



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

PROGRAM • PROGRAMME



FMF.CFPC.CA

10.30.19 - 11.02.19

VANCOUVER CONVENTION CENTRE
CENTRE DES CONGRÈS DE VANCOUVER

fmmf.cfpc.ca



familymedicineforum



@familymedforum



FamilyMedForum



Search • Cherchez
FMF 2019



Welcome to FMF!

The FMF Committee members diligently review and evaluate hundreds of potential sessions and workshops to select the massive scientific program that delivers the latest advances in family medicine, up-to-date guidelines, practical hands-on training, and the very best in evidence-based education to enhance your teaching, research, and clinical work.

FMF is an opportunity to reconnect with colleagues, meet new friends, and re-energize your passion and dedication to family medicine as you network and enjoy many of our special and celebratory events.

Thank you to all who contribute to and participate in FMF. You are all part of the success!

Bienvenue au FMF!

Les membres du comité du FMF examinent et évaluent avec assiduité des centaines de séances et d'ateliers potentiels afin de sélectionner le vaste programme scientifique proposant les dernières avancées en matière de médecine familiale, des directives actualisées, une formation pratique et le meilleur de la formation factuelle pour votre enseignement, recherche et travail clinique.

Le FMF est également l'occasion de renouer avec vos collègues, de rencontrer de nouveaux amis et de redynamiser votre passion et votre dévouement pour la médecine familiale lors de la création des réseaux et des nombreuses activités spéciales et festives.

Merci à tous ceux qui contribuent et participent au Forum en médecine familiale. Vous faites tous partie du succès!

Family Medicine Forum Committee members

Comité du Forum en médecine familiale

Co-chairs / Coprésidents

Leslie Griffin, Nova Scotia / Nouvelle-Écosse
Stephen Hawrylyshyn, Ontario

Members / Membres

Doug Archibald, Ontario

Katherine Bell, British Columbia / Colombie-Britannique

Jeanette Boyd, British Columbia / Colombie-Britannique

Lana Barkhouse, Prince Edward Island / Île-du-Prince-Édward

Kiran Dhillon, Alberta

Alexandra Eaton, Ontario

Jason Hosain, Saskatchewan

Moulay Jbala, Quebec / Québec

Ainslie Mihalchuk, Manitoba

Benjamin Schiff, Quebec / Québec

Ian Scott, British Columbia / Colombie-Britannique

Amanda Tzenov, Newfoundland and Labrador / Terre-Neuve-et Labrador

Peter Zhang, Ontario

CFPC staff / Personnel du CMFC

Jennifer Campbell

Nancy Fowler

Janice Harvey

Joanne Langevin

Francine Lemire

Theresa Maguire-Garber

Ivy Oandasan

José Pereira

Cheryl Selig

Jeff Sisler

Deirdre Snelgrove

Aleksandra Walczak

In the Know | Au courant



Direct credit entry

You will be scanned into all one-credit-per-hour Mainpro+® certified sessions at FMF. All credits will be automatically uploaded to your Mainpro+ holding account. Visit the registration desk during FMF if you do not get scanned.

Inscription directe des crédits

Votre insigne sera scanné dans toutes les séances certifiées Mainpro+^{MD} donnant droit à un crédit par heure au FMF. Tous les crédits seront ajoutés automatiquement à la zone En attente de votre compte Mainpro+. Visitez le bureau des inscriptions pendant le FMF si votre insigne n'a pas été scanné.



**SEARCH
CHERCHER
FMF 2019**

FMF 2019 App

The FMF App is back! View daily schedules, course descriptions, event information, and provide session evaluations—all on your mobile device. Search “FMF2019” to download.

Appli du FMF 2019

L'appli du FMF est de retour! Consultez l'horaire de chaque jour, les descriptions des séances, les renseignements sur les activités et soumettez vos évaluations de séances - le tout sur votre appareil mobile. Cherchez « FMF 2019 » pour télécharger l'appli.



Scanner savvy

Five types of scanning are used to make FMF an easy experience:

- Entrances – to confirm your daily registration
- Sessions – to track your credits
- Events – to track attendance
- Lunches – to scan your lunch ticket
- Booths – exhibitors may ask to scan your badge to share follow-up information (optional)

FMF takes your privacy seriously. All personal information is confidential and used for tracking and event improvements only. The only time your information is shared is with individual exhibitors when you agree to be scanned.

Conseils pour les scanners

Cinq types de scans sont utilisés pour faire du FMF une expérience agréable :

- Entrée – pour confirmer votre inscription quotidienne
- Séances – pour faire le suivi de vos crédits
- Activités – pour faire le suivi de la participation
- Lunchs – pour scanner votre billet de lunch
- Kiosques – les exposants peuvent vous demander de scanner votre insigne pour vous envoyer de l'information de suivi (facultatif)

Le FMF prend votre confidentialité au sérieux. Tous vos renseignements personnels sont confidentiels et utilisés à des fins de suivi et d'amélioration de l'événement seulement. La seule exception qui permet le partage de vos renseignements est lorsque vous permettez à des exposants de scanner votre insigne.

**FOLLOW US!
SUIVEZ -NOUS!**

fmf.cfpc.ca



familymedicineforum



@familymedforum



FamilyMedForum

#myFMF
#monFMF





Family/Guest | Activités pour la famille et les invités

Children are welcome to attend FMF and do not require registration. Children are invited to the following events and activities with a registered parent/guardian:

- Morning break - 7:00 a.m. – 8:00 a.m. daily
- Keynote session - 8:00 a.m. – 9:30 a.m. daily
- Exhibit Hall – Thursday 9:00 a.m. – 5:00 p.m. | Friday 9:00 a.m. – 4:00 p.m. | Saturday 9:00 a.m. – 3:00 p.m.
- Coffee breaks - 9:30 a.m. – 10:00 a.m. | 2:30 pm - 3:00 p.m. daily
- FMF Celebration - Thursday 5:15 p.m. – 6:30 p.m.
Note: FMF Celebration this year will feature a Halloween themed event
- Convocation – Saturday 5:00 p.m. – 6:30 p.m.
Note: Children must be accompanied by an adult not participating in the ceremony
- Infants/babes-in-arms may attend breakout sessions
- Children may attend some offsite events, with the purchase of a ticket (contact us for details)
- **Important Note:** Children must always be accompanied by an adult throughout FMF

Exclusions

- Children may attend lunch and share with parents/guardians, but boxed lunches are pre-ordered; only one lunch provided per registered delegate
- Breakout sessions are not suitable for toddlers and older children as we have limited seating and inappropriate medical content for children
- Exhibit Hall – During move-in/move-out, health and safety regulations prohibit anyone under 18 in the hall during the industrial periods

Les enfants sont les bienvenus au FMF et n'ont pas besoin de s'inscrire. Les enfants sont invités aux activités suivantes en compagnie d'un parent ou gardien inscrit :

- Pause du matin - 7 h – 8 h tous les jours
- Discours d'ouverture - 8 h – 9 h 30 tous les jours
- Hall d'exposition - Jeudi 9 h – 17 h | Vendredi 9 h – 16 h | Samedi 9 h – 15 h
- Pauses café - 9 h 30 – 10 h | 14 h 30 - 15 h tous les jours
- Célébration du FMF - Jeudi 17 h 15 – 18 h 30
- **Remarque :** La Célébration du FMF de cette année sera sur le thème de l'Halloween
- Collation des grades – Samedi 17 h – 18 h 30
- **Remarque :** Les enfants doivent être accompagnés par un adulte qui ne participe pas à la cérémonie
- Les bébés/nourrissons portés peuvent être présents pendant les pauses
- les activités spéciales à l'extérieur du site sont admissibles à condition que l'enfant achète un billet (communiquiez avec nous pour tous les détails)
- **Remarque importante :** Les enfants doivent toujours être accompagnés d'un adulte pendant le FMF

Exclusions

- Comme les boîtes-repas sont commandées à l'avance, il y en aura seulement pour les personnes inscrites. Cependant, les enfants peuvent être présents pendant le dîner et partager la nourriture avec leurs parents/tuteurs.
- La présence de bambins ou d'enfants plus âgés n'est pas permise lors des séances de formation, car le nombre de places est limité et le contenu médical qui y est présenté pourrait ne pas convenir aux enfants.
- Installation et désinstallation du Hall d'exposition : En raison de règlements liés à la santé et la sécurité, la présence d'enfants de moins de 18 ans dans le Hall d'exposition pendant cette période est interdite.

DON'T MISS THE FMF CELEBRATION TAKING PLACE ON HALLOWEEN NIGHT—A GREAT EVENT FOR FAMILIES!

CHECK OUT THE LIST OF FAMILY PROGRAMS, DISCOUNTED PASSES TO VANCOUVER ATTRACTIONS, AND OTHER FUN HALLOWEEN EVENTS TAKING PLACE. FMF.CFPC.CA

NE MANQUEZ PAS LA CÉLÉBRATION DU FMF QUI AURA LIEU LE SOIR DE L'HALLOWEEN! UN GRAND ÉVÉNEMENT POUR LES FAMILLES.

CONSULTEZ LA LISTE DES PROGRAMMES POUR FAMILLES, DES LAISSEZ-PASSER À PRIX RÉDUIT POUR LES ATTRACTIONS DE VANCOUVER ET D'AUTRES ÉVÉNEMENTS AMUSANTS D'HALLOWEEN. FMF.CFPC.CA



FMF Guide for Students and Residents

Guide du FMF pour les étudiants et les résidents

TAKE
NOTE!
À
NOTER!

- Earn up to 24 Mainpro+® certified credits
- Attend sessions geared toward students and residents
- Lunch, coffee, and snacks available in the Exhibit Hall
- Mingle in the Student and Resident Recharge Lounge
- Become a Session Monitor
- Save 15% at the CFPC Store in College Square
- Explore Vancouver with discounted fares

- Obtenez jusqu'à 24 crédits certifiés Mainpro+^{MD}
- Assistez à des séances de formation destinées aux étudiants et aux résidents
- Repas, café et collations servis dans le Hall d'exposition
- Socialisez dans le Salon de recharge des étudiants et des résidents
- Devenez responsable de séances
- Économisez 15 % sur les articles de la boutique du CMFC, au Carrefour du Collège
- Explorez Vancouver en profitant de tarifs réduits

SATURDAY

MEDICAL STUDENT AND FAMILY MEDICINE
RESIDENT LUNCHEON

12:15-1:30

VCC West 301-305

No registration required

SAMEDI

DÎNER DES ÉTUDIANTS EN MÉDECINE
ET DES RÉSIDENTS EN MÉDECINE FAMILIALE

12 H 15-13 H 30

CCV OUEST 301-305

Aucune inscription requise



JOIN THE PARTY!

WEDNESDAY



SECTION OF RESEARCHERS DINNER
Vancouver Aquarium, 6:30 PM

THURSDAY



CELEBRATING FAMILY MEDICINE
TEACHING EXCELLENCE DINNER
Pan Pacific Hotel, 6:30 PM

FMF CELEBRATION

Vancouver Convention Centre, 5:15 PM
No registration required

FRIDAY



STUDENT AND RESIDENT SOCIAL
Steamworks Brew Pub, 7:00 PM



AWARDS GALA
Fairmont Waterfront Hotel, 6:15 PM

JOIGNEZ-VOUS À LA FÊTE!

MERCREDI



SOUPER DE LA SECTION DES CHERCHEURS
Aquarium de Vancouver, à 18 h 30

JEUDI



SOUPER DE CÉLÉBRATION DE L'EXCELLENCE
EN ENSEIGNEMENT DE LA MÉDECINE FAMILIALE
Hôtel Pan Pacific, à 18 h 30

CÉLÉBRATION DU FMF

Centre des congrès de Vancouver, à 17 h 15

VENDREDI



SOIRÉE SOCIALE DES ÉTUDIANTS
ET DES RÉSIDENTS
Steamworks Brew Pub, à 19 h



GALA DE REMISE DES PRIX
Hôtel Fairmount Waterfront, à 18 h

CHECK OUT ALL
EVENTS ONLINE:
FMF.CFPC.CA
VOYEZ TOUS LES
ÉVÉNEMENTS AU
FMF.CFPC.CA/FR



Register in advance at fmf.cfpc.ca
Inscription à l'avance au : fmf.cfpc.ca/fr

Get Inspired | Soyez inspirés



Dr. Robert Woollard

Wednesday October 30th | 8:00 AM

Relationship matters! Dr. Woollard will break down the ecology of family practice to help shape your current thinking on the role of primary care and open you to new possibilities when it comes to embracing the joy and fun of family practice.

Mercredi 30 octobre | 8 h

Adoptez une vision globale avec Dr Robert Woollard le mercredi! L'expérience internationale du Dr Woollard en éducation médicale aidera à former la pensée actuelle, à élargir les possibilités et à offrir une perspective pratique en matière de responsabilité sociale et de soins primaires.



Timothy Caulfield

Thursday October 31st | 8:00 AM

Separate real science from fake news on Thursday with Timothy Caulfield, author of *Is Gwyneth Paltrow Wrong About Everything?* Caulfield will debunk myths and expose conspiracy theories and bad science plaguing public health.

Jeudi 31 octobre | 8 h

Distinguez la vraie science des fausses nouvelles le jeudi avec Timothy Caulfield, auteur du livre *Is Gwyneth Paltrow Wrong About Everything?* M. Caulfield déconstruira des mythes et mettra au jour des théories de conspiration et la mauvaise science qui nuisent à la santé publique.



Dr. Evan Adams

Friday November 1st | 8:00 AM

Family physician, talented actor, and chief medical officer, Dr. Evan Adams will present different aspects of health and physician leadership on Friday.

Vendredi 1^{er} novembre | 8 h

Médecin de famille, acteur de talent et médecin hygiéniste en chef, Dr Evan Adams présentera différents aspects de la santé et du leadership des médecins le vendredi.



Dr. Christy Sutherland

Saturday November 2nd | 8:30 AM

A top physician working at the front lines of the opioid overdose crisis, addiction, and harm reduction, Dr. Christy Sutherland will enhance your learning when it comes to implementing harm reduction interventions and treating opioid use disorder.

Samedi 2 novembre | 8 h 30

Médecin de renommée pour son travail aux premières lignes de la crise des opioïdes, de la dépendance et de la réduction des méfaits, Dr^{re} Christy Sutherland vous aidera à améliorer vos connaissances de la mise en place d'interventions de réduction des méfaits et du traitement de troubles de consommation d'opioïdes.

Daily Schedules

WEDNESDAY

TIME	EVENT	LOCATION	MAINPRO+ CREDITS
7:00-5:00	REGISTRATION	BALLROOM LOBBY	
7:00-8:00	LIGHT BREAKFAST	BALLROOM FOYER	
7:30-6:00	PRE-REGISTERED WORKSHOPS	EAST VCC	2-3/HOUR
8:00-9:30	IAN MCWHINNEY KEYNOTE ADDRESS	BALLROOM B	1
9:30-10:00	BREAK	BALLROOM FOYER	
9:30-10:00	POSTERS	BALLROOM D	
10:00-11:00	CONCURRENT SESSIONS	WEST VCC	1
11:15-12:15	CONCURRENT SESSIONS	WEST VCC	1
12:15-1:30	LUNCH	WEST 301-306, EAST 9	
12:15-1:30	SECTION OF RESEARCHERS INNOVATION BISTRO	WEST 121/122	
12:15-1:30	TEACHERS AND PRECEPTORS KNOWLEDGE CAFÉ	WEST 211-214	
12:15-1:30	ANCILLARY SESSIONS	WEST VCC	1
1:30-2:30	CONCURRENT SESSIONS	WEST VCC	1
2:30-3:00	BREAK	BALLROOM FOYER	
2:30-3:00	POSTERS	BALLROOM FOYER	
3:00-4:00	CONCURRENT SESSIONS	WEST VCC	1
4:15-5:15	CONCURRENT SESSIONS	WEST VCC	1
5:15-6:00	MEET YOUR CFPC BOARD DIRECTORS EVENT	WEST 109	
6:30-9:30	SECTION OF RESEARCHERS DINNER	VANCOUVER AQUARIUM	

All non-registered events and sessions are first-come, first-served; space may be limited.

Highlights

8:00 AM



Ian McWhinney
Keynote Address
Dr. Robert Woollard
Relationship Matters: The ecology of family practice

12:15 PM

SECTION OF RESEARCHERS INNOVATION BISTRO

Join your research colleagues for lunch and transformative discussions about innovations, new opportunities for research, and more!

NO REGISTRATION REQUIRED

12:15 PM

TEACHERS AND PRECEPTORS KNOWLEDGE CAFÉ

Join us for lunch and facilitated discussion on topics geared for both new and experienced teachers, preceptors, leaders, and health professional educators.

NO REGISTRATION REQUIRED

5:15 PM

MEET YOUR CFPC BOARD DIRECTORS EVENT

Join us for a free-flowing discussion about the role of the CFPC's Board of Directors, the key areas of work of the Board, and for opportunities for members to engage with the Board.

REGISTRATION REQUIRED • FREE

6:30 PM

SECTION OF RESEARCHERS DINNER

Network in a facility dedicated to research, education, rehabilitation, and fun!

ADVANCE TICKETS REQUIRED

THURSDAY

TIME	EVENT	LOCATION	MAINPRO+ CREDITS
7:00-5:00	REGISTRATION	BALLROOM LOBBY	
7:00-8:00	LIGHT BREAKFAST	BALLROOM FOYER	
7:00-8:00	ANCILLARY SESSIONS	WEST VCC	1
7:00-8:00	NETWORKING SESSIONS	WEST VCC	
7:30-6:00	PRE-REGISTERED WORKSHOPS	EAST VCC	2-3/HOUR
8:00-9:30	KEYNOTE ADDRESS	BALLROOM ABC	1
9:00-5:00	EXHIBIT HALL	HALL A/B1	
9:30-10:00	BREAK	EXHIBIT HALL	
9:30-10:00	POSTERS	BALLROOM D	
10:00-11:00	CONCURRENT SESSIONS	WEST VCC	1
11:15-12:15	CONCURRENT SESSIONS	WEST VCC	1
12:15-1:30	LUNCH	EXHIBIT HALL	
12:15-1:30	CFPC ANNUAL MEETING OF MEMBERS	WEST 221-214	
12:15-1:30	ANCILLARY SESSIONS	WEST VCC	1
1:30-2:30	CONCURRENT SESSIONS	WEST VCC	1
2:30-3:00	BREAK	EXHIBIT HALL	
2:30-3:00	POSTERS	BALLROOM D	
3:00-4:00	CONCURRENT SESSIONS	WEST VCC	1
4:15-5:15	CONCURRENT SESSIONS	WEST VCC	1
5:15-6:30	MENTORING MEET AND GREET	WEST 109	
5:15-6:30	FMF CELEBRATION	BALLROOM FOYER	
5:30-6:30	BCCFP MEMBERS RECEPTION	OCEAN FOYER	
6:30-10:30	CELEBRATING FAMILY MEDICINE TEACHING EXCELLENCE DINNER	PAN PACIFIC	
8:00-10:00	FIRST FIVE YEARS IN FAMILY PRACTICE RECEPTION	ROGUE KITCHEN & WETBAR	

All non-registered events and sessions are first-come, first-served; space may be limited.

Highlights

**FMF CELEBRATION**

You do not want to miss this annual networking event! The theme for this year's FMF Celebration is Halloween (costumes not required). Enjoy the sweet treats at the candy station as you catch up with or get to know your colleagues and peers in family medicine. Everyone is welcome, including children and other family members/guests.

**NO REGISTRATION REQUIRED
FREE**

**8:00
AM**

**Timothy Caulfield
Keynote Address**

Scienceploitation and the Rise of Science-Unproven Theories

**12:15
PM**

**CFPC ANNUAL
MEETING OF MEMBERS**

Hear from the CEO, connect with the Board of Directors, have your voice heard, and support your committees. Lunch will be provided.

NO REGISTRATION REQUIRED

**5:15
PM**

**MENTORING MEET
AND GREET**

A chance to have good conversations, make real connections, and meet with experienced physicians in your areas of interest!

REGISTRATION REQUIRED • FREE

**5:30
PM**

**BCCFP MEMBERS
RECEPTION**

Please join us to mix, mingle, and recognize your exceptional colleagues at a celebration of family medicine!

**6:30
PM**

**CELEBRATING FAMILY
MEDICINE TEACHING
EXCELLENCE DINNER**

Join us for a fun and memorable night of recognition and acknowledgment of up-and-coming, current, and future family medicine preceptors, teachers, and educational leaders.

ADVANCE TICKETS REQUIRED

**8:00
PM**

**FIRST FIVE YEARS IN
FAMILY PRACTICE
RECEPTION**

Are you in your first five years of family practice? Join friends and colleagues in the same stage of their career for a fun and memorable night.

NO REGISTRATION REQUIRED

FRIDAY

TIME	EVENT	LOCATION	MAINPRO+ CREDITS
7:00-5:00	REGISTRATION	BALLROOM LOBBY	
7:00-8:00	LIGHT BREAKFAST	BALLROOM FOYER	
7:00-8:00	ANCILLARY SESSIONS	WEST VCC	1
7:00-8:00	NETWORKING SESSIONS	WEST VCC	
7:30-6:00	PRE-REGISTERED WORKSHOPS	EAST VCC	2-3/HOUR
8:00-9:30	KEYNOTE AND PRESIDENT'S INSTALLATION	BALLROOM ABC	1
9:00-4:00	EXHIBIT HALL	HALL A/B1	
9:30-10:00	BREAK	EXHIBIT HALL	
9:30-10:00	POSTERS	BALLROOM D	
10:00-11:00	CONCURRENT SESSIONS	WEST VCC	1
11:15-12:15	CONCURRENT SESSIONS	WEST VCC	1
12:15-1:30	LUNCH	EXHIBIT HALL	
12:15-1:30	TEACHERS AND PRECEPTORS TOWN HALL	WEST 220-222	
12:15-1:30	FIRST FIVE YEARS IN FAMILY PRACTICE LUNCHEON		
12:15-1:30	MEMBER INTEREST GROUP SECTION (MIGS) NETWORKING FAIR	WEST 211-214	
12:15-1:30	FILM SCREENING: "THE GENDER LADY: THE FABULOUS DR. MAY COHEN		
1:30-2:30	CONCURRENT SESSIONS	WEST VCC	1
2:30-3:00	BREAK	EXHIBIT HALL	
2:30-3:00	POSTERS	BALLROOM D	
3:00-4:00	CONCURRENT SESSIONS	WEST VCC	1
4:15-5:15	CONCURRENT SESSIONS	WEST VCC	1
5:15-6:15	ANCILLARY SESSIONS	WEST VCC	1
6:15-10:30	AWARDS GALA	FAIRMONT WATERFRONT	
7:00-10:00	STUDENT AND RESIDENT SOCIAL EVENING	STEAMWORKS BREW PUB	

All non-registered events and sessions are first-come, first-served; space may be limited.

Highlights

8:00 AM



Dr. Evan Adams
Keynote and President's Installation
 Breakthrough to Become a Leader

12:15 PM

TEACHERS AND PRECEPTORS TOWN HALL
 Interested in working with learners? Join our community of teachers, preceptors and educational leaders for discussion and networking.
NO REGISTRATION REQUIRED

12:15 PM

FIRST FIVE YEARS IN FAMILY PRACTICE LUNCHEON
 Connect with your early career peers outside the session room!
NO REGISTRATION REQUIRED

12:15 PM

MEMBER INTEREST GROUPS SECTION (MIGS FAIR)
 Join your colleagues for a fun-filled lunch! Share thoughts on the redesigned Section, check out new practice support resources developed for you by family doctors, and cross your fingers that you'll win the door prize. Everyone welcome!

NO REGISTRATION REQUIRED

12:15 PM

THE GENDER LADY: THE FABULOUS DR. MAY COHEN
 Winner of the People's Choice Award at the Toronto Jewish Film Festival, this documentary by Dr. Cheryl Levitt and Dr. Barbara Lent tells of one woman advocating for women's health, reproductive rights, and physician advancement.

NO REGISTRATION REQUIRED

6:15 PM

AWARDS GALA
 Prestige, honour, and excellence await you as we celebrate the extensive successes of our members—the game-changers in family medicine!

ADVANCED TICKETS REQUIRED

7:00 PM

STUDENT AND RESIDENT SOCIAL EVENT
 Join the party at Canada's only steam-powered brew pub! Your ticket includes great pub food, a drink voucher and plenty of laughs. Sells out quickly!

ADVANCED TICKETS REQUIRED

SATURDAY

TIME	EVENT	LOCATION	MAINPRO+ CREDITS
7:30-3:30	REGISTRATION	BALLROOM LOBBY	
7:00-8:00	LIGHT BREAKFAST	BALLROOM FOYER	
7:30-6:00	PRE-REGISTERED WORKSHOPS	EAST VCC	2-3/HOUR
8:30-9:30	KEYNOTE ADDRESS	BALLROOM ABC	1
9:00-3:00	EXHIBIT HALL	HALL A/B1	
9:30-10:00	BREAK	EXHIBIT HALL	
10:00-11:00	CONCURRENT SESSIONS	WEST VCC	1
11:15-12:15	CONCURRENT SESSIONS	WEST VCC	1
12:15-1:30	LUNCH	EXHIBIT HALL	
12:15-1:30	MEDICAL STUDENT AND FAMILY MEDICINE RESIDENT LUNCHEON	WEST 301-305	
12:15-1:30	ANCILLARY SESSIONS	WEST VCC	1
1:30-2:30	CONCURRENT SESSIONS	VARIOUS	1
2:30-3:00	BREAK	EXHIBIT HALL	
3:00-4:00	CONCURRENT SESSIONS	WEST VCC	1
4:15-5:15	CONCURRENT SESSIONS	WEST VCC	1
5:00-6:30	CONVOCATION CEREMONY	BALLROOM ABC	

All non-registered events and sessions are first-come, first-served; space may be limited.

Highlights

8:30
AM

**Dr. Christy Sutherland
+ special guests!
Keynote Address**
The Opioid Overdose Crisis in
Canada: A primary care, patient,
and mother's perspectives

12:15
PM

**MEDICAL STUDENT
AND FAMILY MEDICINE
RESIDENT LUNCHEON**
Enjoy one more lunch with
your friends and colleagues
at this fantastic networking
opportunity!
NO REGISTRATION REQUIRED

5:00
PM

CONVOCATION CEREMONY
The future is bright! All are
welcome to this prestigious
celebration.
REGISTRATION REQUIRED



Horaires quotidiens

MERCREDI

HEURE	ACTIVITÉ	LIEU	CRÉDITS MAINPRO+
7 H-17 H	INSCRIPTION	LOBBY DE LA SALLE DE BAL	
7 H-8 H	PETIT-DÉJEUNER	FOYER DE LA SALLE DE BAL	
7 H 30-18 H	ATELIERS AVEC PRÉINSCRIPTION	CCV EST	2-3/HEURE
8 H-9 H 30	DISCOURS D'OUVERTURE IAN MCWHINNEY	SALLE DE BAL B	1
9 H 30-10 H	PAUSE	FOYER DE LA SALLE DE BAL	
9 H 30-10 H	AFFICHES	SALLE DE BAL D	
10 H-11 H	SÉANCES CONCURRENTES	CCV OUEST	1
11 H 15-12 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
12 H 15-13 H 30	LUNCH	OUEST 301-306, EST 9	
12 H 15-13 H 30	BISTRO D'INNOVATION DE LA SECTION DES CHERCHEURS	OUEST 121-122	
12 H 15-13 H 30	CAFÉ DU SAVOIR DES ENSEIGNANTS ET DES SUPERVISEURS	OUEST 211-214	
12 H 15-13 H 30	SÉANCES AUXILIAIRES	CCV OUEST	1
13 H 30-14 H 30	SÉANCES CONCURRENTES	CCV OUEST	1
14 H 30-15 H	PAUSE	FOYER DE LA SALLE DE BAL	
14 H 30-15 H	AFFICHES	FOYER DE LA SALLE DE BAL	
15 H-16 H	SÉANCES CONCURRENTES	CCV OUEST	1
16 H 15-17 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
17 H 15-18 H	RENCONTREZ LE CONSEIL D'ADMINISTRATION DU CMFC	OUEST 109	
18 H 30-21 H 30	SOUPER DE LA SECTION DES CHERCHEURS	AQUARIUM DE VANCOUVER	

Toutes les activités sans préinscription sont offertes selon le principe du premier arrivé, premier servi. Les places peuvent être limitées.

Points saillants

8 h



Discours d'ouverture
Ian McWhinney
D' Robert Woollard
L'importance de la relation :
Écologie de la pratique familiale

12 h 15

BISTRO D'INNOVATION DE LA SECTION DES CHERCHEURS

Joignez-vous à vos collègues
chercheurs pour un dîner et des
discussions transformatives sur
les innovations et les nouvelles
possibilités de recherche et
bien plus encore!

**AUCUNE PRÉINSCRIPTION
REQUISE**

12 h 15

CAFÉ DU SAVOIR DES ENSEIGNANTS ET DES SUPERVISEURS

Ne manquez pas le dîner et
des discussions animées sur
des sujets qui s'adressent aux
enseignants, aux superviseurs,
aux leaders et aux éducateurs
professionnels en santé.

**AUCUNE PRÉINSCRIPTION
REQUISE**

17 h 15

RENCONTREZ LE CONSEIL D'ADMINISTRATION DU CMFC

Joignez-vous à nous pour une
discussion ouverte sur le rôle
du Conseil d'administration du
CMFC, leurs principaux domaines
d'activités et les occasions pour
les membres de s'impliquer.

**PRÉINSCRIPTION REQUISE -
GRATUIT**

18 h 30

SOUPER DE LA SECTION DES CHERCHEURS

Réseautez dans un milieu
dédié à la recherche, à
l'éducation, à la réadaptation
et au plaisir!

PRÉINSCRIPTION OBLIGATOIRE

JEUDI

HEURE	ACTIVITÉ	LIEU	CRÉDITS MAINPRO+
7 H-17 H	INSCRIPTION	LOBBY DE LA SALLE DE BAL	
7 H-8 H	PETIT-DÉJEUNER	FOYER DE LA SALLE DE BAL	
7 H-8 H	SÉANCES AUXILIAIRES	CCV OUEST	1
7 H-8 H	SÉANCES DE RÉSEAUTAGE	CCV OUEST	
7 H 30-18 H	ATELIERS AVEC PRÉINSCRIPTION	CCV EST	2-3/HEURE
8 H-9 H 30	DISCOURS D'OUVERTURE	SALLE DE BAL ABC	1
9 H- 17H	HALL D'EXPOSITION	HALL A/B1	
9 H 30-10 H	PAUSE	HALL D'EXPOSITION	
9 H 30-10 H	AFFICHES	SALLE DE BAL D	
10 H-11 H	SÉANCES CONCURRENTES	CCV OUEST	1
11 H 15-12 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
12 H 15-13 H 30	LUNCH	HALL D'EXPOSITION	
12 H 15-13 H 30	ASSEMBLÉE ANNUELLE DES MEMBRES DU CMFC	OUEST 221-214	
12 H 15-13 H 30	SÉANCES AUXILIAIRES	CCV OUEST	1
13 H 30-14 H 30	SÉANCES CONCURRENTES	CCV OUEST	1
14 H 30-15 H	PAUSE	HALL D'EXPOSITION	
14 H 30-15 H	AFFICHES	SALLE DE BAL D	
15 H-16 H	SÉANCES CONCURRENTES	CCV OUEST	1
16 H 15-17 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
17 H 15-18 H 30	RENCONTRE AVEC UN MENTOR	OUEST 109	
17 H 15-18 H 30	CÉLÉBRATION DU FMF	FOYER DE LA SALLE DE BAL	
17 H 30-18 H 30	RÉCEPTION DES MEMBRES DU CMFCB	FOYER OCEAN	
18 H 30-22 H 30	SOUPER DE CÉLÉBRATION DE L'EXCELLENCE EN ENSEIGNEMENT DE LA MÉDECINE FAMILIALE	PAN PACIFIC	
20 H-22 H	RÉCEPTION POUR LES MÉDECINS DANS LEURS CINQ PREMIÈRES ANNÉES DE PRATIQUE	ROGUE KITCHEN & WETBAR	

Toutes les activités sans préinscription sont offertes selon le principe du premier arrivé, premier servi. Les places peuvent être limitées.

Points saillants



CÉLÉBRATION DU FMF

Ne manquez pas cet événement annuel de réseautage! Cette année, la célébration du FMF a pour thème l'Halloween (costumes facultatifs). Amusez-vous à faire une tournée de bonbons et faites connaissance avec vos collègues et vos pairs en médecine de famille. Tous sont les bienvenus, y compris les enfants, le reste de la famille et les invités.

AUCUNE PRÉINSCRIPTION REQUISE

8 h



Timothy Caulfield
Discours d'ouverture
Scienceploitation et la montée des thérapies pseudoscientifiques non éprouvées

12 h 15

ASSEMBLÉE ANNUELLE DES MEMBRES DU CMFC

Nous vous invitons à venir entendre notre directrice générale et chef de la direction, à discuter avec les membres du Conseil d'administration, à faire entendre votre voix et à soutenir vos comités. Le dîner sera servi, et tous sont les bienvenus!

AUCUNE PRÉINSCRIPTION REQUISE

17 h 15

RENCONTRE AVEC UN MENTOR AU FMF

Votre chance d'avoir une bonne conversation, de tisser des liens réels et de rencontrer des médecins d'expérience dans vos domaines d'expérience.

PRÉINSCRIPTION OBLIGATOIRE - GRATUIT

17 h 30

RÉCEPTION DES MEMBRES DU CMFCB

Joignez-vous à nous pour vous amuser, échanger et reconnaître vos collègues exceptionnels dans une célébration de la médecine familiale!

18 h 30

SOUPER DE CÉLÉBRATION DE L'EXCELLENCE EN ENSEIGNEMENT DE LA MÉDECINE FAMILIALE

Joignez-vous à nous pour une soirée amusante et mémorable au cours de laquelle nous rendrons hommage aux superviseurs, aux enseignants et aux leaders en médecine familiale actuels et futurs.

PRÉINSCRIPTION OBLIGATOIRE

20 h

RÉCEPTION POUR LES MÉDECINS DANS LEURS CINQ PREMIÈRES ANNÉES DE PRATIQUE

Êtes-vous dans vos cinq premières années de pratique de la médecine de famille? Joignez-vous à vos amis et collègues qui sont à la même étape de leur carrière pour une soirée amusante et mémorable.

AUCUNE PRÉINSCRIPTION REQUISE

VENDREDI

HEURE	ACTIVITÉ	LIEU	CRÉDITS MAINPRO+
7 H-17 H	INSCRIPTION	LOBBY DE LA SALLE DE BAL	
7 H-8 H	PETIT-DÉJEUNER	FOYER DE LA SALLE DE BAL	
7 H-8 H	SÉANCES AUXILIAIRES	CCV OUEST	1
7 H-8 H	SÉANCES DE RÉSEAUTAGE	CCV OUEST	
7 H 30-18 H	ATELIERS AVEC PRÉINSCRIPTION	CCV EST	2-3/HEURE
8 H-9 H 30	DISCOURS D'OUVERTURE ET INSTALLATION DE LA PRÉSIDENTE	SALLE DE BAL ABC	1
9 H- 16H	HALL D'EXPOSITION	HALL A/B1	
9 H 30-10 H	PAUSE	HALL D'EXPOSITION	
9 H 30-10 H	AFFICHES	SALLE DE BAL D	
10 H-11 H	SÉANCES CONCURRENTES	CCV OUEST	1
1 H 15-12 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
12 H 15-13 H 30	LUNCH	HALL D'EXPOSITION	
12 H 15-13 H 30	ASSEMBLÉE GÉNÉRALE POUR LES ENSEIGNANTS ET LES SUPERVISEURS	OUEST	
12 H 15-13 H 30	DÎNER POUR LES MÉDECINS DANS LEURS CINQ PREMIÈRES ANNÉES DE PRATIQUE		
12 H 15-13 H 30	FOIRE DE RÉSEAUTAGE DE LA SECTION DES GROUPES D'INTÉRÊT DES MEMBRES (SGIM)	OUEST 211-214	
12 H 15-13 H 30	REPRÉSENTATION DU FILM « THE GENDER LADY: THE FABULOUS DR. MAY COHEN »		
13 H 30-14 H 30	SÉANCES CONCURRENTES	CCV OUEST	1
14 H 30-15 H	PAUSE	HALL D'EXPOSITION	
14 H 30-15 H	AFFICHES	SALLE DE BAL D	
15 H-16 H	SÉANCES CONCURRENTES	CCV OUEST	1
16 H 15-17 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
17 H 15-18 H 15	SÉANCES AUXILIAIRES	CCV OUEST	1
18 H 15-22 H 30	GALA DE REMISE DES PRIX	FAIRMONT WATERFRONT	
19 H-22 H	SOIRÉE SOCIALE POUR LES ÉTUDIANTS ET LES RÉSIDENTS	STEAMWORKS BREW PUB	

Toutes les activités sans préinscription sont offertes selon le principe du premier arrivé, premier servi. Les places peuvent être limitées.

HORAIRES QUOTIDIENS

Points saillants

8 h



Dr Evan Adams
Discours d'ouverture
et installation de la
présidente.

Percer pour devenir un leader

12 h 15

ASSEMBLÉE GÉNÉRALE POUR LES ENSEIGNANTS ET LES SUPERVISEURS

Vous aimeriez travailler avec des apprenants? Joignez-vous à notre communauté d'enseignants, de superviseurs et de leaders pédagogiques pour une discussion et du réseautage.

AUCUNE PRÉINSCRIPTION REQUISE

12 h 15

DÎNER POUR LES MÉDECINS DANS LEURS CINQ PREMIÈRES ANNÉES DE PRATIQUE

Échangez avec vos pairs en début de carrière à l'extérieur des salles de séances!

AUCUNE PRÉINSCRIPTION REQUISE

12 h 15

FOIRE DE LA SECTION DES GROUPES D'INTÉRÊT DES MEMBRES (SGIM)

Joignez-vous à vos collègues pour un dîner amusant! Faites-nous part de vos réflexions sur l'expansion de la Section, consultez nos nouveaux outils de soutien à la pratique conçus pour vous par des médecins de famille et espérez gagner un prix de présence. Tous sont les bienvenus!

AUCUNE PRÉINSCRIPTION REQUISE

12 h 15

THE GENDER LADY: THE FABULOUS DR. MAY COHEN
Ce film documentaire des D^{res} Cheryl Levitt et Barbara Lent raconte l'histoire d'une femme qui défend la santé des femmes, les droits génésiques et l'avancement des médecins. Il a remporté le Prix du public au Festival du film juif de Toronto en 2019.

AUCUNE PRÉINSCRIPTION REQUISE

18 h 15

GALA DE REMISE DES PRIX

Une soirée de prestige, d'honneur et d'excellence alors que nous célébrons les réalisations de nos membres — les personnes qui ont provoqué de grands changements en médecine de famille!

PRÉINSCRIPTION OBLIGATOIRE

19 h

SOIRÉE SOCIALE POUR LES ÉTUDIANTS ET LES RÉSIDENTS

Ne manquez pas la fête dans le seul pub de brasserie à vapeur au Canada! Votre billet inclut un coupon pour une boisson, un excellent repas au pub et une soirée incroyable. Les places sont limitées!

PRÉINSCRIPTION OBLIGATOIRE

SAMEDI

HEURE	ACTIVITÉ	LIEU	CRÉDITS MAINPRO+
7 H 30-15 H 30	INSCRIPTION	LOBBY DE LA SALLE DE BAL	
7 H-8 H	PETIT-DÉJEUNER	FOYER DE LA SALLE DE BAL	
7 H 30-18 H	ATELIERS AVEC PRÉINSCRIPTION	CCV EST	2-3/HEURE
8 H 30-9 H 30	DISCOURS D'OUVERTURE	SALLE DE BAL ABC	1
9 H-15 H	HALL D'EXPOSITION	HALL A/B1	
9 H 30-10 H	PAUSE	HALL D'EXPOSITION	
10 H-11 H	SÉANCES CONCURRENTES	CCV OUEST	1
11 H 15-12 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
12 H 15-13 H 30	LUNCH	HALL D'EXPOSITION	
12 H 15-13 H 30	DÎNER DES ÉTUDIANTS EN MÉDECINE ET DES RÉSIDENTS DE MÉDECINE DE FAMILLE	OUEST 301-305	
12 H 15-13 H 30	SÉANCES AUXILIAIRES	CCV OUEST	1
13 H 30-14 H 30	SÉANCES CONCURRENTES	DIVERS	1
14 H 30-15 H	PAUSE	HALL D'EXPOSITION	
15 H-16 H	SÉANCES CONCURRENTES	CCV OUEST	1
16 H 15-17 H 15	SÉANCES CONCURRENTES	CCV OUEST	1
17 H-18 H 30	CÉRÉMONIE DE COLLATION DES GRADES	SALLE DE BAL ABC	

Toutes les activités sans préinscription sont offertes selon le principe du premier arrivé, premier servi. Les places peuvent être limitées.

Points saillants

8 h



**Dr^e Christy Sutherland
+ invités spéciaux!
Discours d'ouverture**

La crise des opioïdes au Canada :
Vue de la perspective des soins
primaires, du patient et d'une
mère

12 h 15

**DÎNER DES ÉTUDIANTS
EN MÉDECINE ET DES
RÉSIDENTS EN MÉDECINE
DE FAMILLE**

Profitez d'un dernier dîner
au FMF avec vos amis et
collègues dans le cadre de
cette merveilleuse occasion
de réseautage.

**AUCUNE PRÉINSCRIPTION
REQUISE**

17 h

**CÉRÉMONIE DE COLLATION
DES GRADES**

L'avenir est prometteur! Toutes
et tous sont conviés à cette
célébration prestigieuse.

PRÉINSCRIPTION OBLIGATOIRE



«W100 **Relationship Matters: The ecology of family practice**
08:00–09:30 L'importance de la relation: Écologie de la pratique familiale
Robert Woollard, MD

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Consider how the pioneering work of Ian McWhinney applies in today's world
2. Anticipate the role of primary care and generalism in healing planetary health and advancing equity as a primary determinant of health
3. Embrace the joy and fun of family practice

Description:

Primary care, in our case Canadian family practice, is the fulcrum wherein the forces of individual and population health meet—where differences are made in the course of human lives, in the course of health and disease. This applies at scales from the individual in front of us today, through the family that is a prime determinant of their health and disease and beyond that to the society and ecosystems (beyond the human) that allow us and our grandchildren to survive. The fundamental question we must ask is : "Are we to content ourselves with the cumulative impact of all the lives that we have the privilege of relating to—of having shared a portion, no matter how long, of the pathways that they and their families have offered to share with us?" Or must we ask for more? Must we not peer upstream to understand, and even influence, the factors that have brought them to see us this day, of all days? Must we not take the privilege of having a front row seat in the pageant of birth, life and death to shape the world that shapes their experience of that brief transit from birth to death?

Objectifs d'apprentissage :

1. Réfléchir à la façon dont les travaux visionnaires d'Ian McWhinney s'appliquent au monde d'aujourd'hui
2. Prévoir le rôle des soins de première ligne et de la médecine générale dans la guérison de la santé planétaire et l'avancement de l'équité comme principal déterminant de la santé
3. Savourer le bonheur et la joie inhérents à la pratique familiale

Description :

Les soins de première ligne, dans notre cas la pratique de la médecine familiale au Canada, sont le plexus des forces de santé individuelle et de la population — là où les différences naissent dans l'évolution des vies humaines, et dans l'évolution de la santé et de la maladie. Cela s'applique à l'échelle de la personne qui est devant nous aujourd'hui, en passant par sa famille qui est le principal déterminant de sa santé et de sa maladie, et au-delà, par la société et les écosystèmes (par-delà l'humain) qui nous permettent à nous et à nos petits-enfants de survivre. La question fondamentale que nous devons poser est la suivante : « Devons-nous nous contenter de l'impact cumulatif de toutes les vies que nous avons eu le privilège de toucher, ou du parcours que nous avons partagé en partie, peu importe la durée, avec ces personnes et leur famille qui nous ont offert de les accompagner? » Ou devons-nous exiger plus ? Ne devons-nous pas jeter notre regard en amont pour comprendre, voire influencer, les facteurs qui les ont poussés à nous consulter aujourd'hui, entre autres jours ? Ne devons-nous pas nous arroger le privilège d'être aux premières lignes du parcours constitué de la naissance, de la vie et de la mort pour modeler le monde qui façonne leur expérience durant ce bref transit entre la naissance et la mort ?

W47 Timber!: A common sense approach to syncope
10:00–11:00 Filip Gilic, CCFP (EM)

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Distinguish evidence based rule to between seizures and syncope
2. Identify high-risk factors in syncope
3. Develop effective referral and follow up plans for syncope patients

Description:

This common sense primer will cover how to distinguish syncope from seizures, as well as a physiology-based systematic approach to finding the cause of it. High risk features on history, physical and ECGs will be covered as well as the decisions to hospitalize or not. Finally, we will review the evidence behind commonly used follow up investigations like Holters and echos.

W71 Facilitated Poster Session
10:00–11:00 During this session, six posters will be presented in 10-minute segments, followed by audience Q & A and a discussion.

ROOM / SALLE : Ballroom D

Mainpro+ Group Learning certified credits = 1

501 Systematic Evaluation of Canadian Diabetes Mobile Apps - Work in progress

Mary Nguyen*; Nafis Hossain; Rohin Tangri; Payal Agarwal, MD, CFPC;
 Fiona Thompson-Hutchison, APN, CDE; Ilana Halperin, MD, MSc, FRCPC

Context: People living with diabetes mellitus are increasingly using mobile apps to assist in self-management through blood glucose (BG) tracking. Additional features include weight loss support, carbohydrate counting and bolus insulin calculators. However, identifying safe and appropriate mobile applications is difficult for both patients and health care providers (HCPs). **Objectives:** 1) Review diabetes apps available in Canada using the Mobile App Rating Scale (MARS) tool and generate usability scores for each 2) Characterize availability of features across all apps 3) Evaluate clinical safety of bolus insulin calculators 4) Evaluate quality of exportable BG reports meant for HCP use. **Design/setting:** Two primary reviewers searched for, screened, and evaluated diabetes apps from android and iOS apps stores resulting from the search terms “glucose” and “diabetes”. 61 apps were scored. **Intervention:** Apps were reviewed based on a predefined quality checklist, including availability of features and the MARS tool. **Main outcome measures:** MARS total quality score and subsection scores (engagement, functionality, aesthetics, information), presence of various diabetes management features, presence of various BG report features. **Results:** Overall MARS quality rating score was 3.14/5. The functionality subsection scored the highest (3.94/5) and information scored the lowest (1.96/5). The majority of apps have the ability to track carbohydrate intake (43/61), send reminders (42/61), and can generate BG reports (42/61) but few have bolus insulin calculators (6/61) and remote diabetes support (10/61). Of the 42 that generate BG reports, most lacked key features such as range and average BG by time of day, highlighting hypoglycemia, or providing statistics in keeping with the AGP recommendations. **Conclusion:** Despite widespread availability of many iOS and Android diabetes management apps, few are of high quality. Next steps for this project include bolus insulin calculator assessment and generating a list of high performing apps most suitable for clinical use.

502 Characteristics of Frequent Users of Emergency Services

N. Elazhary*, MD, CCMF (MU), FCMF; Y. Chiu, PhD; A. Vanasse, MD, PhD; M.C. Chouinard, RN, PhD;
 N. Dubuc, PhD; M.F. Dubois, PhD; J. Courteau, PhD; C. Hudon, MD, PhD

Objective: Identify certain characteristics of frequent users of emergency services. **Type of study:** Retrospective. **Site:** Emergency services in the province of Quebec. **Parameters:** We have surveyed the data banks of the “Régie de l’assurance maladie du Québec” on frequent users in the province of Quebec having ambulatory care sensitive conditions (ACSC). We have compared user characteristics between frequent and non-frequent users. Frequent users were defined as 4, 5, 6 visits or more by year (FU4, FU5, FU6 respectively). **Participants:** The population studied -included 18 years old and over in Quebec having consulted in an emergency department between the January 1st, 2012 and December 31st, 2013 (index date) and having at least one ACSC in the 2 years previous, including the index date. All deaths were excluded in the year following the index date (n = 61,637, 10,85%). **Results:** The population study was 506 555 users. The prevalence of FU4, FU5 and FU6 was 5,83, 3,43 and 2,09% respectively. Compared to the general population, these 3 groups are generally composed of women, patients aged between 65 and 84, having certain ACSC (diabetes, coronary disease, pulmonary obstructive disease) and have a higher index of comorbidity. The prevalence of alcohol or drug abuse, psychosis and depression were higher in these groups. Moreover, this prevalence is higher with the FU5 and FU6 groups. **Conclusion:** The population of frequent users of emergency services is characterized by a higher comorbidity as well as more mental health issues or dependence.

503 Excessive Gestational Weight Gain: Assessing patient and provider perceptions

Stephanie Godard, MD, CCFP; Adriana DiStefano, MD, CCFP

Context: Excessive gestational weight gain (EGWG) is increasingly prevalent, with risks to mother and baby. Guidelines for weight gain in pregnancy exist, however, there is a paucity of data on how primary care providers (PCPs) counsel patients and on the patient experience. **Objective:** To assess provider counselling practices and patient understanding of GWG, physical activity and nutrition in order to identify barriers and interventions for patients from diverse cultural backgrounds. **Design:** Qualitative interviews/focus groups with modified grounded theory analysis. **Setting:** South East Toronto Family

Health Team (SETFHT) and Flemingdon Health Centre (FHC) from September 2016 to February 2018. **Participants:** Eight Family Practice obstetric providers and ten pregnant patients from diverse socioeconomic backgrounds. The majority of patients from FHC were immigrants from Southeast Asia while most from SETFHT were caucasian. **Intervention:** Semi-structured audio-taped interviews and focus groups with PCPs and patients from SETFHT and FHC. **Main outcome measures:** 1) Patient perception of GWG, nutrition, physical activity; 2) PCP counselling practices; 3) Perceived barriers and solutions. **Results:** Patients had limited understanding of long-term risks of EGWG and reported infrequent counselling by PCPs. SETFHT patients had high health literacy and were proactive in seeking information, but experienced difficulty navigating reliable resources. FHC patients had lower health literacy and more passive interactions with PCPs, relying on family advice and cultural practices to inform health behaviours. Barriers included social isolation and finances. Both groups desired increased proactive health counselling and resources. Physicians were knowledgeable about EGWG and reported counselling, though patient retention and limited time constraints were barriers. **Conclusion:** Healthy lifestyle in pregnancy is an important but underemphasized topic in antenatal care due to barriers faced by patients and physicians, with unique socioeconomic considerations. There is an opportunity to increase patient and provider education and develop culturally sensitive patient-centered weight management interventions.

504 **Resident Perspectives on Quality Improvement Education in Family Medicine Residency**

Kelsi Cole*, MD; Hiromi Tissera, MD; Camille Hortas-Laberge, MD;
Alicja Krol-Kennedy, MD, MPH; Jason Chhina, MBBS; Derek Chan, MD, MBA, CHE

Context: Quality Improvement (QI) is an important aspect of health care, and is recognized as a key competency that must be learned and practised by all family physicians. QI education has been recognized as an area for enhancement, and there is no literature addressing family medicine resident perspectives on QI education. **Objective:** To explore family medicine resident perspectives on QI education within family medicine residency programs. **Design:** An online nationwide survey was sent to 3,026 family medicine residents representing all 17 family medicine residency programs across Canada. Bivariate level analysis and a thematic analysis on narratives within the survey were conducted. **Findings:** With a response rate of 16.1% (n=489), our survey identified that there is positive uptake by residents who feel it is a responsibility for them to learn and participate in QI, but that there are a number of challenges within a short residency program that residents face when participating in QI experiences. **Conclusions:** This was the first large-scale survey of its kind, and the results of this study provide valuable insight into the perspective of family medicine residents on QI education. Because QI is an expected area of competence, knowing learners' perspectives on QI and QI education can optimize the integrate of QI teaching into residency programs.

505 **Developing Priority Topics and Key Features for Enhanced Skills**

Roy Wyman, MD, CCFP, FCFP; Tatjana Lozanovska, Nadia Mangal*, MPA

Objective: To define priority topics and key features for the assessment of competence for approved Certificates of Added Competence (CAC) domains of care. **Design:** Priority topics were developed using a modified nominal group method combining surveys and group discussions in an iterative fashion. Working groups (WG) and validation groups (VG) completed surveys to identify priority topics. Frequencies of citations were calculated and compared resulting in the first iterations of priority topics. Iterative discussions were held with WG's in face-to-face meetings to decide and finalize priority topics. Key Features were developed through four iterations using a nominal group method, combining individual work and group discussion. Each group had an average of 6 two-day face-to-face meetings over a two-year period. **Setting:** Meetings in an office setting held at the College of Family Physicians of Canada (CFPC). **Participants:** WG's consisted of between five to nine members recommended by the Communities of Practice in Family Medicine (CPFM) Program Committees and Royal College Specialty Committees [Family Practice Anesthesia (FPA), Enhanced Surgical Skills (ESS) and Obstetrical Surgical Skills (OSS)]. VGs had between 194 to 227 participants selected from the CPFM database. **Findings:** Lists generated by each nominal group and the corresponding VG were very similar. Care of the Elderly (COE) had the lowest correlation of priority topics between the WG and VG at 0.68 and FPA the highest at 0.91. Final number of priority topics ranged from 13 for both Addiction Medicine (AM) and OSS to 18 for COE. The average number of key features per priority topic was 4. **Conclusion:** A collaborative nominal group method allowed for a validated set of priority topics and key features in all CAC domains. These will guide in-training assessment and inform curriculum development.

W158 Know What I Meme?: Understanding the needs of teens

10:00–11:00 Maria Patriquin, MD, CCFP

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Educate providers as to the relevance of the health status of children in Canada and in our practices
2. Describe key elements of a teen focus group psychotherapy intervention through sharing of materials and teen generated memes
3. Help providers identify opportunities in office practice to engage and support teenagers/families/caregivers in novel creative teen-centered ways

Description:

In 2017, Unicef reported that over a million Canadian children are affected by mental health issues; less than 20% receiving needed care. Canada is one of five countries with the highest rates of teen suicide. One in four children live in poverty (Manitoba and Maritimes have the highest rates). One in ten children have food insecurity. 25% of children will experience developmental vulnerability. Children are less active and 25% are obese. We are falling short of the physical, cognitive and emotional needs of children in Canada. Developmental psychology and neuroscience research offer us a deeper understanding that who we are, how we develop, learn, and evolve is our nature and “nature needs nurture!” Early life relationships create neural, cognitive and emotional frameworks from which we form a sense of self, others and experience the world. Unfortunately, the teen experience often goes misunderstood by health care providers, parents and teenagers themselves with a focus remaining on identified “problems” that inherently don’t address teenagers underlying issues or needs. They need strong stable relationships to learn and grow in the healthiest of ways, reaching their maximal potential. Health providers must recognize the critical role that support can lend to teenagers and be alert to their health/mental health needs. This presentation will provide an introduction to a novel group psychotherapy intervention for teenagers who identify as being stressed and unwell. A brief overview of the teenage experience will be represented through the sharing of memes developed by participants in the teen focus group. The memes were developed with the intention of fostering self-awareness, self-expression, reducing stress, regulating emotions and enhancing communication of needs through understanding. Participants will learn simple office interviewing practices that enhance teen engagement and teen-centered care. Participants will be provided resources and a template for running teen focus groups/GMVs.

W174 Four Critical Things to Consider in Prenatal Care

10:00–11:00 William Ehman, MD

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the current guidelines for antinatal folic acid supplementation and essential vaccination in pregnancy
2. Describe the indications, potential benefits and timing for ASA use in pregnancy
3. Describe the indications, dose and timing for vaginal progesterone to reduce the risk of preterm birth

Description:

Recent and evolving evidence has demonstrated important benefits for pregnant persons and their newborns with several interventions that should be provided to all and some considered for others. Essential elements of several recent SOGC guidelines and other literature will be presented covering the recommendations regarding folic acid supplementation, vaccines indicated in pregnancy, ASA for prevention of pre-eclampsia and other complications and progesterone to reduce the risk of preterm labour. The presentation will be clinically orientated with adequate time for questions.

Expanding the Primary Care Tool Box: Buprenorphine for opiate use disorder
Melissa Holowaty, MD, PhD, CCFP, CISAM

Mainpro+ Group Learning certified credits = 1

1. Recognize opiate use disorder in your practice
2. Initiate buprenorphine for treatment of opiate use disorder
3. Monitor treatment for this chronic disease and integrate into generalist practice

The opiate epidemic has affected every practice in Canada. I posit that diagnosis and treatment of opiate use disorder cannot and is not solely the domain of addiction specialists. In fact, opiate addiction treatment can be likened in treatment intensity to that of diabetes care, where the majority of diagnosis and treatment strategies can and should be done within primary care, with only exceptionally difficult presentations requiring the management of specialists. In this session, we explore how to effectively recognize opiate use disorder in your population, how to initiate treatment with buprenorphine and how to monitor and integrate treatment for opiate addiction within a generalist practice.

Sharpening the Knife: Coaching great residents to be even better
Brenda Hardie, MD, CCFP, FCFP; Bill Upward, BSc, BEd, MA
All teachers welcome. Highlights experienced concepts for educational leaders.

Mainpro+ Group Learning certified credits = 1

1. Identify the steps of a performance learning approach
2. Apply coaching strategies and tools to maximize resident development
3. Describe one strategy to incorporate a coaching approach in their teaching practice

When we have the privilege of working with solid performers, it can sometimes be difficult to see how to help them improve. High performance coaching has been used for decades with various professionals (ie. athletes, artists, executives, etc) and the same principles can be applied to training residents. This session offers strategies and tools to refine your coaching practices to supercharge the development of even the sharpest knives in the set!

Une certitude : La nécessité de gérer et intégrer l'incertitude clinique
Bernard Martineau, MD, PhD, CCMF, FCMF ; Steve Balkou, MSc
Tous les enseignants sont les bienvenus. Cette séance met en valeur les concepts de base pour les leaders pédagogiques.

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

1. Reconnaître l'importance de l'incertitude dans la vie professionnelle
2. Partager et gérer l'incertitude comme professionnel ou résident
3. Utiliser l'incertitude comme un outil pédagogique en clinique et comme un outil de collaboration patient-médecin

L'incertitude est omniprésente à tous les niveaux de nos décisions cliniques. On vit de l'incertitude avec nos patients depuis le début de notre pratique et on la vit aussi avec nos étudiants. Elle nous amène dans des zones d'inconfort que nous cherchons à éviter. Dans le cadre de cet atelier, les participants pourront partager leurs expériences, évaluer leur niveau de tolérance à l'incertitude et échanger sur les stratégies qu'ils utilisent pour y faire face. Par la suite, ils auront l'occasion d'observer un exemple de gestion de l'incertitude dans leur relation médecin-patient.

W369

Geriatric Office Management: What I wish I learned in residency

10:00–11:00

Evan Chong, MD, CCFP (COE); Jessica Cuppage, MD, CCFP; Jessica Sennet, MD, CCFP

ROOM / SALLE : Ballroom B

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Adopt a structured approach to the preventative health visit for older adults
2. Implement current evidence based guidelines for preventive care in well older adults and those with frailty
3. Identify practical tools to improve care and optimize workflow in this population

Description:

This session is geared towards current residents, new-in-practice physicians, or any physician who is struggling with managing their older adults in the office setting. In this presentation, current care of the elderly trainees and recent graduates will provide tips and tricks for managing this sometimes “difficult” patient population. Participants will develop an approach to focus and maximize preventative health visits for older adults. The discussion will include a review of the most recent literature on preventive care in older adults highlighting new evidence on topics such as immunizations, cardiovascular health, osteoporosis and advance care planning. Participants will leave with practical strategies to improve communication, optimize office space, and make visits more efficient and productive for both patients and their physicians.



W684

Community-Based Medical Education: The Dean's perspective (Besroun)

Comité de doyens: Intégration de l'engagement communautaire dans le mandat des écoles de médecine

10:00–11:00

Ahmed Maherzi; Alain Pavilanis

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Define the role of academic leaders in ensuring the voice of their communities are heard within their academic institutions
2. Identify skills required to engage in a community engagement process within their academic institutions
3. Identify and define the role that the global Besroun Centre family medicine community can play in supporting faculties of medicine in achieving their goals with respect to community engagement

Description:

Socially accountable medical schools have an obligation to focus their teaching, research and service activities on the priority health concerns of their communities, regions, and countries they are mandated to serve. Medical schools carry the responsibility of educating future health professionals in order to deliver robust, quality care to the communities in which they practice. There are various ways to understand the health needs of a community, one of which is the integration of a community engagement process within its academic models. Such a process is one of the ways to enhance community participation, planning and decision-making into the institutions that serve them. Deans play a unique role in leading their institutions in the growth and power of socially accountable family medicine that could/should include a commitment to community engagement. In a lively debate, delegates will interact in a lively panel of deans from Canada and abroad to discuss ways in which leaders can and should support community engagement initiatives within the educational foundations of family medicine training programs.

Objectifs d'apprentissage :

1. Définir le rôle des leaders universitaires pour s'assurer que le point de vue de leur communauté soit entendu dans leur établissement universitaire
2. Nommer les aptitudes nécessaires pour participer au processus d'engagement communautaire au sein des établissements universitaires
3. Nommer et définir le rôle que pourrait jouer la communauté mondiale de médecine familiale du Centre Besroun pour aider les facultés de médecine à atteindre leurs objectifs en ce qui a trait à l'engagement communautaire

Description :

Les écoles de médecine socialement responsables ont l'obligation de concentrer l'enseignement, la recherche et les activités de service sur les préoccupations de santé que la communauté, la région et le pays qu'elles ont le mandat de desservir jugent prioritaires. Les écoles de médecine sont responsables de former les futurs professionnels de la santé qui dispenseront des soins robustes et de qualité aux communautés au sein desquelles ils pratiquent. Il y a plusieurs façons de

comprendre les besoins en santé d'une communauté, l'une consiste à intégrer le processus d'engagement communautaire dans les modèles universitaires. Ce processus est l'une des façons d'encourager la participation communautaire, la planification et la prise de décision pour les établissements qui les servent. Les doyens jouent un rôle particulier pour diriger leur établissement dans la croissance et la puissance de la médecine familiale socialement responsable qui pourrait ou devrait inclure de participer à l'engagement communautaire. Dans un débat animé, les délégués interagiront avec un comité animé de doyens du Canada et d'ailleurs pour discuter des façons dont les leaders peuvent et doivent appuyer les initiatives d'engagement communautaire dans les assises des programmes de formation en médecine familiale.

W229 **Providing Mifepristone Abortions: What you need to know**
10:00–12:15 Sheila Dunn, MD, MSc, CCFP (EM), FCFP; Ellen Wiebe, MD, CCFP

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Be able to assess and counsel patients interested in mifepristone abortion
2. Develop a plan to implement mifepristone abortion care in their practice
3. Evaluate and manage challenging clinical situations and common patient questions arising during mifepristone abortion care

Description:

Approximately one third of Canadian women seek abortion in their lifetime and family physicians play a crucial role in supporting their patients who need abortion care. Mifepristone abortion delivered by a patient's own primary care provider expands the range of reproductive health services offered in primary care and improves access to abortion care, particularly in regions without current abortion services. This session will review the pharmacology and action of mifepristone and misoprostol, the process of medical abortion and practice-based considerations for successful integration of medical abortion into family practice. We will use interactive case-based discussions to illustrate management of challenging clinical scenarios and share practical pearls and resources for successful mifepristone abortion implementation. Participants are encouraged to bring questions about mifepristone practice for discussion.

W320 **Shaping the Family Physician of Tomorrow: Outcomes of training project**
10:00–12:15 Nancy Fowler, MD, CCFP, FCFP; Roy Wyman, MD, CCFP, FCFP; Jennifer Hall, MD, MSc, CCFP, FCFP
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Explore the state of family medicine and the ways the CFPC is strengthening generalism as a hot educational topic
2. Contribute to the Outcomes of Training Project through a participatory inquiry approach
3. Reflect on the future of family practice and discuss implications, challenges and solutions for medical education

Description:

Never has generalism been more important or more threatened. Nearly 10 years after the introduction of the Triple C Competency-based Curriculum, we find ourselves reflecting on the state of family medicine and family medicine education. At the same time, we are aware of dynamic social and technological changes that are already starting to affect our work as family physicians. The College of Family Physicians of Canada (CFPC) has developed the Family Medicine Professional Profile to explain and strengthen our “brand” of generalism and guide the scope of training of family physicians including enhanced skills and Certificates of Added Competence (CACs). Following from this, and in the spirit of Continuous Quality Improvement (CQI), the CFPC is in the process of conducting a broad scale review of family medicine training through the “Outcomes of Training Project”. The purpose of this workshop is to inform and engage both frontline teachers and educational leaders in this project. In this highly interactive symposium, participants will have the opportunity to discuss their perspectives related to the work of family physicians both today and tomorrow and provide guidance to the CFPC in developing educational directions and priorities for the future. Participants will use background work conducted by the CFPC (environmental scanning; data; Triple C Evaluation trends) describing what and how family physicians are currently doing to inform these discussions.

11:15–12:15 **Presentations by the Recipients of Research Awards**
Présentations des récipiendaires des prix de recherche

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

W101

CFPC Outstanding Family Medicine Research Article

Rural Versus Urban Academic Hospital Mortality Following Stroke in Canada

Richard Fleet; Sylvain Bussi res; Fatoumata Korika Tounkara; St phane Turcotte; France L gar ; Jeff Plant; Julien Poitras; Patrick M. Archambault; Gilles Dupuis

PLOS ONE | <https://doi.org/10.1371/journal.pone.0191151> January 31, 2018 1 / 11

Introduction: Stroke is one of the leading causes of death in Canada. While stroke care has improved dramatically over the last decade, outcomes following stroke among patients treated in rural hospitals have not yet been reported in Canada.

Objectives: To describe variation in 30-day post-stroke in-hospital mortality rates between rural and urban academic hospitals in Canada. We also examined 24/7 in-hospital access to CT scanners and selected services in rural hospitals.

Materials and methods: We included Canadian Institute for Health Information (CIHI) data on adjusted 30-day in-hospital mortality following stroke from 2007 to 2011 for all acute care hospitals in Canada excluding Quebec and the Territories. We categorized rural hospitals as those located in rural small towns providing 24/7 emergency physician coverage with inpatient beds. Urban hospitals were academic centres designated as Level 1 or 2 trauma centres. We computed descriptive data on local access to a CT scanner and other services and compared mean 30-day adjusted poststroke mortality rates for rural and urban hospitals to the overall Canadian rate. **Results:** A total of 286 rural hospitals (3.4 million emergency department (ED) visits/year) and 24 urban hospitals (1.5 million ED visits/year) met inclusion criteria. From 2007 to 2011, 30-day in-hospital mortality rates following stroke were significantly higher in rural than in urban hospitals and higher than the Canadian average for every year except 2008 (rural average range = 18.26 to 21.04 and urban average range = 14.11 to 16.78). Only 11% of rural hospitals had a CT-scanner, 1% had MRI, 21% had in-hospital ICU, 94% had laboratory and 92% had basic x-ray facilities. **Conclusion:** Rural hospitals in Canada had higher 30-day in-hospital mortality rates following stroke than urban academic hospitals and the Canadian average. Rural hospitals also have very limited local access to CT scanners and ICUs. These rural/urban discrepancies are cause for concern in the context of Canada's universal health care system.

W102

Canadian Family Physician Best Original Research Article

Patients' Perceptions of Access to Primary Care Analysis of the QUALICOPC Patient Experiences Survey

Kamila Premji, MD, CCFP; Bridget L. Ryan, PhD; William E. Hogg, MD, CCFP, FCFP; Walter P. Wodchis, PhD

Canadian Family Physician March 2018, 64 (3) 212-220

Objective: To gain a more comprehensive understanding of patients' perceptions of access to their primary care practice and how these relate to patient characteristics. **Design:** Cross-sectional study. **Setting:** Ontario. **Participants:** Adult primary care patients in Ontario (N= 1698) completing the Quality and Costs of Primary Care (QUALICOPC) Patient Experiences Survey.

Main outcome measures: Responses to 11 access-related survey items, analyzed both individually and as a Composite Access Score (CAS). Results The mean (SD) CAS was 1.78 (0.16) (the highest possible CAS was 2 and the lowest was 1). Most patients (68%) waited more than 1 day for their appointment. By far most (96%) stated that it was easy to obtain their appointment and that they obtained that appointment as soon as they wanted to (87%). There were no statistically significant relationships between CAS and sex, language fluency, income, education, frequency of emergency department use, or chronic disease status. A higher CAS was associated with being older and being born in Canada, better self-reported health, and increased frequency of visits to a doctor. **Conclusion:** Despite criticisms of access to primary care, this study found that Ontario patients belonging to primary care practices have favourable impressions of their access. There were few statistically significant relationships between patient characteristics and access, and these relationships appeared to be weak.

