PRE-REGISTRATION REQUIRED / PRÉINSCRIPTION OBLIGATOIRE

W133025
10:30–14:45

Maternity and Newborn Care: Teaching at the top of scope

Lisa Graves, MD, CCFP, FCFP, Ancaster, ON; Sudha Koppula, MD, CCFP

Mainpro+ Group Learning certified credits = 3

Fee per registrant: $225

Learning Objectives;

1. explore the key feature competencies for intrapartum care for different clinical contexts
2. prepare for teaching in maternity care using low-fidelity tools and models
3. discuss techniques for creating opportunities for active learning in the intrapartum environment

Description:

Family physicians who provide maternity care at the top of scope are often teachers of maternity care. Since maternity care continues to be regarded as a core competency of family medicine, those who practise at the top of scope typically provide leadership in teaching this discipline to family medicine residents, medical students, and other learners. This 3.5-hour session is designed for family physicians who provide intrapartum maternity care and teach this discipline to learners. This workshop will be presented in three parts: 1) Maternity Care competencies: Intrapartum care is an expected competence for Canadian family medicine residents at the end of their residencies. Intrapartum care provides a unique opportunity to assess competence in procedural skills and challenging competencies in a safe and supported environment. A national working group of the College of Family Physicians of Canada involving academic and community clinicians was created to develop competencies for maternity care. The key features approach was used to define competence for the purpose of assessment. This workshop will present the competencies developed by the working group and demonstrate the use of these competencies in the clinical environment. 2) Tips for maternity care teachers: Maternity care teachers have developed high-impact, low-fidelity tools for teaching maternity care. This workshop will demonstrate many of these low-fidelity tools. Participants will be asked to present their own tools to the group. 3) Let-it-go teaching in high-stakes environments: The intrapartum environment can be a high-risk, charged environment. Unlike many settings in family medicine training, decisions may need to be made quickly. These factors make teaching in this environment challenging. This workshop will guide participants through the challenges of this environment and techniques that will allow active learning for individuals at all stages of training.

W132737
10:30–14:45

Child and Adolescent Health Top of Scope: Transitional and collaborative care of children and adolescents

Lynn Straatman, MD, FRCPC, Vancouver, BC; Sandra Whitehouse; Curren Warf; Roxanne MacKnight; Patricia Mousmanis; Dara Abells; Lisa Graves

Mainpro+ Group Learning certified credits = 3

Fee per registrant: $225

Learning Objectives;

1. develop a strategy for engaging and attaching youth in your practices
2. develop an approach to the management and surveillance of youth with conditions previously considered to be the realm of pediatricians
3. identify those youth who need referral to other specialist health practitioners and implement appropriate shared care with adult specialists

Description:

Children and adolescents with complex medical problems will often be referred from pediatric care to their family doctors for ongoing medical care. The transitioning of this care, when and how it occurs, and how essential information needs to be communicated are part of an ongoing discussion in many parts of Canada. During this workshop we will present several case-based examples of transitioning and collaborative care for youth with various medical, mental health, and/or developmental health issues. The workshop will be delivered in an in-person and interactive format. The first portion of this workshop will provide an overview of youth care in family practice and a presentation on theme-specific content, building in many opportunities for questions. The second portion of the workshop will take place in small, interactive breakout groups, maximizing opportunities for discussion, questions, and networking.

W136499
10:30–14:45

Occupational Medicine Top of Scope: The management of post-traumatic stress disorder by Canadian Armed Forces

Col Annie Bouchard, MD, MSM, CD, CCFP, CHE; Col Andrew Downes, CD, MD, MPH, CCFP; LCol Suzanne Bailey, MSM, CD, MSW; Maj Andrea Tuka, CD, MD, CCFP, FCRCP (Psychiatry); Burton McCann, MD, JD, FCFP, FACOEM, Halifax, NS

Mainpro+ Group Learning certified credits = 3

Fee per registrant: $225

Learning Objectives;

1. review the epidemiology of mental health concerns affecting Canadian Armed Forces personnel, including predisposing factors and diagnoses
2. review the illness presentation, criteria for diagnosis, and psychological and pharmacological treatments available
3. understand the transition of care to the civilian sector, including care provided by Veteran Affairs Canada

