? | Est-ce un cancer de la peau ?**

Koon Chit Lawrence Leung, MBBChir, DipPractDerm, FRACGP, FRCGP, CCFP, FCFP

**Session ID: 171**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Be familiar with common types of skin cancer and their clinical presentations
2. How to diagnose and manage
3. Common mimickers and pitfalls

**Description:** "Is it skin cancer?" remains as a ever-resounding question raised by family medicine patients and also, by the family doctors themselves. Instead of making an instant dermatological referral for any dark or red spot seen and commit the patient to a 3-6 months' wait, it will be more ethical and fruitful to arrive at an initial impression which will greatly benefit clinical triage and management in the best interest of patient. This presentation will provide a skeleton of basic knowledge of common skin cancers and their presentations in Family Medicine setting, upon which the presenter will flesh up with a pragmatic assessment protocol (+/- dermatoscopy) that can enhance the clinical care for any suspicious skin lesion.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :



1. Se familiariser avec les types courants de cancer de la peau et leur tableau clinique
2. Apprendre à diagnostiquer et à prendre en charge
3. Connaître les embûches et les imitateurs courants

**Description :** « Est-ce un cancer de la peau? » : il s'agit là d'une question que la clientèle des médecins de famille et ces derniers ne cessent de poser. Au lieu de demander immédiatement une consultation en dermatologie pour chaque tache foncée ou rouge observée et de faire subir à la personne une attente de trois à six mois, il sera plus éthique et plus fructueux de parvenir à une première impression qui faciliterait grandement le triage clinique et la prise en charge dans l'intérêt supérieur de la personne concernée. Cette séance donnera un aperçu des connaissances de base sur les cancers de la peau courants et leur tableau clinique dans le contexte de la médecine de famille. Elle se poursuivra par la présentation d'un protocole d'évaluation pragmatique (recours ou non à la dermatoscopie) susceptible d'améliorer le traitement des lésions cutanées suspectes.

#### **La médecine par le mode de vie: Atelier pratique**

Caroline Laberge, MD, CCMF, FCMF, DipABLM; Marie-Josée Laganière, MD, CCMF, DipABLM

**No du résumé : 59**

**Langue de présentation :** Français

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Connaître les 6 piliers de la médecine par le mode de vie
2. Prendre conscience de nos propres besoins en termes de mode de vie
3. Utiliser des outils pratiques pour les intégrer en clinique

**Description :** La médecine par le mode de vie est cruciale à intégrer dans nos pratiques afin de réduire le fardeau de la maladie, la surprescription médicamenteuse et la croissance exponentielle des besoins de soins de santé. En tant que médecins de famille, il est primordial non seulement de promouvoir ces principes auprès de nos patients, mais avant tout de les intégrer dans notre propre vie pour améliorer notre bien-être et notre résilience. Rejoignez-nous pour un atelier interactif et introspectif, conçu pour transformer votre pratique et votre bien-être personnel. Cet atelier est divisé en trois sections : un bref rappel des piliers de la médecine par le mode de vie, un exercice introspectif à l'aide d'un auto-questionnaire pour prendre conscience de nos propres besoins en termes de bien-être et santé; et un travail en équipes pour pratiquer l'entretien motivationnel et l'élaboration d'objectifs SMART pour se pratiquer à les faire à nos patients et encourager nos collègues à entreprendre les changements requis dans leur mode de vie! Ne manquez pas cette opportunité de redécouvrir la médecine par le mode de vie et de renforcer votre capacité à promouvoir des changements durables et positifs! Pourrait être présentée à deux reprises en français ET en anglais; si une seule langue est retenue, français svp.

#### **Leadership in Medical Education: Embracing Risk**

Alison Baker, MD, CCFP, FCFP; Deborah Kopansky-Giles, DC, FCCS, MSc; Molly Whalen-Browne, MD, MSc, DTM&H, CCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 86**

**Language of presentation:** English

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

1. Identify leadership traits of a "first penguin" and their relationship to family medicine education
2. Describe how leadership evolves over a career trajectory
3. Identify challenges of leadership and how to mitigate risk

**Description:** The success of Family Medicine (FM) education depends on effective leadership. A "first penguin" embraces the responsibility and challenge of leading a team around barriers and obstacles. Just like the real-life penguins that leap first into potentially dangerous waters, FM leaders show the courage and resilience required to enhance medical education and improve patient care, taking risks for the benefits of others. Medical education leadership by family physicians and health professional educators (HPE) involves initiating innovation, challenging the status quo, risk management, inspiring others, and lifelong learning and adaptability. In this session, we explore changing leadership roles across a career trajectory, opportunities for leadership, and leadership challenges. Polling activities will engage participants to reflect on their leadership roles and needs. Through reflective exercises, participants will take stock of their leadership motivations and leadership styles. We will explore challenges for leaders working in interprofessional teams and offer practical tips on leadership development strategies. This session is suitable for both early and established leaders and is relevant for family medicine educators at all career stages.

### **Leading With a Coaching-Like Approach on Clinical or Administrative Teams**

James Goertzen, MD, MCISc, CCFP, FCFP

**Session ID: 114**

**Language of presentation:** English

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

1. Describe the principles of a coaching mindset
2. Demonstrate listening, asking, and saying coaching like skills
3. Identify resources to support post-session leadership coaching like skill development

**Description:** A coaching like approach positively impacts relationships with colleagues, healthcare professionals, administrative staff, and learners. With a coaching like approach, leaders and team members move towards asking more questions while providing less advice. This shift encourages team members to find the answers within themselves. Building on the foundation of a coaching and growth mindset, the three core coaching like skills are active listening, asking curious questions, and saying to expand possibilities. Coaching like skills will be demonstrated and practiced using case examples and small group activities. Strategies and relevant experiences will be explored in this session to expand your leadership toolbox. Session will be relevant to family physicians in early practice, developing and experienced family physician leaders, and other healthcare professionals.

## Learning From Failure

David White, MD, CCFP

**Session ID: 108**

**Language of presentation:** English

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

1. Describe 5 key learnings from failure
2. Demonstrate techniques for creating an environment for learning from failure through exercises in the session
3. Identify and articulate personal and institutional barriers to learning from failure

**Description:** Failure is normal – and common – in any complex, challenging endeavour. In family medicine, examples abound, from errors in clinical practice, to dysfunctional care teams, and health system failures such as poor integration of information technology and over 6.5 million Canadians without a family doctor. Large or consequential failures in medicine typically have multiple causes that are deeply embedded, have been ignored or taken for granted for years, and are rarely simple to correct. This highly interactive session will help participants identify and address failures both as individuals and as team members. Building on shared examples from participants and presenter, the session will explore: Why do we need to learn from failure? What do we learn? How do we do it? Why is it hard?. For family physicians as clinicians, life-long learners, teachers, and leaders, the session will help participants to identify and develop the leadership and team skills that promote an environment for speaking up to address challenging situations. The session material is based on: A review of the literature from medicine, business, sociology, organizational psychology and coaching, with reference to both classic and current work; Learnings from colleagues and mentors: My own research on medical leadership and learning from a crisis.

## Leveraging Data to Inform Residency Program Enhancement

Ivy Oandasan, MD, MHSc, CCFP, FCFP; Steve Slade, BA

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

**Session ID: 216**

**Language of presentation:** English

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

1. Identify opportunities for family medicine data to address key questions about residency training
2. Apply data driven insights and analysis to inform curriculum planning, research and advocacy
3. Determine the required steps for requesting data and analytic support from the CFPC

**Description:** The Family Medicine Longitudinal Survey (FMLS) captures data from family medicine (FM) residents and early career family physicians, emphasizing their Triple C learning experiences, views on FM, and intended and actual practice plans. Conducted with all 17 Canadian FM residency programs, the survey gathers information at three key points: entry into residency (capturing pre-residency experiences), graduation, and three years after graduation (in practice). With over ten years of data accumulated, and over 18,000 completed surveys, the FMLS is a significant resource for understanding FM learners and early career practices in Canada. The College of Family Physicians of Canada (CFPC) has utilized the FMLS and other data for various purposes, including supporting quality improvement initiatives within FM residency training and providing insight into relationships between training and practice. The FMLS has been instrumental in monitoring and

evaluating the adoption and impact of the Triple C Competency-Based Curriculum, introduced in 2010 allowing the CFPC to assess how effectively the curriculum has been implemented across residency programs, track changes in residents' preparedness and confidence, assess outcomes, and identify areas for further development to ensure alignment with the evolving needs of the healthcare system. FM Residency programs have similar opportunities to maximize the potential of this data and to generate data-driven insights that can enhance local FM programming and curriculum planning. This interactive session will begin by examining the potential uses of both local and national FMLS and other datasets to address key questions about FM residency training, curriculum evaluation, and planning. The session will conclude with a Q&A discussion, providing stakeholders and end-users with an opportunity to explore how to request FMLS data and how it can support their organization's data needs.

