FMF
Family Medicine Forum
Forum en médecine familiale

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
à Winnipeg (MB)

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+MD? 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!

FMF Committee Members

Dr. Leslie Griffin Co-chair | Nova Scotia

Dr. Stephen Hawrylyshyn Co-chair | Ontario

Dr. Ian Alexander Manitoba

Dr. Marie-Dominique Beaulieu Section of Researchers

Dr. Katherine Bell Rural | British Columbia

Dr. James Goertzen Section of Teachers

Dr. Moulay Jbala Quebec

Dr. Jeya Kandeepan Prince Edward Island

Dr. Calista Lytle Resident Rep

Dr. Claire MacKinlay Territories

Dr. Taryn O'Neill New Brunswick

Dr. Albert Ovie Member Interest Groups Section

Dr. Amanda Tzenov Newfoundland and Labrador

Dr. Amanda Wang Alberta

Dr. Matthew Wong Saskatchewan

Keynote: How to Change a Social Contract: Lessons from reconciliation in an age of health system upheaval | Comment faire évoluer un contrat social : les enseignements de la réconciliation en cette période des troubles pour le système de santé

Dr. Alika Lafontaine

Session ID: 7

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

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

1. Recognize the emotional and systemic factors driving disengagement among physicians and other stakeholders during health system transformation
2. Describe how personal and collective narratives, especially those rooted in reconciliation, can reshape identity, rebuild trust, and enable system change for both providers and patients
3. Identify opportunities for individuals and groups—including physicians, patients, and advocates—to contribute to meaningful transformation within complex health systems

Description: As Canada's healthcare system undergoes profound disruption, physicians and patients alike are navigating a landscape marked by broken promises, shifting roles, and increasing disconnection. In this keynote, Dr. Alika Lafontaine explores how emotional responses such as anger, outrage, and indifference often point to deeper structural breakdowns, particularly the erosion of the social contract between people and the systems meant to serve them. Drawing on national reconciliation efforts, including the Indigenous Health Alliance and the Canadian Medical Association's apology to Indigenous Peoples, Dr. Lafontaine offers a practical framework for understanding system upheaval, reconnecting with purpose, and finding agency through storytelling, collaboration, and action. Attendees will leave with new language to describe what they are experiencing and renewed insight into how individual and collective efforts can meaningfully reshape the future of healthcare.

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

1. Reconnaître les facteurs émotionnels et systémiques qui favorisent le désengagement des médecins et des autres acteurs du système de santé lorsque celui-ci est chamboulé
2. Décrire comment les témoignages personnels et les discours collectifs — notamment ceux ancrés dans la réconciliation — peuvent remodeler l'identité, rétablir la confiance et favoriser un changement du système, tant pour les prestataires que pour les patientes et les patients
3. Trouver des façons dont chaque individu et les différents groupes (médecins, patientes et patients, et promoteurs de la santé) peuvent aider à transformer de manière considérable des systèmes de santé complexes

Description : Le système de santé canadien connaît actuellement des perturbations majeures, qui placent médecins et patients face à des promesses rompues, à des rôles changeants et à un sentiment grandissant d'isolement. Lors de cette plénière, le Dr Alika Lafontaine explique comment des réactions émotionnelles, telles que la colère, l'indignation ou l'indifférence, traduisent bien souvent des dysfonctionnements structurels plus profonds, en particulier l'érosion du contrat social entre la population et les systèmes qui sont censés la servir. S'inspirant des efforts de réconciliation au pays, notamment de la Indigenous Health Alliance et des excuses présentées par l'Association médicale canadienne aux peuples autochtones, le Dr Lafontaine propose un cadre pratique pour comprendre les bouleversements du système, renouer avec le sens de sa mission et trouver des moyens d'agir à travers le discours, la collaboration et l'action. Les participants repartiront avec un nouveau vocabulaire pour exprimer ce qu'ils vivent et une vision enrichie de la manière dont les efforts individuels et collectifs peuvent véritablement façonner l'avenir des soins de santé.

Keynote: Hope in the Meantime | L'espoir entre-temps

Dr. Jillian Horton

Session ID: 8

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 structural and cultural forces in our profession that can dissuade us from appropriate and urgent advocacy
2. Examine the ways in which thoughtful advocacy can complement meaning in work - and restore our locus of control
3. Implement simple cognitive reframing strategies that can rebalance both our perception of the associated risk and our capacity to deal with the consequences

Description: Healthcare is in trouble but so is the world at large. We are facing a moment that feels different than anything we have experienced so far in our lives. But what can we do about it? And with everything on our plates, can we really do more? This session will explore the complex personal and professional forces that sometimes prevent physicians from speaking up - and how we can overcome them.

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

1. Identifier les forces structurelles et culturelles de la profession susceptibles de freiner les efforts de plaidoyer qui sont urgents et nécessaires
2. Analyser comment un militantisme réfléchi peut donner plus de sens à notre travail et ramener un sentiment de contrôle dans nos vies
3. Mettre en pratique des stratégies simples de recadrage cognitif afin de rééquilibrer à la fois notre perception du risque et notre capacité à en assumer les conséquences

Description : Le secteur de la santé traverse une période difficile, tout comme le monde en général. Nous faisons face à une situation qui nous semble sans précédent dans nos vies. Mais que pouvons-nous y faire ? Et surtout, avec tout ce qui pèse déjà sur nos épaules, pouvons-nous réellement en faire davantage? Durant cette plénière, nous nous pencherons sur les forces complexes dans la vie personnelle et professionnelle des médecins qui les dissuadent parfois de s'exprimer. Nous explorerons ensuite des moyens de les surmonter.

Keynote: We Become What We Celebrate | Nous devenons ce que nous célébrons

Mr. Peter Katz

Session ID: 9

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 how sharing and celebrating meaningful patient and professional stories can strengthen purpose, connection, and wellbeing in family medicine
2. Apply practical storytelling and reflective practices to make invisible values and impacts more visible within their teams and patient relationships
3. Recognize the role of intentional celebration in sustaining resilience, fostering belonging, and inspiring future positive actions

Description: Family physicians hold countless stories of impact—moments that shape patients' lives and sustain their own sense of purpose, yet these moments often go uncelebrated amid the pace and pressures of clinical work. In this keynote, Juno-nominated songwriter, keynote speaker and facilitator Peter Katz weaves live music, storytelling, and evidence-based practices to help participants reconnect with the meaning behind their work. Through homegrown examples and practical tools, attendees will explore how intentional celebration can reveal the "recipe" behind their successes and deepen connection with patients, colleagues, as well as their loved ones.

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

1. Comprendre comment le partage et la célébration d'histoires marquantes de patients et de professionnels peuvent renforcer la motivation, le sentiment d'attachement à l'égard de la profession et le bien-être des médecins de famille
2. Appliquer des techniques pratiques de mise en récit et de réflexion pour mettre en lumière des valeurs et des impacts souvent invisibles, tant au sein des équipes que dans les relations avec les patients
3. Reconnaître le rôle de la célébration intentionnelle dans le maintien de la résilience, le développement d'un sentiment d'appartenance et l'encouragement de gestes positifs

Description : Les médecins de famille portent en eux d'innombrables histoires : des instants qui ont façonné la vie de leurs patientes et de leurs patients et qui ont nourri leur propre sens du devoir, mais qui demeurent souvent dans l'ombre étant donné le rythme soutenu et la pression du travail clinique. Dans cette plénière, Peter Katz, auteur-compositeur nominé aux prix Juno, conférencier et animateur, mêle le spectacle musical, le récit et les pratiques fondées sur des données probantes pour aider son auditoire à renouer avec le sens de leur travail. Au moyen d'exemples concrets et d'outils pratiques, les personnes qui assistent à la plénière découvriront comment la célébration intentionnelle peut révéler la clé de leur succès et renforcer leurs liens avec leurs patientes et leurs patients, leurs collègues ainsi que leurs proches.

AI in Primary Care: A CMPA Perspective | L'IA dans les soins primaires : perspective de l'ACPM

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 médicolégaux liés à l'emploi d'applications d'IA
3. Décrire des stratégies susceptibles de réduire les risques médicolégaux 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 médicolégaux 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 médicolégaux. 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 médicolégaux 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)

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, MClSc, 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

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, MClSc, 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; Jamaica Cass, MD, PhD, CCFP, DABOM

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, MClSc, 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

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 Waye, 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; Brooke Hanson, BSc

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

Jennifer Griffin, MD; 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.

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, fibromyaglia, 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 influer sur 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 scare 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 i’Intelligence artificielle en médecine familiale

Samuel Gareau-Lajoie, MD, FCMF ; Sarah Marchand-Lacoursière, M.Sc. IPSSM | MHNP

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’apprivoiser 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

Marc Venturi, PhD, MSc; Cathy MacLean, MD, FCFP, MClSc, 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; Louise Papillon-Ferland, B. Pharm., M.Sc.

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 peri-menopause
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; Guylene Theriault, MD, CCFP

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; Ivy F. Oandasan, MD, CCFP, MHSc, FCFP

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

David M. Kaplan, MD, CCFP, FCFP

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 1: Primary care in practice: Innovations, integretion and impact

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.

