FMF
Family Medicine Forum
Forum en médecine familiale

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

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Book of Abstracts

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Résumés des activités

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à Toronto (ON)

Family Medicine Matters • La médecine de famille est essentielle

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Welcome to FMF 2026

On behalf of the College of Family Physicians of Canada (CFPC)'s Family Medicine Forum (FMF) Committee, it is our pleasure to welcome you to FMF 2026 in Toronto, Ontario.

This year's scientific program features a diverse range of sessions designed to support your continued growth in clinical practice, education, and research. FMF is more than a conference, it is a space to exchange ideas, strengthen connections, and learn from one another. We hope you take full advantage of the opportunities to engage with colleagues, discover new perspectives, and be part of participate in meaningful conversations shaping the future of family medicine.

As Canada's largest city, Toronto offers a vibrant backdrop for this year's event. From its diverse neighbourhoods and cultural experiences to its renowned food scene and waterfront, there is much to explore during your time here.

We hope your experience at FMF 2026 is both rewarding and inspiring, and that you leave feeling supported and energized in your work in family medicine.

Thank you for joining us at FMF 2026!

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Bienvenue au FMF 2026 !

On behalf of the College of Family Physicians of Canada (CFPC)'s Family Medicine Forum (Au nom du Comité du Forum en médecine familiale (FMF) du Collège des médecins de famille du Canada (CMFC), nous sommes ravis de vous souhaiter la bienvenue au FMF 2026 à Toronto, en Ontario.

Le programme scientifique de cette année comprend toute une gamme de séances conçues pour appuyer votre perfectionnement continu dans la pratique clinique, l'enseignement et la recherche. Le FMF est bien plus qu'un congrès, c'est un espace pour échanger des idées, renforcer les liens et apprendre les uns des autres. Nous espérons que vous profiterez pleinement des occasions de réseauter avec vos collègues, de découvrir de nouveaux points de vue et de participer à des conversations constructives visant à façonner l'avenir de la médecine de famille.

En tant que plus grande ville du Canada, Toronto offre une toile de fond dynamique à l'événement de cette année. De ses quartiers et expériences culturelles variés à sa scène gastronomique réputée et son secteur au bord de l'eau, il y a tellement à découvrir pendant votre séjour ici.

Nous espérons que votre participation au FMF 2026 sera à la fois enrichissante et stimulante, et que vous en repartirez avec le sentiment d'être soutenu·e et encouragé·e dans votre travail en médecine de famille.

Merci de vous joindre à nous au FMF 2026 !

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Aches That Should Not Wait: PMR and GCA

Cassandra Schulz, MD, CCFP; Amanda Steiman, MD, FRCP (C)

Session ID: 197

Language of presentation: English

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

1. Recognize typical and atypical presentations of polymyalgia rheumatica (PMR) and giant cell arteritis (GCA) in primary care
2. Initiate timely investigations and treatment to reduce morbidity and prevent complications
3. Identify indications for referral, and for emerging therapies for GCA

Description: Polymyalgia rheumatica (PMR) and giant cell arteritis (GCA) are common inflammatory conditions which will often first present to primary care. Early recognition and management are critical to improving patient outcomes. PMR significantly impacts quality of life, as patients experience pain, stiffness, constitutional signs and symptoms, all of which can culminate in functional limitation. Delayed diagnosis and/or treatment of GCA may result in irreversible vision loss or other life-threatening vascular complications. This session will be co-delivered by a rheumatologist and a family physician with advanced training in rheumatology. Case vignettes will be used to guide participants through the presentation, assessment, and initial management of PMR and GCA as they commonly appear in primary care. The session will emphasize a pragmatic approach, and "clinical pearls," including when to suspect these conditions, even when patients present less classically, and how to avoid common diagnostic pitfalls (e.g., attribution to local/regional musculoskeletal complaints, or to preexisting headache syndromes, as these are both common). Participants will have the opportunity to review practical approaches to investigation. We will address which laboratory testing and imaging will be of highest yield initially, and how and when to mobilize more sensitive and specific diagnostic modalities. Initial management, once the diagnosis is suspected, will be discussed in detail, including glucocorticoid initiation, dosing, and tapering strategies, as well as indications for urgent referral. The role for advanced therapeutics for GCA, namely tocilizumab and upadacitinib, will be reviewed through a primary care–relevant lens, with close attention to shared care considerations, such as bone health and vaccinations in the context of steroid use and immunosuppression. This session will be interactive and relevant to family medicine practice, equipping participants with tools to confidently diagnose, manage, and effectively share the care of patients with suspected PMR or GCA.

Actioning Your Advocacy

Artem Safarov; Heather Mullen; Apeksha Deol

Session ID: 143

Language of presentation: English

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

1. Apply their firsthand experience to advocating for family medicine
2. Organize a specific health advocacy idea into focused messaging aimed at decision-makers
3. Leverage existing resources and structures to strengthen the collective voice of family physicians in Canada

Description: Family physicians regularly witness the gap between what patients need and what the health system delivers, giving them a powerful vantage point for shaping public policy that promotes health. With that insight, they are uniquely positioned to speak to what works, what does not, and what must change. In this interactive session, led by members of CFPC's Health Policy and Government Relations team, participants will explore resources that can support and empower physician advocacy and learn how to leverage their firsthand experience to drive concrete action at the individual, community, or broader system level. Drawing on real case examples, participants will work in small groups to practice organizing their own advocacy ideas into focused messages that decision makers can understand and act on. The session will also highlight opportunities to strengthen the collective voice of family physicians in Canada, including ways to engage in advocacy initiatives through the CFPC and its provincial Chapters.

ADHD and Social Media: Navigating the double-edged hashtag | Le TDAH et les réseaux sociaux : comment gérer le mot-clic à double tranchant

Joan Flood, BSc, MD, CCFP, FCFP; Doron Almagor, MD, FCRPC

Session ID: 138

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 characteristics that distinguish credible from misleading ADHD content on social media platforms
2. Apply a structured clinical approach when patients present with social media-influenced ADHD self-diagnosis
3. Guide patients toward evidence-based resources while validating their concerns about ADHD symptoms

Description: Social media platforms have become primary information sources for health-seeking individuals, particularly young adults exploring ADHD. Recent research from the University of British Columbia (Karasavva et al., 2025, PLOS ONE) found that fewer than 50% of claims in the top 100 ADHD-related TikTok videos—collectively amassing nearly half a billion views—aligned with DSM diagnostic criteria. Furthermore, over 50% of content creators had apparent financial incentives, and viewers who engaged more frequently with ADHD content were more likely to overestimate the disorder's prevalence and recommend low-quality videos to others. This session addresses the "double-edged hashtag" phenomenon: while social media can reduce stigma, foster community, and help individuals recognize legitimate symptoms warranting evaluation, it simultaneously propagates misinformation that contributes to overdiagnosis concerns and inappropriate self-diagnosis. Using real-world TikTok and Instagram, attendees will learn to identify red flags in social media ADHD content, including lack of nuance, absence of credible sources, and commercial motivations. We will demonstrate practical communication strategies for validating patient concerns while redirecting toward evidence-based assessment and provide a structured approach for evaluating adults presenting with social media-influenced suspicions of ADHD. Teaching methods include didactic presentation with embedded video clips from social media (40 minutes), interactive case-based discussions featuring common clinical scenarios (10 minutes), and audience Q&A (10 minutes). Attendees will receive a downloadable toolkit including conversation guides, patient handouts listing credible ADHD resources, and a clinical decision support framework for social media-informed patient encounters. This session bridges the gap between the evolving digital landscape and evidence-based family medicine practice, empowering physicians to confidently navigate these increasingly common clinical encounters.

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

1. Reconnaître les caractéristiques qui permettent de distinguer les contenus crédibles des contenus trompeurs sur le TDAH diffusés sur les médias sociaux

2. Adopter une approche clinique structurée lorsque des patients se présentent avec un autodiagnostic de TDAH influencé par les réseaux sociaux
3. Orienter les patients vers des ressources fondées sur des données probantes tout en validant leurs préoccupations concernant les symptômes du TDAH

Description : Les médias sociaux sont devenus une source d'information de premier plan pour les personnes soucieuses de leur santé, en particulier les jeunes adultes qui s'interrogent sur un possible TDAH. Une étude récente de l'Université de la Colombie-Britannique (Karasavva et coll., 2025, PLOS ONE) a révélé que moins de 50 % des affirmations présentées dans les 100 vidéos TikTok les plus populaires sur le TDAH, qui totalisaient près d'un demi-milliard de visionnements, concordaient avec les critères diagnostiques du DSM. De plus, plus de la moitié des créateurs de contenu semblaient avoir des intérêts financiers en jeu, et les personnes qui consultaient plus fréquemment du contenu sur le TDAH étaient davantage susceptibles de surestimer la prévalence du trouble et de recommander à d'autres des vidéos de faible qualité. Cette séance abordera le phénomène du « double tranchant des mots-clics » : bien que les médias sociaux puissent contribuer à réduire la stigmatisation, à créer un sentiment de communauté et à aider certaines personnes à reconnaître des symptômes justifiant une évaluation, ils favorisent également la diffusion de renseignements erronés qui alimentent les préoccupations liées au surdiagnostic et à l'autodiagnostic inapproprié. À partir d'exemples tirés de TikTok et d'Instagram, les participants apprendront à reconnaître les signaux d'alarme dans les contenus portant sur le TDAH diffusés sur les médias sociaux, notamment l'absence de nuances, le manque de sources crédibles et les motivations commerciales. Nous présenterons des stratégies de communication pratiques permettant de valider les préoccupations des patients tout en les orientant vers une évaluation fondée sur des données probantes. Nous proposerons également une approche structurée pour l'évaluation des adultes qui soupçonnent être atteints d'un TDAH après avoir consulté du contenu sur les médias sociaux. Les méthodes d'enseignement comprendront une présentation magistrale ponctuée d'extraits vidéo tirés des médias sociaux (40 minutes), des discussions interactives basées sur des cas cliniques illustrant des situations fréquemment rencontrées en pratique (10 minutes) ainsi qu'une période de questions et réponses avec le public (10 minutes). Les participants recevront une trousse téléchargeable comprenant des guides de conversation, des documents d'information à remettre aux patients répertoriant des ressources crédibles sur le TDAH, ainsi qu'un cadre d'aide à la décision clinique pour les consultations influencées par les médias sociaux. Cette séance fera le pont entre un environnement numérique en constante évolution et une pratique de la médecine de famille fondée sur des données probantes, en donnant aux médecins les outils nécessaires pour aborder avec confiance ces situations cliniques de plus en plus fréquentes.

Advocacy and Evidence Clash: Recognizing "fake evidence"

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

Session ID: 78

Language of presentation: English

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

1. Assess whether advocacy materials are based on "fake evidence", and conflict with EBM
2. Describe and categorise inappropriate advocate statements as: misuse, misinformation, disinformation, mal-information and faith/belief
3. Confidently engage with patients on inappropriate evidence claims by advocates

Description: "Lies, damned lies and statistics"! To influence how issues are framed, advocacy groups often include research evidence, but may do so inappropriately. Whereas evidence-based medicine (EBM) assumes an objective examination of all

relevant evidence, advocates may selectively use evidence to support their positions. Advocacy-evidence is frequently selective, biased, based on low quality evidence, emotional and/or may seek to undermine producers and users of EBM. This often results in a contradiction between advocacy-evidence and EBM, particularly with clinical practice guidelines (CPG). The result is a clash between advocacy groups and EBM followers. The clash is often public and litigated in the media without fulsome scientific debate. This sows confusion for patients and clinicians who don't know what is real and what is "fake evidence". This presentation will use real-life examples to stimulate recognition and discussion on how advocates inappropriately use evidence to advance their agenda. Adapting terms from journalists to recognize fake news, we will examine five categories - misuse, misinformation, disinformation, mal-information and faith/belief. Using small group learning (if venue appropriate), participants will appraise advocacy materials, describe how "fake evidence" is inappropriately used as per the 5 categories and identify how such materials can conflict with EBM. Participants will be able to detect the rationale behind the clashes and more confidently engage with patients and colleagues about inappropriate advocacy claims.

Airway Interventions & Management in Emergencies (AIME) Course

George Kovacs, MD, FRCPC

Session ID: 100

Language of presentation: English

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

1. Practice making acute care airway management decisions. (Medical/Family Medicine Expert)
2. Organize a practical staged approach to airway management. (Leader)
3. Choose the most appropriate method of airway management based on a variety of patient presentations. (Medical/Family Medicine Expert)

Description: For more than two decades, the Airway Interventions & Management in Emergencies (AIME) programs have equipped clinicians with practical, hands-on training in emergency airway management. Each course is designed with real-world practice in mind, offering immersive learning experiences that prepare physicians to confidently manage high-stakes airway scenarios.

An Endometriosis Action Plan for Primary Care | Un plan de prise en charge de l'endométriose en soins primaires

Jamie Kroft, MD, MSc, FRCSC; Philippa Bridge-Cook, MD

Session ID: 281

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

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

1. Apply updated SOGC guidelines to support early identification of endometriosis using symptom screening and imaging
2. Integrate evidence-based medical management for endometriosis into primary care practice
3. Identify appropriate referral criteria and pathways for patients with endometriosis

Description: This session provides a structured, practical action plan for earlier identification of endometriosis and initiation of evidence-based treatment in primary care. Updated recommendations from the Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines on the diagnosis and management of endometriosis will be reviewed, with emphasis on how they translate into day-to-day clinical decision-making. The session will cover symptom screening and early recognition, as well as an evidence-informed approach to treatment. Key updates to imaging recommendations, an area that has changed substantially in the new guidelines, will be highlighted. Participants will learn how to initiate and adjust medical management in primary care, including interim care strategies while patients await specialist care, and how to determine when referral or additional investigation is warranted. Patient-centered care is a central theme throughout, with practical resources to support patient education and shared decision-making.

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

1. S'appuyer sur les lignes directrices actualisées de la SOGC pour identifier l'endométriose de façon précoce à l'aide du dépistage des symptômes et de l'imagerie
2. Intégrer à la pratique des soins primaires les approches de prise en charge médicale de l'endométriose fondées sur des données probantes
3. Déterminer les critères d'orientation appropriés et les parcours de soins pour les patientes atteintes d'endométriose

Description : Cette séance propose un plan d'action structuré et pratique visant à favoriser l'identification précoce de l'endométriose et l'instauration de traitements fondés sur des données probantes en soins primaires. Les recommandations actualisées des lignes directrices de la Société des obstétriciens et gynécologues du Canada (SOGC) sur le diagnostic et la prise en charge de l'endométriose seront passées en revue, en mettant l'accent sur leur application dans la prise de décisions cliniques au quotidien. Cette séance portera sur le dépistage des symptômes et leur détection précoce, ainsi que sur une approche thérapeutique fondée sur des données probantes. Les principales mises à jour des recommandations en matière d'imagerie, un volet qui a considérablement évolué dans les nouvelles lignes directrices, seront également mises en lumière. Les participants apprendront à instaurer et à adapter la prise en charge médicale en soins primaires, y compris les stratégies de prise en charge transitoire pendant que les patients attendent de consulter un spécialiste, ainsi qu'à déterminer dans quelles situations une orientation ou des examens complémentaires sont indiqués. Les soins centrés sur le patient constitueront un thème central de la séance, qui comprendra également des ressources pratiques pour soutenir l'éducation des patientes et la prise de décision partagée.

Approach to Bipolar Disorder

Jon Davine, MD, FCFP, FRCP (C)

Session ID: 18

Language of presentation: English

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

1. Describe how to diagnose bipolar disorder in a time efficient manner
2. Describe how to use psychopharmacology to treat bipolar disorder using current guidelines
3. Describe issues concerning psychopharmacology and pregnancy in bipolar disorder

Description: Bipolar disorder affects millions of people in North America. It can now be diagnosed and treated in the primary care setting. In this presentation, we will discuss how to make the diagnosis of bipolar disorder in a time efficient manner. We will define the different types of Bipolar Spectrum Disorders, including Bipolar Type 1, Bipolar Type 2, and

Cyclothymic Disorder. We go on to describe current psychopharmacological treatment of bipolar disorder. We will look at what medications are useful for bipolar manic state, bipolar depressed state, and the prevention of future episodes. We will use current guidelines, based on The Canadian Network for Mood and Anxiety Treatments (CANMAT) 2018 guidelines for bipolar disorder. We will also comment on the National Institute for Health and Care Excellence (NICE) guidelines for bipolar disorder as well. We will focus on Lithium, Valproic Acid, Lamotrigine and Quetiapine in our discussion of medications. We discuss the workup for each of these medications, along with the pertinent side effects. We discuss issues with pregnancy and the use of these bipolar medications. We discuss issues of disability, as related to bipolar disorder.

Appropriate Use in Practice: Tools for family medicine

Jonathan Lam, MSc; Melissa Sheldrick M.S.Ed, Jennifer Young, MD, CCFP (EM); Lisa McCarthy PharmD., MSc

Session ID: 129

Language of presentation: English

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

1. Explain the impact of CDA-AMC in advancing appropriate use of medications
2. Apply practical tools (e.g. 5 Questions and 5 Tips) to support shared medication decision-making with patients
3. Describe emerging appropriate use resources beyond polypharmacy relevant to primary care

Description: In fall 2025, Canada's Drug Agency (CDA-AMC) launched their 5-year pan Canadian Appropriate Use Strategy to strengthen a collaborative, coordinated approach for safe and effective medication use across the country. The strategy outlines how we will work with partner organizations to enhance the appropriate prescribing and use of medications through collective impact, leading to improved health outcomes and a more sustainable health system. In our session today, we will highlight practical tools that bring that strategy into everyday primary care. This includes walking through a set of patient- and clinician facing tools, 5 Questions to Ask About My Multiple Medications (for patients) and 5 Tips to Manage Polypharmacy (for health care providers who prescribe and manage medications in primary care settings). Both are based on evidence reviews and consultations with members of the patient and prescriber communities across Canada and the Appropriate Use Coalition. Throughout, the focus will be on strategies that are collaborative, and integrate into existing workflows rather than adding burden, for system impact. Participants will leave with concrete tools they can begin using immediately and a clearer understanding of where to find practical appropriate use supports for future clinical challenges.

Arm Weakness, Numbness, Tingling, Pain: Common clinical questions

E. Ali Bateman, MSc, MD, FRCPC; Caitlin Cassidy, MD, FRCPC; Jamie Fleet, MD, FRCPC; Rachel Reardon, MD, FRCPC

Session ID: 162

Language of presentation: English

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

1. Describe the pathophysiology, natural history, and epidemiology of cervical radiculopathy, CTS, and CuTS
2. Integrate evidence-based history and physical examination for diagnosing cervical radiculopathy, CTS, and CuTS
3. Apply evidence-based management strategies for these conditions and select evidence-based investigations where appropriate

Description: Pain in the neck and upper limb are common presentations in primary care clinical practice, as are upper extremity weakness, numbness, and tingling. In this clinical session, participants will review an evidence-based approach to the diagnosis, investigation, and management of cervical radiculopathies and the two most common entrapment neuropathies: carpal tunnel syndrome (CTS) and cubital tunnel syndrome (CuTS). Participants will learn about how to diagnose these conditions, how to identify common musculoskeletal mimics for these conditions, evidence-based conservative management of cervical radiculopathy, CTS, and CuTS, and selection of appropriate, evidence-based investigations in a resource-constrained health system, including when urgent investigations are warranted. Indications for surgical management of each of these conditions will also be reviewed. Physical examination pearls and techniques will be demonstrated with hands-on practice opportunities. Evidence-based resources will also be provided to support post-session learning.

Beyond Barriers: Building equity into screening and primary care | Au-delà des barrières : intégrer l'équité dans le dépistage et les soins primaires

Aisha Lofters, MD, CCFP

Session ID: 12

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 structural barriers that contribute to health inequities among marginalized populations, using cancer screening as a case example
2. Apply trauma-informed approaches in primary care, such as reducing stigma, building trust, and creating psychological safety, to improve screening access and outcomes
3. Identify specific clinic-level and system-level actions that family physicians can take or advocate for to advance screening equity

Description: Health inequities are pervasive in our society and in primary care. This keynote talk will explore how family physicians can advance equity in their own practices and clinical settings, while advocating for system-level change. Cancer screening, a powerful prevention tool which has a strong evidence base for reducing incidence and mortality, yet pervasive and persistent inequities, will be used as a case example. Drawing on trauma-informed approaches, this talk will examine how reducing stigma and building trust can improve screening outcomes. You will leave with practical strategies, and clarity on what needs to shift at the practice and health system level. We will also discuss the importance of your own wellness in the context of equity-oriented work.

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

1. Décrire les obstacles structurels qui contribuent aux inégalités en santé au sein des populations marginalisées, en prenant le dépistage du cancer comme exemple de cas
2. Appliquer, dans les soins primaires, des approches qui tiennent compte des traumatismes — notamment en réduisant la stigmatisation, en instaurant un climat de confiance et en favorisant la sécurité psychologique — afin d'améliorer l'accès au dépistage et les résultats
3. Identifier des mesures concrètes que les médecins de famille peuvent mettre en œuvre ou préconiser dans la pratique clinique et à l'échelle du système afin de promouvoir l'équité en matière de dépistage

Description : Les inégalités en santé sont omniprésentes dans notre société et dans les soins primaires. Cette plénière expliquera comment les médecins de famille peuvent favoriser l'équité dans leur pratique et leur milieu clinique, et décrira des façons de promouvoir des changements à l'échelle du système de santé. Le dépistage du cancer, un outil de prévention efficace dont les résultats en matière de réduction de l'incidence et de la mortalité sont solidement étayés par des données probantes, mais qui demeure marqué par des inégalités omniprésentes et persistantes, servira d'exemple concret. S'appuyant sur des approches qui tiennent compte des traumatismes, la Dre Aisha Lofters examinera comment la réduction de la stigmatisation et l'instauration d'un climat de confiance peuvent améliorer les résultats du dépistage. Vous repartirez avec des stratégies concrètes et une vision claire des changements à apporter, tant dans votre pratique qu'au sein du système de santé. Nous aborderons également l'importance de votre bien-être dans le cadre d'une pratique axée sur l'équité.

Beyond Blame: Navigating medico-legal challenges with compassion | Au-delà du blâme : relever les défis médico-légaux avec compassion

Keleigh James, MD, MMEd, CCFP, FCFP; Catherine Pound, MD, MSc, MPH, FRCPC; Katherine Baldwin, MD, FRCPC, ACC

Session ID: 130

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

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

4. Identify the psychological and relational impact of medico-legal distress on physicians
5. Apply compassion and self-compassion practices to reduce shame and support recovery following adverse professional experiences
6. Demonstrate compassionate approaches that promote trust and psychological safety when supporting colleagues

Description: Physicians facing complaints, adverse events, or legal proceedings often experience shame, guilt, fear, and isolation. These emotions can narrow perspectives, impair judgment, and erode trust in work environments. Over time, they can undermine collegial relationships, increase defensiveness, decrease self-confidence, and contribute to burnout. Facilitated by physicians from the Canadian Medical Protective Association, this interactive session explores how compassion toward both colleagues and self can transform how physicians experience and respond to medico-legal distress. Compassion cultivation invites physicians to recognize suffering in themselves and their colleagues, respond without self-criticism, and remain connected to others even under pressure. Participants will examine how compassion reduces shame and self-blame, supports constructive dialogue, and strengthens clinical and interpersonal decision-making. Through brief evidence review, structured dialogue, and experiential learning, participants will explore compassion as a professional competency that is integral to patient safety and physician well-being. Participants will be encouraged to notice and reflect on their own reactions and responses to medico-legal difficulties, practice mindful awareness, and engage in problem-solving. These approaches are designed to evoke authentic reflection, helping participants to explore discomfort safely and build insight that endures beyond the session.

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

4. Reconnaître les répercussions psychologiques et relationnelles de la détresse médico-légale chez les médecins
5. Mettre en pratique des stratégies de compassion et d'autocompassion afin de réduire la honte et de favoriser le rétablissement à la suite d'expériences professionnelles difficiles
6. Adopter des approches empreintes de compassion qui favorisent la confiance et la sécurité psychologique lorsqu'il s'agit de soutenir des collègues

Description : Les médecins qui font l'objet d'une plainte, sont confrontés à un événement indésirable ou se retrouvent engagés dans des procédures judiciaires éprouvent souvent un sentiment de honte, de culpabilité, de peur et d'isolement. Ces émotions peuvent restreindre leur perspective, altérer leur jugement et miner la confiance au sein du milieu de travail. À la longue, ces émotions peuvent nuire aux relations entre collègues, renforcer les comportements défensifs, affaiblir la confiance en soi et contribuer à l'épuisement professionnel. Animée par des médecins de l'Association canadienne de protection médicale, cette séance interactive explore comment la compassion envers ses collègues et envers soi-même peut transformer la manière dont les médecins vivent et gèrent la détresse médico-légale. La pratique de la compassion invite les médecins à reconnaître la souffrance en eux-mêmes et chez leurs collègues, à réagir sans s'autocritiquer et à rester en lien avec les autres, même en période de stress. Les participants examineront comment la compassion atténue la honte et le sentiment de culpabilité, favorise un dialogue constructif et renforce la prise de décision clinique et interpersonnelle. À travers une brève analyse des données, des discussions structurées et un apprentissage par l'expérience, les participants exploreront la compassion en tant que compétence professionnelle essentielle, étroitement liée à la sécurité des patients et au bien-être des médecins. Les participants seront invités à prendre conscience de leurs propres réactions face aux difficultés médico-légales, à y réfléchir, à pratiquer la pleine conscience et à adopter une approche axée sur la résolution de problèmes. Ces stratégies visent à susciter une réflexion authentique, en aidant les participants à explorer leurs malaises dans un cadre sécuritaire et à en tirer des apprentissages durables.

Beyond Fads and Hype: Exercising well for optimizing function and performance in clinical environments | Au-delà des modes et des tendances : bien s'entraîner pour optimiser les capacités fonctionnelles et les performances en milieu clinique

Sarah Kim, MD, FCFP (SEM), MHSc

Session ID: 247

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 analyze barriers to physical fitness and whole-person well-being among physicians - including occupational demands, cognitive stressors, and system-level factors impacting health and performance – translating this understanding to exercise co
2. Describe the physical impact of cognitive and emotional states (e.g., stress, focus, relaxation) on physical function and well-being, and apply evidence-informed strategies to modulate these states in clinical practice, daily life and approaches to exerci
3. Develop an individualized, sustainable framework for integrating mindfully-informed movement and exercise into daily routines, incorporating reflective and embodied practices to support self-compassion, mitigate burnout, and enhance overall wellness in re

Description: Whether you love exercise, hate it or are ambivalent, this session will challenge your current perspectives on the world of fitness, functional movement and physical health. Even if you are a seasoned athlete or feel you have no athletic inclination, participants can expect to leave this session with a framework for exercising well that can be tailored to individual needs and goals. This session will focus in particular on the demands of the body in various clinical settings. Participants will be presented with practical and accessible pearls for thinking through their own personalized exercise program, tips that can be integrated into various approaches to exercise counselling for patients. No previous movement experience is required, nor any specialized fitness wear. Come as you are!

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

1. Identifier et analyser les obstacles à la forme physique et au bien-être global des médecins – notamment les exigences professionnelles, les facteurs de stress cognitif et les facteurs systémiques ayant une incidence sur la santé et les performances – et mettre en pratique ces connaissances dans le counseling sur l'exercice physique pour les patients
2. Décrire l'impact physique des états cognitifs et émotionnels (par exemple, le stress, la concentration, la relaxation) sur les fonctions physiques et le bien-être, et appliquer des stratégies fondées sur des données probantes pour moduler ces états dans la pratique clinique, la vie quotidienne et les approches au counseling sur l'exercice physique pour les patients
3. Élaborer un cadre individualisé et durable permettant d'intégrer des mouvements et des exercices pratiqués en pleine conscience à la routine quotidienne, en y incorporant des pratiques réflexives et corporelles afin de favoriser l'autocompassion, prévenir l'épuisement professionnel et améliorer le bien-être global en reconnaissance du médecin en tant que patient, ainsi que comme point de départ pour aborder les techniques de counseling compassionnel liées à l'activité physique

Description : Que vous aimiez l'exercice, que vous le détestiez ou que vous soyez partagé à son sujet, cette séance vous invitera à remettre en question votre perception du monde du conditionnement physique, du mouvement fonctionnel et de la santé physique. Que vous soyez un athlète chevronné ou que vous pensiez ne pas avoir la fibre sportive, vous repartirez avec un cadre pratique pour intégrer l'exercice de façon efficace, adapté à vos besoins et à vos objectifs. La séance portera plus particulièrement sur les exigences physiques auxquelles le corps est soumis dans différents contextes cliniques. Les participants se verront proposer des conseils pratiques et accessibles pour élaborer leur propre programme d'activité physique, ainsi que des stratégies pouvant être intégrées à diverses approches de counseling en matière d'activité physique auprès des patients. Aucune expérience préalable en matière de mouvement n'est requise, et aucune tenue d'entraînement spécialisée n'est nécessaire. Tout le monde est bienvenu!!

Big Idea's Soapbox | Tribune aux idées audacieuses

Session ID: 14

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

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!

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

1. Acquérir de nouveaux points de vue sur la portée et l'approche de la pratique, de l'innovation et de la recherche en soins primaires
2. Développer une compréhension critique des innovations de pointe visant à résoudre des problèmes complexes en médecine de famille
3. Discuter avec des collègues du pays et d'ailleurs d'idées portant sur l'ampleur et la portée de la médecine de famille et des soins primaires

Description : La Tribune aux idées audacieuses présente des idées susceptibles d'avoir un impact significatif sur la pratique clinique, le développement professoral, l'éducation postdoctorale et prédoctorale, les soins et la santé de la population ou les politiques en matière de santé. Elle constitue une plateforme qui permet aux innovateurs et innovatrices de présenter et de partager leurs nouvelles idées, leurs réflexions avant-gardistes et leurs projets émergents qui ont le potentiel de provoquer des changements. Le public examinera ces idées et décidera laquelle mérite de remporter le prix. Préparez-vous à voter !

Bone Voyage: Navigating osteoporosis and fracture risk reduction

Divya Garg, MD, MClSc, CCFP, FCFP

Session ID: 82

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 using current clinical guidelines
3. Apply shared decision-making to tailor individualized treatment and monitoring plans for bone health

Description: Canada faces a significant osteoporosis care gap, marked by inconsistent fracture risk assessment, missed prevention opportunities, and low post-fracture treatment rates. Osteoporosis-related fractures result in substantial morbidity and mortality exacerbated by systemic barriers to care. Family physicians play a key role in assessing fall and fracture risk, while managing multimorbidity and competing demands that shape daily clinical practice. Tailored decisions regarding pharmacologic and non pharmacologic interventions require a shared decision-making approach. With three newer Canadian osteoporosis and fracture-prevention guidelines, clinicians are encountering differing recommendations and uncertainty about how best to apply them in everyday practice. This highly rated presentation, developed by an endocrinologist specializing in osteoporosis and a family physician, will deliver case-based and practical guidance on applying clinical guidelines while considering individual patient context. The session will highlight tools and strategies to integrate fall prevention, nutrition, exercise, and pharmacotherapy counselling into efficient, patient-centered encounters for the busy clinician.

Bringing Better Child Nutrition to Family Medicine

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

Session ID: 270

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 and information around allergy management, picky eating and obesity. 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 with healthy food will be showcased. At the end of this workshop, participants will have further clinical resources to efficiently assess child nutrition, provide patient education and advocate for healthy food.

Bronchiectasis: What does the family physician need to know about? | Bronchiectasie : ce que les médecins de famille doivent savoir

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

Session ID: 24

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 pathophysiology of bronchiectasis
2. Review etiologies of bronchiectasis that can give you hints to management
3. Review the management of non-cystic fibrosis bronchiectasis in primary care

Description: The third most common chronic respiratory illness is bronchiectasis. This is a not uncommon cause of dyspnea and productive cough, characterized by frequent exacerbations. We will review causes of this condition which you can make in family practice that can change the prognosis. Symptom management of cough and sputum is important. And will be appreciated by your patients but prompt management of exacerbations and, even more importantly, preventing exacerbations can change the patient's life. We do not have Canadian guidelines for this condition, so we will look at current European recommendations that we can tailor to our Canadian system. This talk will ensure you have understanding how to approach this condition.