### **Locums 101**

Dr. Anna Schwartz, Chair, First Five Years in Family Practice Committee (Manitoba); Dr. Kathleen Walsh, Ontario representative, First Five Years in Family Practice Committee; Mr. Andrew Swan, General Counsel, Doctors Manitoba

**Session ID: 95**

**Language of presentation:** English

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

1. Evaluate locum opportunities and address essential questions to ensure successful locum coverage is provided
2. Prepare for contract negotiations and determine key areas where terms/expectations should be clearly defined
3. Recognize how successful locum coverage contributes to the continuity of care for patients

**Description:** Locums are an essential part of family practice throughout Canada, and especially important for physicians to be aware of at the start of their careers, as many new family physicians provide locum coverage before beginning their own practice. This interactive session is presented by the First Five Years in Family Practice Committee to provide a complete overview to locums coverage. It will prepare attendees for each aspect of the process. Family physicians who have experience with locums will identify the essential information for those considering locums through lessons learned from their personal experiences. They will share strategies for success to be applied by attendees in their own locums, and to ensure a successful locum for both family physicians involved and maintain continuity of care for Canadian patients. Presentation topics include: how to find a locum, evaluating locum opportunities, locum contracts and negotiations, key questions to ask, red flags, and what to consider before accepting a locum position. The presenters will also demonstrate how locum experiences in early career can be used to compare different family practices models to assist with planning for one's own career and scope of practice. The session will conclude with an opportunity to ask questions to which presenters will respond and address any specific challenges or concerns raised by attendees.

### **Managing ADHD in Adults in Your Practice**

Nick Kates, MBBS, FRCPC, MCFP (hon)

**Session ID: 163**

**Language of presentation:** English

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

1. Understand the prevalence and co-morbidities of ADHD in adults, and its impacts
2. Learn a framework for the assessment and management of ADHD in adults

3. Be familiar with the commonly used drugs and the indications for their use

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

### **Managing Depression: Latest Canadian Guidelines**

Jon Davine, MD, FCFP, FRCP(C)

**Session ID: 44**

**Language of presentation:** English

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

1. Describe how to choose antidepressants, using the CANMAT 2023 guidelines
2. Describe the newest augmentation techniques, using the CANMAT 2023 guidelines
3. Understand the place of ECT and TMS as treatment techniques

**Description:** Depression is a common psychiatric disorder that family physicians often see in their office. In Canada, about 5% of people have experienced depression in the past year. In the first part of the session, we will look at how family physicians can make a differential diagnosis of the sad state, by asking specific questions. This differential will include adjustment disorder with depressed mood, bipolar disorder depressed phase, and major depressive disorder, among others. We discuss the different treatments for each of these diagnoses. In the second part of the talk, we focus on pharmacologic treatment of major depressive episode. We discuss how to choose, start, increase and switch antidepressants. We discussed relevant side effects. We discuss augmentation techniques, when a second medication is added to the first antidepressant to increase efficacy. We base our recommendations on the 2023 CANMAT Depression Guidelines, the 2009 (amended 2022) NICE guidelines from the UK, and the 2018 Cipriani et al. meta analysis. We will touch on other treatments for depression, including electroconvulsive therapy (ECT), and transcranial magnetic stimulation (TMS). The use of antidepressants in the under 18 population will also be discussed.

### **Managing Insomnia in Your Practice**

Nick Kates, MBMB, FRCPC, MCFP(hon)

**Session ID: 88**

**Language of presentation:** English

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

1. Understand the common causes of insomnia and how it may present in primary care

2. Be able to utilise a framework for the assessment of a sleep problem
3. Be familiar with the major approaches to managing sleep disorders, including CBTi

**Description:** It has been estimated that up to 60% of Canadian adults do not get sufficient sleep and insomnia plays a role in the development of many general medical conditions as well as complicating the recovery from depression, anxiety and other psychiatric conditions. Many factors can contribute to poor sleep including lifestyle, mental health problems, other general medical problems, medications, or primary sleep disorders. This workshop discusses the importance of sleep and the consequences of insufficient sleep and presents a framework for understanding, assessing and treating commonly encountered sleep problems, but especially insomnia. It summarizes the five stage sleep cycle, the circadian cycle and the sleep wake cycle and outlines the different ways in which changes in these can contribute to insomnia. It differentiates between a primary sleep disorder (eg sleep apnoea, narcolepsy, restless leg syndrome, delayed sleep onset disorder) and primary or secondary insomnia, and the potential consequences of each of these. It defines the factors that can affect the quality of sleep, including sleep habits and sleep patterns and outlines a comprehensive but relatively succinct assessment of a sleep problem, including some simple screening tools such as a sleep log to assist with this. It reviews the 4 major approaches to managing a sleep problem – sleep hygiene strategies, CBT for insomnia, the use of medications and the use of non-prescriptions medications and treatments and summarises the strategies / steps in each of these

### **Naltrexone: An Essential Option to Treat AUD**

Jennifer Purdy, CD, MD, CCFP

**Session ID: 232**

**Language of presentation:** English

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

1. Recognize the importance of patient-directed Alcohol Use Disorder care
2. Recognize how naltrexone can improve Alcohol Use Disorder
3. Describe how to prescribe naltrexone for Alcohol Use Disorder

**Description:** As per Statistics Canada, heavy drinking increased in most age groups between 2021 and 2022. Also, Canadian guidelines were recently updated to reflect the known health risks caused by alcohol consumption. Alcohol Use Disorder (AUD) is challenging to treat, and the best-known options require abstinence. Abstinence may be too challenging and may be socially undesirable for some patients, in which case naltrexone should be considered as a treatment. It is recognized as a first-line treatment as per the British Columbia Centre on Substance Use. Approved by Health Canada in the mid-1990s, naltrexone is a safe medication, and improved success may be seen in patients with The Sinclair Method (TSM), where naltrexone is taken one hour before the patient's first alcoholic drink of the day, and is not taken on abstinent days (if they exist). Naltrexone offers patient-centred care: the patient's goals of abstinence, or reduction in alcohol intake (harm reduction), are both appropriate for naltrexone use. This activity will review the importance of patient-centred care, and the importance of considering treatment which may not have abstinence as its goal. It will discuss how to prescribe naltrexone, how this treatment works, and how to discuss this treatment option with the patient.

## Nurturing Success: Supporting Learners in Difficulty

Vishal Bhella, MD, MCISc, FCFP; Divya Garg, MD, MCISc, FCFP

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

**Session ID: 227**

**Language of presentation:** English

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

1. Assess individual learner needs and identify factors impacting performance
2. Explore comprehensive strategies and interventions to support learners facing difficulties
3. Provide valuable and actionable feedback through regular assessments and feedback mechanisms

**Description:** Medical education is rigorous and demanding, presenting significant challenges for many students. This session explores effective strategies and interventions to support learners facing difficulties. We will investigate the causes of these challenges, including knowledge gaps, skill deficiencies, and attitude issues. Emphasis will be placed on assessing individual learner needs and identifying learner, teacher, and system-level factors impacting performance. The session highlights the importance of providing valuable and actionable feedback through regular assessments. Educators will learn how to deliver feedback that fosters growth and development. By creating a supportive learning environment and implementing targeted interventions, educators can promote both the academic and professional development of their learners.