1. 3 Years' Experience of a New Selection Test for Family Medicine – Keith Wycliffe-Jones
2. Reducing Administrative Burden in Primary Care: A Digital Solution to Optimize the Use of PROMs and PREMs (Work in Progress) - Marie-Eve Poitras
3. Technology and Primary Care Clinician Burden (Work in Progress) – Marwa Ilali
4. Building Together: A Case Study of the Impact of CPCRC in Co-Building a Person-Centred Primary Care Research Consortia to Strengthen Collaboration and Capacity Across Canada – Sabrina Wong
5. Use of ICD-9 Diagnosis Codes by Family Physicians (Work in Progress) – Stephanie Garies

Facilitated Poster Session 2: Strengthening primary care through learning and equity

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.

1. Cultural Competency Training and Refugee Health (Work in Progress) – Assia Rarrbo
2. The Art of Healing: An Innovative Communication and Arts & Humanities Curriculum – Emma Glaser
3. Blood-Borne Viral Screening in New Panel Patients: A Retrospective Review in an Outpatient Family Medicine Setting – Max Charalambos

4. Beyond Blame: Addressing Barriers to International Medical Graduates (IMGs) Shortages in Rural Canada – Udoka Okpalauwaekwe
5. Section of Researcher's Blueprint 3: Development and Evaluation – Steve Slade

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

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

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.

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

Session ID: 155

James Goertzen, MD, MClSc, 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. Descrbe 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 optomize 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: Top scoring free-standing papers

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 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.

Order of presentation: 1

Improving Vaccine Communication and Supporting Vaccine Decision-Making in Pregnancy

Maria Castrellon Pardo*, PaCER; Monica Surti, MPH; Zaileen Jamal, MPH; Medea Myers-Stewart*, MPH; Marcia Bruce, PaCER; Maoliosa Donald, PhD, MSc; Andrea Patey, PhD, MSc; Eliana Castillo, MD, MHSc

Learning objectives:

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

1. Describe the behavioural-sciences informed Vaccines in Pregnancy Canada Intervention package
2. Identify how the Vaccines in Pregnancy Canada intervention can support vaccine decision-making during pregnancy
3. Explain how structured training and practice modifications can enhance provider readiness and support patient decision-making

Objective: To determine the Vaccines in Pregnancy Canada (VIPC) intervention packages acceptability, fidelity and contextual factors prior to spread and scale. **Design:** Multi-methods, pre-post design with data collected at three key points: pre-implementation, immediately after intervention implementation and three months post-intervention. Quantitative data gathered through surveys, including theory-informed questionnaires and a communication assessment tool. Qualitative data collected through observations, field notes, focus groups, and semi-structured interviews. Approved by the University of Calgary Conjoint Health Research Ethics Board. **Setting:** High volume, low-risk perinatal care clinic in Alberta. **Participants:** Twelve primary care providers and 199 patients who all self-identified as over the age of 18 and living in Alberta. **Intervention:** Co-designed with patients and providers to integrate vaccine communications into routine prenatal care. The intervention includes a pregnancy specific vaccine communication approach, a practice change plan, a vaccine in pregnancy skills course and a public website. **Results:** Providers successfully completed skills course and implemented a practice change plan that included practice process changes and environment modifications (e.g. new communication approach and patient

decision support tools available on website). Pre-implementation, 83.4% of providers said they want training on how to discuss vaccination during pregnancy. After receiving training as part of the rollout of the intervention, provider confidence to discuss vaccination during pregnancy rose from 50% (strongly agree or agree) during pre-implementation to 100% post-implementation. Pre-implementation 30% of patients reported having a conversation about vaccination during pregnancy that day, post-implementation that number rose to 55% of patients. **Conclusion:** The VIPC intervention was received well by providers and patients in the clinic and improved provider confidence and communication frequency. The intervention is ready to be scaled to measure effectiveness and impact on vaccine decision-making and vaccine uptake.

Order of presentation: 2

Quality of HIV Care in Canadian Family Medicine

Alexander Singer*, MB BCh BAO, CCFP, FCFP; Leanne Kosowan, MSc; Sameer Kassim, MB BCh BAO., MSc., DTM&H., CCFP., DipRCPath; Lisa LaBine, MSc

Learning objectives:

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

1. Apply a validated case definition to identify patient living with HIV in Manitoba, Canada
2. Understand the application of the validated case definition to other Canadian provinces
3. Describe the value in application of this definition to understand patient experiences such as care pathways, burden of disease and morbidity

Objective: Validate and apply an Electronic Medical Record (EMR) based case definition to identify and characterize patients living with HIV. **Design:** Retrospective cross-sectional study testing an HIV algorithm using de-identified EMR records from the Manitoba Primary Care Research Network (MaPCReN). **Setting:** There are 228 primary care family physicians, nurse practitioners, and community pediatricians from across Manitoba, Canada representing 219,639 patients. **Participants:** Among the 219,639 patients in MaPCReN a subset of active patients (≥1 visit with between January 1, 2020, and December 31, 2023) was selected for validation (n=4,054). **Main Outcome:** Using a previously developed algorithm, 1161 patients (n=6,391 records) were selected for chart review to assess for HIV diagnosis, keyword, or medication producing a positive reference set (n=1,069 patients). Negative controls (n=3201 patients, 105,052 records) were randomly selected for review confirming no indication of HIV producing a negative reference set (n=2,985 patients). We tested 12 HIV case definitions that assessed diagnostic codes (ICD-9-CM), prescriptions (ATC codes), and free text for HIV keywords. **Results:** Case definition 12 captured patients with ≥1 diagnostic code in the health condition table or ≥2 diagnostic codes in the billing or encounter diagnosis table producing a sensitivity (91.4% (95% CI 89.6-93.0)), specificity (99.9% (95% CI 99.7-99.9)), positive predictive value (99.6% (95% CI 98.9-99.9)) and negative predictive value (97.0% (95% CI 96.4-97.5)). Application of case definition 12 to MaPCReN suggests of prevalence of 0.56% (0.53-0.59). Patients living with HIV were significantly more likely to be male (58.8%) compared to female (41.2%) (p<.0001) and were more likely to reside in an urban location (93.6%) compared to a rural location (6.4%) (p<.0001). **Conclusions:** Diagnostic codes were optimal to capture patients living with HIV. Application of this case definition improves our understanding of implementation and quality of care delivered by primary care providers and informs HIV care in Canada.

Order of presentation: 3

Advancing 2SLGBTQ+ Family Medicine With Pride: Building and evaluating a national program

Andrew J Organek*, MD, MPH (FCM), CCFP (EM), FCFP; Thea Weisdorf, MD, CCFP, FCFP; Stephanie Truelove, PhD, PMP

Learning objectives:

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

1. Describe 2SLGBTQ+ health inequities that lead to barriers in accessing primary care
2. Demonstrate tools used to create and evaluate national programming for 2SLGBTQ+ family medicine
3. Apply the methods used by CFPC Pride for 2SLGBTQ+ health education to other equity-deserving groups

Background: 2SLGBTQ+ people in Canada face many challenges accessing equitable primary care steeped in a long history of discrimination. Our understanding of their health needs and how to best address them are steadily improving, with family doctors playing a central role in the care of these patients and communities. **Objective:** Develop a multi-pronged approach to improve the care of 2SLGBTQ+ patients, while supporting and celebrating 2SLGBTQ+ communities in family medicine. **Design:** Between 2022 and 2024, CFPC Pride created partnerships, scholarly articles, podcasts, webinars, a website, and social media campaigns. Evaluations were conducted for individual program components and reviewed to determine successes and challenges. Outcomes were mapped to program objectives. Recommendations were developed to improve future programming. **Setting:** National **Participants:** Primary care providers in Canada **Results:** Social media and email engagement was excellent (2023 Impressions: 18,860, Engagement: 464; 2024 Impressions: 14,451, Engagement: 320). Webinars were very highly rated in 2023 (100% of attendees rated the quality of the information as good or excellent, 93% of attendees indicated the content was relevant to their practice) and 2024 (94% of attendees indicated the program would change their practice, 98% of attendees indicated the content was relevant to their practice and 96% would recommend the content to a colleague). Other evaluations provided useful feedback for improvement. **Conclusion:** CFPC Pride has been successful in reaching a large number of family doctors using various media and platforms. The authors identified key areas for improvement, including increased upstream advocacy and the integration of evolving technologies. The current political climate of escalating discrimination towards 2SLGBTQ+ communities has brought new urgency to the advocacy work of family doctors who provide their care. CFPC Pride offers a framework that will lead to broader recognition, collaboration, and the advancement of 2SLGBTQ+ health in family medicine.