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

4. Passer en revue la physiopathologie de la bronchiectasie
5. Passer en revue les étiologies de la bronchiectasie pouvant orienter la prise en charge
6. Passer en revue la prise en charge de la bronchiectasie non liée à la mucoviscidose en soins primaires

Description : La bronchiectasie est la troisième maladie respiratoire chronique la plus fréquente. Elle constitue une cause relativement courante de dyspnée et de toux productive et se caractérise par des exacerbations fréquentes. Nous passerons

en revue les causes de cette maladie qui peut être diagnostiquée en médecine de famille et dont l'identification peut modifier le pronostic. La prise en charge des symptômes, en particulier de la toux et des expectorations, constitue un volet important des soins. Vos patients apprécieront certainement une prise en charge rapide des exacerbations, mais surtout, la prévention de ces dernières peut changer leur vie. Comme il n'existe pas de lignes directrices canadiennes pour cette maladie, nous examinerons les recommandations européennes actuelles, que nous pourrons adapter à notre système canadien. Cette séance vous permettra de bien comprendre comment prendre en charge cette maladie dans votre pratique.

Can We Teach EDIA in Family Medicine Residency?

Alison Baker, MD, CCFP, FCFP; X. Catherine Tong, MD, CCFP (EM), FCFP

Session ID: 47

Language of presentation: English

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

1. Define and differentiate core EDIA concepts, including cultural humility, cultural safety, bias, microaggressions, and allyship
2. Identify opportunities to integrate EDIA teaching strategies into routine supervisory and clinical encounters
3. Apply interactive EDIA teaching strategies in participants' own academic or community residency settings

Description: Family medicine in Canada is grounded in serving diverse communities, yet many educators feel underprepared to teach and assess residents' competencies in equity, diversity, inclusion, and accessibility (EDIA) in concrete, practice-based ways. This workshop will introduce an integrated EDIA teaching framework built around five core domains: cultural humility and cultural safety; understanding equity versus equality in Canadian health systems; recognizing and mitigating bias (including unconscious bias and in /out group dynamics); addressing microaggressions and using inclusive language; and fostering effective allyship in clinical and educational environments. Drawing on a series of short didactic "sparks" and case vignettes derived from common family medicine scenarios, participants will work together to apply these concepts to resident teaching, feedback, and workplace-based assessment. The group will develop practical phrases, reflection questions, and micro-teaching strategies that can be used in real time with residents when issues of bias, microaggressions, or exclusion arise in clinic, hospital, and community settings.

Canadian MAiD Curriculum Topic 3: How to do a MAiD assessment

Konia Trouton, MD

Session ID: 243

Language of presentation: English

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

1. Successfully prepare for and complete a MAiD Assessment. Discuss the eligibility criteria for MAiD
2. Identify the differences in the assessment of patients whose natural death is not reasonably foreseeable
3. Practice skills and identify strategies to bring one's "best self" to MAiD assessments and address challenges that may arise in this deeply meaningful work

Description: A systematic approach outlining how to receive a MAiD request and prepare for and conduct a MAiD assessment Particular emphasis is placed on the MAiD eligibility criteria and safeguards underlying all assessments, with a focus on assessor wellness.

Canadian MAiD Curriculum Topic 5: Providing MAiD

Konia Trouton, MD

Session ID: 248

Language of presentation: English

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

1. Plan for a MAiD provision. Manage the practical and emotional aspects of MAiD provision
2. Prepare and support the MAiD team, patient, and family/friends before, during, and after the provision. Use a waiver of final consent. Anticipate and manage adverse events
3. Manage the post provision period. Reflect on the gravity of providing MAiD and the impacts on MAiD providers. Identify resilience practices that can support a sustainable MAiD practice

Description: This session explores the clinical, practical, and emotional aspects of providing Medical Assistance in Dying (MAiD) in Canada. Learners will examine how to plan and carry out a MAiD provision, support patients, families, and care teams before, during, and after the provision, and manage key considerations such as the use of a waiver of final consent, adverse events, and the post-provision period. The module also invites reflection on the gravity of this work and its impact on clinicians, with an emphasis on resilience practices that support a sustainable MAiD practice.

Canadian MAiD Curriculum Topic 7: MAiD and mental disorders

Konia Trouton, MD

Session ID: 251

Language of presentation: English

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

1. Discuss the evolution of MAiD law concerning access to MAiD by persons with mental disorders. Identify the main issues in applying the eligibility criteria and procedural safeguards to MAiD requests by persons with mental disorders either as a sole or com
2. Identify the challenges in assessing MAiD eligibility associated with specific mental disorders. Apply the concepts discussed in the asynchronous module to clinical cases
3. Exchange ideas with colleagues about how to handle the issues raised in these cases

Description: This session will explore the key clinical practice considerations involved in Medical Assistance in Dying (MAiD) for individuals with mental disorders. Participants will examine the evolution of MAiD law as it pertains to this population and analyze the challenges of applying eligibility criteria and procedural safeguards when mental disorders are a sole or comorbid condition. Through case-based discussions, attendees will assess the complexities of determining MAiD eligibility for specific mental disorders, integrate concepts from the asynchronous module into clinical scenarios, and engage in peer dialogue to navigate the ethical and practical issues involved.

CanMEDS 2026: What does it mean for you?

Kannin Osei-Tutu, MD, MSc, CCFP, FCFP, Cdir

Session ID: 187

Language of presentation: English

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

1. Understand changes to CanMEDS 2026 focusing on emerging themes including anti-racism, planetary health, and digital health/AI
2. Consider how CanMEDS can be used in clinical teaching, advocacy, and curricular planning and innovation
3. Share practical tips to integrate CanMEDS 2026 emerging themes into educational practice

Description: CanMEDS plays a foundational role in medical education and informs CanMEDS-Family Medicine which guides learning in our profession. The new CanMEDS 2026 Framework introduces emerging themes that respond to a changing world, including anti-racism, planetary health, and digital health/AI. As these themes become increasingly relevant across the educational continuum, learners, teachers and educational leaders may ask: what has changed, and what does this mean for me as a learner, teacher and leader? In this interactive session, participants will learn about the new CanMEDS 2026 emerging concepts and related competencies and share ideas for how they can be integrated in real-world educational settings. Participants will work through facilitated scenarios focused on emerging themes, looking at various teaching roles and common learning situations. This session is intended to support learners, clinical teachers, and educational leaders who are seeking a practical understanding of how to put CanMEDS 2026 into use. The session will combine short presentations (knowledge bursts) with guided small-group discussion to generate practical strategies, share experiences, and highlight approaches that participants can adapt to their own teaching environments. Participants will leave with a clearer understanding of key CanMEDS 2026 changes and concrete ideas for integrating emerging themes into educational practice in ways that support learning and positive change.

CaRMS and Electives Q&A

Huma Khurrum, MD

Session ID: 153

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.

CASTED: Primary Care – The MSK course for family doctors

Arun Sayal, MD, CCFP (EM), FCFP

Session ID: 85

Language of presentation: English

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

1. Describe the assessment, diagnosis, and treatment of common upper extremity complaints seen in primary care
2. Describe the assessment, diagnosis, and treatment of common lower extremity complaints seen in primary care
3. Describe the assessment, diagnosis, and treatment of common neck and back complaints seen in primary care

Description: CASTED: Primary Care is a high-yield, practice-changing, orthopedics course for family physicians. The course is 3-days and split into two parts. 2-days are online (one is synchronous, the other asynchronous); then a 3rd day at FMF. CASTED is ruthlessly clinical, it's fun, and you will receive a practical, relevant, office-focused approach to orthopedics. You will significantly improve your approach to office MSK. You are promised a course with tons of clinical pearls you will use on your next day in office!

You will learn:

- Keys to an efficient orthopedic history
- 'High yield' physical exam tips, including 'hands-on' practice
- Clinical pearls on x-ray ordering and interpreting
- MSK management principles
- Tips to identify the 'red flag' patients
- Who needs an MRI, who needs physio and who needs to see a surgeon
- How to perform various joint injections, including 'hands-on' practice
- Practical, office-based immobilization options

Focus is on cases that are:

- Common
- Commonly missed, and
- Commonly mismanaged

The online (synchronous and asynchronous) outlines a better office ortho approach. Access to the recordings is available if you prefer to watch asynchronously (or review). Then the 3rd day is in-person for hands-on practice - where demonstrations provide numerous tips on physical exam reviews, joint injections and practical office-based immobilization options. Practical points you need to know. These pearls are practice-changing and immediately applicable. Understand ortho – don't memorize it.

Co-Creating Brave Spaces Within the Clinical Learning Environment

James Goertzen, MD, MClSc, CCFP, FCFP; Nusha Ramsoondar, BAA, MPH, MD, PGY2 FM

Session ID: 118

Language of presentation: English

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

1. Describe importance of brave spaces which facilitate learning at the edges of one's comfort zone
2. Demonstrate strategies for preceptors and learners to co-create spaces for important learning within the clinical environment
3. Identify preceptor and learner resources to co-create brave spaces within the clinical learning environment

Description: It is important for preceptors and learners to co-create learning environments in which they feel supported sharing their views, experiences, and themselves. To learn from each other, we require a learning environment which supports interpersonally risk taking, sharing vulnerabilities, and clarifying perspectives without fear of negative consequences. This includes learners feeling comfortable sharing ideas, concerns, questions, and mistakes without being punished or humiliated. Unsupportive learning environments can cause learners or preceptors to feel anxious, ashamed, inadequate, or disengaged. The consequences of unsafe clinical learning environments can negatively impact patient care and increase risk of poorer patient outcomes. Strategies to co-create brave learning spaces will be explored including demonstrating situational humility, expressing appreciation, and destigmatizing failure. Key phrases will be modelled - I am not sure. What do you think? Are there any other opinions? Resources will be provided to elaborate on session content. This session is relevant to students, residents, physicians in early practice along with family medicine teachers, preceptors, and educational leaders.

Collective Action to Reduce Paperwork

Artem Safarov; Natalie Haleem; Heather Mullen

Session ID: 144

Language of presentation: English

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

1. Differentiate public and private sources of paperwork to guide effective direction of advocacy
2. Identify opportunities to contribute to national-level advocacy work on administrative burden
3. Adapt existing CFPC messaging to advocate less paperwork in their respective jurisdiction

Description: Are you buried in paperwork that sucks the joy out of family medicine? Channel your frustration into tangible action at this interactive session led by members of CFPC's Health Policy and Government Relations team. Together, we will unpack the different public and private sources of paperwork and administrative inefficiencies so you can better see where change is possible and how it affects your clinical experience. This session aims to empower physicians by providing tangible examples of action that can be taken to address administrative burden in its various forms. Explore opportunities to contribute to advocacy on variety of levels, tackling administrative burden. Your experiences and stories can help shape the family physician voice to protect doctors' well being and improve patient access. Drawing from CFPC resources to strengthen your message, you will evaluate pathways of advocacy on a variety of levels to improve admin experience for yourself and other family doctors across Canada.

Competence Committees: Defensible promotion decisions using imperfect data

Christina Cookson, MD, CCFP; Daniel Grushka, BSc, MSc, MD, CCFP (EM), FCFP; Eric Wong, MD, MClSc (FM), CCFP, FCFP; Philip Vandewalle, MD, CCFP, FCFP

Session ID: 258

Language of presentation: English

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

1. Describe key structural and governance elements supporting fair, efficient, defensible committee decisions
2. Differentiate roles of formative and summative data and integrate multiple assessment sources
3. Implement practical approaches to address incomplete, delayed, or inconsistent assessment data

Description: Competence committees in large Family Medicine programs face the ongoing challenge of balancing efficiency with fairness. Committees must review large volumes of assessment data while making defensible decisions that protect public safety and support resident success. This interactive session will provide participants with practical strategies to strengthen competence committee structure, decision-making processes, and data interpretation in high-volume training environments. Participants will begin by exploring how competence committees can evolve from informal decision-making groups into structured, multidisciplinary teams. Through guided discussion, participants will examine how committee composition and clearly defined decision frameworks can improve consistency, reduce bias, and support transparent promotion decisions. The workshop will then focus on managing the large quantity of assessment data commonly reviewed by competence committees, including Field Notes, In-Training Evaluation Reports (ITERs), and Entrustable Professional Activities (EPAs). Participants will work through examples demonstrating how to review both formative and summative assessment information while preserving the developmental intent of feedback. Strategies to ensure consistency across training sites and evaluators will also be explored. Finally, participants will engage in case-based activities addressing the frequent challenge of incomplete or inconsistent assessment data. Facilitators will introduce practical tools such as minimum data standards, early identification systems for missing information, and data triangulation techniques to support fair and timely decision-making.

Contraception and Safe Abortion Care: 2026 update

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

Session ID: 65

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.

Creating a Practical Professional Learning Plan

Zarreen Warsi, CPD Project Manager

Session ID: 148

Language of presentation: English

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

1. Develop a structured Professional Learning Plan aligned with Mainpro+ assessment requirements
2. Consider patient and practice context when defining Professional Learning Plan priorities
3. Identify a focused practice gap suitable for a Professional Learning Plan

Description: The Professional Learning Plan (PLP) supports family physicians in planning, documenting, and reflecting on continuing professional development within the Mainpro+ program. A recent refresh of the PLP builds on this established framework and maintains its core structure while supporting practical use across diverse practice settings. This interactive, small-group workshop provides participants with guided, hands-on experience working through the Professional Learning Plan. Through guided instructions, participants will engage in case-based discussion and structured questions to identify a priority growth area, develop a focused learning goal, explore relevant CPD learning activities, and consider approaches to reflection. Collaborative discussion will support peer learning and practical problem-solving. Participants will actively apply the refreshed PLP framework during the session and leave with a partially completed Professional Learning Plan, as well as strategies to continue refining their plan to support ongoing professional development and Mainpro+ assessment requirements.

Creating and Facilitating a Community Medical Decision-Making Workshop

Rachel Goldfarb, MD; Joelle Soriano, MD, CCFP (PC); Shannon Poyntz, NP; Michelle Greiver, MD, CCFP; Kyle Albuquerque-Boutilier; Selina Suleman; Daphna Grossman, CCFP (PC), FCFP

Session ID: 135

Language of presentation: English

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

1. Understand the process of developing, promoting and facilitating a community medical decision-making workshop
2. Identify effective strategies for teaching about advanced care planning in the community
3. Gain skills required to translate and execute similar initiatives in participants' own communities

Description: Background: Advanced Care Planning (ACP) is a key element of effective primary care but is often deferred in the primary care setting due to time constraints. To promote efficient, broadly accessible ACP, an interprofessional team from North York General (NYG) developed community ACP workshops. Feedback from the first community ACP initiatives highlighted the need for improved illness understanding, including understanding of illness trajectories and how personal values may change as illness progresses, to support meaningful advance care planning.

Methods and Results**:** In response, the NYG team developed a community-based ACP and medical decision-making (MDM) workshop delivered in the community. Two 1.5-hour interactive workshops were held in 2025, using case-based discussions focused on four serious illnesses: cancer, heart failure, respiratory disease, and dementia. The workshop begins with a didactic review of typical illness trajectories, followed by an introduction to key elements of MDM, including evaluating risks and benefits of medical interventions including decisions related to cardiopulmonary resuscitation and enteral nutrition. The session concludes with facilitated case scenarios that simulate real-world decision making across the illness course. Evaluation data demonstrated high participant satisfaction and significant improvement in illness understanding, increasing from 11% pre-workshop to 70% post-workshop ($p<0.001$).

Workshop Description: This workshop will engage participants in interactive activities surrounding the process of creating a community-based ACP and MDM program. We will review and discuss presentation content, describe strategies for developing community partnerships, and share outcomes demonstrating the importance of illness understanding in supporting effective ACP. This session is intended for primary care physicians, palliative care providers, allied health professionals, and community organizers. The aim is to empower and equip care providers across various communities to create and facilitate similar initiatives to improve ACP and MDM more broadly.

Decentralizing Excellence: Strengthening Distributed Medical Education

Abir Hussein, MBBCH, MMgmt, CCFP; Janet Green, MD, MA, CCFP

Session ID: 195

Language of presentation: English

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

1. Identify challenges and enablers in distributed undergraduate and postgraduate education.
2. Develop actionable strategies to enhance clinical learning environments across distributed teaching sites.
3. Plan approaches to foster preceptor support and community engagement in distributed training settings.

Description: Distributed Medical Education (DME) is increasingly recognized as a strategy to address physician shortages and improve access to care in rural and underserved communities. Training learners outside traditional academic health centers enhance continuity of learning and care and provide rich and varied clinical experiences. DME aligns medical education with local health priorities and social accountability, fostering a better understanding of and addressing local community health needs. However, delivering high-quality DME across undergraduate and postgraduate programs requires intentional planning and support to ensure equitable learning experiences, strong supervision, and sustainable partnerships. Drawing from Dalhousie University's experience delivering distributed undergraduate and postgraduate education across multiple sites and provinces, participants will explore common challenges related to curriculum delivery, variation in clinical exposure, faculty and preceptor recruitment, learner support systems, housing and infrastructure limitations, and effective community engagement. This session is designed for family medicine educators, program directors, clinical preceptors, educational leaders, and program administrators involved in undergraduate or postgraduate distributed training. Participants will share strategies and identify key recommendations that can be adapted to their own educational contexts through engaging in facilitated small-group discussions and case-based problem-solving activities. Participants will leave with practical tools and shared approaches to improve learning environments, sustain distributed teaching capacity, and support rural workforce development through DME.

Decision-Making Capacity Assessment Level 1 Workshop

Lesley Charles, MBChB, CCFP (COE), FCFP

Session ID: 155

Language of presentation: English

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

1. Recall aspects of the Adult Guardianship and Trusteeship Act and Personal Directives Act (FM Expert/Health advocate)
2. Identify the guiding principles in decision-making capacity assessment (DMCA) (FM Expert/Health advocate)
3. Explore an interdisciplinary approach to Capacity Assessment including case examples (Leader/Collaborator/Communicator)

Description: There are complex and predictable clinical, ethical and legal implications when assessing decision-making capacity. These workshops will help the primary care provider navigate the process related to the Adult Guardianship & Trusteeship, Personal Directives and Enduring Power of Attorney Acts. These interactive workshops are designed for physicians, psychologists, nurse practitioners, nurses and other healthcare providers and will include small group work and presentations. Two series workshops are offered (only once), and participants have a choice of engaging in the Level 1 and/or the Level 2 workshop. Level 1 covers the basic information to assess decision-making capacity and the interdisciplinary approach. Level 2 provides a deeper dive into the application of the basic information on decision-making capacity assessment (DMCA). Previous attendance at the Level 1 workshop is recommended but is not mandatory.

Decision-Making Capacity Assessment Level 2 Workshop

Lesley Charles, MBChB, CCFP (COE), FCFP

Session ID: 156

Language of presentation: English

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

1. Apply the capacity assessment process, capacity assessment worksheets, forms and schedules used in the process of DMCA (FM Expert, Professional)
2. Identify the significance, timing and key elements of capacity interview while performing a DMCA (FM expert)
3. Perform interviews for DMCA using role play and cases (FM expert)

Description: There are complex and predictable clinical, ethical and legal implications when assessing decision-making capacity. These workshops will help the primary care provider navigate the process related to the Adult Guardianship & Trusteeship, Personal Directives and Enduring Power of Attorney Acts. These interactive workshops are designed for physicians, psychologists, nurse practitioners, nurses and other healthcare providers and will include small group work and presentations. Two series workshops are offered (only once), and participants have a choice of engaging in the Level 1 and/or the Level 2 workshop. Level 1 covers the basic information to assess decision-making capacity and the interdisciplinary approach. Level 2 provides a deeper dive into the application of the basic information on decision-making capacity assessment (DMCA). Previous attendance at the Level 1 workshop is recommended but is not mandatory.

Dermatoscopy 101: How to begin

Lawrence Leung, MBBChir DipPractDerm FRCGP, FRACGP, CCFP, FCFP; Horace Yu, MD, CCFP

Session ID: 33

Language of presentation: English

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

1. Understand the basics of dermatoscopy and how to acquire the basic skills
2. How to apply dermatoscopy to common skin conditions: pigmented and non-pigmented lesions
3. How to incorporate dermatoscopy as an efficiency bedside diagnostic tool to enhance the efficiency and accuracy of dermatological diagnoses

Description: Dermatological complaints comprise up to 15% of visits to family physicians. It is imperative for the family physician to make a correct skin diagnosis before prescribing the evidence-based treatment, be it benign or malignant. However, it is never easy given the overlapping and confusing resemblance of signs between differentials. Dermatoscopy is an extremely useful tool in daily family medicine practice to differentiate malignant skin lesions from common benign ones, and enable more accurate diagnosis and reduce unnecessary biopsy or delay in management. This on-site dermatoscopy workshop will provide fundamental knowledge and basic skills to dermatoscopy as applied in family medicine settings, supplemented with ample pictures and examples. I have enlisted preliminary sponsorship from 3Gen Dermlite to provide attendees (up to 20) with dermatoscopes to operate and acquire basic skills to assess basic skin lesions, in particular screening for common malignant and pre-malignant lesions (SCCs, BCCs and melanomas)

Designing Digital Health for Primary Care

Nebojsa (Neb) Kovacina, MD, CCFP; Élise Boulanger, MD, CCFP

Session ID: 301

Language of presentation: English

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

1. Identify key forms of technology-related administrative burden affecting family medicine practice as well as systemic drivers of digital administrative burden in primary care
2. Describe three principles for user-centred digital health
3. Apply practical strategies to influence technology use in primary care locally

Description: Administrative burden is widely recognized as a major threat to the sustainability of family medicine. Digital health tools are now embedded in clinical practice, yet many clinicians experience them less as supports than as sources of fragmentation, cognitive overload, and additional administrative work. Evidence from the literature highlights persistent issues, including poor interoperability, excessive documentation requirements, and alert fatigue. Care for Tech is an initiative led by the Quebec College of Family Physicians that aims to reorient digital health innovation toward the needs of primary care teams. Importantly, the objective is not to resist technological innovation, but to ensure that technology fulfills its promise: supporting clinicians and patients in delivering high-quality care. In other words, the goal is not technology itself, but better care through technology. The project combined a literature review with qualitative fieldwork including more than 20 interviews with clinicians, managers, and digital health stakeholders, as well as patient focus groups. Insights from this exploratory phase informed a structured co-creation process involving a cohort of more than 40 clinicians and

patients from diverse practice settings, including family physicians and other primary care professionals. Participants identified recurring burdens affecting key moments in care such as documentation, follow-up, coordination, and access. These include excessive administrative paperwork, fragmented digital systems requiring duplicate data entry, digital inbox overload, and the growing responsibility placed on clinicians to help patients navigate complex health and social systems. Participants also highlighted how current technologies poorly support collaboration across primary care teams and organizations. Through the co-creation process, participants developed a framework built around three strategic priorities: improving access and interoperability of health data, raising standards for usability and procurement of digital technologies, and strengthening technoclinical leadership among clinicians and patients. In the project's second phase, these recommendations are being translated into action through initiatives such as a clinician–patient hackathon to prototype solutions, engagement with policy-makers to influence procurement standards, and dialogue with professional regulatory bodies regarding usability and patient safety implications of digital systems. This session will share lessons from this initiative and discuss how family physicians can play a leadership role in shaping digital transformation in primary care.

Devenez un(e) karatéka des données probantes en une heure

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. Reconnaître les forces et faiblesses des différents types d'études principalement rencontrés en formation continue
2. Interpréter les données probantes et statistiques judicieusement en repérant les pièges fréquents
3. Utiliser efficacement les outils de recherche d'information

Description : Dans un monde où 1- il se publie un nouvel article en médecine de famille à chaque 30 secondes, 2- la désinformation devient monnaie courante, 3- l'IA s'immisce de plus en plus dans nos décisions cliniques, il devient de plus en plus difficile de différentier ce qui demeure pertinent pour notre pratique clinique. Heureusement, quelques réflexes nous permettent d'aiguiser notre sens critique afin de devenir un(e) réel(le) karatéka des données probantes! Avec ce survol des grands pièges à éviter dans notre lecture des nouvelles médicales et affirmations chocs, il deviendra plus facile de voir à travers les subterfuges présents dans la littérature médicale et ce bien appuyé par de multiples ressources et outils en ligne.

Diabetes Canada Update: Chronic kidney disease in diabetes | Mise à jour de Diabète Canada : l'insuffisance rénale chronique chez les diabétiques

Rahul Jain, MD, CCFP, MScCH, FCFP; Sheldon Tobe, MD, MScCH, FRCPC, FACP

Session ID: 88

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 screening recommendations for chronic kidney disease in people with diabetes
2. Describe health behaviours and new therapies to prevent progression of diabetic nephropathy toward ESKD
3. Integrate new Diabetes Canada recommendations into clinical practice

Description: Kidney disease is the most common complication of diabetes, with about half of those with diabetes showing signs of kidney disease in their lifetime. Diabetic nephropathy is the most common cause of end-stage kidney disease (ESKD), and about 40% of all people on dialysis have diabetes. Throughout all stages of kidney disease, there is also an increase in cardiovascular risk. This interactive session will allow participants to review the updated Diabetes Canada clinical practice guidelines on Chronic Kidney Disease in Diabetes and will be facilitated by co-authors of the guidelines (https://www.canadianjournalofdiabetes.com/article/S1499-2671(25)00020-6/fulltext). Current Canadian screening rates for diabetic nephropathy is only 13%. Time is kidney, and loss of kidney function cannot be recovered, so it is important to screen annually and promote early initiation of health behaviours change and new evidence-based medical therapies where appropriate to prevent or slow the progression of diabetic nephropathy toward ESKD (i.e. need for dialysis or kidney transplantation). Our expectation is that implementation of the Diabetes Canada recommendations from the CKD chapter together with the new pharmacotherapy chapter will dramatically change the natural history of diabetic nephropathy for the better.

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

1. Identifier les recommandations en matière de dépistage de l'insuffisance rénale chronique chez les personnes diabétiques
2. Décrire les habitudes de vie et les nouveaux traitements permettant de prévenir la progression de la néphropathie diabétique vers l'insuffisance rénale terminale (IRT)
3. Intégrer les nouvelles recommandations de Diabète Canada dans la pratique clinique

Description : La maladie rénale est la complication la plus fréquente du diabète : environ la moitié des personnes vivant avec le diabète présenteront des signes d'atteinte rénale au cours de leur vie. La néphropathie diabétique constitue la principale cause d'insuffisance rénale terminale, et environ 40 % des personnes recevant un traitement par dialyse vivent avec le diabète. De plus, le risque cardiovasculaire augmente à chaque stade de la maladie rénale. Cette séance interactive permettra aux participants de passer en revue les lignes directrices de pratique clinique actualisées de Diabète Canada sur la maladie rénale chronique associée au diabète. Elle sera animée par des coauteurs de ces lignes directrices. (https://www.canadianjournalofdiabetes.com/article/S1499-2671(25)00020-6/fulltext). Le taux de dépistage de la néphropathie diabétique au Canada n'est que de 13 %. Chaque instant compte en matière de santé rénale, car toute perte de fonction est irréversible; il est donc important de procéder à un dépistage annuel et de favoriser l'adoption précoce d'habitudes de vie saines ainsi que l'instauration, lorsque cela est indiqué, de traitements fondés sur des données probantes afin de prévenir ou de ralentir la progression de la néphropathie diabétique vers l'IRT (c'est-à-dire la nécessité d'une dialyse ou d'une greffe rénale). Nous nous attendons à ce que la mise en œuvre des recommandations de Diabète Canada issues sur la maladie rénale chronique, combinée à celles du nouveau chapitre sur la pharmacothérapie, transforme considérablement et favorablement l'évolution naturelle de la néphropathie diabétique.

Diagnostic social : Explorer l'acceptabilité et l'utilité clinique

Géraldine Layani, MD, CCMF; Tania Riendeau, MD, CCMF

No du résumé : 225

Langue de présentation : Français

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

1. Décrire les composantes d'un diagnostic social et son utilité clinique en soins primaires

2. Identifier les barrières, facilitateurs et enjeux éthiques associés à la documentation systématique des besoins sociaux
3. Coconstruire des stratégies d'implantation adaptées à leur milieu, incluant des balises éthiques, un workflow clinique de base et des conditions de faisabilité

Description : Les déterminants sociaux de la santé (DSS) influencent fortement l'accès aux soins, l'adhésion aux traitements et les trajectoires de santé. Malgré leur importance reconnue en pratique clinique, les outils permettant de documenter systématiquement les besoins sociaux demeurent sous-utilisés en soins primaires. L'utilisation d'un diagnostic social codifié structuré — incluant basé notamment sur les codes Z55-65 de la codification la Classification internationale médeciale (CIM-10) Z55–65 — offre un langage commun permettant de mieux identifier les vulnérabilités sociales, d'adapter les parcours de soins et de soutenir une pratique plus équitable. Toutefois, les enjeux d'acceptabilité, de faisabilité et de responsabilité éthique soulèvent encore des questions importantes pour les clinicien·ne·s et les patient.e.s. Cet atelier interactif propose d'explorer, avec les participant·e·s, les conditions nécessaires à l'implantation d'un diagnostic social en soins primaires : sa pertinence clinique, les craintes et limites perçues (fardeau documentaire, confidentialité, stigmatisation), ainsi que les bénéfices potentiels pour les patient·e·s à besoins sociaux complexes. À partir d'exemples concrets issus d'un projet de recherche-action mené dans un GMF-U du Québec, les participant·e·s seront invité·e·s à analyser différents scénarios cliniques, à discuter des pratiques actuelles et à coconstruire des pistes d'intégration réalistes. L'atelier combinera une mise en contexte fondée sur les données probantes, des discussions en petits groupes, et une activité de cocréation visant à définir des balises d'implantation acceptables, utiles et éthiquement responsables. Cet espace collaboratif permettra aux clinicien·ne·s, gestionnaires et apprenant·e·s d'identifier des stratégies concrètes pour intégrer les besoins sociaux dans leur pratique et soutenir des trajectoires de soins mieux adaptées aux réalités de leurs patient·e·s.

Drug Decriminalization in BC: Success or failure?

Philip Leger, MD CM; Tiffany O'Donnell, MD; Tim Holland, MD; Sara Davidson, MD; Sarah Elliott, MD; Monty Ghosh, MD; Neha Khanna, MD, Danielle Kaardal, MD

Session ID: 192

Language of presentation: English

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

1. Describe the harms of criminalization and the rationale for drug decriminalization
2. Evaluate the parameters and outcomes of British Columbia's three-year pilot policy of drug decriminalization
3. Advocate for evidence-based health-centered approach to drug decriminalization

Description: British Columbia's three-year drug decriminalization pilot policy expired in January 2026. What began as a hopeful shift toward a health-based approach to drug policy has ended with a loss of public support and increasing stigma toward people who use drugs (PWUD). Meanwhile, there is an increasing turn toward involuntary interventions across provinces, such as the expansion of involuntary treatment beds in BC, the new involuntary treatment legislation passed in Alberta, and the proposed involuntary treatment legislation in Saskatchewan. For all clinicians who work with PWUD in Canada, it is essential to understand the evolving drug policy landscape so as to effectively advocate for the care and autonomy of PWUD in a person-centered and evidence-informed way. This session will first review the impacts of criminalization and the resulting harms on PWUD so that attendees can appreciate why there is broad national and international support among clinicians and public health experts for drug decriminalization as a policy goal. The B.C.

decriminalization policy will be contrasted to the policies from other jurisdictions such as Portugal to show the number of ways in which the B.C. policy was not set up for success. Finally, its preliminary outcomes will be discussed to show how the goals of decreasing criminalization were somewhat achieved, however the goals of decreasing stigma and increasing access to care were rather mixed. The second portion of the session will be an interactive discussion on alternative decriminalization policy designs from the perspectives of various stakeholders (PWUD, affected family members, healthcare professionals, law enforcement, community members). Attendees will leave the session with a nuanced understanding of BC's decriminalization pilot policy and they will feel equipped to advocate for evidence-based health-centered approach to drug policy for the sake of their patients.