## Obésité: Une approche globale avec la médecine par le mode de vie

Caroline Laberge, CCMF, FCMF, DipABLM; Caroline Rhéaume, MD, PhD, CCMF, FCMF, DipABLM; Marie-Josée Laganière, MD, CCMF, FCMF, Dip ABLM

**No du résumé : 109**

**Langue de présentation :** Français

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

**Language of presentation:** French

1. Poser un diagnostic d'obésité chez l'adulte et identifier les investigations pertinentes
2. Définir les fondements de la médecine par le mode de vie (Lifestyle medicine)
3. Appliquer cette approche à différentes situations cliniques de personnes vivant avec l'obésité afin de faire des recommandations personnalisées et positives pour la santé

**Description :** "Parlez à votre médecin d'OZEMPIC"....! Depuis que les publicités de médicaments pour l'obésité inondent la télévision et les réseaux sociaux, il ne se passe pratiquement pas une semaine sans qu'un patient n'aborde en consultation le sujet de son poids, souhaitant avoir une recette magique pour atteindre la forme corporelle de ses rêves. L'obésité est un problème de santé qui atteint un statut d'épidémie dans nos sociétés industrialisées. Depuis la reconnaissance de cette maladie chronique dans les dernières années, une plus grande importance est accordée au diagnostic et à l'évaluation, mais les recommandations de traitement font la belle part aux percées pharmacologiques et chirurgicales plutôt que d'aborder le mode de vie. Notre atelier outillera les médecins de famille pour mieux comprendre l'étiologie de l'obésité chez leurs différents patients par un diagnostic différentiel étayé, ce qui permettra de personnaliser les recommandations et les options



de traitements par le mode de vie. L'optique d'une amélioration globale de la santé sera mise de l'avant plutôt qu'un objectif spécifique de perte de poids.

### **Optimizing Primary Care: PA/MD Team Collaboration & Impact**

Amanda Condon, MD, CCFP; Rebecca Mueller, PA-C, MSc

**Session ID: 247**

**Language of presentation:** English

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

1. Implement effective communication strategies to enhance collaboration between PAs and MDs in primary care
2. Evaluate how PA/MD teams improve patient outcomes, increase access to care, and expand roster sizes
3. Examine the role of PA/MD collaboration in optimizing chronic disease management within family medicine

**Description:** The integration of Physician Assistants (PAs) into primary care has been shown to enhance patient access, improve care continuity, and optimize healthcare team efficiency. This workshop/panel discussion will explore the collaborative dynamics of PA/MD teams in family medicine, highlighting best practices, challenges, and opportunities for growth. Drawing from real-world experiences, panelists—including both PAs and family physicians—will demonstrate how effective team-based care can address provider shortages, reduce wait times, and improve patient outcomes. Key topics will include role clarity, scope of practice, communication strategies, and policy considerations for expanding PA integration in primary care. Attendees will gain insights into optimizing PA/MD collaboration to meet the evolving needs of Canadian healthcare.

### **Overview of Hypertension Canada's New Guideline for the Diagnosis and Treatment of Hypertension in Primary Care**

Gregory Hundemer, MD, MPH; Kristin Terenzi, MD

**Session ID: 122**

**Language of presentation:** English

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

1. List the key recommendations in making the diagnosis of hypertension in primary care
2. List the key recommendations when treating hypertension in primary care
3. Describe Hypertension Canada's pragmatic algorithms for optimal hypertension management in primary care

**Description:** Background: Hypertension is the most common modifiable risk factor for cardiovascular disease and mortality, being prevalent in approximately one in four Canadian adults. Historically, Canada has been among the world's leading nations in hypertension treatment and control rates. However, recent years have raised concern with declining trends in hypertension treatment and control across Canada. This decline has been proposed to relate to discrepancies in optimal blood pressure targets, overly complex guideline recommendations, inadequate implementation strategies, and suboptimal engagement with front-line healthcare providers. Primary care is where the vast majority of hypertension is managed; therefore, improving hypertension care at the population level necessitates prioritizing primary care. New Primary Care Guidelines: To this end, Hypertension Canada has adopted a new two-part guideline approach. As an adjunct to its forthcoming comprehensive guideline, Hypertension Canada has developed a novel primary care-focused guideline comprising pragmatic recommendations for efficient implementation into everyday practice. This guideline was designed

specifically by and for primary care providers. Furthermore, the World Health Organization's HEARTS framework was used to integrate these recommendations into streamlined, pragmatic, and evidence-based algorithms. Designed to improve population-wide hypertension control and reduce cardiovascular disease burden, HEARTS outlines principles surrounding optimal diagnostic procedures and simplified directive treatment algorithms along with monitoring and evaluation. **Session Overview:** In this session, members of Hypertension Canada's Primary Care Guideline Committee will describe the guideline development process, discuss the recommendations, and showcase the HEARTS-derived primary care algorithms. The recommendations and algorithms cover the fundamental aspects in the diagnosis and treatment of hypertension in the primary care setting. This session will be designed to be interactive in discussing key issues in hypertension management with the audience. Successful uptake of this guideline and widespread implementation of its principles in Canadian primary care practices will serve to improve hypertension treatment and control at the population level.

### **PEER Presents: A Data-Driven Look at Diabetes Outcomes**

Caitlin Finley, MD, MSc, CCFP; Michael Kolber, MD, MSc, CCFP; Jamie Falk, PharmD; Danielle Perry, RN, MSc

**Session ID: 104**

**Language of presentation:** English

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

1. Understand the estimated risks of various patient outcomes following a diabetes diagnosis
2. Recognize how perceptions of risk can differ among patients, even with the same diagnosis
3. Integrate a patient-focused clinical tool into shared, informed decision-making

**Description:** Are you concerned about complications like retinopathy, nephropathy, heart attack, stroke, neuropathy, or even mortality in your patients with diabetes? With conflicting messages from Google searches, clinical guidelines, and research publications, it's no wonder the risks seem unclear. Numbers vary widely—from rare (<1%) to alarmingly common (>50%)—and sometimes, even percentages are absent, replaced by vague terms like "leading cause" or "common." The result? A confusing picture of what lies ahead for patients. To bring clarity, the PEER Team conducted a systematic review of over 120 prognostic studies and analyzed real-world data from Alberta's administrative databases. These efforts provide an evidence-based perspective on the incidence of important outcomes in patients newly diagnosed with diabetes. The findings have been distilled into a simple, patient-oriented clinical tool designed to empower clinicians and patients with numerical risk estimates and clear depictions of the limitations of this evidence. This approach enhances shared decision-making and helps patients navigate their journey with diabetes with more confidence.

### **PEER Presents: The Other F Word (Fibromyalgia) | Le groupe PEER présente : la fibromyalgie, une maladie tabou**

Jessica Kirkwood, MD, CCFP (AM); Jennifer Young, MD, CCFP (EM)

**Session ID: 222**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Identify and assess patients with suspected fibromyalgia in a primary care setting, and outline a comprehensive approach to management
2. Explore the evidence for nonpharmacologic treatments for fibromyalgia, with a focus on exercise

3. Discuss evidence-based pharmacologic interventions for fibromyalgia, including the role of antidepressants and other medications in symptom management

**Description:** Join the PEER team for a lively and informative session on diagnosing and managing fibromyalgia in primary care! From helpless to hopeful – our presenters aim to empower patients and providers to understand this challenging diagnosis. Our trio of primary care experts will guide you through the key steps to identify and assess patients who may have fibromyalgia, offering a clear and practical diagnostic approach that’s easy to incorporate into your day-to-day practice. We’ll then dive into a review of the evidence for nonpharmacologic treatments—with a focus on exercise, including how to motivate our patients to move. Lastly, we’ll wrap up with the pharmacologic treatments that actually work. No fluff—just the evidence for pharmacologic therapies and which interventions improve patient-oriented outcomes in a meaningful way. Expect an engaging, evidence-packed session with plenty of opportunities for questions, practical tips, and maybe even a few laughs along the way. Whether you're new to managing fibromyalgia or looking to refresh your knowledge, this talk will leave you feeling confident and ready to help your patients find relief.