Order of presentation: 4

Advancing Professional Responsibilities for Residents: Preceptor perspectives

Joanne Baergen*, MD, MEd (HSE), CCFP; Samantha Horvey, MD, CCFP, FCFP; Martin Tieu, MD, CCFP; Mitchell Chorney; Nathan Turner, MD, CCFP

Learning objectives:

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

1. Compare the differences between preceptor perspectives for the timing of competency versus allowed independence
2. Assess factors identified by preceptors that contribute to the difference in timing of increased independence
3. Examine possibilities for standardization of the timeline for increasing professional responsibilities in residency

Objective: To examine the variability in Family Medicine preceptors' expectations of resident competency and their practices in allowing resident independence across various clinical tasks. **Design:** A cross-sectional survey conducted in 2024. Ethical approval was obtained (U of A REB Ethics ID: Pro00145715). **Setting:** The Department of Family Medicine at the University of Alberta. **Participants:** Family Medicine preceptors affiliated with the Department of Family Medicine at the University of Alberta were invited to participate. A total of 948 preceptors were contacted, and 63 responded. **Main Outcome Measures:** Timing of residents' expected competency and when they would allow residents to act independently in performing seven

specific clinical tasks, including patient management, documentation, and sensitive examinations. Preceptors also provided qualitative comments surrounding their chosen timeline for residents' independence. **Results:** Differences were observed between the timing of expected competence and the granting of autonomy for all seven clinical tasks. While the differences in time of competence to granting autonomy are trending towards significance, our sample size was not large enough to confirm significance. When examining preceptor demographic factors that impacted timing of increased professional responsibilities, rural and remote preceptors tended to allow residents to independently manage uncomplicated patients and a half-day of booked patients earlier than their urban counterparts. **Conclusions:** This study reveals variability in preceptors' practices regarding granting autonomy to Family Medicine residents. A discrepancy was identified between when residents are expected to achieve competency and when they are typically allowed to perform tasks independently (later than expected or not at all while in training). These findings underscore the need for guidance on appropriate timeframes for increasing professional responsibilities, which could enhance training consistency, and better prepare residents for independent practice.

Free-Standing Papers Session 2: Prenatal, perinatal and childhood health

Session ID: 90

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: 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.

Order of presentation: 1

A Systematic Review and Narrative Synthesis of Women Coping With Miscarriage

Jayde Lee*, MPH; David Wyatt, PhD

Learning objectives:

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

1. Identify the diverse ways women may cope after experiencing a miscarriage
2. Recognize the impact of internal factors and social context on coping with a miscarriage
3. Explain why considering miscarriage as an individual issue may be problematic

Context: Miscarriage is a common adverse pregnancy outcome that can inflict long-term negative impacts on women, but is not well acknowledged. Coping strategies can indicate how someone attempts to manage their response to a stressor and may provide an indication of how to support them after a traumatic event. While there is scant research on miscarriage in general, qualitative research on how women cope with a miscarriage is almost non-existent. **Objective:** This study aims to explore women's experiences of coping with a miscarriage occurring up to 24 weeks gestation. **Design:** A double-blinded systematic review and narrative synthesis of qualitative papers was conducted by two researchers. A search of seven

databases, supplemented with a manual search of citations in relevant papers and review articles was carried out. Articles published in a scientific journal between 2014 and 2024 were included. Papers were critically appraised using two tools and inductive thematic analysis was used. **Findings:** Nine studies conducted across eight countries published between 2016 and 2024 were included. Five themes were identified: Denial and Avoidance, Commemorating the Lost Child, Changed Outlook after the Loss, Seeking a Cause or Meaning, and Social Interactions as a Source of Support or Pain. These themes demonstrate that women cope with miscarriage in diverse ways but with some similarities across different contexts. The focus and reliance on individual coping strategies highlight how miscarriage may be viewed as an individual problem that lacks formal and societal recognition and acknowledgement. **Conclusion:** The impact of miscarriage is felt by women cross-culturally, and their strategies and ability to cope are influenced by internal factors and their social context. Further research into the experiences of coping with a miscarriage and consideration on how to improve public health guidelines should be conducted due to the importance and impact of miscarriage on women globally.

Order of presentation: 2

Congenital CMV Prevention Counseling in Pregnancy

Eliana Castillo*, MD, MHSc FRCPC; Marcia Bruce, PaCER; Monica Surti, MPH; Maria Castrellon-Pardo, PaCER; Zaileen Jamal, MPH; Medea Myers-Stewart, MPH; Maoliosa Donald, PhD, MSc; Andrea Patey, PhD, MSc

Learning objectives:

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

1. Review congenital CMV (cCMV) infection evidence-based prevention strategies
2. Discuss behavioral and systemic barriers to discuss cCMV prevention during pregnancy with your patients
3. Identify actionable strategies for providers to have effective discussions regarding cCMV prevention with their patients

Objective: To explore barriers and enablers to healthcare providers discussing congenital cytomegalovirus cCMV prevention with their pregnant patients. **Design:** Likert-scale survey aligned with the Theoretical Domains Framework (TDF) with additional general practice questions. Approved by the University of Calgary Conjoint Health Research Ethics Board. **Setting:** Data was gathered on tablets using convenience sampling at a national conference. **Participants:** Perinatal healthcare providers practicing in Canada (n=166), the majority, 62%, were physicians. **Results:** Prioritization of cCMV discussions was identified as a challenge (TDF Domain = Goals). Participants expressed limited strategies for addressing challenges and low agreement to statement: “I have strategies in place to discuss CMV prevention even when there are barriers” (TDF Domain = Behavioral regulation). Forgetfulness was also identified as a barrier (n = 55; 50%), suggesting that cCMV discussions were not part of routine care (TDF Domain = Memory, attention, and decision processes). Systemic challenges were also noted, with 34.2% (n = 39) of participants citing time constraints, and only 24.3% (n=27) having appropriate resources (TDF Domain = Environmental context and resources). Conversely, several domains identified enablers. Most providers strongly believed cCMV discussions were important (TDF Domain = Beliefs about consequences), felt positively about cCMV prevention (TDF Domain = Optimism), intended to discuss cCMV prevention (TDF Domain = Intention) and recognised that it was their professional responsibility (TDF Domain = Social/professional role and identity). **Conclusion:** This study identified both behavioral and systemic barriers to cCMV prevention discussions. While enablers like high intentions and beliefs about positive outcomes provide motivation, providing structured resources or embedding cCMV education into routine practice can improve outcomes for newborns.

Order of presentation: 3

What Does Culturally Competent and Safe Perinatal Care Look Like? Lessons from an ethnographic study at the Maison Bleue

Kathleen Rice*, PhD; Hannah Shenker, MD, CCFP; Vania Jimenez, MD

Learning objectives:

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

1. Identify interdisciplinary, non-hierarchical care as important for providing culturally safe and culturally competent social perinatal care for vulnerable women and their children
2. Understand the challenges that the concept of "culture" poses for healthcare providers at an organization in Montreal called the Maison Bleue
3. Understand how concepts from medical anthropolgy may helpfully inform medical education about cultural competency and safety

Objective: To explore how primary care providers at the Maison Bleue understand and implement culturally safe and competent care. Research questions were: 1) What do Maison Bleue personnel understand by culturally safe/competent care, and how do they implement this in their work? 2) How could healthcare delivery at the Maison Bleu be improved to better meet the needs of its clients? **Design:** Ethnographic methodology. **Setting:** The Maison Bleue is an organization in Montreal whose mission is to reduce social inequalities by helping vulnerable pregnant women and fostering optimal development of their children. They meet all primary care needs for clients, and their children up to age five, using a prevention-based approach termed “social perinatal care.” **Participants:** 18 interviews with healthcare providers at the Maison Bleue (e.g., physicians, nurses, social workers, child psychologists); 40 hours of observations of team meetings. **Intervention:** N/A **Main Outcome Measures:** N/A **Findings:** Participants identified the Maison Bleue’s interdisciplinary model, shared values, and emphasis on two-way exchange with clients as integral to providing culturally competent and safe care. “Culture” was evoked in domains that participants found challenging to address – notably where patriarchal social relations and/or extended family involvement influenced patient decision-making and/or childrearing. Participants struggled to parse culture from low socioeconomic status, and felt that low socioeconomic status intersected with cultural factors in ways that posed barriers to effective care. **Conclusions:** Interdisciplinary, non-hierarchical care may be crucial for providing holistic care to vulnerable perinatal care patients. Focus on cultural competency to navigate working with diverse patients deflects attention from inequalities rooted in systems that are not set up for vulnerable people. Efforts to teach and provide culturally competent and safe care should have a clear idea of what is meant by culture. Medical anthropological concepts of culture and of relational personhood may be helpful resources for medical education.