W98

Presentation by the Recipient of the Research Award for Family Medicine Residents (1)
The Responses of Canadian Medical Education Bodies and Institutions to the Truth and Reconciliation Commission of Canada's Calls to Action: A scoping review and thematic analysis of documents
 Amrita Roy, MD

Objectives: Various Canadian medical education bodies and institutions have released formal responses to The Truth and Reconciliation Commission (TRC) of Canada's Calls to Action on Indigenous health. Through a scoping review and thematic analysis of formal response documents, our objectives are to: 1) map out the extent and nature of responses; 2) contextualize the responses with Indigenous health concepts. **Methods:** 104 bodies and institutions were identified. Websites were hand-searched for publicly available formal responses; when no document was located, the body/institution was e-mailed. Eligible documents were reviewed, and data extracted, charted, mapped, synthesized. The thematic analysis involved coding, categorization, abstraction, and triangulation with Indigenous health literature. **Results:** Nine documents were included. Common content included declarations of commitment; summary of activities done; proposal of future activities; reference to collaboration with Indigenous partners; acknowledgement of Indigenous health disparities and healthcare access barriers; acknowledgement of colonization and social determinants of health; and recognition of traditional healing approaches. Curricular issues discussed included cultural competence and safety training, and Indigenous trainee recruitment. **Conclusions:** In addition to the bodies/institutions with released formal responses, several others indicated by e-mail that work was being done towards responding to the TRC report. Thus, there appears to some commitment towards addressing the Calls to Action. The reconciliation process is complex, risking tokenism if done inappropriately. Only one of nine documents included an action plan with timelines and measurable landmarks, and there was minimal reference in documents to evaluation. Additionally, beyond physician education, broader system-level and societal changes are required.

W99

Presentation by the Recipient of the Research Award for Family Medicine Residents (2)
Palliative Care Physicians' Attitudes Towards Medical Assistance in Dying Three Years Out
 Jackie Mann, MD

Introduction: The palliative care community has historically objected to Medical Assistance in Dying (MAiD). The question of how palliative care physicians' attitudes towards MAiD have changed three years after legalization in 2016, affecting medical and social norms in Canada, is relevant to general family medicine and palliative medicine. **Purpose:** Our purpose was to determine if exposure to MAiD in practice in the Canadian healthcare landscape has changed palliative care physicians' attitudes and beliefs. **Methods:** A cross-sectional survey intended to reach a diverse group of palliative care physicians across the country was posted multiple times on the Supportive Care and Palliative CPMG (Canadian Physician Moms Group) Facebook group and members were invited to participate and share the open link with colleagues. A chi-square test for association was performed and a 5% level of significance ($p < 0.05$) was chosen. While this was a quantitative study, the survey's open-ended questions also amassed rich responses. **Results:** Of the 73 anonymous respondents, only those who now support MAiD showed a change of attitude since its legalization ($p = 0.042$); further, only physicians whose practice is comprised of less than 50% palliative care demonstrated a change in attitude ($p = 0.18$). The study also revealed a snapshot of palliative care physicians' experiences, opinions and participation surrounding MAiD. 88% of respondents reported that patient trust in their physicians had either not changed or increased. 67% of respondents support MAiD. 92% of participants have been asked about MAiD by patients or families. 71% have referred a patient for assessment eligibility. 33% of respondents have completed at least one assessment and 11% have performed MAiD. **Conclusions:** The study demonstrates that MAiD is increasing in acceptability amongst palliative care physicians since its decriminalization three years ago, which is aligned with global societal trends. As MAiD becomes increasingly acceptable, and likely more common, its' problems identified through the experience of our end-of-life-care experts can inform the improvement of policy. The comments garnered in this study touch upon the unresolved issues with MAiD that must be further explored to inform legislative change in order to best care for and protect patients, families, and care providers.

This project is approved by the University of Calgary Conjoint Health Research Ethics Board (Ethics ID REB18-1845).

13:00-13:30 Presentation by the Recipient of the 2019 Family Medicine Researcher of the Year
Présentation par le récipiendaire du Prix du chercheur de l'année en médecine familiale pour 2019
From Pilot to Practice: A Journey in Research and Patient Care
 Clare Liddy, MD

In this presentation, Dr. Liddy will provide an overview of her research journey. She will discuss the process of moving research into action, highlighting examples of innovations she has implemented that have successfully grown from small pilot projects to sustainable, scalable innovations, such as the eConsult service. She will provide guidance for new researchers by discussing her focus on delivering patient-centered care and offering key tips for successfully implementing, evaluating, and sustaining research innovations.

W301 What is a Preceptor Anyway?: An evidence-based guide
11:15-12:15 Anna Chodyra, MD; Brenda Hardie, MD, CCFP, FCFP; Bill Upward, BSc, BEd, MA
 All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Use the preceptor role description to identify 2 teaching strategies they use and describe why (become consciously competent)
2. Identify one teaching competency they are partially achieving
3. Describe one action they will take to more fully achieve the competency in noted learning objective 2

Description:

Preceptors are often asked to "take a learner" in their office, and uncertain exactly what they are being asked to do. Even with faculty development, we may have a hard time describing the foundational elements of teaching and precepting. We have developed an evidence-informed tool describing a set of core elements of good teaching. It was developed from literature reviews and augmented by reflections and experiences of preceptors and educational leaders from across BC. These collaborations have been distilled into a one-page, easy-to-use format that identifies key competencies. This tool is useful for new and experienced teachers, primary preceptors and those providing brief intermittent focused teaching. It can be used by family docs and specialists or allied health practitioners who teach medical students and residents in any clinical setting. This workshop will show one use for this tool which is to become consciously competent of the good teaching you are already doing and make plans to continue to use them. It will also help you identify an area for improvement and start a plan towards making change. If you like to learn along with your peers in an interactive workshop environment, then this session is for you.

W125 Top 10 Practice-Changing Emergency Medicine Articles of 2018/19
11:15-12:15 Jock Murray, FCFP, CCFP (EM); Jenny Leverman, FCFP, CCFP (EM); Mark Mensour, FCFP, CCFP (EM); Hana Weimer, CCFP, CCFP (EM)

ROOM / SALLE : Ballroom B

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review 10 articles' methods for application and for bias
2. Review emergency medicine articles to change their practice
3. Discuss potential challenged in achieving these practice changes

Description:

This fast-paced high-level review of ten practice changing articles from 2018-2019 in emergency medicine practice will provide critical appraisal, both absolute and relative terms will be used, and clear risk and benefit will be discussed at the end of each article. This is intended to be a comprehensive review session however, the review behind each article presentation is done in depth and breadth to ensure appropriate conclusions are provided in a clear and succinct form. Come see what's new and leave with a few new evidence-based pearls for your EM practice. The format includes various presenters each reviewing 1-2 articles in 10 minutes for a fast-paced just the facts approach with 1 minute per for questions.

W175 Cannabis Use in Pregnancy and Breastfeeding

11:15–12:15 Katherine Miller, MD, CCFP, FCFP

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Counsel on the evidence that exists for fetal, maternal and newborn impacts of cannabis use in pregnancy and breastfeeding
2. Apply recent guidelines and recommendations on cannabis use to their maternity practice
3. Access resources and guidance for both providers and patients

Description:

As cannabis use and its social acceptance rises in Canada, physicians are increasingly having to address the issue of its use in pregnancy and breastfeeding. Frequently cannabis is perceived as safe and natural and recent legalization has the potential to increase this perception of safety despite evidence that prenatal exposure can have lasting effects. This session will equip participants with the evidence and tools needed to have those conversations, dispel myths and help improve outcomes for mothers and babies.

W235 Sixty Minutes to Better Care of Seriously Ill Young Adults

11:15–12:15 Ahmed al-Awamer, MD, MHSc; Jayda Kelsall

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify three common barriers young adults and teens with advanced illness encounter in the health care system
2. Identify three strategies to overcome common barriers and adapt your practice to better young adults and teens with advanced illness
3. Recognize how to use LivingOutLoud.Life in your practice as a care and communication tool

Description:

Young adults living with advanced illness have unique health needs that are often not being adequately met. In their 2017 report, the Canadian Partnership Against Cancer states that adolescents and young adults (AYAs) with cancer face distinct challenges for which specialized and tailored system responses are needed. AYA needs aren't well understood, their concerns aren't being addressed, there are few programs to support their needs and their voices are largely silent. In this interactive workshop, a young adult living with advanced cancer shares her experiences and those of other AYAs that are presented on the recently launched LivingOutLoud.Life website. This dialogue will: lead to a better understanding of the unique needs of the population; explore approaches for broaching challenging subjects, such as infertility and palliative care; and help prepare physicians for discussions on challenging topics such as sexuality and relationships. LivingOutLoud.Life is the world's first online platform dedicated to supporting and empowering AYAs with advanced illness and is an accessible, evidence-informed resource to help physicians better understand the realities of being young and living with an advanced illness and the patient care that can make a difference. This workshop will explore common issues AYAs living with advanced illness face including coping with diagnosis, decisions about care, impacts on sexuality and fertility, managing challenges encountered with health systems and health care providers and confronting end of life. Attendees will learn ways to adapt their practice to better meet spoken and unspoken needs. Participants will have the opportunity to engage directly with an AYA and will learn about LivingOutLoud.Life as a patient teaching and support tool.

W253 Coaching: Lessons from the ice to the office

11:15–12:15 Cathy MacLean, MD, FCFP, MCISc, MBA; Ross MacLean
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Distinguish short and long term coaching strategies that can be useful in teaching in family practice including RX-OCD and R2C2

2. Compare direct and ambiguous feedback used in hockey coaching; recognizing the important role of both and when to use each
3. Apply basic coaching practices in office settings that are relevant to family medicine drawing lessons from appropriate hockey examples

Description:

Drawing from both a faculty development background and experienced hockey coaching, we plan to present lessons that inform coaching practices applicable to family medicine that can maximize learning for residents. This will be a fun, interactive session that uses analogies and techniques used in effective hockey coaching that can be directly applied to family medicine. Coaching in the moment approaches such as RX-OCD which is used in the Royal College Competency By Design and R2C2 which can help those in faculty adviser positions for coaching over time will be described. Hockey coaching practices will be reviewed that describe direct but also ambiguous feedback ("good job") and when each is needed. There are important lessons here for those of us in office practices teaching residents in the Triple C curriculum where the use of the right type of feedback at the right time can impact performance.

W254 EBM Competency Assessment in Family Practice Residency Programs

11:15–12:15 Cameron Ross, MD, CCFP, FCFP; Evelyn Cornelissen, RD, PhD;
Roland Grad, MD CM, MSc, FCFP; Brian E. Ng, MD, MPH, CCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Collaborate to examine and compare strategies for evaluating EBM competency in Canadian family practice residency programs
2. Use CanMEDS-FM 2017 to develop EBM assessment strategies and outcomes
3. Describe next steps to improve assessment of EBM competency in their own program

Description:

The objective of this workshop is to promote collaboration amongst EBM educators, in particular those involved in family practice residency programs. CanMEDS-FM 2017 states that all residents exiting family practice residency programs should be competent at applying evidence; however, it is not yet clear how to assess this. Compared to CanMEDS-FM 2009, CanMEDS-FM 2017 has incorporated changes in family medicine expert and scholar role competencies and enabling competencies that pertain to EBM which have implications for curriculum development. These include learning opportunities, evaluation and accreditation. Residency programs are generally working independently to achieve the desired outcomes and are therefore missing opportunities to collaborate and share best practices. Participants in this meeting will have the opportunity to review work underway in existing programs, share their own challenges and successes pertaining to EBM competency assessment, and develop next steps to consider for their own programs.

W84 Top Five Articles in Hospital Medicine

11:15–12:15 Lei Ma, MD; Benjamin Schiff, MD CM, FCFP; Sahil Jain, MD; Farin Foroodi, MD; Merrill Brown, MD

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify key articles in hospital medicine
2. Apply new clinical information at the bedside
3. Discover resources available to remain current with articles in hospital medicine

Description:

There are hundreds of articles published in medical journals every year, some with particular relevance for hospital practice. The members of the CPM Hospital Medicine Committee have been reviewing relevant articles in the practice of hospital medicine and have chosen what we deem to be the 5 most clinically relevant. These articles include topics around diagnostic testing, assessment, and management. The articles all have practical applications that can impact day-to-day care in the hospital. The format of this session will be as follows: first we will introduce a clinical question, then we will review the corresponding journal article, and lastly we will provide our recommendations as to how this may impact

patient care. The presenters will also share their own strategies for keeping up to date with the current literature, including specific resources that we find to be reliable and useful. The session will be interactive with an opportunity for the audience to ask questions. Finally attendees will have the opportunity to meet the members of the committee and help guide us as we continue our efforts to support physicians who practice hospital medicine.

W255 Women and Opioids
11:15–12:15 Laura Lyons, MD, CCFP

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the issues that affect women with chronic opioid use, and to use a screening tool to identify health risks
2. Assess the effects of long term opioid use on the hypothalamo pituitary adrenal axis and explore management options
3. Differentiate the effects of opioids and their route of use, to implement women focused treatment decisions

Description:

This one hour session will examine the impact of chronic opioid use on women's health. Opioids have a significant effect on the hypothalamo pituitary adrenal axis which results in hormonal imbalances. These imbalances can present as menstrual, sexual, fertility and mental health disorders. Participants will be introduced to a screening tool which can be incorporated into electronic medical records. This tool highlights the physical findings and symptoms that women experience due to long term opioid use. Once identified, findings can be addressed effectively. Both women prescribed opioids and those that use opioids illicitly are affected. Participants will learn about how different classes of opioids, and how different routes of use, impact women's health. Prescribing options will be explored and schedules for safe opioid weaning discussed. The correlation between opioid use and mental health disorders has been established in the research. Evidence strongly supports the need to incorporate trauma informed care into mental health counseling. Participants will learn effective, yet brief counseling techniques that integrates trauma informed care. At the conclusion of this workshop, practitioners will have acquired practice tools to apply in their treatment of women with chronic opioid use.

W389 SBI(R)T for Alcohol Use Disorder
11:15–12:15 Melissa Holowaty, MD, PhD, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Effectively and efficiently apply screening techniques for alcohol use disorder
2. Provide feedback and information regarding alcohol use, respecting the patient's stage of change
3. Explain and offer appropriate medical therapy for treatment of moderate to severe alcohol use disorder

Description:

Screening, brief intervention, and referral for treatment is a paradigm of care to identify patients along a spectrum of alcohol use from those at risk of harm to those already suffering from a severe use disorder. Using a motivational interviewing framework, patients at risk of harm are provided with information in keeping with their stage of change. Those patients identified with a moderate to severe use disorder were typically referred for treatment. However, medical alcohol treatment is difficult to access, and the medications used for treatment are easy to prescribe and monitor by the family physician. Use of various screening strategies, how to provide feedback and how to prescribe anti-craving medications will be discussed.

W690 Get to Target: Considerations for adding long-acting GLP-1 Ras (Ancillary Session)
12:15–13:30 Breay Paty, MD

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program

development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Recognize the key features of long-acting GLP-1 RAs and their potential role in diabetes management within a primary care setting
2. Reflect on a Diabetes Canada 2018 guideline-based approach to using the GLP-1 RA class to manage type 2 diabetes
3. Integrate practical tips for initiating long-acting GLP-1 RA therapy based on patient characteristics

Description:

Achieving glycemic targets in the management of type 2 diabetes (T2D) is essential to delaying, and possibly preventing, micro- and macrovascular complications of diabetes. While lifestyle changes are the cornerstone of T2D management, Canadian clinical practice guidelines also recommend a number of pharmacologic options to help patients achieve glycemic control—GLP-1 receptor agonists (GLP-1 RAs) being one of them. Over recent years, the number of therapies within the GLP-1 RA class has grown, with the newest entrants being the long-acting GLP-1 RAs. Using a patient profile, this program aims to highlight the key considerations and role of available long-acting GLP-1 RAs in the early stages of treatment and beyond. Participants will have numerous opportunities to discuss how these insights can be applied to clinical practice and review practical tips on how to incorporate GLP-1 RA therapy into a patient's treatment plan.

«W682 **Competencies for Collaborative Innovation Within the Global Primary Care Workforce (Besrouir)**
Compétences en innovation collaborative au sein de l'effectif mondial des soins de première ligne
 13:30–14:30 Kenneth Yakubu

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Identify gaps in current competency frameworks (e.g., CanMEDS-FM 2017) for collaborative innovation within the global primary care workforce
2. List relevant competencies for collaborative innovation within the global primary care workforce
3. Compare creative options for achieving this through current FM competency frameworks
4. Predict the readiness of FM programmes in adopting these competencies

Description:

Previous efforts have demonstrated the value of collaboration for building global family medicine (FM) and primary care systems. However, a common theme has been forging sensitivity and respect when established FM programmes (in the global north) support emerging ones (in the global south). We observe that the mutual exchange of innovations, learning and information within the global primary care workforce is essential, not just for promoting authentic and reciprocal partnerships, but for addressing emerging threats to global health security and ensuring quality improvement of our clinical practices (e.g. choosing diagnostic tests wisely, strengthening clinical skills etc.). More importantly, there is a need to ensure that the future global primary care workforce acquires the competencies necessary for collaborative innovation.

Objectifs d'apprentissage:

1. Relever les lacunes dans les cadres de compétences actuels (p. ex., CanMEDS-MF 2017) en matière d'innovation collaborative dans l'effectif mondial de soins de première ligne
2. Nommer les compétences pertinentes à l'innovation collaborative dans l'effectif mondial des soins de première ligne
3. Comparer les options créatives pour le réaliser à l'aide des cadres actuels de compétences en MF
4. Prédire si les programmes de MF sont prêts à adopter ces compétences

Description :

Les efforts antérieurs ont démontré la valeur de la collaboration dans la création des systèmes mondiaux de médecine familiale (MF) et de soins de première ligne. Le fil conducteur de ces efforts encourage la sensibilité et le respect lorsque les programmes de MF établis (dans l'hémisphère Nord) appuient ceux qui émergent (dans l'hémisphère Sud). Nous observons que l'échange mutuel d'innovations, d'apprentissage et d'information au sein de l'effectif mondial des soins de première ligne est essentiel, non seulement pour promouvoir les partenariats authentiques et réciproques, mais aussi pour contrer les menaces émergentes à la sécurité sanitaire mondiale, et veiller à l'amélioration de la qualité de nos pratiques cliniques (p. ex. choisir les tests diagnostiques avec soin, consolider les aptitudes cliniques, etc.). Mais surtout, nous devons nous assurer que l'effectif mondial futur en soins de première ligne acquiert les compétences nécessaires d'innovation collaborative.

- « W685 **The Besrouf Café: Making real-time connections in global family medicine (Besrouf)**
Café Besrouf: Établir des liens en temps réel en médecine familiale mondiale
 11:15–12:15 Françoise Guigné, MD, CCFP; Clayton Dyck, MD, FCFP; Kenneth Yakubu, MPhil, FWACP; Russell Dawe, MD, CCFP

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Describe how online video platforms can be creatively utilized to share knowledge and resources between global family medicine partners
2. Define and address challenges that come with synchronous technology-based medical education activities between participants differing contextually and geographically
3. Identify medical education topics that would be well suited for discussion via online synchronous platforms

Description:

After the conference is over, maintaining the momentum of creative discussion and problem solving between global partners in different contexts can prove challenging. To this end, the CFPC's Besrouf Centre is developing the "Besrouf Café", a regularly-scheduled synchronous online platform for fostering capacity building in family medicine education globally. Designed in collaboration between global Besrouf partners, the platform will be "premiered" at FMF with a real-time demonstration featuring partners joining worldwide to discuss topics in family medicine education of interest to both international and Canadian participants. Participants will also be provided with an opportunity to provide feedback on the platform and offer topics for future cafés.

Objectifs d'apprentissage:

1. Décrire comment les plateformes vidéo en ligne peuvent être utilisées créativement pour partager connaissances et ressources entre partenaires mondiaux en médecine familiale
2. Définir et régler les difficultés inhérentes aux activités de formation médicale basées sur la technologie synchrone entre participants se trouvant dans différents contextes et à différents endroits au monde
3. Déterminer les sujets de formation médicale qui conviendrait aux discussions sur plateforme synchrone en ligne

Description :

Après la conférence, il est difficile de maintenir l'élan des discussions créatives et de résolution des problèmes entre partenaires mondiaux dans différents contextes. À cette fin, le Centre Besrouf du CMFC travaille à la création du « Café Besrouf », une plateforme synchrone en ligne régulière qui renforce les capacités de formation en médecine familiale à l'échelle mondiale. Créée en collaboration avec des partenaires Besrouf du monde, la plateforme sera lancée au FMF avec une démonstration en temps réel où des partenaires du monde entier discuteront de sujets liés à la médecine familiale d'intérêt pour les participants internationaux et canadiens. Les participants auront aussi l'occasion de donner leurs commentaires sur la plateforme et de proposer des sujets aux fins de discussions futures.

- W11 Understanding Chronic Pain: A unique condition that requires a unique approach**
 13:30–14:30 Maureen Allen, CCFP (EM) (PC), FCFP

ROOM / SALLE : Ballroom B

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss 5 factors that drive the "chronicity" of chronic pain
2. Discuss the role of Pain Self-Management Programs
3. Discuss how "disruptive pain experiences" contribute to the development of central sensitization and the persistence of pain

Description:

Study Design: Clinical Review Article: Approach to chronic non-cancer pain. **Background:** Chronic pain is a complex chronic illness that is subject to prejudice, misinterpretation, and cultural biases. It requires a broad, multi-disciplined approach to manage effectively. Pain Self Management Programs offer a comprehensive approach to chronic pain that can be delivered at the community level with the support of health professional. **Objective:** The purpose of this clinical review article was to review recent literature on chronic pain and discuss the factors that drive the "chronicity" of chronic pain and

how best to support patients back to a functional quality of life. **Conclusion:** Pain Self-Management Programs (PSMP) are evidence driven, cost effective curricula that follow a standardize format that has been proven to help people learn to better manage chronic pain. They provide information and teach practical skills on how to live and manage chronic pain that can be delivered at the community level.

W108 Are Compassion Fatigue and Burnout the New Normal?

13:30–14:30 Keyna Bracken, MD, CCFP, FCFP

All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Consider how medical training emphasizing autonomous expertise may undermine the social humanities which potentially majorly contributes to burnout
2. Discuss ways to mitigate burnout in their educational and clinical environments and strategies to advocate and lead change
3. Consider the impact of learning environments on learner resiliency

Description:

Burnout, mental health issues and substance use affect physicians at a higher rate compared with the general population. The toll on medical trainees in particular, can be enormous, from the burdens of anxiety, depression and substance use to avoidable critical adverse patient outcomes and suicide. Participants will consider how medical training emphasizing individual, autonomous medical expertise may undermine the social humanities which may be a major contributor to burnout. We will consider the importance of the learning environment and mentorship on learner resilience and discuss ways to mitigate burnout and stress in our own educational and clinical environments.

W176 Prenatal Care of Newcomers to Canada: Helping two cultures meet

13:30–14:30 Hannah Shenker, MD, CCFP

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the evidence based clinical practice guidelines for immigrants and refugees to Canada as they pertain to maternity care
2. Identify common complications of pregnancy experienced by recent immigrants and refugees
3. Apply the principles of cultural competency to the perinatal care of newcomers to Canada

Description:

Global migration is at an all-time high with implications for perinatal health. Pregnant immigrants and refugees represent a particularly vulnerable segment of the population faced with multiple psychosocial, cultural and bureaucratic barriers to care. Pregnancy can be an entry point into the healthcare system, providing health care professionals the opportunity to gain women's trust, connect newcomers with community resources, and optimize the health of mother and child. In this session we will review key elements of the Canadian clinical practice guidelines for the care of immigrants and refugees as they pertain to perinatal care. Tools for improved cultural competency in maternity care will be reviewed including the use of interpreters and the role of interdisciplinary care. Case studies from both the urban and rural setting will be presented for discussion.

W201 Family First: Factors that promote a career in family medicine

13:30–14:30 Ian Scott, MD, CCFP, FRCPC; Maria Hubinette, MD, CCFP, FCFP; Lisa Graves, MD, CCFP, FCFP; Amanda Condon, MD, CCFP; Kathleen Horrey, MD, CCFP, FCFP

All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. List the factors that promote students in selecting a career in family medicine
2. Discuss strategies to promote students in selecting a career in family medicine
3. Prepare a short list of actions that can be taken back to a participant's home school

Description:

To support the social accountability mandate of medical schools and to ensure a sustainable health care system, medical schools must produce a sufficient supply of graduates to support and maintain a vibrant community of primary care providers. In this workshop we will present the evidence base that supports students choosing careers in family medicine followed by small group work where participants will use the evidence presented to derive strategies that can be applied in their context to support curriculum changes that will promote students selecting a career in family medicine.

W210

Educational Handover in Family Medicine Residency Training Programs

13:30–14:30

Jamie Wickett, MD, CCFP, FCFP; Bridget L. Ryan, PhD; Julie Copeland, MD, CCFP, FCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Examine the benefits of educational handover in the context of competency-based medical education
2. Review the challenges in implementing the practice of educational handover
3. Understand the current practice of educational handover in Canadian Family Medicine residency training programs

Description:

The practice of sharing assessment data between medical learners' current and future preceptors is referred to as "forward feeding" or educational handover. The ultimate goal of educational handover is to ensure that learners acquire the knowledge, skills and attitudes that are essential for providing high quality patient care. Educational handover is also intended to help learners, preceptors and the training program. For the learners, educational handover enables them to focus on individual learning goals and identify challenges early on. When learning challenges are identified early on the program can provide timely support to maximize skill development while in training. With respect to the preceptors, educational handover can help them focus on key performance areas to optimize the learners' skill acquisition and progression. Educational handover can also assist programs in the development of improved assessment processes. During this session participants will have the opportunity to learn about the current practice of educational handover in Canadian Family Medicine residency training programs and share their experiences. The session will also review the benefits of educational handover in the context of competency-based medical education. In addition, the challenges in implementing the practice of educational handover will also be reviewed. Participants will have the opportunity to discuss these challenges as well as best practices for forward feeding in small and large groups.

W232

Suicidal Ideation and Psychological Distress Among Canadian Family Medicine Residents

13:30–14:30

Jani Laramée, MD CM, CCFP
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify relevant Canadian data on burnout in residency
2. Identify relevant Canadian data on suicidal ideation in residency
3. Participate in the elaboration of a preliminary action plan

Description:

The problem of suicide in residency is as real as it is understudied. It is known that physicians die of suicide at a higher rate than the general population, and that suicide is the second leading cause of death among residents. The rates of psychological distress and burnout in residency are elevated, and front-line medical subspecialties such as family medicine are considered at higher risk for suicide. Residents in family medicine can therefore be considered a high-risk group

for suicide. Since suicidal ideation is a risk factor for suicide itself, knowing its prevalence among residents is crucial to understanding the magnitude of the problem, and to addressing the needs of these residents. A survey of University of British Columbia family practice residents done in 2010 revealed high rates of suicidal ideation (33.3%) and burnout (73.5%) while in residency. The rate of suicidal ideation identified in this study is higher than in similar studies, and the cause of this alarming difference is unknown. As for burnout, the rate is higher or comparable to other studies. The manuscript presenting these results were submitted for consideration of publication this year as there remains a paucity of Canadian data on suicidal ideation in residency. A follow-up national study evaluating suicidal ideation and psychological distress in family practice residents is being developed. This workshop will initially present a review of the literature on suicide and psychological distress including burnout in residency, with a focus on family medicine residents. The upcoming national survey on suicidal ideation and psychological distress will then be introduced. Finally, participants will be invited to share their experiences on the various challenges and successful interventions regarding suicidal ideation and psychological distress in residency. A preliminary national action plan will ultimately be formulated and submitted for publication.

W295 Indigenous Health CanMEDS Supplement Launch
13:30–14:30 Sarah Funnell, MD; Darlene Kitty, MD
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify core competencies for each CanMEDS role as these apply to working with indigenous people
2. Use these competencies to learn more and change their therapeutic approach to deliver culturally-safe care
3. Recognize and challenge systemic racism, supporting indigenous patients, families, and communities

Description:

The College of Family Physicians of Canada (CFPC) recognizes the role systemic racism plays in the health and social disparities experienced by indigenous people in Canada, as well as the need for family physicians to learn about indigenous health and social issues in giving culturally safe care. In supporting this, the CFPC's Indigenous Health Working Group is launching the CanMEDS-FM Supplement on Indigenous Health Competencies. This special supplement to the CanMEDS-FM 2017 will outline the expected competencies that will foster important knowledge and needed for effective therapeutic interactions and culturally safe care of indigenous patients, families and communities. Through the session, the new core competencies will be introduced, and participants will have the opportunity to participate in an interactive discussion and reflect on how they can be implemented in their own practice.

W304 What Might You Be Missing?: Direct observation is a skill
13:30–14:30 Steven Yau , MD; Brenda Hardie, MD, CCFP, FCFP; Bill Upward, BSc, BEd, MA
 All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify competencies that can best be assessed by direct observation
2. Describe strategies to facilitate efficient and effective direct observation of learners
3. Describe one strategy you will commit to using to improve your direct observations skills

Description:

Some competencies, such as communication skills, professionalism, and certain clinical reasoning abilities are very difficult to assess without directly observing a learners in action. Directly observing learners provides the opportunity to give performance feedback on more elements, as well as increasing the credibility of the feedback in the eyes of the learner. There are simple and practical ways to make direct observation more efficient and effective, even in busy clinical settings, and this workshop will show you how. Videos will be used to target the teaching skill of direct observation by comparing what a teacher can learn and assess through case review alone versus watching the learner in action. The module includes two short videos – one involving a learner giving a case report to a preceptor and the second showing the learner interacting with a patient. Participants will view each video and discuss the kinds of feedback they would be

able to give the learner in each situation. Tips for making direct observation more efficient and effective are provided and discussed. If you enjoy learning alongside your peers in an interactive workshop, this session is for you.

W399 Les défis d'un apprenant à réaliser un consentement aux soins
13:30–14:30 Marie-France Pelland, MD, CMFC ; François Goulet, MD, MA (ped Sc. Santé), CCMF, FCMF ; Louise Samson, MD, FRCP ; Julie Dubé, MD, FRCP ; Isabelle Mondou, MD
 Tous les enseignants sont les bienvenus. Cette séance met en valeur les concepts de base pour les leaders pédagogiques.

ROOM / SALLE : 114

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :

1. Décrire les obligations professionnelles, déontologiques et légales relatives à l'obtention d'un consentement aux soins tant pour l'enseignant que pour l'apprenant
2. Adapter la supervision de l'apprenant afin de favoriser une communication adaptée lors de la discussion entourant le consentement aux soins
3. À l'aide d'une grille d'évaluation, expérimenter comme enseignant les éléments clés d'une communication centrée sur le patient pour un consentement éclairé

Description :

Le consentement aux soins est beaucoup plus qu'un document signé par le patient. Conçu comme un droit inhérent au contrat qui lie le médecin à son patient, le consentement aux soins fait l'objet de règles très détaillées et très claires, tant pour son contenu que pour ses aspects communicationnels. Cela ne veut pas dire que l'application de ces règles est toujours simple, comme en font foi les plaintes des patients aux diverses instances et la jurisprudence. Le défi des médecins cliniciens enseignants est d'une part de maîtriser eux-mêmes ces règles et, d'autre part, d'encadrer adéquatement les apprenants dans l'acquisition de cette compétence qu'est d'obtenir un consentement aux soins en fonction d'une patientèle et de contextes cliniques et sociaux très variés, dans différentes situations : le patient inapte et le patient mineur, les situations d'urgence, la révocation du consentement et la distinction entre consentement implicite et explicite. Au terme de l'atelier, les participants pourront décrire les règles et obligations professionnelles en lien avec le consentement aux soins, y compris les éléments essentiels à inscrire au dossier du patient. Ils seront en mesure d'autoévaluer leurs pratiques quant à l'obtention du consentement aux soins. À la suite d'une courte présentation sur les éléments clés dans l'obtention d'un consentement aux soins, ils se mettront dans la peau d'un enseignant dont l'apprenant doit rencontrer des patients dans le but d'obtenir un consentement aux soins. Ils devront, par la suite, donner une rétroaction à l'apprenant pour chacune de ses performances.

W404 Innovative Online Learning Program: Fundamental topics in faculty development
13:30–14:30 Audrey Juras, MD CM, CCFP; Tamara Carver, PhD
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the support necessary to design and develop a similar program
2. Explain how this program might relate to a program or project they might like to develop
3. Identify the challenges in implementing a similar innovative blended program (and potential solutions)

Description:

This session will focus on the new innovative Faculty Development program for clinical teachers that was developed for the Department of Family Medicine at McGill University. There are four innovative aspects to this program: (1) a curriculum based on public standards for teachers and medical teachers from national and international sources, (2) mandatory participation for all new hires in the last 5 years, (3) the language of instruction is available in both French and English, and (4) the use of a blended (online and face to face sessions) delivery modality for flexibility and timing of learning. The program was launched in September 2018 and continues until June 2019 with 130 clinical teachers as participants. It is delivered using a blended modality with asynchronous online lectures and discussions, in- person local group discussions, and synchronous virtual face to face seminars using Zoom video conferencing. The goals of this blended education program are

to develop / reinforce / strengthen the knowledge, skills and attitudes pertaining to the teaching roles of our faculty, enhance the teaching capacity of our department, elevate the teaching related competency level of our faculty teachers, and foster a community of practice. It is designed primarily for clinical teachers who teach residents, medical students and learners from other health professions, both in and outside of the clinical setting. This session is important to family medicine educators as it provides an innovative way to design and deliver faculty development, emphasizes the importance of using technology in education to adapt to the needs of learners and help develop a community of practice, and highlights the fact that clinical teachers want to participate in online learning. It will also describe the necessary support for developing and implementing a similar program, as well as provide results from the formal evaluation of this program.

W331 **Helping Our Patients Prevent Pregnancy Without Ruining Their Relationships**
13:30–14:30 Ellen Wiebe, MD, CCFP

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Name the possible sexual and mood side effects of hormonal, intrauterine and barrier contraception
2. Use good questions to use when asking about sexual and mood side effects
3. Help your patient choose the best contraception for them

Description:

This is an interactive session, using case histories with discussion as well as a presentation of evidence from the literature. Cases will involve sexual and mood side effects of contraceptives (including hormonal, IUD, barrier, and fertility awareness). The emphasis of this workshop will be practical aspects of family planning involving talking with our patients about sex, relationships and birth control. Although there is evidence that sexual and mood side effects cause much of the discontinuation of hormonal contraception, this problem is infrequently discussed in family doctors' offices. In this session we will discuss problem solving these issues: finding contraception which does not interfere with sexual pleasure or relationships and helping our patients avoid unintended pregnancies while continuing to enjoy sex.

W384 **Using a Personal Learning Plan (PLP) for Your Professional Development Strategically: How and why?**
13:30–14:30 Viola Antao, MD, CCFP, FCFP; Eric Wong, MD; Élisabeth Boileau, MD; Fanny Hersson-Edery, MD
 All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 219

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explore general and participant-specific reasons for utilizing a PLP to direct professional development
2. Describe resources (frameworks, feedback sources and indicators, strategies) that are helpful to the development of a PLP
3. Develop an effective PLP aligned with Mainpro+, your own context and learning style, and your career goals

Description:

"Learning is not attained by chance; it must be sought for with ardor and diligence." Abigail Adams (second First Lady of the US 1744-1818). In 2015, the Federation of Medical Authorities of Canada (FCRAC) created an initiative for Physician Practice improvement. Subsequently in 2017, the CFPC embarked on a joint development project with the RCPSC to develop personal learning plans (PLPs). Longitudinal learning leads to better development of competencies that require in-depth development and reflection. As new roles/responsibilities for teaching, clinical practice, education scholarship and leadership are assumed throughout a career progression, development and mentorship are required. Regulated professionals are expected to identify their learning needs and to address them in order to maintain professional competence. This workshop, through a mix of didactic presentation, individual reflection and group discussions will help participants explore how to develop an effective PLP.

W74 **What Should You Know About the PIHCl Network? Opportunities for family physicians**
13:30–14:30 Sabrina T. Wong, RN, PhD; Gillian Bartlett, PhD; Allison M. Ezzat, PhD; Jamie DeMore, MA

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the structure of the SPOR PIHCl
2. Know how to contact the SPOR PIHCl Network in their province/territory for further information
3. Articulate priorities for clinicians in future SPOR PIHCl Network knowledge dissemination strategies

Description:

Context: The Strategy for Patient Oriented Research (SPOR) launched the Primary and Integrated Health Care Innovations (PIHCl) Network in 2014 as a pan-Canadian Network of Networks to create an alliance between research, policy and practice to foster a learning system meant to address improvements in health and equity for individuals across one's lifespan. **Objective:** The primary goals of PIHCl are to: (1) support better patient outcomes in primary and integrated care, particularly in people with or at risk of complex chronic diseases; (2) encourage the development and broader application of evidence-informed service delivery models that are horizontally and vertically integrated into practice and policy within the health care system. **Design:** A Network of Networks across Canada (n=11) that supports primary care projects (n=38). **Participants:** Clinicians; policy makers; scientists; and patients. **Interventions:** Stakeholder engagement, tripartite leadership, electronic medical record (EMR) data platform, and capacity building. **Main outcome measures:** (1) engagement of stakeholders, (2) influence policy and practice changes, (3) patient-oriented research. **Results and Conclusions:** The PIHCl Network successfully engages a wide range of stakeholders – including clinicians, policy makers, scientists, and patients – in priority setting for primary care research, conducting research, implementing knowledge translation and exchange, as well as in research training and capacity building. Clinicians have been engaged in the development and implementation of the EMR clinical data platform using the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) Data Presentation Tool. Policy makers have successfully implemented research findings such as provincially funded centralized Waiting Lists. Patients have made PIHCl Network research projects more applicable through participating in research and disseminating knowledge in culturally appropriate ways. The SPOR PIHCl is firmly embedded, widely recognized and respected in primary care across Canada. It is now building important momentum with partners including the College of Family Physicians of Canada to generate further positive changes in primary and integrated health care.

«**W683** **Going Global: A consultation on family medicine and primary care in Argentina (Besroul)**
15:00–16:00 **Mondialisation: Une consultation sur la médecine familiale et les soins de première ligne en Argentine**
 Marcelo Garcia Dieguez; Louise Nasmith; Nancy Fowler; Clayton Dyck

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Describe the current family medicine and PHC landscape in Argentina and use this knowledge to compare to their own practice setting
2. Identify the key enablers and change factors required to design a family medicine and primary care-centric health system
3. Identify the ways to become involved in a global family medicine consultation as a Canadian Department of Family Medicine through the Besroul Centre

Description:

With the recent adoption of the Declaration of Astana, countries around the world have made the commitment to building a primary care-oriented health care system for their people. Argentina is one of these countries. At the core of Argentina's primary health care (PHC) reform is the strengthening of its family medicine programs. Through a World Bank-funded consultation, the Besroul Centre worked with Family Medicine experts of Argentina to identify levers for change and support the design a comprehensive education and training proposal in family medicine in order to successfully implement PHC reform. Through this technical exchange, the Canadian and global family medicine community has learned more around the synergy between educational reform and national health systems, and how designing robust family medicine programs can optimize health systems to ensure good health and wellbeing is accessible to all.

Objectifs d'apprentissage :

1. Décrire le contexte actuel de médecine familiale et de SPL en Argentine et utiliser ces connaissances pour comparer son propre contexte de pratique
2. Nommer les catalyseurs et les facteurs de changement nécessaires pour concevoir un système de santé axé sur la médecine familiale et les soins de première ligne
3. Nommer les façons de participer aux consultations mondiales en matière de médecine familiale à titre de Service canadien de médecine familiale par l'entremise du Centre Besroul

Description :

Avec l'adoption récente de la Déclaration d'Astana, les pays du monde, dont l'Argentine, se sont engagés à créer un système de santé axé sur les soins de première ligne pour leur peuple. Au cœur de la réforme des soins de première ligne d'Argentine se trouve la consolidation des programmes de médecine familiale. Par l'entremise de consultations financées par la Banque mondiale, le Centre Besroul a collaboré avec des experts argentins en médecine familiale pour identifier les moteurs du changement et appuyer la conception d'une proposition exhaustive en matière d'éducation et de formation en médecine familiale en vue de concrétiser la réforme des soins de première ligne avec succès. Par l'entremise de cet échange technique, la communauté canadienne et mondiale de médecine familiale a beaucoup appris sur la synergie entre la réforme de l'éducation et les systèmes nationaux de santé, et sur la façon dont la conception de programmes de médecine familiale robustes optimise les systèmes de santé pour veiller à ce que tous aient accès à une bonne santé et au bien-être.

W16

BRCA Course

13:30-17:15

Lesla Dawson, MD; Debra Evaniuk, MD, FRCSC; Sasha Lupichuk, MD; Nadine Dumas, MD; Sarah Kean, MD; Alex Ginty, MD

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Genetics primer for the non-genetics clinician
2. Breast cancer and ovarian cancer risk reduction options
3. Menopause hormone therapy

Description:

This course has been developed in collaboration with medical genetics, medical oncology, surgical oncology, menopause and family medicine experts. It aims to address primary care practitioners involved in the care of those with hereditary breast and ovarian cancer syndrome with a specific focus on BRCA 1 and 2. Four presentations will be given followed by case discussions. At the completion of this advanced skills workshop the participant will be able to: Identify patterns of cancer diagnoses in families suggestive of possible inherited predisposition syndromes; Assess the basics of cancer risk assessment and the selection of appropriate individuals for genetic testing; Describe the cancer risks associated with mutations in BRCA 1 & 2; Report the evolving literature regarding ovarian cancer screening; Define the incidence of BRCA mutations in a woman with newly diagnosed ovarian cancer; Outline current guidelines for cancer screening and preventative surgery in BRCA carriers; Describe the different cancer rates associated with BRCA 1 & 2 mutations; Differentiate the breast cancer and ovarian cancer risk reduction options for BRCA1 vs BRCA2 carriers; Discuss the benefits and limitations of breast MRI surveillance and prophylactic mastectomy for BRCA carriers; Summarize the evidence regarding prophylactic bilateral salpingo-oophorectomy in BRCA carriers; State the advantages and disadvantages of hysterectomy at the time of prophylactic bilateral salpingo-oophorectomy; Counsel patients regarding decisions about timing of prophylactic surgeries; Review the role of hormone replacement therapy after prophylactic bilateral salpingo-oophorectomy in BRCA carriers with and without breast cancer.

W146 Teaching Positive Parenting in a Way That Actually Works
13:30–17:15 Sanjeev Bhatla, MD CM, CCFP, FCFP; Anne Biscaro; Andrea Feller; Robin Williams; Honorable Janet Austin

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Develop an understanding of the new parenting science and evidence from the CPS Parenting Statement
2. Appreciate their expertise and role in teaching parenting practices, the strongest modifiable determinant of behavioural and emotional health in children
3. Learn how to feasibly include positive parenting teaching in regular office visits

Description:

The 2019 CPS Positive Parenting Statement will be reviewed and will serve as foundational evidence for the skills taught in this workshop. At the start of this workshop, participants will learn just how fundamental positive parenting is to healthy development. They will then learn about the science and evidence that went into the development of the CPS Positive Parenting Statement. The cross-disciplinary workshop leaders will explain how talking about parenting in a compassionate and non-judgmental way can enhance the doctor-patient relationship by cultivating mutual trust and respect. The participant will then learn about evidence-based approaches in an interactive manner. Workshop leads (Family Doctor, Paediatricians and Public Health Professionals) will place an emphasis on the proven benefits of a physician's role in teaching positive parenting principles and how brief interventions over time can be highly effective. Quick and pragmatic sample tools will be introduced, demonstrating principles that can be taught effectively and efficiently in the doctor's office. To further cement the key takeaways, case study review will demonstrate how these skills apply across any family in your practice, including those experiencing adversity.

W452 Advance Care Planning: A primary care priority and responsibility
13:30–17:15 Stephanie Connidis, MD, CCFP (PC) (COE), RACGP; Kiran Dhillon, MD, CCFP;
 Benjamin Schiff, MD, CCFP; Dave Jerome, MD, CCFP; Allan Grill, MD, CCFP (COE), MPH, FCFP

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Demonstrate the importance of advance care planning in the delivery of patient care
2. Integrate an approach to ACP conversations that family physicians will feel comfortable initiating in multiple clinical practice settings
3. Recognize the utility of focusing on values rather than specific treatment preferences in ACP conversations

Description:

Advance care planning (ACP) is the expression of wishes, values and beliefs about future medical care in the event a person becomes incapable. Patients should be supported to start this process early to help prepare for a significant change in health status or personal circumstances. Family physicians are an ideal point of contact to initiate these discussions with patients as they provide care in various health care settings including offices, outpatient clinics, residential and long-term care facilities, and hospital wards. Surprisingly, however, 67% of primary care physicians say they need more information and resources to be able to feel comfortable having ACP conversations. In addition, 86% of Canadians are not familiar with ACP, and less than 50% have had a discussion with a family member or friend about their goals of medical care or end-of-life care wishes. Even more alarming is that only 5% of those patients have spoken to their family physician despite the fact that over 75% of Canadians want to talk to their physician about ACP. This enhanced clinical session, using case-based scenarios and role-playing exercises, will provide a practical approach to developing effective strategies for family physicians to engage patients in ACP discussions. This session will be led by family physicians representing the Section of Communities of Practice in Family Medicine (CPFM), and is a joint collaboration between the Hospital Medicine, Health Care of the Elderly, and Palliative Care program committees.

W357 Success as a Preceptor in a Rural or Distributed Setting

15:00–16:00 Scott H. Elliott, MD, CCFP, FCFP

All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify factors that support the successful implementation of a rural or distributed family medicine teaching site
2. Determine the challenges to success for preceptors and learners in a rural or distributed family medicine teaching setting
3. Propose solutions and deliverables that will support the successful continuation of a rural or distributed family medicine teaching site

Description:

Medical schools have a social accountability mandate to ensure a sustainable health care system and provide a sufficient supply of rural providers to support the health care requirements of rural and remote communities. Rural and distributed medical teaching environments differ from urban centers. Rural and distributed learning sites vary in location and infrastructure. Learners who chose to train at a rural or distributed teaching site self select to do so. Their learning requirements are unique. This presents challenges for both preceptors and learners. A facilitated approach will provide participants with a framework that supports the successful implementation of a rural or distributed teaching site. Participants will break into small groups to explore the challenges encountered when they accept learners into their rural or distributed practices and the issues their students encounter when they attend a rural or distributed family medicine learning setting. All small groups will report out to the larger group. A summary of physician, practice, and community factors identified and solutions proposed, that support the successful implementation and continuation for accepting and maintaining learners in a rural or distributed family medicine setting will conclude the workshop. The majority of the time spent in this workshop will be through small group discussions and then summarizing the findings by reporting out to the larger group.

W454 Peer Consultations for Teachers, Preceptors, and Leaders: Problem solving with colleagues

15:00–16:00 James Goertzen, MD, MCIsc, CCFP, FCFP; Ivy Oandasan, MD, MHSc, CCFP, FCFP;
Alison Eyre, MD CM, CCFP, FCFP

All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss evidence for peer or step back consultations as an educational or leadership tool
2. Demonstrate how a peer consultation approach can guide the development of strategies to address a current educational or leadership challenge
3. Identify opportunities to incorporate peer consultative approaches with colleagues face to face or via long distance technology

Description:

As teachers, preceptors, or educational leaders; we sometimes encounter educational, teaching or leadership challenges. Sometimes these problems are easily solved while at other times our initial strategies or potential solutions are unsuccessful. At times, we are not sure where to start. The peer or step back consultation framework provides a collegial approach to explore a teaching or educational challenge and brainstorming new approaches. This practical session will provide an opportunity for you “to bring your own case”, join in the discussion of real problems we face as teachers, preceptors or educational leaders; or attend to learn more about “how to use this approach in your own setting.” For those who attended the Family Medicine Leadership Orientations for new program directors in 2018 and 2019, this session provides another opportunity to build upon early learnings, share the value of peer and to act as a peer mentor for others across the country. This session helps Section of Teachers (SOT) facilitate broadly building a community of practice of teachers, preceptors and educational leaders in family medicine in Canada.

W163 **Helping Your Patient Cope With an Unintended Pregnancy**
15:00–16:00 Ellen Wiebe, MD, CCFP, FCFP

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Help patients explore their options when faced with an unplanned pregnancy
2. Give specific resources to patients dealing with the religious or relationship issues related to unplanned pregnancies
3. Give accurate information about the risks of abortion compared to birth

Description:

We will give information about abortion in Canada so you can give the best information to your patients. We will then discuss some typical cases of unplanned pregnancy in family practice. Doctors have professional and personal obligations as well as belief and facts. Patients arrive with personal and external issues. We will talk about good questions to ask women and their partners to help them clarify their issues and make the best decisions. We will share the best ways to address particular concerns such as risk of infertility and depression and the effect of an abortion or unplanned child on the relationship.

W683 **Going Global: A consultation on family medicine and primary care in Argentina (Besrour)**
15:00–16:00 Marcelo Garcia Dieguez; Louise Nasmith; Nancy Fowler; Clayton Dyck

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the current family medicine and PHC landscape in Argentina and use this knowledge to compare to their own practice setting
2. Identify the key enablers and change factors required to design a family medicine and primary care-centric health system
3. Identify the ways to become involved in a global family medicine consultation as a Canadian Department of Family Medicine through the Besrour Centre

Description:

With the recent adoption of the Declaration of Astana, countries around the world have made the commitment to building a primary care-oriented health care system for their people. Argentina is one of these countries. At the core of Argentina's primary health care (PHC) reform is the strengthening of its family medicine programs. Through a World Bank-funded consultation, the Besrour Centre worked with Family Medicine experts of Argentina to identify levers for change and support the design a comprehensive education and training proposal in family medicine in order to successfully implement PHC reform. Through this technical exchange, the Canadian and global family medicine community has learned more around the synergy between educational reform and national health systems, and how designing robust family medicine programs can optimize health systems to ensure good health and wellbeing is accessible to all.

W337 **Working Toward Gender Diversity and Inclusion in Medical Education**
15:00–17:15 Rita McCracken, MD, PhD; Betty Calam, MD; Brenda Hardie, MD; Theresa Van der Goes, MD; Maria Hubinette, MD; Monika Dutt, MD; Courtney Howard, MD; Jillian Ratti, MD
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Identify actions to increase the inclusion of women and gender-diverse individuals in leadership and teaching roles in family medicine
2. Describe practices used in other jurisdictions that successfully improve gender equity and reduce mistreatment of trainees, preceptors and leaders
3. Engage in collaborative efforts to strengthen faculty development for women and gender-diverse family physicians across Canada

Description:

Family medicine is an essential element of primary care and creating a leadership and education infrastructure that accurately represents both the diverse aspects of the providers and the populations served is a reasonable goal. The wider world has been affected by the #metoo movement and called attention to the persistently poor representation and inclusion of women and gender-diverse people in leadership roles. While some conversation in medicine is happening, there has not yet been systematic investigations and action plans in family medicine. This workshop proposes to present a call to action to national champions, experts and stakeholders in medical education that will design a needs-responsive action plan for family medicine faculty. Using a mix of short presentations and results-oriented collaborative small group sessions we will identify the next wise actions that can be taken at every medical school in Canada. Faculty development experts, researchers, practitioners and trainees who identify as women or gender diverse people, and their allies, are encouraged to participate.

W363

What's New for Faculty Developers and Teachers?

15:00–17:15

Sudha Koppula, MD, MCISc, CCFP, FCFP; Viola Antao, MD, MHSc, CCFP, FCFP; Miriam Boillat, MD CM, CCFP, FCFP; Vina Broderick, MD, CCFP, FCFP; Lyne Menard, MD, CCFP, FCFP; Paul Miron, MD, CCFP; Linda Snell, MD, MHPE, FRCPC, MACP; Marie-Claude Vanier, BPharm, MSc

All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Describe the FTA Framework as a foundational document for faculty development
2. Demonstrate how to use the FTA Repository and the Hooks and TRAPs as a tool for family medicine teachers
3. Discuss how they might integrate these resources in their context

Description:

Background: Teachers in the health professions are valued for their educational contributions and require support by means of faculty development resources. The College of Family Physicians of Canada's Faculty Development Education Committee (FDEC) has developed materials, including practical tools, to support family medicine teachers. Such tools are increasingly important as expectations of teachers in competency-based education programs continue to expand. FDEC has developed the Fundamental Teaching Activities (FTA) Framework, a framework for faculty development to support fundamental teaching activities. It has also created a repository of teaching resources and a list of common teaching challenges (Hooks and TRAPs) that link to the relevant resources. This workshop aims to introduce the FTA Framework, the repository of teaching resources, and common teaching challenges to faculty developers and teachers to assist in their roles and teaching activities. Participants will have the opportunity to consider how they might use these resources in their own context. **Target audience:** Educational leaders, faculty developers, family medicine teachers. **Structure of workshop:** This workshop will consist of both large and small group discussions. Participants will have a hands-on opportunity to explore the FTA Framework and Repository using case vignettes that focus on common teaching challenges. There will be time for individual and group reflection on how to best use the resources in their setting. **Intended outcomes:** By the end of the workshop participants will be able to describe the FTA Framework as a foundational document for faculty development, demonstrate how to use the FTA Repository and the Hooks and TRAPs as a tool for family medicine teachers and discuss how they might integrate these resources in their context.

Free-standing paper presentations / Présentations libres

Researchers will provide free-standing (oral) presentations of new research; the 2019 research award recipients are among the list of distinguished presenters.

Des chercheurs livreront des présentations libres (orales) sur de nouveaux travaux de recherche ; les lauréats de 2019 des prix pour la recherche figurent au programme.

W459

Impact of Rural Rotations on Urban Postgraduate Learners: A literature review

15:00–15:15

D. Myhre, MD, CCFP, FCFP, FRRMS; Rebecca Malhi, PhD; Jodie Ornstein MD, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Integrate the literature review findings into program standards and policy

Background/objective: The rural physician shortage remains an international crisis. Rural rotations are commonly used in urban based programs to address the issue. Given the cost associated with this intervention, this comprehensive review assesses the published evidence of the impact of rural rotations on urban based postgraduate learners.

Methods: The OVID Medline database was searched for eligible articles published in peer-reviewed academic journals between 1980 and 2017. Data were extracted and analyzed to draw inferences about the impact of rural rotations on urban based postgraduate learners. The methodological quality of included articles was assessed with the Medical Education Research Study Quality Instrument (MERSQI). **Results:** The search identified 301 articles; 19 studies met inclusion criteria (mean MERSQI score 11.95). Of the various rural rotation characteristics reported, duration was most consistently associated with eventual rural practice. No consensus of impact was found for other characteristics of the rotation. Pooled data demonstrates that rural rotations and rural origin are approximately equal in impact for rural practice location. Our review also provided indications of the interactive cumulative effect of the postgraduate rural rotation, rural origin, and rural intent on rural practice decisions. **Conclusions:** The importance of rural rotations during urban postgraduate training for the outcome of rural practice is apparent. However, the reliance of medical educational systems on the rural rotation, specifically duration, to meet the needs of this underserved population does not accurately reflect the interaction between rural rotations, rural origin and rural intent. A rural rotation of at least 4 months appears to be required for effect on urban based residents.

W632 Just Sore Throats? Students' perceptions of intellectual stimulation in family medicine

15:15–15:30 Patrick Goeres*, MD; Kiran Sahota, MRCP; Hugh Alberti, MbChB, MSc, FRCGP;
Eugene Tang, MbChB, MSc, MRCP; Marianna Hofmeister, PhD; Martina Kelly, MbBCh, MA, FRCGP, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Evaluate student perceptions of intellectual stimulation in family medicine

Objective: 1. To explore medical students' perceptions of intellectual stimulation in family medicine (FM). 2. To compare and contrast student views between UK and Canada. **Design:** Qualitative focus group study, analyzed thematically. **Setting:** Three year undergraduate medical school (Canada), five year direct entry medical school (UK). **Participants:** Convenience sample of 51 student responders to email invite. Canadian data comprised four focus groups with 26 students (20 pre-clerkship, 6 clerkship). UK participants comprised 25 students (20 fourth year students, 5 final year students, all clinical phase). **Intervention/outcome measures:** The same interview schedule was used at both sites. Transcripts were analyzed at each site: a) each team member read and identified initial codes b) team met as a group to discuss and refine codes, discuss initial themes. The international team then had a series of skype calls to discuss, compare and contrast findings at each site. **Findings:** Three overarching themes were identified; intellectual stimulation in FM (positive and negative), lack of awareness of academic FM and influences of perceptions of intellectual stimulation in FM. Many students perceived FM as intellectually stimulating, valuing the breadth of medicine practiced. Canadian students valued opportunities to diversify their scope of practice. English students were attracted and deterred by time constrained appointments. Students in both countries were generally unaware of FM research, although teaching was identified by Canadian students as part of academic FM practice. Students' perceptions of intellectual stimulation were influenced by prior research experience, faculty role-models, and personal healthcare experience. **Conclusion:** Many students perceived family medicine as intellectually stimulating. Students were generally unaware of research in family medicine, but were interested. Increasing opportunities for students to learn about and participate in family medicine research alone is insufficient to entice more students to consider a career in family medicine, which students strongly identified as a clinical discipline.

W525 STRIVE: Shifting from 'Surviving to Thriving' Through Mindfulness-Based Simulations

15:30–15:45 Joan Horton*, MD, CCFP, FCFP, MSc; Stephanie Smith, MD, MA; Lauren Griggs, MD; Franco Rizzuti, MD; Allison Brown, MSc

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Define mindfulness-based stress management tactics for resilience through simulations

Objective: To describe early findings regarding the impact of an intervention that aims to teach mindfulness-based stress management tactics to medical trainees. **Design:** A longitudinal, repeated measures design examined the impact of mindfulness-based stress management tactics on medical students by administering a survey prior to, immediately following, and 6-months after the program. **Setting:** Undergraduate medical education at the Cumming School of Medicine, University of Calgary (Calgary, Alberta, Canada). **Participants:** 42 first-year medical students elected to participate. 42 participants completed the pre-STRIVE survey, 35 completed the post-STRIVE survey, and 23 participants completed the retention survey. **Intervention:** The Simulated Training for Resilience in Various Environments (STRIVE) program aims to prepare current and future health professionals in mindfulness-based stress management tactics, including the Mental Health Continuum and the Big Four+. A pilot of STRIVE was offered in August 2018. **Main outcome measures:** The main outcome measures are the subscale totals on two instruments. The first instrument contains 4 items from the Connor-Davidson Resilience Scale (CD-RISC). The second instrument contains 4 items about querying confidence in a participant's ability to manage and support burnout and resiliency amongst themselves and others. **Results:** Increases in participant's confidence to identify early signs of burnout, support peers, find resources, and teach peers about resiliency techniques increased post-STRIVE (16.9 +/- 1.71) and were sustained 6-months following the program (14.87 +/- 2.07) [F(2,97) = 23.964, p = 0.000]. Mean increases on the CD-RISC following STRIVE (15.9 +/- 2.09) as well as 6-months later (15.8 +/- 2.19) were not statistically significant [F(2,97) = 1.082, p = 0.343]. **Conclusion:** Mindfulness-based stress management tactics may be beneficial for medical students to learn to promote student confidence and skills in managing burnout and enhancing resiliency.

W560 How are Professional Boundaries Between Faculty and Residents Perceived?

15:45–16:00 Fiona Bergin*, MD, CCFP, LLM, MEd; Peggy Alexiadis-Brown, MA; Darrell Kyte, MPA

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Explore how family medicine preceptors and residents navigate professional and personal boundaries in traditional block and longitudinal training sites

Objective: To explore how professional boundaries are experienced by and maintained between family medicine preceptors and residents in urban, traditional block-based and rural longitudinal family medicine training sites within one program. **Design:** Qualitative grounded theory and content analysis of participant interviews. An iterative process was used to develop codes and transcripts were analyzed by at least 2 members of the research team. **Setting:** Seven training sites (2 rural longitudinal and 5 urban traditional block-based training sites) within the Dalhousie Family Medicine Residency Training Program. **Participants:** Interviews were conducted with 13 faculty and 16 residents representing 7 training sites. **Findings:** Professional boundaries between preceptors and residents were rarely taught or explicitly discussed nor was there felt a need to do so. Professional boundaries were learned by residents in their initial interactions with and observations of their preceptors and were not the same with all preceptors. The majority of participants expressed a clear desire to have personal interactions with each other outside of the workplace. Residents particularly stated that a more casual, personal relationship with their preceptors enhanced their learning and understanding of the role of family physicians. The need to maintain professional boundaries was most often described by faculty in relation to their evaluative role. Few faculty had experienced or witnessed a conflict in their evaluative roles but were more cautious in maintaining professional boundaries with residents in difficulty for that reason. Participants speculated that there might be a difference in the establishment of professional boundaries between rural longitudinal and urban block-based sites but their limited experiences could not confirm that. **Conclusions:** Residents and faculty rarely talk to each other about professional boundaries leaving each to determine where that boundary

should be established. Personal, rather than professional, characteristics may play a significant role in boundary-setting in family medicine residency training sites.

W556 A Pan-Canadian Evaluation of the CFPC's Fundamental Teaching Activities Framework

16:00–16:15 Douglas Archibald*, PhD; Viola Antao, MD, CCFP, FCFP; Cheri Bethune, MD, CCFP, FCFP; Vina Broderick, MD, CCFP, FCFP; Rachelle Cheuk Woon Lee, MSc; Dianne Delva, MD, CCFP, FCFP; Kaylee Eady, PhD; Catherine Giroux; Katherine Moreau, PhD; Ivy Oandasan, MD, CCFP, FCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify the recommendations of the evaluation to improve the Fundamental Activities Framework

Objective: To conduct an evaluation of the uptake and usefulness of the CFPC's Fundamental Teaching Activities (FTA) in Family Medicine Framework. **Design:** Using a practical participatory evaluation approach, a partnership between the project team and members of the CFPC Faculty Development Education Committee (FDEC) solidified the evaluation design, development of data tools, implementation strategies, validation of key findings, and dissemination. **Setting:** Faculty Development programs across Canada. **Participants:** Voluntary participation of Faculty Development Directors, Postgraduate Directors, and Site Directors were invited to participate. **Intervention:** Mixed methods consisting of an online survey sent by FDEC to all Family Medicine Faculty Development Directors, Postgraduate Directors, and Site Directors and follow-up interviews with self-selected participants. **Main outcome measures:** The surveys were distributed to the 15 Faculty Development Directors, 18 Family Medicine Program Directors and 174 Family Medicine Site Directors from October to November 2018, soliciting response rates of 80%, 66.7%, and 19.5% respectively. Interviews were conducted with a representative sample of survey participants from January to April 2019. Surveys and interviews were conducted in either French or English. **Findings:** Survey responses suggest that awareness of the FTA was highest among Faculty Development Directors. Participants learned about the FTA through college meetings, the Family Medicine Forum, the CFPC website, and from colleagues. Many viewed the FTA as a tool for Faculty Development programming and as a guide for supporting lifelong learning. There have been varied levels of implementation of the FTA across the country. Emerging themes from interview data stem from the functional uses of the FTA to its value as a teaching tool. **Conclusion:** Recommendations to reduce barriers to implementation, such as readability and clarity of the FTA framework, and highlighting the collective and individual values of the framework will be presented.

W621 Encouraging Engagement With the Refugee Community Through MUN Med Gateway

15:00–15:15 Luke Duffley, BSc; Nguyet Nguyen, BSc (Hons); Christine Aubrey-Bassler*, MD, CCFP; Kate Duff, BA, LLB; Jennifer Bessell

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Help learners identify methods of integrating cross-cultural competency training and recognize how to respond to the needs of newcomers

Setting: The MUN Med Gateway program was created in 2005 to facilitate access to healthcare for refugees arriving in St. John's (NL), while providing medical students the opportunity to engage in a service learning experience. Over the years, Gateway has expanded through its partnership with the Association for New Canadians (ANC) to offer social programs and initiatives that seek to improve new refugees' health and wellbeing beyond the clinical encounters. Through these initiatives, learners are consistently engaged with this special population, and involved in aspects of care that views patients holistically. **Participants:** First and second-year (pre-clerkship) medical students at Faculty of Medicine-Memorial University who have undergone the annual Gateway orientation, refugees who are supported by the ANC, and support staff. **Methods:** We examined annual reports to evaluate the range of programs offered, discerned patterns and characteristics of successful programs, and evaluated appropriateness of activities that can provide both a positive learning experience for learners and meaningful interactions for new refugees. **Results/findings:** There has been an increase in programs outside the clinic to encourage longitudinal engagement with patients in a cross cultural experience. These include obtaining vitamin D and car seats for newcomer families, annual holiday parties that showcase talents and

provide space for sharing of culture, and conversations with young adults planning to pursue post-secondary education. These encounters elicit appreciation of the strength, resilience and diverse cultural heritage that refugees are bringing to St. John's. **Conclusion:** Medical student growth and development in work with special populations requires holistic exposure and integration with these groups. Gateway is unique, providing an opportunity for continued engagement and connection within smaller specific programs outside of the clinic. This engagement is critical to the development of essential cross-cultural competencies and prepares a physician to respond to the needs of newcomers.

W649 Assessing Obstetrical Complications and Outcomes in Family Medicine Residents

15:15–15:30 Laura Zuccaro*, MD; Stephanie Duquette, MD; Shannon Reid, MD; Matt Orava, MD, CCFP; Anwar Parbtani, MD, CCFP, FCFP

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Recognize pregnancy complications among family medicine residents

Objective: There is a paucity of evidence regarding obstetrical outcomes and complication rates among family medicine residents in Canada. The objective of this study is to better understand and quantify the rates of pregnancy complications among family medicine residents. **Design:** A retrospective survey. **Setting/participants:** Female family medicine residents at University of Toronto training sites who had been pregnant during their residency, between 2009-2018. The survey was sent to 254 residents. The response rate was 18%. **Main outcome measures:** Demographic information, working conditions, pregnancy and delivery complications. **Results:** The 45 participants had 63 pregnancies (range 1-3). 84.1% of pregnancies were completed with an average gestational age of 39 weeks (range 34-42 weeks). 15.9% of pregnancies had resulted in miscarriages (vs Canadian incidence: 15-25%; NS). Vaginal delivery was completed in 62.3% (vs Canadian incidence of 58.6%; NS). 17% of the vaginal deliveries required assisted delivery (vs Canadian average of 13.3%; NS). The Caesarean section rate was 28.3% similar to the Canadian average of 28.2%. 64% of pregnancies had complications, the most common being pregnancy-induced hypertension (PIH)/preeclampsia (24% vs Canadian average of 5%, $p < 0.0001$) and Small for Gestational Age (SGA, 21% vs Canadian average of 9.1%, $p < 0.001$). 42% had complications during delivery, the most common being worrisome fetal heart rate (45%) and failure to progress (41%). With respect to working conditions, 41% continued taking calls at an average of 3.3 call per month. 19% of residents did not take any maternity leave. 9.8% of participants felt that their program was not supportive of their pregnancy. **Conclusion:** Compared to national averages, residents had increased rates of PIH/preeclampsia and SGA. The residents continued to take calls during pregnancy. About 10% of residents felt that the program did not provide support during their pregnancy; an observation that avails opportunity to amend this perception.

W509 Leadership Training in Family Medicine Residency: A scoping review

15:30–15:45 Stephanie Godard, MD, CCFP; Savithiri Ratnapalan, MD, FRCPC, MEd

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Investigate the landscape of leadership development curricula in family medicine

Leadership development is an evolving area of need in health care training, particularly in primary care. Graduate medical education has historically focused on building clinical competencies with little attention to leadership skills, leaving residents ill-prepared for leadership roles after graduation. While there have been an increasing number of studies outlining leadership training programs in healthcare, a gap exists in family medicine residency. This free-standing paper session will present the results of a recent review of the literature investigating the format, content and evaluation of published leadership training curricula offered to family medicine residents in North America and the United Kingdom. Participants will be presented with examples of programs teaching a variety of cognitive and character-based leadership skills, often delivered through the lens of a specific domain, such as Quality Improvement, clinical teaching and public health leadership. Participants will engage in a discussion around lessons learned from this review and their own experiences to deduce positive aspects of curricular design, including longitudinal, mixed-methods programs with mentorship and experiential projects and placements. Participants will explore the enablers and barriers to integrating leadership development into primary care training to inform future work.

W569 Teaching Opportunities for Family Medicine Residents Across Canadian Medical Schools

15:45–16:00 Aaron Jattan*, MD, CCFP; Charles Penner, MD, FRCPC; Marsha Giesbrecht, MD; Lillian Au, MD, CCFP; Jose Francois, MD, MMedEd, CCFP, FCFP; Karlyne Dufour, MD, CCFP, FCFP; Greg Malin, MD, PhD; George Kim, MD, MCISc (FM), CCFP, FCFP; Peter Koegler, MD, CCFP; Douglas Archibald, PhD

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Recognize the gap in teaching opportunities for rural family medicine residents across Canada

Objective: Distributed medical education continues to expand in order to meet the needs of the Canadian population living in rural and remote areas of the country. This is seen in the rapid growth of rural-focused family medicine training. It is essential that we graduate rural physicians who are competent and motivated educators. In this study, we compare teaching opportunities for rural and urban family medicine residents across Canada. **Design:** This study was designed to be multi-centred and mixed-methods involving both a survey and an interview from which a grounded-theory, thematic analysis was performed. **Setting:** The survey was distributed at participating campuses and interviews were conducted via telephone. **Participants:** Participants included family medicine residents at seven Canadian medical schools. The survey was distributed to 450 residents. **Results:** A survey response rate of 54% was obtained. Results revealed that rural residents had statistically fewer opportunities to teach during family medicine rotations compared to their urban colleagues ($X^2(4, N=242) = 45.26, p < 0.000$). This gap was shown for both formal and informal teaching opportunities and was also seen when residents were rotating through specialty rotations. Thematic analysis centred around determining factors influencing teaching opportunities. Three dimensions emerged from 15 interviews: the academic context, personal factors and program factors. **Conclusion:** The lack of teaching opportunities in rural settings is attributable to a combination of practical and organizational issues such as fewer medical students and the prevalence of a more traditional apprenticeship model. However, the consequence of this are rural graduates who may not be comfortable balancing the demands of service and teaching, which could compound the already prevalent issue of rural preceptor recruitment. We must prioritize strategies in rural settings to close this gap and graduate competent educators who are ready to inspire future generations of rural family physicians.