**Objectifs d’apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Repérer et évaluer les personnes suspectées d’être atteintes de fibromyalgie dans un contexte de soins primaires, et définir une approche globale de la prise en charge de la maladie
2. Examiner les données probantes sur les traitements non pharmacologiques de la fibromyalgie, en mettant l’accent sur l’exercice physique
3. Discuter des interventions pharmacologiques fondées sur des données probantes pour la fibromyalgie, y compris le rôle des antidépresseurs et d’autres médicaments dans la prise en charge des symptômes

**Description :** En compagnie de l’équipe PEER, prenez part à une séance animée et instructive sur le diagnostic et la prise en charge de la fibromyalgie en soins primaires! De l’impuissance à l’espoir — nos présentateurs visent à donner à la patientèle et aux prestataires de soins les moyens de comprendre ce diagnostic difficile. Notre trio d’experts en soins primaires vous guidera dans les étapes clés du repérage et de l’évaluation des personnes susceptibles d’être atteintes de fibromyalgie, en vous proposant une approche diagnostique claire et pratique, facile à intégrer dans votre pratique quotidienne. Nous passerons ensuite en revue les données probantes relatives aux traitements non pharmacologiques, en mettant l’accent sur l’exercice physique, notamment sur la manière de motiver les gens à bouger. Enfin, nous terminerons par les traitements pharmacologiques qui fonctionnent réellement. Pas de fluff! Seulement les données probantes sur les pharmacothérapies et sur les interventions qui améliorent les résultats de manière significative. Attendez-vous à une séance stimulante et riche en renseignements, avec de nombreuses occasions de poser des questions, des conseils pratiques et peut-être même quelques rires en cours de route. Que vous soyez novice dans la prise en charge de la fibromyalgie ou que vous souhaitiez mettre à jour vos connaissances, cette causerie vous permettra de vous sentir à l’aise et prêt à aider votre patientèle à trouver un soulagement.

**PEER: What’s New, What’s True, and What’s Poo? | PEER : nouveautés, vérités et faussetés**

Adrienne Lindblad, BSP, ACPR, PharmD; Danielle Perry, MSc RN; Michael Allan, MD, CCFP

**Session ID: 134**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Describe evidence of new diagnostic tests or therapies that should be implemented into current practice

2. Compare articles and evidence that may reaffirm currently utilized diagnostic tests, therapies or tools
3. Identify articles that highlight diagnostic tests, therapies or other tools that were misrepresented in studies/media

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

**Pick Your Briefs: Audience-Selected Topics From PEER's Game Board | Cas par case : sélection de sujets cliniques par le public dans le jeu-questionnaire du groupe PEER**

Michael R Kolber, MD, MSc, CCFP; Tina Korownyk, MD CCFP; Adrienne J Lindblad, ACPR, PharmD

**Session ID: 97**

**Language of presentation:** English

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

1. Summarize high level evidence for a number of clinical questions
2. Incorporate best evidence for common primary care questions in patient care
3. Differentiate between interventions with minimal benefit and strong evidence for patient-oriented outcomes

**Description:** This popular, fast-paced presentation provides answers to common clinical questions in primary care. The audience will select the questions from a list of possible topics and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Résumer les données probantes générales s'appliquant à plusieurs questions cliniques
2. Intégrer à la prestation des soins les meilleures données probantes liées aux questions courantes en soins primaires
3. Distinguer les interventions qui apportent peu d'avantages de celles appuyées par de solides données probantes en matière de résultats axés sur la personne

**Description :** Cette présentation populaire au rythme rapide permet de répondre à des questions cliniques courantes en soins primaires. L'auditoire choisira les questions parmi une liste de sujets possibles, puis l'un des animateurs présentera les données et ce que l'on peut en conclure, le tout en moins de cinq minutes. Les sujets seront des défis de prise en charge dans tous les domaines, de la pédiatrie à la gériatrie, y compris une liste exhaustive des problèmes de santé couvrant la portée des soins de santé primaires.

## Planetary Health: Advancing Environmental Justice for Indigenous Communities

Ojistoh Horn, MD, MSc, CCFP

**Session ID: 243**

**Language of presentation:** English

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

1. Describe planetary health and the intersection of the Indigenous voice, climate change, and health
2. Recognize harms caused by environmental racism to Indigenous patients and their communities
3. Implement meaningful action to advance environmental justice and improve planetary health

**Description:** Climate change is disproportionately harming the health and well-being of Indigenous people and their communities through environmental racism. The intersection of health, environment and Indigeneity is under-served and under-examined in Canada. As health advocates and leaders, family physicians can be strong advocates for the Earth and Indigenous health at micro, meso, and macro levels. This session explores planetary health concepts through an Indigenous worldview and uses real examples to illustrate the intersection of the Indigenous experience, climate change, and health. In addition to invaluable lived experience and cultural knowledge provided by the speaker, references to a variety of supporting literature and reports (including academic, government, and organizational) are included throughout this session. There will be an interactive component allowing participants to reflect on challenges and experiences as family physicians in addressing environmental racism or meeting the needs of patients experiencing it. An opportunity will be provided during the session to connect with existing groups and resources to support continued advocacy for the Earth and Indigenous health. Participants will leave this session with knowledge and actionable ideas to support progress towards environmental justice for Indigenous patients and their communities.

## Plant the S.E.E.D. to Reduce Administrative Burden

Andrew Huff; Katie Peter

**Session ID: 240**

**Language of presentation:** English

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

1. Evaluate the significance of incoming documents in the context of physician time
2. Identify the opportunities and the procedures for delegation
3. Learn how to leverage your EMR to improve workflows

**Description:** In this session, join Andrew Huff, OMA's Sr. Specialist, Practice Management and Katie Peter, OMD's Practice Enhancement Consultant, as they demonstrate the benefits of using S.E.E.D., a process for relieving administrative burden. You will discover practical strategies to improve your team's productivity. Learn how to STOP duplicate reports, ELIMINATE unnecessary requests, and streamline your workflows. Explore methods to effectively EDUCATE your staff, ensuring clarity and empowering them in their roles, and confidently DELEGATE to optimize team productivity. Through actionable insights and proven techniques, this talk will help you enhance efficiency, reduce burnout, and focus on what truly matters—providing exceptional patient care.

## Practical Patient Safety Teaching Strategies for Preceptors and Educators

Cheryl Hunchak, MD, CCFP (EM), MPH, FCFP; Elisabeth Boileau, MD, CCFP (EM), FCFP; Evelyn Constantin, MD, CM, MSc(Epi), FRCPC

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

**Session ID: 187**

**Language of presentation:** English

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

1. List the most common medicolegal matters involving residents identified from CMPA medico-legal case files
2. Describe key teaching messages within four medicolegal domains: documentation, informed consent, disclosure and teamwork
3. Identify one practical teaching strategy for family medicine learners to promote patient safety

**Description:** Patient safety is a cornerstone of quality patient care and is highly ingrained within primary care delivery. Experienced physician educators from the Canadian Medical Protective Association support junior postgraduate education in patient safety through delivery of a national virtual synchronous workshop, The Patient Safety Primer (PSP). This workshop covers core medico-legal knowledge and skills that promote patient safety for residents across four key content domains including: documentation, informed consent, disclosure and psychological safety in healthcare teams. In follow-up survey data, residents report making important changes to their practices to support patient safety following the PSP workshop. Importantly, they also identify gaps between content learned in the PSP workshop and daily practices observed in clinical settings. This interactive session will help family medicine educators identify practical in-situ teaching strategies that reinforce core patient safety-related skills and competencies. Specific teaching aids and resources, including checklists and CMPA written materials, will be presented. Embedding patient safety principles into everyday clinical teaching in primary care can ultimately help support both resident and faculty professional well-being as well as safe medical care.

## Preceptor Strategies for Managing Microaggressions in Clinical Contexts

Catherine Tong, MD, CCFP; Cindy Donaldson

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

**Session ID: 390**

**Language of presentation:** English

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

1. Recognize and categorize common microaggressions in clinical teaching through real-world examples and case scenarios
2. Apply the CPR model to effectively disrupt microaggressions in complex clinical power dynamics
3. Practice allyship skills using the ARISE framework to foster safer, inclusive learning environments

**Description:** Microaggressions are commonplace interpersonal interactions that convey a negative stereotype. Identifying and addressing microaggressions is an important aspect of creating a supportive clinical learning environment. This session will review the presentation of a typical microaggression where a preceptor may commonly find themselves in the role of a bystander. Examples will be provided to illustrate how subtle racial, gender or ableist microaggressions are commonly found

in family medicine clinical teaching environments. Participants will review the CPR model of how a bystander can successfully disrupt microaggressions in real time. The steps involved can be difficult in a clinical teaching environment due to the inherent power relationship when the aggressor is a patient or a senior staff member. The task of taking action to disrupt microaggression is particularly challenging for those who have previous experience of being victimized or being silent bystanders in such incidents due to lack of skills or experience. This session will offer and demonstrate strategies in disrupting microaggressions in clinical contexts, including the ARISE allyship acronym. Participants are invited to practice disrupting microaggressions using provided cases and short video prompts. Participants will leave the workshop with greater understanding of the phenomenon of microaggressions, tools, and practical experience in disarming microaggressions.