Early Pregnancy Loss: Practical care—2025 SOGC update | Perte de grossesse précoce : Soins pratiques — Mise à jour de 2025 de la SOGC

Hannah Feiner, MD, CFPC

Session ID: 123

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

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

1. Diagnose early pregnancy loss using 2025 SOGC criteria without routine emergency department referral
2. Manage first-trimester pregnancy loss in primary care using evidence-based SOGC guidance
3. Prescribe and support office-based mifepristone/misoprostol management of early pregnancy loss

Description: This session will equip primary care providers with the knowledge and confidence to diagnose and manage early pregnancy loss (EPL) in the first trimester without defaulting to emergency department referral or specialist consultation. Language matters: terms such as miscarriage and spontaneous abortion are outdated, and updating vocabulary is just the starting point. Using a highly practical approach, this session will translate the 2025 SOGC Early Pregnancy Loss guidelines into clear diagnostic algorithms, prescription aids, and patient-facing handouts that can be used immediately in office-based care. Interactive Mentimeter case scenarios will reinforce key learning points throughout the session. We will review updated diagnostic criteria for EPL, including the limitations of relying solely on serial β-hCG measurements, and clarify when repeat ultrasound is indicated if initial imaging does not meet EPL criteria. Participants will learn how to recognize imaging features that should prompt consideration of a pregnancy of unknown location.The session will demonstrate how ultrasound findings inform management selection, including when expectant management is first-line (e.g., EPL with gestational sac passed). We will explore office-based medical management using mifepristone and misoprostol, including alternative protocols, pain management strategies, and clear guidance on when emergency intervention is required. Attendees will receive practical prescription tools and patient handouts developed by the St. Michael's Hospital Early Pregnancy Management (EPM) Clinic. The session will conclude with audience discussion of local EPL pathways and programs, alongside a case example of the collaborative gynecology–family medicine EPM model established at St. Michael's Hospital in 2019.

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

1. Diagnostiquer une perte de grossesse précoce selon les critères de la SOGC de 2025, sans orientation systématique vers le service des urgences
2. Prendre en charge les pertes de grossesse du premier trimestre en soins primaires conformément aux recommandations fondées sur des données probantes de la SOGC

3. Prescrire la mifépristone et le misoprostol et soutenir la prise en charge des pertes de grossesse précoces en cabinet

Description : Cette séance permettra aux prestataires de soins primaires d'acquérir les connaissances et l'assurance nécessaires pour diagnostiquer et prendre en charge les pertes de grossesse précoces (PGP) au cours du premier trimestre, sans avoir à recourir systématiquement à une orientation vers le service des urgences ou à une consultation avec un spécialiste. Le choix des mots est important : des termes comme « fausse couche » et « avortement spontané » sont désormais dépassés, et l'adoption d'une terminologie plus appropriée n'est qu'un premier pas. Grâce à une approche résolument pratique, cette séance traduira les lignes directrices de la SOGC de 2025 sur les pertes de grossesse précoces en algorithmes diagnostiques clairs, en outils d'aide à la prescription et en ressources destinées aux patientes, directement applicables en pratique de bureau. Des cas interactifs seront présentés à l'aide de Mentimeter afin de consolider les principaux apprentissages tout au long de la séance. Nous passerons en revue les critères diagnostiques actualisés des PGP, notamment les limites d'une approche reposant uniquement sur des dosages sériés de β-hCG, et préciserons dans quelles situations une échographie de contrôle est indiquée lorsque l'imagerie initiale ne répond pas aux critères diagnostiques de PGP. Les participants apprendront à reconnaître les signes échographiques qui doivent les amener à envisager une grossesse de localisation indéterminée. La séance montrera comment les résultats échographiques orientent le choix de la prise en charge, notamment lorsque la surveillance active constitue la prise en charge de première intention (par exemple, en cas de rupture prématurée des membranes avec expulsion du sac gestationnel). Nous aborderons la prise en charge médicale en cabinet à l'aide de la mifépristone et du misoprostol, y compris les protocoles alternatifs, les stratégies de prise en charge de la douleur et des indications claires quant aux situations nécessitant une intervention d'urgence. Les participants recevront des outils pratiques pour la prescription ainsi que des documents d'information destinés aux patientes, élaborés par la clinique de prise en charge précoce de la grossesse de l'hôpital St. Michael's. La séance se conclura par une discussion avec le public sur les parcours de soins et les programmes locaux de PGP, ainsi que par la présentation d'un exemple concret du modèle collaboratif de prise en charge précoce de la grossesse réunissant la gynécologie et la médecine de famille, mis en œuvre à l'Hôpital St. Michael en 2019.

Easily Missed Fractures/Musculoskeletal Injuries

Elliot Wong, MD, CCFP (SEM), Dip. Sport Med, CIME

Session ID: 68

Language of presentation: English

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

1. Recognize commonly missed musculoskeletal injuries and identify potential consequences of misdiagnosis
2. Remember simple actions to correctly determine the diagnoses
3. Have an approach to initial management, plus a framework for next steps

Description: Musculoskeletal (MSK) conditions are one of the most common reasons patients attend a primary care clinic visit. Despite this, musculoskeletal training blocks vary widely between medical schools and training programs. Most minor MSK conditions are non-urgent and not limb-threatening. However, some MSK conditions are easily missed, yet can have substantial consequences associated with delayed or missed diagnosis. This talk will aim to highlight some such MSK conditions, condensing clinical pearls gleaned from several years of focused MSK practice. Expect simple, high-yield tips that focus on the need-to-know stuff and skip the fluff. The presentation was created to help recognize, understand, diagnose, and initially manage these types of MSK injuries, using content that you will actually remember in your practice.

Easing Workload Burden Through Choosing Wisely Recommendations

Guylène Thériault, MD, CCFP; Janet Reynolds, MD, CCFP, FCFP

Session ID: 93

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.

ECGs for Family Docs: A comprehensive workshop

Filip Gilic, CCFP (EM); Elizabeth Blackmore, MD

Session ID: 287

Language of presentation: English

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

1. Understand the electrophysiology of ECG deflections
2. Identify bradycardia and tachycardia rhythms
3. Identify acute ischemic changes

Description: ECGs are often seen as complex and confusing. This interactive workshop changes that perception by providing simple frameworks for understanding ECG deflections, identifying rhythms and applying streamlined schemas to clinical scenarios. The workshop covers basic ECG electrophysiology, hypertrophy and conduction blocks, bradycardias, tachycardias and ischemic changes. Workshop preparation gives you all the knowledge you need before attending the workshop and we spend the workshop time solidifying the knowledge and practicing ECG interpretation in small groups and in real time. We

finish with an integrated review and spaced repetition practice to ensure long term retention. Throughout the course, emphasis remains on clarity, practicality and usability. Appropriate for clinic as well as hospital and ED-based family doctors.

Educational Innovation Showcase

Session ID: 15

Language of presentation: English

Description: Do you have a unique or innovative idea that challenges the status quo and offers an educational solution to a major issue in family medicine or family medicine education? This session is your stage to spark conversation, challenge assumptions, and refine concepts with a national community of preceptors and teachers.

This session will spotlight forward-thinking educational innovations that address real challenges in family medicine and family medicine education, drawing on the collaborative and inspiring spirit of our teaching community.

Efficient Approach to Syncope in the Office

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

Session ID: 59

Language of presentation: English

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

1. List the risk factors for cardiac syncope
2. Perform an efficient assessment in patients presenting with syncope
3. Elaborate an efficient management plan

Description: Family physicians see a lot of patients with syncope. However, it is one of the most difficult presentations to assess, simply because there is no good algorithms or guidelines. Syncope is poorly taught in medical school and in residency. The aim of this presentation is to provide the learners with an efficient and safe approach to assessment and investigations.

Embedding Mentorship for Rural Research Success

Shabnam Asghari, MD, MPH, PhD; Emily Hussey, MPH; Wendy Graham, MD, CCFP, FCFP; Cheri Bethune, MD, CCFP, FCFP, MClSc

Session ID: 161

Language of presentation: English

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

1. Describe how mentorship can be intentionally designed and embedded within rural research training programs
2. Identify key features of effective mentorship in rural contexts, including distributed and peer-based approaches
3. Apply lessons from 6for6 to strengthen mentorship structures in their own scholarly initiatives

Description: Rural physicians face persistent barriers to engaging in research and scholarly practice, including limited time, geographic and professional isolation, and reduced access to academic mentorship. The 6for6 program based out of

Memorial University of Newfoundland was developed to build rural research capacity by supporting small cohorts of rural family physicians to undertake community-informed scholarly projects. While research skills training is a core component, mentorship has emerged as fundamental. Drawing on multiple iterations of the 6for6 program, this session examines how mentorship functions as a priority rather than a peripheral support. Mentorship within 6for6 is intentionally layered and distributed, encompassing faculty mentors, rural physician alumni, peers within cohorts, and relational support embedded in the program's structure. Faculty mentors provide flexible and responsive guidance attuned to rural practice demands. Alumni mentors act as near-peer role models, normalizing challenges and demonstrating the feasibility of rural scholarship. Peer mentorship offers emotional support, accountability, and motivation through shared experience. Participants consistently report that mentorship not only builds research competencies but also strengthens professional identity and confidence as scholarly contributors. Embedding mentorship across all levels of rural research training programs supports both individual transformation and collective scholarly capacity. Treating mentorship as a core design principle may be critical to sustaining rural research engagement and community-informed scholarship.

Embracing AI: Preparing learners for an AI-enabled future in family medicine

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

Session ID: 30

Language of presentation: English

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

1. Describe the core principles of generative artificial intelligence (AI) and its relevance to academic family medicine
2. Identify practical applications of AI to support teaching, assessment, and learner development in family medicine training
3. Discuss strategies for the responsible and confident integration of AI into academic clinical practice and education

Description: Artificial intelligence (AI) is rapidly transforming clinical practice and medical education. Academic family medicine and the special competencies are uniquely positioned to lead this transformation given the broad scope of practice, strong educational mandate, emphasis on continuity, and systems-based care. This session will provide a practical and accessible introduction to generative AI for clinicians in academic practice. The session will begin with an overview of generative AI, including large language models, and how these tools function in healthcare and medical education. Participants will understand the need to adopt to the new paradigm to engage with AI, highlighting the potential for enhanced efficiency, decreased cognitive burden, and support high quality teaching of learners while maintaining judgement and patient centred care. Through specific cases, the participants will see how AI can be used to support learners across the family medicine training. Cases will focus on clinical reasoning, generative formative feedback, supporting scholarly activities, navigating competency based medical education requirements, and enhancing reflective practice. Finally, the session will also address common concerns and fears around adoption of AI. Rather than a threat, AI will be presented as a powerful tool to clinical expertise and educational mentorship. As AI is here and growing, academics must actively shape how it is used and support their learners.

Essential Snappers: Choosing a practice that aligns with your goals and career aspirations

Pier-Maude Lanteigne, MD, CCFP, AM; Amyna Fidai, MD, CCFP

Session ID: 210

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 session will focus on common areas of concern for early career physicians 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.

Evaluating Artificial Intelligence at Scale: Methods that matter

Emily Ha, MSc; Meghan Gilfoyle, MSc, PhD; Onil Bhattacharyya

Session ID: 273

Language of presentation: English

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

1. Examine key considerations when designing large-scale, multi-method digital health evaluations
2. Implement strategies to build and sustain cross-jurisdictional research partnerships
3. Compare and apply multi-method approaches to evaluate digital tools in rapidly evolving environments

Description: Objectives: Artificial intelligence (AI)-enabled tools are rapidly expanding across family medicine, often ahead of rigorous independent evaluation. This session examines research methodologies for evaluating digital health technologies at scale within family medicine settings. Using a Living Lab approach and a nationwide AI scribe evaluation as case examples, participants will explore key study design decisions, including selection of outcome measures, evaluation frameworks, and integration of multi-source data. Strengthening evaluation capacity in rapidly evolving digital environments is essential to ensuring responsible adoption, measurable impact on clinician workload and patient care, and sustained system learning across diverse practice contexts in family medicine. Source and Quality of Research Data: The session draws on data from a nationwide AI scribe evaluation conducted with federal and provincial partners and embedded within a Living Lab framework. Participants included family physicians, pediatricians, nurse practitioners, and registered nurses practicing in rural and remote communities across Canada. The evaluation integrated simulated and natural clinical settings to enable both controlled testing and real-world assessment. In the simulated environment, AI scribe tools were compared head-to-head using competitive analysis methods. Real-world data sources included clinician registration data (N=14,200), pre- and post-implementation surveys (N=2,484), semi-structured interviews (N=50), vendor utilization metrics, and structured and unstructured electronic medical record data. Triangulation across quantitative, qualitative, and usage-based streams strengthened internal validity. Standardized performance metrics, structured abstraction tools, data harmonization processes, and formal governance agreements ensured methodological rigor, comparability across jurisdictions, and responsible data stewardship. Educational Methods: A case-based format will guide

participants through design choices, partnership considerations, and analytic trade-offs in large-scale evaluations. Through interactive polling and facilitated discussions, participants will critically assess competing methodological approaches and consider how to apply and adapt these strategies within their own contexts.

Ethics: This research received approval from two separate institutional Research Ethics Boards (Protocol #2025-0027-E; #6044116).

Evolving AI Applications in Family Medicine: CMPA insights

Cheryl Hunchak, MD, CCFP (EM), MPH, FCFP; Heather Murray MD, FRCPC, MSc; Christine De Maria MD, CCFP; Evelyn Constantin MD, CM, MSc (Epi), FRCPC

Session ID: 163

Language of presentation: English

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 evolving integration of artificial intelligence (AI) applications in family medicine practice presents unprecedented opportunities and challenges. Informed by current literature and data summarizing advice calls by family physicians to the CMPA with questions about AI tool use, this session will provide a comprehensive overview of AI tool use in family medicine practice. We will cover the current landscape of AI applications in family medicine, the potential medicolegal risks associated with their use, and outline some 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 primary care. Participants attending this session will explore types of AI-supported technologies currently being utilized in family medicine, including use of AI scribes, clinical decision support tools and agentic AI. 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 considerations, 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 practice.

Excellence in Research: Featuring Family Medicine Resident Research Award winner and Family Medicine Researcher of the Year

Session ID: 46

Language of presentation: English

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

1. Review new research in family medicine
2. Apply family medicine research results
3. Stimulate interest in family medicine research

Description: Please join this year's research award recipients as they present some of the most relevant and impactful family medicine research in Canada. The session spotlights contributions of Canada's Family Medicine Researcher of the

Year and two resident research presentations who have been selected from all submissions to the 2026 Research Awards for Family Medicine Residents. Awardees are nominated by their academic institutions based on peer, teacher, and researcher review processes. The Family Medicine Researcher of the Year Award recognizes a College of Family Physicians of Canada (CFPC) member who has made original contributions to research and knowledge creation in family medicine. Nominated by colleagues and their academic institutions, this award honours researchers who inspire excellence. Award recipients are recognized for having been a pivotal force in the definition, development, and dissemination of scholarship that is central to the discipline and practice of family medicine.

Assessing the Impact of the City of Prince Albert's Alcohol Bylaw on Emergency Department Visits

Presented: Family Medicine Resident Research Award winner

Dr. Daniel Antonenko - University of Saskatchewan

Background: Alcohol use is a major contributor to preventable morbidity and health system burden in Saskatchewan, where it is associated with more than 34,000 emergency department (ED) visits and hospitalizations annually. In June 2024, Prince Albert, Saskatchewan implemented a municipal bylaw reducing retail alcohol sale hours, creating a natural experiment to evaluate whether reduced alcohol availability was associated with changes in alcohol-related ED presentations.

A Needs Assessment for an Inpatient Addiction Consult Service in Belleville, Ontario

Presented: Family Medicine Resident Research Award winner

Dr. Jillian Macklin - Queen's University

Introduction: Canada is amid a growing crisis of morbidity and mortality from substance use disorder. It is well known that addictions care is most effective when it is continuous as we transition from community to hospital, and back. This is why inpatient addiction consults services have been implemented; however, there is a gap in Belleville, Ontario, as they do not have a consult service.

Amplifying Patients' Voices to Improve the Organization of Primary Care Services

Presented: Family Medicine Researcher of the Year

Dr. Marie-Eve Poitras

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

1. Explain the value of patient-reported outcome and experience measures (PROMs and PREMs) in supporting person-centred care and evidence-informed improvement in primary care.
2. Identify training, practice facilitation, and knowledge mobilization strategies to strengthen primary care teams' capacity to interpret and use patient-reported data evidence-informed improvement in primary care.
3. Explain how research findings, lessons learned, and established partnerships can be leveraged to develop innovative interventions and build a sustainable research program.

«Failure to fail » en médecine : Comment le surmonter ?

Tania Riendeau, MD, CFPC ; Véronique Castonguay, MD, MA(Ed), FRCPC

No du résumé : 107

Langue de présentation : French

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

1. Comprendre le phénomène de «failure to fail» en médecine et ses conséquences
2. Identifier nos propres biais comme superviseur
3. Décrire des pistes de solution concrètes possibles au niveau personnel et institutionnel

Description : Le phénomène de «failure to fail» (échec à l'échec) a été décrit en médecine universitaire depuis les années 1990 et est encore présent dans les facultés de médecine à ce jour. Ce phénomène se définit comme l'incapacité en éducation médicale à faire échouer des stagiaires malgré le fait que leur performance est jugée inadéquate. Cela a pour impact principal la graduation de médecins avec des difficultés parfois majeures dans leur pratique amenant des conséquences néfastes sur leur communauté. Malgré un changement de paradigme en matière d'évaluation pour un passage en approche des compétences, ce phénomène est encore bien présent. Les superviseurs rapportent des difficultés à donner une rétroaction non favorable et sont parfois angoissés d'aborder ce sujet avec les apprenants. Au cours de l'atelier, les participants seront invités à partager leurs expériences personnelles comme enseignant et à identifier les causes de du phénomène d'échec à l'échec ainsi que leurs conséquences. À l'aide d'exercices dirigés, ils pourront identifier leurs propres biais comme superviseur clinique ains que leurs freins à donner des rétroactions défavorables. Enfin, des pistes de solution seront discutées et élaborées.

Family Medicine Education Scholarship: Leveraging your educational activities

James Goertzen, MD, MClSc, CCFP, FCFP; Alison Baker, MD, CCFP, FCFP, DRCPSC (CE)

Session ID: 87

Language of presentation: English

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

1. Describe education scholarship and differentiate from excellent teaching activities
2. Analyze educational activities and identify strategies to transform educational activities into scholarship
3. Create an action plan to communicate and disseminate educational activities to foster education scholarship

Description: Family medicine teachers, preceptors, and educational leaders face challenges in moving their range of educational activities to family medicine education scholarship. The definition of education scholarship has evolved from a narrow interpretation limited to research projects. Education scholarship encompasses a wide range of educational activities including the domains of scholarship of discovery, scholarship of integration, scholarship of teaching, and scholarship of application. Education scholarship requires a rigorous inquiry that can be documented, reviewed by peers, publicly disseminated, and provides opportunities for others to build upon. Through case discussion, participants will review family medicine educational activities to clarify if they could be considered scholarship or have the potential to move to scholarship. In dyads, participants will discuss their educational activities or innovations and identify potential strategies to transform them into scholarship. Resources will be provided to elaborate on session content. This session is relevant to residents along with family medicine teachers, preceptors, and educational leaders.

Family Medicine in Canada

Steve Slade, BA; Lorelei Nardi, MSc; Mahsa Haghighi, MSc

Session ID: 207

Language of presentation: English

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

1. Describe trends in the number, mix, and distribution of family physicians in Canada
2. Identify key drivers and implications of current data trends to Canada's health workforce
3. Apply new knowledge gained from data and evidence to present day health system challenges

Description: Family medicine (FM) is the backbone of Canada's health system, yet persistent concerns remain about access to care, workforce supply and training, scope of practice, geographic distribution, and health worker wellness. While multiple national datasets exist, they are often siloed, underutilized or interpreted in isolation based on prevailing narratives- limiting their usefulness for workforce planning and decision-making. This interactive workshop presents a pan-Canadian snapshot of the state of family medicine, focusing on the number, mix, and distribution of family physicians at all career stages, from training to full practice. Drawing on data from the Canadian Institute for Health Information (CIHI), College of Family Physicians of Canada (CFPC), Association of Faculties of Medicine of Canada (AFMC), and other sources, we will highlight what is currently known, assumed, and still unclear about the FM workforce and practice in Canada.

Participants will explore:

- National data in the supply and distribution of family physicians
- Variation in practice mix and scope of care, including geographic, demographic, and time-series trends
- Insights gained from physician and population surveys, and health services data
- Drivers and implications – how workforce data can inform strategies to improve access to primary care

Through brief data overviews and facilitated discussion, this session will invite participants to synthesize insights on how the data reflects reality versus the prevailing narrative, and how it can be applied to improve policy, education, practice and health system action. The workshop surfaces shared understandings and current experiences with the aim of identifying evidence-informed priorities for strengthening and supporting family medicine in Canada.

Finders (and) Keepers: Re-newing, re-taining and recruiting rural clinical teachers

Cheri Bethune, MD, MClSc, FCFP; Frances Kilbertus, MD, CCFP, FCFP; Sarah Newbery, MD, CCFP, FCFP; Erin Cameron, MD, CCFP, FCFP

Session ID: 124

Language of presentation: English

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

1. Understand the Rural Generalist Pathway Program (RGP-U)
2. Explore the faculty development curriculum and processes that underline the RGP-U
3. Identify the key features that support professional identity formation of rural generalist preceptors through shared stories of engagement

Description: The continued decline in the number of rural generalist educators challenges medical schools in fulfilling their vital mandate to train physicians to address the current and future needs of rural populations. Medical schools struggle to engage the declining population of rural generalists with their educational strategies, leaving students without opportunities to experience and explore learning and living in rural communities. Medical schools have relied mostly on the goodwill of rural clinicians to dedicate their time and energy to teaching. Burnout, retirement, and retreat from engagement have been addressed with a patchwork of incentives with minimal impact. Understanding the motivation of distributed rural faculty to teach is not well understood. Universities are challenged with how to resuscitate, support, and grow this crucial resource. The Rural Generalist Program (RGP) at NOSMU is addressing this challenge through the creation of a longitudinal rural generalist focused educational intervention that not only supports rurally interested medical students from admission to post graduate training but also nurtures the professional identity formation (PIF) for rural generalist educators. This session will explore the professional identity formation of rural generalist educators and the key features of a program that supports and values the educational passions of rural generalists.

Free-Standing Papers Session 1: Training the Future Family Medicine Workforce

Session ID: 40

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.

From Supervision to Mentorship: A qualitative study of preceptor perspectives of the learning environment in a longitudinal integrated clerkship

Presented: Free-Standing Paper Session 1: Training the Future Family Medicine Workforce

Aaron Johnston*, MD, CCFP (EM), FCFP; Jonathan Sommerville, MD, CCFP; Rithesh Ram, MD, CCFP; Martina Kelly, MD, CCFP; Nicolle Begert; Dragana Stanojevic; Grace Perez, MSc

Learning objectives:

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

1. Discuss how preceptors support learner integration into rural longitudinal integrated clerkship
2. Describe the LIC experience as a complex and multifaceted ecosystem that relies on many parts for success
3. Identify key domains that educators can support to create successful LIC community placements

Objective: To understand preceptor perceptions of how medical students learn and integrate within the Longitudinal Integrated Clerkship (LIC) ecosystem. **Design:** A qualitative exploratory study informed by constructivist epistemology and Bronfenbrenner's ecological systems theory. **Setting:** A LIC program distributed across multiple rural and regional communities in Western Canada. **Participants:** 15 rural preceptors (family physicians, rural generalists and specialists) from 13 rural and regional communities. **Intervention:** An eight-month longitudinal immersion where students follow patients across diverse clinical and community settings under the supervision of rural preceptors. **Main Outcome Measures:** Preceptor perceptions of educational continuity, community integration, and professional identity formation, collected through 19 semi-structured interviews. **Results:** Findings characterized the LIC as a nested ecosystem. At the center, preceptors identified successful learners as motivated, proactive and self-directed. At microsystem level, the preceptor-learner relationship evolved from clinical supervision into a deep, multi-faceted mentorship. Within the mesosystem, integration was fostered via following patients across diverse clinical settings, and social activities, including community sports and preceptor-led social gatherings. In the exosystem level, external realities, such as resource constraints and geographical isolation, provided authentic insights into the challenges of rural practice. In the macrosystem, awareness of social accountability grew as students witnessed geopolitical health disparities. Finally, in the chronosystem of longitudinal immersion, preceptors observed a transformative journey in learners' clinical confidence and professional identity. **Conclusion:** The LIC is an interconnected ecosystem where integration across clinical and community layers determines educational quality. Longitudinal continuity of learning and integration in the community are primary drivers of professional identity formation. The primary preceptor serves as a crucial bridge to the healthcare team and the broader community. Preceptors can support student integration into the community by moving beyond clinical teaching to facilitate social, practical, and professional connections within the rural environment.

Informing the Extension of Family Medicine Residency Training in Quebec: A realist review of educational transformations in postgraduate medical education

Presented: Free-Standing Paper Session 1: Training the Future Family Medicine Workforce

Julie Massé*, PhD; Catherine Martineau, MD, CCFP; Guylaine Laguë, MD, CCFP; Mariem Fourati, MSc; Tim Dubé, PhD

Learning objectives:

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

1. Identify the principles, mechanisms, and outcomes associated with educational transformations in postgraduate medical education
2. Provide strategic and actionable guidance for educational transformations in family medicine training
3. Identify directions for future research on education transformations in family medicine training

Background: In response to evolving health care needs and the complexity of health care systems, family medicine training is undergoing transformation. Quebec's four family medicine departments (McGill University, Université de Montréal, Université de Sherbrooke, Université Laval) are therefore piloting extended training programs. To inform this process, this knowledge synthesis aims to identify the principles, mechanisms, and outcomes associated with educational transformations in postgraduate medical education. **Method:** A realistic review was conducted using a search strategy co-developed with librarians and an advisory committee from the four faculties. Three reviewers selected articles and extracted data regarding the design of educational transformations, their implementation, context, and measured outcomes. A thematic analysis identified recurring themes. Consultations with knowledge users (e.g., learners, clinical faculty, and other partners) will be conducted in the spring of 2026 to validate, enrich and contextualize the findings.

Results: Strategies used in educational transformations - particularly those based on collaboration, engagement, communication, adaptability, feasibility, acceptability, as well as research and evaluation - are identified. Theories of change and other conceptual models underpinning these strategies are also described. Reported challenges include limited human and financial resources, resistance to change, lack of time, and the rigidity of existing structures. Process and outcome indicators used to document transformation efforts mainly focus on residents' knowledge and competency development, motivation and performance, practice intentions and employability; program attractiveness; identification and remediation of learners in difficulty; stakeholders engagement and community partnerships; and patient clinical outcomes. **Conclusion:** This study provides strategic guidance for piloting extended family medicine programs in Quebec. By clarifying the foundational principles and proposing actionable indicators, this realistic review supports decision-making, informs educational transformation in family medicine training in Canada and beyond, and identifies directions for future research.

Medical School Admissions Process on Postgraduate Residency Outcomes

Presented: Free-Standing Paper Session 1: Training the Future Family Medicine Workforce

John Johnson*, MD, MSc, MHPE, FRCPC; Lisa Shepherd, MD, MHPE, FRCPC; George Kim, MD, MCISc (FM), CCFP, FCFP

Learning objectives:

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

1. Identify potential influences on a medical student's decision to choose Family medicine as a career
2. Evaluate the association between medical school admission rank and postgraduate residency outcomes
3. List factors known to increase the likelihood of medical graduates choosing a primary care career

Background: The number of medical school graduates from Western University choosing family medicine as a career path has sharply declined in recent years, despite a growing unmet provincial need for primary care physicians. There are many potential influences on student choice for family medicine including; admissions, medical school curricula, and government policies. Our study compared admissions rankings of medical graduates who matched family medicine with those who matched other specialties to determine if the admissions process impacted residency outcomes. **Methods:** The admissions rank scores were summarized as mean and standard deviation, and Canadian Resident Matching Service outcome data for the graduating classes of 2021 thru 2025 were obtained. An independent two-sample t-test was used to compare the mean admissions rank score between non-family medicine and family medicine residency groups for each graduating class. **Results:** We found that in four out of the five classes analyzed there was no significant difference in the mean admissions rank score between the family medicine group and the non-family medicine group. In the class of 2024, we found a significant difference in the mean admissions rank score between the family medicine group and the non-family medicine group. We hypothesize that the COVID-19 pandemic had an impact on the admissions process for the class of 2024. **Conclusions:** In the vast majority of medical school graduates studied, we did not show admissions rankings were associated with postgraduate residency outcomes. Further study is required to determine the factor(s) responsible for the declining enrolment into family medicine training programs.

National Residency Applicant Attrition to Other Specialties (2009-2025)

Presented: Free-Standing Paper Session 1: Training the Future Family Medicine Workforce

Conrad Tsang*, MD, MPH, MSEd, CCFP, FRCPC

Learning objectives:

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

1. Describe national longitudinal trends in declining medical student interest in family medicine as a career choice
2. Identify the specialties that family medicine is losing applicants to in CaRMS
3. Explore potential educational policy changes to mitigate the declining interest in family medicine

Objective: To evaluate longitudinal national trends in medical student attrition from Family Medicine (FM) to other specialties. **Design:** Bayesian multivariate compositional time series analysis to study macroeconomic substitutional effects in specialty choice. Time series decomposition was performed using a Bayesian model-averaging approach (BEAST) to identify the changepoint where FM applicants started to significantly decrease. Then, Bayesian piecewise regression investigated applicant attrition to other specialties while accounting for longitudinal trends. This identified all the specialties that absorbed the loss of FM applicants, representing aggregated attrition away from FM. **Setting:** Applicants to the Canadian Residency Matching Service (CaRMS). **Participants:** All Canadian Medical Graduate (CMG) applicants (n=55216) from 2009-2025. This research used openly accessible data and was exempt from ethics review. **Main Outcome Measures:** Applicants' first choice specialty. **Results:** From 2009-2025, 18291 CMGs (33.1%) chose FM as their first choice. FM applications declined significantly starting in 2016 (98% Bayesian probability). Using this changepoint, on aggregate FM is losing the most applicants to Anesthesiology, with >99% probability of a cumulative loss of 7.9 applicants per year since 2016. Applicants are also shifting towards Orthopedic Surgery (>99% probability of a meaningful substitutional effect), Diagnostic Radiology (>99% probability), Ophthalmology (>99% probability), Radiation Oncology (96% probability), and other narrow-scope specialties. These losses compound annually and collectively account for losing 1160 FM first-choice applicants over 10 years. **Conclusion:** Interest in FM has significantly declined since 2016. Contrary to expectations, applicants are not substituting FM for adjacent generalist specialties like Internal Medicine, Emergency Medicine, or Pediatrics. Instead, the attrition from FM is due to a diffuse shift towards a range of specialties with narrow practice scopes. To reinvigorate FM interest, greater emphasis on increasing medical student interest in generalism may be needed in conjunction with the common strategy of focusing on increasing FM exposure during medical school.

Shaping the Future of Family Medicine (FM): How residency learning environments shape perceptions of comprehensive care and future workforce

Presented: Free-Standing Paper Session 1: Training the Future Family Medicine Workforce

Elisabeth-Abigail Ramdawar*,1,2,3; Dr. Mahan Kulasegaram, 1,2,3; Dr. Cynthia Whitehead,1,2,3,5; Dr. Tina Martimianakis.1,2,4,5

1. Institute of Health Policy, Management, and Evaluation (IHPME), Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada.
2. The Wilson Centre, University Health Network, Toronto, ON, Canada.
3. Department of Family and Community Medicine, University of Toronto, Toronto, ON, Canada.
4. Temerty Faculty of Medicine, University of Toronto, Toronto, Canada.
5. The Institute for Education Research (TIER), University Health Network, Toronto, ON, Canada.