W490 Influence of Humanities on Patient-Centred Skills in Family Medicine Residents

16:00–16:15 Andrea Zumrova, MD; Nina Nguyen*, MD; Alan Ng, MBChB, MRCP, CCFP

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify the CanMEDS-FM roles benefiting from the exposure to a humanities curriculum

Objective: The Family Medicine residency program at the University of Ottawa offers a humanities curriculum to strengthen the CanMEDS-FM competencies of their trainees. This study assesses its impact on the residents' perception of the development of patient-centred skills. **Design:** Thematic analysis was done on anonymous written activity evaluations from 2007 to 2018 and on 11 anonymized peer interviews from 2016 to 2018. Both the NVivo software and a paper-based approach were used for analysis. Initial coding was done following the competencies listed in the CanMEDS-FM framework. In addition to descriptive quantitative statistics obtained through NVivo, CmapTools was used to produce two (2) thematic maps: one for the written evaluations; and the other for the interviews. **Setting:** Two (2) family medicine training sites of the University of Ottawa. **Participants:** Family Medicine resident physicians of the University of Ottawa who attended at least one (1) educational activity between 2007 and 2018. **Intervention:** Educational activities of the humanities curriculum in Family Medicine. **Main outcome measures:** Perceived positive impact of the humanities curriculum. **Findings:** Although all CanMEDS-FM competencies were covered by the curriculum, there was a strong dominance of the communicator, collaborator, professional and health advocate ones. The communicator competency was more prominent in the written evaluations, as opposed to the professionalism one in the interviews. Ancillary themes were the value of the contents, the time constraints surrounding involvement in the curriculum, and the initiation of personal reflection about one's practice. **Conclusion:** The existing humanities curriculum is perceived by participating residents to have a positive impact on the development of CanMEDS-FM competencies, especially the ones required for a sustainable clinical practice. Updates of the material used during educational activities and protected academic time could further the impact of the curriculum among residents.

W635 Gender, Parenthood, and Practice Intentions Among Family Medicine Residents

16:15–16:30 Ruth Lavergne, PhD; Andrea Gonzales Patterson, MD; Megan Ahuja, MPH; Lindsay Hedden, PhD; Rita McCracken, MD, PhD; Madeleine McKay, MA; Laurie Goldsmith, PhD; Emily Gard Marshall, PhD; Agnes Grudniewicz, PhD

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Consider how gender and parenthood may shape practice intentions among family medicine residents

Objective: Family medicine (FM) residents choose among a range of options as they enter practice, including practice model, domains, settings, and populations. The choices they make have implications for primary care workforce planning, and may differ between FM residents who are parents and those who are not, as well as between male and female FM residents. We investigate whether parental status shapes intentions among FM residents entering practice, and whether the effect of parenthood differs between male and female FM residents. **Design:** Cross-sectional analysis of national survey data. **Setting:** Canadian family medicine residency programs. **Participants:** Family medicine residents exiting programs between 2016 and 2017. **Main outcome measures:** The survey captures information on intentions for comprehensive or focused practice, practice model, clinical domains, practice setting, and populations. We used chi-square tests and multivariable logistic regression to investigate the relationships between parenthood, gender, and practice intentions, adjusting for other physician personal characteristics. **Results:** Almost a quarter of FM residents are parents or became parents during residency. Intentions for the provision of comprehensive care were higher among parents, and intentions for clinically focused practice were lower. Differences in intentions for practice models, domains, and settings/population were primarily observed by gender, though in several cases the effects of parenthood differed between female and male FM residents. The effects of parenthood also differed between male and female residents during residency: while three quarters of male parents finish residency in two years, fewer than half of female parents do. **Conclusion:** Both parenthood and gender independently shape practice intentions, but in many cases, the effect of parenthood differs for male and female FM residents. Supporting FM residents who are parents may positively impact the quality and availability of primary care services, especially since parents are more likely to report intentions for comprehensive practice soon after entering practice.

W538 The Experience of Allied Health Professionals Teaching Family Medicine Residents

16:30–16:45 Jamie Wickett, MD, CCFP, FCFP; Judith B. Brown, PhD

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Gain an understanding of the experience of allied health professionals in teaching residents and understand their professional development needs

There are increasing numbers of allied health professionals (AHPs) teaching Family Medicine (FM) residents with the advent of Family Health Teams. There is little known about the experience of AHPs in teaching FM residents and their faculty development needs. This qualitative descriptive study explored the experience of AHPs teaching FM residents. Semi-structured interviews were conducted with 10 AHPs. The findings highlighted the overwhelmingly positive experience that the AHPs had in teaching FM residents. Furthermore, it highlighted some of the challenges and potential opportunities that exist. These findings generate recommendations to provide on-going support and development for AHPs in their teaching role given their importance in FM resident education. This is especially important in the era of interprofessional collaboration in primary care.

W647 Developing Education Leadership for Family Medicine in Canada

16:45–17:00 Maria Palacios Mackay, DDS, PhD; Rachel Ellaway, PhD; Elizabeth Oddone-Paolucci, PhD; Sonya Lee*, MD, CCFP, FCFP, MHSc; Luc Côté, PhD; Kristy Côté, PhD

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify key issues to consider when addressing the needs of new and developing education leaders for family medicine in Canada

Objective: To review existing education leadership development opportunities and determine the needs of education leaders in Canadian departments of family medicine (FM). **Design:** Mixed-methods study. Phase One: Scoping review of English language, primary research articles on the topic of FM education leadership. Relevant databases were searched and 2 reviewers independently screened publication titles. Data from selected papers were extracted, analyzed, and organized. Phase Two: Website search to identify medical education leadership training opportunities relevant to FM physicians. Phase Three: Individual interviews with education leaders from Canadian departments of FM using purposive and convenience sampling. Interviews were recorded, transcribed verbatim, and subjected to thematic analysis. Analysis employed standard inductive and deductive coding techniques, and emergent themes were identified. **Setting:** Interviews across Canadian FM departments. **Participants:** Education leaders in Canadian FM departments. **Results:** The scoping review returned 333 articles; 28 selected papers were reviewed and 18 were academic papers. Twenty-two were from the United States (US) and 2 were from Canada. Articles varied with respect to participant needs, models of leadership, and specific leadership training. Forty-five websites offering academic physician leadership training opportunities were reviewed; 34 were US based and 11 were Canadian. There was significant variation in content, delivery method, timing, location, and outcomes. Seven interviews were completed with FM education leaders across 4 Canadian provinces. Educational leaders require similar skills and competencies as other types of leaders. Alignment of needs with the opportunity to learn and develop leadership skills is important. Interpersonal relationships, networking, mentorship, and institutional support are critical to the development of education leaders. **Conclusions:** Creation of new FM-specific leadership training may not be necessary. Training opportunities should reflect participant needs and leadership roles. Institutions need to create environments where leadership is legitimized, guided, connected, and supported. Education leadership communities of practice within and across institutions are imperative.

W551 Women Receiving Inadequate Prenatal Care: A descriptive retrospective cohort study

15:00–15:15 Lisa Nussey, RM; Andrea Hunter, MD, FRCPC; Samantha Krueger, RM; Ranu Malhi, MBBS; Lucia Giglia, MD, MSc, FRCPC(C); Sandra Seigel MD, FRCPC(C); Sarah Simpson, RSW; Rebecca Wasser, RSW; Tejal Patel, MD, CCFP, MSc; David Small, MD, FRCSC; Elizabeth K. Darling, RM, PhD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Appreciate factors contributing to inadequate prenatal care and identify opportunities to better engage and serve these patients

Study objective: To describe the incidence of patients with inadequate prenatal care (IPNC) at an urban Level II hospital in Hamilton and to compare the characteristics and outcomes of mothers who received IPNC and their newborns to those who received adequate prenatal care (APNC). This study is the first part of a mixed methods research program aimed at informing the development of an interdisciplinary, patient-centred, prenatal care program for patients who struggle to access conventional modes of care. **Methods:** We conducted a retrospective cohort study comparing mothers and neonates born at St. Joseph's Health Care Hamilton in 2016 with IPNC (≤ 4 antenatal visits, or first visit in 3rd trimester) to those born with APNC (≥ 5 prenatal visits and initial visit prior to third trimester). Cases and controls matched 3:1 for age and parity, were identified through a retrospective chart review. **Results:** 3235 charts were reviewed in total and 69 cases of IPNC were identified (2.1%). The IPNC group had lower education and higher unemployment levels, higher rates of smoking and drug use. Our primary and secondary outcomes of newborn custody loss, neonatal intensive care unit admission, and neonatal length of stay were significantly higher in the IPNC group. **Conclusion:** Patients delivering with IPNC represent a high-risk group with increased rates of adverse neonatal outcomes and

newborn custody loss. This quantitative study serves to inform future research and innovative interdisciplinary program development aimed at increasing access to prenatal care in an effort to improve maternal and neonatal outcomes.

W634 Psychological, Physical and Social Predictors of Excess Pregnancy Weight Gain

15:15–15:30 Sarah D. McDonald, MD, MSc; Michael Yu, MD, PhD; Sherry Van Blyderveen, PhD; Louis Schmidt, PhD; Wendy Sword, PhD; Meredith Vanstone, PhD; Anne Biringer*, MD, CCFP, FCFP; Azadeh Moaveni, MD, CCFP, FCFP; Joseph Beyene, MSc, PhD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify predictors of excess pregnancy weight gain which might be amenable to intervention during pregnancy

Context: Excess pregnancy weight gain (PWG) impacts a large proportion of women, increasing maternal and infant health risks in both the short and long term. However, interventions to date have been largely unsuccessful or provided minimal benefit, with calls for a broader understanding of predictors of weight gain, including psychological factors.

Objective: To develop and validate a prediction model for excess PWG using early pregnancy factors which might be amenable to future interventions. **Design:** Prospective cohort study. Data collected on psychological, physical and social factors. Stepwise logistic regression analysis used to develop a multivariable model to predict excess PWG with random selection of 2/3 of women for training data and 1/3 for testing data. **Setting:** 12 obstetrical, family medicine, and midwifery centers in Ontario, Canada. **Population:** English-speaking women with a singleton pregnancy between 8+0-20+6 weeks. **Outcome measures:** Total excess PWG. **Results:** Of 1296 women approached, 1050 (81%) participated. In the final model, based on 970 women (970/1050, 92%), 9 variables predicted excess pregnancy weight gain. Nulliparity, being overweight, planning to gain in excess of recommendations, eating in front of a screen, low self-efficacy regarding pregnancy weight gain, thinking that family or friends agree or strongly agree that pregnant women should eat two times as much as before pregnancy, identified as being agreeable and having difficulties with emotion control positively affected excess PWG. Training and testing models yielded areas under the receiver operating characteristic (ROC) curve of 0.76 (95% confidence interval [CI], 0.72 to 0.80,) and 0.62 (95% CI 0.56 to 0.68), respectively. **Conclusions:** Excess PWG was moderately predicted by nine psychological, physical, and social factors. These factors included relatively easily modifiable cognitive ones such as appropriate plans for weight gain as well as mindfulness during eating, and other more challenging domains such as self-efficacy about healthy gain.

W624 Managing Adverse Psychological Outcomes in Post-operative Bariatric Surgery Patients

15:30–15:45 Katrina Bartellas*, MSc; Chris Smith, MD, FRCPC

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify adverse psychological challenges facing bariatric surgery patients post-operatively

Objective: To explore the perspectives of healthcare providers with respect to the most common adverse psychological challenges facing bariatric surgery patients post-operatively and to develop recommendations that will lead to improved longitudinal healthcare services for this population. **Design:** A mixed-methods approach was used incorporating an online survey and semi-structured key informant interviews. **Setting:** An academic hospital in a Canadian healthcare setting. **Participants:** Healthcare providers including family physicians, nurses, dietitians, psychologists, psychiatrists and bariatric surgeons. The sample size was 18. **Findings:** Participants endorsed that bariatric surgery patients often have unrealistic expectations about their surgical operation, which may contribute to newly onset depression, body image concerns, suicidality, eating disorders, anxiety and marital issues post-operatively. Participants noted that this operation requires a lifelong commitment by patients including behavioural modifications and lifestyle changes, which are not always upheld. Participants identified several limitations of Canadian bariatric surgical programs including a lack of long-term follow-up. Participants endorsed the view that bariatric surgery patients did not deserve to “skip the queue” in wait times for public mental health services. Participants believed that an in-house psychologist or social worker may provide value to bariatric surgery patients and that these healthcare providers would require specific expertise in bariatric care. **Conclusion:** Facilitating long-term, timely access to mental health

services will optimize bariatric surgery patient outcomes post-operatively. These services will not be required by all patients and the logistical and financial challenges of providing these services currently seem too high to consider as a viable, sustainable solution. Long-term data on psychological outcomes of bariatric surgery patients are needed before hiring an in-house psychologist or social worker within bariatric surgical programs.

W505 The Effects of Hot Yoga on Renal Function: Pilot study

15:45–16:00 Risa Bordman*, MD, CCFP (PC), FCFP; Christopher Meaney, MSc; Gabriella Ghanem, BSc; Deanna Telner, MD, MEd, CCFP, FCFP

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Determine the effects of hot versus regular yoga on renal function

Objective: There are no long-term studies on the physiological effects of hot yoga. Exercising in a heated environment has been shown to have detrimental effects on kidney parameters. The purpose of this study was to investigate changes in renal function over time between regular-vs-hot yoga practitioners. **Design:** Observational design. Height, weight and health history collected. Urine and blood samples were collected from hot-and-regular yoga groups pre and post exercise on two occasions at baseline and at 12-months. **Setting:** Yoga studios in Toronto, Ontario. **Participants:** Non-pregnant adults age 18-60 practising regular or hot yoga at least twice per week for at least 3 months. **Intervention:** Blood was collected and analyzed using a point of care testing device (iStat Abbott) at the yoga studios. Urine was gathered, tested with Chemstrip®7 and then sent to laboratory for albumin/creatinine (ACR). **Main outcome measures:** Analysis of kidney function (venous creatinine, ACR, urinalysis) **Results:** 32 regular yoga and 19 hot yoga participants were enrolled. Hot yoga practitioners were younger, on less medications but had more health issues. Creatinine increased post exercise in 63% of participants but was not significantly changed at one year. For hot yoga participants at 12 months serum creatinine, ACR and urinary protein trended in the direction of worsening renal function but the differences were not statistically significant. **Conclusion:** This study did not find a significant change in renal function between regular-and-hot yoga participants. Possible explanations for these findings include a small sample size, short study duration or there may truly be no effect of regular-vs-hot yoga on the kidneys. However, the trend towards worsening renal function in the hot yoga group supports further study in the area.

W494 Frailty Measures as Risk Predictors in Routine Primary Care

16:00–16:15 Ted Rosenberg*, MD, MSc, FRCP(C); Rory Lattimer, Vikki Hay, Patrick Montgomery

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Learn how measures of frailty and QOL predict death, nursing home transfer and mortality in an elderly population

Objective: To assess the value of using frailty measures in primary care, for predicting death, NHT and HA. **Design:** Cohort Study. **Setting/participants:** All 380 elderly people, living in the community and receiving home-based primary care from one medical practice in Victoria between May 1, 2017 and Oct. 30, 2018. **Interventions/measurements:** A practice nurse administered a 60-minute assessment including: Clinical Frailty Scale (CFS), EuroQol- EQ-5D-5L (EQ5D), 3-meter Gait Speed (GS), Grip Strength (Grip), Mini Nutritional Assessment (MNA), 3 oz. Water Swallow Test (WST), Montreal Cognitive Assessment (MoCA) 5 point Geriatric Depression Scale (GDS). Demographics and diagnoses were abstracted from the EMR. **Outcomes:** Death, NHT and HA **Results:** The mean (SD) age - 88.4 (6.5), 72.4% - female, 58.8% lived in houses or apartments. The means (SD) were : CFS was 5.5 (0.84) , EQ5D- 72.1%(18.1), MoCA - 20.6 (6.4), GDS 1.3 (1.3), GS - 0.59 (0.30), Grip-males/females - 23.2 (9.0)/13.6 (16.6), MNA -11.8 (2.1) and 21.8% failed the WST. During 18 months of follow up [mean 10.0 (5.5)], there were 39 (10.3%) deaths, 48 (12.6%) NHT, and 93 (24.5%) individuals admitted to hospital. The hazard ratio (HR) (95% CI) for death: CFS level 6+8 /4+5, HR 5.92 (3.12-11.22), EQ5D Quintile 1/Quintile5 (Q1/Q5)- 6.26 (2.11-18.62), GS Q1/Q5- 5.87 (1.78-19.34), GripQ1/Q4 10.5 (3.66-30.33). MNAQ1/Q5 -8.4 (1.87-37376), Cardiac Disease-3.7 (1.92-7.14) Cancer 2.66 (0.99-7.11). The HRs for NHT were: CFS -6.00 (3.37-10.66), EQ5D -3.18

(1.29-7.82), GS- 8.51 (3.18-22.79), Grip -10.61 (3.57-31.52), WST Fail/Pass- 2.74 (1.02-7.35), MoCA Q1/Q5- 4.56 (1.81-11.49) and GDS Q5/Q1- 6.20 (2.52-15.27). The HRs for HA were: CFS -2.92 (1.93-4.40), Eq5D-2.94 (1.47-5.87), GS-6.69 (3.20-13.99), MNA -5.95 (2.66-13.27), GDS -2.45 (1.48-5.10), Cardiac Disease-2.45 (1.60-3.75), Neurological Disease -1.56(103-2.36). **Conclusions:** For elderly people, standardized, simple measures of frailty and health status were much stronger predictors of death, NHT and HA than conventional medical diagnoses.

W627 Improving Advance Care Planning: What have we learned?

16:15–16:30 Margaret J. McGregor, MD, CCFP, MHSc; Madison Huggins, MPH; Katie Bauder; Jay Slater, MD; Laurie Mallery, MD, FRCPC, MSM; Paige Moorhouse, MD, MPH, FRCPC, MSM; Michelle B. Cox, MSc

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Understand the successes and challenges of a practice improvement program to improve clinicians' confidence and competency in ACP

Context: Frail older people are among those most likely to use acute care, and least likely to benefit. Advance care planning (ACP) is a process that enables individuals to describe what kind of healthcare they would prefer in the future and has been shown to reduce hospital-based interventions at the end of life. **Design:** Mixed methods design. Review of clinical charts to measure four key elements essential to ACP in this setting, before and after implementation of the initiative. Semi-structured interviews with primary care providers about the intervention. **Participants:** 9 family physicians and 2 nurse practitioners. **Intervention:** 2-day training followed by monthly post-implementation team reflection and practice coaching over 8 months. **Outcome measures:** Documentation in patients' electronic medical records of: frailty stage, substitute decision maker(s); preferences with regards to resuscitation and hospitalization at baseline (n=200) and 8 months after (n=114) the intervention. Caregivers' experience of the initiative was also recorded and analyzed through provider interviews. **Results:** Compared to baseline, documentation of: frailty stage (p<.0001), identified substitute decision maker(s) (p=0.128) and hospitalization preference (p<.0001) improved post implementation. Participants felt that the training provided the team with a shared language and common goal for ACP, and the focus on frailty staging was an important addition to clinicians' prior understanding of ACP conversations for this population. Cultural competency in ACP conversations was also identified as an important factor in large urban settings where there is considerable diversity of cultural and language groups. **Conclusions:** With proactive training, practice coaching and collegial support, ACP competency can be achieved while frailty staging is essential in ACP in frail elderly patients.

W594 Developing Medical Assistance in Dying Curriculum in Residency Training Programs

16:30–16:45 Susan MacDonald*, MD, MHSc, CCFP, FCFP; Mary Martin, MSc; Nancy Dalgarno, PhD, MEd; Sarah LeBlanc, MD, MSc, CCFP; Marie-Josée Lafleche, MD; Adam Fundytus, MD; G. Ross Walker, MD, FRCSC, FACS; David Taylor, MD, MHPE, FRCPC; Karen Smith, MD, FRCPC; Richard van Wylick, MD, FRCPC; Rylan Egan, PhD; Karen Schultz, MD, CCFP, FCFP

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify perceptions of preceptors and residents regarding MAID curriculum

Context: Medical assistance in dying (MAID) became legal across Canada when Bill C-14 was passed in 2016, creating a need for MAID-specific education for practicing physicians and medical learners. Currently, practitioner interest in education about MAID, the best way to provide MAID education and the importance of incorporating MAID into existing curricula are unknown. **Objective:** Examine and compare perspectives of residents and faculty preceptors regarding MAID. Additionally, we compare responses from Family Medicine (FM) and non-FM specialties. **Design:** Anonymous surveys distributed using Dillman approach. Survey data analyzed using descriptive and inferential statistics. **Setting:** Residency programs at a University in southeastern Ontario, Canada. **Participants:** Physician preceptors (n=814) and postgraduate residents (n=549) in 29 specialty programs. **Main outcome measures:** Knowledge of MAID; experience, comfort and confidence with MAID; willingness to participate in MAID; perspectives about MAID's effect

on team relationships; desired educational content; delivery of MAID education. **Results:** Overall, 23.1% of residents and 13.0% of preceptors participated. Preceptors felt more comfortable and competent discussing MAID with a patient compared to residents ($p<0.00$ and $p=0.007$), though residents were more likely to want to participate in a MAID assessment ($p<0.000$). FM preceptors felt more comfortable and competent discussing MAID with a patient compared to non-FM preceptors ($p<0.000$ and $p=0.001$, respectively). Similarly, FM residents felt significantly more comfortable observing preceptors have a discussion about MAID with a patient compared to non-FM residents ($p=0.019$). The majority of both residents (67.7%) and preceptors (76.0%) believe it is important to include MAID education in their specialty's core curriculum. **Conclusion:** Patients' access to compassionate end-of-life care can be improved through training that increases both faculty and residents' comfort, confidence and competence in the topic of MAID. Of importance is offering faculty development and continuing professional development to educate and support those involved with providing care for patients requesting MAID.

W247 Impact on Canadian Physicians of Providing Medical Assistance in Dying
16:45–17:00 Megan Sellick*, MD, CCFP (PC); Margaret McKee, PhD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Understand the impact on Canadian physicians of providing medical assistance in dying

Objective: Medical Assistance in Dying (MAiD) became legal in Canada in 2016. To date little is known about the emotional and psychological impact of being a provider. The purpose of this research was to explore the impact on physicians who are providing MAiD. Understanding that impact, as well as the challenges and barriers physicians face is needed to inform best practices in end of life care. **Design:** This is a qualitative descriptive study, utilizing snow-ball sampling to identify participants. An experienced qualitative researcher conducted in-depth, semi-structured interviews with each participant. Interviews were audio-recorded, transcribed verbatim, and analysed according to standard qualitative methods. **Participants:** Canadian physicians identifying as MAiD providers. **Findings:** Twenty-two physicians were interviewed from across Canada. A quarter specifically identified as providing palliative care in their practice. Providing MAiD was identified by all participants as one of the most rewarding aspects of their careers. The bedside experience was described as an honour and a privilege, and the deaths as beautiful, peaceful, even celebratory. However, most spoke about the challenges of providing MAiD, with some admitting that they had considered cutting back on their involvement because of them. The challenges were related to time constraints, learning curve, geographic isolation, lack of team support and for some, to a sense of professional isolation from disapproving colleagues. **Conclusion:** While some researchers have speculated that it is the emotional burden of the bedside experience that is the major challenge for MAiD providers, our findings suggest that the bedside experience is in fact the most rewarding aspect of the work, and that it is instead the administrative obstacles that most often lead to fear of burnout. Our findings have implications for the development of best practices for MAiD providers, and for their colleagues who work in end of life care.

W663 Primary Care Pharmacare Costs for Patients <25 Years of Age
15:00–15:15 Eldon Ng, MD, CCFP; Patrick Lavoie, MD, CCFP; Sean McConnachie, MPA-PP;
 Anwar Parbtani, MD, PhD, CCFP, FCFP; Matthew Orava*, MD, MSc, CCFP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Evaluate costs of providing primary care drug coverage to a population under 25

Objective: On January 1, 2018 publicly funded pharmacare (OHIP+) was available to all Ontario residents under 25. At the time of introduction, there was a paucity of publicly available data on costs of this program. This study describes prescription patterns and quantifies a projected cost for providing pharmacare to this group from a primary care perspective. **Design:** Retrospective chart review. **Setting:** Physician practices within a family medicine teaching unit and associated walk-in clinics. **Participants:** A random selection of patients <25 in the year 2017 ($n=350$). **Intervention:** Charts were reviewed for all prescriptions provided to selected patients in the calendar year of 2017. Costs for each medication were assigned using the Ontario Drug Benefit (ODB) formulary. **Main outcome measures:** Describe the

prescriptions written by primary care providers to those under 25 and estimate cost per patient for the year. **Results:** Of the 350 charts reviewed, 99 (28%) of subjects had prescriptions from their primary care provider. A total of 210 prescriptions were written, 167 of these would have been covered under the OHIP+ plan, 5 could be covered under exceptional use applications, 16 had a conceivable formulary alternative and 22 of these prescriptions would not be covered. Some of the more common drugs were classified as psychiatric (28%), respiratory (16%), infectious disease (15%) and gynecologic (11%). The total cost of drugs that could be covered was calculated as \$21, 686.74 or \$61.96/patient in the 350 patient sample. **Conclusion:** 28% of patients under the age of 25 in our random sample received one or more prescriptions from their primary care providers. For this population, it would cost funding systems \$61.96/patient to cover prescriptions from their primary care providers. This only accounts for primary care prescriptions outside of emergency visits and specialist consults but this cost should be considered against costs of not treating.

W573 Troponin Ordering Practices: Determined by context or guidelines?

15:15–15:30 Don Eby*, MD, PhD, CCFP (EM); Brandon Belbeck, MSc; Ken Newell, MD, PhD, FRCP (C)

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Evaluate and reflect upon whether diagnostic ordering practices are determined more by physician use of clinical context or guidelines

Objective: To determine how emergency physicians use guidelines to order and interpret troponin levels in the investigation of patients with chest pain. **Design:** Mixed methods; laboratory use audits from 2015 and 2017 and semi-structured interviews of individual emergency physicians. Sample size determined when participant interview data saturation was reached. **Setting:** 1 urban and 1 rural emergency department in southern Ontario. **Participants:** 17 full and part time emergency physicians participating in laboratory use audits. **Interventions:** Laboratory use practice audits and thematic framework developed iteratively from repeated reading of 147 pages of transcribed audio-recorded interviews by 2 researchers. Face validity of results checked through participant feedback. **Main outcome measures:** Audit findings, interview themes. **Findings:** Multiple guidelines stress the need for serial troponin level testing during investigations of suspected cardiac-origin chest pain. 2015 laboratory audits at the study sites determined serial testing ranged from 13.0% of cases (urban) to 21.2% (rural). Educational presentations and site-specific algorithms were introduced. In 2017, serial testing occurred in 21.3% of urban and 19.8% rural cases. 16/17 participants knew troponin testing guidelines existed, however, only 4 could name any. Most knew a site-specific algorithm existed. Few used it or referred to it regularly. Physicians reported using a single 'normal' result to rule out (reassure themselves) that vague, "atypical chest pain", didn't indicate myocardial infarction. When serial testing occurred, physicians used idiosyncratic rationales for determining the timing of serial tests rather than following guideline recommendations. They balanced multiple sources of evidence and used situational logics to form a "gestalt" of the case. This determined their judgment of the necessity of serial troponin testing. **Conclusions:** Guidelines for troponin testing were infrequently consulted and inconsistently followed. The context of the case was more important than guidelines for physicians to determine the need for testing. Is this why guidelines aren't followed?

W661 Opioid Prescribing Patterns of Family Physicians: Opportunities to improve

15:30–15:45 Damien Yohn, MD, PhD, MCFP; Melissa Witty, MD, CCFP, FCFP; Sean McConnachie, MPA-PP; Anwar Parbtani, MD, PhD, CCFP, FCFP; Matthew Orava*, MD, CCFP, MSc

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify potential areas of improvement for the prescribing of opioids for patients with non-cancer pain

Objective: To assess the opioid prescribing patterns for non-cancer patients prior to the introduction of the 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. The aim of the study was to provide the baseline data to compare with post-guidelines approaches and avail opportunities for interventions to improve patient safety. **Design:** A retrospective EMR chart review from January 1, 2011–December 31, 2016 of 130,000 patients in care of 95 physicians' within a single family health team in a mid-size Ontario city. **Setting/participants:** Participants under 18 years and those with the diagnosis

of cancer were excluded from the study. Patients were identified as being prescribed chronic opioids if they had more than 3-month's prescription of opioids over a one year period. **Main outcome measures:** The type of opioid prescribed and its morphine equivalents (MEQ) dose. Proportion of patients who have had a urine drug screen, who are on concurrent benzodiazepines, and who have documented use of provider tools such as brief pain inventory or opioid manager. **Results:** 3467 patients (42% females) were identified as receiving chronic opioid treatments (2.6% of the rostered population). The most commonly prescribed opioids were codeine (37%), tramadol (15.9%), and oxycodone (23.1%). 358 (10.3%) were prescribed >90 mg of MEQ opioids and 105 (3%) were prescribed >200 mg of MEQ opioids. 29.2% of patients had concomitant benzodiazepine and opioid prescriptions. 6.9% had a urine drug screen. Documentation in the EMR opioid manager and brief pain inventory was 3.9% and 2.6%. **Conclusions:** Opioid dosing was much higher than the current guidelines' recommendation, however a significant proportion of patients were prescribed "weak opioids". This does not negate the necessity to implement stricter MEQ reduction strategies. Tools to tackle high burden of concurrent benzodiazepine use are also needed. Urine drug screen and opioid manager tools were underutilized.

W606 Prescribing Impact from a Primary Care Urgent Opioid Response Initiative

15:45–16:00 Sandy Berzins, MSc, PhD; Rebecca Love; Ginetta Salvalaggio*, MD, CCFP (AM), FCFP, MSc; Judith Krajnak, PhD

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Describe the impact of a coordinated system-level urgent response on patient access to primary care treatment for OUD

Objective: To describe interim evaluation results of an urgent response to the opioid overdose crisis in Alberta as part of a larger Primary Health Care Opioid Response Initiative (PHC ORI). **Design:** Mixed methods process evaluation using data synthesized from multiple sources: project document review, physician needs assessment surveys, training registration numbers, and provincial prescribing data. **Setting:** Alberta primary health care. **Participants:** 1327 family physicians from four healthcare zones (needs assessment surveys); 3 primary health partner organizations.

Intervention: The PHC ORI was launched to support increased access to services, and facilitates training for primary care providers to offer appropriate treatment, medication and care to patients and families affected by the opioid crisis. The urgent response initiated in the summer of 2018 focused on accelerating local treatment options in primary care for Opioid Use Disorder (OUD), including a Primary Care Network (PCN) Engagement Campaign, Family Physician Communication Campaign, and Zone PCN Committee Urgent Response Action Plans. **Main outcome measures:** Number of PCN providers trained to prescribe opioid agonist therapy (OAT), number of PCN prescribers of OAT, number of PCN patients prescribed OAT. **Findings:** The first quarter of the initiative saw an increase from baseline of 135 (31%) PCN providers trained to prescribe OAT, 61 (14%) PCN providers prescribing OAT, and 541(11%) PCN patients prescribed OAT (as a proxy measure for patients receiving OAT). While the focus on an urgent response delayed the implementation of the broader initiative, barriers to prescribing OAT were identified, such as availability/ accessibility of wrap-around supports, and medication affordability, which if addressed, would facilitate the access to OAT care in family practice. **Conclusion:** The provincial urgent response engaged primary care physicians, with interim results suggesting an increase in provider training and prescribing of OAT.

W492 Improving Substance Use Disorder Outcomes with Quality of Life Measures

16:00–16:15 Donald Fay*, MD, DPhil, PEng; Patricia MacNeil, DBA, MBA, BA

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Family doctors can apply this approach to enhance mental health treatment outcomes, improve patient willingness to change, and decrease pharmaceuticals

Objectives: Introduce a novel approach to treating substance use disorders that focuses on Quality of Life (QoL) measures in a primary care setting. Reduce benzodiazepine use through the patient's desire and commitment to improve individual QoL. Qualitative descriptive research design; purposive sampling; mixed methods. **Setting:** Urban-based family practice (1,500 active patients) that includes 110 stable Opiate Agonist Treatment (OAT) program patients. **Participants:** 69/110

OAT patients have anxiety disorders and have been prescribed low dosage benzodiazepines. A sample of 35 was selected for this stage: 26 males and 9 females, aged 27 to 66. **Eligibility:** A clear desire to try a QoL-driven anxiety treatment program, with tapering and deprescribing. **Intervention:** Opiate dependent patients typically present for treatment with a host of co-morbidities, anxiety being particularly prevalent. The pressure to reduce/remove benzodiazepines may fail to address the combined needs of patients and reduce focus on their overall well-being. We will describe a different, more novel approach that involves the patient in the treatment plan design through administration of a self-report QoL survey (QoL-36) in parallel with a series of diagnostic questionnaires to measure anxiety. Results are captured in a colour-coded summary report of current status that begins the treatment conversation. Goals are developed in collaboration with the patient. **Outcome measure:** Recovery in a broad sense, focusing on abstinence but also improved QoL, leading to a diminished role for medications. **Findings:** Increased commitment of individuals to treatment. A more in-depth response to anxiety issues. More involved, positive patients. Approximately 70% have elected to reduce benzodiazepines with the proviso to manage their anxiety sufficiently via non-pharmaceutical remedies. **Conclusion:** The collaborative QoL approach leads to increased involvement of patients in their treatment process, improved coping with anxiety, and a commitment to dosage reduction in parallel with active treatment of their anxiety

W586 **Le « congé éclairé » à la salle d'urgence**
16:15–16:30 Gabrielle Trépanier, MD, CCMF (MU), LLM

SALLE : 208/209

Crédits certifiés Mainpro+ d'apprentissage en groupe = .25

Objectif d'apprentissage :

1. Départager les obligations et responsabilités du médecin d'urgence et du patient lors du congé de la salle d'urgence

Contexte : Le défi de donner un congé médical adéquat aux patients à la salle d'urgence est un véritable défi pour un médecin d'urgence québécois qui pratique dans un environnement dans lequel plus du tiers des patients n'ont toujours pas de médecins de famille. **Objectif :** Départager les obligations et responsabilités du médecin d'urgence et du patient lors du congé accordé à la suite d'un séjour à la salle d'urgence **Type d'étude :** Essai juridique de type revue systématique qualitative. **Intervention/instrument :** Une étude approfondie des changements législatifs au pays a été réalisée. Par la suite, la jurisprudence ainsi que la doctrine de 1990 à aujourd'hui ont été relevées et analysées. **Paramètre à l'étude :** En premier lieu, les lois ont été étudiées afin de déterminer les obligations du médecin d'urgence quant à la détermination de l'aptitude du patient et au refus de traitement. Par la suite, la jurisprudence sur l'interprétation des lois par les tribunaux a été explorée. La doctrine a également été analysée, les grands auteurs québécois ont été lus et critiqués. **Constat :** Lorsqu'une consultation à la salle d'urgence prend fin, le médecin et le patient doivent discuter du congé dans un contexte de décision partagée. Le médecin doit remplir son obligation d'information afin de donner un « congé éclairé » au patient. De son côté, le patient a l'obligation de collaborer aux soins et de suivre les recommandations. **Conclusion :** Une fois que le congé est autorisé, le médecin doit s'assurer de donner un congé qui est « éclairé ». Il doit remplir son devoir d'information, assurer un suivi adéquat et prodiguer un filet de sécurité.

W587 **Le refus de soins à la salle d'urgence**
16:30–16:45 Gabrielle Trépanier, MD, CCMF (MU), LLM

SALLE : 208/209

Crédits certifiés Mainpro+ d'apprentissage en groupe = .25

Objectif d'apprentissage :

1. Départager les obligations et responsabilités du médecin d'urgence et du patient dans le contexte de refus de soins à l'urgence

Contexte : Les patients qui refusent des soins à la salle d'urgence représentent un défi particulier auquel les médecins d'urgence sont souvent confrontés. **Objectif :** Départager les obligations et responsabilités du médecin d'urgence et du patient dans le contexte de refus de soins à la salle d'urgence. **Type d'étude :** Essai juridique de type revue systématique qualitative. **Intervention/instrument :** Une étude approfondie des changements législatifs au pays a été réalisée. Par la suite, la jurisprudence ainsi que la doctrine de 1990 à aujourd'hui ont été relevées et analysées. **Paramètre à l'étude :** En premier lieu, les lois ont été étudiées afin de déterminer les obligations du médecin d'urgence quant à la détermination de l'aptitude du patient et au refus de traitement. Par la suite, la jurisprudence sur l'interprétation des lois par les tribunaux a été explorée. La doctrine a également été analysée, les grands auteurs

québécois ont été lus et critiqués. **Constat :** Le refus de soins, tout comme le consentement aux soins, doit être libre, éclairé et donné par une personne apte. Les enjeux juridiques du refus de traitement sont importants dans le contexte particulier de la salle d'urgence. Ainsi, un doute sur l'aptitude du patient est souvent soulevé (altération de l'état de conscience, intoxication, maladie psychiatrique active, etc.) et complique le refus de soins. Lorsque l'on ajoute à cela l'urgence des situations cliniques et le temps limité disponible, l'enjeu du refus de soins devient d'autant plus important. **Conclusion :** Les médecins doivent appliquer avec discernement le concept de refus de soins éclairé et doivent déterminer le niveau d'aptitude exigé en fonction de la nature du refus de soins.

W608 Patient and Provider Experiences Using a Canadian Preventive Care App

15:00–15:15 Cleo Mavriplis*, MD, CCFP, FCFP; Christophe Graveline; Mohammad Raheemi; Tawnya Shimizu, NP-PHC; Manon Bouchard, NP-PHC; Sharon Johnston, MD, LLM, CCFP; Liam Peyton, PhD, PEng

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Describe advantages and limitations of a preventive care app

Context: Currently there is no “one-stop shop” for Canadian patients and providers to find guidance for adult preventive health information. In 2018 we developed a Canadian preventive care app based on a review of the evidence we published in 2016. However the usability of an app is just as important as the quality of the information it offers users. **Objective:** To test the acceptability and usability of a Canadian preventive health mobile application for patients and providers. **Design:** Sequential explanatory design. Quantitative survey data from patient and provider testers informed semi-structured interviews used to further understand testers' experience. **Setting:** Large urban academic family practice in Ottawa, Ontario. **Participants:** Canadian adults 18 years of age and above and 30 patients and 10 primary health care providers. **Intervention:** Participants were recruited by email and waiting room posters. They used the app then completed the System Usability Scale (SUS), a validated 10 point scale used to evaluate apps. A purposive sample among all participants was sought to carry out cognitive interviewing while they used the app to further explore user experience. **Main outcome measures:** Survey data was collected and analysed to provide descriptive statistics. Interviews were recorded, transcribed and analysed using qualitative thematic analysis. **Results/ findings:** Results show that most patients and providers find the app easy to use. Many wished for more information in the app. Using the app before or after an appointment was mentioned as a preference and a time-saver. **Conclusion:** We will use our results to adapt our Canadian preventive app to user preferences and to guide dissemination. Our findings show that the app potentially could save time for clinicians and patients, increase time spent on prevention and increase patients' self-management.

W645 Systematic Review of Tools to Collect Data on Social Determinants

15:15–15:30 Andrew D. Pinto, MD, CCFP, FRCPC, MSc; Vivian Tam*, MD; Kim Radford, MSW; Anne Rucchetto, MPH; Sakina Walji, MD, CCFP

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Present findings from a systematic review of the literature for tools used to collect sociodemographic and social needs data

Background: The social determinants of health are the conditions in which we are born, live, work and age. Addressing the social determinants of health within health settings is gaining momentum, with a call to action issued by the Canadian Medical Association in 2013 and a guideline published by the College of Family Physicians of Canada in 2015. **Objective:** To conduct a systematic review of the literature to identify existing tools used to collect data on sociodemographics and social needs in health care settings. **Methods:** With an information specialist we searched the indexed literature. **Inclusion criteria:** The study focused on a tool used for collecting data on sociodemographics or social needs, the study occurred in a health setting, and the purpose was to characterize the practice population or to address social needs. Two independent reviewers assessed titles and abstracts. Full-text papers were then reviewed to confirm they met our inclusion criteria, and data was extracted on the design, participants, tool itself, and whether the tool was evaluated in terms of implementation or validation. **Results:** From 4,643 citations we identified 106 studies that met our

criteria. The majority of studies were from primary care settings in the United States. Only a small number of studies were conducted in Canada. Our initial analysis found that the majority of studies were of well-defined tools that were used to screen for multiple social needs, particularly financial strain, problems with housing, food insecurity and access to health insurance. **Conclusion:** Adequate data is a key first step to addressing the social determinants at the individual or organizational level. However, no agreed upon standard tool yet exists. Our findings will inform the development of a Canadian standard tool for sociodemographic and social need data collection.

W528 **How British Columbian Family Physicians Work in Community-Based Primary Care Clinics**

15:30–15:45 Rita McCracken, MD, CCFP, PhD; Lindsay Hedden, PhD; Setareh Banihosseini, MD, PhD; Javad Ramezani, MD; Sarah Yassami, MD; Rayebeh Bahar, MD; Rosita Fatemi, MD; Ali Mokhtari Amirmajdi, MD; Sara Zeinoddini, MD; Kasma Hassani, PhD; Melanie Catacutan; Nardia Strydom, MBChB, CCFP

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Understand why accurate data about physician human resource distribution and community-based primary care practice features are critical for effective policymaking

Background: The Models and Access Atlas for Primary Care – British Columbia (MAAP-BC) studies accessibility and capacity of community-based primary care (CBPC) in BC. As part of this project, we sought to accurately describe distribution of human resources and services at CBPC clinics. **Methods:** In this cross-sectional study, we combined a survey of clinics and publicly available online data to accurately identify and describe all CBPC clinics in one of the largest health authorities in BC. Survey questions from the MAAP-Nova Scotia study were revised to match local context. **Data collected included:** Number and types of health professionals, clinic operating hours, availability of urgent appointments and after-hours care. Physician volunteers managed the data collection between April-Sept 2018. Clinics were categorized as walk-in, “regular family practice” or mixed practices, with walk-in services and family practice. Future analyses will calculate patient capacity, physician full-time equivalents and explore explanatory models for clinics that provide most comprehensive and accessible care. **Results:** A total of 336 clinics provide CBPC; 193 (57.4%) clinics completed the survey tool. Of those, 9 (4.6%) were solely walk-in clinics, 131 (67.9%) were “regular family practice” and 49 (25.4%) were mixed family practice and walk-in clinics. 62 clinics (32%) were accepting new patients with or without exceptions. 94 (49%) clinics were solo practices, 43 (22%) had two to three, and 56 (29%) clinics had four or more. Other health care professionals were present in 20% of the solo practice clinics versus 72% in clinics with four or more doctors. **Conclusion:** This study provides a basic description of the diversity of CBPC models of practice in a representative area of BC. Using a clinic, rather than a family doctor, as a unit of access to CBPC, may be more relevant for the future primary care planning and policy development.

W531 **The Foundation and Pillars of Teamwork in Primary Health Care**

15:45–16:00 Judith B. Brown*, PhD; Rebecca Clark, MSc; Laura Belsito, RD, MAN; Carol Mulder, PhD; Cathy Thorpe, MA

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify the foundation and pillars of teamwork in primary health care

Objective: The purpose of this study was to explore how team members experience and enact the specific dimensions of teamwork in primary health care settings. **Design:** This was a descriptive qualitative study using in-depth individual interviews. The interviews were audiotaped and transcribed verbatim. An iterative process with individual and team analysis was conducted. **Setting:** Family Health Teams (FHTs) in Ontario, Canada. **Participants:** Participants were recruited from FHTs affiliated with the Association of Family Health Teams of Ontario. Eight FHTs participated; five were multisite and five were urban. There were a total of 53 participants including executive directors, family physicians, nursing, interdisciplinary professionals and others. **Findings:** Participants described a shared philosophy as the foundation of interdisciplinary teamwork including a set of shared values. Collaboration and communication are key to enacting a shared philosophy including trust and respect. Finally, a shared philosophy is supported by bringing together personalities that ‘fit together’. Built on this foundation are the pillars of leadership, team building and scope of practice, each of which

have specific components. In the leadership pillar, specific attributes were highlighted such as listening, and having an open door policy. Leaders were also noted as being key resources in conflict resolution and change management. In the team building pillar, participants highlighted both formal (team meetings) and informal (potlucks) activities. The third pillar is optimizing scope of practice through recognition and utilization of each members' scope of practice. Once the foundation is built and the pillars are firmly in place, teams can achieve interdisciplinary collaborative teamwork. **Conclusion:** Interdisciplinary teams are often the expected form of primary health care delivery. Therefore, these findings provide a framework for enhancing interdisciplinary collaborative teamwork in primary health care.

W507 Strategies and Challenges to Building Meaningful Engagement with Family Physicians
16:00–16:15 Saadia Hameed*, MBBS, MCISc (FM), FCFP; Cathy Thorpe, MA; Rebecca E. Clark, MSc; Yashoda Valliere; Judith B. Brown, PhD

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify the challenges in engaging FPs in the primary health care and the strategies used to build relationships with them

To identify existing challenges and strategies to meaningfully engage family physicians in the primary health care system, and explore the impact of these factors on building sustainable relationships with family physicians. **Design:** Descriptive qualitative study. Purposive sample was used to recruit participants for individual interviews lasting on average 45 minutes. An iterative and interpretive process was conducted with both individual and team analysis to identify overarching themes. **Setting:** Ontario, Canada. **Participants:** Forty-five health care policy leaders, family physician leaders, and home care leaders from across five regions of Ontario (North, South, East, West, Central) were interviewed. **Findings:** Three overarching themes emerged from the analysis. First, there are numerous challenges to engage family physicians in the primary health care system. The main factors identified include time, money and physicians feeling overwhelmed with information. Second, participants use a variety of strategies to mitigate some of the challenges. One prominent strategy involves using family physician leaders as champions of change and their position of influence to engage other physicians. Lastly, by learning and understanding existing challenges to engaging family physicians, and employing the appropriate strategies to overcome challenges, decision makers and healthcare professionals are better equipped to develop and foster relationships with family physicians. Participants identified strong relationships as the foundation of continuous meaningful engagement. **Conclusion:** The study findings reveal the concrete strategies decision makers and health care professionals have explored and adopted to facilitate relationship building with family physicians. These strategies are important for professionals to utilize, as relationships are pivotal to the engagement process.

W619 Health and Health Care Outcomes Among Unattached Patients in Nova Scotia
16:15–16:30 Emily Gard Marshall*, MSc, PhD; Sara Wuite, MA; Frederick Burge, MD, CCFP, FCFP, MSc

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Understand the experiences and consequences for “unattached” patients who do not have access to a regular provider

Objectives: Patients who cannot access a regular primary healthcare provider (family physician/nurse practitioner), known as ‘unattached patients’, are a growing phenomenon in Canada. The proportion of unattachment in Nova Scotia grew from 6.4% in 2010 to 13.1% in 2017. This study objective was to explicate the experiences of unattached patients in Nova Scotia and identify outcomes related to health and healthcare needs. **Design:** As the first phase of a sequential exploratory mixed-methods approach using an instrument design model, in-depth semi-structured qualitative interviews explored experiences of unattached patients. We recruited participants using invitational letters via the provincial unattached patients’ registry, stratifying on gender, location and age. We also recruited using social media. We conducted 9 interviews that were digitally recorded and transcribed verbatim. Data were coded in NVivo and analyzed using the Framework Method. **Results:** In the “outcomes of unattachment” framework, we identified four main categories, each with sub-themes. First, unattachment produced stress and negative feelings related to the loss of the patient-provider relationship, concerns about the future, and lack of choice for a provider. Participants experienced care burden related to finding and managing information, managing their medical history, navigating the healthcare system,

cost, travel, and time (including wait-times for alternate healthcare, e.g. walk-in clinics). Participants experienced lost care related to (dis)continuity of care, medical follow-up, and access to prescriptions and referrals. Finally, participants noted health outcomes related to their unattachment including condition-specific negative health outcomes, the need to self-diagnose and medicate, missed diagnoses, and positive lifestyle changes to prevent healthcare need. **Conclusion:** Participants experienced a variety of negative health and healthcare outcomes related to not having a regular primary healthcare provider. Outcomes identified will complement existing literature as we develop a survey to capture the magnitude of these challenges; and provide recommendations for waitlist triaging and interim service options.

W620 Defining Food Allergy Documentation in Canadian Primary Care Practices

16:30–16:45 Nerissa N. Nankissoor; Alexander G. Singer*, MB BAO BCh; Elissa Abrams, MD

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objectives:

1. Describe the prevalence and the approach to determine the rate of documentation of food allergies using primary care settings

Context: Previous studies suggest 8.1% of Canadians have a food allergy, however limitations inherent in self-reported approaches suggest this maybe an overestimation. **Objective:** To determine the prevalence of physician reported food allergies using Electronic Medical Record (EMR) data from providers participating in the Manitoba Primary Care Research Network (MaPCReN). **Design:** Retrospective cohort study of EMR data from the MaPCReN database. **Participants:** The MaPCReN database is derived from 280 primary care providers in Manitoba, Canada. All patients over the age of one with at least 1 encounter in the MaPCReN database within the last 10 years provided a cohort of 221,132 patients. **Intervention:** An algorithm detecting documentation of food allergy was constructed and validated, based on 2817 unique chart entries considered a food allergy out of 4488 possible allergy entries. **Main outcome measures:** Descriptive statistics assessed food allergy prevalence and a multivariable logistic regression model determined the association with patient, provider and practice variables. **Results:** 1.4% of Manitobans have a documented food allergy, of which 61.4% have one or more comorbidities (asthma, depression, diabetes, hypertension, autism, or ADHD). Of those with food allergies, 44.8% ($P < 0.0001$) and 34.3% ($P < 0.0001$) have documentation of asthma and eczema, respectively. Individuals with food allergies have 1.8 times higher odds of an eczema diagnosis (CI 1.47-2.11%) and 2.1 higher odds of having one or more commodities (CI 1.89-2.41) compared to patients without food allergies. **Conclusions:** Manitoba EMR derived data revealed a lower prevalence of food allergy than previously reported in a comparable Canadian study which relied on patient self-reporting (8.1%). The algorithm created in this study will be applied nationally within the Canadian Primary Care Sentinel Surveillance Network (CPCSSN), to determine Canada's national prevalence of food allergy and investigate geographical variation food allergy prevalence.

W623 Defining Beta-lactam Allergy Documentation in Canadian Primary Care Practices

16:45–17:00 Alexander G. Singer*, MB BAO BCh; Ryan R. Phung; Elissa M. Abrams, MD

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Describe the prevalence and the approach to determine the rate of documentation of beta lactam allergy in primary care settings

Context: Prior American studies have reported the prevalence of reported beta-lactam allergy to be between 10-17%. Currently, there is very little Canadian data on prevalence of beta-lactam allergy. Prior American studies have reported the prevalence of reported beta-lactam allergy to be between 10-17%. Currently, there is very little Canadian data on prevalence of beta-lactam allergy. The purpose of this study is to describe the prevalence of physician documented beta-lactam allergies in a Canadian outpatient population and to identify associated characteristics of patients and providers. **Objective:** To determine the prevalence of physician reported beta lactam allergy using Electronic Medical Record (EMR) data from providers participating in the Manitoba Primary Care Research Network (MaPCReN). **Design:** Retrospective cohort study of EMR data from the MaPCReN database. **Participants:** The MaPCReN database is derived from 280 primary care providers in Manitoba, Canada. All patients over the age of one with at least 1 encounter in the MaPCReN database within the last 10 years provided a cohort of 221,132 patients. **Intervention:** An algorithm

detecting documentation of food allergy was constructed and validated. **Main outcome measure:** Provider and patient characteristics were assessed using a multivariate regression comparing differences between patients with or without documented beta-lactam allergies. **Results:** We identified 6397 records in the MaPCReN database documenting a beta lactam allergy corresponding to a prevalence of 2.89%. Documented beta-lactam allergy was found to be associated with female sex (1.542 OR, 95% CI 1.463-1.623 and medical comorbidities (1.53 OR, 95% CI 1.46-1.61). **Conclusion:** Prevalence of physician reported beta-lactam allergy in Manitoba was lower than previously recorded American studies. The validated algorithm will be applied to the larger Canadian Primary Care Sentinel Surveillance Network repository (1.8 million patients) to describe epidemiology at a national scale and to further aid efforts in reducing burden associated with erroneous labelling.

W609 Using Electronic Medical Records to Detect Post-Traumatic Stress Disorder

15:00–15:15 Alexander G. Singer, MB BAO BCh, CCFP; Sabrina Wong, RN, PhD; Behrouz Ehsani, PhD; John Queenan, PhD

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify patient characteristics associated with a diagnosis of PTSD in primary care

Context: Post-Traumatic Stress Disorder (PTSD) is a chronic and debilitating mental health condition. There are gaps in our understanding of patients with PTSD in primary care settings. Electronic medical records (EMR) can be used to detect patients with PTSD to support improvements in treatment and coordination of care. **Objectives:** (1) Estimate the prevalence of PTSD; (2) Describe the demographic, clinical experiences, health behaviours and medication histories of patients with PTSD. **Study design:** Descriptive, correlational study of electronic medical records of patients, >18 years of age, who have seen a primary care provider participating in the Canadian Primary Care Sentinel Surveillance Network (CPCSSN) at least once in the last 2 years (n=943,215). Point prevalence and 95% confidence intervals were calculated. Age and sex standardization was completed for objective 2. **Outcome measures:** PTSD and descriptive characteristics, including demographics (age, sex, rural), co-morbid chronic conditions, prescribed medications, health behaviors (smoking, alcohol use), primary care visits. **Results:** There were 4,392 patients meeting the CPCSSN case definition of PTSD. Prevalence of PTSD in primary care was 0.47% with females being more likely to be diagnosed than males. The highest prevalent co-morbid condition for those with a diagnosis of PTSD was depression. The most commonly prescribed medication is lorazepam, followed by naproxen and salbutamol. Those with a diagnosis of PTSD had over double the number of visits to primary care providers. **Conclusion:** It is possible to detect and describe PTSD using CPCSSN data. While our estimate of the prevalence of PTSD is lower than from other studies, this is first study of PTSD in a more general population of primary care patients across Canada. Further work by our research team will use advanced analytic techniques to understand narrative information contained within the patient's medical chart to more clearly understand the burden of PTSD.

W568 The University of Toronto Family Medicine Report

15:15–15:30 Karen Tu*, MD, CCFP, FCFP, MSc; Michelle Griever, MD, CCFP, FCFP, MSc; Michael R. Kidd, AM, MBBS, MD, FAHMS; Ross Upshur, MD, MSc, MCFP, FRCPC; Allison Mullin, MA; Helena Medeiros, MSc; Eva Grunfeld, MD, DPhil, FCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Illustrate that family medicine is committed to comprehensive care and the importance of research in family medicine

Objective: The Department of Family and Community Medicine (DFCM) at the University of Toronto is home to one of the largest family medicine residency programs in the world. DFCM trains 40% of Ontario's future family doctors and 25% of Canada's future family doctors. With more than 1,600 faculty across the province, DFCM physicians provide services from rural areas to large urban centres. As we celebrate the 50th Anniversary of the DFCM, we developed the University of Toronto Family Medicine Report to illustrate that; family medicine is committed to comprehensive care; the role of family medicine in increasing the health of patients, communities, and the overall population; and the importance of research and research funding in family medicine. **Design:** This report is a compendium that describes what it is like to practice family medicine and both the roles and challenges faced by family medicine in our

evolving health system. **Setting:** The University of Toronto Practice-Based Research Network (UTOPIAN) electronic medical record database drawing from DFCM affiliated sites and beyond was the primary data source for this report. **Participants:** The 376 family physicians contributing their EMR data to UTOPIAN and their over 380,000 rostered patients. **Results:** We found that: 19% of patients age 12 and over smoke cigarettes, 35% of adults are overweight and nearly 30% of adults are obese, the prevalence of hypertension among adults was 22%, depression 16%, osteoarthritis 15% and diabetes 10%, the most common medications prescribed to adults were rosuvastatin and pantoprazole and to children were amoxicillin and salbutamol, over 11% of patients had a mental health visit in 2017. **Conclusion:** Family medicine is increasingly recognized as the cornerstone of the Canadian healthcare system. With the introduction of electronic medical records into family medicine, the potential and capacity for family medicine research is growing.

W662 Older Adults Experiencing Homelessness: Qualitative study of enacting harm reduction

15:30–15:45 Lara Nixon, MD, CCFP (COE), FCFP; Victoria Burns, PhD

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify risks and health consequences of older adult homelessness and how to reduce harm from risky behaviour through multi-level interventions

Objective: To better understand how to apply harm reduction (HR) principles in the provision of team-based primary health care for formerly homeless older adults with problematic substance use from the perspective of older adults residing in permanent supportive housing (PSH) and their staff. **Design:** qualitative case study using in-depth interviews, drawing on Rhodes' Risk Environment framework and constructivist grounded theory. **Setting:** "Harbour House" (HH), a single-site PSH complex for adults > 55 years old, unable to secure housing in traditional supportive living, in a Canadian large urban centre. **Participants:** Adult men and women > 55 years old with experiences of homelessness (n = 6), residing in HH and their staff (n = 9). **Findings:** An overarching category – "meeting a person where they are at" through building respect and trust over time emerged from our analysis, central to both the enactment and experience of HR from the perspective of staff and residents alike. This was facilitated by: 1) developing highly individualized care plans; 2) promoting housing stability through a non-punitive approach; and 3) promoting a sense of home through positive interpersonal relations. Constraints of enacting HR related to lack of private space, inadequate resourcing, and rigid policies that contradict HR. **Conclusion:** Although HR was identified as central to "keeping people housed" and "reducing problematic drug use", it informed person- and relationship-centred care with this structurally vulnerable population more broadly. Findings suggest a need to shift HR efforts from relying solely on individual behavior change to include a focus on the physical, social, economic, and political environment. HR operates in multiple interacting ways in PSH, which need to be taken into account in research, policy and practice. This highly relational process grounded in respect and trust is critical to ensuring equitable access to health and social services for older adults experiencing homelessness.

W469 Bringing the Primary Care Voice to Cancer Care in British Columbia

15:45–16:00 Catherine Clelland*, MD, CCFP, FCFP; Brenna Lynn, PhD; Laura Beamish; Jennifer Wolfe

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Cite current unmet needs of family physicians providing cancer care in BC/Yukon and potential resolutions

Objective: To determine the unmet needs of family physicians providing cancer care across the continuum and to establish a sustainable mechanism to meet these needs, to provide advocacy, and to support two-way communication between levels of care. **Design:** The study included nine key informant interviews with subject matter experts across the cancer care continuum, a comprehensive online survey distributed to 5000 family physicians and other primary care providers, and focus groups with new to practice family physicians, rural family physicians, urban family physicians, and oncologists. **Setting:** The interviews took place via teleconference, the survey via an online platform, and the focus groups were all online other than with the oncologists which was held in-person in Vancouver with several participants taking part via teleconference. **Participants:** All interview and focus group participants were BC physicians. Survey respondents were family physicians (88%), specialists (3%), residents (2%), or nurse practitioners (3%) or

other healthcare providers (5%) licensed in BC/Yukon (886 respondents). **Intervention:** Each phase of the assessment informed the next phase collecting information pertaining to the current and future landscape of cancer care in BC and the role the family physicians can play. **Main outcome measures:** Psychosocial support, transitions in care, involvement in treatment decisions, communication, clinical knowledge, education. **Results:** Priorities confirmed - to improve access to clinical resources/services for patients, to develop practice tools for supporting care for patients with cancer, and provide education and training for physicians. **Conclusion:** Focus going forward will be on just-in-time information resources, practical education varied in delivery, improved two-way communication, and relationship building to improve care and reduce stress all in alignment with the changing landscape of primary care in BC - team based Primary Care Homes linked together with team based Primary Care Networks supported by the Specialized Community Services Program are now under development.

W563 The Role of Community Health Navigators in Adult Chronic Conditions

16:00–16:15 Dailys Garcia-Jorda, PhD; Caillie Pritchard, BSc; Sarah MacDonald, MPH; David Campbell, MD, PhD, FRCPC; Natalie Ludlow, PhD; Gabriel Fabreau, MD, MPH, FRCPC; Kerry McBrien*, MD, MPH, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify community health navigator (CHN) roles and activities that are more likely to influence patient outcomes

Objective: To identify community health navigator (CHN) roles and activities that are more likely to influence patient outcomes based on the perceptions and experiences of family physicians, nurses, and patients. This work is part of the ENhancing COMMunity health through Patient navigation, Advocacy and Social Support (ENCOMPASS) study, which is assessing the effectiveness of patient navigation for adults with multiple chronic conditions. **Design:** Qualitative study using semi-structured interviews with patients and providers, and observations of CHNs working with patients. Interviews were transcribed, and along with observation fieldnotes were coded and organized into themes using thematic analysis with both deductive and inductive approaches, using an initial codebook derived from a previous systematic review. **Setting:** Two primary care clinics in a primary care network in Calgary, Alberta. **Participants:** Interviews were conducted with five patients with two or more chronic conditions receiving patient navigation services, and five providers (two nurses and three family physicians). Four CHNs were observed for three hours each. **Findings:** Most of the CHN activities from the initial codebook were represented, including advocating for patients, attend appointments, connect with community resources, help with goal setting, provide translation, provide education, inform health care providers, and facilitate transportation. Emerging activities included: provide support, follow-up on patients, help with practical problem solving, and facilitate continuity of care. Providing emotional support emerged as a main category from the perspective of patients and was confirmed in the observations. By actively listening to their patients' narratives, spending time with them, and accompanying them to activities other than medical appointments, CHNs created a bond that made patients feel secure. **Conclusion:** The main navigation functions of the CHNs described were educational and logistical. However, feeling supported and appreciated enhanced patient's care experience.

W565 Integrating Community Health Navigators in a Primary Care Team

16:15–16:30 Dailys Garcia-Jorda, PhD; Caillie Pritchard, BSc; Sarah MacDonald, MPH; David Campbell, MD, PhD, FRCPC; Natalie Ludlow, PhD; Gabriel Fabreau, MD, MPH, FRCPC; Kerry McBrien*, MD, MPH, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Explore how a health navigation program was integrated into the care of patients with multiple chronic conditions

Objective: As part of the ENhancing COMMunity health through Patient navigation, Advocacy and Social Support (ENCOMPASS) study, we aimed to explore how a patient navigation program was integrated into the care of patients with multiple chronic conditions to overcome health disparities and improve health outcomes. **Design:** Qualitative study using semi-structured interviews with primary care providers (nurses and physicians), managers, and community

health navigators (CHNs). Interviews were transcribed, coded, and organized into themes using thematic analysis. **Setting:** Two primary care clinics in a primary care network in Calgary, Alberta. **Participants:** 11 interviews conducted with four CHNs, two managers, two nurses and three physicians. **Findings:** Four main themes revealed how CHNs were integrated into care. 1) Incorporating CHNs within multidisciplinary teams: providers acknowledged the presence of CHNs working within a defined scope as members of the health care team that supports the goals of the primary care network. 2) Improving communication between patients and providers: CHNs provided insights to health care providers regarding patients' social needs and complexities that led to individualized care plans recognizing barriers to care. 3) CHNs' perceptions of their role in the care team: CHNs felt appreciated and supported by professionals in the multidisciplinary team which increased as providers were more knowledgeable about their scope of practice and became more accustomed to their presence accompanying patients or advocating for them. 4) Providers' experience: physicians and nurses recognized how their practices were being impacted by having a CHN to help patients follow their care plans and access needed community services. **Conclusion:** Overall, CHNs interact with the existing system of care and primary care providers to help coordinate and enhance patient care. CHNs were accepted as members of the care team and brought a unique perspective to patient care, raising awareness of social needs.

W598 **Barriers and Facilitators to Managing Morbid Obesity in Primary Care**

16:30–16:45 Boris Zevin, MD, PhD, FRCSC; Nancy Dalgarno, PhD; Mary Martin, MSc; Colleen Grady, DBA; Robyn Houlden, MD, FRCPC; Richard Birtwhistle, MD, MSc, CCFP, FCFP; Karen Smith, MD, FRCPC; Rachel Morkem, MSc; David Barber, MD, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = .25

Learning objective:

1. Identify barriers and facilitators obesity management in primary care

Context: Over one million Ontarians have Class II or III obesity and are eligible to be referred by Primary Care Providers (PCP) for surgical and/or medical weight loss; however, fewer than 7% are. **Objective:** To explore and compare the knowledge, experience, perceptions and educational needs of PCPs and patients in managing weight loss and obesity-related comorbidities in primary care. **Design:** Six focus groups with PCPs and 15 interviews with patients. Thematic analysis using open coding in NVivo. Emergent themes compared between groups. Results framed by the Barriers to Change Theory, which states that changes are first- (extrinsic in nature, outside implementer's control), or second-order (intrinsic in nature, involve changes to practice and beliefs). **Setting:** Family Health Team, Bariatric Centre of Excellence and the general community in Southeastern Ontario, Canada. **Participants:** 17 PCPs, 8 patients were referred for medical and/or surgical weight loss, and 7 patients were eligible, but had not been referred. **Main outcome measures:** Knowledge, experience, perceptions and educational needs of PCPs and patients regarding weight-management in primary care. **Findings:** Three first order barriers to change among PCPs and patient groups were identified, including resource supports, logistics, and lack of knowledge about medical and/or surgical weight loss. Three second-order barriers to change emerged and included root causes of obesity, motivation, and perceptions of surgical weight loss. **Conclusions:** Given the high prevalence of obesity, PCPs are now key stakeholders for ensuring patients receive timely and high quality care. Understanding past experiences and perceptions of patients and PCPs helped determine effective strategies for addressing each type of barrier and informed the development of a continuing professional educational intervention. Such interventions can support PCPs in providing quality and evidence-based care, address second order barriers and help shift negative perceptions associated with obesity and surgical weight loss.

W397 **Les activités professionnelles fiables en approche par compétence : Mode d'emploi**

16:15–17:15 Diane Robert, MD, CCMF ; Marie-Pierre Codsì, MD, CCMF ; Samuel Gatien, MD CCMF

Tous les enseignants sont les bienvenus. Cette séance met en valeur les concepts plus avancés pour les enseignants en contexte clinique.

ROOM / SALLE : 114

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :

1. Intégrer des notions théoriques autour de l'évaluation en approche par compétence : les APC et la confiance

2. Définir les APC choisies et leur utilisation dans le programme de médecine de famille et médecine d'urgence de l'Université de Montréal
3. Appliquer concrètement les concepts des APC pour évaluer les résidents en médecine de famille

Description :

Il y a plusieurs années, le programme de médecine de famille et médecine d'urgence de l'Université de Montréal a fait la transition vers l'approche par compétence. La première étape d'adaptation de l'évaluation identifiait bien les compétences, mais ne reflétait pas l'ensemble du rôle et des tâches d'un médecin de famille. Pour combler cette lacune, le Conseil pédagogique a entrepris une démarche rigoureuse, en étroite consultation avec le corps professoral, pour coconstruire une méthode évaluative qui rend compte de la compétence globale en situation authentique et qui traduit bien la trajectoire de développement de cette compétence. Une nouvelle fiche d'évaluation (la FASC) a été créée ainsi que son guide de notation. Les trajectoires de développement associées au niveau d'autonomie atteint pour chacune des activités professionnelles fiables (APC) nous permettent de suivre et d'évaluer le résident dans sa progression. Cette nouvelle FASC pourrait servir d'outil pertinent et utile pour les programmes de résidence en médecine familiale partout au Canada afin d'être davantage dans une optique d'approche par compétence. Cet atelier permettra donc de présenter la nouvelle FASC et la méthodologie sous-jacente à sa création et de former les participants à son utilisation.

W463

Fireside Chat

16:15–17:15

James Goertzen, MD, MCIsc, CCFP, FCFP; Ian Scott, MD, MSC, CCFP, DOHS, RCPC, FCFP; Nancy Fowler, MD, CCFP, FCFP; Ivy Oandasan, MD, MHSc, CCFP, FCFP

All teachers welcome.

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss challenges facing family medicine teachers, preceptors, and educational leaders as they train Canada's future family physicians
2. Identify strategies to engage and support family medicine teachers in the community
3. Recommend initiatives and activities to support family medicine education locally and nationally

Description:

Join us for a discussion to explore what challenges family medicine teachers, preceptors and academic leaders are facing that contribute to physician burnout. Cognizant that the Family Medicine Professional Profile has highlighted the collective responsibility of those in the profession to engage in clinical, advocacy, leadership and scholarly activities, how can this be done feasibly? Come and share innovative approaches that have supported the family medicine teaching community. Identify potential advocacy efforts that the Section of Teachers (SOT) could facilitate locally, provincially or nationally. Discuss ways in which the community of teachers across the country could better support each other leveraging the SOT. The Fireside Chat will be hosted by CFPC's Section of Teachers Council.