Order of presentation: 4

Prenatal Breastfeeding Education: A quality improvement project

Lauren Eastman*, MD, CCFP; Brittney Pederson, IBCLC; Sanja Koston, MD, CCFP

Learning objectives:

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

1. Compare Canadian breastfeeding rates to infant feeding guidelines
2. Describe the impact of prenatal breastfeeding education on breastfeeding rates
3. Apply a community-based quality improvement strategy to increase rates of breastfeeding

Objective: Increase breastfeeding rates by providing prenatal education on infant feeding. **Design:** Pregnant patients attended a group prenatal feeding class delivered by an International Board Certified Lactation Consultant (IBCLC). Immediately after the class, 2 weeks after expected date of delivery (EDD) and 6 weeks after EDD participants were provided a link to a REDCap survey. Exempt by the University of Alberta Research Ethics Board. **Setting:** A family medicine obstetrics (FMOB) practice in Edmonton, Alberta. **Participants:** Patients in their third trimester of pregnancy (N=46) **Intervention:** Interested patients attended a 2.5 hour group class on infant feeding. Topics discussed included positioning and latching at the breast, feeding cues and supplementation. **Main Outcome Measures:** Intended infant feeding strategy and postpartum feeding strategy utilized. **Results:** 46 patients registered for the class, of which 36 attended and met project criteria. There was high intention to provide breast milk (BM) to infants after the class (97%). At the first postpartum survey (mean age =19 days), 22% were providing exclusive BM and 96% were providing any BM. At the second postpartum survey (mean age=42 days), 25% were providing exclusive BM and 85% were providing any BM. Compared to a previous retrospective chart review and quality improvement cycle, these were higher rates of providing exclusive or any BM. **Conclusions:** Attendance at a group prenatal feeding class showed higher rates of providing exclusive or any BM in a FMOB practice. However, given the established benefits for breastfeeding and low rates of providing exclusive BM, there is still much work to be done to increase breastfeeding rates.

Order of presentation: 5

The Impact of Parental Involvement in the Prevention and Management of Obesity in Children: A systematic review and meta-analysis of randomized controlled trials

Abdulaziz K. Allhybi*; Awatif M. Alrasheeday; Bushra Alshammari; Yasmine Alabbasi; Abbas Al Mutair

Learning objectives:

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

1. Investigate the role of family involvement in preventing obesity in children
2. Investigate the impacts of parents' participations in managing plans on the outcomes
3. Evaluate the importance of involving family members in managing Children's obesity in Family Physicians' management plan

Background: Obesity in children is a critical public health issue in developed countries and developing countries. The establishment of health-related behaviors in childhood, significantly influenced by parental involvement, underscores the need for effective intervention measures. **Aim:** This original research is a systematic review and meta-analysis that aimed to investigate the impact of parental involvement on the prevention and management of childhood obesity, focusing on outcomes such as BMI z-score, exercise levels, screen time, dietary self-efficacy, and percentage body fat. **Methods:** Adhering to the PRISMA guidelines, we conducted a systematic review and meta-analysis of 12 randomized controlled trials (RCTs) identified through comprehensive searches of PubMed, Scopus, Web of Science, and the Cochrane Library, including RCTs involving children aged 2–18 years with parental or caregiver participation, reporting on the specified outcomes. Data analysis was performed using RevMan 5.3, employing a random effects model. **Results:** A total of 5573 participants were included. The meta-analysis revealed a significant reduction in BMI z-score (MD = −0.06, 95% CI: −0.09 to −0.02, p = 0.005, I2 = 58%), a non-significant increase in exercise levels (SMD = 0.26, 95% CI: −0.01 to 0.52, p = 0.05, I2 = 52%), and a significant reduction in screen time (MD = −0.36 h per day, 95% CI: −0.61 to −0.11, p = 0.005, I2 = 0%). Dietary self-efficacy also improved significantly (MD = 0.59, 95% CI: 0.12 to 1.05, p = 0.01, I2 = 0%). However, changes in percentage body fat did not reach statistical significance (MD = −1.19%, 95% CI: −2.8% to 0.41%, p = 0.15, I2 = 0%). **Conclusion:** Parental involvement in childhood obesity interventions significantly impacts BMI z-score, exercise levels, screen time, and dietary self-efficacy but

not percentage body fat. These findings highlight the importance of engaging parents in obesity prevention and management strategies.

Free-Standing Papers Session 3: Pediatrics to geriatrics

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.

Order of presentation: 1

Parental Antibiotic Perceptions in Pediatric Upper Respiratory Tract Infections

Husna Sarica Cevik*, MD; Beyza Nur Şahin Torun

Learning objectives:

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

1. Describe parental perceptions of antibiotic use for childhood URTIs
2. Identify factors influencing parental antibiotic misuse
3. Evaluate the impact of sociodemographic factors on antibiotic awareness

Objective: To evaluate parents' perceptions, knowledge, and behaviors regarding antibiotic use for upper respiratory tract infections (URTIs) in children under 12. **Design:** A cross-sectional study. Ethical approval (İ11-793-23) and permissions were obtained from relevant institutions. **Setting:** Three randomly selected Family Health Centers (FHCs) with different sociodemographic characteristics and the General Pediatrics Outpatient Clinics of a University Hospital in the capital city of Turkey. **Participants:** The study included 199 parents (77.9% mothers, 22.1% fathers) of children under 12 diagnosed with URTIs between February 19, 2024, and April 22, 2024. The average age of children was 6.61±3.23 years, with 45.7% male and 54.3% female. **Main Outcome Measures:** Parental perceptions and behaviors related to antibiotic use were assessed using a sociodemographic information form and the Parental Perceptions on Antibiotics (PAPA) Scale. Statistical analyses were conducted with IBM SPSS 22.0. **Findings:** Antibiotics were prescribed in 53.8% of the most recent URTI-related visits. Although 93% of parents reported using antibiotics for their children only with a doctor's prescription, 27.6% admitted to self-medicating based on past illness experiences. Awareness of antibiotic resistance was significantly higher among parents from the most socioeconomically developed district (p=0.038). University graduates and families with sufficient income had

significantly better antibiotic perceptions ($p<0.05$). Nuclear families exhibited higher adherence to prescribed antibiotics ($p=0.002$) and total PAPA scale scores ($p<0.001$). Parents with healthcare professionals as first-degree relatives had greater awareness of antibiotic resistance ($p=0.003$). Parents who requested antibiotics despite medical advice had significantly lower scores in knowledge, beliefs, behaviors, information sources, and adherence subscales ($p<0.05$). Reading antibiotic package inserts was associated with higher scores across all PAPA subscales ($p<0.05$). **Conclusion:** Sociodemographic characteristics significantly influence parental perceptions and behaviors regarding antibiotic use. Educational interventions and awareness campaigns are recommended to reduce antibiotic misuse and enhance informed antibiotic use, ultimately addressing antibiotic resistance effectively.

Order of presentation: 2

Consulting Teenagers About Their Access to Primary Healthcare

Machelle Wilchesky*, PhD; Yvonne Quan, MDCM, MSc; Michaela Field, MSc; Iván Sarmiento, PhD; Neil Andersson, MD, PhD; Anne Cockcroft, MBBS, MD

Learning objectives:

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

1. Describe participatory methods for engaging teenagers in designing primary healthcare services meeting their needs
2. Identify key barriers and facilitators of teenagers' use of a primary healthcare service in Montreal
3. Recognize the benefits of involving teenagers in discussions about health issues

Objective: This participatory research aimed to engage teenagers and service providers in identifying the barriers and facilitators to teenagers' access to and use of the Teenage Health Unit (THU) in Montreal. It also measured the transformative impact of participation on the teenagers. **Design:** Mixed methods included fuzzy cognitive mapping (FCM) to identify factors influencing use of the THU, deliberative dialogues and pre-/post- questionnaires. **Setting:** Participants included teenagers aged 14+ from two high schools, school counsellors and THU service providers. Ethics approval was obtained from the McGill IRB and English Montreal School Board. **Intervention:** 27 teenagers, four school counsellors and eight THU staff participated in FCM and deliberative dialogues. Teenagers completed online pre-/post- questionnaires to measure potential personal impacts of their participation. **Results:** Teenagers identified the clinic's outreach and advertising of services as the main facilitator. The second strongest influence was the negative impact of teenagers' shyness and fear of going to the clinic. Other factors identified included accessibility, health awareness and the high-quality services from the clinic. Providers agreed with teenagers on the top three influences and also identified good communication between patients and doctors and parental involvement as important factors. Counsellors highlighted the supportive role in schools and structural barriers to accessing health services. All groups ranked outreach and advertising of THU services as very important. During two deliberative dialogues, students and service providers proposed feasible actions to increase use of the service which will be presented to the THU for potential service adaptations. The questionnaires showed a significant improvement in teenagers' communication confidence, self-efficacy and self-esteem immediately after the mapping sessions. **Conclusions:** The study successfully engaged teenagers to identify factors supporting their use of a primary healthcare service and to dialogue with service providers about potential solutions. Participation resulted in a transformative impact on teenagers.