Description:

Canadian Armed Forces (CAF) personnel are susceptible to mental disorder, similar to the civilian population. However, due to the circumstances in which personnel serve, including deployment to austere and dangerous locations, there are unique stressors that can precipitate mental illness in this population. One such disease is post-traumatic stress disorder (PTSD). PTSD also occurs in individuals who work in first-responder and paramilitary professions in the civilian world, including police, firefighters, and paramedics. There are approximately 700,000 Canadian veterans, many of whom served in the First or Second World Wars; in the Korean, Iraq, or Afghanistan conflicts; or on peacekeeping missions. Some personnel have been diagnosed with PTSD and may continue to manifest symptoms, while others will develop the condition after they are released from service. In this session, family physicians will be provided with information and resources for managing PTSD in both CAF veterans and other civilian patients.

W146869
10:30–15:15

Health Care of the Elderly Top of Scope (2 parts)

Mainpro+ Group Learning certified credits = 3

Fee per registrant: $225

Part 1 **Assessment and management of behavioural and psychologic symptoms of dementia**

Andrea Moser, MD, MSc, CCFP, FCFP, COE, Toronto, ON; Sid Feldman, MD, CCFP

Learning Objectives:

1. recognize behavioural and psychologic symptoms of dementia (BPSD) that are likely to respond to pharmacotherapy and those that are not
2. develop a non-pharmacologic and pharmacologic treatment plan for BPSD, including the use of standardized assessment instruments
3. be familiar with present risks, benefits, and appropriate dose ranges of medications that are recommended for BPSD, including antipsychotic medications

Description:

Dementia is estimated to occur in 8% of persons older than 65 and 30% of persons older than 85 in Canada. As dementia progresses patients often have associated behavioural and psychologic symptoms (BPSD). These symptoms present challenges to family caregivers and health care professionals both in community and long-term care (LTC) settings. BPSD is estimated to occur in up to 90% of persons with dementia and is often associated with hospital or LTC admission. More than 60% of persons living in LTC have dementia or other forms of cognitive impairment. Current guidelines recommend detailed interdisciplinary assessments to identify factors contributing to BPSD to support more effective management strategies. Recently there has been much attention paid to the use of antipsychotic medications in this patient population with the public reporting about the possible inappropriate use of antipsychotic medications on the Canadian Institute for Health Information website. It is important for physicians to appreciate the role of non-pharmacologic management in addition to appropriate pharmacologic management of BPSD. This workshop will look at both aspects of management of BPSD. There will be a focus on the P.I.E.C.E.S. assessment framework and tools that support interdisciplinary assessment of BPSD in the LTC setting. Case-based discussions will highlight the use of assessment tools in guiding management. We will identify situations where antipsychotic medication is indicated and help participants be able to prudently prescribe antipsychotic medication, including receiving informed consent, titrating dose, and de-prescribing when appropriate.

Part 2 **Quality improvement primer for long-term care**

Evelyn Williams, MD, CCFP, Toronto, ON; Julie Auger, MD, CCFP (COE)

Learning Objectives:

1. understand quality improvement tools to benefit practice in long-term care
2. engage in an exchange of ideas and dialogue with colleagues on possible quality improvement initiatives in long-term care
3. apply quality improvement tools to improve quality outcomes in long-term care

Description:

A working knowledge of quality improvement tools is necessary for physicians and other health care providers to lead or participate effectively in improvement activities. We are faced with many challenging issues in LTC practice, and quality improvement tools provide a framework through which these complex problems can be addressed in a systematic manner. Quality Improvement plans are increasingly required in health care sectors; regulatory requirements and the compliance/survey process also focus on quality indicators. Physician training in this area is essential. In association with Health Quality Ontario, Ontario LTC physicians have developed a 14-hour quality improvement training course adapted for clinicians working in LTC, as part of the LTC Medical Director Curriculum. The course has been developed with examples relevant to LTC physician practice, and a focus on small group learning. This session will present an overview of basic quality improvement and practical tools with a focus on improvements in clinical care within LTC (AIM, Plan-Do-Study-Act, Fishbone). The application of this

information with a focus on common clinical issues in LTC will be used in the session to promote relevance to attendees. A small group format will be integrated into the session to provide an opportunity for the hands-on application of the tools and for networking among attendees.