W681

16:15–17:15

Moving From Selective to Comprehensive PHC: The Besroun Centre workshop for research to promote primary care development in LMIC (Besroun)

Passer des SPL sélectifs aux SPL complets: L'atelier du Centre Besroun pour la recherche visant à favoriser le développement des soins de première ligne dans les pays à faibles revenus et à revenus intermédiaires

Adelson Guaraci Jantsch, MD; Ophelia Michaelides

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Learn more about the context and actual state of PHC in LMICs
2. Gain skills in mixed-method research, particularly for evaluating the development of PHC in LMIC
3. Identify and utilize tools to assess health systems

Description:

Many low and middle-income countries (LMIC) share a recent history of public policies aiming to strengthen Primary

Health Care (PHC) and promote access to universal health care. Despite the growing recognition that Family Medicine is the medical specialty that should deliver Primary Care (PC), LMIC face many difficulties to translate public policies into real changes in PHC. Capacity building and workforce development for PC delivery, especially in Family Medicine training, are among the main hurdles for those countries, along with structural and organizational issues. Several ongoing global initiatives with the aim of supporting countries in their journey towards strong PHC are developing tools to measure the performance of their health systems. Without disagreeing with this aim, the Besrou Center believes that assessing the development of PHC with a more qualitative approach would be more appropriate than strictly measuring performance with quantitative methods. We believe that quantitative information (how much/many) is important for the assessment of health systems, but as Family Physicians we highly value the role that stories and experiences can bring to the discussion, showing the reasons (how, who, when, in which way) that made an initiative successful. Measuring the development of PHC in LMIC is a good opportunity to combine quantitative (metrics) and qualitative (stories and experiences) information in a mixed-methods research initiative. The aims of the workshop are (1) to present an initial mixed-methods framework for evaluating the development of PHC in LMIC, (2) to work with the participants appraising its validity and exploring alternatives and (3) to improve it with the inputs and collaborations. Four members of the Besrou Center will run the session and the participants will have the opportunity to learn about the context and actual state of PHC in LMIC, about research methods (especially Mixed-Methods) and assessment of health systems.

Objectifs d'apprentissage :

1. En apprendre plus sur le contexte et l'état réel des SPL dans les pays à faibles revenus et à revenus intermédiaires
2. Acquérir des compétences en recherche à méthodes mixtes, surtout pour évaluer le développement des SPL dans les pays à faibles revenus et à revenus intermédiaires
3. Nommer et utiliser les outils pour évaluer les systèmes de santé

Description :

De nombreux pays à faibles revenus et à revenus intermédiaires ont depuis peu adopté des politiques publiques visant à consolider les soins de première ligne (SPL) et à favoriser l'accès aux soins de santé universels. Malgré qu'il soit de plus en plus accepté que la médecine familiale est la spécialité médicale devant dispenser les soins de première ligne, les pays à faibles revenus et à revenus intermédiaires se heurtent à de nombreux obstacles lorsqu'ils tentent de convertir les politiques publiques en changements concrets des SPL. Les principaux obstacles pour ces pays sont le développement des ressources et de la main-d'œuvre pour dispenser les SPL, surtout en formation en médecine familiale, de même que certains défis structurels et organisationnels. Plusieurs initiatives mondiales en cours qui appuient les pays dans leur cheminement vers des SPL robustes mettent au point des outils de mesure du rendement des systèmes de santé. Sans s'opposer à cet objectif, le Centre Besrou est d'avis qu'une approche de mesure qualitative de l'évaluation du développement des SPL serait plus appropriée que des méthodes strictement quantitatives de mesure du rendement. Nous croyons que l'information quantitative (combien) importe dans l'évaluation des systèmes de santé, mais à titre de médecins de famille, nous accordons beaucoup de valeur aux histoires et aux expériences, car elles révèlent les raisons (comment, qui, quand, de quelle manière) pour lesquelles l'initiative a réussi. La mesure du développement des SPL dans les pays à faibles revenus et à revenus intermédiaires nous permet d'associer l'information quantitative (chiffres) à l'information qualitative (histoires et expériences) dans le cadre d'une initiative de recherche à méthodes mixtes. L'atelier a pour but de 1) présenter un cadre initial à méthodes mixtes pour évaluer le développement des SPL dans les pays à faibles revenus et à revenus intermédiaires, 2) collaborer avec les participants pour en évaluer la validité et explorer les autres options et 3) l'améliorer en s'aidant des commentaires et des collaborations. Quatre membres du Centre Besrou animeront la séance qui permettra aux participants de se renseigner sur le contexte et l'état réel des SPL dans les pays à faibles revenus et à revenus intermédiaires, sur les méthodes de recherche (surtout les méthodes mixtes) et sur l'évaluation des systèmes de santé.

TWO- AND THREE-CREDIT-PER-HOUR CERTIFIED MAINPRO+ WORKSHOPS ATELIERS CERTIFIÉS MAINPRO+ POUR DEUX ET TROIS CRÉDITS PAR HEURE

W115

8:00–17:30

Pallium Canada's LEAP Mini

David Williscroft, MD, CCFP; Nicole Wikjord

② credits per hour

ROOM / SALLE : 14, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 16.5

Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Provide learners with the essential skills and competencies of the palliative care approach
2. Promotes collaboration among different health care professionals who work in a variety of settings and organizations
3. Initiate essential discussions related to palliative and end of life care in daily work

Description:

LEAP Mini is a one-day course that features an inter-professional approach, face-to-face learning with group discussion and case studies, and resources that include the Pallium Palliative Pocketbook. LEAP Mini is ideal for any health care professional whose primary focus of work is not palliative care but who provides care for patients with life-threatening and progressive life-limiting illnesses. This course will provide health care professionals and family health teams with the essential skills and competencies of the palliative care approach, with course modules that cover topics such as advance care planning; essential conversations; taking ownership; pain; delirium; and nausea, nutrition, and hydration. LEAP Mini has been certified by the College of Family Physicians of Canada for up to 16.50 Mainpro+ credits.

W150
8:00–16:15

Practising Wisely: Reducing unnecessary testing and treatment

Peter Kuling, MD, FCFP, CCPE; Jobin Varughese, CCFP (COE)

③ credits per hour

ROOM / SALLE : 16, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 18 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Identify opportunities and develop strategies to reduce over-medicalization
2. Integrate relevant evidence into individual patient care decisions and critically assess appropriateness of clinical practice guidelines
3. Communicate and build consensus with patients and promote good stewardship

Description:

Participants will identify opportunities on how to “practise wisely”, with a focus on reducing over-prescribing, over-imaging, over-screening and over-monitoring using the latest evidence and tools from diverse sources. This workshop, developed by the Ontario College of Family Physicians, aligns closely with the Choosing Wisely Canada campaign to implement good health care stewardship and avoid over-medicalization. Participants will learn how to access reliable, curated and renewable online resources for an evidence-informed practice supporting individualized patient-care. Active learning exercises such as case studies, individual reflection and group work will help participants to build communication skills to guide their patients through the shift from seeking sickness to enhancing health. Participants must bring a laptop or tablet to participate fully.

W240
7:50–17:00

Moving to Acceptance: Addressing vaccine hesitancy in your busy practice

Dorothy Moore, MD, PhD; Eve Dubé, PhD; Julie Emili, MD, CCFP, FRCPC, MSc; Arnaud Gagneur, MD, PhD; Christine Halpert, RN, BSN, MA; James Irvine, MD, MSc, CCFP, FCFP, FRCPC; Anna Taddio, BScPhm, MSc, PhD; Noni E. MacDonald, MD, MSc, FRCPC, FCAHS; Dorothy Moore, MD, PhD; Glen Ward, BSc, PhD

② credits per hour

ROOM / SALLE : 2, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 15 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Define vaccine hesitancy and the factors that contribute to it and explain how health care providers can influence

- vaccine hesitancy
2. Elicit and assess an individual's reasons for vaccine hesitancy and develop an approach for interacting with the them
3. Apply an effective, personalized communication strategy to address vaccine hesitancy, including appropriate risk communication

Description:

Vaccine hesitancy is one of the main reasons Canada is not reaching targets for paediatric and adult immunization coverage. By improving their understanding of vaccine hesitancy and their ability to talk to patients and families about vaccination, health care professionals can help. This workshop uses highly interactive case studies and expert insight to help you build confidence around vaccine counselling for patients and parents, making vaccine recommendations, discussing efficacy and safety, and handling common concerns.

W395 Spirometry Interpretation: Diagnosing your patients with chronic respiratory conditions
13:30–17:30 Anthony D'Urzo, MD, MSc, BPHE, FCFP
 ② credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 5 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Recognize the role of spirometry as an objective measurement of lung disease and the significance of effective patient coaching
2. Identify ATS/ERS acceptability, repeatability and reversibility criteria for spirometry testing
3. Correctly interpret spirometry cases applying a user-friendly spirometry interpretation guide

Description:

The Provider Education Program's Spirometry Interpretation program is a medical educational workshop highlighting current research and management of lung diseases in accordance with Canadian Thoracic Society's evidence-based clinical practice respiratory guidelines and delivered to thousands of health-care providers in Ontario. The asthma guidelines recommend that measurement of pulmonary function, preferably by spirometry, should be done regularly in adults and children 6 years of age and older with asthma and that asthma control criteria should be assessed at each visit. According to A National Report Card on COPD published in Canada, 76% of Ontario physicians have access to spirometry and only 45% use it as a diagnostic tool. With increasing need for accurate diagnosis of both asthma and COPD, this program will help participants correctly differentiate between obstructive and restrictive respiratory conditions by utilizing a case study format and interactive audience-response technology. Participants will also be reminded of a spirometric overlap that exists between asthma and COPD and the challenges this may pose when attempting to arrive at a clinical diagnosis. The program is 2.5 hours long and is comprised of two presentations: "Spirometry Ins and Outs" and "Spirometry Interpretation". "Spirometry Ins and Outs" includes a review of ATS/ERS criteria for test acceptability, repeatability and reversibility, quality control, effective patient instruction and spirometry demonstration. During the "Spirometry interpretation" portion of the workshop, participants will benefit from gaining knowledge and practicing as they apply a user-friendly spirometry interpretation aid to actively work through a number of practical clinical cases and interpret spirometry results. "Spirometry Interpretation" will be delivered by primary care physicians utilizing tools developed by a multidisciplinary team of experts, including family physicians and specialists in the field. This Group Learning program has been certified by the College of Family Physicians of Canada for up to 5.0 Mainpro+ credits.

T680 **Update on Diabetes and the Eye for Primary Care Providers (Ancillary Session)**
07:00–08:00 Marc Kiasa, MD; Robert Gizicki, MD

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Describe the importance of retinopathy in patients with diabetes
2. Define macular edema, and proliferative and non-proliferative retinopathy
3. Recognize how to screen for these conditions
4. Summarize the current treatment options for our patients

Description:

Diabetes affects multiple organs, yet the eye complications have not been the subject of many continuing professional development education initiatives. These eye complications can lead to loss of the ability to drive, to be employable, to live independently, and may even affect the ability to take medications properly. Hence, in conjunction with the Canadian Ophthalmology Society (COS), this program was designed to educate primary care physicians about how to manage and protect the eye in patients with diabetes.

In this session, the importance of family practitioners in the care of the eyes of patients with diabetes will be reinforced. Through this program, family doctors can help close the current screening and care gap for diabetic eye disease here in Canada. Participants will understand the consequences of delays in screening, and the various ways in which diabetes can affect the eye. Treatments will be explained so that the family doctors can answer any questions that patients may have after specialist appointments. Participants will learn what a comprehensive eye exam really means, and they will be introduced to a practical tool developed by COS which will help encourage eye screening in people with diabetes. To help reduce these eye complications, the session will also emphasize the importance of good diabetes care in general.

T689 **CUA Men's Health Educational Forum (Ancillary Session)**
07:00–08:00 Daniel Yanko, MD; Ryan Flannigan, MD

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Gain an understanding of the latest treatments in overactive bladder as they relate to the CUA guidelines
2. Review of the mechanisms of action of all agents in overactive bladder
3. Understand about new treatment options in the management of Peyronie's Disease

Description:

The session will provide treatment updates on the indicated topics, in line with the Canadian Urological Association (CUA) guidelines. The CUA exists to promote the highest standard of urologic care for Canadians and to advance the science of urology, providing leadership in public education for urologic conditions. The session will be CUA branded.

- «T200
08:00–09:30
Scienceploitation and the Rise of Science-y Unproven Therapies
Scienceploitation et la montée des thérapies pseudoscientifiques non éprouvées
Timothy Caulfield

ROOM / SALLE : Ballroom ABC / Salle de bal ABC

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Define and recognize the phenomenon of scienceploitation and how it is adding to the spread of misinformation and unproven therapies and health products
2. Evaluate, critique and explain relevant pop culture representations and marketing strategies
3. Mobilize to help fight this harmful phenomenon

Description:

These are exciting times in biomedicine. Research areas like stem cells, personalized medicine, and the microbiome are leading to promising new developments. But too often the language of real science is used to market unproven therapies and health concepts. Indeed, from quantum physics to regenerative cell therapy, science-y marketing strategies are increasingly used to push pseudoscience and potentially harmful bunk. This has made it more difficult for both the public and professionals to tease out the real science from the nonsense. In this presentation, Timothy Caulfield will argue that “scienceploitation” has emerged as a significant health policy issue, one that is having an adverse impact on both individuals and healthcare systems throughout the world. He will also argue that in this era of health misinformation, the physicians community needs to take a leadership role in combatting this problem.

Objectifs d'apprentissage :

1. Définir et reconnaître le phénomène de scienceploitation et comment il dissémine de la désinformation et des thérapies et produits de santé n'ayant pas fait leurs preuves
2. Évaluer, critiquer et expliquer les représentations de la culture populaire et les stratégies de marketing
3. Se mobiliser pour combattre ce phénomène nuisible

Description :

Nous vivons des moments excitants en biomédecine. Les domaines de recherche tels que les cellules souches, la médecine personnalisée et le microbiome aboutissent à des innovations prometteuses. Mais trop souvent, le vocabulaire de la vraie science est utilisé pour commercialiser des concepts de santé et des thérapies non éprouvées. En effet, de la physique quantique à la thérapie de régénération cellulaire, les stratégies de marketing pseudoscientifiques sont de plus en plus utilisées pour pousser la pseudoscience et des futilités potentiellement nocives. Cela fait qu'il est difficile, tant pour le public que pour les professionnels, de séparer la science réelle des balivernes. Dans cette présentation, Timothy Caulfield argumente que la « scienceploitation » est devenue un enjeu important de politique en matière de santé, un enjeu qui affecte les individus et les systèmes de santé du monde entier. Il avance aussi qu'en cette ère de désinformation en santé, la communauté médicale doit prendre les devants pour combattre ce problème.

- «T76
10:00–11:00
Approach to Depression in Primary Care
Approche de la dépression en première ligne
Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Describe the psychiatric differential diagnosis of the 'sad state'
2. Describe the psychopharmacological principles to optimally treat depression, using the latest treatment algorithms
3. Describe methods to increase patient compliance with medications in the depressed population

Description:

In the workshop, we present the psychiatric differential of the 'sad state' and will comment on different treatments for the different diagnoses. We will then focus on the diagnosis and treatment of a major depressive episode. The use of psychotherapy will be commented on. We will focus on the current literature of the psychopharmacologic treatment of depres-

sion. This will include optimal choices of antidepressants, based on the literature. We will then go on to discuss how to optimize the antidepressant dosing, commenting on starting dosages, and methods of increasing dosages. We then go on to discuss the use of augmenting techniques, as well as switching from one antidepressant to another. Dealing with the side effects of antidepressants will be addressed. Other issues such as the use of antidepressants in the pediatric population, the use of electroconvulsive therapy (ECT), and the use of Transcranial Magnetic Stimulation (TMS) will be discussed. This will be an interactive session, encouraging audience participation. Much of the evidence we will present is linked to the CANMAT 2016 Guidelines for the treatment of depression.

Objectifs d'apprentissage :

1. Décrire le diagnostic différentiel psychiatrique de la tristesse
2. Décrire les principes psychopharmacologiques du traitement optimal de la dépression, à l'aide des algorithmes thérapeutiques les plus récents
3. Décrire les méthodes visant à favoriser l'observance du traitement pharmacologique auprès de la population de patients dépressifs

Description :

L'atelier présentera le diagnostic différentiel psychiatrique de la tristesse et commente les différents traitements ciblant différents diagnostics. Il se penchera ensuite sur le diagnostic et le traitement des épisodes dépressifs majeurs. On parlera du recours à la psychothérapie et examinera les publications actuelles sur le traitement psychopharmacologique de la dépression, dont les meilleurs choix d'antidépresseurs selon les publications scientifiques. Nous parlerons ensuite de la façon d'optimiser la dose d'antidépresseur, des posologies initiales et des méthodes d'augmentation posologique. Nous parlerons des techniques d'augmentation, de même que du passage d'un antidépresseur à un autre. Nous expliquerons comment composer avec les effets indésirables des antidépresseurs et aborderons d'autres questions, telles que les antidépresseurs en pédiatrie, l'électroconvulsivothérapie (ECT) et la stimulation magnétique transcrânienne. Cette séance interactive encouragera la participation de l'auditoire. Une grande part des données probantes présentées sont liées aux lignes directrices CANMAT 2016 sur le traitement de la dépression.

T678 Facilitated Poster Session

10:00–11:00 During this session, five posters will be presented in 10-minute segments, followed by audience Q & A and a discussion.

ROOM / SALLE : Ballroom D

Mainpro+ Group Learning certified credits = 1

601 A Sneak Peek at the 2020 Rourke Baby Record

Patricia Tak Sam Li, MD, MSc, FRCPC, FAAP; Anne Rowan-Legg, MD, FRCPC; Denis Leduc, MD, CCFP, FRCPC, FAAP; Stephani Arulthas, MSc; Jonathan Reeves-Latour, MSc; Emmanuela Tedone, MEd; Leslie Rourke*, MD, FCFP, MCISc (FM), FRRMS

The Rourke Baby Record (RBR) is Canada's gold standard for well-baby/well-child care from ages one week to 5 years. Endorsed by the CFPC, Canadian Paediatric Society, and Dietitians of Canada, it is evidence-informed and updated regularly to keep its recommendations current. It includes the RBR Guides for visits and immunizations, RBR Resources pages with a summary of current evidence for most items, and a website with extensive resources for healthcare professionals and parents/caregivers (www.rourkebabyrecord.ca). The 2020 edition of the RBR will be released next year. This poster will highlight what is new in the literature and RBR in the field of preventive paediatric healthcare for infants and young children with practical pearls for practice in the following domains: growth and development; nutrition; anticipatory guidance on injury prevention, behaviour and family issues, environmental health, oral health, and other common topics; physical examination; investigations and screening; and immunization.

602 Quality of Life Across Dementia Types in Memory Clinic Patients

Michelle Kushneriuk*, BSc; Andrew Kirk, MD, FRCPC; Chandima Karunanayake, PhD, PStat; Debra G. Morgan, PhD, RN; Megan E. O'Connell, PhD, RDPsych

Objective: To compare patient and caregiver-rated quality of life (QOL) across different types of dementia. **Design:** Clinical retrospective chart review. **Setting:** University of Saskatchewan's Rural and Remote Memory Clinic (RRMC), a one-stop interdisciplinary clinic for patients with memory concerns referred by their family physicians. **Participants:**

This study included 343 consecutively diagnosed patients seen at the RRMC between 2004 and 2016. All patients diagnosed with mild cognitive impairment (MCI, n=74), frontotemporal dementia (FTD, n=42), Alzheimer's disease (AD, n=187), vascular dementia (VD, n=22), or Lewy Body dementia (DLB, n=18) were included in this study.

Intervention: Patients and caregivers completed questionnaires at their initial visit. A database of information on several hundred patients assessed in the clinic has accumulated. **Main outcome measures:** Data collection included primarily patient-rated patient QOL (QOL-PT) and caregiver-rated patient QOL (QOL-CG), as well as MMSE, age, and other patient demographics. **Results:** Although QOL-PT did not differ by diagnosis, QOL-CG was higher for patients with MCI (34.6 ± 7.1) compared to FTD (30.9 ± 5.2) and AD (31.7 ± 5.9). A comparison of patient and caregiver QOL revealed patients rated their own QOL higher than caregivers did when patients' diagnoses were MCI (QOL-PT= 37.3 ± 5.0 , QOL-CG= 35.3 ± 7.3), FTD (QOL-PT= 37.2 ± 6.1 , QOL-CG= 31.7 ± 5.5), and AD (QOL-PT= 37.0 ± 9.7 , QOL-CG= 32.1 ± 5.9).

Conclusion: We found that QOL-PT does not differ across dementia types, but QOL-CG was higher in MCI vs FTD and AD, and patients with MCI, FTD, and AD rate their own QOL higher than their caregivers. QOL is of great importance in dementia, and in order to improve the management of these patients, it is essential for patient QOL to be considered. Management should focus on optimizing patient QOL and supporting patients, as well as their caregivers, through the challenges and reduced QOL that result from living with dementia.

603

Functional Patient Outcomes After Platelet-Rich Plasma Therapy for Tendinopathy

Constance Lebrun*, MD CM, CCFP (SEM), FCFP, Dip Sport Med; Teresa De Freitas, MD, CCFP (SEM), Dip Sport Med; Ann-Marie Przyszlupski, MSc; Rebecca Reif; Taryn Wicijowski

Context: Tendinopathy is a degenerative tendon condition. Limited evidence has reported platelet-rich-plasma (PRP) injections as promising in repairing tendinopathic degeneration. **Objective:** To assess PRP treatment efficacy for tendinopathy. **Design:** Cross-sectional retrospective chart review. **Setting:** Glen Sather Sports Medicine Clinic (Edmonton, AB). **Participants:** Patients who received PRP injections for tendinopathy between January 2010 and December 2018. Of 737 patient records (45.65 ± 13.78 years) identified, only patients who completed both pre- and post-PRP Visual Analogue Scale (VAS) questionnaires were included for analyses (n=442; 47.14 ± 13.76 years). Data were analyzed using descriptive statistics, t-tests, and repeated measures analyses. **Intervention:** Intra- and peri-tendinous PRP injections. **Main outcome measures:** VAS analyses (Domains: pain, functional limitation, physical activity) before and after a PRP injection. **Results:** Patients reported reduced pain following an initial PRP injection for most areas (knee: $p=0.00021$; CI -2.41, -0.81; n=48; hip: $p=0.0001$; CI -1.56, -0.39; n=74; shoulder: $p<0.0001$; CI -1.52, -0.53; n=105; elbow: $p=0.0007$; CI -1.49, -0.41; n=79). Overall, patients had reduced limitation with functional activities of daily living (ADL; ankle: $p<0.001$; CI -2.14, -1.29; n=102; knee: $p<0.001$; CI -2.64 -1.04; n=48; hip: $p<0.002$; -2.36, -1.38; n=74; shoulder: $p<0.0001$; CI -1.86, -0.95; n=105; elbow: $p=0.0002$; CI -1.52, -0.41; n=79). Improved physical activity was demonstrated for all areas assessed ($p<0.0001$). Of patients receiving a second PRP injection, benefit was reported for hip ($p=0.020$; CI -1.99, -0.50; n=20), ankle ($p=0.028$; CI -2.60, -0.16; n=23), and other ($p=0.014$; CI -3.57, -0.73; n=5) ADL function. Physical activity improved for hip ($p=0.015$; CI -2.76, -0.32; n=20), ankle ($p=0.0025$; CI -2.55, -0.19; n=23), elbow ($p=0.030$; CI -2.29, -1.17; n=15), foot ($p=0.006$; CI -3.51, -0.89; n=7), and other ($p=0.050$; CI -4.09, -0.10; n=5) tendinopathy. Pain improved for ankle tendinopathy only after a second PRP injection ($p=0.0017$; CI -2.96, -0.78; n=23). **Conclusion:** Results suggest PRP injections may be promising therapy for many tendinopathies

604

Functional Patient Outcomes after Platelet-Rich Plasma Therapy for Osteoarthritis

Constance Lebrun*, MDCM, CCFP (SEM), FCFP, Dip Sport Med; Teresa De Freitas, MD, CCFP (SEM), Dip Sport Med; Ann-Marie Przyszlupski, MSc; Taryn Wicijowski; Rebecca Reif

Context: Osteoarthritis (OA) is a degenerative condition of joint cartilage leading to pain, inflammation, and loss of joint function, with joint replacement surgery being a last-resort option. Intra-articular platelet-rich plasma (PRP) injections have been utilized with positive results. **Objective:** To assess intra-articular PRP treatment efficacy for OA. **Design:** Retrospective chart review. **Setting:** Glen Sather Sports Medicine Clinic (Edmonton, AB). **Participants:** Patients receiving PRP injections for OA between January 2010 and December 2018 (n=170; 60.57 ± 11.34 years); only patients completing both pre- and post-PRP Visual Analogue Scale (VAS) questionnaires were included for analyses (n=77; 60.60 ± 12.09 years). Data were analyzed using descriptive statistics, t-tests, and repeated measures analyses where applicable. **Intervention:** PRP joint injections. **Main outcome measures:** VAS analyses (Domains: pain, functional limitation, physical activity) before and after a PRP injection in an affected joint. **Results:** Patients with OA reported that an initial PRP treatment improved joint function for knee OA ($p<0.0004$; CI -2.63, -0.83; n=35), shoulder OA ($p=0.02$; CI -2.71, -0.21; n=19), hip OA ($p=0.007$; CI -4.05, -0.79; n=14), and finger OA ($p=0.004$; CI -5.27, -2.23; n=4). Improvement in perceived physical activity was reported for knee OA ($p<0.0001$; CI -3.35, -1.33; n=35), hip OA ($p=0.003$; CI -3.15, -0.78; n=14), and shoulder OA

($p=0.0006$; CI -3.47, -1.14; $n=19$). Sustained pain reduction was reported only by patients with finger OA ($p=0.004$; CI -5.27, -2.23; $n=4$). Of OA patients who received a second PRP injection, only patients with knee OA reported significant improvement in pain ($p=0.039$; CI -3.50, -0.12), ADL function ($p=0.014$; CI -6.12, -1.05) and physical activity ($p=0.012$; -5.07, -0.93). **Conclusion:** Our results support effectiveness of PRP therapy for OA in various joints, with differential effects on pain, joint function, and physical activity ability. Supplementary PRP injections may not provide sustained relief for all joints, demonstrating a need for additional modes of OA management.

605 Time Trends of Youth Anxiety Over the Past 20-30 Years

Janelle Yu*, MD; Dallas Seitz, MD, PhD, FRCPC; Susan Phillips, MD, CCFP

Objective: To determine whether the prevalence of anxiety/depression in those aged 5-25 have changed over the past 30 years in Ontario. Additional covariates of socio-economic status (grouped in quintiles of median household income), location (rural or urban), sex/gender, and immigrant status (immigrant, first generation, refugee, non-immigrant). **Design:** This is an observational study with a cross-sectional analytical study design. We will be analysing administrative data for the whole province. Youth anxiety diagnosis data will be gathered from discrete time points (1992, 1997, 2002, 2007, 2012, 2017). **Setting:** Ontario children and youth from 1992-2017. **Participants:** Using IC/ES data on diagnostic codes for all encounters with physicians, we created a retrospective cohort of cases of mood and anxiety disorders among children and youth who received clinical services between 1992 and 2017 in Ontario. **Intervention:** Cases were defined as children and youth between the ages of 5 and 25 years who had a physician billed claim or ED visit with a diagnostic code for a mood or anxiety disorder in any 12-month period or an inpatient hospitalization with a primary discharge diagnosis of a mood or anxiety disorder. Psychosis diagnoses were excluded. **Main outcome measures:** Time trends and rates of anxiety/depression in Ontario children and youth over the past 30 years. **Results:** Child and youth anxiety/depression rates have remained largely stable over the past 30 years in Ontario. Prevalence increases with age and at every age is higher for girls than boys. **Conclusion:** Anecdotally, family physicians report increasing rates of anxiety and depression in children and youth. However, data over the past 30 years in Ontario show that these rates have remained largely stable.

T87 Respiratory Effects of Cannabis: Highlights of the CTS Position Statement 2019

10:00–11:00 Suzanne Levitz, MD CM, CCFP; Alan Kaplan, MD, CCFP (EM), FCFP

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the short term respiratory effects of cannabis inhalation on lung function and disease
2. Evaluate the risks of cannabis inhalation on development of chronic respiratory disease
3. Apply the information acquired to the education and counselling of patients

Description:

Cannabis has been smoked for years and was legalized in Canada in October 2018. Despite legalization, very little is known about the health effects of Cannabis. The Canadian Thoracic Society is in the process of addressing several of the pressing questions about cannabinoids and lung health. In this session, we will review the recent literature in an attempt to outline the risks of inhaled Cannabis, distinct from those of tobacco, looking at the effects on lung structure and function and risk of disease including "bong lung", Vanishing lung syndrome, asthma, COPD and lung cancer.

T135 Big News!: The new 2019 SOGC Intrapartum Fetal Surveillance Guideline

10:00–11:00 William Ehman, MD

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the "key changes" in the 2019 SOGC FHS Guideline
2. Describe the classification of IA and EFM tracings, appropriate interpretation and response with communication and teamwork
3. Identify new indications for EFM, the significance of tachystole and maternal HR artifact and new definitions of complicated variable decelerations

Description:

This “clinically based session” will provide participants with an opportunity to practice and enhance their skill with intrapartum Fetal Health Surveillance (FHS). Key elements of the new 2019 SOGC Intrapartum FHS Guideline will be explained and examples given. The emphasis will be on the “screening test” nature of FHS and the importance of interpreting the classified IA or EFM tracing in light of the entire clinical picture. Changes in the indications for EFM and definitions of abnormal IA, tachysystole and several complicated variable decelerations will be reviewed. New recommendations for FHS education and skills maintenance will be discussed.

«🎧» **T72** **Dangerous Ideas/Innovations Soapbox**
Tribune aux idées dangereuses/novatrices
10:00–11:00 Moderator: Andrea Vasquez Camargo

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Acquire new perspectives on the scope of and approach to primary care practice, innovation, and research
2. Understand new, leading-edge, and unusual issues 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 Dangerous Ideas Soapbox has hosted enthusiastic audience debates about how best to improve patient care or the health care system since its debut at FMF 2013. The Dangerous Ideas/Innovations Soapbox at Family Medicine Forum (FMF) offers a platform for innovators to share an important idea that has not been presented or published. A dangerous idea/innovation can be controversial, completely novel, blue-sky thinking, or something that challenges current thinking. It must be ethical, include an evaluation in some form, and have the potential to stir up conversation, and have the research to back it up/present the argument. It must also demonstrate a commitment to moving the idea forward—to making a difference.

Objectifs d'apprentissage:

1. Acquérir un nouveau point de vue sur la portée et l'approche de la pratique, de l'innovation et de la recherche en soins de première ligne
2. Comprendre les enjeux nouveaux, de pointe et inhabituels en médecine familiale
3. Discuter avec ses confrères et consœurs du pays et d'ailleurs d'idées touchant l'ampleur et la portée de la médecine familiale et des soins de première ligne

Description :

Depuis son lancement au FMF 2013, la Tribune aux idées dangereuses/novatrices a été la scène de débats passionnés avec l'auditoire sur la façon d'améliorer les soins aux patients ou sur les systèmes de santé. Elle offre aux innovateurs la possibilité de partager une idée importante qui n'a jamais été diffusée. Une idée dangereuse peut prêter à controverse, être très créative et nouvelle, ou encore aller à l'encontre de la façon actuelle de penser. Elle doit être éthique, comporter une évaluation quelconque et avoir le potentiel de stimuler la conversation. De plus, elle doit s'appuyer sur des recherches ou présenter un argument. Il faut aussi qu'il y ait un engagement à aller de l'avant, à faire une différence.

T171 **Helping Patients and Families Understand Frailty and Make Health Care Decisions**
10:00–11:00 Margaret McGregor, MD, CCFP, MHSc; Elizabeth Leonardis, NP; Jay Slater, MD

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the importance of quantifying frailty and identifying a substitute decision-maker to inform the advance care planning conversation
2. Identify the types of decisions that need to be made for frail patients before their next health crisis
3. Recognize/explain the importance of communicating an advance care plan to other providers

Description:

Frailty and/or dementia is a progressive and ultimately terminal illness associated with poor responses to hospitalization and otherwise routine medical interventions. Despite this, many of our frail patients are commonly transferred to hospital without clearly educating the patient and family about what to expect or helping them make decisions prior to the next health crisis. This workshop will review the lessons learned from an attempt to systematically implement advance care planning in a cohort of very frail patients. In addition to the outlined learning objectives, at the end of this workshop participants will be able to implement conversations related to advance care planning in their own practices. Participants will also recognize the role of data, practice coaching and team work to drive success in advanced care planning.

T181

Your Next Patient Has Severe Intellectual and Developmental Disabilities

10:00–11:00

Karen McNeil, MD, CCFP, FCFP; Katherine Stringer, MBChB, CCFP, FCFP, MCIsc (FM); Colin Boyd, BSc, MD

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Demonstrate communication skills that allow them to build rapport with their patients with severe ID
2. Identify essential primary care questions to ask and recall basic health promotion and prevention advice for this population
3. Locate key resources to support primary, secondary and tertiary care for people with IDD

Description:

The prevalence of intellectual and developmental disability (IDD) is 1-3% of the general population. While ninety percent of these patients will have mild IDD, most family physicians, will have one or two patients with severe IDD in our practice. These patients can be complex and challenging. Without a structured approach and access to key resources, the management of this subset of patients can be overwhelming. Much time is spent on recurrent crisis management and advocacy for resources and appropriate care. Time saving and very helpful basics like communication, building rapport, health prevention and promotion can get lost in the shuffle of urgent and semi urgent needs. This case-based session will follow a patient with severe IDD through a typical primary care visit. We will consider the basic approaches to communication and rapport building, health prevention and promotion and discuss key resources designed to support family physicians in their encounters with patients with severe IDD.

T188

Practical Tips and Pitfalls for Harm Reduction in Primary Care

10:00–11:00

Brenna Velker, MD, PhD, CCFP; Andrea Sereda, MD, CCFP

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define and compare harm reduction and abstinence based approaches to managing maladaptive coping strategies (ie; addictions) in primary care
2. Explore patient narratives discussing the impact of harm reduction practices on their lives
3. Explore radical approaches to managing patients with problematic opiate use, including Safe Supply, and implement harm reduction in your practice

Description:

Abstinence based approaches to managing addiction have been proven ineffective. However, for some reason, we are still taught through an abstinence/punishment lens when it comes to addiction treatment. Whether due to fear of reprimand from regulatory bodies, our own value judgements, lack of knowledge or enduring paternalistic ideologies in medicine, programs that are not abstinence based continue to face an uphill battle when it comes to widespread adoption. How can we teach these often highly traumatized patients to trust, engage with their physicians again, and help them build a sense of agency? How can we stop the damaging cycle of withdrawal/intoxication, decrease crime needed to finance drug procurement, and bring our patients back into care on their own terms? We will describe harm reduction strategies that are being used to do just that, using narratives of real patient stories. This approach acknowledges the fact that the trajectory of recovery often looks much more like a maze than a straight line, but each step forward is a step closer to the destination.

T223 Planetary Health in Practice: Food, nature, cycling, and love
10:00–11:00 Courtney Howard, MD, CCFP (EM); Melissa Lem, MD, CCFP; Joe Vipond, MD, CCFP (EM)

ROOM / SALLE : 201

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe major benefits to both people and planet of active transport, plant-rich diets, and spending time in nature
2. Describe techniques for incorporating planetary health into your clinical practice
3. Identify strategies for using the physician voice to improve planetary health in your community

Description:

Planetary Health was defined in 2015 in the Lancet as “the health of human civilization and the natural systems upon which it depends,” and is now a growing field worldwide anchored by the journal, Lancet Planetary Health. Driven by concerns about increasing wildfires, heat events, and changes in infectious disease patterns due to our changing climate and biosphere, health workers are learning how to incorporate the feedback loops between people and planet into their clinical practice and community life. This session will investigate three practical areas where physicians can begin to discuss planetary health concepts. First, the health benefits of cycling and other forms of active transport will be discussed, and methods of encouraging these behaviours within patient populations will be explored. Next, the twin benefits for people and planet of the new Canada Food Guide, with its emphasis on plant-based protein, will be considered, along with techniques for encouraging enjoyment of healthy, plant-rich foods amongst your patients. Finally, the evidence base for the health benefits of being in Nature will be discussed, and initiatives designed to encourage the interaction of patients with local natural landscapes will be described. Come find out what Canadian GPs have already done to improve the health of their patients and the planet—and how you can get plugged into the growing network of Canadian physician leaders in the field of planetary health.

T244 Transitioning to Practice 101
10:00–11:00 Ali Damji, MD; Sherry Bilenki, MD; Aaron Stroud, MD; Hiromi Tissera, MD; Stephen Cashman, MD; Justine Spencer, MD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Introducing skills and resources of how to smoothly transition into practice; what to expect, facing the unknown
2. Presenting various job opportunities across the country, contracts, and their differences. How to choose the right job opportunity for you
3. Offering a panel various perspectives/experiences of new FM physicians; allowing residents to ask questions regarding transitioning from residency to practice

Description:

Understanding this is a major milestone in our career, “Transitioning to Practice” has been a highly attended and appreciated session in the past several years and requested to be held again by the SOR/FFYP for FMF 2019. Second year family medicine residents spend most the year anxious with fear of the unknown and indecisive of career pathways. Guidance, resources, and advice from our peers through first hand experiences has shown to reassure many residents/FFYP. This interactive session, facilitated by the Section of Residents of the CFPC, will consist of a diverse panel of newly practicing family doctors from across the country who will identify essential information/questions through their personal experiences, tips & strategies they acquired, how chose the right job opportunity, different types of practice (I.e.: shared health, salary, fee for service, focused practices, hospital medicine, full spectrum practice etc.), what we do not know or expect as residents when transitioning to practice and dealing with the daily obstacles/stress’. This workshop will provide a complete overview of the various preparations, resources, job opportunities, contracts/salaries, and address any other concerns residents/newly practicing physicians have at the concluding Q&A.

T275 Intra-Articular Injections in Primary Care
10:00–11:00 Jitin Sekhri, MBBS, MRCP, CCFP

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Indications for Intra-articular injections
2. Anatomical landmarks for main Intra-articular injections
3. Be confident in how to safely perform a joint injection or aspiration

Description:

This session aims to outline the main Intra-articular injections that can be performed in the context of primary care. Primary care providers are approached with an increasingly large population of patients with MSK needs i.e aging baby boomers, the obesity epidemic, growing incidence of diagnosis of chronic MSK conditions. Access to specialty care is often limited and certain specialty services should be considered in primary care. This session will focus on the most common indications to perform intra-articular, peri-articular and intra-bursal injections. We will outline the contraindications and injectable substances. We will overview the key anatomical landmarks for Carpal tunnel, Sub-acromial, Acromio-clavicular, Gleno-humeral, trochanteric bursa, knee joint and plantar fascia injections. We will proceed with the actual technique of these injections, and finish off with post injection patient instructions and possible complications. Administration of MSK injections is a skill that can be easily learned by primary care physicians. Appropriate training will allow you to perform these with confidence and safely.

T312 New Guidance on Introducing Allergenic Foods: Implications for family medicine
10:00–11:00 Edmond Chan, MD, FRCPC; Elissa Abrams, MD, FRCPC; Jennifer Gerdts, BComm

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the evidence for early introduction of allergenic foods
2. Explain the implications of early introduction for primary care
3. Provide practical recommendations on introducing food allergens

Description:

Recent studies suggest that early introduction of allergenic foods to high-risk infants may help prevent food allergy. New guidance from the Canadian Paediatric Society (CPS) specifies the timing of early introduction of allergenic foods for these infants at around 6 months of age, but not before 4 months. These recommendations represent a shift from prior guidance indicating there was no need to delay the introduction of common allergenic foods beyond 6 months; and come after the 2017 NIAID guidelines for early peanut introduction in babies which also changed previous advice. A significant amount of education is needed to support parents in adopting the new recommendations and family physicians can play a key role in informing and counselling them. Parents may not be aware of the new guidance, wondering what constitutes high-risk, thinking about the practicality of feeding their child, and questioning the effectiveness and safety of early introduction. In a US survey of new or expecting caregivers of infants younger than one year, only 31% were willing to introduce peanut before or around 6 months of age. A change in mindset is also important for primary care as a survey of Canadian healthcare professionals found that a significant portion of family physicians recommended the introduction of allergenic solids at age one year or older. Almost 500,000 Canadians under 18 years of age have food allergies. The new guidance provides an opportunity to prevent the development of food allergy in the next generation of children. This is significant and timely, given high food allergy prevalence, barriers to treatment with desensitization, and the high burden of living with food allergy. The prevention of food allergy has become an important public health goal, and this is underscored in the newly released CPS practice point, which includes two of this session's speakers as authors.

T341 **Beating Burnout and Thriving in Practice: Skills for challenging clinics**
10:00–11:00 Todd Hill, PhD; Lori Montgomery, MD, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review their practices, and explore new strategies for combating burnout
2. Apply principles of thriving in practice to their clinics
3. Organize and plan techniques for thriving in challenging workplaces

Description:

Clinicians and care providers are at significant risk of experiencing degrees of burnout throughout our careers. Some patient populations are faced with health challenges which consequently result in challenges for their clinicians. Working with these patient populations (i.e. patients who struggle with chronic pain, addictions, mental health) are associated with higher rates of burnout than many other areas of health care. In terms of quality indicators of health, we must remember that when we are burnt out, we provide less optimized care. Sometimes focusing on our burnout can seem like 'one more thing' to fix, or 'one more thing' to do in an already overbooked schedule. However, wellness and thriving in practice do not need to be limited to joining a gym or running a half-marathon. Increasingly, burnout is being reduced by techniques associated with learning to 'thrive in practice'. Techniques such as: gratitude, finding meaning, having fun, being present and improving social connectedness - are increasingly demonstrating their effectiveness in decreasing burnout and increasing workplace satisfaction. Using a number of experiential activities, this session will explore multiple opportunities for thriving in practice, reducing burnout and subsequently improving patient care.

T350 **Establishing a Residency Site: The future of residency program design**
10:00–11:00 Karlene Dufour, MD, CCFP; Deanna Field, MD, CCFP; Roop Conyers, MD, PhD, CCFP
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Determine if a proposed Residency Site will be successful
2. Engage physicians and stakeholders in establishing a new site
3. Participants will be able to make a proposal for a new distributed Residency Site

Description:

Programs are becoming increasingly distributed. The Residency and Site Director Residency Program of one of the most distributed programs in the country will present this session. The process of establishing a new residency site is complicated and nuanced. This session will give participants the tools and knowledge required to undertake this endeavour. A template and a timeline for the roll out of a distributed site will be presented and discussed. Participants will be able to produce a proposal with a budget for a site.

T362 **Common Breast Concerns: An overview of assessment and management**
10:00–11:00 Jasreen Cheema, MD, MSc; Melinda Wu, MD, MScCH, CCFP

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify common clinical presentations of benign breast diseases
2. Develop an approach to breast assessment and management of common breast-related patient presentations
3. Apply knowledge of benign breast diseases and breast cancer risk factors to improve communication to patients about their risk

Description:

Breast symptoms are commonly reported in primary care practice and the majority of diagnostic mammographic examinations are among women who present with a breast symptom. Being able to identify and manage symptoms associated with benign breast diseases is an important clinical skill for the primary care practitioner. Knowledge of symptoms carrying the highest risk for cancer is important in the patient's clinical work-up and in communicating to patients about their risk. This session will include a didactic presentation as well as interactive case-based discussions to demonstrate the management of common benign breast diseases. We will share practical pearls that will help the primary care practitioner manage their patient presenting with breast symptoms in the office.

T371

Comment vous assurer de perdre votre auditoire lorsque vous enseignez?

10:00–11:00

Élisabeth Boileau, MD, MSc, CCMF (MU), FCMF ; Catherine Martineau, MD, CCMF

Cette séance met en valeur les concepts de base pour les enseignants hors du contexte clinique.

ROOM / SALLE : 114

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :

1. Identifier ce qui peut contribuer au désengagement des apprenants dans les séances d'enseignement, en tenant compte de différences générationnelles
2. Concevoir des formations qui maximisent le transfert des connaissances, en s'appuyant sur les données probantes
3. Intégrer judicieusement et efficacement des technologies de l'information et de la communication pour l'enseignement (TICE)

Description :

Comment réduire le risque de perdre votre auditoire lorsque vous enseignez ? Une première façon peut être de comprendre comment augmenter ce risque ! En s'appuyant sur la recherche en pédagogie médicale et en psychologie cognitive, cet atelier vise l'intégration des meilleures pratiques en enseignement hors du contexte clinique. Hautement interactif, il mise sur des exercices en sous-groupes — comme l'utilisation du casse-tête et d'un exercice de type TRIZ — pour favoriser l'apprentissage collaboratif. Vous serez aussi amenés à explorer diverses technologies de l'information et de la communication pour l'enseignement (TICE). Enfin, à l'aide de vignettes, de vidéos et de courtes plénierses, vous développerez de nouvelles stratégies afin d'optimiser vos présentations — et réduire le risque de perdre votre auditoire lorsque vous enseignez ! *Cet atelier s'adresse autant à des enseignants débutants qu'intermédiaires ou experts.

T380

Using the FTA Framework to Analyze Teacher Feedback From Students and Residents

10:00–11:00

Marion Dove, MD, CCFP, FCFP

All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe usual emotional and intellectual responses to feedback from learners
2. Uses of the FTA framework to identify their individual strengths and challenges
3. Reframe feedback to work to their individual strengths as well as the strengths of their team

Description:

Clinical teachers receive annual feedback from residents and students, but these evaluations rarely do more than generate an emotional response, whether positive or negative, from the teacher. Rarely do these evaluations actually change teaching habits or change behaviours in clinical supervision of learners. In this workshop, you will identify typical emotional responses to receiving evaluations from learners, and receive a suggested tool, based on the Fundamental Teaching Activities Framework developed by the College of Family Physicians of Canada, to move beyond this emotional response. This tool will be used in an exercise to demonstrate how an annual evaluation from learners can be used to analyze their feedback, to identify individual strengths and challenges, and thereby to select possible future faculty development activities that would be useful.

T263

10:00–12:15

Assessment Foundations 1: Principles and approaches for assessing learners

Shelley Ross, MA, PhD; Cheri Bethune, MD, MCISc, CCFP, FCFP; Kathy Lawrence, MD, CCFP, FCFP; Brent Kvern, MD, CCFP, FCFP; Luce Pélissier-Simard, MD, MSc, CCFP, FCMFC; Theresa Van Der Goes, MD, CCFP; Karen Schultz, MD, CCFP; Kiran Dillon, MD, CCFP

All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 2

Learning objectives:

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

Description:

In any clinical training environment, assessment of learners can be a challenge. Assessment is fundamental to helping clinical learners grow yet many of us feel uncertain about our specific role in learner assessment. Despite this uncertainty, faculty in multiple roles across family medicine contribute to assessment of learners, and each have associated assessment needs: 1) Clinical preceptors need confidence and competence in assessment strategies to enhance day-to-day learning; 2) Site directors need their preceptors to understand, feel capable of, and effectively perform assessment of learners; and 3) Program Directors and Assessment Directors need to be confident that appropriate assessment of learners has been carried out and documented to ensure that learners are ready for promotion. All of these needs require both an understanding of the basic principles of assessment, and knowledge of how to apply those principles to create a culture of rigorous, accountable, and trust-worthy assessment of the learners they all teach. In this introductory workshop, participants will be given an overview of the basic principles of assessment. Following the overview, participants will be given the opportunity to work in small groups with facilitators to discuss how the principles of assessment can apply to how assessment is carried out in the clinical workplace. Case studies will be provided, and participants are invited to bring examples or challenges from their own programs or experiences that they would like to discuss. The workshop will conclude with a large group discussion of key learnings from the small groups, linked to the basic principles of assessment.

T43

11:15–12:15

Chronic Cough: A nuisance or serious?

Alan Kaplan, MD, CCFP (EM), FCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the difference between acute and chronic cough
2. Review the causes and work-up for patients with chronic cough
3. Review the treatments for some of the causes of chronic cough

Description:

Chronic cough is disruptive to the patient and the family and a not uncommon cause of presenting to the primary care practitioner. While common things are common and include asthma, GERD and post nasal drip, there are many other less common conditions that you SHOULD know about. Newer concepts in chronic cough such as upper airway cough syndrome will be reviewed. We will learn the diagnostic steps and management steps for your practice. You will be glad you came to this when you next see a patient coughing in your practice.

- «T57
11:15–12:15 **Jeopardy by PEER: Rapid-fire pearls for common primary care presentations**
Jeopardy, présenté par PEER : Perles en rafale sur les problèmes courants en première ligne
Mike Allan, MD, CCFP; Tina Korownyk, MD, CCFP; Mike Kolber, MD, CCFP; Adrienne Lindblad, PharmD

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Be aware of high level evidence for a number of clinical questions
2. Incorporate best evidence in the management of a number of clinical questions in primary care
3. Differentiate between interventions with minimal benefit and those with strong evidence for patient oriented outcomes

Description:

This talk will be presented by the PEER group, and is a fast-paced review of answers to common clinical questions. The audience will select the questions from a list of 32 possible topics. For each answer the audience will be asked to consider a true or false question and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include management issues from pediatrics to geriatrics including a long list of medical conditions that span the breadth of primary care.

Objectifs d'apprentissage :

1. Connaître les données probantes de haut niveau sur un certain nombre de questions cliniques
2. Incorporer les meilleures données probantes sur la prise en soins primaires d'un certain nombre de questions cliniques
3. Différencier les interventions qui apportent un bienfait minime de celles qui s'accompagnent de données probantes robustes pour des résultats axés sur les patients

Description :

Présentée par le groupe PEER, cette conférence offre une revue rapide des réponses à des questions cliniques courantes. L'auditoire sélectionnera les questions à partir d'une liste de 32 sujets possibles. Pour chaque réponse, l'auditoire devra répondre à une question « vrai ou faux », puis l'un des animateurs présentera les données ainsi qu'un résumé, le tout en moins de cinq minutes. Les sujets seront notamment des problèmes de prise en charge, de la pédiatrie à la gériatrie, y compris une longue liste d'affections médicales qui couvrent l'ensemble des soins primaires.

- T62**
11:15–12:15 **Bloody Hell: Abnormal uterine bleeding**
Christiane Kuntz, MD, CCFP, FCFP, NCMP

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define AUB pre-, peri- and postmenopausal
2. Explore etiology and pathophysiology of AUB and review assessment tools
3. Discuss treatment options and apply learning pearls through review of clinical cases

Description:

The session will review the definition of abnormal uterine bleeding (AUB) at various stages of a woman's life. The etiology and pathophysiology of this condition will be discussed. Assessment tools will be described. Treatment options for AUB will be outlined. Learning pearls will be applied through a review of clinical cases.

T64 **Pearls and Pitfalls in Managing ADHD**
11:15–12:15 Joan Flood, MD; Matt Blackwood, MD

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the many presentations of ADHD and co-morbid disorders
2. Apply 2018 Canadian ADHD Practice Guidelines to the assessment and management of ADHD in primary care
3. Differentiate myths from facts in regards to ADHD presentation and management

Description:

Attention Deficit Hyperactivity Disorder (ADHD) affects 5 - 9% of children and 3 - 5% of adults worldwide. Despite its incidence, ADHD is given less attention in primary care compared to other commonly treated conditions like depression and anxiety. The recognition of ADHD can be life-changing and is well within the scope of primary care. Misconceptions about ADHD and its treatment persist. Contrary to public belief, ADHD is not over-diagnosed. Diagnosis rests on recognition of the DSM-5 criteria, easily identified by clinical interview and simple screening tools. Psycho-educational testing is seldom needed to distinguish ADHD. Current medications and treatment regimes are neither dangerous nor difficult to implement, yet a reluctance to treat ADHD mistakenly exists. CADDRA, the Canadian ADHD Resource Alliance is a non-profit, non-industry organization, established by health professionals to guide and support those working with ADHD patients and their families. In 2018, CADDRA released its Fourth Canadian ADHD Practice Guidelines which review the diagnosis, assessment and treatment of ADHD across the lifespan. The goal of this one-hour session is to demystify the diagnosis and management of ADHD, and familiarize participants with the user-friendly Canadian ADHD Practice Guidelines to help address management challenges. Participants will also gain a more confident approach to treating ADHD through a discussion of myths and facts regarding the presentation and management of ADHD across the lifespan. This session will be followed by a workshop, "Evidence Based Assessment and Management of ADHD", which will further the learning with management skills and case discussions.

T105 **Civility Ninjas: A field guide to improving colleague-to-colleague interactions**
11:15–12:15 Cathy Risdon, MD, DMan, CCFP, FCFP; Calvin Chou, MD, PhD, FACH

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Evaluate key findings from the literature on interactions between healthcare colleagues
2. Explore and Practice Civility Microskills
3. Participate in a real-life N of 1: Civility Microskill Trial

Description:

Whether you find inspiration with Dale Carnegie or with functional magnetic resonance imaging, dopamine plays a key role in mediating all social interaction. The clinical workplace contains our fair share of dopamine thieves. The care and compassion we show our patients sometimes does not generalize to our colleagues. Dysfunctional team dynamics have been shown to lead to nearly three-quarters of medical errors. Physician burnout and dysfunctional colleagues is a pressing issue. The good news is that there are microskills that can be named, taught and practiced and that will make a difference to the quality of workplace culture and interactions. Participants in this workshop will have the chance to observe and practice some key microskills in brief facilitated interaction with their colleagues and will be supported in a plan to practice those skills in home settings. This workshop makes a positive and powerful contribution by raising awareness and offering brief training for exemplary colleague-colleague interactions.

T170 Ruptured Membranes With No Labour: What to do now?
11:15–12:15 Sarah Lesperance, MD, CCFP

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Diagnose and assess patients with Prelabor Rupture of membranes (PROM) while minimizing the use of digital vaginal examinations
2. Discuss options for expectant management as well as induction including the use of oral Misoprostol
3. Acquire knowledge on the current recommended approach to Preterm Prelabor Rupture of Membranes (PPROM)

Description:

Prelabor Rupture of membranes (PROM) is a common presentation. Once the protective layer of membranes is disrupted, ascending infection is inevitable. We will use case studies to highlight the following questions: how do we assess a patient for PROM? For which patient is it safe to wait for labor and for how long? For which patient should immediate induction be recommended and what methods can be used? Oral Misoprostol is recommended for cervical ripening and induction of labor for appropriate patients with PROM- how is it used in this case? Preterm Prelabor Rupture of Membranes will also be reviewed regarding current recommended approach.

T203 My Patient is a Veteran: What to know
11:15–12:15 Burton McCann, MD JD, FCFP, FACOEM; Brent Wolfrom, MD, MSc, CCFP, FCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize Veterans in your practice and understand Veteran illnesses and injury
2. Examine Veteran Health through the lens of the domains of well-being
3. Identify barriers and solutions to change in Veteran Health

Description:

Do you know that on average one in 30 adult Canadian Family Practice patients are Veterans? Can you identify even a tenth of the Veterans in your practice? Do you know the many ways they are similar to your other patients? Do you understand the important ways they are distinct? Occupational Medicine involves the effects of health on work and work on health. An excellent example is the effect of military service on the health of Canadian Veterans and how their health status in turn effects the activities Veterans want and need to do. The cultural life experience of military members and Veterans will be explored, as will the plentiful resources available to assist in your care of Veterans. Important collaborative research from the Life After Service studies (LASS) will be analyzed. These findings have significant implications for health care and disability mitigation in this under recognized Canadian sub-population. Reservist care and the seven domains of Veteran well-being will be examined in providing examples of barriers and solutions. The session will conclude with an interactive exchange on concrete action steps for Canadian Family Physicians in promoting Veteran Health and caring for their Veteran patients.

T213 CCS HF Guidelines: Moving targets and evolving evidence
11:15–12:15 Sean Virani, MD; Elizabeth Swiggum, MD

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss an approach to the diagnosis and prevention of HF, including timing of key novel pharmacologic therapies
2. Review new evidence and new interventions in consideration of treatment options
3. Determine how to approach HF management in both community practice and tertiary care

Description:

Establishing a timely and correct diagnosis of heart failure (HF) is critical to implementing effective evidence-based strategies that can improve patient outcomes. The CCS Comprehensive HF Guideline incorporates new evidence and identifies areas of uncertainty and challenges facing health care providers to provide guidance for practicing physicians. In this presentation, members of the CCS HF Guidelines Panel will present practical clinical strategies in the management of patients with HF. Utilizing cases to illustrate relevant clinical applications and guideline recommendations, presenters will discuss: (1) diagnosing and preventing HF (including SGLT2, biomarkers, vigilance in primary care); (2) new evidence and treatment options; and (3) HF models of care: from community practice to tertiary care.

T256 CCS/CHRS's First Canadian Recommendations for Cardiovascular Screening of Competitive Athletes
11:15–12:15 James McKinney, MD, FRCPC, MSc; Nathaniel Moulson, MD

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the controversy and clinical challenges associated with the cardiovascular screening of athletes in the Canadian context
2. Interpret the recommended “tiered framework approach to screening” so that it can be incorporated into the practice of primary-care physicians
3. Implement the Shared Decision Making approach into your clinical practice of managing athletes with cardiovascular abnormalities detected during screening

Description:

Although uncommon in the competitive athlete population, sudden cardiac death (SCD) is the most common identifiable cause of sudden death in this population. In this workshop members of the CCS Athletes panel will review the first Canadian recommendations on the cardiovascular screening of athletes and take a look at how they can be implemented into clinical practice and into a community setting. The recommendations use a “tiered framework approach to screening” process that focuses on the role of routine ECG screening for the prevention of SCD and outline the elements of cardiovascular screening such as the history, physical examination, and the 12-lead ECG. We will take a look at the importance of a shared decision making process between physician and athlete when cardiac conditions are diagnosed, and the policies and procedures for the management of emergencies in sport settings. The recommended program operates within a broader health care model supported by family physicians and primary care providers and this session hopes to educate this audience so that they can use this program.

T257 Untangling the Helix 2019: Why family history matters
11:15–12:15 June Carroll, MD, CCFP, FCFP; Shawna Morrison, MS, CGC; Judith Allanson, MB, FRCP, FRCPC, FCCMG

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify patients whose family history suggests an increased risk of a genetic condition
2. Tailor screening and management to genetic risk to improve patient outcomes
3. Find high quality genomics educational resources appropriate for primary care

Description:

Family history-based risk assessment is still the gold standard in initial assessment for heritable conditions. Using a primary care case-based approach we will explore why family history matters throughout the life cycle. We will use preconception, prenatal, pediatric and adult cases to highlight red flags in the family history that indicate increased risk for genetic conditions. We will demonstrate, using an evidence-based approach, why identifying and acting on these red flags may be important to patients or change patient outcomes. Based on needs assessments conducted with family physicians, we will discuss the latest advances in genomics such as panel testing and direct-to-consumer testing, including their benefits, limitations and impact on practice. Learning will be reinforced through questions and discussion about each case example. Participants will be introduced to the GEC-KO genomics resource website (www.geneticseducation.ca) and family history tools to use in practice.

T271 **Meet our Family Physicians of the Year!**
11:15–12:15 Pierre-Paul Tellier, MD, CCFP, FCFP; Cheri Bethune, MD, CCFP, FCFP

ROOM / SALLE : 201

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Provide valuable insights into a career as a family physician
2. Discuss practice opportunities in family medicine
3. Ease the transition into primary care

Description:

The family physicians of today meet the family doctors of tomorrow session allows students and residents to speak with the recipients of the Reg L. Perkin Award who are named as Canada's Family Physicians of the Year. This unique opportunity allows students and residents to ask questions regarding work-life balance, transitioning into family medicine practice, and an opportunity to discuss the challenges and rewards they may face. This session also provides the opportunity for award winners to share their insights and experiences from starting out in family medicine.

T329 **Clinical Research: Moving from finger on the pulse to publication**
11:15–12:15 Ted Rosenberg, MD, MSc, FRCP (C); Margaret McGregor, MD, MHSc, CCFP;
 Morgan Price, MD, PhD, CCFP

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Develop a measurable clinical research question and proposal
2. Structure an audit for case-series, cross-sectional and case-control-studies
3. Identify features in their EMR and other resources that support audit and research activities

Description:

Family physicians encounter interesting clinical findings that may lead to research questions every day. EMRs provide a wealth of clinical data that can be used to audit their practice and answer research questions. This workshop will present a case study of an interesting association between antidepressants and interstitial lung disease found in an individual elderly patient. This led to a case series and case –control study in one clinical practice, that was published in a peer-review journal (<http://dx.doi.org/10.2147/CIA.S144263>). We will present the practical steps taken from identifying the initial problem in the office, to developing the research question, reviewing the literature, structuring the research proposal and protocol, submission to ethics committee, implementing the study and publication. The workshop will be interactive and participants will be encouraged to share their experiences and challenges doing clinical research and practice audits.

T348 **Longitudinal Residency Curriculum: The future of residency training**
11:15–12:15 Roop Conyers, BSc, MD, CCFP, PhD; Karlyne Dufour, MD, CCFP
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Compare and contrast longitudinal and traditional block curriculum's
2. Explore the implementation of a longitudinal Residency Site
3. Prepare a proposal for a longitudinal Residency Site

Description:

The Program and Site Director who developed and implemented the first longitudinal Residency Site in Canada will present the process, planning and negotiations involved. They will explore the challenges and opportunities associated with this

type of program. Important lesson learned will be addressed. This type of curriculum is ideal for some learners and an obstacle for others. These issues will be explored. The issue of costs and staffing will be discussed. Longitudinal curriculum will be come a significant but not an exclusive part of the future of Residency training. Participants will determine is they should move ahead with implementing a longitudinal curriculum.

T375 Everyday Leadership: The CFPC's approach to leadership education in residency

11:15–12:15 Stephanie Godard, MD, CCFP; Ivy Oandasan, MD, CCFP, MHSc, FCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the practical leadership skills which facilitate readiness for transition into early career practice-based leadership roles
2. Describe the expectations of leadership training in Family Medicine residency and early practice, utilizing established frameworks (eg LEADS, CanMEDS-FM 2017)
3. Explore how to implement a competency-based approach to leadership education, building on existing activities and integrating external resources

Description:

Leadership development is an evolving area of need in primary care as it responds to an increasingly complex healthcare system. The need to foster leadership skills in post-graduate training has been prioritized by the Future of Medical Education in Canada-Post Graduate Project (FMEC-PG) and CanMEDS-FM 2017, however gaps remain in implementation. Early career physicians have specifically expressed the need for practical “everyday leadership” skills to facilitate their transition into practice-based roles, allowing them to develop and work effectively in interprofessional healthcare teams. In response, the College of Family Physicians of Canada (CFPC) founded the Everyday Leadership Working Group (ELWG) to support leadership development in residency and early career. This session will provide an opportunity for participants to describe the expectations of leadership training in family medicine residency and the first five years of practice. This will be executed in context of a discussion around the leadership roles of family doctors across healthcare domains, from local to systems-levels. Participants will be familiarized with leadership frameworks (eg LEADS) to encourage a competency- based approach to leadership teaching and assessment. Participants will explore how to integrate leadership development into existing residency activities and determine where external resources need to be created or implemented.

T440 Caring for People Who Use Drugs: Tips from patients

11:15–12:15 Ginetta Salvalaggio, MD, MSc, CCFP

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Develop an approach to establishing trust with people who use drugs
2. Describe the care priorities for people who use drugs and how to address them in practice
3. Apply the principles of patient engagement to health service planning for people who use drugs

Description:

Canada is faced with an unprecedented number of lives lost to overdose; this public health crisis requires all hands on deck, including those of family physicians. We play a major role in safe prescribing, case finding, motivational interviewing, harm reduction, and pharmacotherapy for people at risk of overdose. But what do People Who Use Drugs (PWUD) say they want from their healthcare team? Drawing on the voices of people with lived experience, this session will explore the potentially unmet needs of PWUD and how family physicians can rise to the occasion. We will also discuss strategies to build trust between clinicians and PWUD.

T448 Medical Professionalism: Encouraging exemplary behaviour and remediating lapses

11:15–12:15 Barbara Lent, MD

All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe some challenges you have experienced in helping trainees achieve the professionalism competencies of CanMEDS-FM 2017
2. Discuss the many causes of these difficulties
3. Outline systemic and one-on-one strategies to prevent and ameliorate these difficulties

Description:

With the use of self-reflection and facilitated dialogue, participants stories and experiences will provide the foundation of a review of the current literature around professionalism in trainees and professional identity formation. The facilitators will review the literature and share evidence informed practices to provide suggestions for difficult medical professionalism lapses with a focus on system changes and teacher/trainee factors.

T297 The Patient's Medical Home 2019: Resources for your practice

11:15–12:15 Christie Newton, MD, CCFP, FCFP; Artem Safarov; Arlen Keen

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the updates and improvements to PMH 2019
2. Access the implementation toolkits to support PMH 2019 rollout across Canada
3. Access and apply provincially-specific PMH resources and learnings

Description:

The Patient's Medical Home (PMH) 2019 is the updated vision for family practice in Canada. While the vision itself has been updated in response to evaluation data and to account for changes in the Canadian health care environment, by adding new pillars and key recommendations, the overall concept has also been enhanced with additional practical resources to make the PMH more applicable to practices across Canada. The 2019 vision is supported by provincially-specific implementation kits. These kits select a targeted list of actionable topic areas that will be relevant to family practices at earlier stages of adopting PMH principles. The kits contain advice and links to relevant provincial resources, while also offering useful resources from other provinces. Presenters will speak to the improvements of the PMH 2019 and how the resources in these kits can be applied to better align practices with the PMH vision.

T679 Clinical Conundrums IV: Practical strategies for atrial fibrillation and DVT management in real world practice (Ancillary Session)

12:15–13:30 Jason Andrade, MD

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Select personalized treatment options for stroke prevention in atrial fibrillation using current Canadian Practice Guidelines supplemented with reassuring "Real World" experience
2. Assess and optimize bleeding risk of atrial fibrillation patients requiring long-term DOAC stroke prevention treatment
3. Recognize the current treatment gap in Canada and take steps at ensuring appropriate dosage selection and long-term compliance with oral anticoagulation among AF patients

Description:

Clinical Conundrums 2019 is a contemporary and clinically relevant educational activity which has been specifically designed to address the most frequently encountered clinical challenges in the management of patients with Atrial Fibrillation and the related co-morbidities in the primary care setting. It was developed by leading Canadian Experts to provide clinicians with answers to frequently asked questions and key take-away messages that can be applied to real-world practice.

T688 Navigating Modern Diabetes Management (Ancillary Session)

12:15–13:30 Louis Girard, MD, CCFP; Rick Ward, MD, CCFP

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Distinguish antihyperglycemic medications with the objective of aligning therapy with patient goals
2. Select antihyperglycemic medications that will offer cardio and renal protection
3. Identify optimal therapeutic interventions to avoid adverse events in a patient with renal disease

Description:

This interactive session follows a high risk CVD patient over time as cardiac and renal complications emerge. Management aligns with Diabetes Canada guidelines and recent clinical trial evidence. This program highlights the issue of covert CAD and 'silent MI' in patients with diabetes. The challenge of polypharmacy and compliance is also addressed. The program lends itself to an interactive format with an FP moderating audience participation in the case, with content specialist reviewing scientific support slides.

«T52 What's New, True, and Poo: Top studies of last year

13:30–14:30 **Quoi de neuf, de vrai et de faux — Les meilleures études de l'an dernier**

Michael Kolber, MD, CCFP, MSc; Tina Korowynk, MD, CCFP; Adrienne Lindblad, BSc Pharm, PharmD; G. Michael Allan, MD, CCFP

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Briefly review evidence that highlights a new diagnostic test, therapy or tool that should be implemented into current practice
2. Briefly review articles and evidence that may reaffirm currently utilized diagnostic tests, therapies or tools
3. Briefly review articles that highlight diagnostic tests, therapies or other tools that should be abandoned

Description:

In this session, we will review ten studies, which can impact primary care, from the past year. Topics will vary depending on recent studies. The presentations are case-based with questions and article reviews that focus on clinical application of the newest available information. We will discuss whether the research implications of these studies are practice-changing or re-affirming or whether they should be ignored.

Objectifs d'apprentissage :

1. Revoir brièvement les données probantes sur les nouveaux tests ou outils diagnostiques, et les traitements devant être incorporés dans la pratique actuelle
2. Revoir brièvement les articles et les données probantes qui peuvent confirmer la validité des tests ou outils diagnostiques et des traitements actuellement utilisés
3. Revoir brièvement les articles qui mettent en relief les tests ou outils diagnostiques et les traitements qui devraient être abandonnés

Description :

Durant cette séance, nous examinons dix études publiées l'an dernier pouvant avoir un impact sur les soins primaires. Les sujets traités varient en fonction des études récentes. Les exposés s'appuieront sur des cas avec questions et des revues d'articles qui portent sur l'application clinique de l'information la plus récente. Nous allons discuter des répercussions de ces études sur la pratique : vont-elles la modifier, la confirmer ou en justifier l'abandon ?

T104 **Three Things a Family Physician Can Do About Concussions**
13:30–14:30 Pierre Fremont, PhD, MD, FCFP (SEM)

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Provide initial assessment and counseling for a patient that consults for a suspected concussion
2. Make a medical recommendation about returning to an activity or sport at risk of trauma following a concussion
3. Assess a patient that consults for persistent symptoms after sustaining a concussion

Description:

In a context of increasing awareness and formal recommendations to seek medical care following a possible concussion, family physicians are increasingly solicited to provide concussion related care and counseling. This session will allow the participant to understand and integrate the key roles related to the initial assessment and management following a concussion. In the presence of a clinically favorable evolution, this includes the key considerations that allows the family physician to make a properly informed recommendation about resuming an activity that can expose his patient to a recurrent head injury. The session will also allow the participant to identify and make timely use of evidence-informed referral strategies for multidisciplinary concussion care and rehabilitation for patients that present persistent symptoms following a concussion.