Learning objectives:

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

1. Describe key Hidden Curriculum (HC) factors within family medicine residency that shape residents' perceptions and ideas of comprehensive family medicine (FM)

2. Examine how these factors may influence future practice intentions among FM residents
3. Discuss the implications of these factors for family physician (FP) workforce planning and access to primary care

Introduction: With 6.5 million Canadians lacking a family physician (FP), primary care is in crisis.1-3 Despite efforts to define and measure comprehensive care (CC), consensus remains elusive, fuelling tensions around what constitutes as a "good FP."4 Furthermore, with recent reports of 30% of FPs opting not to practice CC,5 questions about residency training influences have been raised. **Objective:** this study explores how ideas of CC within FM residency training shape residents' perceptions of CC and influence practice intensions. **Methods:** Design and Setting: In this qualitative study we explored how CC was operationalized across multiple postgraduate medical education (PGME) sites at one university. **Participants:** 27 FM residents (PGY1-3) participated in semi-structured interviews and a survey (n=27). Using a Governmentality and Hidden Curriculum (HC) lens, we analyzed both datasets inductively and deductively to explore how ideas of CC shaped perceptions, practice, values, education experiences, and their relationship to practice intentions. 6-8 **Results:** Preliminary analysis of data suggests that: (1) exposure and perceptions of FM begin during undergraduate medical training. (2) Beliefs about CC were shaped by HC factors during residency, while (3) perceptions around systemic challenges such as: unpaid administrative labour, inadequate compensation, and time constraints in managing complex patients, strongly influence FM residents' future practice intentions. **Conclusion:** Our preliminary findings highlight not only HC factors embedded within FM residency, but also broader systemic influences shaping future practice decisions among FPs. These insights may inform workforce planning by illuminating how operationalized ideas of what constitutes CC within FM residency impact residents' future practice intentions.

Free-Standing Papers Session 2: Innovations and insight in Family Medicine

Session ID: 41

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.

Adoption of AI Scribes in Canadian Primary Care: Utilization trends, catalysts, and barriers

Presented: Free-Standing Paper Session 2: Innovations and insight in Family Medicine

Vanessa Kishimoto*, MPH; Emily Ha, MSc; Stephanie Fernando, MPH; Bobby Gheorghiu, MHSc; Waldo Beausejour, MA; Barry Xu, MEng; Sandra Holdsworth; Mpho Begin; Charlotte Munro; Remi Li, BASc; Xingyou Zhou, MEng; LaShawn Murray, MS; Enid Montague, PhD; Onil Bhattacharyya, MD PhD

Learning objectives:

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

1. Describe patterns of AI scribe adoption and use in Canadian primary care
2. Identify key facilitators and barriers influencing AI scribe implementation and sustained use
3. Apply strategies to support effective and equitable AI scribe integration into clinical workflows

Objective: To examine patterns of adoption, non-adoption, and sustained use of artificial intelligence (AI) scribes among primary care clinicians (PCCs) in Canada, and to identify key catalysts and barriers influencing uptake. **Design:** Mixed-methods evaluation combining vendor utilization data with repeated cross-sectional surveys and semi-structured interviews, with longitudinal linkage where possible. **Setting:** A nationwide AI scribe program implemented across Canada beginning in June 2025. **Participants:** Eligible PCCs included family physicians, nurse practitioners (NPs), registered nurses (RNs) in rural/remote settings, and pediatricians. A total of 12,019 PCCs were enrolled (81.1% family physicians; 12.6% NPs). Survey responses were collected at onboarding (n=3,678), three- (n=2,667), and six-months (n=1,899), with 47 PCCs participating in interviews. PCCs were primarily located in Ontario, Québec, British Columbia, and Alberta. **Intervention:** A one-year, free AI scribe license. **Main Outcome Measures:** Adoption (live and active use), usage intensity, and qualitative themes related to adoption, non-adoption, and sustained use. **Results:** AI scribe use scaled rapidly, with monthly encounters increasing nearly fivefold from 244,631 (June 2025) to over 1.22 million (February 2026). Live users increased from 2,494 to 11,321, with 65% demonstrating active use (≥10 encounters/month) by February 2026. Adoption was rapid, with 45.6% initiating use within the first month and 36.7% in the following month. Utilization stabilized after initial uptake and was highly concentrated, with the top one-third of users accounting for 85% of encounters. Adoption varied by role, consistent with Diffusion of Innovation theory, with family physicians entering the early majority stage. Key catalysts included administrative burden, peer influence, and free access; barriers included workflow integration challenges, limited implementation support, and infrastructure gaps. **Conclusion:** AI scribes demonstrated rapid uptake and sustained use among a subset of PCCs. However, uneven adoption highlights the need for targeted strategies to support broader and more equitable integration into primary care workflows.

Assessing Generalism: A cross-country check-up

Presented: Free-Standing Paper Session 2: Innovations and insight in Family Medicine

Melissa Nutik*, MD, MEd, CCFP, FCFP; Nicole Woods PhD; Ruby Alvi, MD, CCFP, FCFP; Azadeh Moaveni, MD, CCFP, FCFP; James Owen, MD, CCFP; Risa Freeman, MD, MEd, CCFP, FCFP

Learning objectives:

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

1. Describe the key elements of generalism
2. Apply the Toronto Generalism Assessment Tool (T-GAT) to curricular materials in their teaching environment
3. Advocate for the inclusion of generalist principles in their local curricula

Objective: Generalism is a widely held fundamental value in medical education. In recent years, medical schools have purported to emphasize generalism in their undergraduate curricula. We aimed to quantify the degree to which generalism

principles are present in pre-clerkship undergraduate medical education case-based materials across Canada and to provide recommendations to enhance generalism content. **Design:** A national survey was conducted to assess the inclusion of generalist principles in pre-clerkship curricula. **Setting:** Participating Canadian faculties of medicine. **Participants:** All seventeen Canadian medical schools were invited to participate. Seven schools representing a broad geographic distribution completed the study. All schools received approval from their Research Ethics Board. **Intervention:** A validated tool for assessing generalism, the Toronto Generalism Assessment Tool (T-GAT) was applied to 21 pre-clerkship cases at each school. Each case was assessed by two independent faculty reviewers. The T-GAT is composed of 10 key elements of generalism, each rated from 1 (not at all) to 5 (extensively). **Main Outcome Measures:** Each school received a summary of their T-GAT generalism scores, and recommendations to enhance generalist content. National anonymized data provides a cross-country perspective. **Results:** The national anonymized data is reported. The portrayal of generalism in the cases was 3.17/5 (SD=0.78). The key elements of generalism best represented were undifferentiated presentation 3.52/5 (SD=0.92) and respect for the role of the generalist 3.26/5 (SD=0.91). The key elements of generalism least well represented were multidisciplinary team care 2.63/5 (SD=1.22) and advocacy 2.68/5 (SD=1.14). **Conclusion:** Review of pre-clerkship curricular materials with the T-GAT highlighted the degree to which generalist elements are incorporated or missing from curricula across the country. This knowledge and specific feedback can help promote an understanding of generalism and promote its stature within the formal and informal curricula of Canadian medical schools and identify specific curricular opportunities to teach about this important concept.

Beyond Retention: Life-course insights into female family physician's rural medical careers

Presented: Free-Standing Paper Session 2: Innovations and insight in Family Medicine

Aaron Johnston*, MD, CCFP (EM), FCFP; Grace Perez, MSc.; Kaia Thauberger

Learning objectives:

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

1. Learn about using life course analysis as a methodological approach
2. Outline key transition and trajectory points that impact female rural physicians
3. Consider systemic ways of supporting female rural physicians across key life milestones, to support successful careers

Objective: To explore how rural female physicians navigate their medical careers across life stages and identify factors that influence rural practice retention and attrition. **Design:** Qualitatively-driven mixed methods study guided by a life course analysis approach, using a survey and interviews. **Setting:** Rural medical practice and family medicine training settings. Participants: Female physicians in rural practice settings and female rural family medicine residents. **Intervention:** Insights into how gender and personal milestones shape rural physicians' decisions to stay or leave. **Main Outcome Measures:** From the survey, self-reported experiences of satisfaction, and career stage differences, while interviews collected insights on mentorship, community connection, and family balance as key influences on career sustainability. **Results:** From reflexive thematic analysis of 12 transcripts, several factors were found to impact female rural physicians' decisions as they go through several phases during their careers. At the beginning, rural upbringing, exposure, good mentors and the appeal of generalist practice inspired them to take on rural medicine. Along the course of their rural practice, female physicians take on many roles and navigate gendered expectations and demands, including a greedy workplace, invisible load as mothers and domestic partners, and caring for aging parents. However, a sense of belonging in the community promoted by their

longitudinal relationships with patients and supportive colleagues were major factors that sustain their practice and influence their decisions to stay or not in their rural careers. **Conclusion:** This study provides life-course insight into how gender and personal milestones shape rural physicians' decisions to stay or leave. Findings can inform strategies for both stronger supportive programs for rural physicians and recruitment/retention, as well as support gender-sensitive policy to strengthen healthcare in rural communities.

Canadian Clinical Practice Guidelines: Are they relevant in rural settings?

Presented: Free-Standing Paper Session 2: Innovations and insight in Family Medicine

Samuel Osama Ogbeide, MBBS, MSc, FRCSE, LMCC; Julia Gospodinov, MD; Chloe Mckee, BSc, MPH; Sandra Andrawis*, MBBS, LMCC, CCFP; Grace Perez, MSc; James Dickinson, MBBS, CCFP, FCFP; Aaron Johnston, MD, CCFP (EM), FCFP

Learning objectives:

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

1. Learn about assessing Canadian Clinical Practice Guidelines (CPGs) that are applicable to office-based rural clinical practice contexts using a modified AGREE II/AGREE REX tool
2. Learn about the current scope and variability of considerations for rural practice contexts among Canadian CPGs
3. Understand the policy-level considerations required to effectively include rural context input during development of Canadian CPGs

Objective: To explore how relevant and applicable Canadian Clinical Practice Guidelines are for rural clinicians delivering office-based care in managing chronic diseases, identifying gaps between guideline recommendations and the realities of rural practice. **Design:** Review of selected CPGs using an adapted AGREE II/AGREE-REX tool. **Setting:** Rural medical office-based practice settings. **Participants:** 71 CPGs for managing chronic diseases were selected for review by 2 rural doctors, 2 medical students and 2 medical educators. **Intervention:** Assessment of relevance to rural practice using the adapted AGREE II/AGREE-REX tool. **Main Outcome Measures:** Assessment of level of consultation (little to no input) from rural physicians or patients, and their relevance and application in rural settings. **Results:** Each CPG was assessed by 2 different reviewers, and with moderate agreement (Kappa=0.413, $p<0.001$). From 71 selected CPGs, findings show that most CPGs include little to no input from rural physicians or patients, and their relevance and application in rural settings are often under-considered. The values and preferences of rural clinicians are seldom incorporated into guideline recommendations, resulting in guidance that may not align with resource constraints, rural communities' needs, or clinical realities outside urban centres. **Conclusion:** Our study demonstrates the need for increased rural input in the development of Canadian clinical practice guidelines. Guideline developers need to consider the priorities of rural communities that can influence the adoption of recommendations and provide appropriate tools and/or advice for guideline implementation in rural healthcare contexts.

Contributors to Primary Care Guidelines in Canada: An updated systematic review

Presented: Free-Standing Paper Session 2: Innovations and insight in Family Medicine

Samuel Boudreault*, MD. MSc, FCFP; Guylène Thériault, MD, CCFP, MEd; Julie Laurence, MScN, ACNP; Rene Wittmer, MD, CCFP; Amanda Try, MD CM; Lisa Hannane, BSc; Frantz-Daniel Lafortune, MD, CCFP; Marc-Antoine Turgeon, MD, MBA, CCFP; Alexandra Dessureault, MD; Geneviève Bois, MD, CCFP; Emma Glaser, MD, MSc, CCFP

Learning objectives:

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

1. Décrire le pourcentage des lignes directrices canadiennes qui intègrent au moins un médecin de famille
2. Décrire le pourcentage d'auteurs des lignes directrices canadiennes qui déclarent un conflit d'intérêt
3. Décrire le pourcentage des lignes directrices canadiennes qui est supporté par une revue systématique

Background: In 2015, Allan et al. published a review highlighting the underrepresentation of family physicians among authors of Canadian clinical guidelines intended for primary care. Their findings showed that non–family physician specialists were disproportionately represented and more likely to disclose conflicts of interest. **Methods:** We conducted a systematic review following PRISMA 2020 guidelines. Eligible documents were clinical guidelines or guidance documents published within the past five years, intended for use by primary care clinicians in Canada, and applicable to all age groups and populations. We excluded hospital-based, specialty-specific, and provincial guidelines. Two independent reviewers assessed each document. Extracted variables included author specialty, conflicts of interest, and additional quality indicators adapted from the simplified G-TRUST tool. **Results:** 81 guidelines were included and 41% involved at least one primary care physician. Overall, family physicians accounted for 14% of authors. Time needed to treat considerations were reported in only 4% of guidelines, and visual decision aids were only present in 5%. Conflicts of interest were more frequent among specialists (41%) compared to primary care physicians (12%). Only 26% of guidelines were supported by a dedicated systematic review, and 30% applied the GRADE methodology for recommendations. **Interpretation**: This updated review confirms that primary care physician participation in the development of Canadian clinical practice guidelines remains limited. Future guideline development should prioritize stronger representation from primary care clinicians so that elements that reflect the realities of practice are considered.

Free-Standing Papers Session 3: Advancing Clinical Care in Family Medicine

Session ID: 42

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.

“A New Tool in the Toolbox”: Final results of a qualitative study of client experiences on slow-release oral morphine in the fentanyl era

Presented: Free-Standing Paper Session 3: Advancing Clinical Care in Family Medicine

Pamela Leece*, MD, MSc; Madison Bertrand, MSW; Ahmed Bayoumi, MD, PhD; Sarah Clarke, PhD; Ria Garg, PharmD; Tara Gomes, PhD; Susan Hum, MSc; Andrew McLeod; Cassandra Smith; Ashley Smoke; Anita Srivastava, MD, MSc; Carol Strike, PhD; Jennifer Wyman, MD, MPH

Learning objectives:

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

1. Understand the context of SROM prescribing guidance in the fentanyl era
2. Describe the qualitative experiences of people taking SROM for opioid agonist treatment
3. Discuss considerations for SROM in comprehensive care for opioid use disorder

Objective: To describe the effect of slow-release oral morphine (SROM) effects as opioid agonist treatment (OAT), including symptoms, side effects, and retention, as well as experiences accessing SROM. **Design:** We conducted semi-structured qualitative interviews with people who were prescribed SROM, and an interviewer-administered medication and demographic questionnaire. **Setting:** The study was conducted in Toronto between March and October 2025 among participants in community or hospital outpatient OAT clinics, via video, phone or in person. **Participants:** We recruited 28 English-speaking individuals age 18 or older who were currently living in Toronto, had experience with fentanyl use, and were prescribed SROM for at least 30 days in the past year as OAT treatment. We excluded people who were unable to consent, pregnant, incarcerated or people prescribed SROM in a safer opioid supply program. **Main Outcome Measures:** We included demographic and prescription information, with qualitative experiences on SROM. The study was approved by the Women's College Hospital Research Ethics Review Board. **Results/findings:** Among those with demographic information reported, the majority were male, age 25-44 years, and had previous OAT; nearly half were underhoused. Final qualitative themes emerged in four areas: physical effects of SROM, psychological effects, wellbeing, and individualized care. Physical effects included positive effects on withdrawal and pain, while psychological effects included lower anxiety and cravings. Positive impacts on wellbeing included day-to-day function and improved relationships. Finally, we heard about the need for SROM in individualized care, with choices and options available to achieve one's goals in treatment. **Conclusions:** Our qualitative study found that there is a role for SROM in tailoring OAT care to individual needs, with patients describing a favourable action and side effects compared with methadone. These results support SROM as an option in patient-centred holistic care, particularly for people who experience challenges on methadone or buprenorphine alone.

Environmental Sustainability in a Family Medicine QI Curriculum

Presented: Free-Standing Paper Session 3: Advancing Clinical Care in Family Medicine

Margarita Lam Antoniades*, MD, MScCH, CCFP

Learning objectives:

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

1. Describe the role of primary care in reducing carbon emissions and environmental sustainability in healthcare
2. Recognize how integrating sustainability in a QI curriculum can affect residents' understanding of the above
3. Describe how environmental sustainability can be leveraged to promote interest in QI education

Objective: To assess the effect of introducing environmental sustainability into a quality improvement (QI) curriculum on residents' understanding of the role of primary care in carbon emissions reduction and environmental sustainability in healthcare. **Design:** 1) End of year survey 2) Review of completed resident quality improvement projects for an AIM that aligns with environmental sustainability. **Setting:** Department of Family and Community Medicine, University of Toronto.

Participants: 163 Family Medicine residents during the 2024-2025 academic year. **Intervention:** Introduction of new curriculum content on the effects of QI interventions in primary care on environmental sustainability in healthcare. The content was embedded 1) in online modules and 2) in the case used during the application session to teach QI tools. **Main Outcome Measures:** 1) Confidence in having met the objective of "understanding how QI initiatives in primary care play a key role in carbon emissions reductions and environmental sustainability in healthcare". 2) The number of completed resident QI projects with an AIM aligned with improving environmental sustainability. **Results:** 92% of respondents indicated that they were moderately confident, very confident or extremely confident in having met the objective "To understand how QI initiatives in primary care play a key role in carbon emissions reductions and environmental sustainability in healthcare." Of the 72 completed projects 35 had an AIM aligned with improving environmental sustainability in healthcare. **Conclusion:** Incorporating content on environmental sustainability in a family medicine residency QI curriculum can lead to high levels of awareness of the important role of primary care in reducing carbon emissions and improving environmental sustainability in the broader healthcare system. This can be leveraged to engage residents in QI efforts that can contribute to the "triple bottom line" of better patient outcomes, lower cost for the system and reduced carbon footprint.

Preventing GLP-1 Discontinuation in Primary Care

Presented: Free-Standing Paper Session 3: Advancing Clinical Care in Family Medicine

Toheed Fatima Ali*; Mahnoor Gohar

Learning objectives:

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

1. Identify common gastrointestinal adverse effects associated with GLP-1 therapies and their impact on treatment discontinuation
2. Recognize patient-specific risk factors for GLP-1 intolerance, including comorbidities and medication interactions
3. Apply evidence-based primary care strategies such as individualized dose titration, counselling, and dietary modification to improve treatment persistence

Objective: To synthesise evidence on gastrointestinal adverse effects of GLP-1–based therapies and provide practical primary care strategies to reduce treatment discontinuation. **Design:** Systematic review of randomized controlled trials, observational studies, and clinical reviews following PRISMA-informed methodology. **Setting:** Multinational clinical trials and real-world primary care populations, including North America and Europe. **Participants:** Adults with type 2 diabetes or obesity receiving GLP-1 receptor agonists or dual GLP-1/GIP agonists. **Main Outcome Measures:** Incidence of gastrointestinal adverse effects, discontinuation rates, and effectiveness of mitigation strategies. **Results:** Gastrointestinal adverse effects occur in 20–50% of patients, most commonly nausea, diarrhea, constipation, and vomiting, and are dose-dependent, peaking during initiation and escalation. Clinical trial discontinuation rates range from 3–6%, whereas real-world persistence at 12 months is as low as 32%. Risk factors include concomitant metformin use, female sex, and pre-existing gastrointestinal disease. Effective mitigation strategies include pre-treatment counselling, individualized dose titration, temporary dose reduction, dietary modification, and short-term symptom management. **Conclusion:** Discontinuation of GLP-1 therapies is primarily driven by predictable gastrointestinal effects rather than true intolerance; a patient-centred primary care approach emphasizing anticipatory counselling, flexible titration, and early follow-up can improve persistence and long-term outcomes. **Learning Objectives:** Identify common gastrointestinal adverse effects associated with GLP-1 therapies; apply evidence-based strategies to reduce discontinuation in primary care.

Social and Medical Complexities of Pregnant Patients with Substance Use Disorder: Findings from the Program for Substance Use in Pregnancy (PROSPR), an integrated primary care clinic

Presented: Free-Standing Paper Session 3: Advancing Clinical Care in Family Medicine

Amie Davis*, MD, CCFP, FCFP; Suzanne Turner, MD, MBS, CCFP (AM), DABAM; Claudia Steffler, BScN, PHC-NP; Karla Freeman, MSc; Njideka Sanya, MD, MPH; Bethany Elliott, MPH; Jennifer Salerno, MSc, PhD

Learning objectives:

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

1. Describe the common medical, psychiatric, and social complexities encountered among pregnant PROSPR patients with substance use disorder, and explain how these intersect to influence prenatal care engagement and outcomes in primary care settings
2. Describe strategies used in an integrated primary care model including harm reduction, interdisciplinary collaboration, and social support interventions that support stability, continuity, and achievement of prenatal care benchmarks for pregnant patients
3. Identify actionable, low-barrier approaches family physicians can use to improve access, patient engagement, and whole-person care for pregnant patients with substance use disorder

Objective: PROSPR (Program for Substance Use in Pregnancy) is an integrated primary care-based program delivering integrated, whole-person prenatal and addictions care for pregnant patients with substance use disorder (SUD). This project describes the social and clinical complexity of PROSPR patients and assesses how patient needs are met through comprehensive care. **Design:** Retrospective descriptive analysis of electronic medical records conducted as part of a quality-improvement initiative to understand patient needs and strengthen care delivery. **Setting:** PROSPR is based at the Maternity Centre of Hamilton, a primary care obstetrics clinic in Hamilton, Ontario offering integrated prenatal, addictions, mental health, and social care using a low-barrier, patient-centred model. **Participants:** Consecutive PROSPR patients with >1 in-person care visit relating to a pregnancy with due date in 2023 were included. **Intervention:** Integrated primary care combining prenatal care, addictions medicine, mental health support, social services, harm reduction, system navigation, and interdisciplinary health involvement. Social supports included transportation, food and personal care items, and housing assistance. **Main Outcome Measures:** Prenatal care benchmarks (e.g. WHO antenatal contacts, bloodwork, ultrasounds); treatment for SUD, mental health, and refractory conditions; testing for sexually transmitted infections; social and community supports provided; and maternal–infant outcomes. **Findings:** Twenty-seven patients were identified. Patients were complex: 74% had pre-existing psychiatric conditions, 63% lived precariously, and 93% experienced social adversity. Ten patients (37%) met WHO antenatal benchmarks for all trimesters; 14 received all recommended ultrasounds (52%), and 24 completed routine bloodwork (89%). Fentanyl was actively used by 48% of patients, and methamphetamines by 30%. Nineteen (78%) received >1 medication for opioid use disorder. Approximately 89% received social care support. **Conclusions:** This integrated family medicine model effectively addresses the intersecting medical, psychiatric, and social needs of pregnant patients with SUD. PROSPR comprehensively supports engagement in prenatal care, improved stability, and access to essential services, highlighting the critical role of primary care in providing compassionate, whole-person, low-barrier care for an equity-deserving population.

The Association Between Pre-Pregnancy Use of Obesity Medications and Gestational Weight Gain: A retrospective cohort study

Presented: Free-Standing Paper Session 3: Advancing Clinical Care in Family Medicine

Helena Piccinini-Vallis*, MD, PhD, CCFP, FCFP; Janet Green, MD, MA, CCFP; Kristyn Reeves, MD, MPH; Megan Campbell, BSc

Learning objectives:

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

1. Counsel their patients on the use of obesity medications close to pregnancy
2. Predict a subset of patients likely to experience excess GWG
3. Examine the benefits of using obesity medications in patients planning a pregnancy

Context: Discontinuation of obesity medications (OM) is often associated with rebound weight gain. However, that association has not been examined in the context of pregnancy. **Objectives:** To examine the association between pre-pregnancy use of OM and gestational weight gain (GWG) and other maternal and neonatal outcomes; to explore the association between timing of OM use, relative to conception, and GWG. **Design:** Retrospective population-based cohort study linking administrative and perinatal data. Setting: Nova Scotia. Ethics approval was obtained from the IWK Health Centre REB (file # 1031768). **Participants:** Female individuals aged 18–45 years with liveborn singleton pregnancies (2018–2025) and no pre-existing diabetes. Exposed pregnancies (pre-pregnancy OM) were matched 1:1 to unexposed controls on year of delivery, maternal age, parity, and pre-pregnancy BMI. **Main Outcome Measures:** Primary outcomes: GWG (kg) and concordance with guideline-recommended GWG (insufficient, within, excess). Secondary outcomes: gestational diabetes (GDM), preeclampsia, caesarean section, birthweight, large-for-gestational age (LGA), small-for-gestational age (SGA) and macrosomia. **Results:** The sample included 222 cases and 222 controls. Cases had higher mean GWG than controls ($p = 0.003$). Pre-pregnancy OM use was associated with increased odds of excess GWG (OR 1.38, 95% CI 1.30–1.47) and decreased odds of insufficient GWG (OR 0.86, 95% CI 0.79–0.93). Exposure was also associated with significantly higher odds of GDM, preeclampsia, caesarean section and LGA, and lower odds of SGA. OM use ≤ 6 months (compared to > 6 months) before pregnancy was associated with higher odds of excess GWG (adjusted OR 3.39, 95% CI 1.82–6.32). **Conclusion:** Pre-pregnancy use of OM was associated with increased odds of excess GWG and other adverse pregnancy outcomes. Exposure to OM closer to conception may further increase the risk of excess GWG. These findings highlight the need for careful preconception counselling and further research on GWG trajectories following OM discontinuation.

Timely and Effective Dementia Diagnosis and Management

Presented: Free-Standing Paper Session 3: Advancing Clinical Care in Family Medicine

Andrea Moser, MD, MSC, CCFP (COE), FCFP, CMD; Sid Feldman*, MD, CFPC (COE), FCFP; Lindsay Bevan; Makayla Gomes; Taylor Moore

Learning objectives:

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

1. Apply structured approaches to assess dementia, differentiate subtypes, guide referrals, and communicate a diagnosis
2. Implement strategies to manage behavioural and psychological symptoms of dementia using non-pharmacologic and deprescribing approaches

Objective: Describe guidance to strengthen dementia care across care settings. **Design:** Multi-method approach including a systematic literature review, expert consultation, workflow interviews and usability testing with frontline clinicians. **Setting:** Long-term and primary care settings in Ontario. **Participants:** Dementia care experts, family physicians and nurse practitioners contributed through structured sessions, workflow interviews and usability testing. **Main Outcome Measures:** Increased clinician capacity to provide timely and effective dementia diagnosis and management. **Results:** Guidance was consolidated into the Dementia Diagnosis and Behavioural and Psychological Symptoms of Dementia (BPSD) tools. The tools support clinicians in structured assessment, subtype recognition, referral criteria, diagnosis communication, symptom cluster identification, and evidence-informed management. 2,500 users have accessed the tools and report increased confidence in assessing and managing dementia. **Conclusion:** The tools are feasible and usable, with early evidence of improved clinician confidence. Broad adoption, through the proposed FMF presentation, will further support timely diagnosis, optimize management and improve patient outcomes.

Free-Standing Papers Session 4: Community Focused Care

Session ID: 43

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.

Access Measures to Support Primary Care in Ontario

Presented: Free-Standing Paper Session 4: Community Focused Care

Michael Green*, MD, MPH; Eliot Frymire, MA; Shahriar Khan, MSc; Rick Glazier, MD, MPH

Learning objectives:

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

1. Describe access measures that are useful to understand how primary care is being provided in Ontario, Canada
2. Describe how supply and demand of primary care is captured in this study
3. Describe how attachment to primary care is measured in this study

Objective: The number of individuals who do not have appropriate or timely access to primary care is an important measure when evaluating quality of care. With the movement towards full attachment of all Ontarians, measures of access and supply in relation to need become increasingly important. Our objective was to describe measures of access to primary

care supply in relation to need and apply them to the Ontario population. **Design:** This serial cross-sectional study used linked and encoded health administrative datasets from ICES including physician billing, population demographics, and geographic location, as well as the CIHI Population Grouping Methodology to estimate expected need for primary care visits. Age, sex, rurality, income quintile and new arrival to Ontario were used to examine equity. Mapping was done by Census Subdivision (CSD). REB approval was approved for this study. **Setting/Participants:** All Ontarians who met the inclusion and exclusion and inclusion criteria: 16,031,335. **Main Outcome Measure:** Quantifying access through a determination of supply and demand in primary care. Number of uncertainly attached metis residents in Ontario. **Results/Findings:** Unattached populations were more likely to be male, younger, living in low income areas, be a new arrival to Ontario, have low continuity of care, and have lower cancer screening rates. Rural and northern areas had the largest mismatch between primary care physician supply and need for services. Attention to the particular needs of these populations may help to ensure equitable primary care provision. **Conclusion:** These findings are informative for Ontario health teams for use in planning of new and expanded attachment for patients in primary care. A regional focus and attention to priority populations in greatest need are key messages from this study.

CARE Program: Reducing acute care for frail elderly

Presented: Free-Standing Paper Session 4: Community Focused Care

Roopinder Kaloty*, MD, CCFP, MSc; Alessandra Palombo*, MD, CCFP; Joyce Ting-Wai Cheung, MD, CCFP (PC); Iuliia Povieriena, MD, CCFP (COE), MSc; Chavi Tejpal, MD, CCFP (COE); Kelly Le, MD, CCFP; Fatema Ayaz, Msc; Andreea Popescu, MBA; Sinthu Panchadcharadeva, MSc; Kerry Hamade, RN, BScN; Anuja Panditrao, OT Reg. (Ont.); Samantha Ditlof; Emily Cichonski, MA, CHE; Adrian Sollazzo

Learning objectives:

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

1. Describe the distinctive care model adopted by the Central West Ontario Health Team CARE Program
2. Describe the impact of the Central West Ontario Health Team CARE Program on acute care utilization amongst the community-dwelling frail older adults it serves
3. Describe the experience of patients, caregivers, and providers involved with the Central West Ontario Health Team CARE Program

Objective: To evaluate the impact of the Central West Ontario Health Team (CW OHT) CARE program on acute care utilization among community-dwelling frail older adults, with secondary assessment of patient, caregiver, and provider experience. **Design:** Retrospective pre-post cohort evaluation utilizing linked William Osler Health System (WOHS) data, supplemented by patient and caregiver experience surveys, and provider surveys. **Setting:** CW OHT CARE program, serving community-dwelling elderly patients with frailty and difficulty leaving home to access care, who reside in private residences in Central West Ontario. **Participants:** Healthcare utilization data for patients who have been enrolled in the CW OHT CARE Program for a minimum of 6 months as of July 2025. Patient, caregiver, and provider survey data from September 2025 to present. **Main Outcome Measures:** Emergency room visits, inpatient admissions, and self-reported patient, caregiver, and provider experience. **Results:** A total of 163 patients had been referred to the CW OHT CARE Program as of July 2025. The mean patient age was 84.3 years with an average Clinical Frailty Score of 7. Among patients enrolled ≥6 months (n=58), 34 had emergency room (ER) visits to WOHS in the 6 months prior to referral. The number of ER visits decreased by 37% at six months after referral (1.50 to 0.94). 21 patients had hospital admissions at WOHS in the 6 months prior to referral, and this number decreased by 31% at six months after referral (1.24 to 0.86). Patient, provider, and caregiver experience surveys indicate high satisfaction with the program. **Conclusion:** Early findings suggest the CW OHT CARE program reduces acute

care utilization among frail older adults receiving home-based care. The program has a positive impact on patient, caregiver, and provider experience. This project received Research Ethics Board exemption from the WOHS REB.