### **Primary Care Sustainability: Spotting the Low-Hanging Fruit**

Myles Sergeant, P.Eng., MD, FCFP; Elizaveta (Liza) Zvereva

**Session ID: 127**

**Language of presentation:** English

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

1. Identify key areas of environmental sustainability in various primary care clinical settings
2. Define barriers to implementing climate action initiatives in primary care settings
3. Embed strategies for environmentally sustainable action in their primary care settings

**Description:** The Green Office Challenge (GOC), facilitated by The Canadian Coalition for Green Health Care (CCGHC), Partnerships for Environmental Action by Communities within Health Care Systems (PEACH), and the Hamilton Family Health Team (HFHT) Green Initiative, was a national competition designed to evaluate and promote environmentally sustainable practices in family medicine clinics across Canada. This challenge assessed clinics in the eleven most impactful environmentally sustainable practices that decrease greenhouse gas emissions in clinical settings. The presentation will highlight how the GOC was developed, the implementation process, and key findings. Success stories and reflections from participants will be shared to provide practical advice and recommendation for clinical staff. We will discuss the successes and challenges encountered during the creation, delivery and results of the GOC, providing insights into what worked well and what could be improved in future iterations. Additionally, we will present our recent research on the "low hanging fruit" of sustainable actions in primary care settings, offering practical strategies for improving a clinic's environmental performance with minimal effort and maximum impact. Participants will gain a comprehensive understanding of the importance of sustainability in healthcare. A portion of this session will encourage audience interaction to provide solutions for environmentally unsustainable items/actions in their clinic. Attendees will be equipped with the knowledge and tools to make meaningful changes that contribute to a more sustainable healthcare system.

### **Psychedelic-Assisted Therapy: Practical Skills for Family Physicians**

Antonio Ocana, MSc, MD, CCFP, ABAM

**Session ID: 72**

**Language of presentation:** English

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

1. Understand the methods by which patients mental health is assessed and risks mitigated



2. Understanding the process of psychedelic induction and how to monitor and manage patients throughout their journey
3. Understanding the process of psychedelic integration and how it increases the durability of cognitive, emotional and behavioral change

**Description:** **Premise** - Family physicians (FPs) are the primary point of contact for most chronic mental health and addiction conditions, yet they are neither trained, paid or valued for their efforts. Other than Cognitive Behavioural Therapy and a hand-full of mono-amine re-uptake inhibitors, the range of tools with which FPs can intervene is limited and only marginally more effective than placebo. **Background**— Psychedelic-assisted Therapy (PAT) is unique in that it has been shown to address the underlying neurobiology of these disorders rather, than just the symptoms. Currently, the only legal molecule for PAT is Ketamine po/im/iv, which has been shown to stimulate Glutamate, GABA, Serotonin, Noradrenaline and Oxytocin neurotransmission, and is associated with mystical experiences not dissimilar to more traditional medicines such as mescaline, peyote and psilocybin mushrooms. As such, it is not surprising that Ketamine has been shown to have measurable short-term benefits on treatment resistant mood, PTSD, addiction and disordered eating, when used alone, and more durable effects when combined with psychotherapy. **Skills**- This workshop aligns with an adult-learning style that most physicians are familiar with: 'See one, Do one, teach one'. Physicians will already be familiar with Ketamine induction in the ER. Psychedelic integration is less mysterious than it sounds; it's something that FPs do every day. It's the process of leveraging the emotional re-examination, which is associated with the psychedelic experience, in the service of cognitive, emotional, and behavioral modification. Interested physicians will learn practical techniques that can extend the benefits from weeks to months, such as Intention-setting, Somatic integration, Mood regulation, Physical grounding and Habit stacking. **Summary** - Psychedelic-molecule-assisted therapy (PAT) is a relatively new and promising approach to treatment-resistant conditions that can, with some training and a multi-disciplinary approach, be added to any FPs treatment 'tool box'.

### **Red Eye Simple Approach: Evidence, Pearls, Medicolegal Pitfalls**

Simon Moore, MD, CCFP, FCFP

**Session ID: 99**

**Language of presentation:** English

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

1. Differentiate various red eye diagnoses confidently using alarm features and an updated algorithm, and avoid common medico-legal pitfalls
2. Prescribe therapeutics for red eye, including antibiotics, safely according to recent evidence
3. Identify simplified red eye red flags requiring urgent referral

**Description:** The focus of this energetic lecture is to not only to review the scientific content, but also to help the learner apply clinical, patient-is-in-front-of-you management. This lecture will help the learner confidently differentiate which red eye patients need urgent referral versus those who can safely be discharged home. The talk also emphasizes pearls that every family physician should know about red eye. This presentation is the updated version of a highly rated presentation multiple conferences internationally. It incorporates updated recommendations and feedback from the previous presentations, plus an updated algorithm adapted from the ophthalmology guideline and recent primary care publications.

## Respiratory Vaccinations: What Should You Know? | Tout ce qu'il faut savoir sur les vaccins contre les infections respiratoires

Alan Kaplan, MD, CCFP (EM), FCFP, CPC (HC)

**Session ID: 18**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Review the Vaccine Preventable Diseases (VPD) for which you should consider immunizing your adult patients with respiratory disease
2. Identify the optimal choices for each immunization strategy
3. Review how to optimize our vaccination practices

**Description:** We have had a number of difficult years due to a respiratory pandemic. More and more vaccines have been created to try to get our population immunized and protected. Vaccines for new agents for adult protection have been released, leading to some confusion of who should get which vaccine, which brand, how often, in what sequence and risks vs benefits. Vaccination saves lives, but is often not prioritized as we are so busy with so many different issues. We will review all vaccines for respiratory vaccine preventable illnesses and give you a firm approach to how to approach your patients in these turbulent times.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Passer en revue les maladies évitables par la vaccination contre lesquelles vous devriez envisager de vacciner votre patientèle adulte atteinte de maladies respiratoires
2. Déterminer les choix optimaux pour chaque stratégie d'immunisation
3. Examiner la manière d'optimiser nos pratiques de vaccination

**Description :** Nous avons connu plusieurs années difficiles à cause d'une pandémie respiratoire. De plus en plus de vaccins ont été créés pour tenter d'immuniser et de protéger notre population. Conçus pour protéger les adultes, des vaccins contre de nouveaux agents ont été mis sur le marché, ce qui a engendré une certaine confusion au sujet de qui devrait recevoir quel vaccin, la marque, la fréquence, l'ordre d'administration ainsi que les risques par rapport aux bienfaits. La vaccination sauve des vies, mais elle n'est souvent pas prioritaire, car nous sommes très occupés par de nombreux problèmes. Nous passerons en revue tous les vaccins contre les maladies respiratoires évitables par la vaccination et vous proposerons une méthode efficace pour aborder vos malades en ces temps agités.

## Sexual Dysfunction: Discussions in Primary Care

Rimi Sambi, MD, CCFP (EM); Stephen Holzapfel, MD, CCFP, FCFP

**Session ID: 218**

**Language of presentation:** English

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

1. Introduce the sexual response cycle, and the categorization of sexual dysfunctions in three dimensions (medical, psychological, and relational), as well as four domains (desire, arousal, orgasm, and pain) and highlight the prevalence of sexual dysfunction

2. Identify barriers to discussions in primary care
3. Help participants generate an approach to discuss their patients' sexual concerns using the PLISSIT mode

**Description:** Sexual dysfunctions affect half of people across the lifespan. These are not routinely discussed in family medicine due to limits in time, knowledge, as well as doctor and patient comfort levels. The literature documents that patients are unlikely to bring up their concerns unprompted. It therefore is the responsibility of the family physician to create a supportive and non-judgemental environment that invites patients to bring up their sexual questions. Our goal is to facilitate approaches to identify and initiate management of sexual concerns.