T123 **Chronic Opioid Toxicity Identification and Management in Chronic Opioid Use**
13:30–14:30 Irina Kudrina, MD CM

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Evaluate patients using opioids long-term and identify clinically relevant signs and symptoms of chronic opioid toxicity, if present
2. Make diagnosis of chronic opioid toxicity and determine the most appropriate approach to its management
3. Explain results of the clinical evaluation to the patient and negotiate further steps using patient-centered approach

Description:

A vast majority of clinicians encounter patients using opioids long-term. Despite an impressive body of literature, long-term opioid toxicity has not been sufficiently emphasized to clinicians. A consensus among clinicians on the long-term opioid therapy follow-up, its screening and management is lacking. Chronic opioid use results in a plethora of toxic effects, including neuroendocrine, immune, gastrointestinal, cardiovascular, respiratory, musculoskeletal and other dysfunctions. Opioid toxicity is accentuated in conditions associated with the endogenous opioid system disturbances (fibromyalgia, depression, mood disorders). One example of likely reversible toxicity is the opioid-induced androgen deficiency (OPIAD) affecting up to 80% of patients on long-term opioids. OPIAD requires additional treatment or opioid discontinuation. Irreversible toxicity includes fractures, advanced neuroendocrine changes, addiction and death. Chronic opioid toxicity represents a cumulative spectrum of toxic effects of exogenous opioids over-imposed on the underlying endogenous opioid system disturbances and resulting in long-term multi-systemic clinical presentations, some of which could be irreversible. Teaching methods. Interactive session. A summary of empirical studies and systematic reviews will be presented. Handouts will be distributed. To provoke more discussion, an interactive pre-workshop self-tests will be administered on voluntary basis. Participants will interact with the workshop leaders and each other, sharing their knowledge and clinical experiences. Importance. The concept of chronic opioid toxicity is important for primary care clinicians to assure high quality patient care. If a decision is made to proceed to long-term opioid therapy, the risks and benefits should be presented to the patient in a balanced way, and an explicit consent should be obtained. A screening for predisposing factors and potential chronic opioid toxicity should become a standard of care. The toxicity should be managed as soon as identified and regular attempts

to taper to the minimal effective dose, choose a safer option, or refer for addiction/dependence therapy should be made.

T159 Trauma-Centred Care 101: Demystifying care that is trauma informed
13:30–14:30 Maria Patriquin, MD, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Screen for adverse childhood events
2. Provide psychoeducation and trauma Informed care to foster trust, safety and stability
3. Build healthy therapeutic relationships through understanding and improve health outcomes

Description:

The CDC-Kaiser permanente adverse childhood experiences (ACEs) study is a landmark study of 17,000 patients that demonstrated ACEs are common, cluster and have a strong cumulative effect on health and wellbeing throughout the lifespan leading to exponentially higher risk of learning, behavioral, social and health problems. Not exclusively these include obesity, some cancers, heart, liver and lung disease, depression, substance abuse, suicide attempts and premature death. Trauma is a cultural norm emphasizing the importance of screening so we can provide early intervention and trauma informed care. Learn how identifying trauma provides opportunity to intervene early by educating, providing supports, services and interventions that help mitigate the long term health consequences of neglect and abuse. Early detection allows us to harness the science behind the therapeutic role that relationships, resilience, support, optimism and treatment confer. TIC creates healthy therapeutic alliance and an environment that encourages patient engagement; furthering opportunity to holistically address the effects that early life trauma has on most of the chronic health, mental illness, economic and social health issues that adult patients present with. We all have a role and responsibility in engaging the system and contributing to a collaborative health care community and culture that begins to acknowledge the lives of children and the pain behind so many adults we see for chronic conditions. Screening and working from a TIC model is predicated on the understanding that not only do we have the capacity, we are hardwired to survive and heal. Participants will be provided a framework for interviewing that is sensitive to the needs of patients with a trauma history that we may or may not know of. They will be provided with patient and provider education materials that help patients foster understanding and skills which lead to better health outcomes and a humanizing office experience.

T172 Second Stage of Labour: Strategies for avoiding a tight situation
13:30–14:30 Katherine Miller, MD, CCFP, FCFP

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the evidence for passive second stage and for hands on vs hands off approach to delivery
2. Demonstrate the two step approach to delivery for avoiding shoulder dystocia
3. Manage a nuchal cord including the use of the somersault maneuver

Description:

The management approach to the second stage of labour is changing to allow more time for the process to unfold and with a view to improving outcomes by minimizing interventions. This session will review the evidence and techniques for this new more hands-off approach including passive second stage, hands-off delivery technique, the two-step approach for avoiding shoulder dystocia and management options for a tight nuchal cord.

T179 Going Around in Circles?: An approach to annular skin lesions

13:30–14:30 Saadia Hameed, MBBS, MCISc (FM), FCFP, DipPDerm [UK];
Afshan Mohaterem, MBBS, CFPC, FCFP, DipPDERm [UK]; Fouzia Rehan, MBBS, CFPC

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Perform an initial evaluation (history, physical examination, investigations) to determine the underlying etiology of annular skin lesions
2. Describe the common dermatological and non-dermatological differential diagnoses of annular skin lesions
3. Implement non-pharmacological and applicable pharmacological treatments for the management of annular skin lesions

Description:

Skin lesions can often present in circular or annular shapes and are frequently seen in family medicine. They are most commonly associated with dermatophyte or fungal infections, however, there is a broad differential for annular lesions. Non-dermatophyte annular lesions remain challenging to both evaluate and treat for family physicians, who often refer their patients to a dermatologist for further assessment. During this session we will present a straightforward diagnostic approach, highlighting important elements of the initial evaluation, common differential diagnoses and the available treatment options for annular skin lesions.

T234 Change Management in Family Medicine Education

13:30–14:30 Jobin Varughese, MD, CCFP (COE), CMD; Aaron Johnston, MD, CCFP (EM), FCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Apply the principles of change management
2. Differentiate how varying personalities approach change
3. Explore how core family medicine skills can apply to change management

Description:

Change management can feel foreign to family medicine educators, who feel that change comes from a top down approach. This workshop will use case-based learning to refine an approach to change management in family medicine setting. Cases will be provided at the time of the presentation or you can work on your own change management problems in a small group setting. You will learn a step-step approach to change management with evidence based guide. This workshop will allow you to see how different personalities can resist or accept change. In this workshop, you will learn how to apply your family medicine skills to change management in education leadership.

T264 Handling Workload Effectively and the Elusive Work-Life Balance

13:30–14:30 Amanda Tzenov, MD, MSc, CCFP; Lisa Graves, MD, CCFP, FCFP
All teachers welcome. Highlights novice concepts for clinical preceptors and educational leaders.

ROOM / SALLE : 111/112

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explore barriers to effective time management
2. Describe ways to manage workload/time more effectively
3. Apply principles of workload management to their own professional life

Description:

Family physicians are leaders in their communities and time management is a crucial part of their everyday lives. Burnout

and physician wellness have become an increasingly important concern. Time and time management are frequently raised when physicians are asked about their ability to balance work-life issues. This workshop will address barriers to effective time management and provide tangible time management strategies. It is directed at all family physicians across the continuum of their careers. There will be an opportunity for participants to reflect actively on what their current time management issues are, using tools including weekly calendar review. How to optimize time management for achieving that seemingly unattainable work-life “fit” will be discussed with a focus on tools and tips for success. Teaching methods that will be used include personal reflections by the presenters and by the attendees and small group discussion.

T269 Pediatric Office Emergencies: Preparedness and pre-hospital care
13:30–14:30 Stephanie Fong, MD

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Perform a self-assessment of office readiness to respond to pediatric emergencies in the outpatient setting
2. Identify the components of a pediatric emergency response plan and the resources required
3. Name the most common pediatric emergencies presenting in primary care offices and review the initial management of these presentations

Description:

Although most pediatric emergencies present to hospitals, they can occur in the primary care office where timely management is essential in decreasing the risk of unfavourable outcomes. Despite this, many primary care offices are unprepared to provide pre-hospital care to pediatric patients presenting with potentially life-threatening illnesses. Emergency preparedness is often defined within the emergency department or critical care settings, and policies may not consider the challenges of managing emergencies in the outpatient primary care setting. Therefore, it is important to view emergency preparedness through the lens of the family medicine physician's office, as the ability to successfully recognize, stabilize, and transfer a sick child depends on the resources available and the protocols in place. In this session, participants will learn how to complete an office based self-assessment to better understand pediatric emergencies that may occur in their practice setting. We will examine how primary care offices can decrease the risk of adverse outcomes by outlining a framework for office emergency preparedness and identifying the components of an emergency response plan. Pre-hospital management of common pediatric office emergencies presenting to the primary care physician's office will be reviewed.

T334 In-Flight Medical Emergencies
13:30–14:30 Rajani Vairavanathan, MD, CCFP (EM); Jim Chung, MD, CCFP (EM)

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explore the various resources and strategies available to manage medical emergencies on a commercial flight
2. Apply and practice basic and advanced life support skills in an unfamiliar environment using a case based approach
3. Implement the components of crisis resource management to effectively communicate and execute a safe management plan

Description:

In-flight medical emergencies occur infrequently on commercial flights. In-flight medical emergencies are rising with the general increase in the number of air travellers, aging population, and the increasing mobility of people with acute and chronic illnesses. There are currently no universal guidelines for managing in-flight medical emergencies. As clinicians, we are called to volunteer our skills to any medical situations that may occur on a commercial flight. At the conclusion of this activity, participants will gain greater understanding and confidence in managing some of the most common medical presentations through case based discussions. Participants will have the opportunity to share their experience and acquire insight from one of the medical directors of a large commercial flight company.

T306 The Art of Questioning

13:30–14:30 Brenda Hardie, MD, CCFP, FCFP; Bill Upward, BSc, BEd, MA
All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explain the benefits of using the questioning technique in teaching
2. Describe 3 tips for making teaching through questioning effective
3. Practice applying questions targeted at different cognitive levels

Description:

Questioning is a comprehensive teaching skill that can be refined to be more efficient and effective at supporting learning. Benefits to learners from experiencing a questioning teaching approach include deeper comprehension of content, improved critical thinking, enhanced creativity, and elevated confidence. A questioning approach to teaching leverages key adult learning principles such as actively engaging learners, incorporating learners' existing knowledge, providing options for self-directed learning. This workshop focuses on the deliberate use of questions as a teaching approach that actively engages learners, promotes critical thinking, and supports the development of core medical competencies, including clinical reasoning and patient-centered interviewing. A question hierarchy model is introduced and participants will practice using it to generate clinical teaching questions in relation to a sample case study. Participants will learn to adapt the level of questions to a learner's existing level of understanding and competency. If you enjoy learning alongside your peers in a practical and interactive workshop, then this session is for you!

T345 Creating an Effective Academic Poster: What are your hang-ups?

13:30–14:30 Doug Archibald, PhD

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the key considerations when presenting research or innovation in a poster format
2. Critique a selection of academic posters
3. Identify key resources and materials to help produce an effective academic poster

Description:

Academic posters can be an effective and attractive way to present scholarly work at conferences and meetings. In fact, posters should be thought of as visual communication or advertising tools that allow the presenter engage others in conversation. An effective poster should enable the presenter to distil her main points to large numbers of people. In many ways creating a good poster is more difficult than preparing for an oral presentation because the poster needs to speak for itself. During this workshop participants will learn the tips and tricks to display data and text effectively so the reader can understand the study or innovation in just a few minutes. Participants will have the opportunity to critique and discuss sample posters and will leave the workshop with resources and a checklist to help them create their own effective academic poster.

T366 Improving Diagnostic Reasoning for Early Career Family Physicians: The CMPA perspective

13:30–14:30 Eileen Bridges, MD

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe medical-legal risks associated with diagnostic errors
2. Identify 3 major causes of diagnostic error for early career family physicians
3. Identify 2 strategies to improve your diagnostic reasoning process

Description:

This session is aimed towards early career family physicians who wish to mitigate diagnostic errors in their practice. This session will highlight common medical legal issues related to diagnostic processes in early career physicians. Cases will be presented and discussed to emphasize lessons learned, and to share practical tips on how to make your practice safer, and improve patient care.

T421 Dementia and Driving: How to navigate toward driving cessation
13:30–14:30 Christopher Welsh, MD; Sina Sajed, MD, CCFP

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the driving risks with dementia, and the impact of unfit drivers on the Canadian medical system
2. Implement a practical approach for assessing fitness-to-drive in patients with dementia
3. Recognize the limitations and complexity of a fitness-to-drive assessment

Description:

Dementia is a group of diseases that affect functional skills for safe driving. As a primary care provider, it is difficult to anticipate progression and impact of dementia on driving. Currently it is estimated that 500,000 multi-vehicle collisions (MVCs) are caused by senior citizens, which is anticipated to grow to 1.1 million MVCs by 2038. When involved in a MVC, seniors are over four times more likely to be seriously injured and hospitalized, versus drivers 16-24 years of age. Geriatric patients usually drive 2-3 years after initial symptoms of dementia are evident, resulting in approximately 4% of the Canadian population currently driving with dementia. We will discuss a practical approach to assessing a patient's ability to drive during an in-office assessment. We will discuss key red flag signs and symptoms that should prompt driving cessation. Participants will be able to appreciate the negative consequences of dementia screening among drivers, and the psychosocial impact of driving cessation on patients. We will also review provincial legislature on mandatory physician reporting requirements to respective Ministries of Transportation (MOT). The last portion of the session will be a review of real-life cases allowing for audience interaction, and practical application of these concepts.

T265 Assessment Foundations 2: Assessment principles in programmatic assessment
13:30–16:00 Shelley Ross, MA, PhD; Cheri Bethune, MD, MCISc, CCFP, FCFP; Kathy Lawrence, MD, CCFP, FCFP; Brent Kvern, MD, CCFP, FCFP; Luce Pélissier-Simard, MD, MSc, CCFP, FCMFC; Theresa Van Der Goes, MD, CCFP; Karen Schultz, MD, CCFP; Kiran Dillon, MD, CCFP
All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Define programmatic assessment
2. Identify tools and processes likely to enhance their assessment program
3. Apply the principles of assessment of, assessment for, and assessment as learning to improve teaching and assessment in your program

Description:

Competency based education means that preceptors and program directors must ensure that the right information is being collected to support assessment decisions. At a certain point, many clinical educators find themselves moving beyond using their given assessment tools appropriately, and becoming involved in the planning and designing of their program's approach to assessment. It is at this point that a deeper understanding of assessment principles and theory becomes crucial. Assessment theory can help educators to understand: how to match tools to purpose, how to design effective programmatic assessment, and how to consider the concepts of assessment for learning, assessment as learning, and assessment of learning in designing assessment programs. The best assessment programs meet two needs: 1) support learner progress towards clinical competence; and 2) result in rigorous and accountable assessment data. This intermediate level workshop is designed to address the needs of educators who are involved in the design of assessment, or for those who have a strong interest in assessment. This session will help translate assessment concepts and theories into practical day to day solutions for learner assessment, as well as offer

guidance in how to design an overall programmatic assessment approach. There is a strong interactive component to this workshop. Participants will have the opportunity to share cases and experiences in small group work if they wish. Participants will be expected to begin designing programmatic assessment, including developing approaches to implementing learning plans into their assessments. This session will allow participants to self-select a specific area of assessment focus, or a specific assessment challenge so they can work with peers with similar challenges/interests.

T17 HPV Course
13:30–17:15 Danielle Vicus, MD; Gina Ogilvie, MD; Edward Kucharski, MD; Peter Spafford, MD; Alex Ginty, MD

ROOM / SALLE : 205

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Discuss HPV screening, with special focus on the transition to HPV DNA testing in Canada
2. Discuss the prevention of HPV infection, including review of current guidelines, trends and barriers
3. Explore risk reduction options for HPV-related cancers

Description:

This course has been designed for healthcare professionals with an interest in HPV-related diseases as well as prevention. New developments in this field will be explored. Four short presentations will be given by clinical experts in the field with special insight into the day-to-day management HPV. Case discussions will follow the presentations and all those involved in front-line prevention, screening and treatment of HPV-related disease are encouraged to attend. At the end of this course, participants will be able to: Discuss the prevention of HPV infection, including review of current vaccination guidelines, vaccine safety, and trends and barriers to uptake of HPV vaccine; Discuss the HPV screening, with special focus on the transition to HPV DNA testing in Canada; Explore risk reduction options for HPV-related cancers; Discuss the developments in screening for non-gynecologic HPV-related disease, including perianal and oropharyngeal sites- what is currently available, and who should be screened?; List all new updates in the incidence and treatment of gynecologic HPV-related pre-invasive and invasive disease.

T48 Introduction to System-Level Advocacy for Family Physicians
15:00–16:00 Samantha Green, MD, CCFP; Ritika Goel, MD, CCFP

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define advocacy and recognize its critical role in family medicine
2. Identify health inequities that require community- and system-level advocacy
3. Learn practical skills and discuss examples of addressing health inequities through system-level advocacy

Description:

It is well recognized that social determinants such as race, gender, gender identity, sexual orientation, income, ability and housing are predominant drivers of health inequities. Family physicians are uniquely positioned to identify and respond to these inequities with a trusted voice, through advocacy. Family physicians regularly act as health advocates for individual patients; yet this CanMEDS-FM role bestows a responsibility to also advocate for changes that will promote the health of communities and populations, especially those that are more vulnerable. Advocacy is foundational to family physicians' social accountability, which exists at the individual patient (micro), community and institutional (meso), and systemic (macro) levels. These broader advocacy efforts towards governments and systems can seem outside the scope of physician training, since medical school and residency curricula are inconsistent and often inadequate. In this session, participants will explore the role of meso- and macro-level advocacy in family medicine using specific case examples. Participants will gain tangible tools for embarking on community- and systems-level advocacy. Participants will leave with a framework for addressing health inequities in their communities.

T180 Food Insecurity
15:00–16:00 Katherine Bell, MD, CCFP; Shannon Curtis, MD, CCFP

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the incidence of food insecurity in Canada, highlighting populations at risk and contributing factors, including medical comorbidities
2. Share results of pilot study addressing food insecurity with patients living with diabetes
3. Equip family physicians across Canada to address food security with individual patients and in their communities through research and advocacy

Description:

Food insecurity affects a significant number of Canadians in every province and territory, with prevalence ranging from 10.6% in Saskatchewan to 46.8% in Nunavut (Stats Canada, Canadian Community Health Survey, 2014). Children and seniors are disproportionately affected, as are those with chronic illnesses such as diabetes. Health is not possible without adequate nutrition yet secure access to safe and nutritious food is not considered one of the basic determinants of health (<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html#a4>). Many family physicians are aware of food security issues on a global level, but it remains a largely social issue in our country. This session will explore the issue of food insecurity in Canada with attention paid to at risk populations, appropriate screening tools, and opportunities for advocacy by community physicians. The presenters will also share results of their feasibility study targeting diabetic patients at risk for food insecurity and generate discussion about other research and advocacy initiatives that family physicians can initiate in their own practices and communities.

«🎧» **T132 Sexual Health 2019: An update from contraception to STIs**
15:00–16:00 **Santé sexuelle 2019 : Une mise à jour, de la contraception aux ITS**
 Charlie Guiang, MD, CCFP; Hannah Feiner, MD, CCFP

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Apply recent changes in STI guidelines to primary care practice
2. Explore recent changes in the landscape of contraception in Canada and apply that knowledge to clinical practice
3. Implement updated sexual health information and incorporate that in day-to-day office-based practice

Description:

Primary care providers (PCPs) are often the first point of contact for sexual health diagnosis, and management. This presentation is intended for PCPs involved in Sexually Transmitted Infection (STI) and contraceptive care (including family physicians, allied health care, residents, and medical students). Knowledge of basic STI and contraceptive care is expected. We aim to explore contemporary topics in sexual health and have chosen what's new for 2019 of relevance to office practice and highlight the take-home messages for each. We will focus on clinically relevant and up-to-date topics that occur in the office setting. BEYOND the basics of sexual health care, this inclusive list will provide you the tools for effective sexual health care. The format of this presentation will allow for a succinct overview of specific STI and Contraceptive Care topics as well as an interactive online and open mic portion. Participants can use their smartphones/tablets/computers and web-based technology to initiate discussions relevant to today's practitioner around STIs and contraception. Medical students to experienced PCPs will leave this session with an enlightened approach to the ever-changing landscape of sexual health care in Canada. Contemporary topics include: Lymphogranuloma Venereum (LGV); Nucleic Acid Amplification Testing (NAAT) testing; Self-collected specimens; HPV vaccination; New contraceptive options; Up to date Gonorrhea treatment...and more!

Objectifs d'apprentissage :

1. Appliquer les changements récents aux lignes directrices sur les ITS en soins primaires
2. Explorer les changements récents dans le domaine de la contraception au Canada et mettre ces connaissances en application en pratique clinique
3. Appliquer l'information actualisée sur la santé sexuelle et l'incorporer dans la pratique quotidienne au bureau

Description :

Les fournisseurs de soins primaires sont souvent le premier point de contact pour les diagnostics liés à la santé sexuelle et leur prise en charge. Cet exposé s'adresse aux professionnels de la santé — médecins de famille, professionnels paramédicaux, résidents et étudiants en médecine — qui dispensent des soins de contraception et liés aux infections transmises sexuellement (ITS). On s'attend à ce que les participants aient des connaissances de base des ITS et des soins de contraception. Nous explorerons les sujets contemporains liés à la santé sexuelle et avons sélectionné pour cela des nouveautés de 2019, pertinentes à la pratique dans un bureau. Nous soulignerons également les éléments à retenir pour chaque sujet. Des sujets d'actualité pertinents sur le plan clinique rencontrés en pratique privée seront mis en valeur. Au-delà des connaissances de base en santé sexuelle, cette liste inclusive offre aussi les outils nécessaires pour dispenser des soins efficaces en santé sexuelle. Le format de cette présentation comprend un bref survol de sujets précis liés aux ITS et à la contraception, de même qu'une portion interactive en ligne et avec l'auditoire. Les participants pourront utiliser leur téléphone intelligent, tablette, ordinateur et la technologie en ligne pour amorcer des discussions sur les ITS et la contraception pertinentes pour les praticiens d'aujourd'hui. Des étudiants en médecine aux fournisseurs de soins primaires, chacun repartira avec une vision éclairée du paysage en constante évolution des soins de santé sexuelle au Canada. Les sujets d'actualité sont : lymphogranulome vénérien; test d'amplification des acides nucléiques (TAAN); spécimens autoprélévés; vaccin contre le VPH; nouvelles options de contraception; traitement actualisé de la gonorrhée... et beaucoup plus!

T177 **Newborn News**
15:00–16:00 Kevin Desmarais, MD, CCFP; Sudha Koppula, MD, CCFP

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Summarize newly released guidelines affecting newborn care
2. Counsel patients on standards of care for the neonate
3. Provide evidence-based information to commonly asked questions in the newborn period

Description:

New parents are being exposed to an abundance of opinions regarding newborn issues (available through various organizations, discussion groups, forums, etc.). As family physicians that provide care for newborns in both the hospital and outpatient settings, we are well-positioned to be dispelling myths and offering evidence-based information when it is available. This talk will serve to update primary care providers on new neonatal guidelines and to provide scientific answers to some common questions we face.

T191 **But Doc, I Need My (insert benzo here)!**
15:00–16:00 Rashmi Chadha, MBChB, MScCH, CCFP, ABAM; Erin Knight, MD, CCFP, ISAM

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recall evidence-based indications for benzodiazepine use and identify common and important risks, side-effects and contraindications
2. Distinguish physiologic benzodiazepine dependence from benzodiazepine use disorder
3. Determine a safe and effective deprescribing strategy for patients with chronic benzodiazepine use

Description:

Benzodiazepines and related z-drugs remain a commonly-used class of medications in the treatment of sleep, mood and

anxiety disorders. However, benzodiazepine use is associated with numerous risks including overdose death, misuse and dependence. Safer prescribing including reduction or discontinuation of benzodiazepines can be challenging, and is often met with resistance by patients. During this session we will review the few evidence-based indications for prescribing benzodiazepines, as well as the accumulating evidence against their long-term use. We will suggest the use of office-based tools for screening and diagnosis of benzodiazepine use disorder, which can at times be difficult to differentiate from pure physiologic dependence also characterized by increasing tolerance and rebound symptoms. We will focus on examining the evidence for benzodiazepine tapering as well as the use of adjunctive medications and non-pharmacologic approaches to help increase success of tapering and discontinuation. At the conclusion of this session, participants will feel competent in collaborating with their patients to design a safe and effective strategy for deprescribing benzodiazepines.

T202 The Top POEMs of 2018
15:00–16:00 Roland Grad, MD CM, MSc, FCFP

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe how POEMs can provide an effective strategy for identifying relevant, valid evidence for application to practice
2. Describe how the top POEMs of the year will affect practice
3. Describe the most important practice-changing guidelines from 2018

Description:

In 2018, through regular surveillance of more than 100 English-language research journals, 255 research studies met the criteria to become POEMs [patient-oriented evidence that matters]. Using a validated tool, thousands of Canadian physicians rated these POEMs for their relevance to patients they see in their practice. This presentation is based on the 2018 article in an annual series published in American Family Physician. Each year, these articles summarize the top POEMs, as determined by Canadian physicians who are CMA members. The top POEMs of 2018 summarize potentially practice-changing research on the importance of accurate blood pressure measurement, the unclear benefits of lower blood pressure targets for hypertension, the lack of evidence regarding treatment of cough, the value of water for preventing recurrent UTI, the benefit of nitrofurantoin over fosfamycin for UTI, and the finding that shorter are better than longer courses of antibiotics. Other conclusions include the lack of benefit of anticonvulsants for pain, the value of non-opioid pain management compared with opioids, the risk of recurrence of anxiety when an anti-depressant is discontinued, the value of exercise for reducing the risk of depression, and the increased risk of falls with z-drug hypnotics. Regarding clinical preventive services, adherence was better for FIT tests than older guaiac based tests, statins had no benefit for patients 75 years and older, aspirin had no benefit for cardiovascular disease prevention, and exercise, vision assessment, and environmental assessments can reduce the risk of falls. Finally, I will mention the top POEMs of the year summarizing clinical practice guidelines from the American College of Physicians and the U.S. Preventive Services Task Force.

T442 Choosing Wisely in The Adult Emergency Patient
15:00–16:00 Constance Leblanc, FCFP, CCFP (EM), MAEd, CCPE;
 Samuel Campbell, MB BCh, CCFP (EM), Dip PEC (SA), FCCHL; Jock Murray, CCFP (EM)

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Be able to have informed discussion with patient about care decisions
2. Promote patient safety well reducing unnecessary investigation
3. Avoid the intended consequences of over diagnosis

Description:

Adult patients presenting to the emergency department are of the subject of multiple tests and interventions. These tests can lead to misdiagnosis and over diagnosis. The principles of “Choosing Wisely” are applied to these patient in this session. Participants will learn how to limit over investigation and over diagnosis while protecting patient safety.

T65 **Neurobiologically-Based Approach to the “Difficult Patient”: Understanding complex PTSD**
15:00–17:15 Erika Cheng, MD, CCFP, FCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Differentiate between PTSD type 1 and PTSD type 2, and identify the clinical significance of this difference
2. Identify neurobiological and physiological bases of common trauma-rooted ‘difficult’ patient behaviours that are challenging for physicians or office staff
3. List practical neurobiologically-based approaches to difficult patient behaviours that can contribute to improved long-term patient and physician responses

Description:

Many patients who have high adverse childhood experiences scores may display healthcare behaviours such as noncompliance, poor engagement with health, ‘attention seeking’, aggression, or ‘borderline’ type styles towards physicians or staff. Understanding the neurophysiology behind such behaviours not only helps to improve empathy, but also enables front-line clinicians to develop neurobiologically-aligned strategies for appropriate response. In this workshop, we will review some of this neurobiology and delineate some strategies for clinicians and office-staff

T114 **Questions About Teaching You Were Always Afraid to Ask**
15:00–17:15 Keith Wycliffe-Jones, MBChB, FRCGP, CCFP; Kathy Lawrence, MD, CCFP, FCFP
 All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Apply different and sometimes new strategies and approaches to common, and not so common, issues and challenges in teaching
2. Use the resources identified in the session in addressing some or all of the issues discussed
3. Share suggested strategies with others in their home teaching environments

Description:

“What do I do if I don’t like my resident?”. “How do I respond when a student makes it clear they are attracted to me?”. “My resident always zones out when I give feedback-not sure what to do about this?” “I am still not sure what “good” teaching is?”. “I have been told I am too critical-what should I do?”. My resident is very negative about me when talking to my colleagues -what should I do?”. This open-format, highly interactive workshop gives both new and experienced teachers the opportunity to anonymously pose questions about specific challenges faced in their teaching. In so doing, participants set the agenda for the workshop and define the content. No holds barred! (The questions given in this abstract are just examples). The session will be facilitated by 2 experienced teachers who are also educational leaders. The focus will be on sharing questions and concerns in a safe and collegial environment with fellow teachers in family medicine. Participants will learn from each other about what does and doesn’t work and will be able to take the approaches they hear about back to their own teaching settings to use in dealing with difficult teacher-learner situations. Resources identified during the session will be sent to participants after the conference.

T237 **Serious Illness Care: More, earlier, and better conversations**
15:00–17:15 Gillian Fyles, MD, CCFP (PC); Doris Barwich, MD, CCFP (PC); Elizabeth Beddard-Huber, RN, MSN, CHPCN

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Summarize the rationale for a systematic approach to improving conversations about patient values and priorities in serious illness

2. Define the structure of the Serious Illness Care intervention and its components
3. Use a structured, person-centered approach to systematically elicit values and priorities

Description:

It is known that more, earlier and better conversations with seriously ill patients can lead to improved patient, caregiver and system outcomes, however evidence shows that these conversations occur too infrequently, often late, and focus on procedures rather than what matters most to patients. As well, clinicians often feel underprepared and lack confidence to conduct high-quality conversations. The BC Centre for Palliative Care has implemented a provincial initiative to improve serious illness conversations with the aim of ensuring goal concordant care for British Columbians. In this 2.5 hour workshop we will introduce the evidence base for the Serious Illness Conversation Guide (SICG), along with patient/family tools and system change strategies, developed and tested by Ariadne Labs-Harvard Medical School to address the above gaps. We will focus on skills development through role play and structured feedback, review how to identify triggers, document in the medical record and integrate patient and family resources. Emotional engagement will occur through reflective exercises. Role play will occur in triads with participants acting, in turn, as clinician, patient and observer, using the SICG. Reflective discussion will be encouraged to explore how the program could be implemented within the participant's clinical practice.

T305 The Rural Road Map Collaborative Forum

13:30–17:15 Ruth Wilson, MD, MSc, CCFP, FCFP; James Rourke, MD, CCFP (EM), MClInSc, FCFP, FRRMS, FCAHS, LLD
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Understand progress made regionally and nationally related to the Rural Road Map
2. Identify opportunities to influence the scale/spread of best practices in rural education and practices gained from advancement of the RRM
3. Provide feedback on next steps for the implementation of the Rural Road Map beyond 2020

Description:

Striving to support equitable access to health care services and improve the health of individuals living in rural Canada, the College of Family Physicians of Canada and the Society of Rural Physicians of Canada released the Rural Road Map for Action in February 2017. The Rural Road Map Implementation Committee (RRMIC) has capitalized, over the last 18 months, on opportunities, engaging influential stakeholders, advocating strategically and disseminating the Rural Road Map for uptake. Key focus this year included supporting a symposium to advance Indigenous Health Education across the medical education continuum, facilitating a national process to improve patient transfers and advocating with government and policymakers to elevate rural and remote healthcare as a priority issue. In this forum, after hearing progress made, participants will work to consider how progress can be scaled and spread across Canada, and what further can be done. With the forthcoming end of RRMIC's term in 2020, participants will also have the opportunity to debate its success and consider arguments to extend, enhance or conclude the committee's work. Outcomes from discussions will be shared with leadership.

«T58 Jeopardy for Pain (by PEER/CFPC): Rapid answers to pain questions

16:15–17:15 **Jeopardy de la douleur (présenté par PEER/CMFC) : Réponses rapides aux questions sur la douleur**
Mike Allan, MD, CCFP; Joey Ton, PharmD; Samantha Moe, PharmD

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Be aware of high level evidence for a number of pain related clinical questions (like options for management of OA)
2. Incorporate best evidence in the management of a number of clinical questions in primary care
3. Differentiate between interventions with minimal benefit and those with strong evidence for patient oriented outcomes

Description:

This talk will be presented by both PEER group and the CFPC. It is the traditional fast-paced review of answers to common

clinical questions but in this session we'll focus on pain management. The audience will select the questions from a list of 24 possible topics. For each answer the audience will be asked to consider a true or false question and then one of the presenters will review the evidence and provide a bottom-line, all in less than five minutes. Topics will include a wide variety of interventions for pain conditions including osteoarthritis, back pain, and neuropathic pain. The sessions will also draw attention to a free online pain tool co-sponsored by the CFCP, the ACFP and the PEER group (and without industry support).

Objectifs d'apprentissage :

1. Connaître les données probantes de haut niveau sur un certain nombre de questions cliniques liées à la douleur (comme les options thérapeutiques contre l'arthrose)
2. Incorporer les meilleures données probantes de prise en charge d'un certain nombre de questions cliniques en soins primaires
3. Différencier les interventions qui apportent un bienfait minime de celles qui s'accompagnent de données probantes robustes à l'appui des issues axées sur les patients

Description :

Cet exposé est présenté par le groupe PEER et le CMFC. Il s'agit d'un exposé classique rapide de réponses aux questions cliniques courantes, qui portera surtout sur la gestion de la douleur. L'auditoire sélectionnera les questions à partir d'une liste de 24 sujets possibles. Pour chaque réponse, l'auditoire devra répondre à une question « vrai ou faux », puis l'un des animateurs présentera les données ainsi qu'un résumé, le tout en moins de cinq minutes. Les sujets couvrent une vaste gamme d'interventions contre les affections douloureuses, dont l'arthrose, la dorsalgie et la douleur neuropathique. La séance portera aussi l'attention des participants sur un outil en ligne à consulter gratuitement coparrainé par le CMFC, le CMFA et le groupe PEER (et sans l'appui de l'industrie).

T145 Using Antibiotics Wisely: A family medicine antimicrobial stewardship campaign

16:15–17:15 Allan Grill, MD, CCFP (COE), MPH, FCFP; Guylene Theriault, MD, CCFP

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the barriers influencing inappropriate use of antibiotics to treat viral upper respiratory tract infections in primary care
2. Explain the consequences of antibiotic overuse in primary care and the important role clinicians play to influence practice change
3. Integrate evidence-based tools at the point of care that engages patients in dialogue supporting antimicrobial stewardship

Description:

Choosing Wisely Canada (CWC) is a national organization to help clinicians and patients engage in conversations about reducing unnecessary tests and treatments to support effective care choices. Over the past two years, CWC has partnered with the College of Family Physicians of Canada (CFPC) to advance a campaign focusing on antibiotic overuse in primary care. Medication overuse is particularly challenging in the community setting, where 92% of all antibiotics in Canada are prescribed. One major contributor identified in community-based family medicine settings was unnecessary antibiotic prescriptions for upper respiratory tract infections. In partnership with the Public Health Agency of Canada, the 'Using Antibiotics Wisely' campaign was created to integrate evidence-based approaches into practice that support principles of appropriate prescribing to reduce antibiotic resistance and adverse events. Studies have shown that patients presenting to their primary care providers want information about their diagnosis and symptom management, which may not necessarily include antibiotics. The 'Using Antibiotics Wisely' campaign tools can help educate patients about antimicrobial stewardship, while supporting practice changes for providers around antibiotic overuse. This presentation will focus on the development and dissemination of peer reviewed practice statements and knowledge translation tools related to the above campaign to support continuing professional development for family physicians. These were co-developed by inter-professional stakeholders after an extensive review of barriers and enablers in existing clinical practice. Resources to enhance patient education and engagement will also be shared. Implementation strategies and metrics, including the use of social media, live webinars, and website downloads, along with quality improvement initiatives will also be discussed.

T147 **Parenting Pearls and Teaching Infants to Sleep Throughout the Night**
16:15–17:15 Sanjeev Bhatla, MD CM, CCFP, FCFP

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Feel competent and confident in teaching positive parenting skills
2. Guide parents in proven and safe ways to teach infants to sleep through the night
3. Learn how to use short and practical handouts to teach parenting pearls and infant sleep in the office setting

Description:

Family physicians are very aware of the importance of positive parenting to healthy development for children and adolescents. Physicians have a singular opportunity to teach parenting skills to families as parents look to their family doctor for guidance on all sorts of concerns regarding the health of their children. Family physicians have a relationship of trust and continuity with families. Yet, many physicians feel ambivalent about teaching parenting; concerns about having adequate knowledge about parenting, concerns about the physician's role, and concerns about time constraints. In this session, participants will learn that physicians can indeed play a key role in teaching and supporting parents to develop positive parenting skills and to do so in a way that can be done in the office setting, without ruining the flow of the clinic day! Participants will learn how talking about parenting in a compassionate and non-judgmental way can enhance the doctor-patient relationship by cultivating mutual trust and respect. There will be an emphasis on the proven benefits of a physician's role in teaching positive parenting principles and how brief interventions over time can be highly effective. Participants will learn proven and safe ways to teach infants to sleep through the night. Quick and pragmatic handouts will be used to demonstrate parenting skills that can be taught effectively and efficiently in the doctor's office. Case studies will be used to bring these techniques to life. Group discussion and interaction will be used to further explore how all participants can adapt handouts and other toolkits to suit their practice.

T173 **Intrapartum Skills: A refresher of specific skills**
16:15–17:15 Hannah Shenker, MD, CCFP; William Ehman, MD; Kevin Desmarais, MD, CCFP;
 Kate Miller, MD, CCFP, FCFP; Sudha Koppula, MD, CCFP; Monica Kehar, MD;
 Sarah Lesperance, MD, CCFP

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Demonstrate current evidence based delivery technique including 2 step shoulder delivery and the somersault maneuver for a tight nuchal cord
2. Perform hands-on intrapartum skills such as vacuum-assisted birth, the management of shoulder dystocia and unexpected breech presentation
3. Demonstrate Foley catheter insertion for induction and discuss the currently recommended management of post partum hemorrhage

Description:

This interactive "hands on", practical session will provide participants with an opportunity to develop skills in intrapartum care. In small groups, participants will have the opportunity to review and practice crucial intrapartum skills such as evidenced based vaginal birth (including the "2-step" delivery of the shoulders), management of shoulder dystocia, vacuum-assisted birth and maneuvers when encountering a tight nuchal cord. Additional skills of placement of Foley catheter for induction and management of postpartum hemorrhage will also be offered as part of this session. Participants will feel more confident in their ability to perform intrapartum care at the conclusion of this session.

T196 **CCS AF Guidelines: Managing AF for the family physician**
16:15–17:15 Alan Bell, MD; Jason Andrade, MD

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss the latest evidence on stroke prevention before and after cardioversion for atrial fibrillation
2. Identify an integrated approach to patients with AF and modifiable risk factors
3. Understand AF ablation; its indications and use in patients with AF and HF

Description:

Contemporary management of AF is centered on a reduction in the morbidity and mortality associated with AF, as well as on symptomatic improvement and reduction in AF-related emergency room visits or hospitalizations. As AF can lead to more serious medical problems such as stroke, heart failure, reduced quality of life, additional heart rate and rhythm issues, the detection and management of AF in patients is important. In this session, members of the CCS Atrial Fibrillation Guidelines Panel will present recommendations from the 2018 update with a family physician perspective. Members will use case examples to address clinically important advances in AF management in the following areas: (1) AF and cardioversion (timing of cardioversion, use of NOACs before and after cardioversion, etc.), (2) risk factor modification for AF, and (3) catheter ablation, including its indications and use in patients with AF and HF.

«T270 **Improving Access to Intrauterine Contraception**
Améliorer l'accès à la contraception intra-utérine
16:15–17:15 Konia Trouton, MD, CCFP, MPH, FCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Define practice and community needs for IUC access
2. Prepare for changes in practice requirements for procedures
3. Implement practice efficiencies when expanding IUC care

Description:

In this session, we will review current unplanned pregnancy rates, and evidence of initiatives that are intended to reduce those rates. Using SOGC updated 2017 Guideline and Canadian Pediatric Society statements, we will explore how to implement recommendations for offering intrauterine contraception as a first line of contraception to all women and trans men. Rates of IUC use in Canada is growing, and clinicians will need to be prepared to re-assess practice flow and improve procedure time to continue to ensure safe and high quality care in a timely manner. The session will therefore address practical practice implementation including effective and efficient counselling strategies; practice flow options; instrument selection; easy time-saving insertion tips and follow up advice. We will discuss related issues such as new guidelines for sterilization, integration of trainees into practice, and education of ancillary staff.

Objectifs d'apprentissage :

1. Définir la pratique et les besoins communautaires favorisant l'accès à la contraception intra-utérine
2. Se préparer aux changements des exigences de la pratique en matière d'interventions
3. Appliquer les gains de rendement lors de l'expansion des soins de contraception intra-utérine

Description :

Cette séance se penche sur le taux actuel de grossesses non désirées, et sur les données liées aux initiatives mises de l'avant pour le réduire. À l'aide de la mise à jour 2017 des lignes directrices de la SOGC et des énoncés de la Société canadienne de pédiatrie, nous allons nous pencher sur la façon d'appliquer les recommandations en matière de contraception intra-utérine à titre de méthode de contraception de première intention chez toutes les femmes et tous les hommes trans. Le taux de contraception intra-utérine grimpe au Canada, et les cliniciens devront être prêts à réévaluer leur pratique et à réduire le temps nécessaire aux interventions pour pouvoir continuer à dispenser des soins sécuritaires et de bonne qualité en temps voulu. La séance abordera donc l'application pratique des procédures, y compris les stratégies de counseling efficaces et

efficientes; les options de la pratique; la sélection des instruments; les conseils d'insertion facile qui sauvent du temps et les conseils relatifs au suivi. Nous parlerons des questions connexes telles que les nouvelles lignes directrices en matière de stérilisation, l'intégration des internes dans la pratique et la formation du personnel auxiliaire.

T338 **Untold Stories of the Locum Life**
16:15–17:15 Stephen Cashman, MD, CCFP; Jordyn Lerner, MD, CCFP

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand what types of locums are available
2. Understand how to find locum placements
3. Be able to avoid common pitfalls when booking locums

Description:

More and more young physicians are starting their practice exploring a locum or two before they settle down somewhere. Some never do settle down. And some settled physicians are exploring locums to seek out a bit of variety, or as a way to keep themselves busy as they move towards retirement. The session will feature a panel using oral stories as a method to teach important lessons about locums. The panel will feature a range of distinguished physicians who between them have licenses in every province and territory in Canada. Topics will range from practice management to the four principles of family medicine. There will be a question and answer portion immediately following the panel discussion. The stories shared will answer important questions like: How do you find a locum? What are the different types of locums out there? Do you need a contract? What should you expect as far as compensation and responsibility? How do you handle the medicolegal issues that arise with two physicians being responsible for a panel of patients? How do you maximize your earning of Aeroplan points and maximize your Altitude status?

T356 **Top 10 Articles That Could Change Your Practice**
16:15–17:15 Mandi Irwin, MD, CCFP; Jock Murray, MD, MSc, CCFP (EM); Daniel Grushka, MD, CCFP

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Critically appraise ten important articles relevant to family medicine
2. Apply one potentially practice changing pearl from each topic
3. Assess the role of Industry influence and “spin”

Description:

This session will review ten potentially practice changing articles relevant to family medicine from the recent literature. The principles of “Choosing Wisely” will be applied. The influence of industry sponsorship and “spin” will be addressed. Controversial topics, myths and counter intuitive results will be stressed. This popular session is has been repeated yearly at FMF for several years

T405 **Let's Talk Selection: The good, the bad, and the ugly**
16:15–17:15 Michelle Morros, MD, CCFP; Shelley Ross, MA, PhD
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the common barriers and pitfalls encountered by programs during the selection process
2. Identify changes needed at multiple levels to improve information provided to programs that allow for fair and

defensible candidate selection

3. Devise possible requests for revision of elements of the CaRMS application

Description:

Most family medicine residency programs struggle with the selection process. Programs want to select the best candidates, as well as identify those candidates who are not likely a good fit for the program and/or the discipline of family medicine. Each residency program has their own selection process, sometimes evidence-guided, and sometimes “just the way we have always done it”. For best results a selection process must be (among other things) fair and transparent, reproducible, standardized, feasible, and practical in the face of ever increasing application numbers. Although we all know this in theory, and programs do their best to ensure that their selection process is all of those things, our hands are tied by the challenges inherent in interpreting the information provided through CaRMS. The goal of this session is to provide a venue for those who are interested in selection to share their stories and hear from others about what has worked, but mostly what does not work and why. There are few places for a pan-Canadian gripe session about selection and CaRMS; this session aims to be that. Medical students and residents are also encouraged to attend and to share their perspective. The beginning of this workshop will offer an overview of the current literature on best practices, principles, and recommendations in selection. This introduction will set the context for a large group discussion of why the national selection process hampers residency programs in their attempts to select the best candidates. Cases will be available as prompts for the discussion, but participants are strongly encouraged to share their own experiences. Aspects of the discussion will be recorded to be shared as a summary after the session. Although the conversation may not result in specific tips or suggestions, the facilitators will encourage problem identification and “outside the box” solutions.

TWO- AND THREE-CREDIT-PER-HOUR CERTIFIED MAINPRO+ WORKSHOPS ATELIERS CERTIFIÉS MAINPRO+ POUR DEUX ET TROIS CRÉDITS PAR HEURE

T283

07:30–18:00

CASTED: Emergency - Lower extremities - ED orthopedics course

Arun Sayal, MD, CCFP (EM); Matt Distefano, MD; Oleg Bagrin; Dion Maxwell; West Clayden, MD

③ credits per hour

ROOM / SALLE : 8 & 15, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 25.5

Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Describe strategies to diagnose commonly missed ED orthopedic injuries
2. Describe ED orthopedic physical exam and immobilization techniques
3. Describe strategies to determine safe and appropriate disposition for ED patients with acute orthopedic injuries

Description:

CASTED: Emergency is the hands-on ED orthopaedics Course. This 1-day offering focuses on Lower Extremity injuries. Learn how to make subtle diagnoses that are commonly missed, proper ED immobilization, and understand if and when ortho needs to get involved. Expand your differential for knee pain with negative x-rays - what are the 7 (or 8) diagnoses you MUST consider before writing ‘Soft Tissue Injury - Knee’. Understand the spectrum of ankle injuries - and how we misuse the Ottawa Ankle Rule! When to suspect an occult hip fracture? Practice reductions and immobilization techniques. Review case after case after case. CASTED is clinically focused - and will help you understand ED ortho - not just memorize it!

T111 **AIME: Airway Intervention and Management in Emergencies (Session 1)**
07:30–18:30 Phil Davis, MD; Adam Harris, MD; Nick Sowers, MD; Jan Trojanowski, MD; Heather Flemming, MD
 ② credits per hour

ROOM / SALLE : 19 & 20, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 18 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Be more confident and comfortable in making acute care airway management decisions
2. Have acquired a practical staged approach to airway management
3. Be able to choose the most appropriate method of airway management based on a variety of patient presentations

Description:

AIME program highlights include:

- Case-based clinical decision making
- New practical algorithms
- When, why and how to perform awake or rapid sequence intubation
- New textbook/manual based on the AIME program
- Unique, customized clinical videos
- Limited registration to ensure clinician to instructor ratio of 5 or 6:1
- Clinician to simulator ratios of 2:1
- Reinforcement of core skills
- Introduction to newer alternative devices (optical stylets, video laryngoscopes & others)
- Exposure to rescue devices (King laryngeal tubes, LMA Supreme and others)

T34 **Assessment of Decision-Making Capacity 3 hour**
08:30–12:00 Karen Chan, MD, CCFP (COE)
 ② credits per hour

ROOM / SALLE : 14, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 6 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Acquire knowledge of the guiding principles in decision-making capacity assessment (DMCA)
2. Appraise the DMCA process and review Capacity Assessment worksheets used in this process
3. Apply the above information in assessment of capacity through case examples

Description:

As the life expectancy of Canadians and prevalence of complex chronic health conditions continue to rise, assessment of independent decision-making capacity emerges as an issue of increasing importance. Toward this end, the Decision-Making Capacity Assessment (DMCA) Model was developed to facilitate a process by which the least restrictive and intrusive means of support can be determined and offered to persons whose decision making has come into question. Many physicians do not feel prepared to assess capacity from their residency training. Physicians play a key role in capacity assessment as they are able to declare persons incapable. They thus often require additional training once in practice. An educational workshop has been developed on the DMCA process. This was based on an initial Capacity Assessment Professional Opinion Survey by Covenant Health (formerly Caritas) in Edmonton, which identified this as an area that required interdisciplinary staff training in 2006. The study identified a lack of knowledge, skill set, standardized method/tools/guidelines, coordination, and role definition, plus the issue of resource allocation. A process was proposed with front-end screening/problem solving, a well-defined standardized assessment, and definition of team members' roles. A care map was developed based on this process. Documentation was developed consisting of a capacity assessment database and patient interview for formal capacity assessment. Interactive workshops, administered to familiarize staff with the model, include concepts of capacity, the protocol, documents, and case studies. A feasibility study looking at three acute-care sites

in Edmonton confirmed that this process addressed the issues of lack of knowledge, skill set, etc. This three-hour workshop is now being offered to physicians given their pivotal role in capacity assessment. This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 6 Group Learning Credits.

T211 **Quality Improvement: Practice Improvement Essentials (PIE) part 1**
08:30–12:00 Scott McKay, MD, CCFP (COE), FCFP; Neb Kovacina, MD CM, CCFP, MHSc
 ② credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 6 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Describe a practical Quality Improvement (QI) model and techniques that can be applied in your practice
2. Describe and understand the basic steps involved in completing a Quality Improvement (QI) project
3. Develop a basic, practice-relevant, practice improvement question and plan using a QI approach

Description:

This introductory-level QI workshop, developed by the College of Family Physicians in partnership with QI experts across Canada, provides you with a practical introduction to basic QI techniques that you can implement in your practice with your team. These include a practical, step-by-step, planning and implementation model that takes you through the basic steps of establishing a team, identifying an area for improvement, setting a practice-relevant and pragmatic goal, developing a plan and going through small iterative cycles of plan, do, study, act (PDSA) to achieve change. Learning methods will include overviews of key concepts and interactive, hands-on facilitated group work.

This workshop is the first part of a two-part workshop. PIE part 2 explores the concepts introduced in part 1 in more in-depth and helps learners activate a change project in their practices. PIE part 2 is also being offered at FMF 2019.

T219 **Troubleshooting IUD Insertions and Endometrial Biopsies**
08:30–12:00 Ellen Wiebe, MD, CCFP; Renee Hall, MD, CCFP
 ③ credits per hour

ROOM / SALLE : 16, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 6 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Help women choose between all 13 IUDs available in Canada
2. Trouble shoot difficult IUD insertions and use local anesthesia
3. Perform endometrial biopsies

Description:

Now that copper and levonorgestrel IUDs are recommended for a much wider variety of women such as for teens, for emergency contraception, and for treating heavy menstrual bleeding in the peri-menopause, we can expect more challenges inserting IUDs, particularly into tight cervixes or into those with uterine fibroids. There are also 13 different IUDs on the Canadian market today with which you will become familiar. We will also review new SOGC guidelines on intrauterine contraception. This hands-on workshop will take advantage of plastic models slides and discussion and is most suitable for clinicians with all ranges of experience inserting IUDs. Participants are encouraged to bring clinical scenarios that have been challenging. The facilitators are family doctors who run IUD clinics and insert thousands of IUDs per year. They will share their experience with a range of clinical equipment and techniques such as cervical anaesthesia to simplify challenging IUD insertions. All 13 IUDs currently available in Canada will be at the workshop. Any clinician who can insert an IUD can also do an endometrial biopsy this will allow you to investigate your patients with suspicious peri-menopausal or post-menopausal bleeding and quickly rule out endometrial cancer. We will practice using the equipment on kiwi fruit.

T212 **Quality Improvement: Practice Improvement Essentials (PIE) part 2**
13:30–17:30 Neb Kovacina, MD CM, CCFP, MHSc; Scott McKay, MD, CCFP (COE), FCFP
 ③ credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Apply the Model for Improvement to a specific QI project and evaluate its aim statement
2. Become familiar with tools such as QI Project Charter and understand the importance of documentation in QI
3. Develop a measurement plan for your QI project

Description:

This workshop is the second part of a two-part workshop, the first being an introductory workshop called PIE part 1, which will also be offered at FMF 2019. PIE part 1 is a pre-requisite for enrolling in part 2. In part 2, you will continue to learn about quality improvement by delving deeper into some of the QI concepts and tools discussed in part 1 and doing more hands-on learning and practice. Working through the exercises, you will learn how to specify and set an aim, identify measures, identify the root cause of the problem, brainstorm fixes (change ideas) and start the process of testing the change ideas. Learning methods will include overviews of key concepts and interactive, hands-on facilitated group work.

T260 **PAACT: Anti-infective 2019 up-date**
13:30–18:00 Frank Martino, MD, CCFP; Peter Kuling, MD; Alex Barany, Pharm D
 ③ credits per hour

ROOM / SALLE : 16, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 12 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Review the principles of antibiotic resistance, what's new, and how this impacts antibiotic prescribing
2. Feel more comfortable investigating and managing common infectious diseases, including upper and lower respiratory tract infections and urinary tract infections
3. Acquire patient tools to help implement antibiotic stewardship in community practice

Description:

PAACT Anti-infective 2019 update is an independent educational program developed by family physicians and based on the most recent edition of the Anti-infective Guidelines for Community-Acquired Infections. Cases are designed to highlight common infectious disease and include: Upper and lower respiratory tract infections; Skin infections; Urinary tract infections (including LTC).

Materials: *NEW* 2019 Anti-infective guidelines ("orange book"); participant manual; viral prescription pads Teaching method: interactive, case-based, small group.

T261 **PAACT: Respiratory up-date 2019**
13:30–18:00 Alan Kaplan, MD, CCFP (EM), FCFP; John Jordan, MD, CFPC; Laurie Dunn, BSc, MSc
 ③ credits per hour

ROOM / SALLE : 14, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 12 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Participate in small group case discussion pertaining to treatment of respiratory conditions commonly seen in family practice

2. Introduction to the 2019 edition of Respiratory Handbook for family practice and review of significant changes/additions from the previous edition
3. Review of 'practice pearls' on a case by case basis, including the role of available inhalers in therapy

Description:

An independent educational program developed by family physicians and based on the 2019 Respiratory (Asthma/COPD) 'orange book' handbook for family practice.

Cases are designed to highlight respiratory ailments seen commonly in primary care and include:

- AECB/AECOPD
- COPD
- COPD/Asthma Differentiation
- Pediatric Asthma
- Adult Asthma

Materials: ****NEW**** 2019 Respiratory (Asthma/COPD) guidelines for family practice ('orange book'); Participant manual.

Teaching method: interactive, case-based, small group.

F673 Individualized Treatment of Overactive Bladder: A case series for primary care physicians and community-based specialists (Ancillary Session)

07:00–08:00 Henry Tran, MD

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Accurately diagnose overactive bladder (OAB)
2. Describe best practices for communicating with patients/caregivers to establish a management strategy and understand treatment satisfaction
3. Select safe and effective individualized treatment for OAB

Description:

Overactive bladder (OAB) is a common condition affecting mainly older adults, although it is not considered a natural part of aging. Aside from bothersome symptoms, OAB can have a significant negative impact on quality of life and interfere with activities of daily living. Whether initiating treatment or taking over patient care from a specialist, primary care physicians face numerous challenges in effective and safe management of OAB, including multiple comorbidities, adherence to non-pharmacological and pharmacological therapies, medication side effects, and unmet treatment expectations of patients. This case-based, interactive program will provide participants with strategies and clinical tips to effectively and accurately make a differential diagnosis of OAB in adults, manage treatment expectations, probe for treatment-related issues, and make decisions about treatment in conjunction with patients, with the goal of restoring patients to pre-morbid quality of life. The presentation will focus on the case of: • Millie, a frail elderly woman – and will discuss of OAB treatment modification and considerations in elderly populations with multiple comorbidities • Mario, an older man – and will discuss differential diagnosis of LUTS and treatment considerations for mixed UI in men.

«F300 Breakthrough to Become a Leader With Dr. Evan Adams

08:00–09:30 Percée pour devenir un leader avec le Dr Evan Adams

Evan Adams, MD

ROOM / SALLE : Ballroom ABC / Salle de bal ABC

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Examine FNHA's approach to service excellence, an example of a First Nations governance structure established by and for First Nations
2. Illustrate how Indigenous worldviews could be central to a new, holistic, mind-body-spirit perspective on physician-hood and leadership
3. Explore the interfaces of health and wellness leadership and physician-hood in a First Nations context

Description:

Family physician, actor, and Chief Medical Officer, Dr. Evan Adams will present different aspects of health and physician leadership. Representing the First Nations Health Authority in British Columbia, Dr. Adams will share his experiences and keen perspective on First Nations' health and wellness. And how self-reflection as part of Cultural Safety and Humility, and the arts have brought forward the possible narratives of physician as leader and healer!

Objectifs d'apprentissage :

1. Examiner l'approche d'excellence du service du FNHA, un exemple de structure de gouvernance des Premières Nations établie par et pour les Premières Nations
2. Illustrer comment les perspectives des Autochtones pourraient mettre en évidence un nouveau point de vue holistique, alliant corps et esprit, sur le leadership et le rôle de médecin
3. Explorer les interfaces du leadership en santé et bien-être et du rôle de médecin dans le contexte des Premières Nations

Description :

Médecin de famille, acteur et médecin-chef, le Dr Evan Adams présentera différents aspects de la santé et du rôle de leader des médecins. À titre de représentant de la First Nations Health Authority en Colombie-Britannique, le Dr Adams fera part de son expérience et de son point de vue perspicace sur la santé et le bien-être des Premières Nations ainsi que sur la façon dont l'autoréflexion — dans un processus visant la sécurité et l'humilité culturelles — et les arts ont ouvert la possibilité d'imaginer le médecin en tant que leader et guérisseur!

«F26 **Pediatric Fever in 2019: We don't need any tests!**
Fièvre chez l'enfant en 2019: Pas besoin de tests!

10:00–11:00 Rahim Valani, MD, M Med Ed, MBA

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe =1

Learning objectives:

1. Know the role of vaccination and herd immunity in decreasing the incidence of serious bacterial infections
2. Understand how to avoid unnecessary testing (bloodwork) in febrile infants and children
3. Appreciate the role of stepwise testing in 2019

Description:

This presentation will provide the participant with a better understanding on how to manage fever in the paediatric patient in the office practice and emergency department. Fever is a common presentation and should be considered a symptom and not a disease. The role of the physician is to avoid fever phobia by having an approach to the management of fever. Infectious agents that traditionally caused fever and sepsis are now changing due to immunization and herd immunity. Furthermore, the source of the infection is changing making UTIs the most common culprit. Testing should be limited based on this, and the role of routine blood cultures should be questioned. The presentation will define the role of antibiotics in a child who presents with a fever without a source, and when further invasive testing is necessary. The goal is to provide the practitioner with an evidence based approach on what tests to order based on age, vaccine status, and region.

Objectifs d'apprentissage:

1. Connaître le rôle de la vaccination et de l'immunité collective pour réduire l'incidence des infections bactériennes graves
2. Comprendre comment éviter les tests inutiles (analyses sanguines) chez les nourrissons et les enfants fiévreux
3. Comprendre le rôle des tests par paliers en 2019

Description :

Cet exposé permet au participant de mieux comprendre comment prendre en charge la fièvre chez les enfants, tant au bureau qu'à l'urgence. La fièvre est une manifestation courante et doit être vue comme un symptôme et non comme une maladie. Le rôle du médecin est d'éviter la phobie de la fièvre à l'aide d'une approche de prise en charge de la fièvre. Les agents infectieux qui classiquement causent la fièvre et la septicémie se transforment en raison de l'immunisation et de l'immunité collective. En outre, la source de l'infection se transforme, ce qui fait de l'infection urinaire la source la plus fréquente. À la lumière de ce qui précède, il faut limiter les tests et remettre en question le rôle des cultures sanguines. L'exposé définit le rôle des antibiotiques chez l'enfant fiévreux en l'absence d'une source, et le moment où les tests invasifs sont nécessaires. L'objectif consiste à donner aux médecins une approche factuelle des tests à demander en fonction de l'âge, de l'immunisation et de la région.

F39 Five Articles You Need to Know in Respiratory Medicine

10:00–11:00 Alan Kaplan, MD, CCFP (EM), FCFP; Suzanne Levitz, MD, CCFP

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review relevant new literature on asthma management
2. Review relevant new literature on COPD management
3. Make these articles relevant to your practice

Description:

We shall review the highlights of the literature regarding respiratory diseases and make them relevant to your practice. You need to know what is new, and it WILL change your practice!

F59 Practical Tips for Managing Adults With ADHD in Your Practice
Conseils pratiques pour la prise en charge d'adultes atteints de TDAH dans votre pratique
10:00–11:00 Nick Kates, MBBS, FRCPC, MCFP (Hon)

ROOM / SALLE : Ballroom B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Recognise the ways in which ADHD in adults can present in primary care
2. Learn about the common medications used in adult ADHD and their introduction
3. Become familiar with non-pharmaceutical approaches to managing ADHD in adults in primary care

Description:

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

Objectifs d'apprentissage :

1. Reconnaître les différentes façons dont le TDAH se manifeste chez les adultes en soins primaires
2. Se renseigner sur les médicaments couramment utilisés auprès des adultes atteints de TDAH, et apprendre comment initier le traitement
3. **Se familiariser avec les approches non pharmaceutiques de prise en charge du TDAH chez les adultes en soins primaires**

Description :

Plus de 60 % des enfants atteints de TDAH continueront de manifester des symptômes à l'âge adulte, ce qui fait de cette affection le trouble de santé mentale le plus souvent rencontré, mais aussi fréquemment négligé, en soins primaires. Cet atelier se penche sur la prévalence du TDAH en soins primaires et les différentes façons dont il peut affecter la vie d'une personne, en ayant recours à des exemples de cas pour décrire les façons dont le trouble se manifeste en soins primaires, et la façon de le reconnaître lorsqu'il accompagne un trouble de l'humeur ou anxieux à titre de comorbidité. L'atelier se penche sur les critères précis qui sont nécessaires pour poser un diagnostic de TDA avec ou sans hyperactivité, et sur les outils de dépistage visant à en détecter la présence. Il donne une vue d'ensemble des approches thérapeutiques, y compris l'importance de la psychoéducation et du soutien, d'assurer structure et routine, la participation de la famille, les approches cognitives et le recours aux médicaments. Il souligne les différentes options pharmacologiques possibles et les directives liées à l'initiation du traitement, au traitement d'entretien et à l'arrêt du traitement, et fournit des liens vers des lectures et d'autres ressources pouvant être remises aux patients.

F68 Returning Your Patient to Work
10:00–11:00 Avram Whiteman, MD, MPH, FCFP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the role of the family MD in return to work
2. Identify barriers and their solutions

3. appreciate RTW as a therapeutic modality

Description:

Returning a patient to work can sometimes be a very difficult undertaking for the busy family physician. This presentation reviews the extent and parameters of this issue, then looks at the common medical and non-medical barriers patients may experience in going back to work after a period of illness or injury. Solutions to these common barriers are discussed. The role of the family physician in this process is clarified, so that roles and responsibilities are clear for the various stakeholders in this process. (e.g. - doctor, patient, employer, insurance company, etc)

F91 **Mood Disorders in Women During the Reproductive Years**
10:00–11:00 Christiane Kuntz, MD, CCFP, FCFP, NCMP

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Improve the participants' awareness of the impact, manifestations, diagnostic criteria and treatment options for mood disorders in reproductive-age women
2. Highlight specific mood disorders associated with hormonal fluctuation (including PMS) during the menstrual cycle, pregnancy, postpartum and perimenopause
3. Discuss management of these concerns and apply learning pearls through case

Description:

This session will seek to improve the participants' awareness of the impact of, the manifestations of, the diagnostic criteria and treatment options for mood disorders in reproductive-age women. The factors increasing suicidal risk will be briefly addressed. Specific mood disorders associated with or affected by hormonal fluctuation during the menstrual cycle, pregnancy, postpartum and perimenopause will be described with a particular focus on PMS. Management options will be outlined. Learning pearls will be applied through a review of cases.

F116 **Top 10 Family Medicine Practice Changers from CFPC Self Learning**
10:00–11:00 Michael Allan, MD, CCFP; Samantha Moe, PharmD

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe 10 studies related to common conditions seen in primary care
2. Recognize the relevance of these studies to their practice
3. Identify opportunities to implement changes in practice based on these findings

Description:

Hundreds of thousands of research articles in the biomedical sciences are published each year. Given this volume of information, how can family physicians keep up with the latest research that is relevant to their practice? The Self Learning Program, a continuing professional development offering from the College of Family Physicians of Canada (CFPC), aims to address this problem. The program poses clinical questions based on content drawn from a wide variety of peer-reviewed medical journals. In this session, we will review the top 10 studies included in the Self Learning Program from July 2017-June 2018 as identified through impact assessment data. Topics frequently mirror our most common complaints include blood pressure, urinary tract infections and viral respiratory infections but also cover challenging issues like driving with dementia, proton pump inhibitor deprescribing and cannabinoid-induced psychosis. We will examine the questions and articles from Self Learning but also take a deeper dive around the related evidence. We will also discuss how content is selected for inclusion in the Self Learning Program and how this learning tool can help family physicians access new information that will impact their practice.

F199 **Talking About Sexuality With Your Adolescent Patient**
10:00–11:00 Pierre-Paul Tellier, MD, CCFP, FCFPC

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the context within which the adolescent is developing that impacts on how to discuss sexuality with this age group
2. List the questions to ask during a sexual history, that are related to sexuality
3. Name the topics associated with sexuality that should be addressed with the adolescent

Description:

An adolescent walks into your office for a checkup one of your main task during this visit will be to discuss sexuality. So what now? This presentation will first examine the context for your talk: the society we live in, the developmental stage of the adolescent, what they have learned to date, and the source of this knowledge. This information can be used to guide your history and then management. Next, you will learn how to obtain a specific sexual history. You will become familiar with how to set the stage for this discussion, the vocabulary and terminology to be used, the questions to be asked and how to ask them. This will be guided by the developmental stage of the adolescent. A set of questions will be suggested for the early, mid and late adolescent. Once all this information has been gathered you will then learn how to counsel the adolescent. This will again be guided by the developmental stage and the pertinent identified health issues, a list of principal topics of discussion will be suggested. This presentation will provide you with a variety of pearls that you can use in your office including how to manage your time effectively. Questions and discussion will be encouraged throughout the presentation as the main purpose is to meet your needs.

F200 **Feedback, Field Notes, and Fun: Practical and efficient tips for preceptors**
10:00–11:00 Theresa van der Goes, MD, CCFP; Luce Pélissier-Simard, MD, MSc, CCFP, FCFP; Shelley Ross, PhD; Karen Schultz, MD, CCFP, FCFP; Cheri Bethune, MD, CCFP; Kathy Lawrence, MD, CCFP, FCFP; Carlos Brailovsky, MD, MA (Ed), MCFPC; Kiranpal Dhillon, MD, CCFP
 All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Deliver simple, constructive feedback
2. Describe 3 elements that make Field Note helpful for all residents (the stellar resident too)
3. Identify characteristics of brief narratives that contribute to robust summative decision making

Description:

We love to teach, and assess...not so much! We know how important it is to train competent Family Physicians for our communities across Canada, and it is easy to lose sight of the connection between what we do when coaching a resident, and the final declaration of competence (or not!). Each time preceptors observe, coach, and with the resident, document the coaching narrative - this is important. In aggregate, these narratives factor in to decisions on progress and competency. This fun and lighthearted workshop with a serious message is for the new, the bewildered, or any family medicine preceptor facing competing demands from any size of community. Using video clips, conversation with colleagues, and other activities, participants will hone skills of delivery of low stakes, brief coaching feedback to all levels of residents at any stage of their program. We promise painless application of common sense, backed by good pedagogical theory.

«F» **F245** **Deprescribing Opioids 101**
10:00–11:00 Ginette Poulin, BSc (HNS), RD, MD, CCFP, CISAM, CMCBT; Sharon Cirone, MD, FCFPC

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify patients with or at risk of opioid use disorder

2. Learn how to use evidence based methods to taper opioids safely and effectively in your practice
3. Review non opioid methods of chronic pain management

Description:

Deprescribing opioids has been a challenging issue that all residents, FFYP, and family physicians have been facing increasingly over the past decade due to its rapid prevalence and is a crucial gap in our training as residents. After polling all the family medicine residents across the country, and asking if they would attend an addictions related presentation/workshop over 74% said yes. At the same token, over 51% feel they need further management skills in deprescribing opioids. This presentation will be addressing a clear gap of an increasing problem faced by the community of family physicians. We plan to encourage health advocacy and patient relationship/continuity, by increasing knowledge specifically in the complex issue of deprescribing opioids. In this presentation, with the guidance of FM addictions/mental health specialists Dr. Ginette Poulin and Dr. Sharon Cirone and the FM addictions sub-committee we will address how to identify patients with or at risk of opioid disorder, a crucial part of disease management and preventive care. Advocate patient centered care by using evidence based methods to safely and effectively taper opioids effectively in the setting of a family medicine practice. Chronic pain management being one of the main causes of opioid dependence, reviewing and introducing non opioid methods of management being vital in knowing in order to prevent the complexity of deprescribing opioids. The presentation will end with the opportunity for individuals attending the presentation to ask specific case questions, queries, general management skills, to the experts in addictions medicine.