Meaningful Community Engagement in Family Medicine Clerkship Experiences

Presented: Free-Standing Paper Session 4: Community Focused Care

Karolina Huartson*, MD, MSc, CCFP; Loretta Tuttauk, Child & Youth Care Certification; Sonja Wicklum, MD, CCFP, FCFP; Aaron Johnston, MD, CCFP (EM), FCFP; Jimmy Vantanajal, BMBS, MSc, CCFP

Learning objectives:

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

1. Explore a process for community engagement in developing contextualized learning objectives for family medicine clerkship

Objective: To explore the process of community engagement to inform the development of contextualized learning objectives for rural family medicine clerkship. **Design:** This was a qualitative, participatory action research project with a rural community hosting family medicine clerkship students. Participants were recruited by snowball sampling through an established relationship with a local family physician and the hiring of an Indigenous Cultural Liaison. Eight stakeholder meetings were conducted to understand the socio-cultural context of the community. An open house cafe was held in town to expand these initial consultations to the general public (n=20). Open-ended interviews (n=5) were conducted with community partners representing three larger ethnic groups in the area to solicit input on the proposed contextualized learning objectives. Reflexive thematic analysis identified three themes to inform curriculum design and delivery. The University of Calgary Ethics Board approved the study. **Setting:** The study took place in a rural Southern Alberta town. **Participants:** Community partners included representation from the following groups: Hutterite, Church of Jesus Christ of Latter-Day Saints, and the Blackfoot People. Initial stakeholder meetings were held with local physicians, town leaders, patients, and the general public. **Findings:** Themes of (1) mutual respect and (2) curiosity, rooted in (3) trust-building and relationships were identified. Participants expressed interest in contributing to student learning but emphasized the need for respect. They want students to understand community traditions and ways of life, and how these impact health and wellness. A co-constructed list of educational resources was curated and compiled into an infographic and video. **Conclusion:** Community engagement is integral to understanding the health needs and values of local communities. The process involves challenging one's own perspectives, biases, and assumptions through authentic collaboration and relationships that are reciprocal and sustained. There is value in the community as teacher in educating the next generation of physicians.

Wildfire Impacts: A clinical framework for family physicians

Presented: Free-Standing Paper Session 4: Community Focused Care

Lyall Pacey*, MD, MPH, MSc, CCFP; Mehdi Aloosh, MD, MSc, CCFP, FRCPC; Michele Murti, MD, MPH; Emily Groot, MD, MPH, FRCPC; Wajid Ahmed, MBBS, MAS, MSc, FRCPC

Learning objectives:

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

1. Describe impacts of wildfires on patient health
2. Identify patients & groups who are at higher risk due to wildfire impacts

3. Apply strategies to mitigate health impacts of wildfires

Objective: The increasing frequency, intensity, and duration of wildfires pose a growing threat of acute and chronic health outcomes from exposure to particulate matter, toxic gases, heat, displacement, and environmental changes. This paper presents the immediate and delayed health impacts of wildfires, as well as a framework for family physicians to address them in primary care settings. **Design:** A scoping review of peer-reviewed and grey literature was conducted, supplemented by published guidance from governmental and public health agencies, with a focus on the intersection between wildfire and clinical practice. The findings informed summaries of health outcomes organized by risk groups, as well as providing an evidence-based interventions for the clinical work. **Findings:** Wildfire smoke exposure is associated with respiratory and cardiovascular exacerbations, neurocognitive decline, adverse pregnancy outcomes, and mental health disorders. Environmental contamination from wildfires further threatens water and soil safety. The provided framework equips family physicians and primary care teams to: Identify and support high-risk individuals, deliver targeted education and preparedness strategies, optimize chronic disease management, and monitor for delayed health effects. The framework is delivered as a concise tool for day-to-day usage in clinical practice, with links to additional learning resources for providers and patients. **Conclusion:** Family physicians are uniquely positioned to implement preventive strategies that reduce patients' health risks from wildfires. This presentation's review of wildfire impacts helps primary care providers to appreciate the risks faced by their patients, and, using the strategies and resources provided, will be equipped to mitigate the health consequences of wildfires.

From Burnout to Boundaries in Family Medicine

Vanessa Kustec, MD CM, CCFP, DPD

Session ID: 119

Language of presentation: English

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

1. Identify cognitive patterns contributing to burnout in clinical practice
2. Apply practical boundary scripts in patient and workplace interactions
3. Implement the delete, delegate, defer framework to triage workload

Description: Physician burnout persists despite wellness initiatives because many interventions focus on resilience rather than practical practice redesign. In family medicine, physicians often internalize cultural expectations that equate self-sacrifice with professionalism, urgency with competence, and over-responsibility with excellence. These patterns lead to difficulty setting boundaries, prioritizing work over personal well-being, and feeling overwhelmed by daily workload. This interactive workshop provides practical tools that participants can apply immediately in clinical practice to change how they work rather than simply how they cope. The session begins by exploring how thoughts influence feelings, behaviours, and outcomes in clinical work using relatable examples. Participants engage in guided reflection to clarify personal priorities and identify where misalignment contributes to stress and overload. Participants are then introduced to practical boundary scripts for managing common requests from patients, colleagues, and organizations. Through brief paired discussion, participants practice adapting these scripts to real situations they encounter in family medicine. The workshop introduces the Delete, Delegate, Defer framework as a tool for workload triage and cognitive load reduction. Participants apply this framework to examples from their own practice and develop a personalized plan for implementation. This session uses short teaching segments, reflection exercises, paired discussion, and applied planning to ensure practical learning.

Participants leave with ready-to-use scripts, a clarity exercise they can repeat, and a concrete action plan to create more sustainable work practices the following week.

From Intent to Impact: Allyship in family medicine

Jamaica Cass, MD, PhD, CCFP, DABOM; Mandy Buss, MD, CCFP; Veronica McKinney, MD, CCFP; Janelle Syring, MD, CCFP; Leah Seaman, MD, CCFP

Session ID: 145

Language of presentation: English

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

1. Reflect on the state of critical allyship within their respective practice
2. Describe how to apply Indigenous epistemological principles to family medicine clinical encounters
3. Commit to at least one measurable allyship action supporting accountability in clinical practice

Description: What does it mean to "walk-the-walk" of critical allyship with Indigenous Peoples? Turn good intentions into meaningful action at this interactive session, led by experts who are members of the Indigenous Health Committee at the CFPC. Designed for clinicians working across diverse settings, this session moves beyond awareness toward practical, accountable action in everyday patient care. Drawing from Indigenous perspectives and real stories of allyship presented by the speakers, participants will reflect on how critical allyship shows up in their own practice and why it matters to the health of Indigenous patients and colleagues. This session will include small group discussion to examine your current contributions to critical allyship, skills and tools to advance your critical allyship practice, and strategies to overcome barriers that might be holding you back from being the critical ally that you intend to be. Bring your curiosity, share your intentions, and "walk-the-walk" when you leave.

From Papers to Patients: Making evidence work with PEER

Caitlin Finley, MD, CCFP; Danielle Perry, RN, MSc; Samantha Moe, PharmD ACPR; Tony Nickonchuk; Betsy Thomas, BScPharm

Session ID: 90

Language of presentation: English

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

1. Describe evidence-based medicine (EBM) as a clinical practice and explain how it can be efficiently integrated into everyday primary care and clinical teaching
2. Identify and use trusted, filtered evidence resources and clinical decision tools to answer common clinical questions at the point of care
3. Apply introductory critical appraisal principles to interpret evidence from randomized controlled trials and systematic reviews in order to support shared decision-making with patients and learners

Description: Family physicians are expected to practice evidence-based medicine, yet the volume and complexity of medical literature can make this challenging in busy clinical settings. This interactive workshop, led by the PEER (Patients, Experience, Evidence, Research) team, focuses on EBM as a practical clinical skill, how to efficiently find, interpret, and apply trustworthy evidence in real-world primary care. Rather than emphasizing in-depth research methods, this session

centers on using high-quality, filtered evidence resources and clinical decision tools designed for point-of-care use. Participants will be introduced to commonly used filtered resources in family medicine and will practice navigating these tools to answer clinically relevant questions. To support thoughtful use of these resources, the workshop also provides an introductory overview of critical appraisal concepts, including the role of randomized controlled trials and systematic reviews in informing care, interpretation of key measures of effect, and the distinction between statistical significance and clinical relevance. These concepts are framed to help clinicians better understand evidence summaries and recommendations, rather than to perform full critical appraisals. The workshop includes facilitated discussion, allowing participants to reflect on their current approaches to using evidence, share experiences with different resources, and ask questions of the facilitators. This workshop has been submitted for Mainpro+ certification through the College of Family Physicians of Canada. Participants will leave with a practical framework for applying EBM in clinical care and teaching, along with tools they can use immediately and build upon in future learning activities.

From Peri to Post: Evidence-based practical menopause care

Susan Goldstein, MD, CCFP, FCFP, MSCP

Session ID: 198

Language of presentation: English

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

1. Appreciate the differences between “Perimenopausal” and “Menopausal” care
2. Develop an approach to the management of common menopause-related symptoms
3. Understand the most recent evidence informing risk-assessment when creating individualized treatment plans

Description: Evidence shows that healthcare providers frequently lack adequate knowledge to create a management plan for common menopausal presentations, including vasomotor symptoms, mood changes and sleep disturbances. Additional symptoms that present during the perimenopause and late-reproductive years can complicate clinical assessment and raise diagnostic uncertainty, leading both patients and clinicians to ask: “is this peri-menopause?”. After a brief review of the biologic differences that highlight the unique challenges of perimenopausal care, we will discuss an evidence-based practical framework for developing an individualized assessment and management plan for perimenopausal and postmenopausal patients. Updates in care based on the most recent evidence ,including risk-assessment, will be highlighted.

Genetic Carrier Screening: A primary care update

Sakina Walji, MD, CCFP, FCFP; Shawna Morrison, MS, CGC

Session ID: 182

Language of presentation: English

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

1. Describe current CCMG recommendations for reproductive genetic carrier screening in Canada
2. Assess individual and couple-level risk to guide appropriate carrier screening recommendations
3. Counsel patients on the benefits, limitations and implications of carrier screening results

Description: Reproductive genetic carrier screening is an important component of preconception and prenatal care, enabling individuals and couples to understand their risk of having a child with a serious inherited condition, access tailored genetic counselling and education, and make informed reproductive planning and early pregnancy management decisions. Updated recommendations from the Canadian College of Medical Geneticists (CCMG) provide Canada-specific guidance on which conditions should be offered through routine carrier screening and how screening can be implemented in clinical practice. Current CCMG recommendations support offering pan-ethnic carrier screening to all individuals, regardless of ethnicity, for conditions including cystic fibrosis, fragile X syndrome, spinal muscular atrophy, hemoglobinopathies, Tay-Sachs disease, Canavan disease, and familial dysautonomia. Using a primary care–focused, case-based approach, this session will highlight the central role of family medicine in introducing carrier screening, particularly in the preconception period or early pregnancy. This includes identifying appropriate candidates, obtaining relevant personal and family history, supporting informed consent, counselling patients on benefits, limitations and possible outcomes of screening and facilitating timely follow-up and referral to genetics services when indicated. Participants will be introduced to practical point-of-care tools and clinical pearls to support risk assessment, patient counselling and application of CCMG recommendations in everyday practice.

Geriatric Emergency Medicine

Alice Gray, MD, FRCPC; Isabelle Gray, MD, FRCPC

Session ID: 76

Language of presentation: English

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

1. Describe the main geriatric syndromes that have an impact on the clinical management of older adults in the emergency department (Family Medicine Expert)
2. Solve complex clinical situations involving older adults that are commonly seen in the emergency department (Family Medicine Expert)
3. Analyze their own clinical behavior and attitudes in care of older ED patients in light of new evidence (Professional)

Description: Older adults often present with complex needs that can be challenging to manage in primary care. This course provides family physicians with practical tools and key geriatric emergency concepts to help identify urgent concerns and manage common presentations in this population. Participants will be better informed, better equipped, and more comfortable managing the challenging presentations of older patients.

Global Partnership Driving Primary Health Care Transformation

Jennifer Wilson, MD, CCFP (EM), FCFP, MPH; Princess Acheampong, PhD; Nour Khatib, MD CM, HBCom, CCFP (EM), MBA; Katherine Rouleau, MD CM, CCFP, MHSc, FCFP

Session ID: 200

Language of presentation: English

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

1. Describe examples of clinical practice change, leadership development, and quality improvement emerging from partnership-based primary health care education in Ghana

2. Identify key principles of equitable academic partnerships, including shared leadership, local ownership, reciprocity, and sustainability
3. Apply lessons from the Ghana–Canada partnership to strengthen primary health care education, leadership, and quality improvement in Canadian and other settings

Description: Primary health care transformation is essential to improving population health and advancing health equity. Yet family physicians and frontline health professionals across diverse settings continue to face challenges related to workforce capacity, leadership development, quality improvement, and sustainability of change. Equitable academic partnerships offer opportunities to address these challenges through collaborative education, shared leadership, and locally driven health system strengthening. This interactive session explores the evolution, achievements, and emerging lessons of *Nyansapo*, a partnership between the University of Toronto's Department of Family and Community Medicine and Ghana's Kwame Nkrumah University of Science and Technology, supported through the Africa Health Collaborative. Over four years, the partnership has co-developed and delivered five professional education course streams, reaching more than 400 frontline health professionals in Ghana. Grounded in Ghanaian priorities and leadership, the initiative emphasizes case-based learning, mentorship, quality improvement, and the practical application of knowledge within local clinical and community settings. Through the perspectives of Ghanaian and Canadian faculty, participants will explore how partnership-based education is contributing to changes in clinical practice, leadership development, and locally driven quality improvement. Real-world examples will illustrate both opportunities and challenges in translating professional education into meaningful and sustainable improvements in primary health care. The session will also examine the partnership's next phase: strengthening Ghanaian-led faculty development, expanding local teaching capacity, and building sustainable communities of practice. Importantly, Canadian faculty will reflect on the reciprocal nature of global partnerships, sharing how collaboration with Ghanaian colleagues has influenced their own approaches to clinical care, education, leadership, and health equity. Participants will gain practical insights into the principles of equitable partnership, local ownership, mutual learning, and sustainability, with opportunities to consider how these lessons can inform primary health care transformation in Canada and beyond.

Greening Primary Care Through Toolkit and Mentorship

Myles Sergeant, PEng, MD, FCFP; Elizaveta Zvereva, PhD Candidate (Global Health), MSc

Session ID: 205

Language of presentation: English

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

1. Describe practical applications of the Green Office Toolkit
2. Implement contextualized sustainability initiatives using mentorship-supported strategies
3. Identify feasible quality improvement projects aligned with planetary health goals

Description: This session will present the evolution and impact of the Green Office Toolkit, Canada’s first comprehensive resource designed to support sustainability in primary care settings. First launched in 2018 and updated twice since, the Toolkit provides clinicians and office managers with practical, evidence-informed, and affordable strategies to reduce environmental impact while improving operational efficiency, workplace wellbeing, and patient experience. Developed through national collaboration and grounded in real-world clinical contexts, the Toolkit has been widely adopted across diverse practice settings. Building on the Toolkit’s success, this work catalyzed the Green Office Challenge, a structured, action-oriented initiative encouraging clinics to implement, track, and measure sustainability practices using the Toolkit as a

foundation. Feedback and evaluations from the Challenge consistently revealed a need for direct, contextualized support to help clinicians translate intention into implementation within their specific clinical environments. In response, a physician-led mentorship program was developed, pairing clinicians who have successfully implemented Toolkit recommendations with those seeking practical guidance on greening their practices. This mentorship model creates a natural bridge between the Toolkit and the Challenge, supporting sustained change through shared experience, accountability, and peer-to-peer learning. Participants will have opportunities to share knowledge and engage in discussion about their own clinical contexts and implementation challenges. Based at the Hamilton Family Health Team—the largest family health team in Ontario—this initiative has expanded nationally through partnerships and shared resources. The session will include interactive components encouraging participants to identify environmentally unsustainable items or processes in their clinics. Attendees will leave equipped with actionable tools to implement measurable sustainability improvements in primary care. Engagement with the Toolkit, Challenge, and mentorship program will also create opportunities for Quality Improvement (QI) projects, a mandatory requirement for family physicians in Ontario every five years.

How to Do Reflexivity: A case-based discussion

X. Catherine Tong, MD, CCFP (EM), FCFP, DRCPSC; Asha Grosch, MD, CCFP (EM); Alison Baker, MD, CCFP, FCFP

Session ID: 66

Language of presentation: English

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

1. Define reflexivity and reflection through educational theories that inform these concepts
2. Explore how power, identity, and context influence clinical and teaching encounters through reflective case discussion
3. Identify one way to integrate reflexivity into your clinical or teaching practice

Description: Reflexivity and reflection are foundational skills in both family medicine and medical education, particularly in fostering equitable and inclusive practice. Yet they are often underexplored in structured faculty development. This interactive workshop offers a theory-informed, practice-based opportunity for educators to deepen their understanding and application of these concepts. Drawing on Transformative Learning Theory, Experiential Learning Theory, and Critical Theory, we begin by clarifying the distinction between reflection and reflexivity—not only how we think about our experiences, but how we examine the emotions, assumptions, and social dynamics that shape our actions and interpretations. Through facilitated, case-based discussion, participants will explore how power, identity, and context influence clinical and teaching encounters—often in subtle or unexamined ways. Structured prompts and small-group dialogue will support participants in examining how their own experiences and perspectives shape their approach to care and education. The session will conclude with each participant identifying one practical way to bring reflexivity into their teaching or clinical practice. Designed for educators at all levels, this session emphasizes psychological safety, encourages critical curiosity, and equips family medicine teachers with the powerful skills of reflection and reflexivity to advance equity and inclusivity in the clinical teaching environment.

Hypertensive Disorders of Pregnancy and Cardiovascular Disease Prevention

Karen Fleming, MD, CCFP, FCFP; Leigh Caplan, RN, MA, CDE, NBC-HWC; Tania Johannsen, MD, MHSc candidate

Session ID: 252

Language of presentation: English

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

1. Recognize the significance of hypertensive disorders of pregnancy as an indicator of future earlier onset cardiovascular disease
2. Discuss "2026 Best Practices for the Screening, Management and Prevention of Cardiovascular Risk Factors after Hypertensive Disorders of Pregnancy"
3. Apply practical tools for developing workshops tailored to local settings

Description: Background: Hypertensive disorders of pregnancy (HDP) affect up to 10% of pregnancies and are associated with a 2-4x higher risk of developing cardiovascular disease (CVD). Lack of patient and provider awareness of the long-term implications of HDP on cardiovascular health, and communication gaps between obstetrical and primary care providers have hindered progress in preventative care. **Approach:** Our interprofessional team, which includes people with lived experience, has created a patient-directed educational workshop for people with a recent HDP diagnosis to acquire skills and tools to increase self-efficacy in implementing healthy behaviour change. Iterative workshop and outreach refinements are guided by participant feedback and team discussion. We are also exploring ways in which to improve obstetrical care provider handover to primary care, through standardized discharge referrals, changes to order sets, and referrals to the workshop. **Results:** Four workshops have been held as of February, 2026, with quarterly workshops scheduled for the remainder of 2026. Feedback from participants has been mainly positive, yet attendance has been lower than anticipated. Participants reported that participation led to improved knowledge, confidence in making dietary and lifestyle changes, and a high likelihood of self-advocacy with primary healthcare providers. Participants appreciated the opportunity to engage with the team and identified topics of interest for further exploration, including strategies for improving sleep, the relationship between hormonal changes and nutrition, breastfeeding in the context of cardiovascular disease, methods for communicating health changes to partners, and guidance on advocating for testing and preventative care. **Implications:** The post-pregnancy period is a crucial window of opportunity for cardiovascular risk assessment and preventative care. An interprofessional workshop delivered by primary care teams provides one such opportunity, and enhances accessibility and equity. Future directions include the creation of an implementation guide for primary care teams that can be spread and scaled to local communities.

Implementing Patient's Medical Home through Learning Expeditions

Sudha Koppula, BSc, MD, MClSc, CCFP, FCFP; Brad Bahler, MD, CCFP, FCFP; Mark Watt, MSc.,RN; Shaelynn Garner, BA, BEd.

Session ID: 216

Language of presentation: English

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

1. Describe a team-based teaching model for implementing PMH principles in primary care practices
2. Apply a practical PMH implementation tool to guide interdisciplinary learning and action
3. Identify strategies to adapt PMH teaching for different practice and educational contexts

Description: Family physicians across Canada recognize the evidence supporting the Patient's Medical Home (PMH) model of care. However, translating this evidence into sustained team-based change within primary care practices remains challenging. Time constraints, competing priorities, and uncertainty about where to start or how to engage the full care team often limit progress. This interactive teaching workshop presents a practical team-based approach to teaching PMH implementation using a Learning Expedition approach that has been applied across multiple Canadian jurisdictions. Rather than focusing on physician-only education, the Learning Expedition intentionally trains interdisciplinary teams including

physicians, nurses, medical office assistants, receptionists, clinic managers, and patient advisors. Participants are supported by a structured curriculum, facilitated peer learning, and implementation tools that move teams from assessment to action. Family Medicine Forum (FMF) workshop participants will choose a PMH implementation element from the Learning Expedition that is most relevant to their context and work through it as if they were a program participant to gain insights into the structured, peer-led approach. This design allows FMF workshop participants to experience how choice, relevance, and applied learning can increase engagement and readiness for change within teaching programs and faculty development initiatives. Through case examples from Canadian practice support programs, FMF workshop participants will examine how family physicians can teach and lead team-based PMH improvement without assuming sole responsibility for transformation. This session models educational strategies that support shared ownership, realistic pacing, and measurable progress. Participants will leave with a transferable teaching approach, practical tools to support interdisciplinary learning, and strategies for adapting PMH education to diverse practice and training environments.

Improving Successful IMG/ITP Transition into Residency and Practice

Brent Kvern, MD, CCFP, FCFP; Alexander Singer, MB, BCh, BAO, CCFP, FCFP

Session ID: 239

Language of presentation: English

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

1. Define successful entry into FM residency and family medicine practice
2. Debate if successful entry into residency and practice have differing requirements
3. Describe barriers to successful entry and suggest solutions

Description: Using the Worst Possible Idea methodology to stimulate lateral thinking, participants will be presented with a point-of-view regarding international medical graduate (IMG) and internationally trained physician (ITP) successful entry into FM residency programs and FM practice. In small groups, they will brainstorm the most dysfunctional “no-good” solutions possible. Using these terrible ideas, they will collectively determine the attributes of the ideas that makes the idea so bad to expose the hidden assumptions about what makes for success in this area. Using a combination of methods, participants will then turn the horrible ideas into good ones. The purpose of lateral thinking is to help us break out of rigid thought patterns and generate unpredictable and innovative ideas. It is an innovative way of zeroing in on what will work by exposing what won’t, but then working backward from these ‘dud ideas’ to look at the big picture and understand concepts.

Improving the Care of Older Patients with Polypharmacy

Michelle Greiver, MSc, MD, CCFP, FCFP; Simone Dahrouge, PhD; Trish O’Brien, RN, MScCH; Donna Manca, MD, MClSc, CCFP, FCFP; Alexander Singer, MB, BAO, BCh, FCFP; Faten Hassaan, MSc, QIPS; Marie-Therese Lussier, MD, MSc, CCMF, FCMF; Celine Jean-Xavier, PhD; Marie Authier, PhD; Matthew Grandy, MD

Session ID: 213

Language of presentation: English

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

1. Apply Quality Improvement (QI) methods to introduce and test changes in your practice
2. Use practice data to find elderly patients with polypharmacy (ten or more medications)
3. Identify personnel to support the implementation, spread and sustainability of practice changes

Description: Family doctors want to improve care but doing this can be difficult to do for complex patients; their health and care profiles do not fit guidelines best suited to managing single conditions. In this workshop, we will discuss QI methods and processes, resources and data that can make care improvement possible for some of the most complex patients we look after: elders living with polypharmacy. Polypharmacy is not rare. 25% of patients age 65 or more are prescribed ten or more unique medications each year; 75% have received at least one problematic medication (for example, a benzodiazepine). EMR data show that each family physician looks after an average of 24 elders on ten or more drugs. These patients have multiple chronic conditions and have ongoing high care needs and costs. We can identify these patients using EMR data. Quality Improvement support and education is increasingly available through regional or provincial QI programs; some programs and provinces offer practice coaches or practice-based quality improvement specialists. Guidelines that support deprescribing have been published. Changes in practice to benefit these vulnerable patients are possible and can be adapted, taking local resources and context into account. The presenters have extensive experience with: teaching and applying QI methods; patient engagement, using EMR data for QI and research; working with practice coaches and facilitators. The approach has been tested in a Canada-wide study, SPIDER (https://www.spiderdeprescribing.com/)

During this workshop, we will provide:

- A short presentation to discuss the clinical problem and challenges with implementing changes, as well as some proposed solutions
- A discussion of facilitators and barriers to accessing data, and implementing and measuring changes for these patients in each context
- Small group exercises using some actual data to work through examples for complex patients

In The Clinic With PEER

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

Session ID: 150

Language of presentation: English

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

1. Employ practical evidence-based approaches to common medical presentations - such as dental pain, alcohol use disorder and palpitations - 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 and evidence-driven management plans for each case, ensuring that participants can confidently implement solutions tailored to individual patient needs

Description: Get ready for a highly interactive, evidence-informed session that brings the realities of a busy family practice to life. Following a well-attended and enthusiastically received presentation in previous years, two PEER team members and hosts of the popular CFPC podcast In The Clinic return with an updated and dynamic clinic-style experience. Audience members will choose from six common primary care cases—mirroring a typical packed clinic morning—and together we'll take the time we rarely have in real life to do a deep dive into the evidence. For each case, we'll explore diagnosis, management, and shared decision-making with patients, grounded in the latest evidence and practical clinical realities. Our goal is simple: to ensure you leave with clear, usable tools and strategies you can apply immediately in your practice. And true to PEER's style, we'll serve the evidence with clarity, relevance, and more than a few laughs along the way.

Incorporating Indigenous Health and Cultural Safety in Assessment in Family Medicine

Veronica McKinney, MD, CCFP, LMCC

Session ID: 226

Language of presentation: English

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

1. Identify the barriers to incorporating the assessment of competencies in Indigenous health, cultural safety, and anti racism
2. Outline steps to improve the assessment of competencies in Indigenous health, cultural safety, and anti-racism
3. Identify the NCIME's foundational principles for improving the assessment of Indigenous health, cultural safety, and antiracism

Description: The response to the 2015 Truth and Reconciliation Commission of Canada's Calls to Action marked a turning point in Indigenous medical education—one that built upon decades of foundational work and advocacy. While changes to admissions and curricula have taken center stage, assessment strategies have lagged behind. The National Circle for Indigenous Medical Education (NCIME), established in 2021, released its foundational assessment documents on Indigenous health, cultural safety, and anti racism in June 2024. These documents were developed by the NCIME Phase I Assessment Working Group. Since their release, NCIME has worked to create and sustain meaningful change in assessment practices across medical education. Beginning in 2025, NCIME has also hosted an annual National Stakeholder Meeting on Assessment, inviting every medical school (and every national stakeholder organization) to engage with, apply, and deepen their understanding of these materials. The conversations have revealed that medical schools across what is now called Canada continue to face barriers to resource development, implementation - including operational limitations - uneven preparation of faculty and evaluators, and structural challenges in progressing assessment. This session will introduce participants to NCIME's foundational principles for improving the assessment of Indigenous health, cultural safety, and antiracism. It will also explore the steps required to nurture this pillar of transformational change—operationally, pedagogically, and structurally —and invite you to participate in these essential developments. It will also explore the future needs that may be required to nurture this pillar of transformational change.

Integrating Frameworks to Prepare Practice-Ready Learners for Interprofessional Team-Based Family Medicine

Payal Patel, BSc (Pharm), ACPR, PharmD; Oluseyi (Seyi) Akinola, MBChB, MsPH, CCFP; Jill Berridge, PT, BA (Hons) PE, BHSc PT; Louis-François Dallaire, MSW; Todd Hill, PhD, R. Psych; Sheila Renton, MPH OT Reg.(Ont.); Bethany Rolfe, RN, BN; Heather Waters, MD, CCFP, FCFP

Session ID: 128

Language of presentation: English

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

1. Map interprofessional clinical activities across CanMEDS-FM, RTP, accreditation, FTA, and CIHC frameworks

2. Design intentional team-based learning environments that prepare residents for collaborative practice upon graduation
3. Identify structure, process, and outcome indicators to evaluate interprofessional team-based learning environments

Description: Family medicine training and accreditation frameworks articulate the scope and outcomes of comprehensive, collaborative primary care, with the expectation that graduates are prepared to practice effectively within interprofessional, team-based care environments. However, clinical learning environments often lack an explicit structure for intentionally developing the relational and collaborative capabilities required for this practice. The Canadian Interprofessional Health Collaborative (CIHC) Competency Framework provides a complementary lens that makes collaboration visible, teachable, and 'assessable' within everyday clinical work. This interactive session will explore how the CIHC framework can be applied in family medicine learning environments to operationalize collaboration through routine clinical and interprofessional team-based activities within the domains of role clarification, relationship-focused care, communication, conflict management, team functioning, and collaborative leadership. Using applied examples from interprofessional practice settings, participants will examine how everyday clinical activities can be mapped to collaborative competencies and leveraged to support resident learning, readiness for team-based practice at graduation, and high-functioning clinical work. The session moves beyond conceptual alignment to practical application, offering participants concrete strategies to design, teach, and evaluate team-based learning within modern primary care environments. The workshop will also introduce a practical, educator-focused toolkit that integrates CanMEDS-FM, the Residency Training Profile, Triple C Curriculum, accreditation standards, the CFPC Fundamental Teaching Activities framework, and the CIHC Competency Framework, frameworks commonly reflected in residency curricula and certification examinations. Together, these elements provide an accessible structure to help physicians and health professional educators (HPEs) intentionally design learning environments that prepare residents for collaborative practice upon graduation, while also recognizing and supporting HPE contributions to resident learning and interprofessional team-based care.

Joint Hypermobility: To reassure or refer?

June Carroll, MD, CCFP, FCFP; D'Arcy Prendergast, MD, FRCPC; Shawna Morrison, MS, CGC

Session ID: 180

Language of presentation: English

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

1. Recognize common clinical features of hypermobility spectrum disorder and hypermobile Ehlers–Danlos syndrome
2. Identify red flags suggesting a rare connective tissue disorder requiring further genetic assessment
3. Apply a practical primary care approach for assessment, counselling, management, and referral decisions

Description: In family medicine, hypermobile Ehlers–Danlos syndrome (hEDS) and hypermobility spectrum disorder (HSD) are the most common causes of symptomatic joint hypermobility. While in many patients, joint hypermobility is benign and does not require specific management, others experience clinically significant manifestations such as joint instability, subluxations, dislocations, recurrent soft tissue injuries, chronic pain, and functional impairment. These symptoms may be further compounded by symptoms in other body systems. HSD and hEDS are, to the best of our current knowledge, not caused by specific gene variants, but do run in families. They frequently present with multisystem symptoms including fatigue, gastrointestinal complaints, symptoms of dysautonomia, headaches, and orthostatic intolerance which require supportive care but not necessarily highly specialized interventions. In contrast, rare single-gene connective tissue disorders associated with hypermobility, such as classical or vascular Ehlers–Danlos syndrome, Loeys-Dietz syndrome and related

conditions, have distinct clinical features, carry different prognostic and management implications and may require specialized surveillance and genetic assessment. In family medicine, identifying which patients warrant further investigation and/or referral, and which can be managed and supported in primary care is important. This session will focus on recognizing key clinical "red flags" in the history, physical examination (e.g. how to calculate a Beighton score), and family history that should raise concern for a single gene connective tissue disorder, while also highlighting features that are more consistent with HSD or hEDS. Using a case-based approach grounded in primary care practice, participants will develop a practical framework for assessing joint hypermobility, distinguishing common presentations from rarer conditions, and identifying appropriate referral pathways. This session will introduce tools for practice, including a point-of-care diagnostic checklist. Dedicated time will be reserved for questions and discussion.

Leading with Kindness: More than just being nice!

James Goertzen, MD, MClSc, CCFP, FCFP; Sarah Newbery, MD, CCFP, FCFP

Session ID: 115

Language of presentation: English

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

1. Describe the attributes and impact of kind health care teams
2. Demonstrate leadership tips for leading primary care teams with kindness
3. Identify resources to support the development of kind leadership

Description: Primary care team benefits include enhanced patient access and satisfaction, increased comprehensive care, and improved practice efficiency along with higher family physician job satisfaction, work-life balance, and workplace retention. Kindness is a characteristic of high performing health care teams and results in higher levels of team member collaboration and engagement. When patients perceive kindness through interactions with health care providers, they feel seen, heard, and supported. Leading with kindness is an intentional action to support team members' growth, well-being, and success which improves the experience and outcomes for both patients and providers. Kindness leadership tips will be demonstrated through breakout group activities, case examples, and large group discussions. Resources will be provided to elaborate on session content. This session is relevant to all primary care team members including family medicine residents and physicians in early practice along with developing and experienced family physician leaders.