Order of presentation: 3

Collaborative Primary Care and the Independent Community-Dwelling Older Adult

Kerry Wilbur*, PharmD, MScPH, PhD; Anuoluwapo Favour Awotunde, MSc

Learning objectives:

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

1. Identify who community-dwelling older adults consider part of their network of care
2. Determine how community-dwelling older adults perceive network member collaboration
3. Recognize family physicians as custodian for collaborative primary care of community-dwelling older adults

Context: A team approach to older adult care by professionals with diverse expertise improves health outcomes. However, other individuals contributing to caregiving, and even the older adult themselves, may not be considered part of the team. **Objective:** Our study explored health and social care networks and experiences of independent, community-dwelling older adults (egos) and how they perceive collaboration between different medical and non-medical network members (alters). **Design:** We conducted a qualitative egocentric social network analysis pairing participant semi-structured interview and sociogram drawing. **Setting:** British Columbia, Canada. This work was approved by the University of British Columbia Behavioural Research Ethics Board. **Participants:** Cognitively intact community-dwelling adults 65 years and older who could communicate in English. **Intervention:** Participants were interviewed and named individuals contributing to their health and well-being (care networks). Participants then positioned the created name labels in a 4-ring concentric circle (sociogram) to reflect the relative strength of relationships. Participants then described these network relationships. The configuration of participant networks (sociograms) and the descriptions of relationships (interview) and collaboration with and among network members were analyzed. **Results:** Twenty-three participants (mean age, 75 years) reported an average network size of eleven. Closest relationships were with spouses, children, and family physicians. Relationship strength with network members were marked by frequency, accessibility, longevity, and impact of their interactions. Participants were ardent self-advocates for their care, but reported few apparent episodes of collaboration between network members. Existing, yet narrow, medical collaboration was mediated by the family physician. **Conclusions:** Our study highlights coordinated and collaborative care for independent community-dwelling older adults is lacking and not routinely engaging non-medical network members. Purposeful mechanisms to incorporate these members are necessary in family practices. Investment in community-level resources enabling growing populations of independent adults to access and benefit from interprofessional care requires further attention from healthcare and service providers.

Order of presentation: 4

Addressing the Risk of Delayed Discharge by Assessing Frailty in Inpatient Rehabilitation: A Quality Improvement Project

Amy Li*, MD; Rebecca Ramsden; Georgi Georgievski; Leonardo Alfaro; Paula Shing; Janice Hon; Meridith McClenaghan; Rory Magnier; Corey Grunberg; Isabelle Dobronyi; Marianne Saragosa

Learning objectives:

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

1. Describe the use of the clinical frailty scale
2. List interventions that may help with reducing ALC in hospital and transition to home
3. Evaluate key enablers and barriers to implementation

Description: The designation of alternative levels of care (ALC) is assigned to patients who occupy an inpatient bed in the hospital but no longer require hospital-level services. Applying preventive strategies and evidence-based care to reduce ALC rates and length of stay has become increasingly important due to greater healthcare system demand. This quality improvement initiative aimed to evaluate the impact of assessing frailty using the Clinical Frailty Scale (CFS) and implementation of an intervention bundle on ALC avoidance among older patients. The pilot study occurred over six months in a medical rehabilitation reconditioning unit within a large complex care and rehabilitation hospital in Toronto, Ontario. CFS scores of 6 and 7 appear to indicate patients at risk of developing ALC. We sought qualitative feedback through focus groups to identify enablers and barriers to implementing the intervention using a consolidated framework for implementation research . Early admission meetings with family and multidisciplinary groups were felt to be the most crucial intervention by clinicians in reducing ALC days and should be a focus of future implementation. More research is needed to identify factors other than frailty that predict delayed discharge.

Free-Standing Papers Session 4: Resident training and care team

Session ID: 379

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.

Order of presentation: 1

Family Medicine Recruitment: What applicants really want

Martin Tieu*, MD, CCFP; Mitchell Chorney; Samantha Horvey, MD, CCFP; Nathan Turner, MD, CCFP; Lauren Eastman, MD, CCFP; Joanne Baergen, MD, CCFP

Learning objectives:

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

1. Examine ranking preferences of family medicine residency program applicants at the University of Alberta
2. Discuss the geographic distribution of family medicine residency program applicants at the University of Alberta
3. Identify which factors have the greatest impact, positive and negative, on applicant ranking preferences

Objective: In a single family medicine residency program (FMRP), countless hours and resources are put into selection and recruitment of potential residents during the Canadian Residency Matching Service (CaRMS) cycle. Despite that amount of

effort, there were 254 unmatched family medicine (FM) positions across Canada after the first iteration of CaRMS 2024. This study was designed to determine the ranking intentions, preferences, and influencing factors of applicants to the University of Alberta's (UofA) FMRP. **Design:** A cross-sectional survey conducted during the 1st iteration of CaRMS 2025. UofA REB II Approved (Pro00148847). **Setting:** UofA FMRP. **Participants:** All Canadian medical graduates offered an interview with any UofA FMRP stream (n=361). **Main Outcome Measures:** Applicant's first choice discipline, medical school/home location, and the influence of factors such as geography, politics, curriculum, cost of living, and remuneration on ranking decisions. **Results:** There were 158 respondents (43.8% response rate) with 20.3% ranking a UofA FMRP first, 62.0% ranking FM as a first choice discipline, 32.9% interested in FM but ranking another discipline first, 4.4% ranking FM as a backup to avoid being unmatched, and 0.6% not ranking FM. Among those who ranked UofA FMRP first, 69% were from an in-province medical school. The top three factors affecting interest positively were perceived resident culture/experience (4.4 on a 1 to 5 scale), curriculum (4.1/5), and cost-of-living (3.9/5). The most negatively influential factors included politics (2.5/5) and climate/weather (2.7/5). **Conclusions:** Very few applicants offered interviews with the UofA FMRP choose FM as a backup. In terms of interest in the UofA FMRPs, the most positively influential factors are largely within program control, while negatively influential factors cannot be directly controlled by the residency program.

Order of presentation: 2

Profiles of IMGs Entering Family Medicine Residency

Mahsa Haghighi*, MSc; Lorelei Nardi, MSc; Ivy Oandasan, MD, MHSc, CCFP, FCFP; Steve Slade, BA

Learning objectives:

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

1. Describe key demographic characteristics of IMG family medicine residents in Canada
2. Identify prior training experiences and perceptions of IMGs and CMGs entering FM residency
3. Identify future practice intentions of IMG and CMG family medicine residents

Objective: International medical graduates (IMGs) contribute to healthcare in Canada serving diverse communities and bringing experiences, knowledge, and perspectives that enrich patient care. With the aim of supporting their training and future independent practice, we describe IMG family medicine (FM) learners, including demographics, experiences, and plans for future practice. **Design:** Weighted data from the Family Medicine Longitudinal Survey (FMLS) was used to provide a cross-sectional snapshot of IMGs and graduates of Canadian medical schools (CMGs) upon entering FM residency. Ethics approval/exemptions were obtained from each university to administer the FMLS. **Setting:** FM residency programs across 17 Canadian institutions. **Participants:** A total of 321 IMGs (undergraduate medical degree obtained outside Canada) and 761 CMGs (medical degree obtained within Canada) entering residency in summer 2024. **Main Outcome Measures:** We report demographics, perceptions, experiences, and future practice plans of IMG and CMG family physicians. **Results:** In 2024, 70% of FM IMG respondents were female and 68% were aged 30 or over. A fifth reported having non-FM specialty residency training compared to 3% of CMGs. Over 80% of IMG and CMG residents reported exposure to comprehensive care and continuity of care concepts during medical education. IMG residents expressed a strong sense of professional identity, with 94% feeling proud to become family physicians and 82% believing that patients recognize the value of FM. Looking ahead, 69% of IMGs and 55% of CMGs were likely to provide comprehensive care within their first three years of practice. **Conclusion:** It is important to have a clear picture of FM learners across multiple dimensions, including their place of undergraduate medical education. This study of IMGs and CMGs provides insight on how to tailor appropriate resources, training, and curricula to better support family physicians entering practice to best serve their communities and improve access to care for patients.

Order of presentation: 3

Improving Nurse to Physician Communication for Hospitalist Inpatients

Shirlee Ren*, MD, CCFP; Nikita Baker, RN, MScHq; Nancy Egbogah, RN, MN

Learning objectives:

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

1. Describe the challenges in nurse to physician communication in hospitals
2. Identify the differences between urgent and non urgent clinical issues
3. Recognize the value of a paging algorithm to help streamline nurse to physician communication

Objective: To reduce unnecessary paging and streamline nursing to physician communication for hospitalist inpatients via implementation of a paging algorithm. **Design:** A quality improvement project spanning September 2023 – March 2024. An ethics screening tool (ARECCI) was utilized and project exempted from ethics application. **Setting:** An acute care hospital in Calgary, AB. Participants: Hospitalist ward nurses, nursing educators, and hospitalists. **Intervention:** Pre-implementation paging data was obtained from March – April 2023 and categorized. Recurring issues were identified, and a paging algorithm was subsequently developed to help nurses differentiate between urgent vs non-urgent clinical issues. The algorithm was taught via in-person education sessions that ran from September 2023 – March 2024 and further disseminated by nursing educators. Nursing and physician feedback were obtained to continuously update the algorithm. **Main Outcome Measures:** The primary measure was a reduction in number of clinically unnecessary pages. The balancing measure was no adverse impact on hospitalist inpatient mortality. **Results/ Findings:** There was a decrease in overall paging volume by 7.7%, a reduction of pages not required by 56.1%, a reduction of inconclusive pages by 45.4%, and a decrease of non-urgent pages by 38.7%. Hospitalist inpatient mortality remained unchanged throughout the course of this project. **Conclusion:** The paging algorithm is effective in reducing unnecessary pages to hospitalists. This algorithm has since been adopted by hospitalists at Calgary acute care hospitals.