F328 **First Five Years: Essential snappers for early-career physicians**
10:00–11:00 Stephen Hawrylyshyn, MD, MSc, CCFP

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Prepare for common challenges encountered by new physicians and gain confidence for approaching various clinical and patient-centered scenarios
2. Implement specific strategies to address practice management concerns for those new in practice or in early career
3. Apply the actionable methods and phrases discussed when similar situations arise in their own practice

Description:

This innovative “snappers” style session will focus on common areas of concern for early-career physicians in brief 10 minute presentations. The presenters will approach each topic by identifying a challenge commonly reported by many new family physicians and offering concrete tactics that can be employed by attendees in day-to-day practice. The topics will range from clinical questions, practice management challenges, and patient-management situations. The strategies offered will be actionable and provide attendees with the confidence to tackle their most difficult situations as they begin practicing family medicine. Over the course of an hour, established family physicians will share their top suggestions for managing the most common concerns that arise during the first five years of practice in a series of highly-informative but bite-sized sessions. Each session topic will be followed by an opportunity for questions of the speaker, with a longer question period at the conclusion of the session.

F332 **Creating Indicators: Is Canadian family medicine education making the grade?**
10:00–11:00 Ivy Oandasan, MD, MHSc, CCFP, FCFP; Nancy Fowler, MD, CCFP, FCFP;
 Jose Pereira, MBChB (MD), CCFP (PC), MSc, FCFP; Lorelei Nardi, MSc

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Become familiar with current indicators from national and provincial datasets in Canada reflecting family medicine
2. Identify meaningful outcomes and indicators to support a Health of the Discipline Report Card for family medicine
3. Provide advice to the CFPC on how to further develop and validate family medicine outcomes and indicators for use system-wide

Description:

With the introduction of the Triple C Competency Based Curriculum in Canada the CFPC solidified a commitment to social accountability and with this comes the question of whether family medicine graduates are prepared to meet the healthcare needs of Canadians? To what extent does training play a role in the scope, location and type of family medicine practiced? How does this compare to the influences of physician peers, existing healthcare policies, and other societal factors? Family medicine education is one influence amongst many. What does the literature say about known influences on career intentions and actual practice patterns? Can we connect the dots between the quality of our residency education and the desirable outcomes of the 'Quadruple Aim' – is it even possible and if so then what are the indicators? This highly interactive symposium invites a diverse audience from across the health care system to help develop a 'Health of the Discipline' Report Card for Family Medicine. A Program Evaluation approach will be used to identify meaningful outcomes and indicators. This symposium also asks participants to consider whose voices should contribute, what data exists, who will use the data and to what benefit? We will share lessons-learned from developing the program evaluation plan for the Triple C Competency based Curriculum. A critique will be provided by a leading program evaluation expert in CBME, followed by a real-time discussion with participants. The session will be moderated by a member of the Education Research Symposium Planning Committee.

F390 **Creating a Chronic Pain Self-Management Program on a Shoestring**
10:00–11:00 Melissa Holowaty, MD, PhD, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss three self-management strategies with patients
2. Demonstrate two techniques that can be done by patients at home to address chronic pain
3. Recommend different self-management strategies to individual patients based on their unique profile

Description:

Chronic pain is present in everyone's practice. Self-management allows patients to take control over their pain without relying on external sources – such as medication or health care professionals. However, you don't have to be an expert in chronic pain management to be able to assist your patients become managers of their own pain journey. Using both real world cases, didactic, and demonstrative methods, you will learn how to discuss chronic pain in a patient-friendly manner, demonstrate a variety of techniques that can be utilized by patients without any outside assistance, and be able to recommend different strategies based on the characteristics of your patients' profile. No matter where you are, or how much funding you or your population has access to, patients can use self-management strategies with a little hands-on education.

F408 **Health Advocacy: Exploring levers that drive teaching and learning (version 2.0)**
10:00–11:00 Maria Hubinette, MD, CCFP, MMed, FCFP; Renate Kahlke, PhD; Ian Scott, MD, CCFP, FRCPC, FCFP
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe an empirical model for understanding how learner and contextual factors interact to impact learner decisions about how/when to advocate
2. Analyze contextual affordances and barriers to various forms of health advocacy present in their own context
3. Discuss health advocacy curriculum in light of affordances and barriers present in a context

Description:

Medical educators recognise the value of Health Advocacy both as defined by CanMEDS-FM and CanMEDS-FMU as well as its importance to clinical practice. These educators wish to ensure that students' and residents' learning settings and assessment tools are appropriate to support this vital role. However, in the clinical workplace, learners make decisions about how and when to partake in advocacy activities (as well as when not to). These decisions are based on both individual factors (e.g. learners' experience, attitudes, values, skills and knowledge) and contextual factors (e.g. learner perceptions of patient characteristics, the social norms of their setting, and their own social position (e.g. medical student, PGY1, Fellow)).

In this workshop, we present a model for exploring factors impacting learners' advocacy decisions in a given setting. We then support participants in beginning to develop advocacy curriculum unique to their setting, with these factors in mind. **Method of Presentation:** Introductions/ Who is in the audience; Introduction to the model; Large group discussion using a common example to unpack the learner-setting dyad that affects health advocacy learning; Small group discussion exploring pedagogical strategies and curricula that maximize health advocacy learning; Reporting back of lessons learned and large group discussion; **Wrap up:** take home messages and actionable items. Upon achieving the objectives for this workshop, participants will be able to 1) explore their learners' understanding of advocacy, 2) assess their own unique educational contexts for affordances and barriers to health advocacy and 3) structure pedagogical strategies to support health advocacy learning based on the unique affordances and barriers of context and unique knowledge, skills and attitudes of the learner.

F66 Resiliency and Practice Enhancement Through Trigger Management: Complex PTSD
10:00–12:15 Erika Cheng, MD, CCFP, FCFP

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Explain the neurobiological mechanisms behind a stress response and triggering response, and how complex PTSD changes these
2. Explain the neurobiological basis of how physician triggering increases medico-legal risks, decreases physician effectiveness, and increases physician and patient dissatisfaction
3. Practice a neurobiologically-based framework for trigger-management to shift exacerbating patient encounters into fulfilling and satisfying therapeutic opportunities

Description:

Most physicians are frustrated at times during work, and we may often be triggered by certain clinical scenarios (ie codes), patient behaviours, or other aspects of our work or personal lives. Yet, triggering negatively affects our ability to deliver patient care and can substantially increase medical-legal risk, exacerbate burn-out, and cause patient dissatisfaction and complaints. Learning the neurobiological mechanism of triggering, why and how it affects us, and how to respond to ourselves being triggered, can improve our ability to deliver care, our work satisfaction, and the therapeutic alliance. The principals reviewed in this workshop is also applicable to our interactions with colleagues, learners, and employees; and forms a basis for understanding principals of self-care. In addition, the same principals can be used to form the basis of effective responding to an irritated or angry patient. The latter will also be reviewed, time-permitting.

F373 Thinking of Retirement: Challenges for family physicians and their patients
10:00–12:15 Louise Nasmith, MD CM, MEd, FCFP, FRCPSC (Hon); Calvin Gutkin, MD, CCFP (EM), FCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Identify their personal and professional goals to assist in career transition decision-making near or at retirement to achieve personal well-being
2. Utilize an approach to guide in making these decisions that can be applied to themselves as well as to patients
3. Learn from colleagues about potentially helpful practices and options

Description:

This 120 minute workshop is designed for family physicians who are considering or have made career transitions related to retirement or who are providing care and support for patients facing these same challenges. A brief presentation on issues related to decision-making at this stage of an individual's career will be followed by participant discussion. An approach that outlines key questions and steps in the career transition process that take into account balancing patient and practice needs with personal health and well-being, will be shared and then used by the participants in individual and small group work focused on identifying personal and professional goals. Ideas, options, helpful practices will be shared in dyads and then in the large group. Similar approaches will be useful in providing guidance to patients who are considering retirement. Each individual will leave the workshop with concrete ideas and approaches to assist in both their own and their patients' planning and adaptation to retirement.

F18 **Fire Up Your Medical Presentations: From great to outstanding**
11:15–12:15 Simon Moore, MD, CCFP
 Highlights experienced concepts for teachers outside the clinical setting.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the published literature on what makes an effective medical lecture and what improves learning outcomes
2. Define pearls and best practices for more effective visual aids (e.g., Prezi, PowerPoint), and overcome presentation pitfalls
3. Discuss presentation tips and pearls from other attendees and share your own

Description:

Over several years of giving highly-rated conference and keynote presentations, Dr. Simon Moore has frequently been asked to give a talk on “how to give a talk” - and that’s how this presentation was born. We will discuss published literature on medical presentations, best practices, and top negative and positive feedback received by medical presenters. Finally, through a casual facilitated discussion, we will have an opportunity to learn from each other, sharing techniques that attendees have used or have seen to increase the effectiveness of medical presentations. Dr. Moore’s experience includes multiple FMF presentations (including the well-attended FMF session “Simple Approach to the Red Eye: Evidence, pearls, and medico-legal pitfalls”), conference planning committee participation, hosting multiple conferences and educational events, and as co-founder of The Review Course in Family Medicine and The Medical Circus. As well, this presentation has been previously delivered with high ratings at FMF and OCFP Annual Scientific Assembly.

F33 **Prescribing Nature: A healthy intervention for you and your patients**
11:15–12:15 Melissa Lem, MD, CCFP, FCFP; Jennie McCaffrey, BSc, MA

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe and discuss key points from the current body of research on nature and human health
2. Identify best practices for motivating patients to connect to nature
3. Gain practical skills for integrating nature prescriptions into their own practices

Description:

Named one of the top global wellness trends for 2019, nature prescriptions are being written by primary care providers across the planet from Scotland to Japan to the United States. And rightly so: from improved eyesight and immune function to reduced stress and ADHD symptoms, the evidence is growing about the health benefits of green time. To date, no similar initiative has been successfully launched in Canada—until now. Our workshop will begin with a discussion of research highlights from the significant body of knowledge on nature and health. We will then present an overview of a new province-wide parks prescription program in British Columbia, along with a toolkit review and pearls on how, when and what to prescribe. Participants will then divide up into working groups to discuss patient case studies, and learn how to use e-resources to optimize the experience for themselves and their patients. Finally, attendees will be offered the opportunity to help spread nature prescriptions across the country by becoming champions in their own provinces and territories.

F56 **Performance Under Pressure**
11:15–12:15 Filip Gilic, MD, CCFP (EM)

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the role of stress and cognitive load in limiting cognition in a crisis
2. Understand how cognitive tools can optimize crisis response preparation
3. Practice the simple cognitive framing devices that can optimize crisis performance

Description:

We are what we do when it counts. And it never counts more then when a patient is actively and unexpectedly dying. Drawing on the fields of cognitive psychology, aviation and military studies, this session will explore how our brain behaves under stress of resuscitation, how we can prepare before the crisis and how we can act during a crisis in order to optimize our performance and give our patients the best chance of surviving.

F79 **Mixing and Matching: Layering psychopharmacological medications as family physicians**
11:15–12:15 Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe psychopharmacological augmenting techniques when dealing with partial responses to antidepressants
2. Describe using different combinations of drugs of hypnotics to treat insomnia
3. Describe using different combination of drugs when treating anxiety disorders

Description:

Often, psychopharmacologic treatment of psychiatric conditions involves combining medications in an appropriate manner. In this workshop, we will discuss a number of scenarios where this occurs. We will describe how to start, increase, and optimize the dosing of antidepressants. We will also discuss augmenting a partial response to anti-depressants, dealing with treatment resistant depression, treating acute manic conditions, dealing with insomnia, dealing with anxiety disorders and schizoaffective disorder, among others. Participants will be encouraged to bring up some of their own cases where issues of “layering” occurred.

F89 **How to Communicate with Patients and Parents About Vaccination**
11:15–12:15 K. Jean Chen, MD, CCFP (EM); Setorme Tsikata, MD, CCFP, FCFP; Jennifer Potter, MD, CCFP;
 Cathy MacLean, MBA, MD, CCFP, FCFP, MCISc

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the spectrum of vaccine hesitancy
2. Employ useful communication approaches when educating patients and parents about the benefits of vaccines in preventing serious illness
3. Effectively address potential conflicts with patients and parents around recommended vaccines

Description:

As the World Health Organization declares the anti-vaccination movement a top 10 health threat, from previous studies, vaccine hesitancy is a spectrum of beliefs and rarely presents as complete refusal of childhood vaccination. In fact, only 1.5% of Canadian kids have never received a vaccine. Nevertheless, anti-vaccine sentiment is a growing source of concern and frustration for family physicians, as well as families, especially as it contributes to incomplete or delayed vaccination, increasing the risk of vaccine-preventable illness outbreaks. This interactive workshop is presented by the CFPC's Patient Education Committee and is based on practicing and applying concepts and approaches to maximize vaccination rates in families with reservations about childhood vaccination. No studies have identified “the right way” to talk to parents who are hesitant, but there is some guidance on what not to do. There will be hands-on practice sessions for some basic approaches to shared decision making with patients and address the false beliefs that patients may encounter on the internet. This is expected to be a highly interactive workshop with lots of practical resources you can apply to your day to day practice in dealing with parents who don't want to have their children vaccinated. We are excited to share these tips and resources based on our passion for effective patient education!

F228

11:15–12:15

The Patient's Medical Home and IPE: Building a foundation for success

Amanda Condon, MD, CCFP; Dana Turcotte, RPh, PhD; Jessica Clendenan, MD, CCFP; Margaret Rauliuk, MN, NP
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the Patient's Medical Home pillars and implementation within their own team, focusing on collaboration and team based care
2. List clinical experiences and opportunities within their own team and how to adapt existing opportunities to promote authentic interprofessional education
3. Compare existing experiences and identify opportunities for authentic clinical interprofessional collaborative experiences

Description:

Clinical care models, including the Patient's Medical Home (PMH), identify interprofessional teams as integral to optimal patient-centered care. These environments can provide authentic clinical learning opportunities for health professional learners. It is recognized that interprofessional education must ensure training in the context of the work environment so learners can develop the collaborative skills necessary to adapt to the clinical setting. Literature in this area is often focused on evaluation of select interventions or activities, with less emphasis on foundational structures and team culture that need to be in place within a clinical setting to optimize authentic learning experiences. This 1-hour interactive workshop will provide participants with an opportunity to learn from, with and about each other as they review the Patient's Medical Home model and how it supports interprofessional collaboration amongst team members. Participants will then explore how establishing a collaborative foundation provides an opportunity for learners to experience collaborative care in an authentic way. Participants will identify foundational structures within their own teams that support these opportunities for learners. Opportunities will be shared amongst participants with a discussion about optimal integration, benefits and barriers for both learners and team members. Participants will leave the session prepared to explore opportunities within their own team to develop or enhance existing foundational structures to support interprofessional learning opportunities.

F272

11:15–12:15

Using Mifepristone for Pregnancy Loss

Konia Trouton, MD, CCFP, MPH, FCFP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Evaluate evidence for mifepristone use in pregnancy loss
2. Examine and integrate alternatives to management of failed pregnancies
3. Implement improvements in care for those suffering pregnancy loss

Description:

This session will explore the use of mifepristone and misoprostol in first and second trimester pregnancy loss. Since approval in Canada in 2016, use of mifepristone in abortion care is changing the need for, and use of, surgical termination. Use in abortion care is addressed in another session, and will be briefly summarized here. Off label use of these highly effective medications is being considered and is in use in some centers. The combination is mifepristone, a progesterone receptor blocker, combined with misoprostol, a stable prostaglandin, both of which have high tolerability and acceptable side effects and outcomes. Evidence exists, and is growing, that use of mifepristone, followed 24-48 hours later by misoprostol may be efficacious in miscarriage management, whether an anembryonic loss, or an early fetal demise. There is very good evidence that use of mifepristone 24-48 hours prior to misoprostol greatly reduces the time to delivery for second trimester lethal anomalies. Evidence is less strong for second trimester demise, but can be considered. Participants who routinely see patients for pregnancy management and obstetrical care, as well as those who are involved in early pregnancy visits will find this medical approach to be a helpful adjunct to care.

F317 Alcohol, Benzodiazepine, Cannabis, and Opioid Use Disorder Guidelines for Older Adults
11:15–12:15 Kiran Rabheru, MD, CCFP, FRCP; Launette Rieb, MD, MSc, CCFP, FCFP, CCSAM, CCSAM, dip. ABAM

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify older adults with substance use disorder including benzodiazepine, cannabis, opioids, and alcohol
2. Advise patients on strategies to minimize risk of developing substance use disorders
3. Use online and other resources to aid in prevention and management of substance use disorder among older adults.

Description:

In Spring of 2019, the Canadian Coalition for Seniors Mental Health published guidelines the prevention, assessment and treatment of substance use disorder in older adults, focusing on opiates, benzodiazepines, cannabis, and alcohol. These guidelines were developed without industry support by an interdisciplinary team of clinicians and academics, to provide clinicians with practical approaches to manage these common substance use problems among the elderly. This session will use cases to highlight how family physicians and their teams can use the guidelines for community, hospital, and long-term care patients. At the end, participants will be comfortable with raising the issue of substance use with older patients, and with initiating basic and more intensive management. Participants will also discuss resources that are being developed to complement the guidelines, as well as tools developed by other groups, to help with management. The lived experience of people involved in the guidelines will be used as a framework for discussion of clinical care.

F325 Les coulisses du partenariat avec les patients : Émergence d'enjeux identitaires
11:15–12:15 Marie-Pierre Codsì, MD, CCMF ; Antoine Boivin, MD, PhD ; Philippe Karazivan, MD, MA(Ed)

ROOM / SALLE : 113

Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Objectifs d'apprentissage :

1. Identifier les enjeux terrains rencontrés lorsque cliniciens et patients travaillent en partenariat
2. Analyser les tensions identitaires susceptibles de survenir sur des comités interprofessionnels impliquant des patients-partenaires
3. Appliquer des concepts de base pour répondre aux enjeux rencontrés et, ainsi, assurer le succès des expériences de partenariat

Description :

Que ce soit en recherche, dans la gestion, l'amélioration ou la prestation de soins, on reconnaît désormais au patient une expertise qui lui est propre; il est vu comme un partenaire central et essentiel dans le système de santé en entier. On considère que ses savoirs sont complémentaires à ceux des autres professionnels de la santé. Or, si cette transition semble de plus en plus s'imposer comme un incontournable, une attention particulière doit être portée à ce que ce changement soulève en coulisses. En effet, l'arrivée des patients-partenaires au sein des équipes vient remettre en question les façons de faire et brouiller des frontières depuis longtemps bien établies. Il est important, si l'on souhaite que cette transition se fasse harmonieusement, de s'intéresser de près à ce que ce changement sous-tend profondément, au niveau identitaire. Cette séance de formation vise donc à présenter les résultats d'une étude qualitative entreprise au sein d'une équipe de médecine de famille qui intégrait pour la première fois des patients-partenaires sur ses comités. Entrepris dans le cadre d'une maîtrise de recherche, et à travers une approche ethnographique, ces travaux ont permis d'identifier et d'analyser différents enjeux rencontrés lors de ces expériences de partenariat. Ceux-ci seront présentés et discutés durant la présentation, et les conclusions permettront aux participants d'outiller leurs équipes de première ligne et de mieux les préparer à travailler avec des patients.

F347 Asthma Action Plan 2019: Define flare-up, step-up treatment, and step-down maintenance
11:15–12:15 Anthony Ciavarella, MD LM; Suzanne Levitz, MD; Alan Kaplan, MD; Gordon Dyck, MD

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Acquire in office clinical skills, to measure asthma control, detect loss of control and assess asthma flare-up severity

2. Develop the appropriate step-up quadruple ICS treatment plan, add-on OCS as needed and then step-down to maintenance
3. Write out the asthma action plan into the Asthma Action Plan 2019 template, with confidence, for your patient

Description:

At the conclusion of this activity, participants will be able to measure asthma flare-up, step-up quadruple ICS/OCS therapy and step-down. Asthma Action Plans (AAPs) are the foundation for asthma self-management and should be offered by the Health Care Professional (HCP) to all patients with asthma. Developing an AAP with common terminology and definitions of asthma control, loss of control and flare-up may improve communication within the patient/HCP partnership, facilitate uptake and empower the patient/HCP partnership to take control. We have developed a consensus-based AAP to achieve this goal, via a Modified Delphi method consisting of guideline consensus and expert opinion. The Asthma Action Plan 2019 (AAP 2019) is a platform for defining asthma control based on measurable symptoms and peak expiratory flow. These clinical variables become the asthma action points used to identify loss of control and asthma flare-up. The term flare-up replaces exacerbation. The severity of the asthma flare-up is determined by the number of activated asthma action points. The therapeutic trial of step-up therapy with a quadruple dose of inhaled corticosteroids (ICS) and add-on therapy with oral corticosteroids (as needed) is determined by the asthma flare-up severity. The clinical resolution of the flare-up is followed by step-down therapy to the minimum dose of ICS required to maintain asthma control. At the conclusion of this event, participants will acquire clinical skills to rapidly assess asthma control; detect loss of asthma control; measure flare-up severity; step-up appropriate quadruple ICS; add OCS as needed and then step-down to maintenance. Applying of these tools with confidence will facilitate writing out the asthma action plan, with confidence for your patient.

F394 Screening High Risk Populations for Anal Squamous Intraepithelial Lesions (ASIL)
11:15–12:15 Brenna Velker, MD, PhD, CCFP; Lisa Billesberger, MD, MSc, CCFP

ROOM / SALLE : 210

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify patient populations that are at an increased risk of ASIL
2. Learn how to evaluate for ASIL; how to perform an “anal PAP smear”
3. Integrate the anal PAP smear in the evaluation of anorectal symptoms and primary care of high risk populations

Description:

It is generally recognised that certain patient populations have an increased risk of ASIL. However, there are no definitive guidelines to assist the savvy physician in deciding who to screen and when. This presentation will review the rationale in evaluating certain high risk patients for ASIL. The anal PAP smear is a common method of evaluating for ASIL, and the presenters will demonstrate how this is performed, how to talk with patients about screening, and what to do with the results. The epidemiology and risk factors for ASIL will be explored and preventative measures will be discussed. Additionally, this presentation will provide a framework for the primary care evaluation of anorectal complaints in high risk populations. By the conclusion of this talk, participants will be able to confidently answer the question, “Doc, what is an anal PAP smear and do I need one?”.

F396 Conflict Resolution Strategies: Where do we begin ...
11:15–12:15 Alison Eyre, MD CM, CCFP, FCFP; Jacqueline Hui, MD, MHPE, CCFP (PC), FCFP, DTMH
 All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify common sources of conflict in our academic settings
2. Differentiate between types of conflict management styles and discuss strategies for recognizing and managing conflict situations
3. Apply some and practice basic strategies to help resolve conflict at both an individual and a team level

Description:

Does conflict get you down, make you want to avoid going to work, go home early? Then this interactive workshop is for

you. Our facilitators, with no conflict of interest above a love of a well resolved conflict, will guide the group to look at common areas of conflict in our academic settings, common responses to conflicts, including the negative impact on our work environment, and look at some basic strategies for conflict resolution. We will begin with a short dyadic session to identify common definitions and concepts of conflict management as well as the personal styles that influence conflict management. Then, in small groups participants will begin to identify their own conflict resolution/management style and identify the style of others. We will guide the participants to share conflict issues in small groups and practice some of the strategies we introduce.

- «F417 **To Screen or Not to Screen: Cancer screening outside organized programs**
11:15–12:15 **Dépister ou non : Dépistage du cancer hors des programmes organisés**
 Genevieve Chaput, MD, MA, CCFP (PC); Ed Kucharski, MD; Lisa Del Giudice, MD

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. List the risks and benefits of cancer screening outside of organized programs
2. Appropriately counsel patients, select tests and follow-up on results when the evidence is not clear
3. Participants will be provided with a list of resources that can help patients make an informed decision about cancer screening

Description:

Using a case-base approach, this workshop will provide evidence-based approaches to cancer screening outside of organized programs. Emphasis will be placed on human papilloma virus (HPV) testing, high-risk low dose CT lung scans, colonoscopy, prostate specific antigen (PSA) and Ca-125 for ovarian cancer. Each case will start with typical requests for cancer screening that primary care physicians encounter in their office. Updated evidence will be provided to clarify variations in current practices.

Objectifs d'apprentissage :

1. Nommer les risques et les bienfaits des tests de dépistage du cancer hors des programmes organisés
2. Bien conseiller les patients, sélectionner les tests et assurer le suivi des résultats lorsque les données probantes sont nébuleuses
3. Les participants recevront une liste de ressources pouvant aider les patients à prendre une décision éclairée sur le dépistage du cancer

Description :

À l'aide d'une approche de cas, cet atelier fournit des approches factuelles du dépistage du cancer hors des programmes organisés. L'accent sera mis sur le test du virus du papillome humain (VPH), la TDM à faible dose des poumons à risque élevé, la coloscopie, le test d'antigènes prostatiques spécifiques (APS) et le dosage de Ca-125 pour le dépistage du cancer de l'ovaire. Chaque cas commencera par des exemples de demandes de dépistage du cancer que les médecins en soins primaires reçoivent habituellement à leur bureau. Des données probantes actualisées seront fournies pour clarifier les variations dans les pratiques actuelles.

- F423** **Early Career Wellness: In pursuit of Gender Equity, Work-Life Integration and Wellness**
11:15–12:15 Tali Bogler, MD, CCFP, MScCH; Vanessa Rambihar, MD, CCFP; Kim Lazare, MD, CCFP, MScCH

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify individual and systemic challenges faced by early career female family physicians
2. Describe individual and systemic solutions to help achieve gender equity, work-life integration and wellness
3. Initiate a national dialogue to better empower and support early career female colleagues

Description:

The purpose of this workshop is to foster a national dialogue building on a recent article published in Canadian Family Physician: "Female Family Physicians and the first 5 years: in pursuit of gender equity, work-life integration and wellness." Though we see an increasing number of women in Family Medicine in Canada with numerous benefits to our healthcare system, women and early

career physicians face disproportionately higher rates of burnout. Early career female family physicians face unique systemic and individual challenges. Through interactive small group discussions, we hope to stimulate discourse and further develop tangible and scalable solutions to disrupt gender equities in family medicine and to ensure all family physicians can have better work-life integration and overall wellness in their careers.

****We encourage participants at all levels of training, career seniority and gender to attend this workshop****

F32 Update on Work-up and Management of Thyroid Nodules and Cancer
13:30–14:30 Amin Madani, MD, PhD, FRCSC

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand current work-up and management of thyroid nodules including follow-up
2. Review new thyroid cancer management strategies including change in surgical options and active surveillance
3. Review new long-term management of low-risk thyroid cancer including transition to family medicine care programs

Description:

Thyroid nodules are extremely common, affecting more than 50% of the general population. At the same time, the work-up and management has changed dramatically in the past few years including new ultrasound and biopsy guidelines. Thyroid nodules are variably treated and followed within the Canadian landscape. This session will discuss these principles and give evidence based suggestions to the work-up, management and follow-up of thyroid nodules. Thyroid cancer has become the most common cancer in young females and has increased substantially over the past decades in all demographics. Most thyroid cancer found is of the “low-risk” category and treatment options are no longer total thyroidectomy, radioactive iodine (RAI) or TSH suppression. Current specialist guidelines recommend partial thyroidectomy, no RAI and no long-term TSH suppression for most patients. There is also a Canadian study treating low-risk thyroid cancer with active surveillance based on large patient populations in Japan who have seen negligible metastatic risk over a decade of follow-up. This session will discuss evidence based management strategies and provide an overview of common patient expectations and issues throughout this treatment period. After a short course of follow-up with the specialist for a treated thyroid cancer, models of care exist in Canada to transition these patients into the comprehensive care of family physicians. A brief overview of existing programs will be touched upon as well as basic guidelines for the long-term management and surveillance of these patients.

«F81 Approach to Anxiety Disorders in Primary Care
13:30–14:30 Approche des troubles anxieux en soins primaires
 Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Describe the use of screening questions to make rapid diagnoses of specific anxiety disorders
2. Describe psychotherapeutic techniques to deal with anxiety disorders
3. Describe psychopharmacologic treatments for the different anxiety disorders

Description:

In this session, we will present an overview of some of the DSM-V diagnoses for anxiety. This will include panic disorder, agoraphobia, obsessive compulsive disorder, and related disorders, generalized anxiety disorder, and social phobia. We will discuss how to use specific screening questions to facilitate making the different diagnoses in a time efficient manner. Psychotherapy techniques that are applicable in the primary care sector will be presented. We will then go on to present principles for the psychopharmacological treatment of these disorders in primary care. The pharmacologic data for this session will be based on the most recent 2014 guidelines for anxiety disorders.

Objectifs d'apprentissage :

1. Décrire les questions de dépistage pour poser rapidement le diagnostic de troubles anxieux précis

2. Décrire les techniques psychothérapeutiques pour composer avec les troubles anxieux
3. Décrire les traitements psychopharmacologiques des différents troubles anxieux

Description :

Durant cette séance, nous faisons un survol de certains diagnostics d'anxiété décrits dans le DSM-V, dont le trouble panique, l'agoraphobie, le trouble obsessionnel compulsif et troubles connexes, le trouble d'anxiété généralisée et la phobie sociale. Nous expliquerons comment utiliser certaines questions de dépistage afin d'aider à poser différents diagnostics de façon rapide et efficace. Les techniques de psychothérapie qui sont applicables en soins primaires seront présentées. Nous présenterons ensuite les principes du traitement psychopharmacologique de ces troubles en soins primaires. Les données pharmacologiques utilisées durant cette séance sont basées sur les lignes directrices 2014, qui sont les plus récentes sur les troubles anxieux.

F148 Eats, Shoots, and Leaves: A no-nonsense approach to curriculum mapping

13:30–14:30 Maria Hubinette, MD, CCFP; Theresa Van Der Goes, MD, CCFP; Mark MacKenzie, MD, CCFP; Jacqueline Ashby, EdD
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify and outline the benefits and affordances of a robust curriculum mapping process
2. Experiment with methods designed to elicit resident, graduate, admin, and faculty feedback for their curriculum mapping endeavour
3. Discuss how to use the mapping process in conjunction with assessment data to improve the educational experience

Description:

The University of British Columbia family medicine residency program has 19 sites throughout the province. Sites have a distinct context and culture for delivering curriculum, affording learners an array of opportunities and experiences. To compare learning opportunities for all residents, we designed a curriculum mapping process that was cost-efficient, easily implemented, and adaptable. We define curriculum mapping as gathering and documenting curriculum-related data (e.g. content delivered, experiential setting, assessment modalities used, etc.) and comparison to a program-wide set of learning outcomes. This process also identifies and addresses curriculum gaps. To support sites, we created a Curriculum Mapping Guide that outlines the purpose and value of the exercise as well as templates and methodologies to map their curriculum. We encouraged sites to employ a human-centred approach to the process by engaging residents, graduates, administrators, and faculty to bring their perspectives and experiences in addition to assessment data. Curriculum mapping had the unintended benefit of prompting re-evaluation and distillation of learning outcomes core to residency, and those better matched to the first five years. Our goal is to guide new family physicians via a self-directed learning plan that supports their continued development and progress into practice. In this workshop, we will describe our curriculum mapping process highlighting challenges, outcomes, and recommendations. We will engage the participants in small group work to practice this human-centred methodology that encourages sites to collaborate and problem solve with their residents, graduates, admin and faculty. Finally, participants will explore how to adapt this process to their context, including the use of available assessment data to drive quality improvement.

F178 An Update on What's New in Women's Hormonal Health over the Lifespan

13:30–14:30 Saadia Hameed, MBBS, CFPC, MCISc (FM), FCFP; Laura Lyons, MD, MSc, CCFP; Susan McNair, MD, CCFP, MCISc (FM), FCFP

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the new recommendations around contraceptive care for Canadian youth as per the new Canadian Paediatric Society position statement (2018)
2. Explore different types of emergency contraception methods available in Canada and the indications and issues around

- their use in patients
3. Determine the most appropriate hormonal preparations and devices available for women with symptoms related to peri-menopause

Description:

The Pediatric Society of Canada, in their 2018 Position Statement suggests that providers must collaborate with youth to select a contraceptive method that is acceptable, safe, effective and practical for their unique needs. "Plan B", Ulipristal and Copper IUDs can be used as emergency contraceptives with differences in indications, costs, side effects and safety profiles. Women in perimenopause can have a variety of symptoms associated with fluctuating hormones and require a management plan which addresses their specific needs. Different oral contraceptive pills, topical hormones and hormonal devices can be used to support women at this stage in their lives. This session will highlight the specific issues mentioned above and equip family physicians with the knowledge and pearls to develop a management plan for women of all ages around their hormonal and contraceptive needs.

F189 **Competency-Based Medical Education (CBME) for Enhanced Skills Programs**
13:30–14:30 José François, MD, MMedEd, CCFP, FCPC; Bruce Martin, MD, CCFP; Ed Tan, MD, CCFP (EM)
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define the key concepts in Competency-Based Medical Education (CBME)
2. Describe the role of Entrustable Professional Activities (EPAs) in a residency assessment framework
3. Explain linkages between daily observations (field notes), in-training assessment reports (ITAR) and periodic performance reviews

Description:

Competency-based medical education is becoming the standard to ensure that those who complete post-graduate medical education have the skills needed for their next level of practice. In order to meet goals of the CFPC's Triple-C curriculum, all core family medicine residency programs have adopted competency-based approaches and now, many enhanced programs are considering similar approaches. Building upon its core family medicine residency competencies, University of Manitoba's Enhanced Skills Programs have articulated competencies that residents will achieve by the end of their programs. In this session, presenters will present their experience and provide Enhanced Skills teachers with the concepts needed to start developing and implementing CBME.

F192 **Management of Palliative Care Emergencies**
13:30–14:30 Andrea Weiss, MD, MSc, CCFP (PC); Grace Ma, MD, CCFP (PC)

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify common emergencies in palliative care and their underlying pathophysiologies
2. Develop an approach to diagnosis of common palliative care emergencies
3. Develop an approach to management of common palliative care emergencies and appreciate the implications for prognosis

Description:

The family physician may provide palliative care for patients with cancer in many different settings: clinic, home, emergency department, or in-patient. It is essential to be familiar with the clinical presentation of common palliative care emergencies and have an approach to their diagnosis and management. Using clinical cases, this session will review the pathophysiology, diagnosis, and management of palliative care emergencies including: malignant spinal cord compression, hypercalcemia, seizure, and hemorrhage. By the end of this session you will have an appreciation for common palliative care emergencies, feel confident in your approach to diagnosis and management within the context of the patient's goals of care, and understand implications on prognosis.

F236 **Stories of Our Experiences in a Small Northern Community**
13:30–14:30 Jan McIntosh, MD, CCFP, FCFP; Coralie Boudreau, MD, CCFP

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explore their interest in working in a remote community
2. Assess the advantages and disadvantages of practicing medicine in this environment
3. Examine ways to improve their comfort in working in remote or isolated communities

Description:

Dr. Boudreau is a physician in the early stages of her career, and Dr. McIntosh is at the opposite end of the spectrum. Dr. Boudreau works full time in the community in the North West Territories and Dr. McIntosh does Locums there on a part time basis. We will talk about our experiences with patient care, and look at some of the challenges and the far outweighing benefits of working in a Northern community. We will review some interesting cases and look at the great variety of experiences that we have. We will attempt to interest physicians in exploring the work, and hopefully allay some anxieties about working in remote areas. We hope that attendees will share their stories during this interactive session, as well, and will encourage questions and comments. We think this will be an interesting session for the spectrum of attendees, from residents to senior physicians.

F246 **AGH, Crystal Meth?: What you CAN do to help**
13:30–14:30 Erin Knight, MD, CCFP, ISAM; Sukhpreet Klaire, MD, CCFP

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Implement screening and brief intervention for substance use in clinical encounters, including relevant harm reduction counseling, STBBI counseling and testing
2. Employ evidence for psychosocial interventions including motivational interviewing and contingency management
3. Evaluate and apply evidence for and against potential pharmacologic interventions for stimulant use disorder to clinical practice

Description:

Methamphetamine use has risen in prevalence in recent years in many jurisdictions. There are a variety of proposed causes for this increase, including easy access, low cost, high addictive potential and long lasting effects. The increase in methamphetamine use has resulted in not only increased rates of presentation to withdrawal management services and addiction treatment services, but also increased presentations to acute care with methamphetamine related concerns. Manitoba, for example, saw a 1700% increase in monthly methamphetamine related emergency department presentations between 2013-2017. Increases were also seen in hospital admissions with medical complications of methamphetamine use, largely related to injecting behaviours and psychosis. Often family physicians feel overwhelmed or unequipped to provide care for people using crystal methamphetamine. However, family physicians can be a crucial first contact for people who are considering using, starting to use or are dependent on crystal methamphetamine. This presentation will provide an overview of screening, brief intervention and treatment options for methamphetamine use across the spectrum, including a detailed and practical approach to harm reduction counselling. We will review existing evidence for both non-pharmacologic and pharmacologic treatment, including common approaches for management of acute intoxication, psychosis, withdrawal and relapse prevention.

F274 Donald I Rice Presentation (Practical Approaches to Polypharmacy: The Gentle Art of Stopping

Medicines)

13:30–14:30 Derelie Mangin, MBChB (Otago), DPH (Otago), FRNZCGP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the evidence on polypharmacy and consequences in older adults
2. Understand the evidence around reducing potentially inappropriate medications
3. Discuss barriers to addressing polypharmacy from patient and clinician perspectives
4. Outline practical approaches to polypharmacy and potentially inappropriate medication
5. Understand a practical approach to medication discontinuation and monitoring in older adults in the primary care setting

Description: The problem of polypharmacy is well known to us in routine primary care practice, however addressing the issue can often seem overwhelming in day-to-day family practice. Much of the medical system is geared to how and when to start medications, however there is little support and guidance on when and how to stop. Doing this well offers one of the most important opportunities we have in family medicine to improve the lives of older adults in the coming decades. This session will briefly review the issues, evidence and barriers to addressing polypharmacy. We will then focus on practical approaches to polypharmacy that can be implemented in day-to-day primary care practice. The discussion will be informed by specific evidence for prescribing and deprescribing in older adults as well as including strategies for discussing patient priorities, evidence for discontinuing particular medications, and guidance on tapering and monitoring. We will use some case based examples, and discuss different approaches that can be used to “starting stopping” to make this a manageable and rewarding part of practice.

F310 The Academic Medical Home: Leading by measuring

13:30–14:30 Maeve O’Beirne, MD, PhD; Charles Leduc, MD, MSc; Agnes Dallison, MSc, CE

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify metrics for the Academic Medical Home
2. Identify emerging metrics for the Academic Medical Home
3. Create a toolbox of measures for the Academic Medical Home

Description:

Measures and metrics have been developed for the Medical Home but the Academic Medical home has challenges and differences that need to be taken into account when deciding what should be measured owing to the complexities of having clinical learners. For example, when using a patient experience measure, do the results reflect the care of the preceptor or the resident? This workshop will explore the important elements that should be measured in order to prove the value of the academic medical home as well as to help improve the care provided in this setting. Participants will engage in discussion of traditional and emerging elements to measure as well as how to go about measuring them. We will start with existing frameworks and build upon them with audience contributions. We will address the importance of defining outcomes for specific end-user populations; learners, preceptors, patients, staff and decision-makers. By the end of the session participants will have a deeper understanding of the elements that are important in this setting, the background theory of developing an accountability framework and its measurements, as well as a toolbox of measures to incorporate into their own academic medical home.

F323 CFP Distilled 2019: Clinically-relevant articles like you've never seen before
13:30–14:30 Simon Moore, MD, CCFP; Paul Dhillon, MB BCH, CCFP

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Integrate into your practice the clinically-relevant and practice-changing content from articles published in Canadian Family Physician Journal in 2019
2. Appraise the quality of the top clinically-relevant articles from Canadian Family Physician Journal in 2019
3. Inspire clinically-relevant primary care research from Canadian family physicians

Description:

Why do medical lectures have to be boring? Remembering the top clinically-relevant articles from Canadian Family Physician Journal in 2019 will be a breeze after this unforgettable and energetic presentation. CFP: Distilled 2019 will feature similar dynamic skits, props, and stories to illustrate important clinical concepts in a fun and fresh manner. Most importantly, however, CFP: Distilled is rigorously devoted to the accurate explanation and critical appraisal of the medical content from these articles.

F355 Topical Corticosteroids
13:30–14:30 Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits =

Learning objectives:

1. Understand the biochemical and therapeutic basis of topical corticosteroids
2. Common myths and pitfalls for use of corticosteroids
3. Strengthen clinical judgement for correct and effective use of topical corticosteroids

Description:

Topical corticosteroids are among the daily prescribed medications of every family physician. While we are cognizant of their differences in potency, are we justified as to why they are prescribed? For itch? For redness? For that odd looking rash? And when should we use a mild corticosteroid cream for a long time, or use a strong one for a short time? This session will help to address and clear the common myths of topical corticosteroids, and enable the attendee to enhance their clinical judgement when prescribing them.

F386 Engaging Medical Students in Discussions About Careers in Family Medicine
13:30–14:30 Kathleen Horrey, MD, CCFP, FCFP; Maria Hubinette, MD, CCFP, MMED, FCFP; Lisa Graves, MD, CCFP, FCFP; George Kim, MD MCIsc (FM), CCFP, FCFP; Amy Tan, MD, MSc, CCFP (PC), FCFP
 All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the iterative development of the “Talking Points” tool by the Undergraduate Medical Education Committee (UGEC) of the CFPC
2. Engage medical students in compelling discussions about careers in family medicine, with the help of this tool
3. Address benefits, common misconceptions and challenges of a career in family medicine

Description:

Since 2015, CaRMS data demonstrates the rate of Canadian medical graduates selecting family medicine as their first choice of career has been declining. Recognizing that there are many factors influencing students' choices, the Undergraduate Education Committee (UGEC) of the CFPC has been exploring the messages being received and perceived by medical

students about family medicine. UGEC worked with the Section of Medical Students (SOMS), Section of Residents (SoR) and First Five Years in Family Practice (FFYP) committees to expand understanding of student choices. Surveys and two focus group style workshops (at FMF 2016 and 2017) informed their understanding of the issue and generated potential solutions. Utilizing the information from these sources, as well as the CFPC Family Medicine Professional Profile, UGEC developed a resource for family medicine educators, the “Top things to consider when talking to a medical student about a career in family medicine”. The messages included highlight the benefits of family medicine, dispel the myths, be honest about the challenges, and encourage medical students to reflect on whether family medicine is a good fit for them as a career choice. This session offers participants the opportunity to reflect upon the message they are delivering to medical students and to utilize the “Talking Points” tool. Through small and large group discussions, participants will learn to deliver a compelling, yet realistic message to medical students about a future career in family medicine.

F391 Physical Activity Prescription in Chronic Disease: Pearls for family physicians
13:30–14:30 Lisa Fischer, MD

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Provide initial assessment of current physical activity, risk factors, and barriers to change for a patient with a chronic condition
2. Prescribe physical activity with consideration for several common conditions while addressing safety considerations, patient preferences, intensity, time and activity type
3. Incorporate practical resources and tools to promote sustainable changes in patients' activity levels

Description:

In a context of increasing knowledge, awareness and formal recommendations surrounding physical activity for the prevention and treatment of chronic disease, physical activity is established as an important “vital sign”. In that context, family physicians are increasingly solicited to provide physical activity counseling. This session will allow the participant to understand and integrate the key roles related to initial assessment and prescription of physical activity. This includes the key considerations that allows the family physician to make properly informed and tailored recommendations in the presence of a preexisting chronic condition. The session will also allow the participant to identify and make timely use of evidence-informed resources for multidisciplinary care and sustainable behaviour change.

F434 Innovations in Maternity Care Collaboration: Learning by doing together!
13:30–14:30 Elizabeth (Lisa) Sawyer, MD, CCFP; Lee Yeates, RM, MHM, CHE; Jeanette Boyd, MD, CCFP;
 Lee Saxell, RM, MA

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify key success factors for enhancing interprofessional collaboration in maternity care
2. Examine the value of a needs-based approach to collaborative practice development
3. Explore collaborative community- and team-based approaches to: practice design, group perinatal care delivery, and enhancing maternity care pathways and networks

Description:

Innovative interprofessional primary maternity care collaborations are forming in communities across British Columbia. They increase access to care, support the recruitment, retention, and resiliency of providers, and enhance the sustainability of maternity services, particularly in rural and remote areas. Primary care providers are learning by doing as they build local collaborative capacity, co-create community-based solutions, teams, and practice groups, and form maternity networks to help sustain rural services. Join physicians, midwives, and nurses in this interactive session to learn about what's working and how they are coming together to create interdisciplinary teams to meet local needs in their communities. This workshop will bring participants to the coalface of collaborative practice development in maternity care. Drawing from experience and using case-based examples, an interdisciplinary panel of physicians, midwives, and nurses will kick-off the workshop with a brief overview of interprofessional collaboration. What is a needs-based approach? How are providers building their collaborative teams and preventing fatigue and burn-out? What do maternity care teams and collaborative practice groups

look like? How are they overcoming challenges or barriers? Bring your questions and curiosities for an open, interactive dialogue with panel members. Our panel of physicians, midwives, and nurses will answer questions, share insights, and surely disclose some humorous tales too. Gain tips, tricks, and resources to take with you.

F273 Family Medicine Resident and Medical Student Leadership Workshop
13:30–17:15 Louise Nasmith, MD, CCFP, FCFP; Ian Scott, MD, CCFP, FCFP; Vanessa Rambihar, MD, CCFP

ROOM / SALLE : 210

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Leadership attributes and skills
2. Model for analyzing change
3. Leadership career development

Description:

This dynamic workshop on developing leadership skills and attributes is offered to the 36 recipients of the Family Medicine and Medical Student Leadership Awards, led by three of the College's most talented leaders and educators, Drs Louise Nasmith, Ian Scott and Vanessa Rambihar.

The workshop is offered by invitation only.

F103 Mental Health and Return to Work Issues
15:00–16:00 Joel Andersen, MD, CCFP; Nick Kates, MBBS, FRCPC, MCFP (Hon); Maria Patriquin, MD, CCFP

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Observe and practice a rational assessment strategy for workers with mental health problems
2. Practice using the elements of effective care and treatment planning in collaboration with their patient
3. Learn what paperwork is important, how to balance confidentiality and disclosure, and support patients in return to employment

Description:

Family physicians deal with work-related mental health issues every day. We assess the impact of work-related issues on our patients and help them cope with workplace stress; determine whether and when a medical leave of absence is warranted; support individuals who have lost their job; help people return to work after a medical leave; help patients with mental health problems who have been off work return or retrain; and complete necessary forms and paperwork. Using a case based, interactive workshop format, we will review assessment and treatment of work-related mental health problems, and provide practical tips for family physicians. This includes taking a work history, ways in which work affects mental health, how to manage time away from the job, assistance in the return to work process, and completion of necessary paperwork.

F124 Introducing the Kidney Failure Risk Equation: A KidneyWise update
15:00–16:00 Allan Grill, MD, CCFP (COE), MPH, FCFP

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Implement a practical clinical algorithm outlining the role of the family physician in identifying and managing patients with CKD
2. Differentiate which CKD patients are at higher risk of progression to advanced disease using the Kidney Failure Risk Equation
3. Interpret the updated Hypertension Canada blood pressure treatment target guideline as it pertains to CKD patients in primary care

Description:

Chronic Kidney Disease (CKD) affects approximately 2 million Canadians and is a recognized risk factor for cardiovascular disease and all-cause mortality. Patients that progress to end-stage renal disease (ESRD) experience significant morbidity and a reduced quality of life. Primary care providers (PCPs) can play an important role in the early detection and prevention of progression of CKD. This presentation is based on the article "Approach to the detection and management of chronic kidney disease: What primary care providers need to know" published in Canadian Family Physician in October 2018. It focuses on the KidneyWise Clinical Toolkit for Primary Care, an educational resource developed by the Ontario Renal Network, which consists of a practical clinical algorithm, an outpatient nephrology referral form, and an interactive website that can be used at the point of care. The KidneyWise toolkit was updated in 2018 and incorporated the Kidney Failure Risk Equation (KFRE), a validated predictive model for progression of CKD to ESRD that incorporates age, sex, and readily available lab tests – estimated glomerular filtration rate (eGFR) and urine albumin-to-creatinine ratio (ACR). By using the KFRE, primary care providers can manage CKD according to risk of progression and appropriately refer high-risk patients to nephrology, while safely monitoring those with lower risk. In addition, blood pressure treatment targets for CKD patients in primary care were changed in response to the recent Hypertension Canada guideline update. Given that hypertension is one of the main risk factors for developing CKD, and optimal blood pressure control slows CKD progression and reduces co-morbid cardiovascular risk, it is important for primary care providers to consider incorporating these recommendations into their everyday practice. It is anticipated that the KidneyWise clinical toolkit will continue to empower PCPs with confidence to become more aware of CKD management issues in a consistent evidence-informed manner.

F221 Care of the Older Patient: Evidence to change practice

15:00–16:00 Jed Shimizu, MD, CCFP (COE); Sid Feldman, MD, CCFP (COE), FCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Select which articles are most relevant to your practice setting
2. Compare new evidence to your current practice to consider change
3. Adopt new practices in the care of older adults based on relevant, recent evidence

Description:

None of us has time to keep up with the literature in every facet of family medicine. Let our fingers do the walking for you when it comes to your older patients. Members of the CFPC Health Care of the Elderly Program Committee have each selected a few favourite recent articles that are important enough that we think they are worth sharing. Articles will attempt to encompass many spheres of practice including community office, LTC, and hospital. "Short snapper" presentations of each article (7-10 papers) will be followed by a clear statement about why each paper matters and why it should influence your care of older patients. References will be provided along with a summary table of recommended practice changes.

F250 How to Provide Quality Care for Your Patients After Their Incarceration

15:00–16:00 Claire Bodkin, MD; Patricia Mark, MD; Ruth Elwood Martin, MD, MPH

ROOM / SALLE : 217/218

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify challenges to continuity of care for people who experience imprisonment
2. Define evidence-informed and patient-centred tools and strategies for supporting patients after release
3. Integrate evidence-informed and patient-centred tools and strategies for supporting patients after release into clinical practice

Description:

Across Canada, almost every family physician has patients who experience imprisonment, and providing quality primary care for this population can be clinically and logistically challenging. We will provide tools and resources to support community-based family physicians in caring for their patients who experience imprisonment, including (i) information on the health status of this population and health risks on release, (ii) clinical tools to support care for this population, (iii) tips on how to communicate with health care providers in correctional facilities to support continuity of care for your patients

while in custody and at the time of release. We will present successful strategies to support continuity of care on release, using the examples of treatment for opioid use disorders and a peer-based transitional support program. Participants will have a chance to apply what they are learning to hypothetical clinical scenarios.

F319 Integrating Clinical Practice Questions Into Research Initiatives
15:00–16:00 Michael Klein, MD CM, FCFP, FAAP

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Learn to see how their important questions can be realized into research projects
2. Appreciate how important family practice questions can only be answered by family physicians in practice
3. Appreciate how questions that challenge conventional wisdom lead to inevitable pushback that must not be taken personally

Description:

Employing examples from his new book: “Dissident Doctor--catching babies and challenging the medical status quo” the presenter will detail how important questions naturally derived from everyday practice can be shaped into research questions. The presenter will demonstrate how even new or novice practitioner/researchers can realize their research questions by collaborating with more experienced researchers in order to assemble the needed skill sets to make the research happen. Drawing from his long experience in clinical research and as Director of the UBC Clinical Scholars Program, the presenter will demonstrate how to avoid discouragement in getting funded and published for studies that contest convention wisdom. Using examples from his own early novice research, the presenter will engage the attendees in a discussion about how they would have approached formulating and executing the questions to be realized. Attendees will be able to share some of their developing research questions with the group. Because of time constraints, few of the questions presented by the attendees can be developed. Therefore the presenter commits to receiving questions posed and continuing the discussion with individual attendees beyond FMF.

F351 Undergraduate Competencies From a Generalist Perspective: Introducing CanMEDS-FMU
15:00–16:00 Maria Hubinette, MD, CCFP, MMed, FCFP; Kathleen Horrey, MD, CCFP, FCFP; Lisa Graves, MD, CCFP, FCFP; George Kim, MD, MCISc (FM), CCFP, FCFP
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Outline why family medicine is an ideal context for developing generalist undergraduate competencies and the value of this perspective
2. Describe potential applications of CanMEDS-FMU

Description:

Half of the physicians in the Canadian health care system are family medicine specialists and are the major providers of primary care to Canadians. Family medicine is recognized as a specialty based on an approach to care unique to its discipline. Because family physicians’ commitment is to the person, and not to a particular organ system, age group, or technique, they must be skilled in managing the full scope of care of patients in all stages of the life cycle. While facets of this comprehensive patient-centred approach are present in the care provided by others, no other discipline has all of these tenets as its core *raison d’être*, described according to the Four Principles of Family Medicine. The Undergraduate Education Committee at the College of Family Physicians of Canada developed CanMEDS-FMU. CanMEDS-FMU describes specific generalist competencies for a broad and complete undergraduate medical education from the family medicine perspective. The competencies cover areas of an undergraduate curriculum that are highlighted when the entire curriculum is viewed through a family medicine lens. CanMEDS-FMU key and enabling competencies prepare students for residencies not just in family medicine, but in other specialties that require understanding the role of family physicians in the Canadian health care system as well as skills in collaborating and interacting with family physicians. In addition, CanMEDS-FMU can be used to inform stakeholders of the CFPC’s perspective on areas for focus and teaching from a

family medicine perspective. This workshop, using a combination of didactics, large group and small group discussion, will introduce CanMEDS-FMU, propose unique affordances of the family medicine context, and explore potential applications of CanMEDS-FMU. All are welcome including program directors, clerkship directors, front-line educators, family medicine leadership, students, residents, undergraduate deans, etc.

«F352 **Dermoscopy 101**
Dermoscopie 101
15:00–16:00 Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Understand the principles of dermoscopy
2. How to incorporate dermoscopy into daily family medicine practice
3. Dermoscopy of a few common skin conditions

Description:

Dermatology is an important facet of family medicine practice. Many dermatological diagnosis are elusive to the naked eyes of busy family physicians. Dermoscopy is a powerful diagnostic process that can enhance diagnostic accuracy of both common and challenging skin conditions, and can also reduce unnecessary skin biopsies, thereby translating to more efficient logistics and better overall clinical management. This session gives a simple yet efficient introduction to the principles and practice of dermoscopy, illustrating with diagnoses commonly encountered in daily family medicine practice.

Objectifs d'apprentissage :

1. Comprendre les principes de dermoscopie
2. Comment incorporer la dermoscopie dans la pratique familiale de tous les jours
3. Dermoscopie de quelques affections cutanées courantes

Description :

La dermatologie est une facette importante de la pratique familiale. Beaucoup de diagnostics dermatologiques échappent à première vue aux médecins de famille occupés. La dermoscopie est un processus diagnostique puissant qui améliore la précision diagnostique des affections cutanées courantes et moins courantes, et réduit les biopsies cutanées inutiles, ce qui se traduit par une prise en charge logistique et clinique plus efficace. Cette séance présente simplement, quoiqu'efficacement, les principes et la pratique de la dermoscopie, en illustrant la présentation par des diagnostics fréquemment vus dans la pratique familiale de tous les jours.

F365 "Adulthood": Supporting transitions for youth with developmental disabilities/ASD
15:00–16:00 Laurie Green, MD, CCFP (EM); Ullanda Neil, MD, CCFP; Alicia Thatcher, BSc;
Megan Henze, BSc, MSc, OT; William Sullivan, MD, CCFP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Engage patients, families and caregivers in the creation of their own person-centred health transition summary
2. Identify the health and social system supports required over this developmental period
3. Create a comprehensive transition plan using guideline-informed tools (CHESS template)

Description:

People with intellectual and developmental disabilities (IDD) and autism spectrum disorder (ASD) and their families typically identify life transitions as the most challenging, particularly from adolescence to adulthood. They experience considerable physical and mental health problems as they attempt to navigate developmental and service transitions in the complex arenas of health care, education, employment and social services within a changing social landscape. This workshop will give a brief overview of the essential components of a successful transition which will include point of care, practical tools

based on the 2018 Clinical Practice Guidelines of the Primary Care of Adults with IDD. These tools use the CHES model to gather information from people with IDD and their caregivers, pediatricians, social service personnel and inter-professional health and primary care providers. In small groups using a case presentation, participants will have the opportunity to use these tools to create a comprehensive, specific and actionable transition plan. This discussion will include barriers to implementation in the office setting and possible solutions. Our collective goal: planning together for success!

F379 Providing Palliative Care for Patients With Substance Use Disorders

15:00–16:00 Robin Lennox, MD, CCFP; Alexandra Farag, MD, CCFP (PC)

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the unique care needs of patients with substance use disorders at the end of life
2. Apply strategies for pain and symptom management in the context of substance use disorders
3. Examine ethical and safety considerations for patients with substance use disorders at the end of life

Description:

Over the past several years, the opioid crisis has continued to escalate and cause substantial morbidity and mortality across Canada. As a result, many physicians have been prompted to re-examine their opioid prescribing practices and enhance the care provided to patients with substance use disorders. For family physicians providing palliative care, this poses a unique challenge as pain and symptom management are central for effective and dignified end-of-life care. As patients with substance use disorders approach the end of their lives, how can we ensure that their palliative care needs are met while concomitantly managing their substance use disorders? This session will examine this question by providing an overview of the existing literature, identifying ethical and safety considerations, and using case-based group discussions to explore strategies to provide comprehensive palliative care to patients with substance use disorders.

F411 Health Policy 101: Fundamentals of effective health policy advocacy

15:00–16:00 Jesse Kancir, MD, Mphil, MSc, MPH; Thomas McLaughlin, MD, FRCPC, MPP

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Introduce core concepts in policy development related to policy dynamics and policy analysis
2. Identify key components of successful policy proposals (focus on Bardach's eightfold path), and apply these to pharmaceutical insurance policy
3. Consider the political, economic, and social contexts using policy dynamics frameworks (focus on 3-I model: institutions, ideas, interests)

Description:

Patients' health outcomes depend in large part on social and health policy, and so effective physicians must be health advocates. This role is embedded in CanMEDS 2015, and yet most physicians have limited training in advocacy at a systems level. This workshop session will provide participants with an understanding of the health advocacy context in Canada, as well as a toolkit to create effective policy proposals. Participants will use the case of a relevant and familiar issue in health policy – Pharmacare – to learn practical skills in health policy. Participants will work in small groups, using Pharmacare as a framing topic to learn about the context of health policy in Canada and the key aspects of policymaking, ultimately creating by the end of the workshop a short policy proposal for universal drug coverage for Canadians. Participants will leave the workshop with a toolkit to create good policy proposals, relying on theoretical frameworks of policy analysis, allowing participants to translate the needs they see through clinical practice into policy solutions. This workshop session will also highlight, through the case study of Pharmacare, the critical need to understand the importance of timing and context, drawing on key historical Canadian health policy successes and failures to show why some good policy proposals are successful and why others are not. Participants will come away with the ability to consider the political, economic, and social factors that influence the likelihood of successful advocacy, relying on key theories of policy change. Core concepts in policy dynamics and policy analysis will help the participant meaningfully engage in policy development.

F412 Developing and Implementing Benchmarks in Family Medicine Residency

15:00–16:00 Keith Wilson, MD, PhD, CCFP, FCFP; Sasha Sealy, MD, CCFP
All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Evaluate the need for benchmarks in family medicine residency programmes
2. Explore a phased approach to the development of benchmarks
3. Describe implementation challenges for benchmarks

Description:

Residency training requirements have become increasingly complex and this presents challenges for assessment. In an era of competency-based medical education, it is imperative that learners have a path to follow as part of their incremental skill development. To this end, benchmarking for incremental development has started to take shape in residencies across Canada. Dalhousie University Family Medicine has undertaken the development and implementation of benchmarks for residency training. It used a phased approach informed by numerous stakeholders. The benchmarks are mapped to skill dimensions as this mirrors our existing assessment processes. Implementation encountered some challenges necessitating changes in roles of assessors. This session aims to take participants through a journey of development, implementation and mitigation of challenges encountered with this new assessment tool.

F435 Important Drug Interaction in Family Medicine

15:00–16:00 Jennie Leverman, MD, CCFP (EM); Peter Zed, BSc, BSc (Pharm), ACPR, PharmD, FCSHP;
Samuel Campbell, MB BCh, CCFP (EM), Dip PEC (SA), FCCHL; Jock Murray, MD, CCFP (EM)

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Develop strategies to recognize important drug interactions
2. Recognize which drug interactions are not clinically important and be able avoid intervention
3. Develop approaches to prevent harm from drug interactions

Description:

Drug interactions are common in family and emergency medicine. This session will review common and important drug interactions relevant to office and emergency practice. Participants will be given the tools to anticipate, treat and prevent important drug interactions. The perspective of a PharmD pharmacist will be included.

«» **F441 Sports Medicine Pearls for the Family Physician**
Perles en médecine sportive pour les médecins de famille

15:00–16:00 Lisa Fischer, MD, BScPT, CCFP (SEM), FCFP, DipSportMed

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Diagnose common sports medicine conditions
2. Treat common sports medicine conditions
3. Apply recent evidence to their sports medicine patients

Description:

Sports and exercise related complaints are common in family medicine. Participants in this session will learn to diagnose and treat common conditions. They will also review recent evidence which suggests that our understanding and approach to some sports medicine complaints and to adapt to current evidence. In this session family physicians with a broad practice and a full-time sports medicine physician will provide different perspectives.

Objectifs d'apprentissage :

1. Diagnostiquer les affections courantes en médecine sportive
2. Traiter les affections courantes en médecine sportive
3. Appliquer les données probantes récentes à la prise en charge de patients en médecine sportive

Description :

Les motifs de consultation liés aux sports et à l'exercice sont courants en médecine de famille. Les participants à cette séance apprendront comment diagnostiquer et traiter les affections courantes. Ils examineront aussi les données probantes récentes qui laissent penser que notre compréhension et notre approche de certains motifs de consultation en médecine sportive doivent être adaptées aux données probantes actuelles. Durant cette séance, des médecins de famille dont la pratique est vaste et un médecin qui pratique la médecine sportive à temps plein offriront différents points de vue.

F266

Le leadership : L'enseigner en médecine familiale

15:00–17:15

Sonia Sylvain, MD, MSc(a); Andréane Lalumière-Saindon, MD

Tous les enseignants sont les bienvenus. Cette séance met en valeur les concepts plus avancés pour les leaders pédagogiques.

ROOM / SALLE : 115

Crédits certifiés Mainpro+ d'apprentissage en groupe = 2

Objectifs d'apprentissage :

1. Définir le leadership et son importance en médecine
2. Connaître le rôle de leader dans CanMEDS-MF
3. Discuter de stratégies d'enseignement du leadership aux résidents

Description :

Comme médecins de famille, nous sommes tous des leaders, et ce, souvent sans le savoir! Dans nos différents rôles avec les patients, avec nos collègues de travail ou au sein de nos organisations, nous sommes en position de leadership. Cet atelier interactif permettra aux participants de définir ce qu'est le leadership et de s'identifier comme leader. Les participants auront l'occasion de passer en revue le rôle de leader dans CanMEDS-MF. À l'aide de vignettes, les participants discuteront des différentes stratégies pour enseigner les compétences liées au rôle de leader. Des modalités d'évaluation de ces compétences seront aussi abordées. Finalement, des ressources de développement personnel en leadership seront présentées ainsi que des modalités de formation des résidents en gestion et leadership.

F80

Approach to Psychosis in Primary Care

16:15–17:15

Jon Davine, MD, CCFP, FRCPC

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the key elements behind making a differential diagnosis in psychosis
2. Identify effective ways to ask the relevant questions that are used to make the diagnosis of psychosis
3. Describe psychopharmacologic treatment of psychosis

Description:

Though psychosis represents a smaller percentage of what family doctors have to deal with, it is important that they have skills in diagnosing and treating these disorders. The learning objectives of this workshop involves understanding the definition of psychosis, learning how to ask the appropriate questions to make the diagnosis, and understanding the differential diagnosis of psychosis from both an organic and psychiatric viewpoint. A grid will be presented to help understand how asking about delusions, hallucinations, "downward drift", and affect at times of psychosis will help the physician arrive at the correct psychiatric diagnosis for the psychotic patient. Finally, up-to-date psychopharmacologic approaches for the treatment of these disorders will be discussed. There will be an interactive didactic presentation, and then the participants will split into small groups to work on issues in psychosis from a prepared case. Large group discussion will follow.

F83 Opioids: The big picture

16:15–17:15 Henry Chapeskie, BSc, MD, CCFP, FCFP, CAME; Mark Dube, MD, CCFP (EM) (PC), FCFP, CISAM, HMDC

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Physicians will understand the social and historical context of opioids and the lack of evidence for their use in CNCP
2. Physicians will review narcotic-induced neurotoxicity, hyperalgesia and the controversial role of marketing techniques in the use of opioids
3. Physicians will understand why the evidence supports a reduction in the use of opioids

Description:

In the past 25 years, the use of opioids has increased dramatically along with associated morbidity and mortality. With recent government and regulatory body concern regarding the opioid crisis, the magnitude of the adverse effects of opioid therapy is forcing physicians to reconsider the utility of these medications. There is a limited understanding of the history of opioids in the social and medical context as well as the neurotoxic effects of opioids. This presentation will provide the physician with the opportunity to identify and critically evaluate the role of opioids. Physicians will review the phenomena of narcotic neurotoxicity and narcotic-induced hyperalgesia. There is an evidence-based rationale for the reduction of the use of opioids. The concept that opioids are safe and effective is under scrutiny by the medical profession as well as by government bodies and the public. Understanding “The Big Picture” will give physicians a model of toxicity that will enable them to be active participants in the solution to this crisis.

F109 Anti-Oppressive Practice in Medicine

16:15–17:15 Ritika Goel, MD, MPH, CCFP

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss key concepts of power, privilege, oppression, intersectionality and unconscious bias
2. Explore what anti-oppressive practice can look like in the practice of medicine
3. Engage in critical reflection and reflexivity to build our own skills and tools for anti-oppressive practice

Description:

Engaging in anti-oppressive practice in medicine means seeking to understand and address the broader social structures that impact our patients' lives, and how we interact with those structures. Concepts of anti-oppression pertain to communication, professionalism, ethics, advocacy, health equity and social accountability. Factors such as race, sex, class, sexual orientation, gender identity, ability and more are critical in shaping our patients' lives, their health status, their experiences with the health care system, and in the interactions we have with one another. In this session, we will work to break down key concepts such as power, privilege, oppression, intersectionality and unconscious bias, as relate to the practice of family medicine, in a supportive and respectful environment. Participants will leave with skills to engage in critical reflection and reflexivity, as well as concrete examples of how to engage in anti-oppressive practice at the clinical level and beyond.

F133 HIV Care: Top 10 and more, with practical tips and advice

16:15–17:15 Charlie Guiang, MD, CCFP; Gord Arbess, MD, CCFP; Caroline Jeon, MD, CCFP

ROOM / SALLE : 215/216

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Effectively use guidelines and resources related to HIV care
2. Apply practical knowledge on HIV care, from preventive care to comorbidities, for day-to-day practice
3. Identify succinct facts in HIV care, from common antiretrovirals to drug interactions, important for the primary care practitioner

Description:

As patients infected with HIV are living longer, more and more Primary Care Practitioners (PCPs) may have an opportunity to provide some aspect of care for this distinct group of patients. PCPs are in an ideal position to care for those living with HIV as most comorbid conditions are issues most PCPs deal with on a daily basis, from exploring preventive care, to cardiovascular health, to managing STIs, mental health conditions, and aging. The presenters are family physicians that belong to one of the largest Academic Family Health Teams (FHT) in Canada. Within their FHT located in urban Toronto, they care for over 1300 HIV+ patients, from those that are marginalized or under-housed, as well as those that come from a variety of socioeconomic backgrounds. This session is aimed for those PCPs that have few HIV patients in their practice, or those that have patients at risk for HIV. We have chosen 10 succinct HIV-related topics PCPs care about (plus a bonus section with audience-led participation on topics that matter to you). At the conclusion of this session aimed at PCPs including family medicine residents/learners, nurses, nurse practitioners, and family physicians, participants will gain more confidence managing their patients living with HIV, or those at risk for HIV. The presenters will cover topics we believe are essential to basic, contemporary HIV care. We will be providing opportunities to discuss the unique issues and challenges related to these topics, including the use of web-based technology to enhance audience participation.

Topics covered will include: Treatment guidelines made easy; Medication updates; Common co-morbidities; HIV prevention including vaccines...and more!