### **Stories and Lessons from the Trenches: The successes and failures in learner remediation**

Eric Wong, MD, MCISc (FM), CCFP, FCFP; Daniel Grushka BSc, MSc, MD, CCFP(EM), FCFP; Jamie Wickett, MD, MCISc(FM), CCFP, FCFP; Christina Cookson, MD, CCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 210**

**Language of presentation:** English

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

1. Describe the common patterns of deficits in the essential skills dimensions of residents requiring remediation
2. Describe both effective and less effective approaches to the identification of deficits in the essential skills dimensions at a committee level
3. Describe both effective and less effective approaches to the development and implementation of remediation plans

**Description:** With the expansion of family medicine programs leading to more learners from varied backgrounds and the ongoing increasing complexity of our specialty, training family physicians in a time limited program is becoming increasingly challenging. Competency based medical education has resulted in earlier identification of learners; however, many challenges still persists with remediation of identified deficits in the essential skills dimensions. We will share key lessons learned from our experience from the time of identification of deficits in the essential skills dimensions through to the resolution of remediation and probation plans with a focus of discussion of various effective approaches that may be used in other residency programs. Case studies will be examined in small groups with resulting insights shared.

### **Top 10 Practice-Changing Tips From Practice-Based Learning Program Modules 2024-2025 | Les 10 meilleures astuces susceptibles de modifier la pratique qui ressortent des modules 2024-2025 du programme d'apprentissage basé sur la pratique**

Peter Tzakas, MD, FCFP; Dana McKay, MD, CCFP; Haider Saeed, MD, CCFP; Heather Armson, MD, FCFP; Melissa Vyvey, MD, CCFP

**Session ID: 202**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Describe the top 10 submitted practice reflection learning points from primary care practitioners in the Small Group Practice-Based Learning Program

2. Evaluate the importance of making commitment-to-change statements to promote practice change
3. Integrate others' strategies and challenges to change into their own practice reflection

**Description:** This session will highlight the past year's top 10 practice changing tips from the Small Group Practice-Based Learning Program, the Foundation for Medical Practice Education's (FMPE) popular continuing medical education program for family doctors. FMPE is a Canadian not-for-profit that offers practice-based learning programs created by family physicians for family physicians, with a mission to translate evidence-based medicine to enhance the care of patients. FMPE's modules summarize the most up-to-date evidence on topics such as osteoporosis, abnormal CBC, and peripheral neuropathy. In this talk, we will present the most common commitment-to-change statements found in the practice reflections of our small group program's participants. Our program has over 6,000 Canadian family physicians and thus these practice changes are highly likely to be relevant to the average family doctor. Cases, tools and evidence from our modules will be used to teach family doctors how to make these changes in their own practice.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Décrire les dix meilleurs points proposés à la suite d'une réflexion sur la pratique par les médecins de soins primaires participant au programme d'apprentissage en petit groupe
2. Évaluer l'importance de consigner par écrit les intentions de changer pour favoriser une modification de la pratique
3. Intégrer les stratégies d'autrui et les défis liés au changement dans la réflexion des personnes inscrites sur leur propre pratique

**Description :** Cette séance mettra en lumière les dix meilleures astuces susceptibles de modifier la pratique qui ressortent de l'édition 2024-2025 du programme d'apprentissage en petit groupe, initiative populaire de la Fondation pour l'éducation médicale continue (FÉMC) qui s'adresse aux médecins de famille. La FÉMC est un organisme sans but lucratif canadien qui propose des programmes d'apprentissage basés sur la pratique qui sont créés par des médecins de famille pour les médecins de famille et dont la mission est d'appliquer la médecine fondée sur des données probantes au soin des patients et des patientes. Les modules de la FÉMC résument les données probantes les plus à jour sur des sujets comme l'ostéoporose, l'hémogramme anormal et la neuropathie périphérique. Lors de cette causerie, nous présenterons les intentions de changer que l'on trouve le plus souvent écrites dans les réflexions sur la pratique des personnes qui participent à notre programme d'apprentissage en petit groupe. Comme plus de 6 000 médecins de famille canadiens sont inscrits à celui-ci, il est fort probable que ces modifications de la pratique présentent un intérêt pour le commun des médecins de famille. Des études de cas, des outils et des données provenant de nos modules serviront à apprendre aux médecins de famille à procéder à ces changements dans leur propre pratique.

### **Top Ten Emergency Articles to Change Your Practice | Les 10 articles en médecine d'urgence qui modifieront votre pratique**

Jock Murray, MD, FCCP (EM); Colin Boyd, MD; Matthew Clarke, MD; Michael Clory, MD; Constance Leblanc, MD; Ryan Henneberry, MD; Rebecca Haworth, MD; Raphael Panais, MD

**Session ID:** 62

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Learn about 10 potentially practice changing articles from the recent literature
2. Engage with a evidence based critique of these articles
3. Decide if their practice will change based on these articles

**Description:** The Top Ten Emergency articles is a recurring session for the past 15 years. The presenters are practicing CCFP(EM) Physicians with experience in multiple emergency settings. Ten articles are chosen from the recent literature based on their relevance to Family Medicine, quality and potential to change practice. The Principles of Choosing Wisely will be applied. Four minutes is allotted to each paper with the remaining time dedicated to audience questions. This session consistently draws 200-400 participants and is highly rated. It has been included in FMF loves on several occasions.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Découvrir dix articles récents susceptibles de modifier les pratiques
2. Participer à une critique de ces articles axée sur des données probantes
3. Décider si ces articles modifieront votre pratique

**Description :** La séance « Les 10 articles en médecine d'urgence » est proposée régulièrement depuis 15 ans. Les animateurs sont des titulaires de la désignation CCMF(MU) qui possèdent une expérience dans de multiples situations d'urgence. Dix articles récents ont été choisis en fonction de leur pertinence pour la médecine de famille, leur qualité et leur capacité à modifier la pratique. Les principes de Choisir avec soin seront appliqués. Chaque article sera abordé pendant quatre minutes, tandis que le reste du temps sera consacré aux questions du public. Cette séance attire régulièrement entre 200 et 400 personnes et est très appréciée. Elle a fait plusieurs fois partie du palmarès des séances les plus appréciées du FMF.

### **Top Ten Family Medicine Articles to Change Your Practice | Les 10 articles en médecine de famille qui modifieront votre pratique**

Jock Murray, MD, FCCP (EM); Roop Conyers, MD; Kiara Clory, MD; Deanna Field, MD; Anna Neumann, MD; Jennifer Leverman, MD; Mandi Irwin, MD

**Session ID: 63**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Learn about ten potentially practice changing articles from the recent literature
2. Engage with an evidence-based review for the ten articles
3. Decide if they will change their practice based on the ten articles

**Description:** The Top Ten Family Medicine Articles is a recurring session for the past 15 years. The presenters are practicing CCFP Physicians with experience in multiple Family Medicine settings. Ten articles are chosen from the recent literature based on their relevance to Family Medicine, quality and potential to change practice. The principles of Choosing Wisely will be applied. Four minutes is allotted to each paper with the remaining time dedicated to audience questions. This session consistently draws 200-400 participants and is highly rated. It has been included in FMF loves on several occasions. This session differs from Dr. Allen's PEER session with a more in-depth critique of fewer articles.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Découvrir dix articles récents susceptibles de modifier la pratique
2. Passer en revue les données probantes contenues dans les dix articles
3. Décider d'une modification de la pratique à la lumière des dix articles

**Description :** La séance « Les 10 articles en médecine de famille » est proposée régulièrement depuis 15 ans. Les animateurs sont des membres détenant la désignation CCMF qui possèdent une expérience pratique dans de multiples contextes de

médecine de famille. Dix articles récents ont été choisis en fonction de leur pertinence pour la médecine de famille, leur qualité et leur capacité à modifier la pratique. Les principes de Choisir avec soin seront appliqués. Chaque article sera abordé pendant quatre minutes, tandis que le reste du temps sera consacré aux questions du public. Cette séance attire régulièrement entre 200 et 400 personnes et est très appréciée. Elle a fait plusieurs fois partie du palmarès des séances les plus appréciées du FMF. Cette rencontre diffère de la séance PEER du Dr Allen en ce sens qu'elle présente une critique plus approfondie de moins d'articles.