Order of presentation: 4

3-Year Implementation Outcomes of the Pharmacists in PCN Program in British Columbia

Arwa Nemir*, BSc (Pharm), PharmD, MSc; Peter J. Zed, BSc, BSc (Pharm), ACPR, PharmD, FCSHP; Peter S. Loewen, BSc (Pharm), ACPR, PharmD, FCSHP; Anita Kapanen, PhD; Anu Salil, BSc, MPH

Learning objectives:

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

1. Describe the structure and implementation approach of the Pharmacists in PCN Program in BC
2. Describe patient appointment volumes for Primary Care Clinical Pharmacists (PCCPs) over the 3-year implementation period
3. Describe the classification of drug-therapy problems identified by PCCPs that required intervention, monitoring, or education

Objective: The UBC Faculty of Pharmaceutical Sciences led the 3-year implementation of the Pharmacists in Primary Care Networks (PCN) Program in collaboration with regional health authorities and PCNs across the province. Primary Care Clinical Pharmacists (PCCPs) were integrated into the evolving team-based primary care model over the implementation period of 10-01-2020 to 09-30-2023. Our objective was to describe the 3-year implementation outcomes of the Program. **Design:** The

study was a prospective observational study using data obtained by PCCPs in the context of routine patient care and stored in a dedicated centralized OSCAR EMR. The evaluation was approved by the UBC CREB. **Setting:** All patient care activities and all data fields in the EMR for the 3-year implementation period throughout the province were included. **Intervention:** UBC provided centralized support for the Program and all PCCPs received orientation/onboarding, clinical support from dedicated Program team members, and operational support and resources. The PCCPs' primary role as a member of the IPT was to identify and resolve drug therapy problems (DTPs) to optimize patient medications and improve health outcomes. **Findings:** 59 PCCPs provided care in 47 PCNs over the implementation period. The median (range) duration a PCN had a PCCP integrated was 82 weeks (9-134). The model of care among the 47 PCNs at the end of the implementation period was blended (37 [78.7%]), hub and spoke (7 [14.9%]) and co-location (3 [6.4%]). PCCPs conducted 24,098 patient appointments for 7,456 unique patients and identified 30,085 DTPs that required intervention, monitoring, or education. **Conclusion:** The 3-year implementation of the Pharmacists in PCN Program was supported by effective centralized administration and support from UBC but also through effective collaboration between UBC, health authorities, and PCNs. The Program successfully integrated the first cohort of PCCPs in team-based care and established a foundation for longer term growth and sustainability.

Free-Standing Papers Session 5: Mental and Brain Health

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.

Order of presentation: 1

Primary Care for Depression During the COVID-19 Pandemic: A quasi-experimental retrospective cohort study in Canada

Michelle Howard*, MSc, PhD; Karla Freeman, MSc; Shuaib Hafid, MPH; Kris Aubrey-Bassler, MD, MSc, CCFP; Marie-Therese Lussier, BSc, MSc, MD, FCFPC; Meredith Vanstone, PhD; John Queenan, PhD; Kathryn Nicholson, PhD; Neil Drummond, PhD; Derelie Mangin, MBCHB

Learning objectives:

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

1. Describe differences in primary care management of depression before versus during the COVID-19 pandemic

2. Describe differences in characteristics of patients with depression before versus during the COVID-19 pandemic
3. Describe differences in prescribing for depression in patients diagnosed before versus during the COVID-19 pandemic

Objective: To compare primary care management of depression among patients diagnosed with depression early in the COVID-19 pandemic to those diagnosed pre-pandemic and to determine whether there was an association between patient characteristics and management. **Design:** Retrospective cohort study of electronic medical record data. The study was approved by the Hamilton Integrated Research Ethics Board. **Setting:** Canadian Primary Care Sentinel Surveillance Network (CPCSSN), comprised of ~ 1200 primary care providers. **Participants:** Patients with a diagnosis of depression between 2018 and 2021. **Main Outcome Measures:** Encounters with primary care, psychotropic prescriptions and selective serotonin reuptake inhibitors (SSRI) prescriptions within 3-months and 12-months of diagnosis. Multivariable regression models were used to evaluate the association between depression diagnosis timing (pre versus during pandemic) and mental health care within 3- and 12-months of diagnosis, adjusted for patient characteristics. **Results:** 91,458 patients (of 1,147,281) were identified with a new depression diagnosis during the study period, of whom 53% were diagnosed pre-pandemic. Patients diagnosed during the pandemic were younger and had less comorbidity than those diagnosed pre-pandemic. The percentages of patients with any encounter, psychotropic prescriptions and SSRI prescriptions were higher for patients diagnosed during each pandemic period compared to patients diagnosed pre-pandemic. After adjusting for patient characteristics, the incidence rate ratios (IRR) of the number of encounters (IRR=1.15; 95% CI 1.13-1.17), psychotropics (IRR=1.11, 95% CI 1.09-1.13) and SSRIs prescribed (IRR=1.12; 95% CI=1.10-1.15) within 3-months of diagnosis, were higher amongst patients diagnosed during the first wave of the pandemic compared to the those diagnosed pre-pandemic. Sociodemographic characteristics had weaker associations with outcomes compared to timing of diagnosis. Results were similar within 12 months of diagnosis. **Conclusions:** Primary care for depression increased during the pandemic. Our findings highlight the adaptability of primary care during the pandemic and the importance of maintaining access to comprehensive care.

Order of presentation: 2

The Artfulness of FND: Redefining a Stigmatized Condition

Jen Sebring*, MSc

Learning objectives:

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

1. Identify and address stigma-related barriers to care in patients with functional neurological disorder
2. Implement and adapt patient-centered strategies for productive consultations with patients with functional neurological disorder
3. Recognize the role of meaning-making and social factors in patient experiences with functional neurological disorder

Context: Functional neurological disorder (FND) is a common yet misunderstood condition at the intersection of neurology and psychiatry. Patients with FND report profoundly dehumanizing medical encounters characterized by stigma and misconceptions about FND. As a result, patients go years without a diagnosis while experiencing debilitating symptoms comparable to epilepsy, multiple sclerosis or Parkinson's disease. Primary care physicians often struggle to manage the care of patients with FND, given a lack of up-to-date knowledge on FND and lacking clinical pathways. **Objective:** This study had two objectives: 1) to understand how people living with FND navigate and cope with their illness amid medical uncertainty, stigma, and a lack of services and supports, and; 2) promote renewed understandings of FND in clinical contexts to improve patient care. **Design:** This study used a patient-oriented narrative methodology, in partnership with a patient-led advocacy

organization, to conduct semi-structured interviews and arts-based workshops addressing participants' illness experiences. Data were analyzed manually using constructivist thematic narrative analysis. Ethics approval was obtained. **Setting:** Data collection occurred by phone or Zoom with participants across Canada. **Participants:** Using purposive sampling, I recruited 23 adults living with FND. Eligibility criteria included having a confirmed FND diagnosis for at least two years. **Findings:** Participants developed and relied on their creativity, resourcefulness, and self-advocacy to piece together a network of supports and redefine what it meant to live with FND - embodying Douglas et. al's (2020) concept of living 'artfully' with illness. Their success in this endeavour was contingent on having a supportive, knowledgeable primary care physician and considerable social, interpersonal and economic resources. **Conclusion:** Primary care physicians play an important role in helping patients co-create a path forward to live well with FND. I present conceptual and pragmatic resources to assist in this process amid a lack of specialist services and established clinical pathways.

Order of presentation: 3

Validating Eating Disorder Case Definitions in Primary Care

Alexander Singer*, MB BCh BAO, CCFP, FCFP; Leanne Kosowan, MSc; Lisa LaBine, MSc; Elissa M. Abrams, MD, MPH, FRCPC; Jennifer LP Protudjer, PhD; Rachael Morkem, MSc

Learning objectives:

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

1. Apply a validated case definition to describe eating disorders within primary care EMRs
2. Understand the value of case definitions in the context primary care practice
3. Describe trends in eating disorder prevalence and visits within primary care EMRs in Canada

Objective: Validate and apply an Electronic Medical Record (EMR) based case definition to capture patients diagnosed with an eating disorder in primary care settings to inform prevalence estimates and understand trends in primary care visits. **Design:** This retrospective cross-sectional study assessed de-identified EMR documentation in the Canadian Primary Care Sentential Surveillance Network (CPCSSN). **Setting:** There are 1574 primary care family physicians, nurse practitioners, and community pediatricians from 7 Canadian provinces participating in the CPCSSN representing 1,690,058 patients. **Participants:** A total of 1,173,145 active patients had ≥1 visit with a primary care provider participating in CPCSSN between January 1, 2019, and December 31, 2021. **Main Outcome:** A subset of active CPCSSN patients (n=2,927) constituted our reference standard. Trained reviewers assessed 19,068 encounters identifying 426 positive patients and 2,501 negative patients. The strongest case definition was applied to the CPCSSN population of active patients. Prevalence estimates were computed using exact binomial test. Using time series analysis, we assessed trends in prevalence and visit frequency between 2013-2021, stratified by sex and BMI. **Results:** The strongest eating disorder case definition had a sensitivity 80.8% (76.7-84.4), specificity 99.5% (99.2-99.8), PPV 96.6% (94.2-98.1) and NPV 96.8% (96.2-97.4). Application of this definition in primary care settings suggests a prevalence of 0.6% in active patients within the CPCSSN dataset. Eating disorder diagnosis was significantly more likely among female patients (0.8% vs. 0.4%), younger patients (40.0 SD23 vs. 43.4 SD24.2), those with a lower BMI (26.3 SD9.6 vs. 26.5 SD9.9). Prevalence and visit frequency remained relatively stable between 2013-2021 at 0.16% and 0.05% of active patients, respectively. **Conclusions:** The EMR-based case definition developed in this study accurately captured patients diagnosed with an eating disorder. Characteristics of the captured patients as well as trends in prevalence and visit frequency can support improvements in identification and management in primary care settings.