Learners in Difficulty: New patterns, new challenges

Joanne Baergen, MD, MEd, CCFP; Samantha Horvey, MD, CCFP, FCFP; Nathan Turner, MD, CCFP; Lauren Eastman, MD, CCFP; Martin Tieu, MD, CCFP

Session ID: 175

Language of presentation: English

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

1. Identify emerging patterns of learners in difficulty in family medicine training environments
2. Differentiate underlying contributors to learner difficulty using evidence-informed frameworks
3. Develop clear, individualized learning plans aligned with learner needs and program expectations

Description: Learners in difficulty are a familiar challenge in family medicine education; however, the nature and complexity of these cases is evolving. Programs and teachers are increasingly encountering learners whose difficulties are multifactorial, subtle, and influenced by changing generational expectations and technology. These emerging patterns can be difficult to identify, diagnose, and manage. This session will provide an evidence-informed and practical approach to identifying and supporting learners in difficulty in today's family medicine training environments. We will begin with reviewing a structured approach to the learner in difficulty, including identification, differential diagnosis, and management strategies. With this, we will provide guidance on developing individualized learning plans, including selecting appropriate learning settings, timelines, and assessments. Participants will then be guided through strategies to recognize and diagnose more subtle presentations. The session will then transition to an interactive, case-based discussion grounded in recent literature and real-world family medicine contexts. Cases will include learners with complex accommodation needs, Generation Z expectations, financial barriers to learning, and challenges related to external employment impacting training requirements. Participants will leave with updated frameworks, concrete strategies, and increased confidence in managing increasingly complex learner presentations.

Les apprenants et l'IA : perspectives de l'ACPM

Christine De Maria, MD, BPharm, MSc, CCFP ; Élisabeth Boileau, MD, MSc, LLM, FCMF (MU)

Evelyn J Constantin, MD CM, MSc(Epi), FRCPC

No du résumé : 186

Langue de présentation : Français

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

1. Analyser les risques médico-légaux des outils d'IA utilisés par les apprenant·es
2. Intégrer l'enseignement des responsabilités professionnelles lors de l'utilisation d'IA aux approches pédagogiques utilisées
3. Identifier des ressources pour aider les enseignant·es à aborder les enjeux de l'IA

Description : L'intelligence artificielle (IA) s'intègre rapidement en médecine familiale, créant des défis médico-légaux que les enseignant·es doivent aider les apprenant·es à naviguer. L'Enquête nationale 2024 auprès des médecins canadiens révèle que 77% identifient la formation comme une priorité pour soutenir l'utilisation sécuritaire de l'IA. Plusieurs programmes médicaux actuels n'abordent pas suffisamment ces normes légales et professionnelles en évolution, laissant les apprenant·es mal préparé·es pour les défis médico-légaux présents et futurs. Cette séance interactive aidera les enseignant·es à transmettre aux apprenant·es des stratégies pour réduire les risques médico-légaux et utiliser ces technologies conformément aux standards professionnels canadiens. La séance abordera, entre autres, les enjeux de sécurité, de confidentialité et de biais dans les algorithmes d'IA, incluant la sous-représentation de certains groupes de patient·es dans les données d'entraînement. Les participant·es développeront des compétences pour enseigner aux apprenant·es les processus de consentement des patient·es et les exigences de responsabilité professionnelle lors de l'utilisation d'outils d'IA en pratique clinique. Des cas adaptés seront analysés, incluant l'utilisation par les apprenant·es de chatbots gratuits pour l'analyse de cas cliniques, la rédaction de notes médicales, l'éducation des patient·es, ainsi que l'utilisation d'outils de transcription automatique et de systèmes d'aide à la décision clinique. Cette séance utilisera des sondages en direct, des discussions de groupe et l'analyse de cas concrets. La présentation interactive occupera 75% du temps avec 25% réservé pour une période de questions. Les enseignant·es repartiront avec des ressources pratiques pour intégrer l'enseignement des enjeux médico-légaux de l'IA dans leurs activités de supervision. Le contenu de cette séance a

été élaboré par un médecin de famille, en collaboration avec l'équipe multidisciplinaire de l'Association Canadienne de Protection Médicale.

Lines in the Sand: Rethinking thresholds and targets in guideline development with PEER

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

Session ID: 97

Language of presentation: English

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

1. Critically appraise threshold- and target-based recommendations in clinical practice guidelines, including risk cut-offs and surrogate outcomes
2. Identify methodological, clinical, and ethical challenges associated with the use of thresholds and targets, particularly where patient-important outcomes are uncertain or contested
3. Apply practical strategies to interpret and use guideline thresholds in ways that better align clinical decisions with patient values, harms, and benefits

Description: Clinical practice guidelines frequently rely on thresholds and targets, such as risk cut-offs, surrogate outcomes, and treatment goals, to translate complex evidence into actionable recommendations. These “lines in the sand” enhance clarity and usability for clinicians but may also oversimplify uncertainty, embed implicit value judgments, and create misalignment between recommendations and patient-important outcomes. As guidelines increasingly influence clinical practice, quality indicators, and health policy, there is a growing need to critically examine how these thresholds and targets are developed, interpreted, and applied. This presentation will examine the role of thresholds and targets in clinical practice guidelines and explore their implications for evidence-based decision-making in primary care. Using illustrative examples, the session will review three common approaches: (1) risk thresholds used for preventive interventions, such as cardiovascular disease and fracture risk cut-offs; (2) surrogate targets with weak or inconsistent links to hard clinical outcomes, including glycemic and lipid targets; and (3) surrogate targets with demonstrated benefits that are tempered by meaningful harms, such as intensive blood pressure targets. For each approach, the presentation will highlight key methodological, clinical, and ethical challenges, including uncertainty around outcome selection, trade-offs between benefits and harms, and the incorporation of patient values and preferences. Particular attention will be paid to how thresholds can inadvertently shape clinical behaviour, influence quality metrics, and obscure uncertainty in the underlying evidence. The session will conclude with practical, clinician-focused considerations for interpreting and applying guideline thresholds in everyday practice, with an emphasis on aligning recommendations more closely with patient-important outcomes and shared decision-making. The presentation will also offer insights relevant to guideline developers and educators on how thresholds and targets can be framed and communicated to better support informed, patient-centred care.

Love It, Hate It: AI tool survey results

Chandi Chandrasena, MD, CCFP, FCFP; Mavis Jones

Session ID: 267

Language of presentation: English

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

1. Identify value of AI tools and adoption barriers based on findings
2. Identify concerns and challenges around AI use (including medical-legal and workflow concerns)
3. Apply insights to support effective adoption

Description: Background: Artificial intelligence is rapidly entering primary and community care, with early offerings focused on documentation, workflow optimization, and clinical decision support. Despite widespread enthusiasm, little empirical data exists on AI use among Ontario community-based clinicians, including adoption barriers and practice supports. **Methods:** Over 1,650 Ontario community-based clinicians completed an AI survey related to literacy, learning support needs, decision-making and usage, with a focus on scribes, inbox assistants, and clinical decision support (CDS). **Results:** Results indicate clinicians' use of AI tools is partially driven by their confidence in understanding and evaluating them. Clinicians with greater confidence are not only more likely to be aware of and use AI tools but also express fewer concerns about AI. Age is a factor, with younger clinicians uneasy about AI's impact on job displacement. Respondents used AI scribe tools (962) the most, followed by AI CDS (291), and AI inbox assistants (124), with varied experiences. As for AI's future in healthcare, respondents reported legal and regulatory, data privacy, overreliance, and misinformation concerns. Findings indicated respondents' interest in self-paced AI learning supports on workflow integration, usage in clinical care, and legal and liability issues, with provincial associations as the trusted source to choose and adopt an AI tool. These findings align with broader observations from our work on AI scribes, and partnership projects on AI-enabled CDS tools and AI inbox assistants. **Conclusion:** Ontario family physicians appear to recognize AI's potential to reduce administrative burden and improve efficiency; however, concerns remain around accuracy, legal and regulatory issues, data privacy, overreliance, and misinformation. The availability of trusted, clinically validated tools, clear regulatory frameworks, and supported implementation pathways may help to determine the pace of AI adoption. Insights will help refine AI programs and inform provincial strategies toward secure and equitable AI use in community-based primary care.

Managing Psoriasis: An academic detailing approach

Jessica Howard, MD, CCFP, Dip P Derm, FCFP; Trish Rawn, RPh

Session ID: 178

Language of presentation: English

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

1. Assess and classify psoriasis severity using clinical features, BSA, and quality-of-life impact
2. Apply and integrate shared decision-making when selecting topical, systemic, and adjunct psoriasis therapies
3. Develop individualized, stepwise management plans

Description: Psoriasis is a chronic, immune-mediated inflammatory condition commonly encountered in primary care and associated with significant physical, psychological, and quality-of-life impacts. Clinicians often report uncertainty around assessment of disease severity, selection of appropriate topical versus systemic therapies, and ongoing monitoring of treatment response and comorbidities. This session uses an academic detailing format to address these challenges in a practical, engaging, and clinically relevant way. The session is structured as a live, interactive dialogue between an academic detailer and a clinician, modelling authentic clinical questions and information needs in primary care practice. Key topics include assessment of psoriasis severity, identification of special site involvement, initiation and optimization of topical therapies, indications for systemic treatment, and appropriate referral to dermatology. Emphasis is placed on individualized care, equity considerations, and patient-centred communication. Through observation of the role play, participants will

observe how common clinical questions arise, how decision points are navigated, and how the accompanying Psoriasis knowledge resource is used to support assessment, shared decision-making, and individualized management planning. By observing a simulated academic detailing interaction, this session highlights how common psoriasis decision points are navigated using evidence-informed tools in primary care practice. To close, information will be shared on accessing tools and academic detailing services to support confidence, consistency, and continuous practice improvement.

Managing Substance Use: The META:PHI Primary Care Toolkit

Jennifer Wyman, MD, CCFP, FCFP, MPH; Mel Kahan, MD, CCFP, FRCP; Katie Dunham, BScN, MN, NP-PHC

Session ID: 215

Language of presentation: English

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

1. Select anti-craving medications for alcohol use disorder based on individual factors and goals
2. Initiate, extend and taper buprenorphine for the management of opioid use disorder
3. Identify online resources for managing common primary care presentations related to substance use

Description: Substance use–related harms cost Canada billions of dollars each year in lost productivity, emergency department visits, hospitalizations, and deaths. Although medications for alcohol and opioid use disorders are highly effective, many patients who could benefit are not receiving them due to lack of awareness, stigma, and access challenges. Embedding treatment for substance use disorders within primary care increases access, reduces stigma, and supports long-term health, yet family physicians often report feeling unprepared to manage these issues. META:PHI is a provincial initiative to improve the quality of care provided to people who use substances through oversight of Ontario's rapid access addiction medicine (RAAM) clinics and the provision of education, mentorship, advocacy, and clinical tools to health care providers. META:PHI's new online Primary Care Toolkit will include easy-to-navigate recommendations, screening tools, algorithms, sample prescriptions, and patient materials to assist family physicians and primary care teams with managing common presentations related to substance use. This presentation will use the Primary Care Toolkit to guide attendees through case scenarios such as selecting anti-craving medications for alcohol use, determining appropriate treatment settings and medications for helping patients through alcohol withdrawal, engaging youth with cannabis disorder, and prescribing buprenorphine in primary care. Additional online resources for primary care providers and patients will be reviewed.

MASLD and Fatty Liver: A primary care perspective

Emma Glaser, MD, MSc, CCFP; Julie Laurence, MD, CCFP; Rene Wittmer, MD, CCFP; Genevieve Bois, MD, CCFP; Guylaine Thériault, MD, CCFP; Samuel Boudreault, MD, M.Sc., FCMF

Session ID: 80

Language of presentation: English

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

1. Identify how MASLD is a common source of overdiagnosis
2. Critically appraise practises and guidelines related to MASLD
3. Identify key recommendations for primary care physicians to reduce low value care

Description: Metabolic Associated Steatotic Liver Disease (MASLD), previously known as ''Fatty Liver'', has emerged as a common clinical entity and is a source of overdiagnosis. Recent European and American specialist guidelines incite screening, active case finding and follow-ups of this condition in primary care. Benefits of these extensive diagnostic workups are often not evidence based. Few studies show any positive impact on morbidity or mortality and most recommendations are 'Expert Opinion'. Screening for MASLD is quickly becoming a driver for time consuming low-value care in busy outpatient clinics. In response to a clinician-identified struggle to provide high-value, evidence-based care, a panel was formed to tackle the current evidence behind the guidelines, the impact of their full application on a primary care practice and expected repercussions on clinical-decisions and patient-important outcomes. The panel was composed of primary care physicians working in hospital and community settings and a nurse practitioner in adult care. Each member sought out evidence-based literature in medical databases to answer PICO questions focused on the impact of MASLD screening, follow-up and treatment. Furthermore, the panel critically appraised the two recent guidelines, using tools such as G-Trust. Information gathered was discussed and analyzed as a group to form recommendations created by and for primary care. This seminar aims to describe the panel's findings. We will review the definition of MASLD and reasons behind why it has become a major health focus in many developed countries. Current European and American guidelines will be presented and critically appraised. We use the concept of time needed to treat and a clinical decision making 1000-person-tool to highlight the resource-consuming impact the guidelines can have on primary care workloads, particularly in the context of doubtful patient expected benefits. The seminar will conclude with four 'Choosing Wisely' recommendations and two algorithms to assist primary care clinicians in dealing with case-findings of liver steatosis and abnormal hepatic enzymes.

ME CFS and Fibromyalgia Essentials for Family Doctors

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

Session ID: 114

Language of presentation: English

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

1. Identify, diagnose and manage ME/CFS and Fibromyalgia
2. Understand how these conditions are commonly comorbid and how this changes management
3. Apply evidence-informed clinical tools, including Centre for Effective Practice resources, for ME/CFS and fibromyalgia care

Description: Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) and Fibromyalgia (FM) are complex, chronic conditions that substantially impair patients' quality of life. They are frequently comorbid and commonly misdiagnosed. Their clinical relevance has increased since the COVID-19 pandemic, as both conditions are often observed in the context of Post-COVID Condition (PCC), with up to 50% of PCC cases meeting diagnostic criteria for ME/CFS. Primary care providers face challenges in recognizing, diagnosing, and managing these conditions due to limited coverage in medical education and a lack of accessible clinical guidance. This session will review the basic principles of diagnosis and management for both conditions. We will examine how to distinguish ME/CFS from FM in clinical practice and how management is affected when the conditions are comorbid. Particular emphasis will be placed on recognizing and assessing post-exertional malaise, the hallmark symptom of ME/CFS. The session will incorporate interactive questions and case-based discussions to highlight common pitfalls in diagnosis and management. Evidence-informed clinical tools and practice resources, including those from the Centre for Effective Practice (a Canadian resource), will be introduced for use in clinical care. The overall goal is to enhance clinicians' confidence in recognizing, diagnosing and managing ME/CFS and fibromyalgia. This presentation is an

updated version of a highly rated session presented at FMF in 2025. Participant feedback has been incorporated, and specific content has been expanded.

Meaningful Assessment Activities in Mainpro+®

Tyrone Czernon, R.Kin, CFPC Certification Manager

Session ID: 212

Language of presentation: English

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

1. Describe the core components and certification requirements of Assessment Category activities within the Mainpro+® system
2. Identify practical strategies to design or incorporate assessment opportunities into activities that support reflection, practice improvement, and equitable learning outcomes
3. Identify assessment activities that support member credit claiming

Description: Assessment based CPD activities play a critical role within the College of Family Physicians of Canada's (CFPC) Mainpro+® certification system by supporting reflection, feedback, and measurable practice improvement. This workshop is designed for Family physician members, educators, and program planners who want a clearer, practical understanding of what makes an activity certifiable and educationally effective. Through guided discussion and applied examples, participants will examine the defining features of Mainpro+ Assessment activities, including practice data review, structured reflection, feedback, and outcome measurement. The session will explore how these core components work together to support meaningful learning and practice change across clinical, academic, administrative, and leadership contexts. Emphasis will be placed on aligning activity design with CFPC Mainpro+ certification standards, avoiding common pitfalls, and integrating equity, diversity, and inclusiveness considerations throughout the assessment process. This session will equip participants with a clear framework and decision-making lens they can apply when selecting CPD activities, developing content or reviewing assessment activities for certification. The session will also highlight common assessment formats that members can complete for credit.

Médecine par le mode de vie, données probantes à l'appui

Mathieu Pelletier, MD, FCMF ; Marie-Josée Laganière, MD, FCMC, DipABLM

No du résumé : 28

Langue de présentation : Français

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

1. Interpréter de façon critique les résultats d'une sélection d'essais cliniques portant sur des interventions non pharmacologiques préventives ou thérapeutiques
2. Comparer l'ampleur clinique des bénéfices de certaines interventions non pharmacologiques avec certaines intervention pharmacologiques courantes
3. Intégrer des données probantes concernant des interventions non pharmacologiques dans la pratique médicale courante

Description : Les cliniciens ont tendance à accorder une grande importance aux données probantes pour guider le choix de leurs interventions pharmacologiques. Il existe aussi d'excellents essais cliniques soutenant des interventions non pharmacologiques afin d'aider nos patients dans l'amélioration de leur santé. Toutefois ces essais cliniques sont souvent méconnus ou mal interprétés. Dans cette présentation, les animateurs revoient de façon critique plusieurs essais cliniques d'importance qui pourraient confirmer ou améliorer votre pratique. L'ampleur du bénéfice clinique des interventions non pharmacologiques sera démontré lorsque c'est le cas et même mis en perspective par rapport à certaines interventions pharmacologiques. La présentation s'intègre bien dans la mouvance de la médecine par le mode de vie en mettant l'emphase sur l'angle des données probantes. Certains moments seront consacrés à des échanges avec le groupe de participants.

Mixing and Matching: Layering psychiatric medications in primary care | Combinaisons : l'association de médicaments psychiatriques en soins primaires

Jon Davine, MD, FCFP, FRCP (C)

Session ID: 21

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 how to combine medications when augmenting a partial response in depression
2. Describe how to combine medications in anxiety disorders
3. Describe how to combine medications in bipolar disorder

Description: Family doctors deliver the majority of mental health care to Canadians. The mental health care will often include the use of psychiatric medications. It is often necessary to use several different psychiatric medications at the same time. In this session, we will discuss different examples of combining psychiatric medications. We will discuss choosing and optimizing psychiatric medications for unipolar depression. We discuss augmenting techniques, where a second medication is added to the first to boost a partial response of depression. We will address combining psychiatric medications to deal with insomnia in primary care. We discuss using medications to treat bipolar disorder in the depressed phase. Combining medications in the manic phase of bipolar disorder will be reviewed. The combination of psychiatric medications for the treatment of anxiety disorders, specifically generalized anxiety disorder, social anxiety disorder, panic disorder, obsessive compulsive disorder, and post traumatic stress disorder will be presented. We will discuss when not to mix drugs due to problematic interactions. We will be using recent studies and guidelines to support our recommendations. This will include the Canadian Network for Mood and Anxiety Treatment Guidelines for Depression(2023), the Canadian Network for Mood and Anxiety Treatment for Bipolar Disorder (2018), the Martin Katzman at al 2014 Canadian Clinical Practice Guidelines for the Management of Anxiety, Post Traumatic Stress, and Obsessive Compulsive Disorders, and the National Institute for Health and Care Excellence (NICE) guidelines for depression, bipolar, anxiety disorders and PTSD.

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

1. Décrire comment combiner des médicaments pour potentialiser une réponse partielle au traitement de la dépression
2. Décrire comment combiner des médicaments dans le traitement des troubles anxieux
3. Décrire comment combiner des médicaments dans le traitement du trouble bipolaire

Description : Les médecins de famille assurent la majeure partie des soins en santé mentale offerts aux Canadiennes et Canadiens. Ces soins comprennent souvent le recours à des médicaments psychiatriques, et il est parfois nécessaire de combiner plusieurs médicaments. Cette séance présentera différents exemples de combinaisons de médicaments psychiatriques et leur utilisation en pratique clinique. Nous discuterons du choix et de l'optimisation des médicaments psychiatriques dans le traitement de la dépression unipolaire. Nous aborderons les stratégies de potentialisation, qui consistent à ajouter un deuxième médicament au traitement initial afin d'améliorer une réponse partielle à la dépression. Nous examinerons également les combinaisons de médicaments psychiatriques utilisées pour la prise en charge de l'insomnie en soins primaires. Nous aborderons l'utilisation des médicaments dans le traitement du trouble bipolaire en phase dépressive. Les combinaisons de médicaments utilisées pendant la phase maniaque du trouble bipolaire seront également passées en revue. Enfin, nous présenterons les associations de médicaments psychiatriques utilisées dans le traitement des troubles anxieux, notamment le trouble d'anxiété généralisée, le trouble d'anxiété sociale, le trouble panique, le trouble obsessionnel-compulsif et le trouble de stress post-traumatique. Nous discuterons également des situations où il est préférable de ne pas associer certains médicaments en raison du risque d'interactions problématiques. Nos recommandations seront étayées par des études récentes et des lignes directrices reconnues, notamment les lignes directrices du Réseau canadien pour les traitements de l'humeur et de l'anxiété sur la dépression (2023) et le trouble bipolaire (2018), les lignes directrices canadiennes de pratique clinique de Katzman et ses collaborateurs sur la prise en charge des troubles anxieux, du trouble de stress post-traumatique et du trouble obsessionnel-compulsif (2014), ainsi que les lignes directrices du National Institute for Health and Care Excellence (NICE) sur la dépression, le trouble bipolaire, les troubles anxieux et le trouble de stress post-traumatique.

Motion and Lotion: MSK with PEER

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

Session ID: 104

Language of presentation: English

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

1. Apply key components of history and physical exam for diagnosis of shoulder, wrist, hip and knee pain
2. Utilize appropriate imaging for shoulder, hip and knee pain
3. Understand the evidence for the benefit of injections in shoulder pain, carpal tunnel syndrome, hip and knee pain

Description: Joint and soft tissue pain stops many of our patients from living the life they want to live. We are usually consulted when the passage of time and a bit of application of online or friendly advice has not resulted in improvement. Shoulder pain, carpal tunnel syndrome, hip pain and knee pain are some of the most common musculoskeletal complaints encountered in our practices. Trying to remember the names of all the special tests, let alone understand their relevance is a baffling exercise. In this hour, PEER take on the task of simplifying clinical diagnosis and radiographic choices and the evidence for commonly used interventions.

Opioid Agonist Therapy Demystified: Neurobiology, pharmacotherapy, & clinical strategies

Ovie Albert, MD, CCFP, MSc, ABPM (Addiction Medicine), ISAM (C), CSAM SMCA (Certified); Hussain Aboud, MD, CCFP, ABPM, ISAM (C), CSAM SMCA

Session ID: 29

Language of presentation: English

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

1. Describe the neurobiological basis of opioid addiction
2. Compare the initiation and management of buprenorphine, methadone, and slow-release oral morphine
3. Apply practical strategies to optimize opioid agonist therapy in primary care

Description: Opioid use disorder (OUD) management continues to be a pressing challenge for family physicians across Canada. Many family physicians report feeling unprepared or lacking confidence in providing care for patients with OUD. Contributing factors include limited exposure to addiction medicine during training, the rapidly evolving landscape of opioid agonist therapy (OAT), uncertainty around medication selection, concerns about safety, and the persistent stigma associated with addiction within the healthcare system and broader community. These barriers can delay or prevent patients from receiving timely, evidence-based care. This clinical session offers a comprehensive and practical review of OAT in primary care, emphasizing up-to-date clinical guidance and actionable tools for busy practitioners. The first presenter will lay the scientific foundation by reviewing the neurobiology of addiction—covering reward pathways, neuroadaptation, and the clinical implications for OUD. The focus will then shift to buprenorphine-based therapies, including buprenorphine/naloxone and extended-release buprenorphine, with practical strategies for patient selection, initiation, titration, monitoring, and troubleshooting, including special considerations for complex populations. The second presenter will address the clinical application of methadone and slow-release oral morphine (SROM), including pharmacology, initiation, safety (with emphasis on ECG and cardiac considerations), adverse effect management, and best practices for tapering. A practical comparison of all OAT options will help clinicians tailor therapy to individual patient needs. The session will include real-world case scenarios and conclude with a Q&A to support knowledge translation and best practices in family medicine.

Optimizing Antibiotic Prescribing in Primary Care | Optimisation de la prescription d'antibiotiques en soins primaires

Kevin Schwartz, MD, MSc, FRCPC; Noah Ivers, MD, PhD, CCFP; Deborah Yamamura, MD, FRCPC; Bradley Langford, PharmD, MPH

Session ID: 99

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 common barriers and facilitators to appropriate antibiotic prescribing in primary care settings
2. Describe the evidence for audit and feedback initiatives in Canada to improve antibiotic prescribing
3. Review new Canadian antibiotic treatment guidance for common infections

Description: Antimicrobial resistance is a growing public health threat, exacerbated by antibiotic overuse and misuse. This session will review the evidence on inappropriate antibiotic prescribing as well as discuss evidence-based interventions that have been demonstrated to improve antibiotic use in Canada. This session will discuss the approach in Canada to antimicrobial stewardship, with a focus on antibiotic prescribing audit and feedback for family physicians. Participants will gain insight into the science and evidence behind prescriber feedback on antibiotic prescribing and review examples of successful initiatives that have been implemented across Canada. There are new Canadian antibiotic treatment guidelines from the Public Health Agency of Canada through the Firstline platform for family physicians in Canada. Using a case-based

approach participants will have an opportunity to explore this new resource and apply it to patient care to support appropriate antibiotic prescribing.

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

1. Cerner les obstacles et les éléments favorables courants à une prescription appropriée d'antibiotiques dans les établissements de soins primaires
2. Décrire les données probantes appuyant les initiatives d'audit et de rétroaction mises en œuvre au Canada pour améliorer la prescription d'antibiotiques
3. Passer en revue les nouvelles recommandations canadiennes sur le traitement antibiotique des infections courantes

Description : La résistance aux antimicrobiens constitue une menace croissante pour la santé publique, aggravée par la surutilisation et l'utilisation inappropriée des antibiotiques. Cette séance passera en revue les données disponibles concernant la prescription inappropriée d'antibiotiques et abordera les interventions fondées sur des données probantes qui se sont avérées efficaces pour améliorer l'utilisation des antibiotiques au Canada. Cette séance portera sur l'approche adoptée au Canada en matière de gestion des antimicrobiens, en mettant l'accent sur l'audit de la prescription d'antibiotiques et le retour d'information aux médecins de famille. Les participants approfondiront leur compréhension des fondements scientifiques et des données probantes qui sous-tendent la rétroaction aux prescripteurs sur leurs habitudes de prescription d'antibiotiques, et examineront des exemples d'initiatives ayant obtenu des résultats probants dans différentes régions du Canada. L'Agence de la santé publique du Canada met désormais à la disposition des médecins de famille de nouvelles lignes directrices canadiennes sur le traitement antibiotique par l'intermédiaire de la plateforme Firstline. À l'aide d'une approche fondée sur des cas cliniques, les participants auront l'occasion d'explorer cette nouvelle ressource et de l'appliquer à la prise en charge des patients afin de favoriser une prescription appropriée des antibiotiques.

Ouch! Receiving learner feedback without losing yourself

Lauren Eastman, MD, CCFP; Nathan Turner, MD, CCFP; Ann Lee, MD, CCFP, FCFP

Session ID: 91

Language of presentation: English

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

1. Describe how learners, teachers, and programs experience and interpret feedback differently
2. Recognize factors that contribute to feedback being perceived as hurtful or threatening
3. Identify strategies to support constructive feedback conversations across educational roles

Description: Learner feedback is essential to educational quality improvement, yet receiving it—particularly when it is critical, ambiguous, or emotionally charged—can be difficult for teachers. For learners, providing honest feedback may feel risky, ineffective, or disconnected from visible change. For programs and faculty development leaders, balancing learner voice, faculty well-being, and fair interpretation of evaluations remains a persistent challenge. This session will explore learner feedback through three interconnected perspectives: the learner providing feedback, the teacher receiving it, and the program leadership team interpreting and responding to it. This will be in the form of a panel. Grounded in the most recent medical education literature, panelists will discuss the challenges with providing/receiving feedback, how bias and context shape feedback, and how current systems may unintentionally amplify harm or discourage meaningful educational risk-taking. The panel will examine real-world cases of both formal evaluations and informal feedback. Panelists will reflect on what each group needs to feel safe, heard, and supported, and will identify practical strategies for responding to

feedback in ways that promote growth, trust, and educational integrity. The session will conclude with facilitated audience discussion focused on reframing feedback, strengthening feedback cultures, and identifying actionable steps that learners, faculty, and programs can take to improve how feedback is given, received, and used.

Outstanding Research: Showcasing Award-Winning Research Articles and Top Scoring Free Standing Papers

Session ID: 290

Language of presentation: English

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

1. Review new research in family medicine
2. Apply family medicine research results
3. Foster enthusiasm and curiosity for family medicine research

Description: Canada's family medicine researchers make significant scientific contributions on a global scale. This session features the most acclaimed and highest ranked family medicine research based on peer-reviewed articles published in 2025. The session also spotlights the top four scoring free-standing papers submitted to FMF 2026. These studies earned the highest accolades from conference abstract reviewers and, much like the showcased outstanding research articles, represent the pinnacle of excellence.

Antihypertensive Medication Timing and Cardiovascular Events and Death: The BedMed Randomized Clinical Trial

JAMA (Journal of the American Medical Association)
JAMA. 2025;333(23):2061–2072. doi:10.1001/jama.2025.4390

Presented: Outstanding Research: Family Medicine Research Article of the Year

Dr. Scott Garrison

Importance: Whether administration of blood pressure medications at bedtime instead of in the morning reduces cardiovascular risk is unknown, as findings from large clinical trials have not been consistent. There is also concern that bedtime antihypertensive use could induce glaucoma-related visual loss or other hypotensive/ischemic adverse effects.

Improving Social Needs Screening for Hard-to-Reach Patients

Presented: Outstanding Research: Top Scoring Free Standing Papers

Radhika Gandhi, MSc; Noor Ramji, MD, CCFP; Gary Bloch, MD, CCFP; Nassim Vahidi-Williams, MPH; Maryela Arulappah, MHI; Andrew Pinto, MD, CCFP, FRCPC, MSc; Laurie Green, MD, CCFP; Karen Weyman, MD, MEd, CCFP, FCFP; Archna Gupta*, MD, CCFP, PhD, FCFP

Learning objectives:

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

1. Describe how proactive outreach and community health surveyor support can increase social needs screening among hard-to-reach patients

2. Identify ways to incorporate supported social needs screening into primary care
3. Recognize the characteristics and vulnerabilities of hard-to-reach patient populations within primary care settings

Objective: To evaluate the impact of proactive demographic and social needs screening with the support of a Community Health Surveyor (CHS) among hard-to-reach patients in primary care. **Design:** A randomized controlled trial. **Setting:** Two sites within an academic family health team in Toronto, Ontario, Canada. **Participants:** Adults classified as hard-to-reach who had not previously completed the demographic and social needs screening tool were identified using electronic medical records. Hard-to-reach status included residence in lower-income areas or no fixed address, and at least one additional vulnerability indicator (e.g., no email on file, receives income support based on billing codes, or priority population status based on medical record tagging). A total of 757 eligible patients were randomized. **Intervention:** Patients were randomized to usual care or an intervention arm. Usual care included invitations to complete the tool via email, in person, or with a virtual surveyor. The intervention added proactive outreach by CHS to support survey completion in addition to usual care methods. **Main Outcome Measures:** The primary outcome was screening completion. Secondary analyses examined completion among equity-relevant subgroups. **Results:** 387 patients were assigned to the intervention group and 370 to usual care. Screening completion was substantially higher in the intervention group (93/387, 24%) than in usual care (2/370, 0.5%), with all completed surveys in the intervention arm facilitated by CHS support ($p < 0.05$). Commonly reported needs in the intervention group included financial challenges (21/387, 5.4%) and disability or accommodation needs (56/387, 14.5%). **Conclusion:** A dedicated CHS significantly improves completion rates for social needs screening among hard-to-reach patients. Proactive, supported screening may strengthen equitable identification of unmet needs and can be integrated into primary care workflows.