### Transitioning to Practice 101

Calista Lytle, MD

**Session ID: 142**

**Language of presentation:** English

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

1. Understand essential skills and resources to facilitate a smooth transition into independent practice
2. Learn about various job opportunities across the country, and how to choose the right fit
3. Hear diverse perspectives of newly independent physicians, including helpful tips and challenges

**Description:** Second year family medicine residents are often anxious and indecisive when considering future career pathways after graduation. Guidance, resources, and advice from our peers through firsthand experiences has shown to reassure many residents and those in their first five years of practice. This interactive session, facilitated by the Section of Residents of the CFPC, will consist of a diverse panel of newly practicing family doctors from across Canada. Panelists will discuss useful tips and strategies for choosing the right job for you, different types of practice options that exist (ie. team-based care, salary, fee for service, focused/specialized practices, hospital medicine, family medicine obstetrics, full spectrum care, etc.), what to expect when transitioning to practice, and how to handle the daily challenges that come with independent practice. Panelists will share helpful information for second year residents about their personal experiences and what they wished they knew before transitioning to practice. The session will conclude with an opportunity to ask the panelists questions related to transitioning to practice.

### Update on New Canadian Clinical Practice Guidelines on Migraine Prevention

James Kim, MBBCh, PgDip, MScCH

**Session ID: 258**

**Language of presentation:** English

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

1. Explore the latest 2024 Canadian clinical practice guideline (CPG) on migraine prevention
2. Apply these recommendations into primary care practice when managing migraine
3. Implement clinical tools for migraine management in primary care practice

**Description:** Migraine is one of the most common and debilitating conditions encountered in primary care clinics. However, the complexity of migraine prevention management can pose challenges for healthcare providers when treating migraine patients. Previous Canadian guidelines on migraine prevention were published in 2012, focusing solely on episodic migraine prevention. As a result, healthcare providers often assumed that the same management strategies could be applied to

chronic migraine patients. In 2024, updated guidelines were created and released to address both chronic and episodic migraine prevention. These new recommendations also take into account special circumstances and populations that are particularly relevant in primary care. This session will outline the latest clinical practice guidelines for migraine prevention, explaining how they can be applied in primary care settings. It will also provide practical clinical tips for managing the complexities of treating migraine patients.

### **Using Student Feedback to Guide Teacher Improvement**

Allyson Merbaum, MD, CCFP, FCFP; Risa Freeman MD, CCFP, MEd, FCFP; Kimberly Lazare MD, CCFP, MScCh

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 105**

**Language of presentation:** English

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

1. Describe the benefits and limitations of traditional student feedback and evaluation systems on teacher performance
2. Discuss the importance of teacher assessment for the individual teacher's growth and development
3. Implement strategies to use teaching performance data to guide teacher self-assessment and improvement

**Description:** Providing effective feedback and evaluation of learners is fundamental to medical and health professions education. However, many programs find it challenging to develop and deliver effective programs for feedback and assessment of teachers. Current accreditation standards for family medicine residency and medical student training require an effective process for assessing teachers, which incorporates learner input and includes both opportunities for recognition of teaching excellence and for addressing performance concerns. Academic promotion also requires evidence of effective teaching, and faculty are often hindered in their journey to promotion by a lack of evaluation data. At Temerty Faculty of Medicine at the University of Toronto, work has been undertaken to improve the tool used to measure teaching effectiveness and to increase opportunities for learners to evaluate teachers to improve the volume and breadth of feedback. Alongside these efforts, the Department of Family and Community Medicine is investigating ways to stimulate teachers to use this data effectively to improve their performance, provide support for underperforming teachers, and recognize those with strong teaching evaluations. In this workshop, we will review the literature regarding the benefits and limitations of traditional teaching performance evaluation systems. Through case examples, participants will have an opportunity to discuss common challenges that may impact teacher performance, and we will explore potential methods for seeking formal and informal feedback from learners. By sharing support and resources that we have developed, participants will be able to create an action plan to enhance their own teaching effectiveness.

### **Wake Up to PEER's Approach to Fatigue! | Debout! Parlons de la fatigue avec le groupe PEER**

Allison Paige, MD, CCFP; Jennifer Young, MD, CCFP (EM)

**Session ID: 135**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Utilize an approach to undifferentiated fatigue in family practice



2. Assess relevance of commonly ordered tests in fatigued patients such as TSH and CBC
3. Discuss the value of supplements, sleep hygiene and self care

**Description:** Does your heart sink when your patient says at the end of their appointment, “hey doc I am just so tired?” In this case-based presentation, we will outline an approach to one of the most common complaints we hear in family medicine. We will put the CBC and the TSH into perspective and discuss evidence around supplements, sleep and self care. At the end of this presentation, we hope you will feel energized enough to energize your patients!

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Utiliser une approche de dépistage et de prise en charge de la fatigue indifférenciée en médecine de famille
2. Évaluer la pertinence des tests couramment prescrits chez les personnes fatiguées, comme le dosage de la thyroïdostimuline (TSH) et l'hémogramme.
3. Discuter de la valeur des suppléments, de l'hygiène du sommeil et des soins autoadministrés.

**Description :** Avez-vous le cœur serré lorsqu'on vous dit, à la fin d'un rendez-vous, « Docteur, je suis tellement fatigué »? Lors de cette séance axée sur des cas, nous décrirons une façon d'aborder l'une des plaintes les plus fréquentes en médecine de famille. Nous mettrons en perspective l'hémogramme et le dosage de la TSH et discuterons des données probantes concernant les suppléments, le sommeil et les soins autoadministrés. À la fin de cette présentation, nous espérons que vous aurez assez d'énergie pour que vos malades puissent en faire le plein également!

#### What Is New in Asthma Guidelines for the Primary Care Clinician?

Alan Kaplan, MD, CCFP (EM), FCFP, CPC (HC)

**Session ID:** 19

**Language of presentation:** English

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

1. Review both Canadian and GINA (Global initiative for asthma) guidelines
2. Highlight what is new in these recommendations
3. Understand how to implement these changes in your practice

**Description:** Asthma is a common adult and childhood illness. We have many treatments for it, yet our patients continue to be uncontrolled and end up on systemic steroids, which are known to cause harm both acutely and in their cumulative doses. We will review diagnosis, approaches to therapy, and updates in our guidelines to give you a simple approach to your asthmatics. We will review basics also like inhaler technique and hints regarding adherence. GINA updates its recommendations annually and as a member of the scientific committee, I hope to bring these updates to you in an easily digestible form!

## With All the New Gadgets, Is AI Going to Replace Me? | Avec tous ces nouveaux gadgets, l'IA va-t-elle me remplacer ?

Rahim Valani, MD, M Med Ed, MBA, LLM

**Session ID: 25**

**Language of presentation:** English with simultaneous interpretation | Disponible en français

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

1. Identify the role of technology in assisting physicians in providing optimal clinical care
2. Describe the ethical and practical challenges associated with AI and technology in clinical settings
3. Identify strategies for family physicians to integrate AI and gadgets effectively and responsibly into their practice

**Description:** The integration of gadgets and artificial intelligence (AI) is transforming clinical medicine, offering tools that can enhance efficiency and improve patient care. This session aims to provide family doctors with a foundational understanding of AI and its applications in their practice. The session begins with a clear definition of AI and its relevance to clinical medicine, followed by an exploration of innovative gadgets and technologies available. Attendees will learn about the practical uses of AI, such as automating charting, summarizing medical records, assisting with diagnosis, and generating referral letters. Participants will see how these tools can save time and improve clinical workflows. However, the promise of AI also brings challenges. The session will address concerns about privacy, potential inaccuracies in diagnosis, and the ethical implications of relying on technology in patient care. Through interactive discussion and case studies, participants will reflect on these challenges and consider strategies for addressing them. By the end of this session, family physicians will have a deeper understanding of how AI and gadgets can be effectively and ethically integrated into their practice, enhancing both their professional efficiency and the quality of patient care. This knowledge will empower attendees to adopt these technologies confidently while navigating the associated challenges.