Order of presentation: 4

"How Do You Care for Yourself and Others?": Co-designing systems of care with people who use drugs

Ginetta Salvalaggio*, MD MSc CCFP (AM); Renée McBeth, PhD; Asha Ajani; Sarah Auger, MEd; Kathryn A Dong, MD MSc FRCP(C); Elaine Hyshka, PhD; Badi Jabbour, BSc; Bethany Piggott; Colton Sandberg, MSc; Cindy Srinivasan, BSc; Marliss Taylor, RN BScN; Shanell

Learning objectives:

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

1. Describe what people who use drugs perceive as health intervention priorities
2. Adapt health services research to include community-based participatory approaches
3. Identify specific community-centered topics for clinician advocacy on health and social policy for people who use drugs

Objective: People who use illegal drugs (PWUD) are experiencing a polycrisis of health, sociopolitical, and environmental threats, highlighting the need for community-centered innovation to adapt complex systems of health and social care. The objective of this study was to document PWUD priorities for health interventions within a polycrisis state. **Design:** Community-based participatory research informed by complexity theory, using micro-narratives and complemented by arts-based asset-mapping. A hybrid team of PWUD and non-PWUD co-researchers created the Sensemaker (Cognitive Edge) online data collection tool, then worked in pairs to document participant short stories of caring for themselves and/or others. Participants initially self-interpreted stories using open-ended, multiple-choice, and sliding scale questions, referred to as signifying, giving further structure to their narratives. The core research team convened for 17 two-hour sensemaking sessions in tandem for discussion and further qualitative analysis. The study was reviewed by the team's Community Advisory Group and approved by the University of Alberta Research Ethics Board. **Setting:** Service catchment area of Boyle Street Community Services, a nonprofit serving PWUD and structurally vulnerable central Edmontonians. **Participants:** 215 people who had used drugs in the previous month. Findings: Analysis of participants' signified narratives highlighted five key themes for creating better systems of care: 1) Caring for self and caring for community as fundamentally intertwined; 2) Needing formal services to support health and wellness; 3) Moving from the lens of criminalization to service utilization; 4) Centering both "housing" and "home"; and 5) Visiting and connection as a way to build and repair relationships, and to heal. **Conclusion:** As a matter of equity and social justice, there is an urgent need for contextually relevant and locally adaptive, partnered responses to health threats facing PWUD. PWUD imagine a future that centers relationship and collective care paired with meaningful support from, and safety within, formal systems.

Order of presentation: 5

Family Physicians' Wellness Paths: A prospective cohort analysis of changes in wellness and associated factors

Steve Slade*, BA; Dragan Kljujic, MA

Learning objectives:

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

1. Increased knowledge of overall change in family physicians' self-reported wellness
2. Identify factors that are associated with family physicians' increased/decreased wellness
3. Stimulate consideration of action to increase wellness among family physicians

Objective: To quantify changes in wellness among family physicians (FPs) over time and to identify factors associated with increased/decreased wellness. **Design:** Prospective cohort study of FPs who completed self-report surveys in 2020 and 2024. Univariate and bivariate analyses were conducted using chi-square and Spearman correlation tests to determine statistical significance at the $p<0.05$ level. **Setting:** Member surveys were administered by The College of Family Physicians of Canada (CFPC) in 2020 and 2024. **Participants:** CFPC members include FPs from all provinces and territories. Only FPs engaged in providing clinical care were included. The sample includes 740 FPs who completed both the 2020 and 2024 surveys. **Main Outcome Measures:** The primary outcome measure is based on self-reported wellness measured on a 5-point likert scale, ranging from "best I've ever felt" to "burned out". Based on their responses, FPs wellness was categorised as having increased, remained the same or decreased over the time period 2020-2024. **Results:** Over the time period, self-reported wellness increased for 25% of FPs, remained the same for 37% and decreased for 38%. 35% of FPs aged >60 experienced increased wellness, compared to 26% of those aged <40 and 23% of those aged 40-60. FPs who received increased remuneration for primary care services were more likely to experience increased wellness compared to those who hadn't (30% versus 19%, respectively). FPs who provide comprehensive care were less likely to experience increased wellness compared to those who do not (22% versus 34%, respectively). Factors such as sex, practice location, and practice type were not statistically associated with wellness change. **Conclusion:** FPs aged >60 and those who received increased remuneration for primary care services are relatively more likely to have experienced increased wellness between 2020 and 2024. These findings suggest areas that should be considered in future efforts to improve well-being among FPs.

Free-Standing Papers Session 6: Healthcare delvery and needs

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.

Order of presentation: 1

Lessons Learned Conducting a Deprescribing Research/QI Collaborative

Alexander Singer*, MB BCh BAO, CCFP, FCFP; Leanne Kosowan, MSc; Michelle Greiver, MD, CCFP, FCFP; Celine Jean-Xavier, PhD; Simone Dahrouge, PhD; Donna Manc,a MD, CCFP, FCFP

Learning objectives:

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

1. Describe the core elements included in the Structured Process Informed by Data, Evidence and Research (SPIDER) approach
2. Recognize the importance of safer deprescribing for complex geriatric patients
3. Explore how SPIDER approach could be used in primary care practices

Description: Objective: To highlight intervention-related experiences of research staff and quality improvement (QI) coaches describing successes, challenges and adaptations to guide future similar initiatives. **Design:** The Structured Process Informed by Data, Evidence and Research (SPIDER) is a research and QI collaborative supporting primary care practices to improve care for complex elderly patients living with polypharmacy. **Setting:** Primary care practices, ranging from small-scale QI projects to large international research studies. **Participants:** Project teams in primary care practices, including administrative personnel, research coordinators, team members, leadership, patient partners, researchers, and clinicians. **Results:** Guided by Proctor et al Implementation Outcomes, SPIDER research coordinators and QI coaches used an iterative process to support documentation of experiential learnings. Clinics and providers shared several reasons for participating in SPIDER including clinical relevance, improved patient care and access to support, resources and tools for deprescribing. However, there were also several reasons why clinics and providers did not participate such as time commitment, capacity, practice changes, and clinic priorities. Highly engaged clinics included academic sites, sites with a highly engaged physician champion and administrative team, or sites that employed a team-based approach to care. Many rural sites had greater continuity of care and understanding of the patient's social context, informing deprescribing conversations. The pragmatic nature of SPIDER enabled adjustments to fit local resources and mitigate issues. The SPIDER team developed and refined trackers and facilitation spreadsheets, built clinic resources and tools including workshop slides, feedback reports and QI supports, and developed EMR queries to identify eligible patients at participating clinics. **Conclusion:** Following the SPIDER intervention, many sites intended to continue building capacity for QI and maintain the developed QI strategies. Successes, challenges and adaptation to support implementation of the SPIDER intervention provided valuable insights to guide the development of future interventions focused on QI in practices and specifically deprescribing.

Order of presentation: 2

Bureaucracy, Chronic Pain, and Poverty: Disability benefits as structural violence

Ginetta Salvalaggio*, MD, MSc, CCFP (AM); Laura Connoy, PhD; Kathleen Rice, PhD; Fiona Webster, PhD

Learning objectives:

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

1. Appreciate the structural violence experienced by people with chronic pain who apply for disability benefits
2. Describe how institutional ethnography can inform clinician understanding of patient experiences in the healthcare system
3. Identify actions that clinicians can undertake to mitigate the harm created by the benefits application process

Description: Objective: Structural violence is pertinent to chronic pain. The experiences of people living with chronic pain are informed by oppressive structures, marginalization, and exclusion. The objective of this study was to document patient experiences of structural violence in the context of chronic pain and disability benefits. **Design:** Subanalysis of an institutional ethnography (IE) of chronic pain and marginalization (COPE II study). IE is a qualitative sociological approach that begins in people's everyday experiences to explore the influence of institutional processes. Textual data sources included interview transcripts and public-facing provincial government documents of disability benefit application processes. Multiple team meetings focussed on text review of patient experiences supplemented by clinician team members' experiences to develop

overarching themes. The study was approved by the REB of Western University. Setting: Ontario, British Columbia, Alberta, and Saskatchewan. **Participants:** Ten people living with chronic pain who shared experiences of the disability benefit application process. **Findings:** We identified four themes documenting the experience of disability benefits as structural violence: 1) The unrecognized work of filling out forms; 2) The embedded assumptions and ideologies within forms; 3) The link between denial / delay of benefits, receiving benefits, and continued marginalization; and 4) The authority of text and the need to carefully craft a script. Patients and clinicians experience a complex bureaucratic system designed to scrutinize the deservingness of benefit applicants. The application process insists on patient deficit, and creates a paradox of being in pain but seemingly not entitled to any improvement in health and well-being in order to qualify for support. **Conclusion:** People living with chronic pain and disability are subjected to compounding structural violence when navigating the disability benefit process. Structural change is necessary to support the health and well-being of people living with chronic pain, and reduce the moral distress experienced by their healthcare providers.