Main Results of a Large Deprescribing RCT, SPIDER

Presented: Outstanding Research: Top Scoring Free Standing Papers

Michelle Greiver*, MSc, MD, CCFP, FCFP; Dahrouge S; O'Brien P; Wang J; Jean-Xavier C; Manca D*; Singer A*; Lussier M-T; Grandy M*; Garies S; Kalia S; Moineddin R

Learning objectives:

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

1. Describe a QI deprescribing intervention to reduce potentially inappropriate prescribing in older adults
2. Provide the SPIDER trial outcomes on deprescribing and inform evidence-based practice
3. Integrate audit, feedback, coaching, and collaboratives for practice-level deprescribing initiatives

Objective: To determine whether a comprehensive Quality Improvement (QI) intervention reduces the prevalence of targeted potentially inappropriate prescriptions (PIPs) for seniors prescribed ten or more medications, compared to usual care in Canadian primary care practices. **Design:** Pragmatic cluster randomized controlled trial. Practice sites were randomized to the QI intervention or to usual care. Each site was a clinic, meaning family physicians co-located in an office. **Setting:** Family physicians in Practice Based Research Networks in Nova Scotia, Quebec, Ontario, Manitoba and Alberta. **Participants:** Primary care practices and their patients age 65 or older on ten or more medications. **Intervention:** The QI intervention, lasting 12 months, consisted of a practice specific audit and feedback report derived from EMR data, access to practice coaches and collaborative regional learning collaboratives. The intervention occurred between 2021 and 2023 and was approved by relevant Research Ethics Boards in all jurisdictions. **Main Outcome Measures:** The cumulative prevalence of four classes of PIPs was the primary outcome. These PIP classes were proton pump inhibitors, sedative-hypnotics, sulfonylureas and antipsychotics. Inclusion criteria for each class of PIPs was at least one class-specific prescription in the 12

months prior to the intervention and in the 12 months after completion of the intervention. **Results:** Fifty-five clinics (Intervention N=26, Control N=29) and 140 physicians (Intervention N=79, Control N=61) completed the trial. Our preliminary results in Ontario (ICES data) indicate a 15% greater reduction in PIPs for the intervention group; overall mortality was 20% over two years. The analysis in all participating provinces is currently being finalized and will be presented at FMF. **Conclusion:** Preliminary results indicate that a greater reduction in PIPs was achieved in the QI intervention group for these high-risk patients. If confirmed, this study adds to advocacy for QI support to address this challenging issue.

Reducing Administrative Burden and Advancing Data Quality: A national evaluation of AI scribes in primary care

Presented: Outstanding Research: Top Scoring Free Standing Papers

Emily Ha*, MSc; Vanessa Kishimoto, MPH; Stephanie Fernando, MPH; Bobby Gheorghiu, MHSc; Waldo Beausejour, MA; Barry Xu, MEng; Sandra Holdsworth; Mpho Begin; Charlotte Munro; Remi Li, BASc; Xingyou Zhou, MEng; LaShawn Murray, MS; Enid Montague, PhD; Onil Bhattacharyya, MD PhD

Learning objectives:

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

1. Describe how AI scribes reduce administrative burden in primary care practice
2. Explain the impacts of AI scribes on documentation quality and data standardization
3. Identify implications of AI scribes for interoperability and future digital health systems

Objective: To evaluate the impact of artificial intelligence (AI) scribes on administrative burden and documentation quality in Canadian primary care. **Design:** Mixed-methods evaluation combining vendor utilization data, repeated cross-sectional surveys (with longitudinal linkage where possible), semi-structured interviews, and a retrospective chart review. **Setting:** Nationwide implementation of AI scribes across primary care environments in Canada in 2025-26. **Participants:** Eligible primary care clinicians (PCCs) included family physicians, nurse practitioners (NPs), registered nurses in rural/remote settings, and pediatricians. A total of 12,019 PCCs were enrolled (81.1% family physicians; 12.6% NPs). Survey responses were collected at onboarding (n=3,678), three- (n=2,667), and six-months (n=1,899), with 47 participating in interviews. PCCs were primarily located in Ontario, Québec, British Columbia, and Alberta. **Intervention:** A one-year, free AI scribe license. **Main Outcome Measures:** Administrative burden, time savings, cognitive load, clinician engagement, documentation quality and completeness, and indicators of data standardization and interoperability. **Results:** This study represents the largest evaluation of AI scribes in primary care globally. Nearly 70% of PCCs reported reduced administrative burden and 80% reduced cognitive load. Time savings increased over time, reaching 1.11 hours/week during work hours (95% CI: −1.73 to −0.48; p=0.0005) and nearly one hour/week after hours (95% CI: −1.29 to −0.45; p<0.0001) at six months. Over 80% reported improved engagement during visits, and 60% perceived improved care quality. AI scribes improved documentation, with over 75% reporting greater accuracy and nearly 70% improved completeness. Chart review findings supported modest gains in completeness (92.9% to 95.5%) and reduced variability across clinicians. Overall, more than 90% perceived AI scribes as valuable, and over 80% were satisfied. **Conclusion:** AI scribes reduce administrative burden while improving documentation quality and consistency. These dual impacts position AI scribes as foundational tools for enhancing clinician experience and advancing data standardization and interoperability in primary care systems.

Understanding Medico-Legal Risks of Treating Mental Health Conditions

Presented: Outstanding Research: Top Scoring Free Standing Papers

Natasha Knack*, MA, PhD; Amanda Simpson*, RN, BScH, MScA, Cped(C); Cathy Zhang, MSc; Kate Barbosa, RN, BScN; Qian Yang, MSc; Armand Aalamian, MDCM, CCFP, FCFP

Learning objectives:

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

1. Identify factors that may increase medico legal risk and patient harm when treating psychiatric conditions
2. Recognize patient comorbidities and clinical presentations that warrant more comprehensive assessment and attentive follow-up
3. Incorporate patient and practice considerations to reduce medico-legal risk when treating mental health conditions

Objective: Examine factors associated with serious patient harm in medico-legal cases involving family physicians treating mental health conditions. **Design:** A retrospective analysis of medico-legal cases from a Canadian data repository. Ethical approval was obtained from the Canadian ethics review panel of the Advarra Institutional Review Board (Pro00020829). Setting: College complaints and civil legal actions closed by the Canadian Medical Protective Association between January 1, 2021, and December 31, 2025. **Participants:** Cases involving family physicians treating patients with primary or concurrent mental health conditions (N = 1,431). **Main Outcome Measures:** Patient diagnoses, likelihood of serious patient harm, and contributing factors. **Results:** The most common diagnoses included anxiety, depression, and substance-related disorders. Non-psychiatric diagnoses were also common and primarily involved pain-related conditions (e.g., fibromyalgia, nerve damage). Of the 1,284 cases without missing data, 135 (10.5%) resulted in serious patient harm. Factors associated with serious patient harm were inadequate assessment, physician knowledge deficiencies, failure to perform an intervention, deviations from clinical practice guidelines, failure to read medical records or appreciate persistent symptoms during repeat visits, and communication issues between physicians (p's ≤ .001). Increased risk of patient harm was also observed when mental health conditions were concurrent with pain-related disorders (p's = .003 to .022), sleep disorders or migraine/headache conditions (p = .002), or substance-related disorders (p = .001). Further, neurocognitive disorders and intentional self-harm were complications significantly related to patient harm (p = .009 and <.001, respectively). **Conclusion:** Serious patient harm was associated with modifiable clinical factors, underscoring the importance of comprehensive assessments, effective communication between physicians, and adherence to clinical practice guidelines when treating mental health conditions. Pain related and substance related disorders commonly presented alongside other mental health conditions and meaningfully increased the risk of patient harm. Careful identification and consideration of these comorbidities when treating mental health conditions is thus warranted.

PAACT: Anti-infective 2026 update

Frank Martino, MD, CCFP (EM), FCFP; Alan Kaplan, MD, CCFP (EM), FCFP, CP (HC)

Session ID: 217

Language of presentation: English

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

1. Participate in an interactive, small group case discussion pertaining to treatment of common infectious diseases that present in primary care

2. Feel comfortable investigating and managing infectious diseases including: upper and lower respiratory tract infections, skin and urinary tract infections
3. Acquire patient tools to help implement antibiotic stewardship in your practice and discuss strategies to overcome barriers to implementation

Description: An independent educational program developed by family physicians and based on the latest edition of the Anti-infective Guidelines for Community-acquired Infections ('Orange Book'). Cases are designed to highlight infections commonly seen in a primary care setting and provided tools provide the foundation for antibiotic stewardship.

Materials: 2026 Anti-infective Guidelines; Participant manual; Viral prescription pads.

PAACT: Pain management 2026 update

Frank Martino, MD, CCFP (EM), FCFP; Alan Kaplan, MD, CCFP (EM), FCFP, CPC (H)

Session ID: 209

Language of presentation: English

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

1. Review and discuss management of common presentations of pain in general practice including: chronic lower back pain, neuropathy, fibromyalgia, and MSK pain
2. Review various resources available including the 2026 Pain Management in Family Practice (‘orange book’) and other Canadian clinical resources.
3. Build awareness of useful patient materials and how to access and utilize them

Description: An independent educational program developed by family physicians and based on the Pain Management in Family Medicine (‘orange book’) and other Canadian clinical resources. Cases are designed to address common presentations of chronic pain in family practice and there management. Materials: 2026 Pain (‘orange book’); participant manual; patient management tools. Teaching method: interactive, case-based, small group

PAACT: Respiratory (COPD/asthma) 2026 update

Alan Kaplan, MD, CCFP (EM), FCFP, CP (HC); Frank Martino MD, CCFP (EM), FCFP

Session ID: 214

Language of presentation: English

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

1. Participate in small group case discussion pertaining to treatment of respiratory conditions commonly seen in family practice
2. Review of the 2026 ‘Respiratory Handbook for Family Practice’ and other evidence based Canadian resources and patient materials
3. Review of ‘practice pearls’ on a case by case basis, including the role of available inhalers in therapy and choice based on patient characteristics.

Description: An independent educational program developed by family physicians and based on the Respiratory (‘orange book’) Handbook for Family Practice. Cases are designed to highlight respiratory conditions seen in primary care and

include: AECB/AECOPD, COPD, COPD/asthma differentiation, pediatric asthma, adult asthma. Strategies to address potential barriers to implementation will be also be discussed. Materials: 2026 edition Respiratory (Asthma/COPD) Management for Family Practice; Participant manual, inhaler review. Teaching method: interactive, case-based, small group.

Patients Using AI: Insights from the CMPA

Christine De Maria, MD, BPharm, MSc, CCFP; Cheryl Hunchak, MD, MPH, CCFP (EM), FCFP; Élisabeth Boileau, MD, MSc, LLM, CCFP (EM), FCFP; Evelyn J Constantin, MD CM, MSc (Epi), FRCPC; Heather Murray, MD, MSc, FRCPC

Session ID: 232

Language of presentation: English

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

1. Identify AI tools used by patients and analyze their specific medico-legal risks
2. Apply communication strategies to navigate conversations with patients who use AI
3. Describe documentation and risk mitigation strategies of medical encounters where AI-generated information is discussed with a patient

Description: Over 40 million people turn to ChatGPT daily for health questions. However, a 2025 Canadian study demonstrates that general chatbots are judged to be correct only 31% of the time. This is not merely a usage statistic; it is a major behavioural signal. This change represents a fundamental transformation in the approach to healthcare. Patients no longer limit themselves to googling their symptoms. They engage in conversations with ApreI that seem more personal and convincing than traditional web searches. They present to clinical encounters with self-generated diagnoses and treatment plans proposed by artificial intelligence (AI), which may transform patients' expectations of physicians. This interactive session will address this behavioural change and its medico-legal implications. We will explore AI tools popular with patients, their risks (limited accuracy, hallucinations, algorithmic biases), and the impact on professional liability for family physicians. The session will present a five-step communication approach: explore with curiosity, validate concerns without validating information, educate about AI limitations, reframe with clinical assessment, and co-construct a care plan. Case studies will illustrate these strategies, including scenarios where patients present to the clinical setting with AI suggestions. We will discuss appropriate medico-legal documentation, the impact of algorithmic biases on vulnerable populations, and resources available for patients and family physicians. Participants will leave with practical tools to maintain the therapeutic alliance while protecting patient safety in this new era of AI. This session content was developed by a family physician in collaboration with the multidisciplinary team at the Canadian Medical Protective Association (CMPA).

PEER: What’s new, what’s true and what’s poo? | PEER : Quoi de neuf, de vrai et de faux ?

Jessica Kirkwood, MD, CCFP (AM); Betsy Thomas, BSc Pharm

Session ID: 49

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 for new diagnostic tests or therapies that should be implemented into current practice
2. Compare articles and evidence that reaffirms 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 or key findings from multiple studies in a rapid-fire style. We will discuss whether the research implications of these studies are practice-changing, 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 relatives aux nouveaux tests diagnostiques ou traitements qui devraient être intégrés à la pratique clinique actuelle
2. Comparer les articles et les données probantes qui valident les tests diagnostiques, traitements ou outils actuellement utilisés
3. Identifier les articles qui mettent en évidence des tests diagnostiques, des traitements ou d'autres outils ayant fait l'objet d'une présentation erronée dans des études ou dans les médias

Description : Au cours de cette séance, nous passerons en revue les études les plus marquantes de la dernière année qui sont susceptibles d'avoir une incidence sur les soins primaires. Les sujets abordés varieront en fonction des publications récentes. Les présentations résumeront, à un rythme soutenu, les études les plus marquantes ou les principales conclusions tirées de plusieurs études. Nous examinerons si les résultats de ces recherches justifient une modification de la pratique, confirment les approches actuelles ou méritent plutôt d'être ignorés. Chacune d'entre elles sera accompagnée de conclusions claires et pratiques, destinées à être mises en œuvre dans la pratique. Enfin, nous ajouterons quelques études insolites et une touche d'humour, parce qu'après tout, nous parlons de médecine, et le rire reste l'un des meilleurs remèdes.

Pick Your Briefs: Audience-selected cases from PEER's gameboard

Jamie Falk, PharmD; Adrienne Lindblad, BSP, ACPR, PharmD; Tina Korownyk, MD, CCFP

Session ID: 48

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.

Politicisation of Medicine: Risks and opportunities

Katherine Bell, MD, CCFP

Session ID: 269

Language of presentation: English

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

1. Have greater knowledge about political systems including processes governments may employ to exert influence over health policy, medical decision making and medical self-regulation
2. Be able to articulate the risks and opportunities when engaging with advocacy within our political systems
3. Be able to identify successful strategies employed by family medicine advocates across the country to challenge political influence on medical decision making and how these strategies may be used in their own context to address local and regional issues

Description: Medicine is a self-regulated profession governed by multi-level legislation as well as our own codes of ethics and conduct. This dual accountability often results in competing interests and priorities, with many important partners in health care ranking priorities differently than we as practicing physicians might Family medicine is inherently political, because as family physicians we work at the place where patient well-being, the social determinants of health, and government policy intersect. As family physicians, both individually and as collective organizations, are engaging in wider scale advocacy, we often target politicians who are the funders of care and powerful health policy decision makers; yet few of us have an adequate understanding of the political systems we are attempting to change. While there is much opportunity to affect system wide change with advocacy on municipal, provincial and federal levels, there are risks as well. When political ideologies are permitted to influence medical decision making, it is often the more vulnerable members of our patient populations that are most significantly affected. It is important that all family physicians understand the basics of government relations and especially for those family physicians engaging in advocacy, common ways political influence is exerted within health care policy and medical decision making. Using current and recent examples from across Canada, we will outline the ways political influence has challenged medicine as a self-regulated profession, attempted to set criteria for medical care that are not supported by scientific evidence nor standards of medical practice, and posed significant risk to our most vulnerable patients. We will also explore the ways family physicians independently and through our medical organizations challenged this politicization of medical decision making, highlighting successes and where further effort is still needed. Through these cases, participants will be equipped to recognize and begin to address situations within their own communities.

Practical Approaches to Insomnia Care for Busy Clinicians

Shayna Watson, MD, MEd, FCFP; Judith Davidson, PhD; Erin Desmarais, MSW, RSW; Stephanie Lynch, BSc (Pharm), PharmD; David Gardner, MSc, PharmD

Session ID: 228

Language of presentation: English

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

1. Describe brief, practical, evidence-based behavioural approaches for insomnia management in primary care
2. Integrate patient-centred tools to support insomnia care and sedative deprescribing in family medicine
3. Demonstrate confidence in brief behavioural interventions for insomnia care and deprescribing

Description: This session will provide accessible tools and strategies to transform insomnia care in family medicine from routine sedative use to evidence-based, first-line behavioural and psychological therapies. Cognitive behavioural therapy for

insomnia (CBT-I) is internationally recognized as first-line treatment for chronic insomnia, and yet family physicians may find full CBT-i difficult to access or implement. At the same time, attention to newer sleep medications can shift clinical conversations toward which medication to prescribe rather than toward practical, non-pharmacologic, behavioural solutions. This session will explore these challenges using the Canadian Stepped Care Model for Insomnia Care as an organizing framework. We will review pharmacological treatment options and deprescribing resources, while emphasizing primary care-friendly strategies that support patient engagement with evidence-based behavioural approaches aligned with CBT-I principles. CBT-I is a multi-component intervention incorporating several effective and complementary techniques. In family medicine, selected components, such as sleep diaries, stimulus control, and reduced time-in-bed strategies, can be introduced pragmatically without requiring immediate engagement in a full CBT-I program. For many patients, these approaches are sufficient to improve sleep. By increasing patient understanding and self-efficacy, this approach also creates a more supportive context for discussions about ongoing sedative use and deprescribing. The session will be facilitated by a multidisciplinary team with expertise in family medicine, insomnia, CBT-I, insomnia pharmacotherapy, and deprescribing. Presenters bring experience developing and evaluating pragmatic tools for clinicians and patients, and in implementing approaches and programs that make the elements of CBT-I more familiar, engaging, and accessible in real-world settings. Participants will leave with concrete tools and adaptable strategies that reflect what is feasible in a busy family medicine clinic.

Practice for the Hardest Conversations: A team-based simulation for family meetings

Jacqueline Hui, MD, MHPE, CCFP (PC), FCFP, DTMH; Kayla King, MSW, RSW; Nicole Bonin, RN, MN; Lisa Kroeker, RN, MN; Meshach David, MD, CCFP (PC); Amanda Roze des Ordons, MD, PhD, FRCPC

Session ID: 139

Language of presentation: English

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

1. Describe the 4C/ID model and its relevance to communication training in patients with serious illness
2. Develop an approach to designing interprofessional simulations for complex family meetings
3. Apply whole-task learning strategies to foster confidence and competence in learners managing challenging conversations

Description: An Interprofessional Approach to Building Confidence, Communication, and Collaboration in Caring for Patients with Serious Illness:

Family meetings are central to caring for patients with serious illness, yet they often involve emotionally charged, ethically complex, and interprofessionally challenging situations. Clinicians must balance empathy, conflict management, ethical reasoning, and medical decision-making while navigating diverse family perspectives. Despite their importance, formal training in leading family meetings is often limited, and traditional communication training tends to isolate discrete skills rather than integrate them into realistic clinical contexts. This interactive workshop showcases the design of a simulation-based curriculum that prepares postgraduate learners to manage complex family meetings. Grounded in the 4-Component Instructional Design (4C/ID) model, our approach emphasizes whole-task learning, supporting the integration of knowledge, skills, and attitudes through increasingly complex, authentic scenarios. The simulation was co-created by a multidisciplinary team of physicians, nurses, and social workers, and is now delivered across four PGME programs involving the care of older adults and patients with serious illness. Participants will explore how this framework fosters deep learning in relational domains by scaffolding skill development, promoting interprofessional collaboration, and enhancing learners'

confidence in navigating difficult conversations. Through case presentations, group discussions, and applied activities, attendees will gain practical strategies to design or adapt similar simulations in their own educational contexts.

Preventing Chronic Pain Across Care Transitions

Yaad Shergill, DC, MSc; Arun Radhakrishnan, MD

Session ID: 194

Language of presentation: English

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

1. Describe how perioperative pain and opioid prescribing recommendations from the SafeOp project can be used to contextualize postoperative pain and medication decisions encountered in primary care
2. Apply perioperative pain stewardship principles during postoperative primary care visits by reinforcing recovery expectations, multimodal pain strategies, and opioid stewardship conversations
3. Integrate Power Over Pain Portal resources into routine primary care encounters to support patient education and self-management following elective surgery, without increasing clinical burden or relying on access to specialty services

Description: Family physicians frequently inherit postoperative pain and opioid management decisions weeks after elective surgery, often without clear perioperative context or guidance on expected recovery, tapering, or next steps when pain persists. While most patients recover as expected, population-based data from Ontario indicate that approximately 3% of previously opioid-naive adults continue opioid prescriptions three months after elective surgery. For this subset, early recovery may drift toward prolonged pain and ongoing medication use, placing primary care at the centre of prevention and responsible pain management, particularly in settings without access to transitional pain services. This session draws on two national initiatives, SafeOp, a national consensus statement on postoperative pain and opioid prescribing, and Power Over Pain, an evidence-informed digital self-management platform, to support postoperative pain care in family medicine. SafeOp provides a practical framework for managing pain after surgical discharge, clarifying expected recovery trajectories, appropriate use of analgesics, and responses when pain persists beyond expectations. Family physicians were intentionally engaged in the development of these recommendations, recognizing that postoperative pain trajectories, opioid stewardship, and recovery conversations extend well beyond the surgical encounter and frequently re-enter care through primary practice. To support care during this phase, the Power Over Pain Portal offers freely available, bilingual, centralized resources for pain education, self-assessment, and self-management, designed for use in primary care across the lifespan. Rather than functioning as a clinical decision tool or replacing specialist care, the Portal serves as a structured educational scaffold to support expectation-setting, reinforce multimodal pain strategies, and facilitate patient-centred conversations about recovery, function, and coping within routine visits. In this way, SafeOp provides guidance on what to do, while Power Over Pain supports how that care is delivered in everyday practice. Through practical examples, this session will demonstrate how family physicians can integrate these tools into common postoperative encounters, including follow-up visits, opioid renewal requests, and consultations for pain lasting longer than expected. By embedding prevention, education, and expectation-setting into routine primary care workflows, this approach offers a feasible and scalable strategy to reduce the risk of progression to chronic pain and support safer pain management across diverse practice settings.

Primary Care Pediatrics: Medico-legal insights from the CMPA

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

Session ID: 164

Language of presentation: English

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

1. Describe common medicolegal issues that arise for family physicians caring for pediatric patients
2. Identify assessment, communication and documentation pitfalls highlighted in CMPA case analyses
3. Explore practical risk mitigation strategies to strengthen patient safety in pediatric primary care

Description: Family physicians provide a substantial proportion of pediatric care in Canada. While 94% of family physicians in Canada within any given year are not involved in any medico-legal cases, pediatric care is a frequent area of medico-legal risk and cases for those who are. Informed by Canadian Medical Protective Association (CMPA) closed medico-legal case file data from 2014-2024 (civil legal actions and College matters) involving family physicians caring for pediatric patients, our session will focus on practical tips for reducing risk in pediatric primary care and identifying opportunities for safer pediatric care. Specifically, we will describe the most frequently cited concerns by patients/families and peer experts, discuss the most frequent presenting conditions, explore medico-legal outcomes, and highlight opportunities to strengthen patient safety and reduce risk exposure. Among 916 medico-legal cases identified in our CMPA database, deficient assessments, diagnostic error/delays, unprofessional manner and communication issues were the most frequently cited concerns by both patients/families and peer experts. Communication issues included inadequate explanations of treatment plans or discharge/follow-up instructions, insufficient exploration of caregiver concerns, and underestimation of illness severity. Documentation gaps and consent complexities (eg. divorced or separated parents) were also prominent themes. Infections were the most frequent presenting conditions for children 12 years and under. Although most cases did not result in severe medico-legal outcomes, the analysis revealed consistent opportunities to mitigate risk and enhance pediatric patient safety. Pediatric primary care represents an area of heightened medico-legal risk for family physicians. Targeted improvements in assessments, communication, documentation, and consent processes, in particular relating to psychosocial issues, can meaningfully reduce risk and enhance the safety of pediatric care in family medicine. This session, informed by CMPA case data, will be actively facilitated by experienced CMPA physician advisors and will provide actionable, practical strategies to deliver safer pediatric care in family medicine.

Reimagining Teaching Through Residency Accreditation

Lindsay Jantzie, MD, CCFP, FCFP; Tania Riendeau, MD, CMFC, FCMF; Keith Wycliffe-Jones, MBChB, FRCGP, CCFP, FCFP

Session ID: 190

Language of presentation: English

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

1. Describe the current process for Family Medicine residency accreditation
2. Identify the standards most influential to my day-to-day teaching practice
3. Develop a set of personal strategies for how to improve teaching based on chosen accreditation standards

Description: Very often, the first experience of accreditation for a Family Medicine teacher is when a CFPC accreditation team comes to visit the program. For the community-based FM teacher, this experience can feel like an intrusion on their time and energy, and is often seen as an external, imposed process, far-removed and with little obvious relevance to their day-to-day teaching experience with residents. In addition, although common areas for improvement that are identified

during accreditation visits relate to teachers and teaching, the process is seen as one where it is the responsibility of the residency program to address, rather than a shared responsibility between program and teacher.

This workshop attempts to highlight how important the teacher is in the accreditation standards and how the standards themselves can be used by teachers to improve their own teaching by seeking to address the following questions;

1) As a FM teacher what do I need to know about FM residency accreditation?
2) How does accreditation relate to my FM teaching practice?
3) How can accreditation make me a better FM teacher?

Learning Plan: The workshop will be facilitated by 3 experienced teachers and will be supported by slides and materials in English and French.

After a brief didactic session on the accreditation process, small groups will be tasked with identifying standards most influential to them as teachers and to choose 3 that are felt to be the most relevant and challenging. Each group will then;

- Explore why the standard is relevant
- Consider why the standard is challenging; what makes it so?
- Consider ways, as a FM teacher, to meet the standard in practice

Groups will then present back a summary of their discussions and share the strategies that they have identified that could be applied to their teaching practice.

Rewriting the Rules: The future of clinical practice guidelines

Tina Korownyk, MD, CCFP; Adrienne Lindblad, BSP, ACPR, PharmD

Session ID: 71

Language of presentation: English

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

1. Critically appraise international guideline development standards for relevance and feasibility in Canadian primary care
2. Integrate lessons from PEER guideline development to improve guideline applicability and usability in everyday family medicine
3. Apply primary care–focused guidelines efficiently to support patient-centred decision-making in everyday clinical practice

Description: Since 2015, the Patients, Experience, Evidence, and Research (PEER) team has developed primary care–focused clinical guidelines for Canadian family physicians. Over a decade of work, we have gained valuable insights into what helps—and hinders—the creation of guidelines that are truly useful in everyday primary care practice. Many internationally accepted guideline standards are resource-intensive, slow, and poorly aligned with the realities of front-line family medicine, limiting the timely production of practical guidance. In this presentation, we reflect on ten years of guideline development, share key lessons learned from a primary care perspective, and outline a new direction for guideline creation. We will describe why some established rules no longer serve family physicians and how thoughtfully “breaking” them can lead to faster, more relevant, and more usable guidelines. Our goal is simple: better guidelines, developed by primary care, for primary care.

RxFiles: Clearing the air on COPD management

Andrea Holaday, BSP, ACPR; Marlys LeBras, BSP, ACPR, PharmD

Session ID: 202

Language of presentation: English

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

1. Evaluate the evidence guiding mono-, dual-, and triple therapy selection in COPD management
2. Assess benefits and limitations of eosinophil counts when adjusting COPD medication
3. Compare inhaler devices considering availability, patient ability, and key device characteristics

Description: Chronic obstructive pulmonary disease (COPD) affects approximately 2 million Canadians and is a leading cause of hospitalizations. Given this substantial burden, RxFiles pharmacists will use a case-based format to share practical clinical pearls that support primary care clinicians in evidence-based COPD medication management. This session emphasizes patient-centered, comparative, and guideline-line informed approaches to prescribing, with a focus on building confidence in shared decision-making. Through interactive clinical cases, participants will review the practical application of current COPD guidelines, including the appropriate use of symptom assessment tools to assess disease severity and engage patients in treatment decisions. Key topics include evidence supporting mono-, dual-, and triple-inhaler therapy; the role and limitations of eosinophil counts in guiding treatment escalation or de-escalation; and strategies for selecting inhaler devices based on patient ability, availability, and device-specific characteristics. Patient-specific factors and clinically meaningful outcomes that influence real-world treatment decisions will be highlighted throughout. The session will consist of approximately 75% presentation and 25% facilitated discussion and audience questions. Participants will receive a clinician-focused RxFiles Newsletter summarizing COPD pharmacotherapy benefits, harms, and practical prescribing considerations. By the end of the session, participants will be better equipped to navigate the nuances of COPD medication management in everyday primary care practice.

Scribes IA et enseignement médical: On prend le train ?

Mathieu Pelletier, MD, FCMF

No du résumé : 113

Langue de présentation : Français

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

1. Discuter des avantages et des défis de l'intégration d'un scribe IA dans la pratique clinique
2. Repérer les enjeux de confidentialité et de responsabilité professionnelle associée à leur utilisation ainsi que les mesures préventives à déployer
3. Faire face aux défis associés à l'utilisation d'un scribe IA dans la pratique pédagogique (supervision d'étudiants)

Description : Cette séance aborde les enjeux liés à l'utilisation de scribes d'intelligence artificielle en assistance à la rédaction de notes médicales sous l'angle de l'enseignement aux résidents. Les outils de type scribe IA sont de plus en plus libéralement utilisés par les médecins en pratique. Leur usage par les médecins résidents pose toutefois des enjeux différents, notamment en lien avec le développement de compétences rédactionnelles et l'interrelation entre la rédaction des notes et le raisonnement clinique. Bien que l'utilisation de scribe d'IA durant la résidence offre aux médecins enseignants une opportunité unique d'appuyer l'apprenant dans le développement des compétences associées à

l'intégration de ces nouveaux outils technologiques, il existe des inquiétudes dont les phénomènes possible de "désapprentissage" et de dépendance aux technologies. Il y a peu de littérature sur le sujet, mais l'animateur de l'atelier utilisera son expérience pratique, son implication dans la création d'une politique facultaire, et des travaux réalisés sur le sujet par groupes de discussion avec des médecins résidents et enseignants. Mais surtout, l'animateur favorisera la discussion entre les participants et le partage expérientiel de l'auditoire.

Seeds of Leadership: Cultivating Indigenous leadership in medical education

Veronica McKinney, MD, CCFP, LMCC

Session ID: 229

Language of presentation: English

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

1. Identify the barriers and challenges faced by Indigenous physicians in academic medicine, including those related to under-representation, leadership demands, and the integration of traditional knowledges into the Academy
2. Describe the strategies and initiatives implemented by the National Circle for Indigenous Medical Education (NCIME) to foster Indigenous leadership, faculty development and create culturally safe, anti-racist academic environments
3. Identify the importance of supporting Indigneous developing medical education leaders

Description: The Truth and Reconciliation Commission's (TRC) 23rd Call to Action emphasizes the crucial need for, and retention of, Indigenous healthcare providers to attain a critical mass. In response, the National Circle for Indigenous Medical Education (NCIME) exists to facilitate strategic partnerships and operationalize critical change to create culturally-safe environments and work towards anti-racist environments in Canadian medical education. One such focus has been fostering Indigenous leadership in academic medicine. Indigenous physicians who aspire to, or are currently engaged in, academic medicine, as they are often called upon to assist the academy and assume leadership positions early in their careers due to under-representation of Indigenous physicians and emerging needs in medical education. In addition, the leadership demands of Indigenous individuals in faculty positions can be vastly different due to the unique challenges of balancing traditional First Nations, Inuit, and/or Métis (FNIM) knowledges, FNIM community needs, on top of navigating the structures of academic medicine. Addressing these challenges requires tailored mentorship and innovative support systems that recognize the distinct experiences and contributions of Indigenous faculty. This session will discuss the NCIME's approach and initiatives to address the specific needs of future leaders in Indigenous academic medicine. By sharing lessons learned and future directions, this session aims to inspire collaborative efforts towards equity, reconciliation, and systemic transformation and highlight what we can all do to support this work..