- «F168 **How to Identify and Manage Familial Hypercholesterolemia in Your Practice**
Comment dépister et traiter l'hypercholestérolémie familiale dans votre pratique
16:15–17:15 Liam Brunham, MD, PhD, FRCPC; Sanja Karalic, MD, CCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Recognize the high prevalence of FH in the general population and among patients with early heart disease
2. Define FH using the new Canadian definition, and discuss the importance of prompt recognition and screening for FH
3. Identify treatment and management options available, and how to integrate new therapies into clinical practice

Description:

Familial Hypercholesterolemia (FH) is the most common monogenetic disorder affecting 1 in 250 individuals. Patients with FH have a significantly higher risk for cardiovascular events than the average person. However, FH is under-diagnosed and under-treated worldwide, including in Canada. In this interactive workshop, the presenters, including members of the Canadian Cardiovascular Society panel on FH, will present cases from their practice and discuss new evidence regarding the diagnosis and management of FH, and addressing the need for prompt recognition, treatment and screening. Using a new Canadian definition for FH, updated recommendations will be reviewed providing an improved understanding of treatment gaps for FH in Canada. Tools and calculators to aid family physicians in the diagnosis and treatment of FH will also be reviewed.

Objectifs d'apprentissage:

1. Reconnaître la forte prévalence d'HF dans la population générale et chez les patients atteints de cardiopathie précoce
2. Définir l'HF à l'aide de la nouvelle définition canadienne, et discuter de l'importance de la détection et du dépistage prompts de l'HF
3. Nommer les options thérapeutiques et de prise en charge disponibles, et comment intégrer les nouveaux traitements dans la pratique clinique

Description :

L'hypercholestérolémie familiale (HF) est le trouble monogénique le plus courant, il touche en effet 1 personne sur 250. Le risque d'événements cardiovasculaires est significativement plus élevé chez les patients atteints d'HF que chez la personne moyenne. L'HF est cependant sous-diagnostiquée et sous-traitée dans le monde, y compris au Canada. Dans cet atelier interactif, les présentateurs, dont des membres du comité sur l'HF de la Société canadienne de cardiologie, présenteront des cas tirés de leur pratique et discuteront des nouvelles données probantes sur le diagnostic et la prise en charge de l'HF; ils parleront également de la nécessité de reconnaître l'affection, de traiter et de dépister rapidement. À l'aide de la nouvelle définition canadienne de l'HF, les mises à jour des recommandations seront examinées de manière à mieux saisir les lacunes en matière de traitement de l'HF au Canada. L'on se penchera également sur les outils et les calculatrices visant à aider les médecins de famille à poser un diagnostic d'HF.

F215 **The Future of Enhanced Skills Training and CACs**
16:15–17:15 Daniel Grushka, MSc, MD, CCFP (EM), FCFP; Jock Murray, MSc, MD, CCFP (EM)
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discuss the role of third year programs in comprehensive family medicine
2. Discuss the merits of CACs in the provision of comprehensive family medicine
3. Discuss the future roles and implications of enhanced skills training and CACs

Description:

Enhanced skills training has allowed for the development of new fields of study within the scope of family medicine education. It has allowed family physicians to gain additional skills to practice in areas of medicine outside of the traditional office within the patient's medical home. The role and effect of enhanced skills programs have long been a subject of great debate as the need for family physicians with specialized skills continue to rise. Although there remains a strong interest in the provision of comprehensive family medicine care, recent literature has also eluded to the fact that the interest in pursuing careers within an enhanced skills field have risen exponentially. The awarding of certificates of added competence (CACs) began in 2015 to recognize family physicians with an enhanced skill in a specifically recognized area, and these CACs are now being recognized and required by certain regulatory bodies. However, the question remains: are Enhanced Skills Programs and Certificates of Added Competency a threat to broad scope family medicine?

F252 **Prenatal Genetic Screening: Common misconceptions and practice tips**
16:15–17:15 June Carroll, MD, CCFP, FCFP; Shawna Morrison, MS, CGC; Julie MacFarlane, MS, CCGC;
 Judith Allanson, MB, FRCP, FRCPC, FCCMG

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Educate patients regarding their options for prenatal genetic screening, including benefits and limitations
2. Explain the meaning of prenatal genetic screening results and next steps
3. Find high quality prenatal genetic educational resources for providers and patients

Description:

This workshop will use a primary care case-based approach to address common misconceptions regarding prenatal genetic screening for aneuploidies (trisomy 21,18,13 and sex chromosomes) and microdeletion syndromes. While the workshop will be informed by data from BORN (Better Outcomes Registry & Network), Ontario's pregnancy, birth and childhood registry and network, and from the BC Prenatal Genetic Screening Program's database, we will present approaches to prenatal genetic screening challenges that are common across Canada. Through the use of case examples, highlighting such issues as duplicate and redundant test ordering, the meaning of false positive and false negative results, and how non-invasive prenatal testing (NIPT) is affecting the landscape of prenatal genetic screening, we will demonstrate some helpful strategies that primary care providers can effectively apply in their practices. Learning will be reinforced through questions and discussion about each case example. Participants will be encouraged to ask their questions about prenatal genetic screening. Participants will also be introduced to various prenatal screening websites including Prenatal Screening Ontario (<https://prenatalscreeningontario.ca>), BC's Prenatal Genetic Screening Program (<https://perinatalservicesbc.ca>), the GEC-KO genomics resource website (<https://geneticseducation.ca>) and others.

F281 National Perspectives in Long-Term Care

16:15–17:15 Fred Mather, MD, CCFP; Paddy Quail, MB BCh, BAO, FCFP; Nancy Dixon, MD, CCFP (COE), FCFP; Andrea Moser, MD, MSc, CCFP (COE), FCFP; Nick Petropolis, MD, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify present issues in long term care (LTC) across Canada
2. Create leadership for change and quality improvement
3. Generate expertise in long term care

Description:

Family physicians, working in interdisciplinary teams, are leaders and experts in providing quality to patients in long term care. Caring for these complex patients requires special clinical skills and use of resources. Following the success of last year's forum, this session presents current topics by long term care physicians across Canada. Examples of innovation and leadership will be shared. At the conclusion of the session, participants will be able to return to their communities with ideas for improving care in their facilities. The applied workshop is supported the Health Care of the Elderly Community of Practice.

Each of the following topics will have a brief presentation followed by questions and discussion:

1. Frail elderly alternative relationship plan
2. Accommodating patients with complex and special needs
3. Bringing diagnostics and resources to the home
4. Using antibiotics wisely
5. The Ontario Long Term Care Inquiry
6. Update on palliative care

«F349 Odd and Scary: Approaching and treating unusual skin conditions

16:15–17:15 Étonnant et effrayant : Approche et traitement des affections cutanées inhabituelles

Lawrence Leung, MBBChir, DipPractDerm, FRCGP, CCFP

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Understand and adopt an efficient approach to skin conditions in Family Medicine
2. Be aware of skin conditions that are odd and scary
3. How to arrive at differentials and diagnoses with the most appropriate management plan

Description:

Dermatological conditions comprise up to 1/7 of all consultations in family medicine. When confronted with skin lesions that are odd or scary, practising family physicians often feel unprepared to make a diagnosis, let alone managing them. This may lead to either unnecessary dermatological referral or inappropriate prescription of steroids cream in a reflex-arc manner. This presentation will give a bird's eye view to these possible odd and scary skin conditions and equip attendees with a logical flow-chart approach for diagnosing and managing these conditions.

Objectifs d'apprentissage :

1. Comprendre et adopter une approche efficace des affections cutanées en médecine de famille
2. Connaître les affections cutanées qui sont étonnantes et effrayantes
3. Comment en arriver aux diagnostics différentiels et au diagnostic avec le plan de prise en charge le plus approprié

Description :

Les affections dermatologiques comptent pour le septième de toutes les consultations en médecine de famille. Face à des affections cutanées qui sont parfois étonnantes et effrayantes, les médecins de famille se sentent souvent pris de court pour poser un diagnostic, sans même parler de les prendre en charge. Cela pourrait entraîner des recommandations inutiles en

dermatologie ou la prescription réflexe inappropriée de crème de stéroïdes. Cet exposé donne une vue d'ensemble des affections étonnantes et effrayantes possibles afin d'outiller les médecins de famille d'une approche graphique logique pour diagnostiquer et prendre en charge ces affections.

F353 Managing Insomnia and Other Sleep Problems in Your Practice
16:15–17:15 Nick Kates, MBBS, FRCPC, MCFP (Hon)

ROOM / SALLE : Ballroom A

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the common causes of insomnia and how it may present in primary care
2. Learn a framework for the assessment of a sleep problem in primary care
3. Be familiar with the major approaches to managing sleep disorders in primary care

Description:

It has been estimated that up to 60% of Canadian adults do not get sufficient sleep and insomnia is one of the commonest problems encountered in primary care. Many factors can contribute to poor sleep including lifestyle, mental health problems, other general medical problems, medications, or primary sleep disorders. This workshop discusses the importance of sleep and the consequences of insufficient sleep and presents a framework for understanding, assessing and treating commonly encountered sleep problems. It summarizes the five stage sleep cycle, the circadian cycle and the sleep wake cycle and outlines the different ways in which changes in these can contribute to sleep problems. It differentiates between a primary sleep disorder (eg sleep apnoea, narcolepsy, restless leg syndrome, delayed sleep onset disorder) and primary or secondary insomnia, and the potential consequences of each of these. It then reviews the major causes of insomnia and presents simple questions that can be introduced into any health assessment. It outlines a comprehensive but relatively succinct assessment of a sleep problem in primary care, and presents some simple screening tools including a sleep log, to assist with this. It then reviews the 4 major approaches to managing a sleep problem – sleep hygiene strategies, CBT for insomnia, the use of medications and the use of OTCs. Finally it outlines an approach to managing the four primary sleep disorders listed above in any primary care setting, and the criteria for referral to a sleep clinic.

F416 Perinatal Addictions: The opioid crisis and what we have learned
16:15–17:15 Kevin Desmarais, MD, CCFP; Ron Abrahams, MD, CCFP; Kate Bodkin, MD, CCFP; Eric Cattoni, MD, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize “rooming-in” of the mom and baby dyad as a national standard of care
2. Highlight the importance of having an integrated and seamless transition between community and hospital programs
3. Appreciate the value of the principles of harm reduction, woman-centred care, trauma informed care and cultural safety

Description:

Pregnant women with substance use disorder are among the most vulnerable patient populations. The opioid crisis has only made this situation more dire. These women often have complex psychosocial issues and traumatic pasts. They are often fearful of the healthcare system due to a very real concern of having their babies apprehended and put into foster care. In trying to address this very serious issue, British Columbia has made a call for the development of a province-wide Perinatal Addictions program. This session will be a panel discussion by members of the BC Women's Hospital Perinatal Addictions Service, including those who work at FIR Square (the flagship inpatient rooming-in program in the province for pregnant women with substance use disorder) and its community partners. We hope to share our experiences and the challenges we've faced and we look forward to having a dialogue with the attendees about how to support those who are trying to address perinatal addictions across the country.

F418 Follow-up of Breast Cancer Survivors: Evidence-based recommendations for primary care
16:15–17:15 Genevieve Chaput, MD, MA, CCFP (PC)

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Integrate knowledge pertaining to the management of long-term effects of breast cancer and its treatments into clinical care
2. Recognize the importance of healthy lifestyle promotion in the breast cancer survivor population
3. Implement evidence-based recommendations for cancer recurrence surveillance in patients with a breast cancer history

Description:

Breast cancer outcomes are improving, with survival rates of 88% at 5 years relative to their peers. A strong shift to family physicians to provide follow-up care has also been observed, driven by a shortage in supply of specialists and by level I evidence demonstrating the effectiveness of post-treatment care by FPs. Family physicians have expressed the need for educational support and primary care guidelines to provide appropriate care to breast cancer survivors in their practices. This session will offer up-to-date survivorship follow-up care recommendations for breast cancer survivors summarized in 4 main categories: 1) surveillance for recurrence involving only annual mammography and screening for other cancers according to general population guidelines; 2) management of common late-effects of breast cancer and its treatments including chemotherapy-induced neuropathic pain, cancer-related fatigue and side effects of tamoxifen and aromatase inhibitors, as well as longer-term concerns related to cardiac and bone health; 3) promotion of healthy lifestyles with particular attention to routine physical exercise, and; 4) coordination of care amongst health providers with FPs as central providers to patients with a breast cancer history. The session's content will be based on a recently published review article in the Canadian Family Physician for which a MEDLINE literature search (2000-2016), and review of selected guidelines published by recognized national cancer organizations was performed. Levels I to III evidence will be outlined. This learning activity will be delivered primarily in a didactic format, self-directed learning format, and will include case-based presentations to engage participation and promote active learning. Focus will be made on real-time, applicable survivorship knowledge that can be incorporated into FPs' clinical practices.

F691 In Control: Long-acting insulins for the management of type 2 diabetes (Ancillary Session)
17:15–18:15 Akshay Jain, MD

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Establish the role of basal insulin therapy in the management of type 2 diabetes mellitus (T2DM) as per the 2018 Diabetes Canada clinical practice guidelines
2. Apply strategies to overcome common challenges associated with insulin initiation and optimization and employ knowledge of key concepts, including glucose variability, hypoglycemia and continuous glucose monitoring
3. Compare agent-specific characteristics of the available basal insulins, with a focus on newer basal insulins

Description:

Basal insulin remains one of the most effective treatments for type 2 diabetes, but complications associated with high and low blood glucose can prevent patients from achieving their glycemic targets and therapeutic goals. This program focuses on the management of type 2 diabetes with basal insulin therapy, highlighting key updates from the new 2018 Diabetes Canada clinical practice guidelines. Participants will have opportunities to discuss important clinical data, strategies to reduce the risk of hypoglycemia and approaches to help patients achieve their treatment goals. Through interactive discussions and workbook exercises, participants will gain a thorough understanding of how to incorporate these concepts into clinical practice.

**TWO- AND THREE-CREDIT-PER-HOUR CERTIFIED MAINPRO+ WORKSHOPS
ATELIERS CERTIFIÉS MAINPRO+ POUR DEUX ET TROIS CRÉDITS PAR HEURE**

F27 **CASTED: Emergency Upper Extremities - ED orthopedics course**
07:30–18:00 Arun Sayal, MD, CCFP (EM); Matt Distefano, MD; Oleg Bagrin; Dion Maxwell; West Clayden, MD
 ③ credits per hour

ROOM / SALLE : 8 & 15, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 25.5 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Describe strategies to diagnose commonly missed ED orthopedic injuries
2. Describe ED orthopedic physical exam and immobilization techniques
3. Describe strategies to determine safe and appropriate disposition for ED patients with acute orthopedic injuries

Description:

CASTED: Emergency is the hands-on ED orthopaedics Course. This 1-day CASTED course focuses on Upper Extremity injuries. Learn how to make subtle diagnoses that are commonly missed, proper ED immobilization, and understand if and when ortho needs to get involved. Expand your differential for traumatic wrist pain with no snuffbox tenderness and negative x-rays. Understand the paediatric elbow (finally!). What are commonly missed shoulder injuries? Practice reductions and immobilization techniques. Its a clinically focused course. CASTED will help you understand ED ortho - not just memorize it!

F112 **AIME: Airway Intervention and Management in Emergencies (Session 2)**
07:30–18:30 Phil Davis, MD; Adam Harris, MD; Nick Sowers; Jan Trojanowski, MD; Andrew MacPherson, MD
 ② credits per hour

ROOM / SALLE : 19 & 20, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 18 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Be more confident and comfortable in making acute care airway management decisions
2. Have acquired a practical staged approach to airway management
3. Be able to choose the most appropriate method of airway management based on a variety of patient presentations

Description:

AIME program highlights include: 1) Case-based clinical decision making; 2) New practical algorithms; 3) When, why and how to perform awake or rapid sequence intubation; 4) New textbook/manual based on the AIME program; 5) Unique, customized clinical videos; 6) Limited registration to ensure clinician to instructor ratio of 5 or 6:1; 7) Clinician to simulator ratios of 2:1; 8) Reinforcement of core skills; Introduction to newer alternative devices (optical stylets, video laryngoscopes & others); 9) Exposure to rescue devices (King laryngeal tubes, LMA Supreme and others).

F151 **MSK Education: Joint assessment made easy**
08:00–17:30 Janice Harvey, MD, CCFP (SEM), FCFP; Michelle Acorn, NP, PhD
 ③ credits per hour

ROOM / SALLE : 16, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 21 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Apply patient-centred interviewing skills to acquire information needed to understand the mechanism involved in the injury
2. Identify the mechanisms that underlie common injuries of the major joints of the body by conducting an organized physical exam
3. Evaluate the results of specific physical tests to design the optimal management plan, including medical and other interdisciplinary health strategies and professionals as needed
4. Support patients and their families in making informed decisions about managing their health, including common musculoskeletal conditions

Description:

You face many different presentations of musculoskeletal conditions in your day-to-day practice. Build on your diagnostic skills by learning the most current techniques so that you can continue to ensure optimal care and timely recovery for your patients.

The MSK Education: Joint Assessment Made Easy Workshop takes a systematic, hands-on approach to bring the latest musculoskeletal examination assessment skills as they apply to the major joints of the body – shoulder, back, hip, knee and ankle.

With a focus on practical learning, the program was developed and is taught by Dr. Janice Harvey, a family physician and clinical instructor who brings extensive national and international experience and is widely recognized for her expertise in sports and exercise medicine.

F152 Approaches for Working with Adolescents/Youth Who use Alcohol and Drugs
08:30–12:15 Sharon Cirone, MD, CCFP (EM), FCFP
 ③ credits per hour

ROOM / SALLE : 14, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Identify and incorporate into practice, screening tools and treatment and referral pathways for adolescent and youth alcohol and substance abuse
2. Provide brief interventions for addressing low and high risk alcohol and drug use
3. Identify and translate into practice pharmacotherapy interventions appropriate to primary care

Description:

For your adolescent and young adult patients who use alcohol and drugs, the most appropriate interventions, treatments and referral pathways must take into account the risk levels associated with the patient's substance use. This program offers practical screening tools and methods, and helps develop skills for the complexities of this care with a comprehensive primary care practice. This program is developed and delivered in collaboration with the Ontario College of Family Physicians.

F63 Evidence-Based Assessment and Management of ADHD in Primary Care
10:00–12:15 Joan Flood, MD; Matt Blackwood, MD
 ③ credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 6 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Diagnose ADHD using clinical history and validated screening tools
2. Use the 2018 Canadian ADHD Practice Guidelines, Fourth Edition, to support assessment and on-going management
3. Continue learning through reflective exercises in the 6 months post-attendance

Description:

NOTE: Individuals registered for this workshop, are invited to attend an introductory session T64 - Pearls and Pitfalls in Managing ADHD (1 credit per hour). This session is also open to all other interested FMF delegates.

Participants will be able to examine the 2018 Canadian ADHD Practice Guidelines and become acquainted with their user-friendly contents and screening tools. Using real life case scenarios and small group discussions participants will be able to recognize ADHD and co-morbid disorders and apply evidence-based treatments to address the challenges faced by children, teens and adults. Key interventions to assist at school and in the workplace will also be introduced. An optimistic and hopeful approach will be encouraged as many with ADHD have the ability to be very successful when given the proper tools to manage. A reflective exercise will need to be completed post-workshop to obtain Mainpro+ certification. In the 6 months following the workshop, interested participants will have the option to participate in a series of conference calls where they may bring their own cases to the group for further discussion and application of the skills acquired in this workshop.

F262

Providing Medical Assistance in Dying

13:30–17:00

Konia Trouton, MD, CCFP, MPH, FCFP; Ellen Wiebe, MD, CCFP, FCFP

③ credits per hour

ROOM / SALLE : 14, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Apply eligibility criteria for MAID in an organized way
2. Distinguish and explore options if needed to evaluate capacity
3. Implement MAID assessments and provisions within their regular practice

Description:

Before attending the workshop, participants will reflect on their current involvement in MAID, to specifically identify learning needs. During the workshop time, we will review the eligibility criteria and reporting requirements for MAID, for both those that assess, and those considering or already providing MAID. There is rapidly growing experience and publications that we will share about MAID in Canada since implementation in early 2016. We will use several case discussions to allow participants to talk about best practices in their setting. Using a range of examples, we will address challenging MAID assessments where cognition, foreseeable death and advanced decline may be more difficult to evaluate. We will discuss various approaches to MAID provision in a variety of settings. Finally, we will discuss self care and mindfulness to support each other in this challenging aspect of health care. A post-workshop reflective exercise will be distributed some weeks later.

F258

PAACT: Pain management 2019

13:30–18:00

Frank Martino, MD, CFPC; Alan Kaplan, MD, CFPC; John Jordan, MD, CFPC; Peter Kuling, MD, CFPC; Alex Barany, Pharm D; Laurie Dunn, MSc, BScPhm

③ credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 12 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Identify appropriate investigations
2. Gain familiarity with non-pharmacologic and first line pharmacologic approaches for common chronic pain presentation in family medicine
3. Develop an effective overall strategy for the management of pain issues

Description:

Participate in small group case discussion pertaining to treatment of chronic pain conditions commonly seen in family

practice. Introduction to the 2019 edition of the “Pain Management for Family Medicine”. **Program description:** An independent educational program developed by family physicians. Cases are designed to highlight chronic pain issues commonly seen in primary care and include: Musculoskeletal; Low back pain; Neuropathic pain; Fibromyalgia/ osteoarthritis. Materials: ****NEW**** 2019 Pain Management for Family Practice (‘orange book’); Participant manual. Teaching method: interactive, case-based, small group.



S400

08:30–09:30

The Opioid Overdose Crisis in Canada: A primary care, patient, and mother's perspectives

La crise des opioïdes au Canada : Vue de la perspective des soins primaires, du patient et d'une mère

Christy Sutherland, MD

ROOM / SALLE : Ballroom ABC / Salle de bal ABC

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Recognize the mortality caused by the opioid overdose crisis
2. Provide harm reduction interventions in their primary care practice
3. Explore the role of opioid agonist treatment for opioid use disorder

Description:

Dr. Christy Sutherland will discuss harm reduction, and opioid agonist treatment in the context of the overdose crisis. She will speak about the national opioid use disorder guidelines, and how to incorporate these into clinical practice. She will be joined by a mother who lost her son to opioid overdose, as well as a person who is in recovery. These voices will provide different viewpoints on the impact of the opioid overdose crisis in Canada. Physicians will learn about how to incorporate harm reduction into their clinical practice, as well as learn about how to diagnose and treat opioid use disorder.

Objectifs d'apprentissage :

1. Reconnaître la mortalité causée par la crise de surdoses d'opioïdes
2. Fournir des interventions de réduction des méfaits en soins primaires
3. Explorer le rôle du traitement par agoniste des récepteurs opioïdes contre le trouble de consommation d'opioïdes

Description :

La Dre Christy Sutherland abordera la réduction des méfaits et le traitement par agoniste des récepteurs opioïdes dans le contexte de la crise de surdoses. Elle parlera des lignes directrices nationales sur le trouble de consommation d'opioïdes, et de la façon de les incorporer dans la pratique clinique. Elle sera accompagnée d'une mère qui a perdu son fils à la suite d'une surdose d'opioïdes ainsi que d'une personne en rétablissement. Ces présentateurs personnifient différentes perspectives de l'impact de la crise de surdoses d'opioïdes au Canada. Les médecins apprendront comment incorporer les principes de réduction des méfaits dans leur pratique clinique, de même que comment poser un diagnostic de trouble de consommation d'opioïdes et le traiter.

S28

10:00–11:00

One for the Ages: Common issues in long-term care

Adam Gurau, MD, CCFP (COE)

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify common issues encountered when caring for nursing home residents
2. Apply practical approaches to aid in the diagnosis of these conditions
3. Discuss challenges in managing these conditions as well as strategies to overcome the limitations in this setting

Description:

There are over 200,000 nursing home patients in Canada and the complexity of their medical and social issues continues to increase. This presentation will include didactic and interactive aspects to convey information that is topical and relevant to clinical practice. Using a case-based approach, we will cover a variety of clinical issues including antipsychotic deprescribing, atrial fibrillation and the use of new oral anticoagulants, CHF management, sleep, and delirium. Attendees will leave the session with a better understanding of the diagnosis, treatment and monitoring of these conditions using evidence-based techniques.

S36 Vasectomy for the Non-Vasectomist
10:00–11:00 Michel Labrecque, MD, CCFP, FCFP, PhD

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Correctly inform men - and women- seeking contraception about male sterilization
2. Identify surgical consultants offering evidence-based vasectomy services
3. Interpret results of semen analysis and manage complications after vasectomy

Description:

Each year, about 60,000 Canadian men request a vasectomy which is the most commonly performed surgical procedure in adult men. Family physicians often need to counsel their patients about the procedure, refer them to a colleague - half of the vasectomies are performed by family physicians in Canada, manage complications and interpret the post-vasectomy semen analysis (PVSA). During this interactive workshop, participants will be invited to resolve case scenarios of the most common situations encountered in family practice related to vasectomy. Pre-operative counselling, technical aspects of the procedure to optimize efficacy and safety, management of complications (hematomas, infections, chronic pain) and interpretation of results of PVSA to identify success or failure of the procedure will be covered. Information provided will be based on the most recent evidence-based clinical practice guidelines from Canada, USA and Europe.

S44 A Family Doctor's Prescription for Cycling
10:00–11:00 Samantha Green, MD, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Interpret the research evidence about cycling and health
2. Describe how to make our communities safer for cycling
3. Describe methods of effectively advocating for improved cycling infrastructure

Description:

Cycling has significant health benefits for both individual patients and communities. Yet many of our patients are reluctant to ride bicycles because of safety concerns (real and perceived). In addition to the evidence demonstrating the health benefits of cycling, there is abundant research that demonstrates how communities can make cycling safer. We, as family physicians, have a professional obligation to speak out where there are public health interventions that will benefit our patients. Through effective advocacy and education, family physicians can have a significant impact on improving cycling safety for individual patients, for the community, and at a broader policy level. The presenters are founders of the group Doctors For Safe Cycling, formed in 2017 to advocate for improved cycling infrastructure to increase the safety of cycling in Toronto.

S75 Making Your Talks More Interactive: The better way!
10:00–11:00 Jon Davine, MD, CCFP, FRCPC
 Highlights novice concepts for teachers outside the clinical setting.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the superiority of interactive group teaching vs. the traditional didactic model in changing physician behaviour
2. Describe and participate in different activities that enhance interactive group teaching
3. Describe the use of commercial film and audiovisual patient encounters to enhance group teaching

Description:

Educational literature has shown us that traditional didactic presentations usually are not effective in ultimately changing

physician performance. Conversely, interactive learning techniques, particularly in smaller group settings, have been shown to be much more effective. In this workshop, we look at methods to facilitate interactive discussions. The group will have an interactive component, which will involve participating in group activities, such as “Buzz Groups”, and “Think-Pair-Share”, and “Stand Up and Be Counted”, which enhance small group interaction. The use of commercial film to enhance educational presentations has been coined “cinemeducation”. We will discuss techniques to help use film as teaching tools, along with having an experiential component involving the direct viewing and discussion of a film clip. We will also comment on how to maximize the use of audio visual tapes of patient encounters as a teaching tool.

S88 **Interstitial Lung Disease: Not all SOB is COPD!**
10:00–11:00 Suzanne Levitz, MD CM, CCFP; Gordon Dyck, MD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Differentiate ILD from other causes of shortness of breath
2. Develop an approach to ILD management
3. Incorporate ILD as part of differential diagnosis in dyspneic patient

Description:

Interstitial lung disease is a rare but not uncommon cause of shortness of breath, especially in certain patient populations. In this session, using case presentations, we will explore the presentation and management of these patients, reviewing the many aetiologies of this category of lung disease, and the multi pronged approach to management

S94 **Pearls in Thrombosis for Family Physicians: A case-based approach**
10:00–11:00 Alan Bell, MD, FCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe diagnosis and management of venous thromboembolic disorders (VTE) including deep vein thrombosis and pulmonary embolism
2. Apply appropriate duration of therapy in VTE for secondary prevention
3. Prescribe perioperative management of anticoagulants

Description:

Upon completion of this session participants will be better able to manage patients presenting with diseases requiring consideration of anticoagulation. A case based, interactive approach will be utilized. Topics to be covered include appropriate dosing of anticoagulants in atrial fibrillation, diagnosis and management of venous thromboembolic disorders (VTE) including deep venous thrombosis and pulmonary embolism, duration of therapy in VTE for secondary prevention and reversal / perioperative / bleeding management of patients on anticoagulants. Current guidelines, including those of the Canadian Cardiovascular Society and the American College of Chest Physicians, are the standard on which the session is based. Participants will be provided with point of care clinical tools, developed and peer reviewed by Thrombosis Canada, to apply the principles of this presentation to their practice. This session will provide an update to the FMF 2018 presentation.

🎧 **S96** **Weeding Through the Evidence for Cannabis for Medical Use 4.0**
10:00–11:00 **Derrière la fumée 4.0 : Distinguer les données probantes sur l'usage médical du cannabis**
 Lisa Graves, MD, FCFP; Launette Rieb, MD, FCFP; Sharon Cirone, MD, FCFP; Mel Kahan, MD, FCFP

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Identify the evidence for the use of cannabinoids including CBD in the treatment of medical conditions
2. Determine key factors in the use of cannabis in specific populations including pregnant/breastfeeding women, people

- living with mental health conditions
3. Plan clinical decision making including recommendations for CBD and various product strengths

Description:

This workshop continues from last year's well-attended "Weeding through the evidence for medical marijuana 3.0". During this presentation, participants will continue use the updated Preliminary Guidance document to guide clinical decision-making surrounding the authorizing cannabis use in chronic pain particularly neuropathic pain. With the emergence of legalized marijuana, this workshop will also address the evidence and risks associated with CBD products and the challenges presented with varying strengths. Specific attention will be paid to children, youth, pregnant and breastfeeding women as well as with individuals with co-morbid mental health issues.

Objectifs d'apprentissage :

1. Relever les données probantes en faveur de l'usage des cannabinoïdes, y compris le CBD, dans le traitement des affections médicales
2. Déterminer les facteurs clés liés à la consommation de cannabis dans certaines populations en particulier, y compris les femmes enceintes ou qui allaitent et les personnes vivant avec des troubles de santé mentale
3. Planifier la prise de décision clinique, y compris les recommandations liées au CBD et les diverses concentrations des produits

Description :

L'atelier fait suite à celui de l'an dernier (Derrière la fumée 3.0) qui a fait salle comble. Durant la présentation, les participants utiliseront encore une fois la mise à jour du document Orientation préliminaire pour guider les décisions cliniques en matière d'autorisation de consommer le cannabis contre la douleur chronique, en particulier la douleur neuropathique. Avec la récente légalisation de la marijuana, l'atelier abordera également les données probantes et les risques associés aux produits contenant du CBD, et les défis présentés par les diverses concentrations. Une attention particulière sera portée aux enfants, aux jeunes et aux femmes enceintes ou qui allaitent, de même qu'aux personnes atteintes de troubles de santé mentale en concomitance.

S182 Concussion Assessment in the Primary Care Setting
10:00–11:00 Michael Robinson, MS(AT), CAT(C), ATC

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Apply best practices in concussion assessment
2. Identify patients who are susceptible to a longer recovery
3. Identify red flags that would require referral to more advanced care

Description:

This lecture will focus on the best practices that primary care providers should employ during the initial assessment of a patient who has a suspected concussion. Areas that will be addressed include: key questions to ask during a clinical interview, components of a physical exam, clinical tools that are commonly used (and the evidence behind them), identification of red flags that may predict extended recovery and clinical guidelines that should be used to guide the management and treatment. This lecture will help equip clinicians to confidently assess suspected concussions and employ those clinicians to be able to provide comprehensive care for their patients.

S298 Elevating the Standards of Care for Adolescent-Led Families
10:00–11:00 Gillian Thompson, MN, NP-Paediatrics; Simone Lebeuf, MD, FRCPC

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review current evidence-based best practice clinical guidelines for working with pregnant and parenting youth
2. Identify adolescent priorities when seeking and engaging optimally in health care services, using a novel infographic tool

3. Collaborate with other participants to practically integrate evidence and experience into a clinical setting

Description:

There are nearly 8000 children born to adolescent mothers in Canada every year. Promoting optimal health for both the adolescent mother and her child requires a sensitive, developmentally-appropriate and holistic approach to care from their medical home. This session will review current best practice guidelines for caring for such families, distilled through the lens of adolescent parents themselves. Using a novel visual tool developed collaboratively by experts in adolescent-led families and parenting teens, this workshop will provide healthcare practitioners with clinical pearls and relevant resources to facilitate family-centered and strengths-based care for adolescent-led families.



S324

Borderline Personality Disorder: Evidence-based management strategies Trouble de la personnalité limite: Stratégies factuelles de prise en charge

10:00–11:00

James Goertzen, MD, MCISc, CCFP, FCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Describe key principles which support a therapeutic and compassionate physician-patient relationship with borderline personality patients
2. Identify strategies to assist with the management of patient self-harm and self-mutilation behaviors
3. Illustrate dialectical behavioral therapy principles applicable to the family physician's clinical settings

Description:

Borderline personality disorder (BPD) is frequently seen in practice and is often associated with management challenges. As a chronic mental health condition, it is disabling for patients and often seen as untreatable by health care practitioners. Patients with BPD struggle with dysregulation of emotions, limited impulse control, instability of self-image, and difficulty with interpersonal relationships. Frequent self-injury and testing of patient physician boundaries can lead to physician frustration. There is growing evidence that with effective treatment patients with BPD experience a significant reduction in symptoms and improvement in their lives. Since patients with BPD generally have problems with under regulation of emotions, a key management goal is teaching emotional regulation skills. Effective management strategies incorporate principles from dialectical behavioral therapy that can be readily embraced by family physicians and applied within their clinical settings. It is important to develop physician patient relationships where appropriate boundaries are defined, ongoing negotiation becomes a central feature, and mutual respect is a treatment goal. Nurturing compassion is possible through a better understanding of the both the patient and their condition.

Objectifs d'apprentissage :

1. Décrire les principes clés qui sous-tendent la relation thérapeutique empathique entre le médecin et le patient aux prises avec un trouble de la personnalité limite
2. Nommer les stratégies d'aide à la prise en charge des patients qui adoptent un comportement d'automutilation
3. Illustrer les principes de thérapie comportementale dialectique applicables au contexte clinique du médecin de famille

Description :

Le trouble de la personnalité limite est fréquemment vu en pratique et est souvent difficile à prendre en charge. Maladie mentale chronique, elle est incapacitante pour les patients et souvent perçue comme intraitable par les professionnels de la santé. Les patients aux prises avec un trouble de la personnalité limite luttent contre le dérèglement des émotions, la maîtrise limitée des impulsions, l'instabilité de l'image de soi et les difficultés interpersonnelles. L'automutilation fréquente et la tendance constante à tester les limites de la relation entre le médecin et le patient sont frustrantes pour le médecin. De plus en plus de données probantes indiquent que le traitement efficace des patients aux prises avec un trouble de la personnalité limite soulage significativement les symptômes et améliore leur vie. Puisque les patients aux prises avec un trouble de la personnalité limite éprouvent généralement des difficultés de régulation insuffisante des émotions, l'un des principaux objectifs de la prise en charge consiste à leur enseigner des aptitudes de régulation émotionnelle. Les stratégies efficaces de prise en charge incorporent les principes de thérapie comportementale dialectique que les médecins de famille peuvent facilement adopter et mettre en application dans leur contexte clinique. Il importe d'établir une relation médecin-patient où les limites appropriées sont définies, où les négociations continues deviennent une caractéristique centrale et où le respect mutuel est un objectif thérapeutique. La compassion est garante d'une meilleure compréhension du patient et de son affection.

S339 Wellness Through Well Habits: Toward joy and fulfillment in life

10:00–11:00 Lawrence Yang, MD, CCFP; Jacqueline Ashby, EdD

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Discover how the many different parts that make us human - our bodies, minds, and spirits, are all connected
2. Discover well habits domains that allow one to thrive like safety and connection
3. Describe how change can happen by understanding how habits work and how goal setting can help change habits

Description:

The burnout phenomenon in healthcare has been detrimental for mental health of students to experienced health professionals and patient safety globally. Wellness is ultimately about having a healthy and fulfilled life. We live in a world of quick fixes and are often less educated in the area of wellness. Taking on wellness is a process rather than a one-off action. To achieve greater wellness, we need to understand something that is at the core of all our behaviour - the power of our habits. Unless we understand how habits work and how goal setting can help change habits, we may remain at the mercy of our unwanted, un-owned or unconscious habits. So much that makes up our life are habits – and often a sequence of repetitive habits which may not be the ones we would choose. A well habit can be defined as a habit that will take one on the path of increased wellbeing. By taking the time to understand how habits work, where they come from, where they take us, and how one can take small steps to changing them, we can move towards greater wellness. This will be a wellness and action-focused workshop that will enlighten participants how to engage with one's growth process. It will help participants understand what wellness is, and how they can support others to maximize their health. This workshop will be appropriate for leaders in medical education and health professionals alike, including students and residents. Working in small groups and through role playing, we will break the idea of wellness down into six simple steps of habit change process: 1. Gather knowledge 2. Be self-aware 3. Get motivated 4. Explore options 5. Choose options 6. SMART-ASS Goals.

S388 How Preceptors Can Use Validity Evidence to Improve Learner Assessments

10:00–11:00 Eric Wong, MD, MCISc (FM), CCFP, FCFP; Daniel Grushka, MSc, MD, CCFP (EM), FCFP; Christina Cookson, MD, CCFP

All teachers welcome. Highlights experienced concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the validity evidence needed to make assessment decisions in the workplace
2. Appraise a workplace-based assessment method or tool using a validity framework
3. Describe an approach to improve validity of assessment decisions

Description:

Assessments in the workplace are expected to be rigorous with the implementation of competency-based medical education. As a preceptor/supervisor, how valid are your assessment decisions about your trainees? How do the tools that you use in your assessment impact the validity of your decisions? This workshop will review validity evidence for assessment in the workplace from the perspective of individual preceptors and help participants develop a strategy of enhancing the validity of their assessment decisions. Anyone who is involved in the assessment of trainees, especially those involved in workplace-based assessments. Both new and experienced teachers/preceptors are welcome. This workshop will include a combination of brief didactic sessions mixed with small group work and discussions.

S403 Locuming 101: A guide for the early career physician
10:00–11:00 Stephen Cashman, MD; Kiran Dhillon, MD; Haneen Abu-Remaileh, MD

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Defining a locum, locum opportunities/resources, choosing locum, application process
2. The different models and financial aspects of locums
3. Pros and cons of locums/career development

Description:

Locums are a job opportunity many residents and newly practicing physicians consider early in their careers. Given the minimal guidance, clarity and resourceful information available regarding locums, the SOR introduced this presentation at FMF 2018 addressing the needs of the residents and FFYP. Due to the high attendance and evaluation of this session, the SOT FMF Planning Committee has encouraged the SOR to capitalize on this success and present this session again at FMF 2019. This interactive session will consist of a diverse panel of family doctors from across the country that will present their personal experiences as locums. They will identify essential information and resources important to know when considering a locum; how to find a locum, choosing the right locum, the different models of locums, what specialties are needed, steps required to set up a locum, building a strong locum application, what mistakes not to make, financial aspect of locums (salary, taxes, pension, contracts and legalities), pros and cons of locums. This workshop will provide a complete overview of locums; the various pathways/options, preparations, key resources, job opportunities, financial aspect, career development and address any other concerns residents/newly practicing physicians have regarding locums at the concluding Q&A.

S449 Choosing Wisely Canada Meets CanMEDS-FM: Enhancing education across the continuum
10:00–11:00 Kimberly Wintemute, MD, CCFP, FCFP; Ivy Oandasan, MD, MHSc, CCFP, FCFP
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify how using Choosing Wisely Resources can support learning opportunities required of family medicine residents
2. Explore how Choosing Wisely Resources are helpful for personal learning plans for residents, first five years MD's and practicing physicians
3. Highlight opportunities to scale, spread and integrate Choosing Wisely Resources that enhance specific CanMEDS-FM Roles: Leader, Scholar, Professional, Communicator

Description:

Both the principles and the subject matter of Choosing Wisely Canada are intrinsically aligned with CanMEDS-FM competencies. Resource stewardship (Leader), shared decision-making (Professional, Communicator), and knowledge of key areas of over-utilization, over-diagnosis and over-treatment (Scholar) are at the heart of Choosing Wisely Canada. Together we will share what is already happening at our sites, identify new opportunities, and brainstorm around what CFPC can do to encourage implementation of Choosing Wisely Canada across the learning continuum.

S314 Team Mapping: A method to support transitions to team-based primary care
10:00–11:00 Morgan Price, MD, PhD, CCFP, FCFP; Sarah Fletcher, PhD; Maureen Ashe, PhD; Paule Bellwood; Tiffany Hill

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Learn about TeamMapping as a patient-centred approach to support discussion/decision-making re. team structure and function for team-based primary care
2. Explore TeamMapping as a way to engage stakeholders and create safe spaces to understand issues resulting from

service delivery transformation

- Practice and apply the team mapping method in the workshop setting with a facilitator

Description:

Communities across British Columbia are currently developing plans to change primary and community care through the implementation of Patient Medical Homes (PMHs), Primary Care Networks (PCNs) and other team-based care models. The Innovation Support Unit (ISU) at UBC has developed Team Mapping, a process that engages service providers, patients, and other stakeholders in a facilitated, patient-centred activity to explore how new or existing teams can be structured and how they might function to support care. Team Mapping is designed to be a facilitated series of 1-3 evening sessions, during which participants explore team configuration through a set of constructed patient personas. Team Mapping helps define various clinical roles and the tasks that would be undertaken by each role in the team. This process encourages discussion and supports participants to consider many aspects of team composition, function, and communication, while also allowing for reflection and knowledge sharing related to key roles, discussion of scopes of practice, and identification of opportunities for collaboration and innovation. This learning session will provide an overview of Team Mapping and provide an opportunity for participants to practice, first hand.

- «S436
11:15–12:15
Emergencies in Special Populations
Urgences chez les populations particulières
Rahim Manji, MD; Jock Murray, MD, CCFP (EM)

ROOM / SALLE : Ballroom B / Salle de bal B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Recognize emergency specific to special patient population
2. Treat emergencies specific to special patient populations
3. Anticipate and prevent emergencies in special patient populations

Description:

Some emergency presentations are specific to or present differently in special patient populations. This session will review emergencies associated; with addiction patients, psychiatric patients, patients on dialysis, oncology patients. Pregnant patients, spinal cord injured patients and many others. The approach will be a concise and "pearl" based strategy. This session is intended for physicians who occasionally work in the emergency department not those who spend a significant portion of their time as an emergency physician.

Objectifs d'apprentissage :

1. Reconnaître les urgences spécifiques aux populations particulières de patients
2. Traiter les urgences spécifiques aux populations particulières de patients
3. Prévoir et prévenir les urgences auprès des populations particulières de patients

Description :

Certaines situations d'urgence surviennent seulement chez certaines populations particulières, ou elles se manifestent différemment chez ces patients. Cette séance fait un tour d'horizon des urgences associées aux patients toxicomanes, aux patients psychiatriques, aux patients sous dialyse et aux patients cancéreux, aux patientes enceintes, aux patients ayant eu un traumatisme de la moelle épinière et beaucoup d'autres. L'approche utilisée est basée sur les « perles ». Cette séance s'adresse aux médecins qui font des quarts occasionnels en salle d'urgence et non à ceux qui passent une grande partie de leur temps à titre d'urgentologues.

- S19
11:15–12:15
Red Eye and a Simple Approach: Evidence, pearls, and medico-legal pitfalls
Simon Moore, MD, CCFP

ROOM / SALLE : Ballroom C

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Differentiate various red eye diagnoses confidently and avoid common medico-legal pitfalls

2. Prescribe therapeutics for red eye, including antibiotics, safely according to recent evidence
3. Identify simplified red eye red flags requiring urgent referral

Description:

The focus of this energetic lecture is to not only to review the scientific content, but also to help the learner apply clinical, patient-is-in-front-of-you management. This lecture will help the learner confidently differentiate which red eye patients need urgent referral versus those who can safely be discharged home. The talk also emphasizes pearls that every family physician should know about red eye. This presentation is the updated version of a highly rated presentation at FMF annually since 2014 as well as a 2014, 2016, and 2017 OCFP ASA presentation. It incorporates updated recommendations and feedback from the previous presentations.

«S50 **PEER Simplified Guidelines for Opioid Use Disorder**
Lignes directrices simplifiées de PEER sur les troubles de consommation d'opioïdes
 11:15–12:15 Tina Korownyk, MD, CCFP; Mike Kolber, MD, CCFP; Mike Allan, MD, CCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Discuss the identification of opioid use disorder in primary care
2. Compare and contrast opioid agonist treatment for opioid use disorder
3. Describe evidence for managing opioid use disorder in primary care

Description:

This talk will review 2019 PEER guidelines on the diagnosis and approach to management of opioid use disorder in a primary care setting. We will discuss the evidence for numerous topics relevant to the management of opioid use disorder including identification of OUD, management of OUD and evidence around treatment of co-morbidities.

Objectifs d'apprentissage :

1. Discuter de la détection des troubles de consommation d'opioïdes en contexte de soins primaires
2. Comparer les traitements par agonistes des récepteurs opioïdes contre les troubles de consommation d'opioïdes
3. Décrire les données probantes relatives à la prise en charge des troubles de consommation d'opioïdes

Description :

Lors de cette présentation, nous passerons en revue les lignes directrices publiées par PEER en 2019 sur le diagnostic et les méthodes de prise en charge des troubles de consommation d'opioïdes dans un contexte de soins primaires. Nous discuterons des données probantes relativement à différents sujets entourant la prise en charge des troubles de consommation d'opioïdes, y compris la détection des TCO, la gestion des soins et les données concernant le traitement des comorbidités.

S149 FASD Isn't Just About the Brain
 11:15–12:15 Kyle Sue, MD, MHM, CCFP (PC); Myles Himmelreich; Amy Hung, MD, CCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Consider FASD as a whole body diagnosis with significantly increased risk for chronic illnesses and critical implications for health care
2. Re-evaluate and modify your current assumptions about FASD: stigma, misdiagnosis, adaptive function versus IQ, affected populations
3. Review highlights of recent research related to chronic illnesses in people with FASD

Description:

A whole body view of Fetal Alcohol Spectrum Disorder (FASD) is essential. This presentation will provide an overview of FASD to set the context, followed by a presentation by a co-author of an innovative study on the health of youth and adults with FASD. The early onset of many physical and chronic disorders in those with FASD will be discussed as well as the importance

of early and ongoing health monitoring and intervention. The vulnerability of those with FASD to chronic and early medical illness will be discussed. One of our presenters is a person with FASD, who will provide a valuable perspective from the point-of-view of being a patient navigating our healthcare system for whole-body medical needs. FASD is not just about the brain!

S165 **Encouraging Lifelong Learning in Your Trainee**
11:15–12:15 Oksana Babenko, PhD; Sudha Koppula, MD, MCISc, CCFP, FCFP
 All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe lifelong learning and identify its key components
2. Identify factors that need to be considered in fostering lifelong learning mindsets and strategies in medical trainees
3. Apply the principles of motivation theory to encourage lifelong learning in medical trainees

Description:

Within training programs, medical students and residents often approach their learning with the mindset of succeeding on examinations. While success on examinations is important for eventual independent practice, the skills to self-assess accurately, seek new knowledge, and adapt to changes in working environments are required for successful professional practice long term. To this end, consideration of motivation theory could help clinical teachers and advisers to foster lifelong learning mindsets and strategies in their trainees. **Instructional methods:** Participants will engage in an interactive workshop including: **Introductions:** Brief introduction of the topic; introduction of workshop facilitators: introduction of workshop participants, who will each have the opportunity to individually reflect on the importance of the topic within their own teaching context and personal objectives for this workshop. Background required for the workshop will be provided by the facilitators in a large group format. This will include a brief review of terminology and existing literature relevant to the topic. In small groups or pairs, participants will share their own lifelong learning strategies and their perceived effectiveness. Each small group or pair will report on their discussion to the whole group. The facilitators will then lead an activity to help participants consider and discuss what aspects of their teaching may promote or hinder the concept of lifelong learning in their trainees, taking into account motivation theory and their own personal experiences. In a think-pair-share activity, each individual participant will choose one strategy to implement in their own teaching and share with another participant or group on how they will implement it. Key messages of the workshop will be summarized, with a summary handout provided to participants. **Target audience:** Clinical teachers, family medicine learners, and education leaders are invited.

S185 **How to Use Magic to Enhance Patient Care and Experiences**
11:15–12:15 Lalit Chawla, MD, CCFP, FCFP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Learn amazing close up illusions and how it can be used to build rapport with patients quickly
2. Learn how to use magic and illusions with patients in a rehabilitation setting
3. Learn how to use magic to demonstrate a medical principle or an idea

Description:

This workshop/presentation is back again at FMF and has been well very received in past FMF. This workshop will help individuals to learn how to use magic and illusions to help facilitate and enhance the patient-doctor interaction. It is a very entertaining and fun workshop. Specifically, the attendee will walk out having learned how to do a few amazing illusions they can use in the clinical setting. The presenter (a practicing physician and magician) will show: 1) How to use magic to build rapport with patients, 2) How to use magic in a rehabilitation setting to help patients improve a disability, 3) How to use magic to demonstrate a medical principle such as pathophysiology of diseases, medications etc.

S218 **Let Them Eat Avocado Toast: Strategies for intergenerational learning**
11:15–12:15 Vanessa Rambihar, MD
 All teachers welcome. Highlights experienced concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define and characterize the major generational cohorts in the current medical workforce
2. Identify challenges and opportunities in intergenerational teaching and learning
3. Integrate knowledge of intergenerational characteristics to employ evidence-informed teaching strategies

Description:

As millennials are now the major cohort of medical trainees, educators of all generations are encouraged to understand their characteristics in order to employ effective teaching strategies. This session uses a highly interactive case-based approach relevant to clinical teachers, and audience response systems that have been suggested in the literature to better engage our current learners. The intended outcome is to stimulate discourse amongst medical educators at all stages of practice, leadership experience, and teaching exposure, on the challenges to medical education based on the current generation of learners. This session will focus on positive solutions and methods to engage our future generation of leaders, given the inherent challenges this technology-centered generation poses to traditional medical education. The presentation will focus on all of levels of medical education, with particular focus on undergraduate medical education, postgraduate residency training, program leadership and curriculum development, while maintaining core tenets of professionalism and CanMEDS-FM roles. Both millennial and non-millennial medical educators and learners are encouraged to participate in this workshop in order to stimulate a comprehensive discussion of this timely topic.

S224 **Change-Makers: How research skills impact rural family physicians' lives**
11:15–12:15 Cheri Bethune, MD, MClSc; Tom Heeley, MASP; Shabnam Asghari, MD, PhD; Wendy Graham, MD

ROOM / SALLE : 113

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the value of using a scholarly lens in (rural) family practice
2. Implement techniques for improving scholastic motivation and productivity
3. Identify a research question from their own practice they might like to pursue

Description:

Background: Family physicians often have opportunities to investigate questions that matter to their patients. The 6for6 program at Memorial University of Newfoundland trains rural family physicians to pursue these questions through an academic lens, addressing community healthcare issues and creating change. Now entering its sixth year, 6for6 uses a unique 'six learners, six sessions, one year' design and empowers participants with a tailored curriculum, university resources, and mentorship. **The workshop:** Every 6for6 participant embarks on a journey of academic and personal discovery. Moderated by 6for6's lead investigator, this workshop will see a panel of 6for6 graduates discuss their lived experiences as program participants and rural researchers. The audience will learn pragmatic strategies for scholastic motivation and productivity, and breakout roundtable discussions will allow attendees to converse and consult with panelists separately about their community-driven research. They will also be challenged to share potential research questions from their own clinical experience. **Teaching methods:** A 30-minute panel discussion will preface two 15-minute breakout roundtable discussions arranged in a speed dating format. Attendees will choose a table to join for 15 minutes, after which they can change tables for the last 15 minutes. In our experience delivering 6for6, professional networking and group discourse are key drivers for family physicians conducting research.

S296 Supporting Patients and Physicians Navigating Non-Insured Health Benefits
11:15–12:15 Aaron Livingstone, MD, CCFP, MSc; Steven Fisher, RPh, BPharm

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify components of the NIHB program
2. Recognize common barriers to accessing care through NIHB
3. Apply knowledge of NIHB to advocate for indigenous patients

Description:

Many indigenous people across Canada access uninsured health care, such as drug coverage, medical transportation, mental health supports, dental and vision care and medical supplies, through the Non-Insured Health Benefits (NIHB) program run by the Government of Canada. This presentation will introduce practitioners to components of NIHB and provide insights from both physician and pharmacist perspectives, into supporting indigenous patients accessing benefits. Building on professional experiences supporting patient navigation through NIHB and grounded in the everyday realities of indigenous health considerations, we will illustrate common barriers and opportunities available to patients to inform practitioners' ability to advocate. This presentation will explore the historical context that underpins the modern NIHB system, and discuss its implications for closing health outcome gaps to pursue reconciliation. Increasing providers' knowledge of available programs will help foster culturally relevant care and an appreciation for the complexities patients face. Resources to support practitioners' navigation of the Program will be provided for more efficient and effective clinical care.

S361 CBT for Everyone: Making psychological strategies part of every visit
11:15–12:15 Lori Montgomery, MD, CCFP, FCFP; Todd Hill, PhD, RPsych

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize when they are already using evidence-informed psychological strategies in their daily work
2. Purposefully choose, use and document psychological strategies
3. Offer resources to patients when further expertise is needed

Description:

Increasingly, treatment guidelines recommend employing psychological strategies for everything from migraine to IBS, without much guidance on how to make this happen. A casual observer could be forgiven for not understanding entirely what CBT even means. How do things like mindfulness or Acceptance Commitment Therapy fit in? What if I don't have a team that includes a psychologist? Is there a mountain of theoretical literature I need to study before I take this on? Using examples from the field of chronic pain (but widely applicable), this workshop will outline some approaches that fall under the umbrella of psychological strategies, and offer tips on incorporating them in every visit, from a prescription renewal to a discussion of opioid tapering.

S378 Medical Abortion and Family Physicians: Canadian Abortion Providers Support community
11:15–12:15 Regina Renner, MD, MPH, FRCSC, FACOG; Sheila Dunn, MD, MSc, CFPC, FCFP; Sarah Munro, PhD

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify clinical and professional supports for physicians wishing to implement mifepristone abortion practice
2. Integrate knowledge and tips from experienced mifepristone abortion providers toward high quality practice
3. Collaborate with colleagues to share experiences related to this recent practice innovation

Description:

Many family doctors have considered or begun the new practice of medical abortion. CFPC has a range of approved

resources, including the community of practice that will be presented, to support family physicians to deliver this innovation in care. Mifepristone availability offers family doctors the opportunity to provide this common reproductive health service in their practices and communities that may not previously have offered abortion care. This session will introduce participants to the Canadian Abortion Provider Support (CAPS) platform. CAPS is a secure website where Canadian physicians can access tools for practice, discuss clinical challenges with expert providers, and share strategies discovered in their own practice to facilitate abortion care. During this interactive session, we will present practical tips for successful mifepristone abortion implementation identified by CAPS members and invite participants to bring questions about mifepristone abortion practice for discussion. CAPS is supported by the College of Family Physicians of Canada and Society of Obstetricians and Gynaecologists of Canada.

S385 First Five Years in Parenthood
11:15–12:15 Jesse Marantz, MD, CCFP; Stephen Cashman, MD; Jordyn Lerner, MD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Be able to foresee some of the challenges of being a new parent new in practice
2. Know some practical strategies to address the challenges of parenthood as a new physician
3. Know how to find funding for parental leave

Description:

Many physicians have children in their first five years in practice. This panel, lead by a new in practice doc who is also a new father, will feature stories and wisdom from parents who have taken on the dual challenges of entering practice and starting their families at the same time. Hear stories from other parents detailing the challenges they have faced and the solutions they have found. What can you expect? How do you divide up childcare responsibilities (especially in a double professional family)? How do you tackle the challenges of launching a career and a family as a single parent? How do you manage to keep up with your clinical obligations if you are in a group practice or if you have shift work duties? If you are planning to take leave how can you find funding for it? These and other questions will be answered, ensuring that both starting your career and having your children will be easy and trouble free! (well maybe not, but at least you will know you aren't alone)

S393 Top Five Articles in Long-Term Care
11:15–12:15 Adam Gurau, MD, CCFP (COE)

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify 5 recent papers relevant to the care of long term care residents
2. Discuss their findings and relevance to clinical practice
3. Implement improvements to the caring for frail elderly patients using evidence-based methods

Description:

Many family physicians care for nursing home residents and the issues encountered in this setting are increasingly complex. This session will review 5 recent papers that cover a range of clinical topics and are relevant to the care of patients residing in long term care facilities. We will build on the current management framework and discuss improvements using evidence based strategies.

S410

Pregnancy and Birth in the Patient With a High BMI**Grossesse et accouchement chez les patientes dont l'IMC est élevé**

11:15–12:15

Anne Biringer, MD, CCFP, FCFP; Milena Forte, MD, CCFP

ROOM / SALLE : 202/203**Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1****Learning objectives:**

1. Determine appropriate gestational weight gain for each BMI class and strategies to achieve this
2. Identify and manage common issues in pregnancy, labour and the puerperium for women with high BMI
3. Explain how exercise in pregnancy may impact BMI and related medical complications and review current recommendations

Description:

Given rising rates of obesity, it is becoming increasingly important to understand how to manage the unique aspects of pregnancy and birth in the high BMI patient. The topic is frequently requested in the evaluations of the Mount Sinai annual Refresher in Pregnancy and Birth for Primary Care Providers as it is of interest to all providers of prenatal and intrapartum care. Family physicians may be reluctant to discuss the impact of high BMI on pregnancy and birth for fear of creating shame in their patients or being seen as discriminatory. The workshop will include a discussion of culturally sensitive ways to address this issue while using recent national evidence based guidelines on obesity in pregnancy and exercise in pregnancy to provide the medical evidence. The workshop will identify preconception interventions which might positively impact BMI in pregnancy. It will cover some of the risks that these patients incur – specifically excess gestational weight gain, increased incidence of cardiopulmonary complications, poor pregnancy outcomes, higher prevalence of gestational diabetes and risks to the fetus such as increased incidence of anomalies, shoulder dystocia and stillbirth. The high BMI patient is also at risk for labour complications such as dystocia, anaesthesia complications, difficult Cesarean section and VTE. For about half of the session, we will present cases for interactive discussion which demonstrate issues unique to the management of pregnancy, labour and the postpartum period in the patient with high BMI.

Objectifs d'apprentissage :

1. Déterminer la prise pondérale gestationnelle appropriée pour chaque classe d'IMC, et les stratégies pour y arriver
2. Nommer et gérer les problèmes fréquents liés à la grossesse, au travail et à la puerpéralité chez les femmes dont l'IMC est élevé
3. Expliquer comment l'exercice durant la grossesse peut avoir un impact sur l'IMC et les complications médicales connexes, et examiner les recommandations actuelles

Description :

Vu le taux croissant d'obésité, il importe de plus en plus de comprendre comment prendre en charge les aspects uniques de la grossesse et de l'accouchement chez les patientes dont l'IMC est élevé. Ce sujet est en demande dans les évaluations du cours de rappel annuel Refresher in Pregnancy and Birth for Primary Care Providers de l'hôpital Mount Sinai puisqu'il intéresse tous les fournisseurs de soins prénataux et de maternité. Les médecins de famille hésitent parfois à parler des répercussions d'un IMC élevé sur la grossesse et l'accouchement de peur de susciter la honte chez leurs patientes ou d'être vus comme discriminatoires. L'atelier inclut une discussion sur les façons d'aborder le problème en tenant compte de la culture de la patiente à l'aide des récentes lignes directrices nationales factuelles en matière d'obésité durant la grossesse et d'exercice durant la grossesse pour fournir des données probantes médicales. L'atelier parle des interventions possibles avant la conception qui pourraient avoir un impact positif sur l'IMC durant la grossesse. Il traite de certains des risques pour ces patientes, en particulier la prise pondérale gestationnelle excessive, l'incidence élevée de complications cardiopulmonaires, les issues défavorables de la grossesse, la prévalence accrue de diabète gestationnel ainsi que des risques pour le fœtus, tels que l'incidence accrue d'anomalies, la dystocie des épaules et la mortinatalité. Les patientes dont l'IMC est élevé présentent aussi un risque de complications durant l'accouchement telles que la dystocie, les complications anesthésiques, la césarienne difficile et la TEV. Environ la moitié de la séance sera vouée à des cas présentés aux fins de discussion interactive qui démontrent les enjeux uniques de prise en charge de la grossesse, de l'accouchement et du post-partum chez les patientes dont l'IMC est élevé.

S692 **Take Action: Finding common ground to improve obesity management (Ancillary Session)**
12:15–13:30 Akshay Jain, MD

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

This is an Ancillary Session, sponsored and paid for by a CPD provider that may have also received external funding for program development. All conflicts of interests will be fully disclosed on slides and shared verbally at the start of the presentation.

Learning objectives:

1. Establish an understanding of the complex biological, psychological and environmental factors that lead to obesity as a chronic disease
2. Integrate practical solutions to overcome biases and barriers in obesity management in primary care
3. Distinguish between approaches to obesity management and utilize these approaches in clinical practice, including available pharmacotherapy options

Description:

Dispute a consensus among Canadian and global health organizations that obesity is a chronic, progressive medical disease, there remain discrepancies between patient and healthcare provider perspectives on obesity. From willingness and responsibility to start the conversation, to understanding its clinical management, these discrepancies create barriers to effective treatment of obesity. This program aims to explore the different attitudes and beliefs of patients and healthcare providers on obesity, while highlighting the recommended approaches to its management, including pharmacotherapy, as well as practical strategies to overcome key barriers.

«S38 **Urine Drug Testing and its Application to Opioid Agonist Treatment**
Test urinaire de dépistage de drogues et son application au traitement par agoniste des opioïdes
13:30–14:30 Ryan Patchett-Marble, MD, CCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Interpret urine drug tests within their limitations
2. Use simple tools and techniques to address the logistical barriers to UDT implementation in family practice
3. Apply UDT results in clinical practice to complement the effective prescribing of buprenorphine/naloxone for opioid use disorder

Description:

Recent evidence suggests opioid agonist treatment (OAT) is better provided under the auspices of primary care, yet high-volume specialty clinics still treat the majority of opioid use disorder (OUD). The primary aim of this session is to address the challenges of urine drug testing (UDT) so that more family physicians will consider prescribing buprenorphine/naloxone for OUD. While UDT is a critical aspect of OAT - providing objective evidence of clinical stability/instability, which can then influence take-home doses and overall treatment plans – there are numerous challenges to UDT. Research has shown that family physicians lack education on how to correctly interpret UDT, and incorrect interpretations can in-turn lead to mismanagement and disastrous patient consequences. In addition, there are many practical questions around UDT in family practice. Where should it be done – clinic or lab? How often? Which type(s) of UDT? Which anti-tampering methods should be employed? How are the UDT results applied to a real patient? The presenter answers these questions by drawing on years of clinical experience applying UDT, and refining a clinical system to support it in family practice. Winner of awards at the provincial and national levels for scalability and innovation, the HARMS Program and START-IT tool will be briefly demonstrated as practical tools to facilitate uptake of UDT in your primary care setting. After this presentation, family physicians will come to see UDT as a helpful tool – instead of a confusing obstacle – when treating OUD. With an increased comfort around UDT and OAT, it is hoped that more family physicians will be willing to answer the call and start prescribing OAT. Only then will patients suffering with opioid use disorder finally start receiving the treatment they need, from the place where it is best delivered – primary care.

Objectifs d'apprentissage :

1. Interpréter les tests urinaires de dépistage de drogues à l'intérieur de leurs limites
2. Utiliser des outils et techniques simples pour faire tomber les obstacles logistiques à l'application des tests urinaires de dépistage de drogues en pratique familiale
3. Appliquer les résultats des tests urinaires de dépistage de drogues à la pratique clinique pour compléter la prescription efficace de buprénorphine/naloxone contre le trouble de consommation d'opioïdes

Description :

Des données probantes récentes laissent croire qu'il convient mieux de dispenser le traitement par agoniste des opioïdes en première ligne, mais les cliniques spécialisées à grand volume traitent toujours la majorité des troubles de consommation d'opioïdes. Cette séance vise principalement à parler des difficultés liées au test urinaire de dépistage de drogues afin d'encourager plus de médecins de famille à envisager de prescrire la buprénorphine/naloxone contre le trouble de consommation d'opioïde. Alors que les tests urinaires de dépistage de drogues sont un aspect essentiel du traitement par agoniste des opioïdes, soit de fournir des preuves objectives de stabilité ou d'instabilité clinique, ce qui influe sur les doses pour emporter et le plan thérapeutique dans son ensemble, ils s'accompagnent de nombreuses difficultés. La recherche a montré que les médecins de famille ne sont pas formés pour interpréter correctement les tests urinaires de dépistage de drogues, et une mauvaise interprétation peut entraîner une mauvaise gestion et des conséquences désastreuses pour le patient. De plus, beaucoup de questions pratiques entourant les tests urinaires de dépistage de drogues en pratique familiale se posent. Où faut-il les faire – à la clinique ou au labo? À quelle fréquence? Quel(s) type(s) de tests? Quelles méthodes de prévention de l'altération des tests faut-il utiliser? Comment les résultats des tests urinaires de dépistage de drogues s'appliquent-ils à un patient réel? Le présentateur répond à ces questions en faisant appel à de nombreuses années d'expérience clinique à appliquer les résultats des tests urinaires de dépistage de drogues, et à peaufiner un système clinique les appuyant en pratique familiale. Gagnants de prix à l'échelle provinciale et nationale pour l'évolutivité et l'innovation, le programme HARMS et l'outil START-IT feront l'objet d'une brève démonstration à titre d'outils pratiques d'adoption des tests urinaires de dépistage de drogues en première ligne. Après cet exposé, les médecins de famille verront les tests urinaires de dépistage de drogues comme un outil utile plutôt qu'un obstacle déroutant dans le traitement du trouble de consommation d'opioïdes. Se sentant plus à l'aise à l'égard des tests urinaires de dépistage de drogues et du traitement par agoniste des opioïdes, plus de médecins de famille seront, espérons-le, prêts à répondre à l'appel et commenceront à prescrire le traitement par agoniste des opioïdes. Ce n'est qu'à ce moment-là que les patients aux prises avec un trouble de consommation d'opioïdes commenceront finalement à recevoir le traitement dont ils ont besoin, d'où il est le mieux administré; en première ligne.

S86 **COPD Management 2019**
Prise en charge de la MPOC en 2019
13:30–14:30 Suzanne Levitz, MD CM, CCFP

ROOM / SALLE : Ballroom B

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Compare the currently available medications for optimal COPD management
2. Identify the challenges in managing different patient populations with COPD
3. Optimize management to decrease exacerbations and improve patient quality of life

Description:

The proliferation of new bronchodilators and new respiratory guidelines over the past few years has made it difficult for the physician to determine the best management for their COPD patient. Using a case based approach, this session will explore the non pharmacologic and pharmacologic management of different COPD populations, examining not only stages of disease, but also the difficulties in management in the presence of co-morbidities.

Objectifs d'apprentissage :

1. Comparer les médicaments présentement offerts sur le marché pour la prise en charge optimale de la MPOC
2. Nommer les difficultés liées à la prise en charge de différentes populations de patients atteints de MPOC
3. Optimiser la prise en charge dans le but de réduire les exacerbations et d'améliorer la qualité de vie des patients

Description :

La prolifération depuis quelques années de nouveaux bronchodilatateurs et de nouvelles lignes directrices respiratoires fait qu'il est maintenant difficile pour le médecin de déterminer la meilleure prise en charge pour un patient donné atteint de MPOC. À l'aide d'une approche basée sur les cas, cette séance se penche sur la prise en charge pharmacologique et non pharmacologique de différentes populations atteintes de MPOC, en examinant non seulement les stades de la maladie, mais aussi les difficultés de prise en charge en présence de comorbidités.

S97 Alcohol in Pregnancy: A 2019 update

13:30–14:30 Lisa Graves, MD, FCFP; Tejal Patel, MD, CCFP; Courtney Green, PhD; Jocelyn Cooke, PhD; George Carson, MD, FRSCS

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify the screening tools available for problematic alcohol use in pregnancy
2. Plan clinical decision making for the treatment of women with problematic alcohol use in pregnancy, including the use of medications
3. Apply knowledge of the adverse effects on a fetus of both high and low dose alcohol exposure

Description:

Many family physicians care for patients of reproductive age, who are considering pregnancy, or who are currently pregnant. They play an important and influential role in promoting healthy pregnancies for their patients, and for identifying the signs of risky behaviours that put them and their babies at risk. Alcohol use in pregnancy has been associated with adverse consequences to the developing fetus leading to life-long disability in many cases. Screening for problematic alcohol use in pregnancy is critical for identifying patients who are at risk. In 2010, the Alcohol Use and Pregnancy Consensus Clinical Guidelines were published, providing healthcare professionals with guidance, recommendations and tools for managing pregnant patients who were using alcohol. Almost 10 years later, the guideline has been updated and revised to reflect the changing landscape in the field of substance use in pregnancy. The 2019 guidelines provide an overview of the current incidence and prevalence; screening practices and tools; and treatment and management strategies for mitigating the harms associated with alcohol and pregnancy. Participants will learn about the various validated screening tools that are currently available and how they can be incorporated into their practice. The risks and benefits of treatment, including pharmacological agents, will be discussed and evaluated using case study examples. By the end of the workshop, participants will be able to plan for the care and management of pregnant patients who use of alcohol.