**Objectifs d'apprentissage :** À la fin de cette activité, les participants seront en mesure de :

1. Définir le rôle de la technologie dans la prestation de soins cliniques optimaux par les médecins
2. Décrire les défis éthiques et pratiques associés à l'IA et à la technologie dans les contextes cliniques
3. Présenter, à l'intention des médecins de famille, des stratégies d'intégration efficace et responsable de l'IA et des gadgets dans leur pratique

**Description :** L'intégration des gadgets et de l'intelligence artificielle (IA) transforme la médecine clinique par des outils susceptibles d'améliorer l'efficacité et les soins. Grâce à cette séance, les animateurs veulent que les médecins de famille aient une compréhension de base de l'IA et de ses applications dans leur pratique. La rencontre commencera par une définition claire de l'IA et une explication de sa pertinence pour la médecine clinique. Suivra une exploration des technologies et des gadgets innovateurs disponibles. Les personnes inscrites découvriront les utilisations pratiques de l'IA, comme la consignation automatique au dossier, le résumé des dossiers médicaux, l'aide au diagnostic et la production de demandes de consultation. Les gens verront comment ces outils peuvent faire gagner du temps et améliorer les flux de travail clinique. Toutefois, les promesses de l'IA s'accompagnent aussi de défis. La séance traitera des préoccupations à l'égard de la confidentialité, des inexactitudes de diagnostic possibles et des conséquences éthiques du recours à la technologie pour les soins. Par une discussion interactive et des études de cas, les participants et les participantes réfléchiront sur ces défis et examineront des stratégies destinées à les surmonter. À la fin de cette rencontre, les médecins de famille comprendront mieux comment l'IA et les gadgets peuvent être efficacement et éthiquement intégrés dans leur pratique et améliorer à la fois leur efficacité professionnelle et la qualité des soins. Ces connaissances favoriseront l'adoption de ces technologies avec confiance tout en naviguant à travers les défis connexes.

## Wound Care: Ordinary Approaches to Extraordinary Cases – I

Karen Chien, MD, MSc, CCFP (PC,COE) FCFP; Evan Chong, MD, MScCH, CCFP (COE)

**Session ID: 219**

**Language of presentation:** English

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

1. Develop a standardized approach to wound management, with an emphasis on holistic, patient-centred interventions
2. Apply the approach through case study of the most commonly encountered wound types
3. Formulate treatment and prevention plans with basic and advanced wound care treatments

**Description:** Wounds are an increasingly common occurrence that pose an immense burden on the Canadian healthcare system. In 2022, the cost of wound care in Canada was estimated at more than \$11 billion (1), a sizeable increase from the previous estimate of \$8.28 billion in 2019. However, in 2023, Canadian wound care costs surpassed \$12 billion (2), underscoring the growing imperative that health organizations and individual health providers be equipped to deliver quality care to individuals with wounds. A needs assessment conducted after a wound care workshop (3) revealed that family physician participants wanted to learn more about wounds and their treatment. We presented an introductory wound care workshop at FMF 2024 and met interest for further exploration and discussion. Wounds presenting to the family physician may include acute wounds – such as skin tears, incisional wounds, burns and other traumatic injuries- as well as more complex wounds - such as pressure injuries, vascular wounds, or diabetic neuropathic foot ulcers. Acute wounds can become chronic wounds if interventions are not timely and appropriate. In this workshop, family physicians will have the opportunity to review the physiology of skin and wounds, typology and identification of wound etiology and how they can be healed. A wound care clinical enabler will also be shared to facilitate practice and teaching. PART I: Attendees will be engaged in the application of a standardized wound management approach through case-based studies of the most common types of wounds (Skin Tears, Pressure Injuries, Venous Leg Ulcers).

1 Queen D, Botros M, Harding K. International opinion-The true cost of wounds for Canadians. *Int Wound J.* 2024 Jan;21(1):e14522. doi: 10.1111/iwj.14522. Epub 2023 Dec 12. PMID: 38084491; PMCID: PMC10777746.

2 Queen D, Botros M. The true cost of wounds for Canadians. *Wound Care Canada.* 2024 Summer ;22(1): 16-20. DOI: 10.56885/NXMW2913.

3 Ott C, Chien K, Peiser S, Miller A. 11th Annual Toronto Geriatrics Update Course 2023, Sinai Health, Toronto, ON. November 2023.

## Wound Care: Ordinary Approaches to Extraordinary Cases – II (Diabetic foot ulcers)

Karen Chien, MD, MSc, CCFP (COE,PC), FCFP; Evan Chong, MD, MScCH, CCFP (COE)

**Session ID: 220**

**Language of presentation:** English

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

1. Develop a standardized approach to wound management, with an emphasis on holistic, patient-centred interventions
2. Apply the approach through case study, with a special focus on the management of Diabetic Foot Ulcers (DFU)
3. Formulate treatment and prevention plans with basic and advanced wound care treatments

**Description:** Wounds are an increasingly common occurrence that pose an immense burden on our healthcare system. In 2022, the cost of wound care in Canada was estimated at more than \$11 billion (1), a sizeable increase from the previous estimate of \$8.28 billion in 2019. However, in 2023, Canadian wound care costs surpassed \$12 billion (2), underscoring the growing imperative that health organizations and individual health providers be equipped to deliver quality care to individuals with wounds. Wounds presenting to the Family Physician may include acute wounds- such as skin tears, incisional wounds, burns and other traumatic injuries, as well as more complex wounds- such as pressure injuries, vascular wounds, or diabetic neuropathic foot ulcers. Acute wounds can become chronic wounds if interventions are not timely and appropriate. In this workshop series, Family Physicians will have the opportunity to review the physiology of skin and wounds, typology and identification of wound etiology and how they can be healed. A wound care clinical enabler will also be shared to facilitate practice and teaching. In PART I: Attendees were introduced to a standardized wound management approach, which was demonstrated through case-based studies of the most common types of wounds (Skin Tears, Pressure Injuries, Venous Leg Ulcers). For PART II: This standardized wound care approach will be re-introduced for new attendees and reinforced for others. This workshop will be focused on DFU management. Diabetic foot ulcers typically present as one of the more complex chronic wounds and through case study based on real-world examples, we will explore common issues and interpret current clinical practice guidelines to guide healing and limb preservation. The care of DFUs often combines management concepts used for pressure injuries, venous stasis ulcers, and arterial wounds, and will offer attendees some review and application of concepts previously described in PART I.

1. Queen D, Botros M, Harding K. International opinion-The true cost of wounds for Canadians. *Int Wound J*. 2024 Jan;21(1):e14522. doi: 10.1111/iwj.14522. Epub 2023 Dec 12. PMID: 38084491; PMCID: PMC10777746.
2. Queen D, Botros M. The true cost of wounds for Canadians. *Wound Care Canada*. 2024 Summer;22(1): 16-20. DOI: 10.56885/NXMW2913.

### **Written Assessment: Pearls and Pitfalls**

Samantha Horvey, MD, CCFP, FCFP; Ann Lee, MD, MEd, CFPC, FCFP; Nathan Turner, MD, CCFP

All teachers welcome. Highlight's novice concepts for preceptors, educational leaders and/or teachers outside the clinical setting.

**Session ID: 80**

**Language of presentation:** English

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

1. Differentiate between formative and summative assessments
2. Apply the seven evidence-based features of high-quality narrative comments
3. Construct effective narrative comments tailored to various learner situations

**Description:** High-quality written assessment is important in family medicine education as it enables educators to evaluate learner progress, identifies areas for improvement, and contributes to safe patient care. This session introduces family medicine educators to evidence-based approaches for assessing trainees, with a focus on the utility of narrative comments in both formative and summative assessments. Participants will explore the features of high-quality narrative comments, the processes for constructing them, and their roles in different assessment contexts. Narrative comments are emphasized as reliable tools for describing performance, providing actionable feedback, and supporting professional growth. The session also addresses challenges in written assessment, including managing complex learner scenarios and navigating issues such as

the "failure to fail" phenomena and "information that resists being written". Through interactive, case-based discussions, attendees will practice constructing high quality narrative comments tailored to various learner situations. Key elements such as clarity, balance, non-judgmental language, and actionable recommendations will be highlighted. Practical strategies for documenting assessments effectively, while considering the nuances of learner-teacher dynamics, will also be discussed.