W146865 **Emergency Medicine Top of Scope (4 parts)**
10:30–14:45 Mainpro+ Group Learning certified credits = 3

Fee per registrant: $225

Part 1 **Blocks for Docs: Useful hematoma and nerve blocks in the emergency department**
Jennifer Parr, MD, CCFP, FCFP, Mt. Brydges, ON; Julie Copeland, MD;

Learning Objectives:

1. assess patients for appropriate indications and contraindications to the use of anesthetic blocks
2. examine patients for the physical landmarks used to locate the appropriate injection sites for several common anesthetic blocks
3. perform emergency department anesthetic blocks, including a hematoma block and common nerve blocks for the hand, face, and mouth

Description:
This is a small group workshop intended for family physicians who also work in their local emergency departments. The workshop learning objectives will be met using a mix of case presentations, anatomy model demonstrations, and a PowerPoint presentation. We will discuss patient presentations that would benefit from an anesthetic block. We will review the indications and contraindications for using anesthetic blocks. We will teach participants how to safely administer a hematoma block and common anesthetic nerve blocks for the hand, face, and mouth. We will impart this knowledge to participants so they are able to provide better pain control for their patients in the emergency department.

Part 2 **Approach to Fever in Neonates**
Jock Murray, MD CCFP (EM), Halifax, NS;

Learning Objectives:

1. become aware of an approach to fever in neonates and children
2. learn about the decreased incidence of serious bacterial illness in our vaccination age
3. learn criteria to guide decision-making in febrile presentations of neonates and children

Description:
An approach to fever in neonates and infants The approach to febrile neonates and children has changed significantly over the past decade. The effectiveness of vaccination programs has reduced the prevalence of serious bacterial illness dramatically. Evidence now supports a much less invasive approach to children with fever in the first year of life. This session will explore the validated approaches to febrile neonates and infants. I will refer to my experiences as a family doctor in an office practice and as an emergency physician in an academic emergency department. I will compare and contrast the approaches in both settings.

Part 3 **Balancing Quality and Efficiency in the Emergency Department**
Jock Murray, MD CCFP (EM), Halifax, NS; Sam Campbell, MD

Learning Objectives:

1. learn strategies to improve efficiency in the emergency setting
2. learn strategies to improve quality of care in the emergency department
3. gain information that can be used to balance efficiency and quality

Description:
There is a pressure to see increasing numbers of patients during each shift in the emergency department. There is a competing pressure to provide high-quality care in challenging circumstances. This session will explore strategies to increase efficiency without sacrificing quality in the emergency department setting. Tips and tricks to improve efficiency and quality will be presented.

Part 4 **Assessing Head Trauma: Beyond the Canadian CT head rule**
Wai-Ben Wong, MD, CCFP (EM), Vancouver, BC

Learning Objectives:

1. assess the patient presenting with blunt head trauma, applying the Canadian CT Head Rule, if applicable
2. recognize situations that fall outside the scope of the Canadian CT Head Rule
3. decide which patients to keep for observation in hospital

Description:
This emergency medicine talk is designed for office-based family physicians as well as those working in the emergency department. Cases discussed will illustrate the application of the Canadian CT Head Rule as well as important clinical features that fall outside of the rule. Examples of this include: 1) trivial trauma not resulting in witnessed confusion, amnesia, or loss of consciousness; 2) severe trauma with Glasgow Coma Scale scores less than 13; 3) any use of anticoagulants, including warfarin and novel agents; 4) trauma greater than 24 hours ago. Some patients may be kept in hospital for observation due to ongoing concussive symptoms, confusion, or concern regarding anticoagulation (e.g., supertherapeutic INR). How do we decide whether to keep these patients? When do we send them home? Do they need a repeat CT head (or one at all)? This talk can be tailored to include other topics, such as: clopidogrel and newer antiplatelet agents; imaging decisions in the pediatric head trauma patient; managing the head-injured/post-concussive patient in follow-up; what to do with ongoing concussive symptoms; and in-patient management of head-injury patients in non-neurosurgical centres for family physicians in rural areas.