S155 Big Reds and Mustangs: Unique rural emergency cases

13:30–14:30 Christopher Patey, MD, CCFP, FCFP, FRRMS

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. List a broader range of emergency department patient presentations and diagnoses
2. Recognize the uniqueness of rural and community emergency practice in other regions of Canada
3. Use emergency care stories to inspire and enlighten perspectives on practice

Description:

Rural Emergency care is challenging and rewarding. Never knowing what will pass through your doors to test the resources, skills and knowledge of your team can be humbling and even awe-inspiring. In this workshop, we will present an insightful, even comical view on uniquely Newfoundland emergency presentations that have made us come to appreciate and respect the trade. In doing so, we will broaden the audience's perspectives on emergency care through a different lens while also expanding their medical knowledge and list of differential diagnoses.

S194 Providing Safer, More Inclusive Care for STBBIs in Your Practice

13:30–14:30 Marc Steben, MD, CCFP, FCFP, DESS; Laura Bouchard, MSc; Claire Kendall, MD, MSc, PhD, CCFP

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the various forms of stigma and their potential impacts on patient health and well-being
2. Apply harm reduction, trauma-informed care, cultural safety, and LGBTQ-affirmative care to prevent/reduce STBBI-related stigma
3. Deliver more comfortable, respectful, and inclusive counselling in relation to sexual health, substance use, and STBBIs

Description:

The prevention, management, and treatment of sexually transmitted and blood borne infections (STBBIs) represent important health issues in Canada. Unfortunately, the stigma so often associated with STBBIs, sexuality, and substance use complicates accessing healthcare related to these concerns. Marginalization based on race, gender identity, sexual orientation, class, and ability, among other factors, can exacerbate these challenges, so it is imperative to consider how these forms of stigma and oppression overlap, intersect, and impact patient experiences around sexual health, substance use, and STBBIs. The World Health Organization recognizes primary care as a means for achieving health equity and providing universal access to sexual and reproductive health. Research also shows that primary care is the preferred setting to receive care for sexual health and STBBI-related concerns. Family physicians therefore have a unique opportunity to address stigma and other psychosocial aspects of STBBI. Our needs assessment identified specific concerns around physicians' and students' comfort in: discussing sexual health with patients of diverse gender identities, sexual orientations, and ethnicities; addressing psychosocial concerns around chronic STBBIs such as herpes and HIV; and addressing wider social and contextual factors influencing sexual health, substance use, and STBBIs. In this interactive workshop, participants will explore various ways stigma can manifest in clinical encounters and impact prevention, testing, and treatment of STBBIs, and other facets of patients' health and well-being. We will focus on specific strategies to alleviate stigma in the primary care context through the lens of applying harm reduction, trauma-informed care, cultural safety, and LGBTQ-affirmative care principles to practice. The workshop will incorporate group activities and discussion, case scenarios, and practical take-away tools and resources to enhance capacity to reduce STBBI-related stigma at the practice and organizational levels.

S214 Coach Your Peers Wherever They Teach

13:30–14:30 Sudha Koppula, MD, MCISc, CCFP, FCFP; Oksana Babenko, PhD
All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe peer coaching concepts
2. Review teaching domains presented in the Fundamental Teaching Activities Framework
3. Apply concepts of peer coaching to teaching domains presented in the Fundamental Teaching Activities Framework

Description:

Overview: Medical educators, such as family physician teachers, value faculty development activities to improve their teaching. Attending traditional in-person group sessions can be challenging however, for many reasons. Educators also value feedback on their teaching for professional development. Mostly, they receive feedback from learners, which is valued but limiting as learners represent only one feedback source. Feedback from learners is usually not provided in a timely manner, and teachers may experience uncertainty if learner feedback is unclear or not constructive. Peer coaching is one strategy by which teachers can receive additional feedback on their teaching. **Instructional methods:** Workshop participants will be invited to participate in an interactive workshop including: **Introductions:** introduction of workshop facilitators, introduction of topic and its importance, introduction of workshop participants and reasons for attending this workshop; background required for this workshop will be provided by the facilitators in a large group format (review of existing literature, review of different teaching activities and contexts as per the CFPC's Fundamental Teaching Activities (FTA) Framework; in small groups or pairs, participants will reflect on peer coaching strategies that are currently employed within each of the domains in the FTA Framework; the facilitators will describe strategies that they have employed as

faculty developers; in a large group format, discussion of how to more effectively offer and structure peer coaching in various teaching contexts, will be led by the facilitators; participants will consider how peer coaching can be implemented within their own context; key messages will be summarized. **Target audience:** Medical educators, faculty developers, and family physicians who already teach or who are considering teaching in clinical settings or outside of clinical settings.

S276 Truth and Reconciliation Calls to Action: How are we doing as family docs in Canada?

13:30–14:30 Sara Goulet, MD

All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Review history of colonization, residential schools and the health related calls to action (#18-24)
2. Examine with popular and scientific literature, the achievements to address the health-related calls to action across Canada
3. Focus on remaining gaps in primary care and tools we can learn to address the same. Specifically 1) Cultural safety 2) Advocacy 3) Trauma informed care

Description:

It has been three years since the Truth and Reconciliation Commission of Canada called on all levels of government, education and religious institutions, civil society groups and all Canadians to act on the '94 CALLS TO ACTION' identified. Calls #18-24 focus on health and health education related objectives. Stakeholders at all levels of government, institution and individual have already taken significant steps to answer these calls. However many large gaps in health equity still remain and there are significant opportunities to grow your own physician practice to address the health related calls.

S315 Pearls in Primary Care Occupational Medicine for the Family Physician

13:30–14:30 Alfredo Tura, MD, CCFP, ACBOM

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define the relevance of occupational medicine in family practice and primary care
2. Integrate occupational medical history in the context of family practice and SOAP format
3. Apply basic occupational medicine principles to promote functional ability and to prevent and manage work-related disability

Description:

The session will: Introduce key practical occupational medicine concepts relevant to primary care. Provide pearls to integrate occupational historical and practical elements in the SOAP. Include presentation and discussion of common clinical cases. Offer strategies to enhance function and minimize the effect of work-related impairment. Review common pitfalls in return to work planning. Describe common disability management terminology.

S414 Fostering Conversations with Field Notes Using Electronic Tools

13:30–14:30 Keith Wilson, MD, PhD, CCFP, FCFP; Sasha Sealy, MD, CCFP

All teachers welcome. Highlights novice concepts for educational leaders.

ROOM / SALLE : 115

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Evaluate the use of field notes in the context of programmatic assessment
2. Identify and mitigate challenges in moving from paper to electronic field notes
3. Evaluate the use of electronic field notes in quality improvement of assessment

Description:

As part of the Continuous Reflective Assessment For Training (CRAFT), sampling of observable behaviours is typically documented using low-stakes, formative field notes. These short narrative assessments are core to programmatic assessment and document an already existing process between learner and preceptor. Dalhousie's Family Medicine programme has been using field notes for over 13 years in paper form. In the past year, we piloted multiple methods of capturing these electronically. Ultimately, we settled on an in-house designed system that set out to accomplish our goals. Custom features in the implemented system have facilitated electronic conversations with very positive, albeit unexpected, alternate uses of the system. Additionally, the use of the new system has minimized much of the 'busy work' at periodic reviews, allowing more time to be spent on self-reflective activities and co-construction of learning plans. This session is aimed at describing the development and implementation of e-Field Notes at Dalhousie across multiple sites; exploring unique differences in the use of paper field notes and e-Field Notes; challenges overcome by preceptors and residents alike, and implications for quality of assessment in both core family medicine and enhanced skills training.

S415 **Creating a "Patient's Medical Home+" Through Indigenous Elders Partnering with Physicians**
13:30–14:30 David Tu, MD, CCFP; Elder Roberta Price; Elder Bruce Robinson; Jennifer Dehoney, BSC PT

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify structures and processes in the primary care that are failing Indigenous Peoples' health needs
2. Recognize how can effective "partnership" between Indigenous Elders and primary care providers can be achieved
3. Explore if the "Patient Medical Home+" model can deliver the type of care called for by the TRC

Description:

This workshop will be co-facilitated by an Indigenous Elder and a non-Indigenous family physician, and attendees will participate in a Coast Salish welcoming and closing ceremony. This session will explore some of the unique determinants of health for Indigenous Peoples in Canada, and highlight the importance of cultural identity as key modifiable health determinant. This session will examine the roles Indigenous Elders play within Indigenous communities, and draw upon the qualitative analysis of the Vancouver Indigenous Elder's Partnership (VIP) program to identify strategies for successful clinical partnerships between Indigenous Elders and primary care providers. Quantitative and qualitative results from a prospective cohort study (n=44) of the mental health impacts of encounters with Indigenous Elders as a part of routine primary care will be reviewed. In light of these findings, the six Truth and Reconciliation Commission's (TRC) calls to action in health will be reviewed and we will explore how a clinical partnership between Indigenous Elders and family physicians can be incorporated into the Patient Medical Home Model of care as a strategy to respond to these calls to action. One year operational experience from an inner-city non-profit Indigenous led primary care centre that has been implementing this model will be presented. The effectiveness of the "Patient Medical Home+" model of care for Indigenous Peoples will be discussed.

S222 **Practical Tips to Support Patients With Dementia and Their Families**
13:30–16:00 Mary Schulz, MSW, RSW; Fred Mather, MD, CCFP, FCFP; Nancy Dixon, MD, CCFP (COE), FCFP;
 Sid Feldman, MD, CCFP (COE), FCFP

ROOM / SALLE : 110

Mainpro+ Group Learning certified credits = 2

Learning objectives:

1. Recognize key transition points in the dementia journey of patients and families from initial diagnosis to providing end-of-life care
2. Produce practical, evidence-based advice to support patients and family members at these key transitions
3. Integrate available tools and resources into family practice settings to optimally care for patients and families living with dementia

Description:

Dementia poses a great challenge to family physicians. It is an illness that is a "great disruptor" to patients and families, and new graduates along with experienced clinicians alike can struggle to provide them with support when faced with

dementia at all stages of the disease. Yet we have also all seen some who are able to continue to find meaning, joy and purpose throughout a long journey. This workshop is presented jointly by the College of Family Physicians of Canada (CFPC) Health Care of the Elderly Program Committee and the Alzheimer Society of Canada. The goal is to discuss the full trajectory of dementia, from initial diagnosis through to a palliative approach to care when appropriate, and suggest key interventions for each stage to help our patients and their families as they live with dementia.

S370 Resident Simulation Showcase
13:30–17:15 John Foote, MD, CCFP (EM), FCFP

ROOM / SALLE : 206/207

Mainpro+ Group Learning certified credits = 3

Learning objectives:

1. Showcase patient simulation as an powerful learning tool
2. Increase resident participation at FMF from PGY1 to PGY3 from across the country
3. Highlight team based care and communication

Description:

Five teams of 4 FMeds residents from separate Canadian university residency programs will perform a high fidelity patient simulation assessment and treatment of a computerized patient mannequin. Each team will perform 2 cases in front of faculty judges and an audience of up to 150 attendees. Structured feedback by the judges will occur directly after each case in front of the audience which will highlight the critical clinical teaching points of the respective case. Cases will be chosen to represent clinical scenarios that may also be encountered in an office setting.

S93 Cannabis for Medical Purposes: Essentials for effective practice
15:00–16:00 Alan Bell, MD, FCFP

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Define the endocannabinoid system and function
2. Cite the existing evidence regarding the use of cannabis for medical purposes
3. Recognize the potential side effects and contraindications of cannabis

Description:

Using a case based, interactive approach the learner will gain the knowledge needed to effectively authorize the use of marijuana for medical purposes. This will be in accordance with the CFPC document: Authorizing Dried Cannabis for Chronic Pain or Anxiety - preliminary guidance as well as Health Canada regulations. Topics to be covered include the role and function of the endocannabinoid system, evidence regarding the use of medical marijuana in neuropathic pain, multiple sclerosis and other conditions where benefit has been demonstrated, potential risks and benefits, regulations regarding authorization and avoidance of misuse, diversion and inappropriate prescribing. Clinical pearls will include how to identify the appropriate and inappropriate patient, how to adequately document initial and follow up patient visits, use of the patient agreement and harm reduction strategies. This session will provide an update to the FMF 2018 presentation.

S136 The Ecology of Family Medicine and Clinical Education
15:00–16:00 Christie Newton, MD, CCFP; Jacqueline Ashby, EdD
 All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the current ecology of clinical education; considering its challenges and opportunities
2. Address the current questions emerging on sustaining the clinical placement model

3. Explore how we can best support community preceptors and apply these findings to their program

Description:

Several challenges have emerged in clinical education over the past two decades. Health professional programs have increased in both number and size resulting in an upsurge of trainees. This rapid expansion has strained clinical educators as they attempt to accommodate the increase in program capacity and demands of teaching while simultaneously managing their patient care workflow. The unprecedented growth has increased the workload of clinicians' office staff as university administrators work to coordinate their learners' placements and schedules. Further complicating the matter are the varying teaching remuneration models between programs and their preceptors. Encapsulating the system is the interplay among government, post-secondary, and professional bodies and their social contracts, values, and mandates that inform and bind the profession's development. Globally, the ecology of family medicine is evolving. Concerns have been raised about the erosion of relationships between patients and their doctors, doctors and other doctors, and doctors and other health professional care providers. Compounding matters are patients' lack of health insurance coverage; external pressures for healthcare to be cost effective and efficient in practice; pressures for healthcare workers to specialize; and changes in the family structure and population demographics. This altered landscape and increasing divide influence and impart their stresses on the educational paradigms responsible for training learners. The burst of scientific advancements, learning theories, digital technologies, coupled with a desire to take a more patient-centred approach to address these concerns add to this complexity with much of the responsibility of falling upon the community preceptor to navigate and instruct with minimum support. In this session, we will discuss a recent research initiative to better understand the context, challenges, and facilitators of clinical practice education as well as how we can improve the experience for residents, preceptors, and patients.

S143 **Screen Time, Blue Light, and Children's Eyes**
15:00–16:00 Shamrozé Khan, OD, BSc

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand the CAO/COS Joint Statement: Effects of electronic screens on children's vision and recommendations for safe use
2. Review the evidence on the effects of blue light exposure
3. Review the natural history of childhood vision issues with recommendations for eye exam frequency

Description:

The prevalence of electronic screen-related ocular symptoms is estimated to be as high as 50–90% in adult electronic screen users. Due to a lack of scientific literature in the area, the corresponding statistic is not known for children, however children's use of electronic screens, has become more commonplace. This prompted guidelines to be developed jointly by the Canadian Association of Optometrists and the Canadian Ophthalmological Society on safe use of electronic screens. Evidence surrounding the risks of blue light exposure as well as myopia progression will be reviewed. A review of children's eye exam frequency guidelines including the role of vision screenings and how to integrate the recommendations into private practice will be discussed.

S190 **Making Buprenorphine/Naloxone Accessible in Primary Care: Practical tips and tricks**
15:00–16:00 Robin Lennox, MD, CCFP; Gabrielle Inglis, MD, MMSc, MedEd, CCFP; Elizabeth Shaw, MD, CCFP, FCFP

ROOM / SALLE : 223/224

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Recognize the safety and feasibility of buprenorphine/naloxone prescribing in primary care
2. Recognize the importance of patient-centred approaches to initiating buprenorphine/naloxone
3. Be able to implement flexible approaches to buprenorphine/naloxone initiation in primary care

Description:

Due to its efficacy and superior safety profile, buprenorphine/naloxone is now recommended as the first-line medication-assisted treatment for opioid use disorder. Buprenorphine/naloxone can be effectively prescribed and managed in primary care, though it is currently underutilized. One of the barriers to buprenorphine/naloxone initiation in primary care is

the rigidity of traditional buprenorphine/naloxone induction protocols and monitoring criteria. In this session, we will introduce primary care clinicians to evidence-based resources and case-based examples highlighting new, flexible, and patient-centred approaches to buprenorphine/naloxone inductions and prescribing. This will include an overview of home induction protocols, group buprenorphine/naloxone inductions, and microdosing induction protocols. Clinicians will leave this session empowered to offer practical, accessible, and safe options for initiating treatment for opioid use disorder among their primary care patients. We will use a combination of didactic teaching and case-based discussion, and will provide take-home resources to aid in the consolidation and retention of these concepts.

- «S198 **How to Write So Other Specialists Will Listen: Crafting consult requests**
Comment prescrire pour que les autres spécialistes écoutent: Rédiger une demande de consultation
 15:00–16:00 Lesley Barron, MD, FRCSC; Katherine Miller, MD, CCFP, FCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Write consult request letters that clearly communicate the consultation question and urgency of request
2. Identify the type and appropriate amount of information that consultants require to properly triage and book a consultation
3. Apply effective referral strategies and referral etiquette to build great relationships with those you refer to

Description:

A elective referral starts with a consult request letter and is an important tool for accessing appropriate care for family practice patients but often does not get the results we hope for. Co-presented by a specialist and a family physician, this session will impart tips for writing consult request letters that consultants love and help lead to consults that give the answers you seek in a timely fashion. By better understanding what happens with your referral request after it leaves your office, you will be able to better navigate the complexity between you and what your patients need.

Objectifs d'apprentissage:

1. Rédiger des lettres de demande de consultation qui communiquent clairement la question suscitant la consultation et l'urgence de la demande
2. Indiquer le type et la quantité appropriée d'information dont les consultants ont besoin pour trier correctement les patients et leur donner rendez-vous pour une consultation
3. Appliquer les stratégies de recommandation efficaces et l'étiquette de recommandation pour nouer une excellente relation avec les spécialistes auxquels vous recommandez des patients

Description :

Une consultation non urgente commence par une lettre de demande de consultation, un outil important qui permet aux patients en pratique familiale d'accéder aux soins appropriés, mais qui souvent ne donne pas les résultats espérés. Présentée conjointement par un spécialiste et un médecin de famille, la séance fournit des conseils sur la rédaction de lettres de demande que les consultants adorent, et aide à ouvrir les portes des consultations qui répondront à vos questions de façon ponctuelle. En comprenant mieux ce qui arrive à votre demande de consultation après qu'elle ait quitté votre bureau, vous saurez mieux comment naviguer la complexité entre vous et ce dont vos patients ont besoin.

- S243 Transition to Residency**
 15:00–16:00 Lauren Standerwick, MD; Derek Chan, MD; Hiromi Tissera, MD; Hussein Saleh Mohamed, MD; Kiran Dhillon, MD

All teachers welcome. Highlights novice concepts for clinical preceptors.

ROOM / SALLE : 116/117

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identifying the factors that support a successful and smooth transition to residency
2. List resources that support success in specific PGY 1 rotations
3. Describe some of the emotional challenges in transitioning into the more independent practice in residency

Description:

Transitioning to residency is a stressful part of medical training. Ensuring medical students are well prepared for residency and beyond is critical to future learning success. In this popular and interactive session, facilitated by the Section of Residents of the College of Family Physicians of Canada (CFPC), attendees will explore the expectations, study resources, characteristics of rotations and explore elective options during this session that focuses on the transition to residency. A panel of residents each from different Family Medicine Residency Programs and streams (urban, rural, remote, bilingual) from across the country will share their experience as well as provide approaches to support medical students transitioning into residency. The panel will also explore the emotional aspects of the transition to residency including fear of the unknown/anxiety and stress on learning how to maximize learning in the face of these experiences along with keeping wellness in mind. In this interactive session, panelists will raise a transition issue with the audience and the audience will share their reflections with the panel bringing the audience and panel knowledge into actionable suggestions. We will also offer the contact information for respective universities representatives (along with the panel of residents contact information) on the council in lieu of new residents having questions after the session.

S248 Celiac Disease: What every family physician needs to know

15:00–16:00 Dominica Gidrewicz, MD, MSc, FRCPC; Shelley Case, RD

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify classic and atypical symptoms in children and adults, and associated conditions with a high risk for celiac disease
2. Explain the diagnostic testing protocols and follow up management in children and adults with celiac disease
3. List strategies to address the nutritional concerns for individuals following a gluten-free diet

Description:

Celiac disease is an autoimmune enteropathy triggered by ingested gluten in genetically susceptible individuals, and affects approximately 1% of the population. Timely and accurate diagnosis of celiac disease is important, though challenges arise for the primary care physician as over 50% of patients present with non-classic gastrointestinal presentations, such as chronic abdominal pain or chronic constipation, or extra-intestinal manifestations including fatigue, headaches, growth failure, arthralgias, and iron deficiency anemia. Although there is growing awareness of celiac disease, adults without gastrointestinal symptoms have a mean delay in diagnosis of 42 months, which negatively impacts patient quality of life and increases health utilization and costs. Further diagnostic challenges arise when interpreting celiac serology in those already following a gluten-free diet prior to establishing a confirmatory diagnosis. Awareness of populations at higher risk of developing celiac disease, such as first-degree relatives, patients with trisomy-21, type-1 diabetes mellitus and other autoimmune conditions, is also important. Thus appropriate management of a patient with possible celiac disease begins with correct identification of those that require further testing and/or subspecialty evaluation. These diagnostic challenges, as well as reviewing current celiac guidelines will be discussed to assist the primary care physician in evaluating such patients. At this time, the only treatment for celiac disease is a strict gluten-free diet. Following the diet is difficult as gluten is found in a wide variety of foods, beverages, some supplements and medications. Many gluten-free foods are low in key nutrients leading to nutritional concerns, and eating away from home or travelling can be challenging for patients. This session will provide an overview of the gluten-free diet and as well as key management strategies to assist primary care physicians when caring for patients following a gluten-free diet.

S446 Sedation in the Emergency Department

15:00–16:00 Hana Weimer, MD; Jock Murray, MD, CCFP (EM)

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Become familiar with simple and safe approaches to sedation in the emergency department
2. Tailor sedation to fit the patient and their clinical presentation
3. Develop a policy for sedation their emergency departments

Description:

This session is intended for family physicians who occasionally sedate adults and children in the emergency department. It is an introductory presentation not intended for physicians who consider themselves emergency physicians. This session will provide the knowledge and tools required to safely provide sedation to patients in the emergency setting. Patient of all ages will be addressed. An approach that tailors sedation to the required depth for the presenting complaint will be emphasized. Minimally invasive approaches to sedation, including intranasal sedation, will be addressed.

S78 Medico-legal Essentials for Leaders: Decreasing harm through a just culture
16:15–17:15 Steven Bellemare, MD, FRCPC, CPE; Guylaine Lefebvre, MD, FRCSC; Daniel Boivin, LLB

ROOM / SALLE : 208/209

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the 3 behaviours that threaten patient safety and the appropriate corresponding management interventions
2. Explain the elements of accountability at the system and provider levels
3. Align system and provider accountabilities in a case study

Description:

Fostering learning from patient safety incidents and near-misses, while contributing to the development of a positive workplace culture can be a daunting task for any clinical leader. Having a conceptual framework upon which to base both the management of caregiver performance and the identification of system improvements can help make the task seem less daunting and may promote greater success at quality improvement. This interactive workshop will explore how the institution of a just culture framework can help clinical leaders foster a culture of reporting, manage healthcare provider behaviours fairly when patient safety is endangered and identify how the system can be improved to minimize the risk of patient harm. Participants will be introduced to key concepts required to build and support a strong learning system. Participants will discuss the importance of behavioural drift in the genesis of patient safety incidents, distinguish human error, at-risk behaviour and reckless behaviour and learn how each of those can contribute to patient harm. Using their own clinical examples, participants will identify the best interventions to manage each situation in order to achieve maximal healthcare provider engagement in quality improvement, promote best practice, reduce conflict and improve clinical care.

«H» **S142 Managing Alcohol Use in the Primary Care Setting**
Prise en charge de la consommation d'alcool en soins de première ligne
16:15–17:15 Sukhpreet Klaire, MD, CCFP

ROOM / SALLE : 211-214

Mainpro+ Group Learning certified credits / Crédits certifiés Mainpro+ d'apprentissage en groupe = 1

Learning objectives:

1. Integrate screening for alcohol use, brief office-based interventions, and referral to specialized care into a primary care practice
2. Recognize symptoms of alcohol use disorder and make diagnoses based on DSM-V criteria
3. Review evidence for treatment of alcohol use disorder

Description:

Alcohol is the most common drug used by Canadians with both high-risk drinking and alcohol use disorder becoming increasingly prevalent. In addition to numerous long-term health consequences, problematic alcohol use carries a significant economic burden. Screening is often overlooked with common barriers to identification being stigma, lack of education, and the time constraints of a primary care practice. There is also the common misconception that overt dysfunction is always present with problematic drinking patterns. Even when identified, a large number of patients with alcohol use disorder do not receive ideal evidence-based treatment. This talk will explore myths around alcohol use through a review of the Canadian Low-Risk Drinking Guidelines, discuss the diagnosis of alcohol use disorders, and explore the current literature for treatment options. There will be a focus on pharmacological interventions (including naltrexone, acamprosate, and gabapentin) with a review of evidence-based non-pharmacological options. This session will demonstrate that primary care physicians are well positioned to provide well-rounded and meaningful addictions care.

Objectifs d'apprentissage :

1. Intégrer dans la pratique de première ligne le dépistage de la consommation d'alcool, l'intervention brève en cabinet et les recommandations en soins spécialisés
2. Reconnaître les symptômes du trouble de consommation d'alcool et poser un diagnostic fondé sur les critères du DSM-V
3. Revoir les données probantes sur le traitement du trouble de consommation d'alcool

Description :

L'alcool est la drogue la plus souvent consommée par les Canadiens et la consommation d'alcool à risque élevé et le trouble de consommation d'alcool sont de plus en plus répandus. En plus de nombreuses conséquences à long terme sur la santé, la consommation problématique d'alcool impose un lourd fardeau économique. Le dépistage est souvent négligé, les obstacles au dépistage sont la stigmatisation, le manque d'éducation et les impératifs de temps dans une pratique de première ligne. Il y a aussi l'idée fausse répandue selon laquelle le dysfonctionnement manifeste est toujours présent avec la consommation problématique d'alcool. Même lorsque le trouble est dépisté, un grand nombre de patients ne reçoivent pas le traitement factuel idéal. Cet exposé aborde les mythes entourant la consommation d'alcool en examinant les Directives de consommation d'alcool à faible risque du Canada, en discutant du diagnostic de trouble de consommation d'alcool et en explorant les publications actuelles sur les options thérapeutiques. La séance se concentre sur les interventions pharmacologiques (dont la naltrexone, l'acamprosate et la gabapentine) et sur une revue des options pharmacologiques factuelles. Cette séance montre que les médecins de première ligne sont bien placés pour dispenser des soins de toxicomanie complets et significatifs.

S209 Optometric Care of the Patient with Diabetes

16:15–17:15 Derek MacDonald, OD, FFAO

ROOM / SALLE : 121/122

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Explain the ocular systems and structures that can be affected by diabetes
2. Demonstrate the various testing methods used by optometrists in monitoring patients with diabetes
3. Recognize appropriate referral pathways and sequence to minimize ocular complications and permanent vision loss in patients with diabetes

Description:

The prevalence of diabetes is increasing exponentially in many countries, and Canada is no exception ... in fact, it's the example, with the number of diagnoses projected to triple between the years 2000 and 2020. While the elderly are more likely to have diabetes and its complications, disease prevalence is increasing most rapidly in younger people. Diabetic eye disease is already a leading cause of vision loss in individuals of working age, and given increasingly sedentary lifestyles and rising obesity rates, its personal, societal, and economic burdens appear poised to skyrocket. Optometrists are well positioned to identify, monitor, and treat many ocular complications of diabetes, and in doing so, play a critical role in the management of this chronic disease.

S241 CaRMS and Electives

16:15–17:15 Ellen Nga-Lam Wong, MD; Bilal Akil, MD; Lucy Wang, MD
Highlights novice concepts for teachers outside the clinical setting.

ROOM / SALLE : 114

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Family medicine residency programs/respective streams and essential questions to ensure the right province/stream is chosen to meet specific needs
2. Preparing for CARMS, why family medicine, gearing your application to FM, preparing for interviews, ranking process
3. Discussing elective rotations; pertinent to family medicine, how to apply a non-family medicine elective to a family medicine interested medical students' application

Description:

Medical students are an essential part of the future of family practice throughout Canada. This interactive session, facilitated by the Section of Residents of the College of Family Physicians of Canada (CFPC), will provide a complete overview of the various family medicine residency programs and their various stream options within Canada and will prepare help prepare medical students each aspect of that process of CARMS (medical school activities to consider, pre-application, building an application, reference letters, interview process, ranking, matching) and electives to do/not do throughout medical school. A panel of residents each from different medical schools and streams (urban, rural, remote, bilingual) from across the country who have extensive experience (will all be R2 at that point) will identify the essential information for those considering applying to family medicine residency programs during medical school, through lessons learned from their personal experiences and their strategies for success that can be applied by medical students early on in their medical education. Topics will include what electives/extracurricular activities should be considered early and during medical school, how to ensure you have a complete CARMS application geared towards family medicine and when to start thinking about your application, key questions to ask regarding the various family medicine residency programs across the country, and what to consider before applying to programs, interviews and how the ranking process works— all of which create confidence and increase interest in family medicine early in medical school. The panelists will also demonstrate/discuss their CARMS and residency experiences which can be used to compare the different family medicine programs and streams to assist with planning to apply for family medicine in Canada. The session will conclude with an opportunity to ask questions in which panelists will respond and address any specific challenges or concerns raised by medical students.

S293 Patient Portals: Online access but are we ready?
16:15–17:15 Cathy MacLean, MD, FCFP, MCISc, MBA

ROOM / SALLE : 118-120

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Describe the rationale for increased access to health information for patients and examples of systems that provide it
2. Discuss legal, ethical and clinical implications for practice focusing on changes needed to facilitate safe and effective access to information
3. List strategies to enhance patients' experience of their primary health care when accessing their data online

Description:

Patient Education needs are changing as health care systems evolve and more online access to personal health information is provided to patients. Patients can now in some places receive health information including lab test and diagnostic imaging results even before the physician has seen the results. How can we best manage this in family practice settings? Some are concerned about patients' ability to handle abnormal results and some physicians are anxious about how this will impact their practice. What conversations do we need to have with patients and how do we prepare them for this access and the interpretation of their results. This workshop will provide an opportunity to discuss these challenges with colleagues, learn from each other and from some of the patient education literature.

S197 Pregnancy Failure: Updated diagnosis and management
16:15–17:15 Hannah Feiner, MD, CCFP

ROOM / SALLE : 202/203

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Apply the 2016 SOGC guidelines for pregnancy failure diagnosis
2. Compare expectant, medical and surgical management of pregnancy failure
3. Demonstrate an approach to office management of pregnancy failure

Description:

Primary care providers are often the first point of contact for early pregnancy loss. First trimester loss is common; it occurs in 15-30% of clinically diagnosed pregnancies (1). This case-based presentation will highlight up to date diagnostic criteria and office management of pregnancy failure. Each clinical case will be covered in segments, facilitating the audience's

participation at every decision point. The revised 2016 SOGC guidelines for the diagnosis of pregnancy failure (2) will be covered in detail. Office management for pregnancy failure will be reviewed. Expectant, medical and surgical management options will be compared. Office management of pregnancy failure will be covered. Cases will be presented where first line treatment by the primary care provider is ineffective. This will allow discussion about additional management strategies that can be applied in the office before referral to a specialist is necessary. Medical students, residents, physicians, midwives, nurse practitioners and allied health professionals will come away from this talk with an empathetic, patient-centred approach to diagnosing pregnancy failure as well with increased confidence in the office management of pregnancy failure.

References: 1) A young woman with early pregnancy loss. Laskin, Carl and Spitzer, Karen. CMAJ, Volume 189, Issue 1. 9 Jan 2017. 2) Ultrasound evaluation of first trimester complications of pregnancy. Morin, Lucie Cargill, Yvonne M. Glanc, Phyllis et al. Journal of Obstetrics and Gynaecology Canada, Volume 38, Issue 10. Oct 2016.

S333 Treating the Patient Who Can't Make Ends Meet

16:15–17:15 Michael Hochman, MD, CCFP; Arle Jones, BA, BSW, RSW; Thomas Doering, BA, BSW, MSW, RSW; Sarah Lesperance, MD, CCFP, MSW, BComm (Hons)

ROOM / SALLE : 109

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Understand key tools required to approach income security work in your practice as first line approach to chronic disease management
2. Identify community partners and mechanisms to approach poverty and income security as a means of managing chronic diseases
3. Outline key initiatives taking place across Canada related to income security work in primary care and family medicine

Description:

Treating the patient who can't make ends meet: Income security in primary care as a first approach to chronic disease management. There is an argument that disconnect between social services and health services disadvantages patients, and that primary health care is an ideal starting point to address income insecurity (Abbot 2002; Hassan, Scherer, Pikilings et al, 2015; Bloch, Rozmovits & Giambone, 2011; Starfield 2009). Primary care supports longitudinal relationship development, and primary care providers have access to information about the familial, social and economic contexts of their patient's lives (Kiran & Pinto, 2016). Primary care providers are ideally situated to observe and respond to health determinant discrepancies in their patients' lives. This session will provide a practical example of the creation of an income security position within a primary care network and showcase the tools, mechanisms and community partners required to facilitate success and positive patient outcomes. The session highlight processes of applying income security work as a first line treatment of chronic diseases as well as provide pearls for practice to apply within your own family medicine practices. Patient interviews will add to this presentation to paint an experiential picture of some successes in income security work within a family medicine clinic and primary care network.

S358 How To Read a Chest X-ray

16:15–17:15 Jock Murray, MD, MSc, CCFP (EM); Constance Leblanc, MD, MSc, CCFP (EM)

ROOM / SALLE : 301-305

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Apply a standardized approach to CXR reading
2. Recognize common and important findings on CXR
3. Intervene when abnormalities are found on CXR

Description:

Chest X-Ray reading is an important skill for family physicians in multiple settings including; emergency, inpatient care, and urgent care. This session is intended for people who rarely read CXRs but intend to do more in the future. The workshop will focus on the basics and is not intended for experts who routinely work in acute settings and frequently read CXRs.

Normal findings, common abnormalities and must not miss diagnoses will be stressed. A case based approach will be employed with ample opportunity for participant questions and interaction.

S402 Safe and Appropriate Use of Antipsychotics: Refining your practice
16:15–17:15 Braden O'Neill, MD, DPhil, CCFP; Martina Kelly, MA, MB BCh, CCFP; Keira Grant, MSc; Michelle Greiver, MD, MSc, CCFP

ROOM / SALLE : 220-222

Mainpro+ Group Learning certified credits = 1

Learning objectives:

1. Identify appropriate and potentially inappropriate indications for antipsychotic prescribing in primary care
2. Screen for and manage detrimental metabolic effects of antipsychotics
3. Effectively deprescribe antipsychotics in situations where alternative treatments would be preferable

Description:

Antipsychotics are frequently prescribed in primary care. They are used for many appropriate indications, such as schizophrenia and bipolar disorder, but are also frequently used for indications for which they are not recommended, such as insomnia and behavioral and psychological symptoms of dementia. These medications have potentially serious side effects, both in patients for whom they are being prescribed for approved indications, as well as patients for whom they are prescribed 'off-label'. Therefore, it is extremely important to use them appropriately, limiting their use and/or selecting alternatives where antipsychotics may be more harmful than beneficial. It is also important to screen for and manage side effects in patients who require these medications. These include metabolic effects such as weight gain and dyslipidemia. This is particularly important in patients with serious mental illness who are at markedly increased risk of death, primarily as a result of cardiovascular disease, and it is essential to identify and manage these risk factors appropriately. In this workshop we will review how and when to prescribe antipsychotics in primary care. We will take a case-based approach to antipsychotic prescribing in the following three conditions: 1. schizophrenia, 2. insomnia, and 3. behavioural and psychological symptoms of dementia. We will discuss effective approaches to deprescribing when there are preferable alternatives, and how to monitor and manage side effects of these medications in people who are recommended to continue receiving them. This workshop will help family physicians effectively manage patients who are on antipsychotics, and support evidence-based practice for the management of these three common conditions.

**TWO- AND THREE-CREDIT-PER-HOUR CERTIFIED MAINPRO+ WORKSHOPS
 ATELIERS CERTIFIÉS MAINPRO+ POUR DEUX ET TROIS CRÉDITS PAR HEURE**

S292 CASTED: Primary Care: Hands-on MSK course for family doctors
07:30–18:00 Arun Sayal, MD, CCFP (EM); Matt Distefano, MD; Oleg Bagrin; Dion Maxwell; West Clayden, MD
 ③ credits per hour

ROOM / SALLE : 8 & 15, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 25.5

Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Describe an efficient office-based MSK assessment, including physical exam
2. Describe indications for Investigations (plain films, ultrasound, MRI, bone scan etc), for physiotherapy, and for surgical referral
3. Describe techniques joint injections of the shoulder, knee, elbow, and wrist (including practice)

Description:

CASTED: Primary Care is the 'hands-on' orthopedics course designed specifically for family physicians. During this full day course, 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 Ultrasound / X-ray / MRI, who needs physiotherapy and who needs to see a surgeon; how to

perform various joint injections. As well, practical office-based immobilization options will be reviewed. CASTED: Primary Care combines practical case-based lectures, with 'hands-on' stations to review office orthopedics. CASTED: Primary Care limits the number of registrants to ensure close supervision and interaction. At the end of the day, you will have a better understanding of primary care MSK assessment, investigation, referral and treatment! CASTED promises you a day full of humour and numerous clinical pearls that you will use the next day in your office. CASTED faculty include MSK focused family physicians and physiotherapists selected for their clinical and teaching excellence.

S282 Ten Minute CBT: No-BS techniques for real doctors (Three-credit-per-hour workshop)

08:00–11:30 Greg Dubord, MD; Mark Clark, MD, CCFP; Peter Duffy, MD, CCFP (EM), FCFP; Lloyd Oppel, MD, CCFP (EM), FCFP; Joyce Tsang, MD, CCFP, FCFP

③ credits per hour

ROOM / SALLE : 19 & 20, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Learn to structure ten-minute appointments to maximize impact
2. Acquire a "deck" of tools of persuasion with broad clinical applications
3. Learn the vital importance of not working harder than most patients

Description:

YES, "good enough" CBT can be integrated into ten-minute primary care appointments. In this three-credits-per-hour workshop, Dr. Greg Dubord and senior CBT Canada faculty teach you the essential skills that may fundamentally change your management of many vexing behavioral problems. You'll learn flexible medical CBT tools to enhance your existing approaches to common psychiatric disorders (e.g., addictions, anxiety, depression), chronic medical conditions (e.g., asthma, diabetes, chronic pain), and disease risk factors (e.g., obesity, lack of exercise, poor stress management). First we review the epidemic problems of patient immaturity & empathy addiction, and the VOIS technique for managing non-compliance. Then we discuss how to pinpoint the pathogenic beliefs (cognogens) at the root of common emotional and behavioral problems. We continue on to explore the missing piece in most practices: the core clinical skill of persuasion. Although every physician will reply that s/he knows persuasion is a core clinical skill, few can name and describe which specific tool(s) of persuasion they're using at any given moment. The common consequences are patient stagnation and unnecessary physician frustration. FMF began in 2000, and it has hosted Ten-Minute CBT every year since. Thanks to the kind and constructive feedback of physician attendees, it is now a mature offering.

S35 Decision-Making Capacity Assessment - Level 2 workshop

08:00–12:15 Lesley Charles, MBChB, CCFP (COE), FCFP

③ credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Review the capacity assessment process, capacity assessment worksheets, forms and schedules used in the process of DMCA with case examples
2. Learn about the significance, timing and key elements of capacity interview while performing a DMCA
3. Acquire the skills to perform interviews for DMCA using role play

Description:

As the life expectancy of Canadians and prevalence of complex chronic health conditions continue to rise, assessment of independent decision-making capacity emerges as an issue of increasing importance. Toward this end, the Decision-Making Capacity Assessment (DMCA) Model was developed to facilitate a process by which the least restrictive and intrusive means of support can be determined and offered to persons whose decision making has come into question.

Many physicians do not feel prepared to assess capacity from their residency training. Physicians play a key role in capacity assessment as they are able to declare persons incapable. They thus often require additional training once in practice. An educational workshop has been developed on the DMCA process. This was based on an initial Capacity Assessment Professional Opinion Survey by Covenant Health (formerly Caritas) in Edmonton, which identified this as an area that required interdisciplinary staff training in 2006. The study identified a lack of knowledge, skill set, standardized method/tools/guidelines, coordination, and role definition, plus the issue of resource allocation. A process was proposed with front-end screening/problem solving, a well-defined standardized assessment, and definition of team members' roles. A care map was developed based on this process. Documentation was developed consisting of a capacity assessment database and patient interview for formal capacity assessment. Interactive workshops, administered to familiarize staff with the model, include concepts of capacity, the protocol, documents, and case studies. This three-hour workshop is now being offered to physicians given their pivotal role in capacity assessment. Physicians who have already taken this level 1 workshop or who have experience with capacity assessment would benefit from this level 2 workshop focusing more on capacity interview.

S54 **ECGs for Family Docs: A comprehensive workshop**
08:00–15:30 Filip Gilic, MD, CCFP (EM); Elizabeth Blackmore, MD, CCFP (EM); Courtney Thompson, MD, CCFP
 ② credits per hour

ROOM / SALLE : 16, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 10 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Understand the basis of ECG deflection patterns
2. Apply above knowledge to interpret tachy and brady arrhythmias
3. Use electrophysiology principles to correctly identify ST elevation changes

Description:

ECG interpretation is a core competence of family physicians, especially if they practice in any hospital-based capacity (hospitalist or emergency medicine). This course offers an in-depth yet profoundly practical approach to ECG interpretation. Building the skills from the grounds up, the workshop covers Axis, Hypertrophy, Blocks, Bradycardias, Tachycardias and ST segment changes. A series of preparatory narrated power point slides explain the basics of each topic while the course time is spent on team-based interpretation of ECGs, clarification and refinement of the core concepts. Spaced repetition ensures maximum long term retention and electrophysiology-based explanations ensure deep understanding of the topics, rather than just pattern recognition. Fast paced, interactive, practical and relevant, this course will significantly elevate an attendee's ability to interpret both typical and atypical ECG presentations.

S154 **Mood Disorders: Advanced strategies for primary care physicians**
08:00–17:00 Jose Silveira, FRCPC
 ③ credits per hour

ROOM / SALLE : 14, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 21 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Describe strategies for the management of patients with mood disorders over the lifespan and through the stages of severity
2. Select strategies to confidently manage diagnostically uncertain mood disorders pending diagnostic clarification and apply in a stepped care model
3. Describe how to manage mood disorders in pregnancy, the elderly, patients with comorbid alcohol/drug use and common chronic medical conditions

Description:

For family physicians who are managing mood disorders in patients with uncertain diagnoses and/or associated

comorbidities, care often poses a difficult challenge. Within the primary care setting, how can you increase your confidence in long-term assessment and management while also addressing the risks and complications that patients with these conditions may suffer? This program teaches practical and realistic approaches, offering participants applied strategies that build confidence and competence to deliver care over time and through the changing nature of these conditions. This program is developed and delivered in collaboration with the Ontario College of Family Physicians.

S286 Ultra-Brief CBT for the Age of Anxiety (A three-credit-per-hour workshop)
13:30–17:00 Greg Dubord, MD; Mark Clark, MD, CCFP; Peter Duffy, MD, CCFP (EM), FCFP;
 Lloyd Oppel, MD, CCFP (EM), FCFP; Joyce Tsang, MD, CCFP, FCFP
 ③ credits per hour

ROOM / SALLE : 19 & 20, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 9 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Learn to pinpoint key anxiety-causing beliefs
2. Learn highly-modular treatment protocols
3. Learn to match interventions to individual patients

Description:

Anxiety impairs not only our patients, but many of our colleagues, family, and friends as well. Today's stressors are objectively significant. Who among us is genuinely immune to the compounding influences of social media, artificial intelligence, populist politics, global competition, and climate change? Our young are particularly afflicted: an astounding 23% of boys & 46% of girls in Ontario live with "high levels of distress" (OSDUHS). Status anxiety & eco-anxiety are rife. Many patients feel condemned to ruminate nearly all day long. And then, at their hora somni, the rumination haunts them still. For many, "not coping" has become the new normal. In this age of anxiety, those who "hack" their psychology to remain calm & focused don't just feel better—they have a significant competitive advantage in school and at work. And at home? Home becomes more home-y, and relations become more harmonious. But besides drugs and a stern recommendation to relocate to Hawaii, what tools do you have to help the anxious find calmness & focus? CBT's tools can help. CBT is by far the most evidence-based non-pharmacologic approach to anxiety, and important components can be effortlessly integrated into normal primary care appointments. This highly-practical, three-credits-per-hour CME works through family practice case studies of excessive worry, generalized anxiety disorder and common contemporary fears. The focus is on cognitive & behavioral techniques that take 10 minutes or less. Participants are encouraged to discuss real-life cases. Note: Many of the non-pharmacological tools taught in this CBT Canada workshop are very important to the resilience of physicians, and can be passed along to children and other family members—all while fully respecting their boundaries.

S430 Explaining and Managing Medically Unexplained Symptoms: A family physician approach
13:30–18:00 Angela Cooper, PhD, CPsychol; Heather Hunter, MD
 ② credits per hour

ROOM / SALLE : 17, East Building (next to Pan Pacific Hotel)

This Group Learning program has been certified by the College of Family Physicians of Canada for up to 8 Mainpro+ credits (Category 1 for non-CFPC members)

PRE-REGISTERED DELEGATES ONLY / DÉLÉGUÉS PRÉINSCRITS SEULEMENT

Learning objectives:

1. Recognize 3 anxiety pathways and their symptoms as linked to underlying emotional processes
2. Perform an emotion focused assessment and communicate, using a patient centred approach, how physical symptoms can have both medical and emotional causes
3. Offer specific tools designed to regulate anxiety and build emotional insight and tolerance

Description:

MUS are complex, costly and cause frustration for both patients and physicians; unfortunately, there are major limitations

in taking a purely medical approach to this group of conditions. The recognition and treatment of Medically Unexplained Symptoms (MUS) is not often taught in medical education and therefore family physicians are not equipped with the skills and tools to adequately assess and manage these conditions. In addition, this group strikes fear in the heart of many well-intentioned doctors due to fears of missing an underlying medical illness or worries about offending your patient by offering a mind-body link. This practical and experiential workshop is designed to address these gaps in knowledge and skills through real-life written and video case-based examples of conditions such as chronic pain, IBS and other functional disorders. The focus will be on developing skills and applying them in short consultations, weaving them into your standard practice routine. There will be room to discuss the many challenges in working with MUS and incorporating this into family medicine. Attention will also be paid to the emotional learning of the participants, who will come away with a deeper sense of their own emotional processes, which can help to better manage stress and build greater emotional health. Dr Cooper is an Assistant Professor for the Departments of Family Medicine and Psychiatry at Dalhousie University. She has published research based on her collaborations with family medicine and she has presented on this popular topic at FMF for the last 3 years. Feedback from previous attendees led to the development of this accredited experiential skill-building workshop. Dr Heather Hunter, a family physician practicing in Nova Scotia will support the workshop by bringing her perspective on working with MUS in family practice and sharing physician friendly tools that support the assessment and management of MUS.

Information

Photography

The College of Family Physicians of Canada (CFPC) will arrange to have professional photography and video footage taken during FMF. Please be advised that these materials may be published in CFPC materials in print and electronic format, including on the CFPC and FMF websites. By participating in FMF, you agree to:

- Grant the CFPC the right and permission to use any such photographs/video clips in which you may be included, in whole or in part, for such purposes
- Waive any right that you may have to inspect and/or approve any such photographs/video clips
- Transfer to the CFPC any right you may have to such photographs/video clips and waive moral rights, if any
- Release and discharge the CFPC from any liability that may arise from the use of such photographs/video clips by the CFPC

All photographic materials become the property of the CFPC and may be displayed, distributed, or used by the CFPC for any purpose. Names and/or brief bios would be included with permission.

Cancellation policy

All registration cancellations must be sent by email to fmfinfo@cfpc.ca. The following fees will apply:

- Cancellations received by August 15th will incur a \$50 cancellation fee
- Cancellations received between August 16th and September 15th will incur a \$150 cancellation fee
- Cancellations received between September 16th and October 15th will incur a \$250 cancellation fee
- Cancellations received after October 15th are not eligible for a refund (all fees are non-refundable)
- Workshop registrations and event tickets are non-refundable after October 15th



The language of the session title indicates the language in which the session will be presented. For sessions with simultaneous interpretation, this symbol will appear beside the titles.

Photographie

Le Collège des médecins de famille du Canada (CMFC) prendra les dispositions nécessaires pour que des photos professionnelles soient prises et qu'une séquence vidéo soit tournée pendant le FMF. Veuillez noter qu'il se peut que ces images soient publiées dans les documents du CMFC en formats papier et électronique, notamment sur les sites Web du CMFC et du FMF. En participant au FMF, vous :

- accordez au CMFC le droit et la permission d'utiliser, pour les fins susmentionnées, les photographies et les bandes vidéo dans lesquelles vous pourriez figurer, en tout ou en partie;
- renoncez à tout droit que vous pourriez avoir d'inspecter ou d'approuver ces photographies ou bandes vidéo;
- transférez au CMFC tout droit que vous pourriez avoir sur ces photographies ou ces bandes vidéo et renoncez à tous droits moraux, le cas échéant;
- dégagez le CMFC de toute responsabilité pouvant découler de l'utilisation de ces photographies ou de ces bandes vidéo par celui-ci.

Tout le matériel photographique devient la propriété du CMFC et peut être présenté, distribué ou utilisé par le CMFC à quelque fin que ce soit. Les biographies et/ou les noms sont inclus avec la permission des personnes concernées.

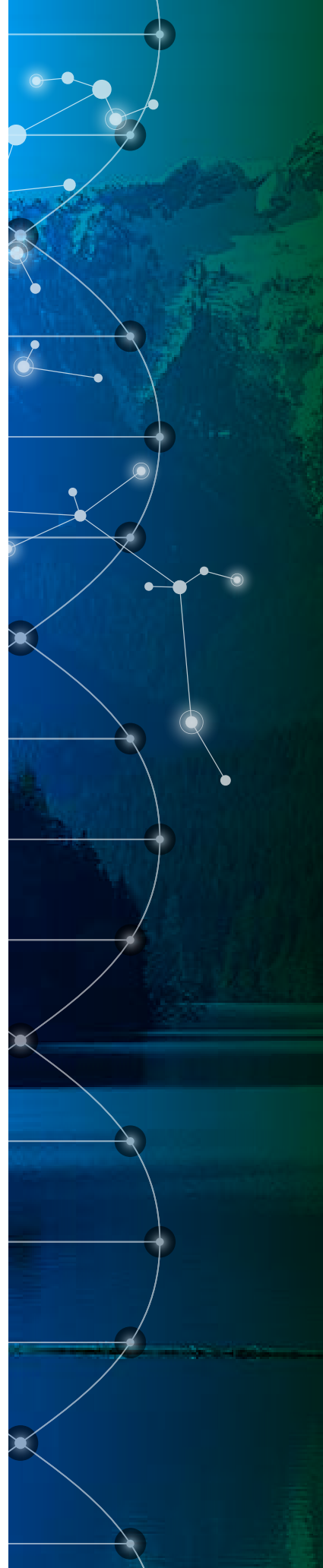
Politique d'annulation

Toutes les demandes d'annulation de l'inscription doivent être envoyées par courriel à fmfinfo@cfpc.ca. Les frais suivants s'appliquent :

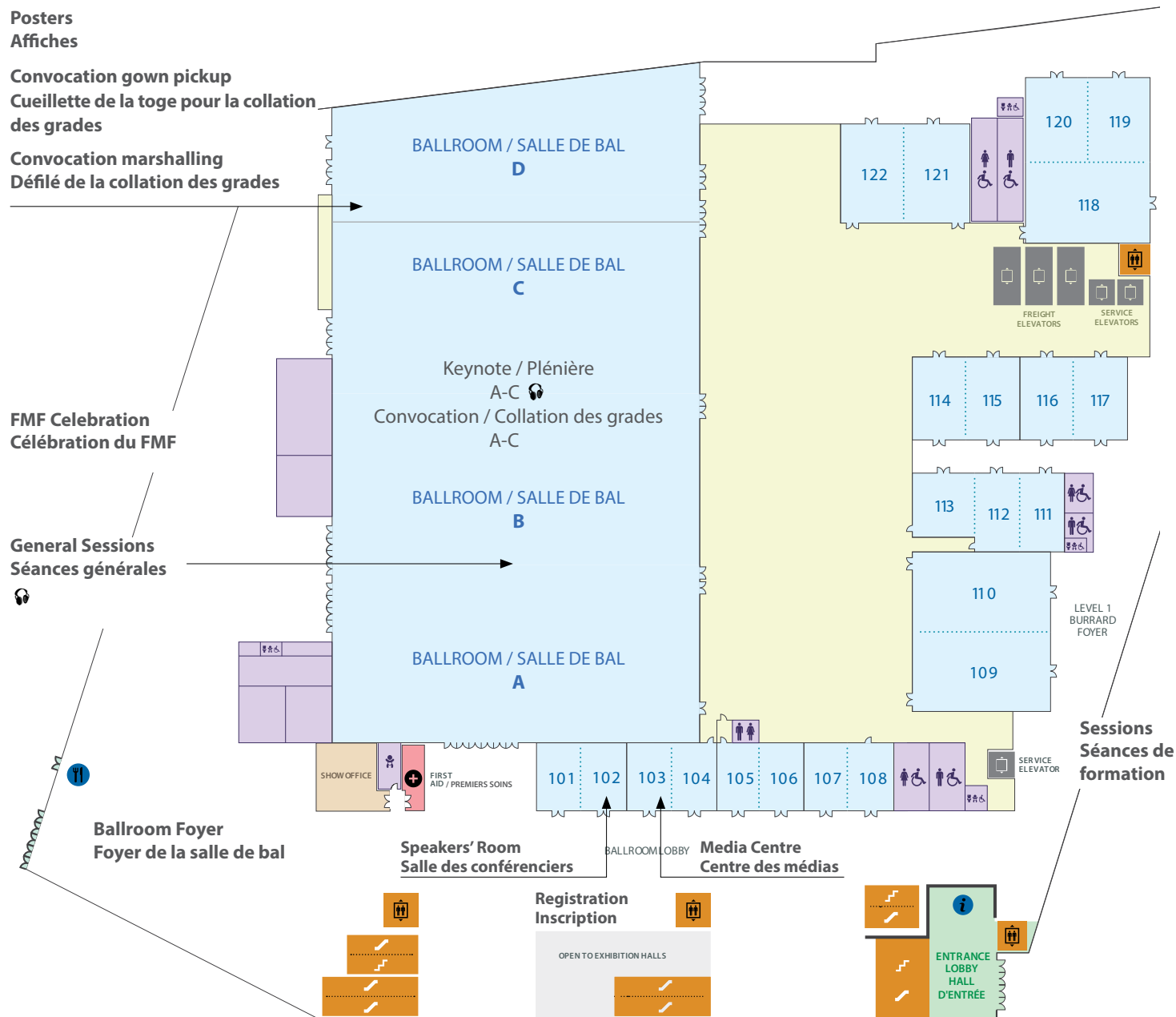
- En cas d'annulation d'ici le 15 août, des frais d'annulation de 50 \$ seront exigés.
- En cas d'annulation entre le 16 août et le 15 septembre, des frais d'annulation de 150 \$ seront exigés.
- En cas d'annulation entre le 16 septembre et le 15 octobre, des frais d'annulation de 250 \$ seront exigés.
- Il n'y aura aucun remboursement en cas d'annulation après le 15 octobre (les frais d'inscription ne sont pas remboursables).
- Les frais d'inscriptions aux ateliers et les billets des événements ne sont pas remboursables après le 15 octobre.



Les séances seront présentées dans la langue du titre mentionné. Le symbole des écouteurs indique que l'interprétation simultanée sera offerte.

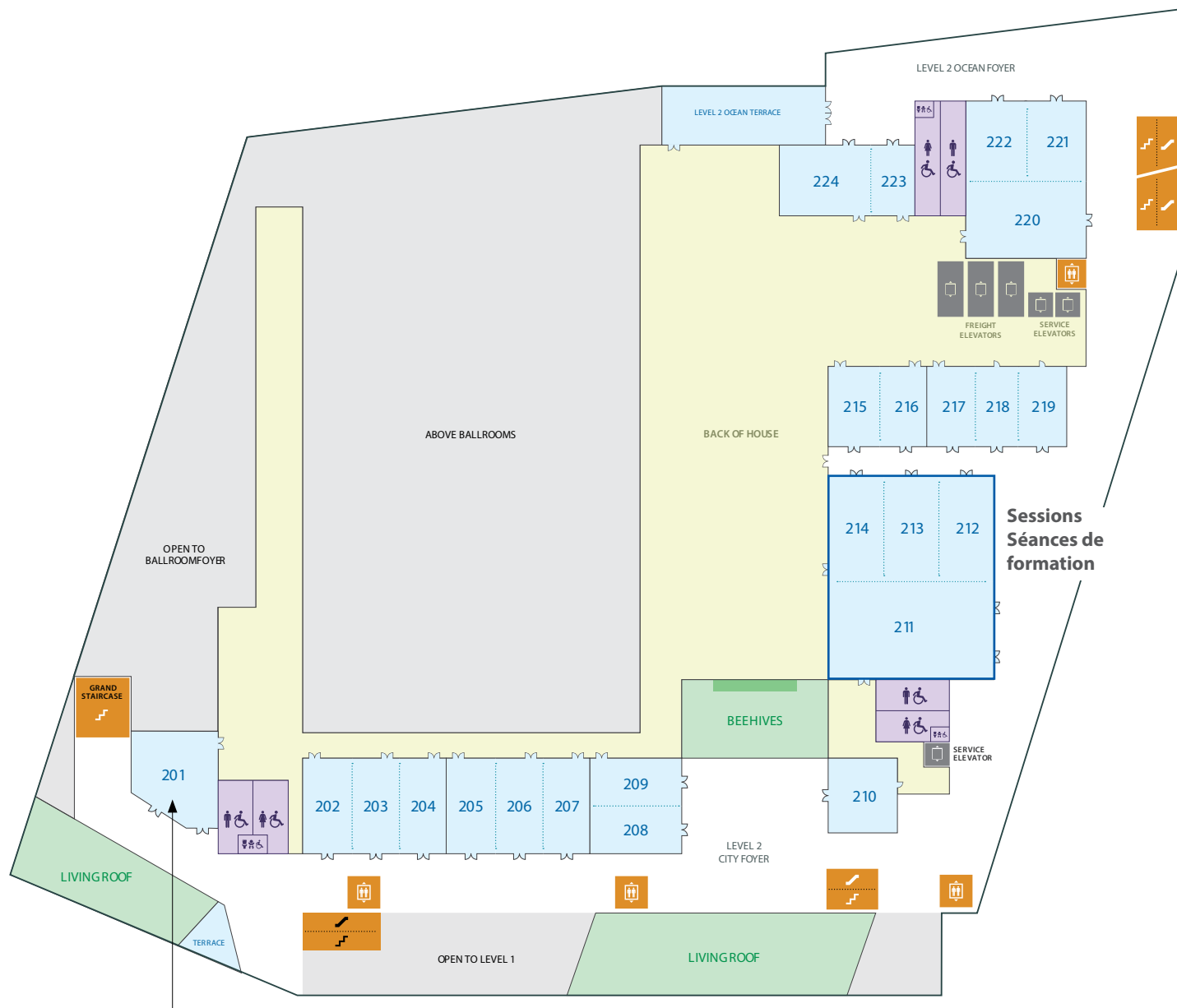


West Level 1 Édifice Ouest - Niveau 1



Wednesday to Saturday / Mercredi à samedi	Keynote Address / Plénière	Ballroom / Salle de bal A-C
Thursday / Jeudi	FMF Celebration / Célébration du FMF	Ballroom Foyer / Foyer de la salle de bal
Thursday to Saturday / Jeudi à samedi	General sessions / Séances générales	Ballroom / Salle de bal B
	Sessions / Séances de formation	Ballroom / Salle de bal A+C
Friday / Vendredi	President's Installation / Installation de la présidente	Ballroom / Salle de bal A-C
Saturday / Samedi	Convocation / Cérémonie de collation des grades	Ballroom / Salle de bal A-C
	Convocation marshalling / Défilé de la collation des grades	Ballroom / Salle de bal D

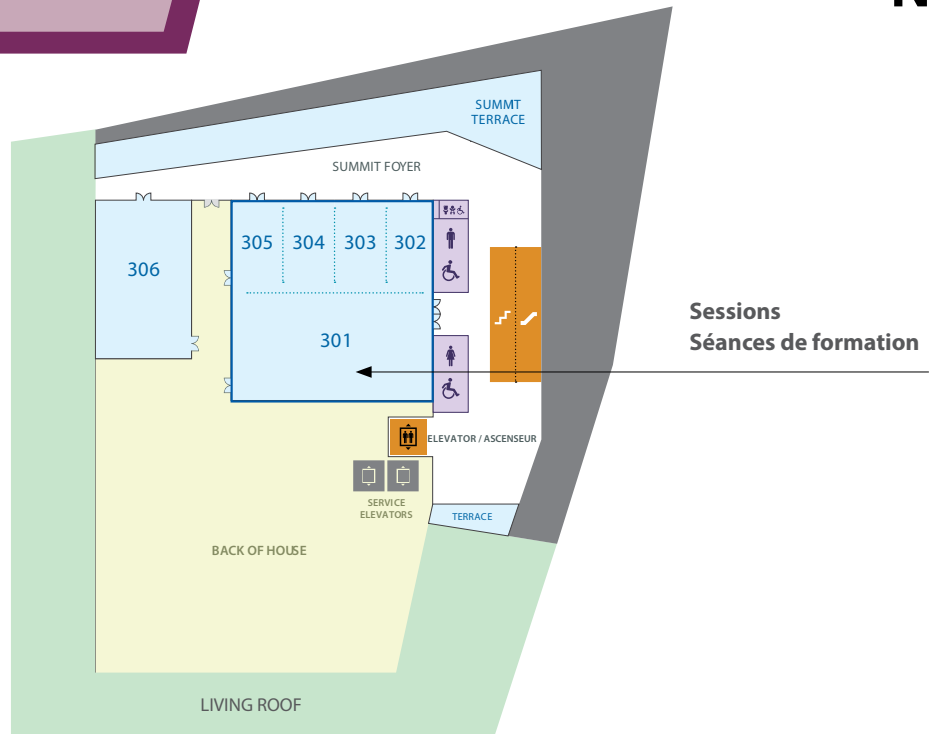
West Level 2 Édifice Ouest - Niveau 2



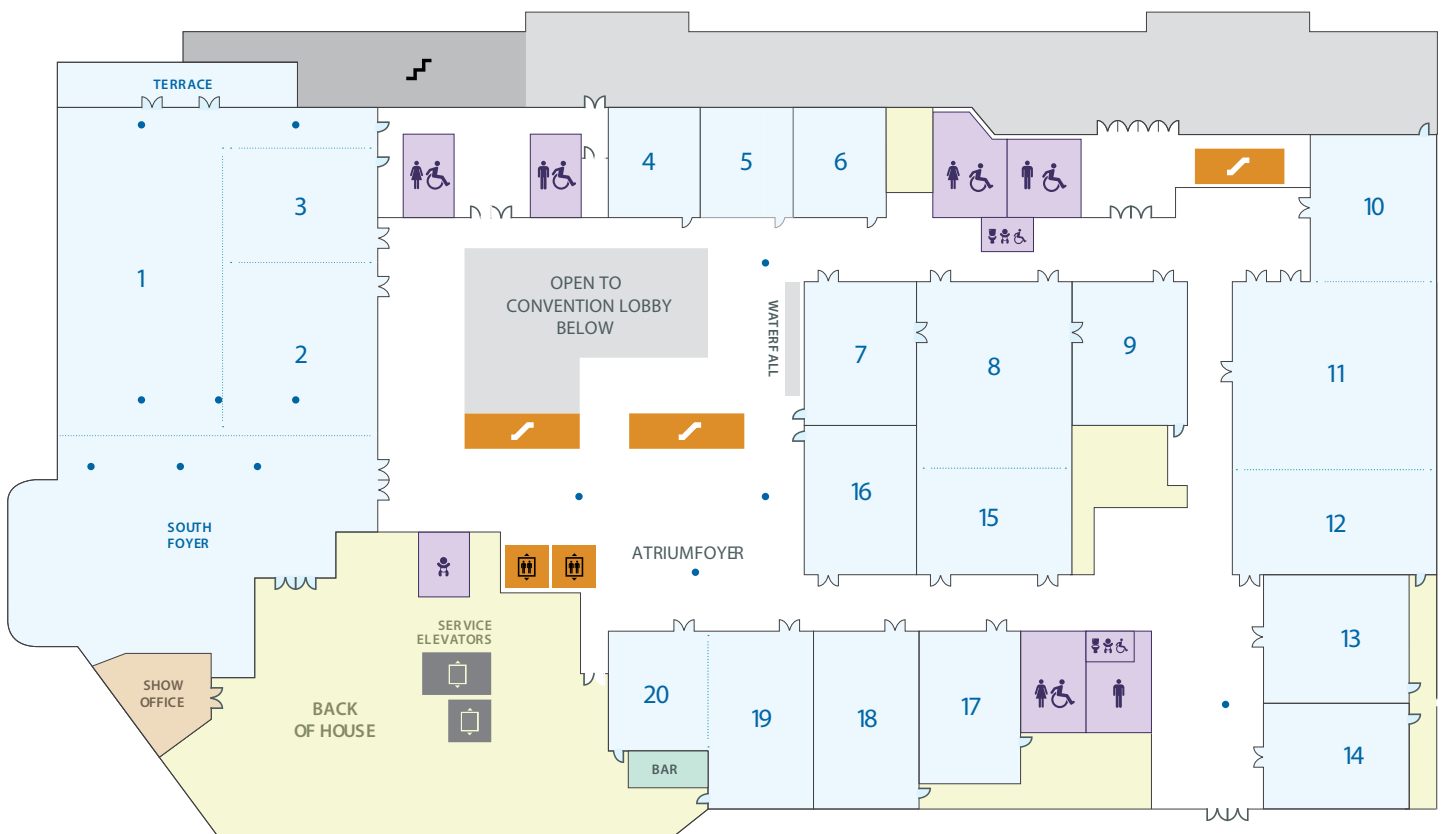
Convocation Photography - Saturday
Photographie pour la collation des grades - Samedi

Thursday / Jeudi	CFPC Annual Meeting of Members 🎧 Assemblée annuelle des membres du CMFC 🎧	Room / Salle 211-214
Friday / Vendredi	Teachers and Preceptors Town Hall Assemblée générale des enseignants et des superviseurs	Room / Salle 220-222
	Member Interest Groups Section (MIGS) Fair Foire de la Section des groupes d'intérêt des membres (SGIM)	Room / Salle 211-214

West Level 3 Édifice Ouest - Niveau 3



East Meeting Level Niveau des réunions - Édifice Est



This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA



LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA

2019 BESROUR FORUM: SPOTLIGHT ON GLOBAL FAMILY MEDICINE

Join us on Wednesday,
October 30, 2019, in
Vancouver, British Columbia.

Learn about how family medicine is leading the future of global health in the Besrour Centre for global family medicine sessions at FMF.

In this year's Besrour sessions Canadian and international family doctors will:

- Explore innovative ideas for international collaboration
- Engage in discussions regarding the role of deans in integrating community engagement in medical school mandates
- Share lessons about the design of family medicine programs in various settings
- Acquire research skills for the assessment of primary care systems

We welcome you to join the Besrour community. To participate in our sessions please visit the FMF schedule or the FMF App.

FORUM BESROUR 2019 : PLEINS FEUX SUR LA MÉDECINE FAMILIALE MONDIALE

Joignez-vous à nous le mercredi
30 octobre 2019, à Vancouver,
en Colombie-Britannique.

Découvrez comment la médecine de famille est porteuse de l'avenir de la santé mondiale lors des séances de formation du Centre Besrour pour la médecine familiale mondiale au FMF.

Lors des séances présentées par le Centre Besrour cette année, les médecins de famille du Canada et de partout dans le monde pourront :

- Explorer des idées novatrices pour favoriser la collaboration internationale
- Participer à des discussions sur le rôle des vice-doyens dans l'intégration de l'engagement communautaire aux mandats des facultés de médecine
- Partager des leçons apprises sur la conception des programmes d'études de médecine familiale dans divers contextes
- Acquérir des compétences en recherche pour évaluer des systèmes de soins primaires

Nous vous invitons à rejoindre la communauté Besrour. Pour prendre part à nos séances de formation, veuillez consulter l'horaire du FMF sur le site Web ou sur l'application mobile.



The Besrour network has partners in those countries highlighted in green.
Le réseau Besrour a des partenaires dans les pays affichés en vert.

Thank you! Merci!

For supporting the future of family medicine

de soutenir l'avenir de la médecine de famille

PRESENTING | PRINCIPAL



MD Financial
Management

Scotiabank®
Healthcare+

Proud exclusive financial services partners of CFPC

GOLD | OR



SILVER | ARGENT



BRONZE | BRONZE



FMF

Family Medicine Forum
Forum en médecine familiale

fmf.cfpc.ca



[familymedicineforum](https://www.facebook.com/familymedicineforum)



[@familymedforum](https://twitter.com/familymedforum)



[FamilyMedForum](https://www.instagram.com/FamilyMedForum)

*Meet you in
the centre!*

FMF WINNIPEG 2020
NOV 4 - 7

*On se rencontre
au milieu!*

FMF WINNIPEG 2020
DU 4 AU 7 NOV.