Order of presentation: 3

Understanding the Impact of Rural Emergency Department Closures in Alberta: A 5-year retrospective observational study

Aaron Johnston*, MD; Sean Park, MD; Esther H. Yang, MSc; Delaney Duchek, MD; Grace Perez, MSc; Jeff Bakal, PhD

Learning objectives:

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

1. Describe the impact of intermittent rural ED closures among the people residing in the affected rural communities
2. Describe the patterns of ED usage after closure in the example community
3. Develop a data driven approach to analyzing the impact of rural ED closures

Description: Study Objectives: Our study focuses on Milk River, a rural community in Alberta, as a representative case study to illustrate methodology to examine the effects of intermittent closures on presentation patterns and ED utilization of local residents. **Study Design:** a 5-year retrospective observational study. **Setting:** Rural ED closures in AB rural communities Participants: Rural EDs were screened for closure using publicly available AHS archival data from 2019 onwards. A total of 8 additional rural EDs from each of the AHS zones not experiencing closures were identified and used to generate baseline descriptive statistics. **Intervention:** From the NACRS database, annual ED visits from all individuals with postal codes residing within select communities were reviewed and organized by presentation to their local or alternative ED. Dates of closures of the Milk River ED were identified, and data was summarized using means and standard deviation with chi-square analysis to determine significance. **Main Outcome Measures:** Annual ED visits from all individuals with postal codes residing within select communities were reviewed and organized by presentation to their local or alternative ED. **Results/Findings:** In rural EDs which do not experience service interruptions from 2019 - 2023, 14-16% of annual ED visits of local residents occurred elsewhere. In Milk River, 10% of ED visits of local residents occurred at an alternative ED in 2019. From 2021- 2023, Milk River had 7 intermittent ED closures, with at least 62 affected days (mean=10.3, SD=10.1). While total annual ED visits by Milk River residents, either to local or alternative ED, remained relatively constant over time at 1246 visits (SD=59), Milk River residents' visits to alternative EDs steadily increased to 12%, 23%, 31%, and 40%, from 2020-2023, respectively, which were statistically different ($p<0.05$) compared to the EDs without interruptions per year. **Conclusion:** Intermittent closures of the Milk River ED resulted in a significant change in how residents accessed EM care. The total number of annual presentations to any provincial ED remained relatively constant, while the proportion of visits occurring outside their local ED increased. This data suggests that intermittent rural ED closures influence residents to seek EM care in alternative acute-care locations, rather than presenting to local alternative non-emergent options.

Order of presentation: 4

Impact of Vaccination Channels on Equity-Deserving Population

Alan Katz*, MBChB, MSc, CCFP; Kris Aubrey-Bassler, MD, CCFP (EM); Noah Ivers MD, PhD, CCFP; Jeff Kwong, MD,MSc; Gillian Fransoo BSc; Rahim Moineddin, PhD; Ross Upshur, MD, MSc, CCFP, FRCPC; Sabrina Wong, RN, PhD; Monica Aggarwal, PhD

Learning objectives:

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

1. List equity-deserving and at-risk populations
2. Identify the challenges of interprovincial administrative data research
3. Identify data challenges in provincial vaccination records

Description: Objective: To examine the effect of COVID-19 vaccine distribution channels on short-term vaccination rates amongst select equity-deserving and at-risk populations. **Design:** Retrospective, population-based cohort study using administrative claims data. **Setting:** Manitoba, Ontario, Newfoundland and Labrador. **Participants:** All residents, 12 years and older, who were living in one of the three provinces with at least 1 day of health coverage between Jan 1, 2021, and Dec 31, 2021. The index event was receiving one COVID-19 vaccination. **Intervention/Exposure:** Equity-deserving populations including low-income quintile, self-identifying as a visible minority, recent immigrants, and adults without a high school diploma. **Main Outcome Measures:** We used difference-in-differences analyses to evaluate the impact of various COVID-19 vaccine distribution channels, such as directed at-risk, mass vaccination clinics, pharmacies, primary care offices, and long-term care facilities, on the gap in vaccination coverage between select equity-deserving and non-equity deserving populations. **Results:** The total vaccinated population was 998,906 (85% of total population) in Manitoba, 10,866,548 (89% of total population) in Ontario, and 485,901 (99% of total population) in Newfoundland. The analyses were limited by significant data challenges. Data on where (which channel) specific individuals received their vaccination are limited. Overall, the vaccination equity gap increases when new vaccine distribution channels are introduced as equity focused channels provided fewer vaccines than the established mass vaccination sites. That is, the increase in COVID-19 vaccine coverage one month after the initiation of a new vaccine distribution channel for the equity deserving groups increases less than those of the general population. **Conclusion:** The general increase in the equity gap with channel introduction reflects limitations in the data structure. The collection of uniform data across Canada should be prioritized to facilitate comprehensive evaluation of the health system response to future pandemics, including the ability to monitor the impact of the response on population inequities.

Order of presentation: 5

Prevalence and Mortality of Cardiovascular Complications in COVID-19: A systematic review and meta-analysis

Toheed Fatima Ali*; Mahnoor Gohar

Learning objectives:

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

1. Identify the most common cardiovascular complications observed in COVID-19 patients
2. Evaluate how cardiovascular complication data can inform long-term follow-up of COVID-19 patients in primary care
3. Apply evidence-based insights to optimize early detection of post-COVID cardiovascular issues

Description: The COVID-19 pandemic, caused by SARS-CoV-2, has significantly impacted various organ systems, particularly the cardiovascular system. This meta-analysis synthesizes data from 35 studies published between January 2020 and April 2024 to assess the prevalence, mortality rates, and risk factors of cardiovascular complications in COVID-19 patients. Five primary complications were identified: myocarditis (prevalence: 10%, 95% CI: 8–12%), arrhythmias (prevalence: 18%, 95% CI: 15–21%), thromboembolism (prevalence: 22%, 95% CI: 18–26%), acute coronary syndrome (ACS) (prevalence: 14%, 95% CI: 11–17%), and heart failure (prevalence: 16%, 95% CI: 12–20%). Mortality rates associated with these complications ranged from 15% for arrhythmias to 25% for thromboembolism. Risk factors included advanced age (OR = 2.7, 95% CI: 2.2–3.2), pre-existing cardiovascular disease (OR = 3.2, 95% CI: 2.5–4.0), diabetes mellitus (OR = 2.5, 95% CI: 2.0–3.1), and hypertension (OR = 2.3, 95% CI: 1.9–2.7). Statistical analysis showed low to moderate heterogeneity among studies (I^2 = 32%). Egger's test for publication bias yielded a p-value of 0.09, suggesting no significant bias in study selection. These findings highlight the need for early identification, continuous monitoring, and targeted interventions to mitigate cardiovascular complications in COVID-19 patients, particularly in primary care settings. Primary care providers play a crucial role in managing high-risk patients by addressing cardiovascular risk factors and facilitating referrals for specialized care. Further research is necessary to explore long-term cardiovascular outcomes and the efficacy of interventions in reducing morbidity and mortality associated with COVID-19.

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, MClSc, MBA; Bart Arnold; Austen Zentner, BSc Kin; Sahya Bhargava, BSc. Kin, MD

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, MsPH, 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

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 fézolinétant) 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)

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

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

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

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 2SLGBTQQIA 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

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

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. Connaitre 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

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, MClSc, 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

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 programing 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 utuilise 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, MClSc, FCFP; Divya Garg, MD, MClSc, FCFP

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 flafla! 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

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.

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

1. Décrire les données probantes sur les nouveaux tests diagnostiques ou traitements qui devraient être intégrés dans la pratique courante
2. Comparer des articles et des données probantes susceptibles de confirmer l'utilité de tests diagnostiques, de traitements ou d'outils en usage
3. Trouver des articles qui se penchent sur des tests diagnostiques, des traitements ou d'autres outils qui ont été présentés sous un faux jour dans certaines études ou dans les médias

Description : Lors de cette séance, nous passerons en revue les principales études publiées au cours de la dernière année qui sont susceptibles d'avoir une incidence sur les soins primaires. Les sujets varieront en fonction des études récentes. Les présentations résumeront les études les plus conséquentes en une diapositive, ou il sera parfois question des principales conclusions d'une série d'études, condensées et présentées en rafale. Nous discuterons des répercussions de ces études : vont-elles modifier certaines pratiques, les confirmer ou en justifier l'abandon ? Chaque présentation sera accompagnée de conclusions claires qui pourront être intégrées de façon concrète à la pratique. Enfin, nous ajouterons des études et du contenu empreints d'humour, le meilleur remède qui soit dans notre domaine !

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

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

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

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; Kimberly Lazare MD, CCFP, MScCh

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 thyréostimuline (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?

AlanKaplan, 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

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.