Serotonin Toxicity: Management lessons from EDM festival settings

Anthony Seto, MD, CCFP (EM), FCFP C-EM

Session ID: 111

Language of presentation: English

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

1. Describe how to recognize serotonin toxicity
2. Describe a systematic approach to assessing a patient with suspected serotonin toxicity

3. Describe how to manage serotonin toxicity in a low-resource environment

Description: Serotonin toxicity is a common presentation at electronic dance music festivals. This talk covers how to recognize, assess, and manage patients with serotonin toxicity through the lens of a low-resource environment. The approach is broadly applicable to settings such as rural emergency departments, urgent care centres, and outpatient clinics, where serotonin toxicity can be identified early. Management is primarily supportive, focusing on stopping the offending agent and addressing agitation, neuromuscular activity, and hyperthermia, while remaining prepared to respond to seizures and cardiac arrest; no special antidotes are required initially. However, there are important scientific nuances and tailored action steps that target the signs and symptoms of serotonin toxicity. A “rave doctor” with a decade of experience managing serotonin toxicity will guide participants through a practical, cognitively stimulating tour of how serotonin toxicity presents in the music festival world.

Sleep First: A key to weight and metabolic health

Alexandro Zarruk, MD, M.Sc, FRCP, FACP

Session ID: 64

Language of presentation: English

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

1. Identify key physiologic and behavioral pathways linking insomnia to impaired metabolic and weight outcomes
2. Apply validated screening tools to identify insomnia, OSA, circadian disruption, and overlap syndromes
3. Integrate sleep and circadian interventions to improve weight-loss adherence across obesity treatment modalities

Description: Obesity is a chronic, relapsing disease influenced by complex genetic, neuroendocrine, behavioral, and circadian mechanisms. Sleep disorders are highly prevalent among individuals with obesity and represent a frequently underrecognized barrier to effective weight management. While obstructive sleep apnea (OSA) is increasingly screened for and treated in obesity care, insomnia often coexisting with OSA or occurring independently and remains substantially underdiagnosed and undertreated. This symposium will review the bidirectional relationship between sleep, energy balance, and obesity, with emphasis on clinically meaningful differences in the pathophysiology and real-world impact of insomnia. We will examine emerging evidence linking insomnia and circadian disruption to adverse appetite regulation and metabolic outcomes, including altered leptin–ghrelin signaling, increased stress-related hyperarousal, impaired glucose regulation, and behavioral drivers such as hedonic eating and reduced physical activity capacity. Particular attention will be paid to the high prevalence of overlap syndromes, in which insomnia symptoms persist despite OSA treatment. Practical screening approaches suitable for obesity medicine settings will be presented, including brief validated tools for insomnia, OSA risk, daytime sleepiness, and sleep regularity. Common diagnostic challenges will be discussed, including the limitations of relying solely on apnea–hypopnea indices, patient misattribution of insomnia symptoms, and the underuse of circadian history in obesity consultations. Finally, we will explore how systematic sleep optimization through behavioral therapy, circadian interventions, and multidisciplinary pathways may enhance weight-loss outcomes and improve adherence to lifestyle modification, obesity-approved pharmacotherapy, and bariatric surgery. By integrating structured screening and targeted management of sleep disorders into obesity treatment algorithms, clinicians may better identify hidden barriers to weight loss and optimize long-term cardiometabolic outcomes.

Slowing the Slide: RxFiles CKD practice pearls

Taisa Trischuk, BSP, PharmD, MSCP; Marlys LeBras, BSP, ACPR, PharmD

Session ID: 199

Language of presentation: English

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

1. Implement screening and risk assessment tools to support timely diagnosis, stratification, and referral decisions
2. Evaluate and apply evidence-based pharmacological strategies to slow CKD progression and improve clinical outcomes
3. Explore patient-specific factors to guide the selection of medications in CKD management

Description: Through interactive, case-based discussion, RxFiles pharmacists will share practical clinical pearls to support primary care providers in slowing the progression of chronic kidney disease (CKD). The session emphasizes patient-centered, comparative, and evidence-based approaches to strengthen confidence in shared decision-making and prescribing. Key topics include the use of kidney risk assessment tools to stratify disease severity and engage patients, practical application of current CKD guidelines, and an overview of evidence supporting therapeutic options to improve kidney outcomes. Patient-specific factors and clinically meaningful outcomes that inform therapy decisions will be highlighted throughout. The session will consist of approximately 75% presentation and 25% facilitated discussion and audience questions. Participants will receive a clinician-focused RxFiles Newsletter summarizing evidence-based kidney health pharmacotherapy, including benefits, harms, and practical prescribing considerations. Clinician-centered infographics summarizing safety evidence for SGLT2 inhibitors and GLP-1 receptor agonists will also be shared, along with a patient-friendly infographic to support counselling on sick-day medication management to protect kidney function. By the end of the session, participants will be better equipped to navigate the nuances of CKD medication management in primary care.

Take My Breath Away! A common sense approach to airway and breathing acute care assessment and management

Filip Gilic, CCFP (EM); Wilson Lam, MD

Session ID: 286

Language of presentation: English

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

1. Understand the physiology of airways and breathing
2. Use airway and breathing assessment triangles to rapidly assess respiratory issues
3. Use treatment progressions to treat airway and breathing problems in a streamlined and effective way

Description: This session will provide a streamlined approach to airway and breathing physiology and pair it with structured assessment tools and treatment progressions to give the attendees an effective and efficient approach to diagnosing and managing issues of respiration.

Teaching Scholarship on the Fly: Is this even possible in a community family practice setting? (Spoiler Alert... YES!)

Ginetta Salvalaggio, MD, MSc, CCFP (AM)

Session ID: 166

Language of presentation: English

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

1. Link scholarship to other competencies within family medicine, including adaptive expertise
2. Identify scholarship “moments” at point of care, and how to leverage them for learning
3. Develop teaching strategies to support trainees in carrying out QI and other forms of scholarship in practice

Description: Scholarship and curiosity are integral to Family Medicine as a discipline. It turns out that it may be just what the Doctor ordered for working in a complex system, and for maintaining well-being too! We will engage in a lively discussion about how to embrace teaching practice-based scholarship to Family Medicine trainees. We'll review the broad scope of Family Medicine scholarship, its joys and pain points, tips and tricks to incorporate scholarship on the fly, and ways to ensure our practices are "scholarship-ready" without overwhelming our bandwidths in these most unusual times. We'll also review available resources to support practices in teaching this competency. Come prepared to practice some strategies in-session, share your own experiences, and learn from your peers. Attendees can expect to take away easily actionable ideas to incorporate into their everyday clinical teaching.

Team-Based Primary Care Conflict: Moving from disagreement to consensus

James Goertzen, MD, MClSc, CCFP, FCFP

Session ID: 86

Language of presentation: English

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

1. Describe common causes of primary care team disagreements
2. Demonstrate strategies and leadership skills for addressing primary care team disagreements and conflict
3. Identify resources to support conflict intelligence skill development

Description: Team-based primary care builds on the skill sets of family physicians, nurses, allied health professionals, and non-clinical staff. Effective care depends on the contributions and collaboration of team members from a range of disciplines. Divergent team member skills and perspectives are a key strength of healthcare teams which can result in better decisions, innovative approaches, and improved patient safety. Team member disagreements are common and inevitable. Effective leaders can shift from a perspective of conflict avoidance to conflict management. Conflict intelligence encompasses a set of skills focused on addressing team disagreements and conflict. During the session, common sources of primary-care team conflict will be identified. Conflict intelligence skills will be demonstrated using case examples and breakout group activities. Resources will be provided to elaborate on session content and support conflict intelligence skill development. This session is relevant to all primary care team members including family medicine residents and family physicians in early practice, developing and experienced family physician leaders, and other healthcare professionals.

The Exponential Power of Recognition: The ripple effect of making people feel they matter | L’effet en cascade du pouvoir exponentiel de la reconnaissance lorsqu’on fait sentir à chaque personne qu’elle compte

Sarah McVanel

Session ID: 13

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 practical recognition strategies that strengthen connection, trust, and collaboration among healthcare teams
2. Identify the early signs of disconnection, compassion fatigue, and burnout, and use meaningful recognition practices to reinforce well-being and resilience
3. Create intentional recognition habits that foster belonging, improve team culture, and reinforce a shared sense of purpose in family medicine

Description: In a time of increasing complexity, uncertainty, and disconnection, one thing remains universally true: people need to feel valued. Patients need it. Colleagues need it. Healthcare teams need it. Communities need it. And yes, physicians need it too. When meaningful human connection is missing, well-being suffers, collaboration becomes harder, and compassion fatigue grows. People can feel increasingly isolated, exhausted, and pulled in countless directions by the many things competing for their time, energy, and attention. Yet recognition has the power to strengthen far more than morale. It reinforces connection, resilience, teamwork, and a renewed sense of purpose. It reminds people that their work matters and that they matter. What if recognition was viewed not as a program, perk, or annual event, but as one of healthcare's most powerful tools for creating belonging, strengthening relationships, and sustaining hope? Join Sarah McVanel, Canada's Recognition Expert and international authority on the art and science of appreciation, for a dynamic, evidence-based keynote that challenges outdated thinking and builds unrivalled cultural resilience. Drawing on real-world healthcare stories, compelling research, actionable tools, and her signature F.R.O.G. framework—Forever Recognize Others' Greatness™—Sarah reveals how recognition helps people move from asking, "What's the matter?" to discovering, "What matters most?" Participants will explore practical ways to recognize patients, colleagues, healthcare teams, and themselves in ways that are meaningful, authentic, and lasting. Whether you're navigating change, rebuilding trust, supporting exhausted teams, or simply trying to sustain the energy required to care for others, recognition is far more than a nice gesture. It is a powerful pathway to belonging, resilience, well-being, and performance. In today's healthcare environment, every person deserves to feel seen, heard, valued, and appreciated. Because when people know they matter, everything changes.

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

1. Identifier des stratégies pratiques de reconnaissance qui renforcent les liens, la confiance et la collaboration au sein des équipes de soins
2. Cerner les signes avant-coureurs de la déconnexion, de l’usure de la compassion et de l’épuisement professionnel, et mettre en œuvre des pratiques de reconnaissance pertinentes pour renforcer le bien-être et la résilience
3. Développer des pratiques de reconnaissance intentionnelles qui favorisent le sentiment d’appartenance, renforcent la culture d’équipe ainsi qu’un objectif commun dans le domaine de la e médecine de famille

Description : À une époque marquée par une complexité, une incertitude et une déconnexion croissantes, une vérité universelle demeure : chaque personne a besoin de se sentir valorisée. Les patient·es, les collègues, les équipes de soins et les communautés en ont tous besoin, tout autant que les médecins. Lorsque les liens humains forts s’effritent, le bien-être en pâtit, la collaboration devient plus difficile et l’usure de la compassion s’installe. Les personnes peuvent se sentir de plus en plus isolées, épuisées et tiraillées de toutes parts par les nombreuses exigences qui sollicitent leur temps, leur énergie et leur attention. Pourtant, la reconnaissance a le pouvoir de renforcer bien plus que le moral. Elle consolide les liens, la résilience, le travail d’équipe, et ravive l’objectif commun. Elle rappelle aux personnes que leur travail a de l’importance et qu’elles en ont également. Et si la reconnaissance n’était pas considérée comme un programme, un avantage ou un

événement annuel, mais comme l'un des plus puissants leviers dont dispose le secteur de la santé pour créer un sentiment d'appartenance, renforcer les relations et entretenir l'espoir ? Retrouvez Sarah McVanel, experte canadienne en reconnaissance, reconnue dans le monde entier pour son expertise dans l'art et la science de l'appréciation, pour une plénière passionnante, fondée sur des données probantes, qui remet en question les idées obsolètes et permet de bâtir une résilience sans égal. S'appuyant sur des témoignages concrets issus du secteur de la santé, des recherches convaincantes, des outils pratiques et son cadre de référence emblématique F.R.O.G. (Forever Recognize Others' Greatness™), Sarah explique comment la reconnaissance aide les personnes à passer de la question « Qu'est-ce qui ne va pas ? » à la découverte de « Ce qui compte le plus ». Les participant·es découvriront des moyens concrets de reconnaître les patient·es, leurs collègues, les équipes de soins et eux-mêmes, de manière significative, authentique et durable. Que vous traversiez une période de changement, cherchiez à rétablir la confiance, souteniez des équipes épuisées ou souhaitiez simplement préserver l'énergie nécessaire pour prendre soin des autres, la reconnaissance est bien plus qu'un simple geste de bonne volonté. C'est un puissant levier d'appartenance, de résilience, de bien-être et de rendement. Dans le milieu de la santé d'aujourd'hui, chaque personne mérite qu'on lui prête attention, qu'on la valorise et qu'on lui témoigne de la reconnaissance, car lorsqu'on sait que l'on compte, tout change.

The Pathologies of Poverty—and the Promise of Primary Care |Les pathologies liées à la pauvreté — et le rôle prometteur des soins primaires

Andrew Boozary, MD, CCFP

Session ID: 11

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 how social conditions influence health outcomes and healthcare utilization
2. Explain the relevance of social medicine to modern family practice
3. Identify practical approaches to integrating social care into primary care
4. Explore opportunities for family medicine to advance health equity through clinical practice and community partnerships

Description: Family physicians are increasingly caring for patients whose greatest health risks lie beyond the clinic walls. Poverty, housing instability, food insecurity, and social isolation are driving illness, widening health inequities, and placing growing pressure on primary care. In this keynote, Dr. Andrew Boozary explores the history of social medicine and the evidence linking social conditions to health outcomes. Leveraging data, lived experience, and innovative models of care, he will examine how primary care can partner with communities to address the upstream causes of illness and help build a more equitable, effective health system.

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

1. Décrire comment les conditions sociales influencent les résultats en santé et le recours aux soins
2. Expliquer l'importance de la médecine sociale dans la pratique moderne de la médecine de famille
3. Identifier des approches concrètes pour intégrer les soins sociaux dans les soins primaires
4. Découvrir les possibilités qui s'offrent à la médecine de famille pour promouvoir l'équité en santé grâce à la pratique clinique et aux partenariats communautaires

Description : Les médecins de famille prennent de plus en plus en charge des patient·es dont les principaux risques pour la santé trouvent leur origine dans des facteurs qui dépassent le cadre de la consultation clinique. La pauvreté, la précarité du logement, l'insécurité alimentaire et l'isolement social sont autant de paramètres qui favorisent la maladie, creusent les inégalités en matière de santé et exercent une pression croissante sur les soins primaires. Dans cette plénière, le Dr Andrew Boozary retracera l'histoire de la médecine sociale et présentera des données probantes qui établissent un lien entre les conditions sociales et les résultats en santé. S'appuyant sur des données, des expériences vécues et des modèles de soins novateurs, il montrera comment les équipes de soins primaires peuvent établir des partenariats avec les communautés afin de s'attaquer aux causes en amont de la maladie et de contribuer à bâtir un système de santé plus équitable et plus efficace.

There's No Such Thing as a Free Lunch: PEERing into industry influence on clinical decisions | Tout a un prix, même un dîner gratuit : une analyse de PEER de l'influence de l'industrie sur les décisions cliniques

Tony Nickonchuk, BSc Pharm; Samantha Moe, PharmD, ACPR; Jennifer Young, MD, CCFP (EM)

Session ID: 95

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 the impact of pharmaceutical industry influence on physician prescribing decisions, including pharmaceutical representative interactions, small gifts, drug samples, and industry-sponsored continuing medical education (CME)
2. Discuss the reliability of the evidence included in industry-sponsored CME and marketing materials
3. Learn what physicians can do to minimize the impact of the pharmaceutical industry on their prescribing decisions and where to find non-industry sponsored resources

Description: Family physicians have limited time to devote to keeping up to date with new medical literature and it can be difficult to find sources of information with no pharmaceutical industry conflicts. Physicians may interact with industry sales representatives who visit their office so they can conveniently learn about the latest drug therapy developments. Those interactions may lead to the provision of small gifts, product samples, sponsored meals, and attendance at industry-funded CME events. Surveys suggest physicians are more likely to believe that their colleagues are influenced by industry promotions than they are. However, evidence shows that interactions with industry sales representatives increase prescribing costs, uptake of new drugs, and less evidence-based prescribing. This presentation will summarize the evidence showing how common forms of pharmaceutical promotion influence physician behavior, including the receipt of small gifts, and examine the reliability of information presented in industry-sponsored marketing materials and CME events. Finally, the session will give physicians strategies to help them reduce the influence of industry on their prescribing, where to find less biased educational approaches, and practical approaches to critically evaluating evidence.

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

1. Résumer les données probantes concernant l'influence de l'industrie pharmaceutique sur les décisions de prescription des médecins, notamment les interactions avec les représentants pharmaceutiques, les petits cadeaux, les échantillons de médicaments et les activités de formation médicale continue (FMC) financées par l'industrie

2. Discuter de la fiabilité des données probantes présentées dans les activités de FMC commanditées par l'industrie et dans le matériel promotionnel
3. Décrire les mesures que les médecins peuvent prendre pour réduire l'influence de l'industrie pharmaceutique sur leurs décisions de prescription et où trouver des ressources non financées par l'industrie

Description : Les médecins de famille disposent de peu de temps pour suivre l'évolution constante des connaissances médicales. Dans ce contexte, il peut être difficile de repérer des sources d'information fiables qui ne sont pas influencées par les intérêts de l'industrie pharmaceutique. Les représentants de l'industrie pharmaceutique visitent fréquemment les cabinets médicaux, offrant aux médecins un moyen simple et pratique de se renseigner sur les plus récentes avancées en pharmacothérapie. Ces interactions peuvent s'accompagner de petits cadeaux, d'échantillons de produits, de repas commandités et d'invitations à des activités de FMC financées par l'industrie. Selon les sondages, les médecins ont davantage tendance à croire que leurs collègues sont influencés par les activités promotionnelles de l'industrie qu'à reconnaître leur propre vulnérabilité à cette influence. Pourtant, les données probantes montrent que les interactions avec les représentants de l'industrie pharmaceutique entraînent une augmentation des coûts liés à la prescription, une adoption plus rapide des nouveaux médicaments et des pratiques de prescription moins fondées sur les données probantes. Cette présentation résumera les données probantes démontrant l'influence des formes les plus courantes de promotion pharmaceutique sur le comportement des médecins, notamment le fait de recevoir de petits cadeaux, et examinera la fiabilité de l'information présentée dans le matériel promotionnel et les activités de FMC financées par l'industrie. Enfin, la séance proposera aux médecins des stratégies pour réduire l'influence de l'industrie sur leurs habitudes de prescription, repérer des ressources éducatives moins susceptibles d'être biaisées et évaluer de façon critique les données présentées.

Top 10 Practice-Changing Tips From Practice-Based Learning Program Modules 2025-2026

Peter Tzakas, FCFP; Dana McKay, MD, FCFP; Haider Saeed, MD, MSc, FCFP; Heather Armson, MD, FCFP

Session ID: 218

Language of presentation: English

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

1. Describe the top 10 practice changes being made by primary care peers across Canada who participate in the Practice-Based Learning Program
2. Explain the importance of commitment-to-change statements in achieving meaningful and sustained practice change
3. Apply peers' strategies and lessons learned from implementation challenges to strengthen personal practice reflections and practice change efforts

Description: This session will highlight the past year's top 10 practice-changing tips from the 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, Parkinson's Disease, 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 physician members, and thus, these practice

changes are highly likely to be relevant to the average family doctor. Cases, implementation tools and evidence from our modules will be used to help family doctors to make these changes in their own practice.

Top Ten Emergency Articles to Change Your Practice | Médecine d'urgence : Les 10 meilleurs articles qui changeront votre pratique

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

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. Become aware of ten potentially practice chagning articles from the recent literature
2. Engage in a critique of ten potentially practice changing articles from the recent literature
3. Decide if they will change their practice based on these ten articles

Description: Presenters from the Dalhousie Family Medicine Departments of Family And Emergency Medicine will review ten potentially practice changing articles. the articles are chosen from Academic journal clubs. Trusted sources such as Best Bets, Emergency Medical Abstracts and The PEER group are also reviewed. Articles are selected based on relevance to Family Medicine and the probability of changing current practice. Participants will leave the session with a plan to change their practice in multiple domains.

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

1. Prendre connaissance de dix articles récents de la littérature susceptibles de modifier la pratique clinique
2. Procéder à une analyse critique de dix articles récents susceptibles de modifier la pratique
3. Déterminer si ces dix articles justifient une modification de sa pratique

Description : Des présentateurs des départements de médecine de famille et de médecine d'urgence de l'Université Dalhousie passeront en revue dix articles susceptibles de modifier la pratique clinique. Ces articles sont sélectionnés à partir de clubs de lecture universitaires. Des sources reconnues, telles que Best Bets, Emergency Medical Abstracts et le groupe PEER, sont également consultées. Les articles sont choisis en fonction de leur pertinence pour la médecine de famille et de leur potentiel à modifier les pratiques actuelles. Les participants quitteront la séance avec des pistes concrètes pour faire évoluer leur pratique dans plusieurs domaines.

Top Ten Family Medicine Articles to Change Your Practice | Médecine de famille : Les 10 meilleurs articles qui changeront votre pratique

Jock Murray, MD, CCFP (EM), FCCP; Kiara Clory, MD; Roop Conyers, MD; Deanna Field, MD; Anna Neumann, MD

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:

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Topical Corticosteroids: When, why and how? | Les corticostéroïdes topiques : quand, pourquoi et comment ?

Lawrence Leung, MBBChir DipPractDerm

Session ID: 32

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

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

1. Understanding the basics therapeutic mechanisms of topical corticosteroids and their potency/forms
2. Know their evidence-base use for most common skin conditions (eczema, psoriasis, itch?)
3. Myths, misuse and other alternatives for topical corticosteroids

Description: All family doctors use corticosteroids everyday in their daily practice. Yet, do we know their actual mechanisms and intended therapeutic effects? Am I using it in the right way as per evidence-based practice? As for the known side effects for topical corticosteroids, are they myths or truths? And what are the absolute taboos for topical corticosteroids? Finally, is betamethsone 0.1% the default fault-proof choice for all rash? Are there any other choices This talk will answer all your queries and get you the right ideas!

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

1. Comprendre les mécanismes d'action des corticostéroïdes topiques ainsi que les différentes classes de puissance et formes pharmaceutiques disponibles
2. Connaître les données probantes appuyant leur utilisation dans le traitement des affections cutanées les plus courantes, notamment l'eczéma, le psoriasis et les démangeaisons

3. Reconnaître les mythes et les usages inappropriés associés aux corticostéroïdes topiques, ainsi que les solutions de rechange thérapeutiques

Description : Les médecins de famille prescrivent des corticostéroïdes topiques tous les jours. Mais savons-nous vraiment comment ils agissent et quels sont leurs effets thérapeutiques? Les utilisons-nous conformément aux données probantes? Les effets indésirables qu'on leur attribue sont-ils fondés ou relèvent-ils de croyances persistantes? Quels sont les véritables interdits en matière de corticostéroïdes topiques? Et la bétaméthasone à 0,1 % est-elle vraiment la solution universelle pour toutes les éruptions cutanées? Existe-t-il d'autres options? Cette présentation démystifiera les idées reçues et vous permettra de faire les bons choix thérapeutiques!

Transitioning to Practice 101

Huma Khurrum, MD

Session ID: 154

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.

Trauma-Informed Care for Indigenous Patients

Mandy Buss, MD, CCFP; Veronica McKinney, MD, CCFP; Jamaica Cass, MD, PhD, CCFP, DABOM; Janelle Syring, MD, CCFP; Brant Bailey

Session ID: 146

Language of presentation: English

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

1. Recognize how trauma presents within clinical encounters and health systems
2. Describe approaches for providing trauma-informed care to Indigenous patients
3. Develop effective strategies to apply trauma-informed care at the individual, community, and systems level

Description: Family medicine practitioners frequently care for Indigenous patients whose health experiences can be impacted by personal, intergenerational, and systemic trauma. This interactive, two-hour workshop invites participants to deepen their understanding of how trauma presents in everyday clinical practice and within the broader health system, and to explore practical, trauma-informed approaches grounded in Indigenous perspectives. Through facilitated dialogue, case-based discussion, and an interactive panel featuring Indigenous voices and non-Indigenous allies, participants will examine how historical and ongoing colonial harms—including residential schools, child welfare systems, and systemic racism—continue to influence health outcomes, trust, and access to care. The session will support practitioners in recognizing trauma responses that may appear (as missed appointments, communication challenges, or complex clinical presentations), reframing these encounters through a trauma-informed lens. Participants will be introduced to principles of trauma-informed care as they relate specifically to Indigenous patients, with emphasis on safety, choice, collaboration, trustworthiness, and cultural humility. Panelists will share practice-based insights and lived experience, creating space for reflection, questions, and shared learning. Moving from awareness to impact, the workshop will support participants in developing concrete strategies they can apply at multiple levels. Small-group activities will focus on identifying actionable steps at the individual clinical encounter, within clinic teams and communities, and across health systems to reduce re-traumatization and promote culturally safe care. Emphasis will be placed on realistic, sustainable approaches that align with family medicine workflows. By the end of the session, participants will leave with increased confidence, practical tools, and a clearer sense of their role in supporting trauma-informed, equitable care for Indigenous patients and families.

Treatment of Depression and Anxiety in Pregnancy and Postpartum: A clinical update

Lucy Barker, MD, PhD, FRCPC; Simone Vigod, MD, MSc, FRCPC

Session ID: 142

Language of presentation: English

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

1. Describe the risks of untreated depression and anxiety in pregnancy and postpartum
2. Evaluate established treatment approaches for depression and anxiety treatment in the perinatal period
3. Integrate new evidence related to perinatal depression and anxiety treatment in clinical practice

Description: Depression and anxiety impact up to 1 in 5 pregnant and postpartum individuals, and are associated with significant negative impacts both for the perinatal individual and their infant. Timely and evidence-based treatment is crucial to reduce the risks associated with untreated depression and anxiety during this time. This session will focus on up-to-date clinical approaches for the treatment of depression and anxiety in pregnancy and postpartum. We will present recommendations from the Canadian Network for Mood and Anxiety Treatments 2024 Clinical Practice Guideline for the Management of Perinatal Mood, Anxiety, and Related Disorders, along with a review of high-impact evidence that has been published since the guidelines were produced. Both non-pharmacologic approaches (e.g., psychotherapy) and pharmacologic approaches will be described. The session will include an interactive case-based discussion.

The Hidden Curriculum and Family Medicine: Impact into action

Karen Schultz, BSc, MD, CCFP; Liv Taylor, BSc; Daniel Dilliott, MD, MPH; Leonora Lalla, MDCM, CCFP, FCFP, CPC (HC); Laura Wells, MD, CCFP, MPH-IPAC; Lyn Power, MD, FCFP, MEd, FRRMS

Session ID: 253

Language of presentation: English

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

1. Define the hidden curriculum and examine its influence on family medicine career decisions
2. Share lived experiences and identify actionable strategies to disrupt hidden curriculum messages in learning environments
3. Co-create compelling, accurate family medicine narratives that empower learners and teachers as ambassadors

Description: Concern continues that too few medical students are choosing family medicine. What shapes this decision, and what messages—intended and unintended—are learners encountering as they move through training? This interactive session will be grounded in learner and teacher stories, with participants sharing stories about the "hidden curriculum" influencing perceptions of family medicine and identifying practical ways to reshape the narrative with accuracy, credibility, and optimism. The role of family medicine learners as leaders of change, mentored by teachers will be explored. This session is offered in two connected parts. While participants are encouraged to attend both parts, each hour is designed to stand alone to support flexible attendance. The first hour focuses on what we currently know about the hidden curriculum in medical education and how it can affect learner belonging, professional identity, and specialty choice. The second hour shifts from insight to action, highlighting strategies and initiatives that interrupt harmful messaging and strengthen authentic, positive narratives about family medicine. Designed for medical students, residents, clinical teachers, researchers, and educational leaders the session will be co-facilitated with learners. Participants will engage through brief knowledge bursts followed by facilitated reflection, small-group dialogue, and story-sharing to surface common messages, test new language, and leave with practical strategies they can apply immediately in teaching, leadership, and peer-to-peer conversations. Recruitment into the specialty of family medicine is a critical issue, requiring an all hands on deck strategy to address the family physician shortage in Canada using creative strategies.

Vers un arrêt de travail thérapeutique

Cynthia Cameron; Annie, Plamondon

No du résumé : 206

Langue de présentation : Français

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

1. Connaitre le cheminement usuel d'un arrêt de travail optimal
2. Connaître des outils d'évaluation et d'intervention
3. Organiser la collaboration dans une optique d'entente partagée

Description : La formation présente les fondements de l'approche STAT-C: Suivi Thérapeutique d'un Arrêt de Travail pour trouble de santé mentale commun en Collaboration, développée depuis 2016 au GMF-U Lévis. L'approche est basée sur une revue de littérature exhaustive ainsi que sur des collaborations créées autour de cette problématique. Elle conçoit le retour au travail comme faisant partie du rétablissement. Le cheminement s'articule autour de trois phases de traitement (crise et compréhension, prise de conscience, application des stratégies et préparation du retour au travail). L'intervention est offerte par une équipe interprofessionnelle, incluant particulièrement le médecin de famille et un intervenant psychosocial et parfois une infirmière clinicienne. À chaque phase, le travailleur, le médecin et l'intervenant ont des tâches à réaliser. L'implication active de la personne en arrêt de travail est au cœur du traitement et favorise la reprise de pouvoir sur sa situation. Divers outils, développés à partir des besoins observés dans la clinique, soutiennent l'évaluation et le cheminement. À travers une présentation théorique de l'approche puis à travers des exemples de cas, le participant pourra identifier des stratégies de gestion de ces problématiques et de collaboration. Des réflexions et stratégies en contexte de

pénurie de ressources ou de collaboration avec des intervenants externes seront explorées. Enfin, les arrêts de travail étant un sujet complexe tant au niveau clinique que pédagogique, certaines pistes de solutions en supervision clinique pourront être également explorées selon les besoins de l'auditoire. Pour plus de détails sur l'approche et ses outils: https://www.gmfulevis.com/approche-stat

What Rash is This? | Identifiez cette éruption cutanée!

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

Session ID: 34

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

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

1. How to approach a rash in Family Medicine
2. Common diagnoses for a rash and how to differentiate
3. What should I give and when should I stop

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 hope will they all settle? Or should we use steroids at all? If the rash does not respond, what's next? 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.

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

1. Adopter une approche des éruptions cutanées en médecine de famille
2. Reconnaître les diagnostics les plus fréquents d'éruption cutanée et apprendre à les différencier
3. Savoir quel traitement prescrire et quand l'arrêter

Description : Les problèmes dermatologiques représentent de 15 % à 20 % des consultations quotidiennes en médecine de famille, et les éruptions cutanées figurent de loin parmi les motifs de consultation les plus fréquents. Mais toutes les éruptions cutanées sont-elles de l'eczéma? Ou de l'urticaire? Qu'en est-il du psoriasis ou du lichen plan? Suffit-il de prescrire un corticostéroïde topique et d'espérer que tout rentre dans l'ordre? Devrait-on même utiliser des corticostéroïdes dans tous les cas? Et si l'éruption ne répond pas au traitement, quelle est la prochaine étape? Dans cette présentation, le conférencier proposera une approche logique pour différencier, diagnostiquer et prendre en charge les éruptions cutanées les plus couramment rencontrées en médecine de famille. De nombreuses diapositives comprenant des images dermatoscopiques seront présentées.